

# Attachment 1

*Data Collection Instruments/Interview Protocols, if applicable*

## Attachment 1: Data Collection Instruments

### **Youth Level of Service Case Management Inventory (YLS/CMI) Assessment Tool**

The YLS/CMI is a risk/needs assessment and a case management tool utilized in the juvenile justice system throughout the United States. The YLS/CMI 2.0 version is a gender-informed, culturally sensitive, strengths-focused risk/needs tool that has been shown to classify and predict re-offending within male and female juvenile populations reliably and accurately. It helps child-serving agencies identify an individual's risks, needs, strengths, barriers, and incentives. The tool is designed to minimize implicit biases that might come into subjective decision-making, thus promoting objectivity and uniformity in working with probation on targeting the correct criminogenic risks and needs for service planning. The YLS/CMI will be completed pre-admission to the Girls Home and will be conducted again after six months.

### **Intake Pre-Screen Tool**

The Intake Pre-Screen Tool (IPT) was created in conjunction with the University of Nevada, Las Vegas, it is a risk/needs assessment used to assist Intake staff in making consistent decisions regarding the appropriate intervention for cases handled informally. It is used to: (1) determine appropriate treatment recommendations at Intake based on risk level; (2) Make informed recommendations to the District Attorney's Office, on whether to file on charges; (3) allow for opportunities to enhance the use of consent decrees and deferred prosecution alternatives, and (4) Assist in determining the detention status of youth and the use of alternatives to detention.

The IPT consists of 10 questions. The results of these questions will produce a numerical score, ranging from 0 to 20 possible points. The numerical score will correspond directly to a risk level. There are four possible risk levels (Low, Moderate, High, Very

High). These risk levels will determine the appropriate treatment recommendation for each specific youth.

# **Attachment 2**

***Sample Consent Forms, if applicable***

## 2022 Admissions Agreement Instructions

Resident Name:

DOB:

- I. The entire packet must be completed prior to admission.
2. If medication is sent with the resident during intake, a full inventory sheet documenting the medications, dosage, and quantity must be provided. Medication must be packaged separately from other property. Vendor staff must be notified that medication is present when a resident is transferred to their custody.
3. All of the following documents are required for admission to ensure quality of care and meet procedural requirements:
  - a. Court Documents (including most recent Dispositional and Permanency Hearing reports.)
  - b. Health and Education Passport/Medical History
    - i. **Immunizations**
    - ii. **Current treatment needs and medications**
  - c. Mental Health Treatment History
    - i. **Any available psychological evaluation**
    - ii. **Current treatment needs and medications**
    - iii. **Prior counseling efforts**
    - iv. **Prior medications**
    - v. **Prior psychiatric hospitalizations**
  - d. Consent Forms
  - e. Agency Case Plan
  - f. Agency Transitional Independent Living Plan (TILP)

**All questions regarding policy and consents must be resolved prior to admission into the program to ensure safe and appropriate care for all children at Vendor.**

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Guardian/Placing Official Name (Printed)

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Guardian/Placing Official Signature

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Date

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Vendor Case Manager Name (Printed)

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Vendor Case Manager Signature

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Date

*Copy must/ be placed in resident's case file and documented in individual treatment plan.  
This consent remains active until the resident exits the program or the agency withdraws consent.*

## Consent for Treatment and Financial Agreement

Resident Name:

D.O.B.:

Thank you for choosing Girl's Home Center for Youth for your child's needs. It is our goal for our residents, parents, and placing agencies to understand the treatment services as well as their financial responsibility before treatment begins.

**Youth is placed at Girl's Home Center for Youth by:**

☐ Court Order

☐ Parental Consent

☐ Other:

**Treatment Services and Residential Care are paid by:**

☐ Medical Insurance

☐ Private Pay

☐ Other: \_ \_ \_ \_ \_

Financially responsible party for costs not covered by insurance: \_\_\_\_\_

All charges not paid by the youth's insurance company are your responsibility regardless of the reason for nonpayment.

I hereby authorize Girl's Home to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper medical care.

I authorize and consent to routine and emergency treatment for my child when deemed necessary by the licensed treatment provider. I understand that if the treatment needs of my child change, then the needed treatment will be completed, and I am responsible for any additional costs involved. In the event of a medical emergency, and I cannot be reached, I authorize the licensed treatment provider to provide emergency medical treatment and use his or her discretion in authorizing any medical decisions for my child.

I will make all payments of treatment expenses which are not covered by the child's insurance. In the event legal action should become necessary to collect an unpaid balance due for treatment services rendered to my child, I/we agree to pay reasonable attorney's fee or other such cost as the Court determines proper.

\_\_\_\_\_  
Guardian/Placing Official Name (Printed)

\_\_\_\_\_  
Guardian/Placing Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vendor Case Manager Name (Printed)

\_\_\_\_\_  
Vendor Case Manager Signature

\_\_\_\_\_  
Date

*Copy must be placed in resident's case file and documented in individual treatment plan.  
This consent remains active until the resident exits the program or the agency withdraws consent.*

## Mental Health Treatment History

Resident Name:

D.O.B.:

In order to develop the appropriate treatment plan for the resident, Vendor must receive the following information prior to admission.

**1. Current psychological evaluation - dated:** \_\_\_\_\_

☐ Included

☐ Not included, reason: \_\_\_\_\_

Diagnoses (DSM-V): \_\_\_\_\_

**2. Current treatment needs:**

☐ Aggression towards peers

PTSD/Trauma D

Physical Abuse

☐ Aggression towards staff

Self-Harm

☐ Emotional Abuse

☐ Prior Substance Abuse

Suicide Gesture and/or Attempt

Sexual Abuse

☐ Prior Running Away

Psychiatric Hospitalization

☐ Neglect

☐ CSEC/Trafficking/Exploitation

☐ Gang Association

☐ Other: \_\_\_\_\_

**3. Current treatment needs** - List the psychotropic medications that you know are taken by the child:

Medication name (generic or brand)	Dosage and # Doses Per Day

• **Type of Consent Included:**

Court Order

Parental Consent

Other: \_\_\_\_\_

• **Plan to Continue Medication:**

☐ 14-Day Supply Provided

Prescription Provided

Other: \_\_\_\_\_

**4. Prior Psychiatric Hospitalization**

Date of Hospitalization	Length of Stay	Discharge Paperwork
		<input type="checkbox"/> Included
		<input type="checkbox"/> Included
		Included

- Hospitalizations within the past 12 months require discharge paperwork prior to admission.
- Hospitalizations within 90 days must be reviewed by the Girl's Home Clinical Team prior to acceptance.

\_\_\_\_\_  
Guardian/Placing Official Name (Printed)

\_\_\_\_\_  
Guardian/Placing Official Signature

\_\_\_\_\_  
Date

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## Treatment and Discharge Plan

Resident Name:

D.O.B.:

We look forward to working with you to ensure this youth's successful completion of treatment at Girl's Home.

The case manager will be your primary point of contact during your child's stay.

During the first 30 days, the youth will undergo several clinical assessments. The youth will be assigned a therapist for individual and family therapy.

At the end of the assessment period, the treatment plan will be finalized in a Multi-Disciplinary Team/Child Family Team Meeting (MDT/CFT) which we hope you will attend either in person or via phone. We will work around your schedule to facilitate your attendance.

After the treatment plan is finalized, the youth will be assigned to treatment specific therapy groups and progress will be assessed by the MDT team each month.

To ensure the youth's success we encourage you to do the following:

- Provide feedback into treatment and transition planning
- Participate in MDT meetings via phone
- Focus on therapeutic and behavioral progress instead of time-specific goals

The length of stay at Girl's Home is intended to meet national accreditation timelines, addressing the specific needs of each child in our care. Your feedback is critical to treatment success, transition, and aftercare planning.

**Should it be necessary to discharge your child unsuccessfully, we will provide written notice and require transportation be arranged within 7 days.**

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Guardian/Placing Official Name (Printed)

---

Guardian/Placing Official Signature

---

Date

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Vendor Case Manager Name (Printed)

---

Vendor Case Manager Signature

---

Date

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## **Informed Consent for Telemedicine Services (Page 1 of 2)**

Resident Name:

D.O.B.:

### **INTRODUCTION**

Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, specialists, and/or subspecialists. The inability to have direct, physical contact with the patient is a primary difference between telemedicine and direct in-person service delivery. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

### **EXPECTED BENEFITS**

- Improved access to medical care by enabling a patient to remain in his/her office (or at a remote site) while the physician obtains test results and consults from healthcare practitioners at distant/other sites.
- More efficient medical evaluation and management.
- Obtaining expertise of a distant specialist.

### **POSSIBLE RISKS**

As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s).
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reaction or other judgment error
- May not be appropriate if you are having a crisis, acute psychosis, or suicidal/homicidal thoughts

Please initial after reading this page:

*Copy must be placed in resident's case file and documented in individual treatment plan.  
This consent remains active until the resident exits the program or the agency withdraws consent.*

## **Informed Consent for Telemedicine Services (Page 2 of2)**

BY SIGNING THIS FORM, I ATTEST TO AND UNDERSTAND THE FOLLOWING:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.
2. I understand that I will not record the telemedicine services provided and the provider shall not record the telemedicine services unless it is deemed clinically necessary and my consent to record is documented.
3. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.
4. I understand that I have the right to inspect all information obtained in the course of telemedicine interaction and may receive copies of this information for a reasonable fee.
5. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time.
6. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.
7. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

### **PATIENT CONSENT TO THE USE OF TELEMEDICINE**

I have read and understand the information provided above regarding telemedicine, have discussed it with my physician or such assistants, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

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**PATIENT'S SIGNATURE**  
(OR AUTHORIZED PERSON TO SIGN FOR PATIENCE)

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**DATE**

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**IF AUTHORIZED SIGNER, RELATIONSHIP TO PATIENT**

*Copy must be placed in resident's case file and documented in individual treatment plan.  
This consent remains active until the resident exits the program or the agency withdraws consent.*

**Authorized for Routine Examination and/or Diagnostic Procedure, Emergency' Surgery or  
Medical Treatment, and for Medical and Psychological Records**

Resident Name:

D.O.B.:

As the agency representative, or as the legal guardian, I hereby give consent to Girl's Home Center to provide routine medical, dental and vision care. Additionally, all emergency dental or medical care as prescribed by a duly licensed physician, osteopath, or dentist is authorized.

This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the minor.

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**Signature of Guardian/Placing Official**

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**Print Name**

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**Street and Number**

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**City, State and Zip Code**

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**Phone**

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**Number Date**

*Copy must be placed in resident's case file and documented in individual treatment plan.  
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### **Authorization for Medical Records and Psychological Services**

Resident Name:

D.O.B.:

As the agency representative or as the legal guardian, I hereby give consent to Vendor, to conduct initial and ongoing psychological assessments for this minor. I give permission for Vendor to provide mental health treatment and crisis intervention by a licensed therapist to the above minor.

I give consent for this child's medical and psychological records to be sent to VENDOR, address. These reports may be sent upon the request of Vendor or a doctor or a psychologist who is associated with VENDOR.

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**Signature of Guardian/Placing Official**

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**Print Name**

---

**Street and Number**

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**City, State and Zip Code**

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**Phone Number**

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**Date**

*Copy must be placed in resident's case file and documented in individual treatment plan.  
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## Consent for Use of Safe Physical Management

Resident Name:

D.O.B.:

Placing Agency:

—

Vendor will utilize approved Safe Nonviolent Physical Management Techniques to ensure the health, safety, and welfare of the resident, staff, campus and surrounding community. This document serves as written consent for Girl's Home to utilize Safe Nonviolent Physical Management techniques to protect residents from immediate harm including attempt to run away from the program should such attempt present a physical harm to the child.

Based on this resident's history, risk factors, and individual treatment plan she poses an imminent danger to herself and/or others.

Specific Risk Factors are listed as follows (circle all that apply) and will be fully addressed in the resident's needs and services plan upon entry.

- Prior Substance Abuse (serious or significant)
- Prior Running Away
- CSEC/Trafficking/Exploitation
- PTSD/Trauma
- Prior Self Harm
- Prior Suicide Gesture and/or Attempt
- Prior Psychiatric Hospitalization
- Gang Association

\_\_\_\_\_  
Guardian/Placing Official Name (Printed)

\_\_\_\_\_  
Guardian/Placing Official Signature

\_\_\_\_\_  
Vendor Case Manager Name (Printed)

\_\_\_\_\_  
Vendor Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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## Consent & Acknowledgement of Resident Search Procedures

Resident Name:

D.O.B.:

Placing Agency:

Resident safety is an essential component of effective treatment. This agency provides written consent for Girl's Home to implement searches for ensure the wellbeing of this resident, based on her history, risk factors and individual treatment plan. Searches will include body and living area searches conducted in a safe and respectful way as described in the Girl's Home Policy 520.144. Based on her specific needs, she poses an imminent danger to herself or others and would be placed in danger by any contraband items brought on campus. Girl's Home will utilize these search procedures to ensure the health, safety, welfare of the resident, staff, campus and surrounding community.

Specific Risk Factors are listed as follows (circle all that apply) and will be fully addressed in the resident's needs and services plan upon entry.

- Prior Substance Abuse (serious or significant)
- Prior Running Away
- CSEC/Trafficking/Exploitation
- PTSD/Trauma
- Prior Self Harm
- Prior Suicide Gesture and/or Attempt
- Prior Psychiatric Hospitalization
- Gang Association

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Guardian/Placing Official Name (Printed)

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Guardian/Placing Official Signature

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Date

---

Vendor Case Manager Name (Printed)

---

Vendor Case Manager Signature

---

Date

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## Use of Electronic Devices and Communication Procedures

Communication with permanent connections is an essential component of resident success. Based on this resident's assessments and risks, it is required for her safety that she only be authorized to make contact with specific persons authorized by her placing agency (See **Resident Authorized Contact List**).

Letters and phone calls will follow established policy to ensure resident safety.

Resident will use computers for educational activities and develop age-appropriate skills with such devices. The resident is not authorized to possess an electronic device capable of independent communication at this time.

Specific Risk Factors are listed as follows (circle all that apply) and will be fully addressed in the resident's needs and services plan upon entry.

- Prior Substance Abuse (serious or significant)
- Prior Running Away
- CSEC/Trafficking/Exploitation
- PTSD/Trauma
- Prior Self Harm
- Prior Suicide Gesture and/or Attempt
- Prior Psychiatric Hospitalization
- Gang Association

This consent is to remain active until the resident exits the program or the agency withdraws consent.

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Guardian/Placing Official Name (Printed)

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Guardian/Placing Official Signature

---

Date

---

Vendor Case Manager Name (Printed)

---

Vendor Case Manager Signature

---

Date

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## Consent for Athletic Participation and Community Event Participation

Resident Name:

D.O.B.:

I understand that Vendor offers residents the opportunity to participate in high school athletics, school and community events. I understand that residents have the opportunity to participate in activities that may attract media attention that cannot be controlled by Vendor.

I approve of his/her participation in the sports or community events he/she may choose and release Vendor from responsibility for breach of confidentiality in these circumstances.

I hereby give my permission for the resident to fully participate in the vendor programs and community events.

---

Guardian/Placing Official Signature

Print Name

Date

### Photograph/Media Consent

As part of a normalized high school and adolescent experience we provide residents pictures of themselves, their team and peers participating in activities and events.

Photographs and video may be used as part of sports practice to review team performance or for a commemorative slide show at a graduation ceremony.

Additional notification and permission are required if a resident would like to provide their picture for use in a publication or website posting.

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Guardian/Placing Official Signature

Print Name

Date

*Copy must be placed in resident's case file and documented in individual treatment plan.  
This consent remains active until the resident exits the program or the agency withdraws consent.*



### Resident Authorized Contact List

**Resident Name:**

**Assigned Probation Officer Name:**

**Assigned Probation Phone Number:**

I request that the resident have **NO** contact with the following person(s):


[ approve the following persons for contact with the resident

Name:	I	Approved by
Address:		
City/State/Zip		
Telephone Number	I	Relationship
Type of Contact Authorized: (Check all that apply): <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> In Person		

Name:	I	Approved by
Address:		
City/State/Zip		
Telephone Number	I	Relationship
Type of Contact Authorized: (Check all that apply): <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> In Person		

Name:	I	Approved by
Address:		
City/State/Zip		
Telephone Number	I	Relationship
Type of Contact Authorized: (Check all that apply): <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> In Person		

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Placing Official Name	Placing Official Signature	Date
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Case Manager	Case Manager Signature	Date
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*Copy must be placed in resident's case file and documented in individual treatment plan.  
This consent remains active until the resident exits the program or the agency withdraws consent.*

# Attachment 3

*Project Timeline*

## Attachment 3: Project Timeline

### Clark County Home for Traumatized Girls Program - Timeline Chart

<b>YEAR 1</b>					
Process Objectives	1 Quarter	2 Quarter	3 Quarter	4 Quarter	Responsible Party
Introductions/Girls Team	<b>X</b>				Clark County Project Director and Vendor Providing Services
Implementation and Data Collection Discussions	<b>X</b>				Same as Above
Set Communication Mediums	<b>X</b>				Same as Above
Develop Girls Program, Team Meetings (Monthly)	<b>X</b>				Same as Above
Train Staff	<b>X</b>				Clark County Project Director
Network with community resources and child-serving agencies	Ongoing	Ongoing	Ongoing	Ongoing	Clark County Project Director and Vendor Providing Services
Accept Girls into the Home	Ongoing	Ongoing	Ongoing	Ongoing	Vendor Providing Services
Discussions of Data collection, model fidelity and SAMHSA reporting with	Ongoing	Ongoing	Ongoing	Ongoing	Clark County Project Director, Vendor Providing Services, DJJS Quality
SAMHSA Reporting	As Required Ongoing	As Required Ongoing	As Required Ongoing	As Required Ongoing	Clark County Project Director

# **Attachment 4**

***Biographical Sketches and Position Descriptions***

## **Danilo E. Chavarria, Ph.D.**

Chavarria.danilo@gmail.com • (702) 340-0302 • linkedin.com/in/danilo-chavarria-ph-d-76302846

### **Education**

University of Nevada, Las Vegas  
Doctor of Philosophy in Workforce Development and Organizational Leadership  
Graduated - May 2016

University of Nevada, Reno  
Master of Arts, Justice Management  
Graduated - December 2008

University of Nevada, Las Vegas  
Master of Arts, Criminal Justice  
Graduated - December 2007

University of Nevada, Las Vegas  
Bachelor of Arts, Criminal Justice  
Graduated - May 2002

### **Work Experience**

Clark County, Nevada  
Manager, Clark County Department of Juvenile Justice Services  
Las Vegas, NV  
June 2022 – Present

- Oversee the department's juvenile records unit
- Oversee the department's warehouse and supplies unit
- Oversee the department's culinary program with kitchens
- Oversee the Medicaid eligibility specialist
- Oversee the department's fiscal unit
- Collaborate, design, and submit for federal grants
- Actively work on the department's budget
- Actively work with Juvenile Detention, Field Probation, Spring Mountain Youth Camp, The Harbor, and Truancy Prevention Program managers.

Clark County, Nevada  
Assistant Manager, Clark County Department of Juvenile Justice Services  
Las Vegas, NV  
May 2018 – June 2022

- Collaborated to provide youth with safe supervision, education, vocation, and positive community reintegration
- Managed day-to-day operations of a youth camp
- Led Field Probation with complying with audits
- Analyzed, processed, and presented diverse types of data and information of a Probation division
- Implemented, provided input, and interpreted policy and directives
- Implemented youth rehabilitation, education, and vocation programs based on best practice
- Ensured the probation divisions continuously worked toward attaining the department's mission and vision

Clark County, Nevada  
Juvenile Probation Supervisor, Clark County Department of Juvenile Justice Services  
Las Vegas, NV  
January 2014 – May 2018

- Led probation officers and outside entities to provide appropriate resources and opportunities for youth.
- Designed and implemented employee work schedules and unit meetings
- Assigned probation cases, proofread court reports, and attended court: trained juvenile probation officers, juvenile service assistants, and youth program technicians in a variety of subjects
- Provided direct intervention when needed; assisted with home visits, arrests, and office visits. Kept track of cases, kept up to date with statistics, and made recommendations to the juvenile court using graduated sanctions.

Clark County, Nevada  
Juvenile Probation Officer, Clark County Department of Juvenile Justice Services  
Las Vegas, NV  
November 2002 – January 2014

- Managed a juvenile probation caseload of approximately 50 youth
- Connected youth and families with appropriate community resources
- Wrote distinct types of Court reports and observation notes
- Presented information to the juvenile court

## **Alfred T. Kermode**

### **Manager Juvenile Justice Services**

<b>Career Objectives</b>	Obtain a position as Assistant Director in the Department of Juvenile Justice Services (DJJS)
<b>Profile</b>	<b>Twenty-two (22)</b> years of experience with DJJS Able to motivate staff and encourage teamwork Experience in developing and implementing evidence and strength-based programming for youth Able to train new staff as well as seasoned staff in the department Energetic and enthusiastic, even during difficult and stressful times Highly motivated and organized
<b>Educational Background</b>	Grand Canyon University, Phoenix, Az. Bachelor of Science: December 1995 Major: Justice Studies, Minor: Social Science
<b>Internship</b>	Intern, Arizona Baptist Children's Services February 1994 (240 hours) Duties: Assisted and observed at Arizona Baptist Children's Services, specifically Little Canyon Center, which targeted children ages 7-12. Assisted in maintaining the structure of the home, which includes overseeing and assisting in personal hygiene, cooking, cleaning, and providing structure and discipline.
<b>Work Experience</b>	Juvenile Probation Manager Department of Juvenile Justice Services December 2022-Present  Responsibilities: Plans, organizes, administers, reviews, and evaluates the work of staff through subordinate supervisors. Interprets policies and procedures to staff and ensures that activities follow codes, regulations, and policies. Oversees or provides for the selection, training, professional development, and discipline of staff. Develops and implements goals, objectives, policies, procedures, and work standards for the division to which assigned; prepares and administers the division's budget; participates in departmental strategic planning activities. Provides for support services, including assessment, intervention and treatment for both clients and their family members. Confers and

maintains liaison with County management in other departments, representatives of law enforcement, the courts and social, medical and community service agencies, the educational system, and other public and private organizations. Manages juvenile probation staff and activities to support the policies and orders of the juvenile justice system. Oversees, directs, and participates in all personnel management activities of the department. Serves as a member of the departmental management team and various task forces; coordinates services and programs of the division with those of other divisions and departments to provide for the most effective service programs for juveniles. Monitors changes in legislation and technology, confers with department management regarding legislation, operational and facility planning, policies and administrative programs and procedures. Performs a variety of special studies and reviews; evaluates alternatives, makes recommendations, and prepares narrative and statistical reports; develops training programs and educational materials related to areas of assignment. Coordinates purchasing, physical space and equipment acquisition, personnel, and related administrative activities for the unit.

Juvenile Detention-Manager  
Department of Juvenile Justice Services  
April 2018-Present

Responsibilities: Plans, organizes, administers, reviews, and evaluates the work of staff through subordinate supervisors. Interprets policies and procedures to staff and ensures that activities follow codes, regulations, and policies. Oversees or provides for the selection, training, professional development, and discipline of staff. Develops and implements goals, objectives, policies, procedures, and work standards for the division to which assigned; prepares and administers the division's budget; participates in departmental strategic planning activities. Manages staff, activities, and physical facilities at a juvenile detention center; provides for support services, including assessment, intervention and treatment for both clients and their family members. Confers and maintains liaison with County management in other departments, representatives of law enforcement, the courts and social, medical and community service agencies, the educational system, and other public and private organizations. Manages juvenile probation staff and activities to support the policies and orders of the juvenile justice system. Oversees, directs, and participates in all personnel management activities of the department. Serves as a member of the departmental

management team and various task forces; coordinates services and programs of the division with those of other divisions and departments to provide for the most effective service programs for juveniles. Monitors changes in legislation and technology, confers with department management regarding legislation, operational and facility planning, policies and administrative programs and procedures. Evaluates proposed changes and facilitates implementation after approval. Performs a variety of special studies and reviews; evaluates alternatives, makes recommendations, and prepares narrative and statistical reports; develops training programs and educational materials related to areas of assignment. Coordinates purchasing, physical space and equipment acquisition, personnel, and related administrative activities for the unit.

Spring Mountain Youth Camp-Acting Manager  
Department of Juvenile Justice Services  
May 15, 2017 to April 2018

Responsibilities: Provide Executive Management to Spring Mountain Youth Camp, which is a long-term correctional placement for adjudicated delinquent youth. Oversee the general operations of the facility as well as provide executive supervision of sixty-two (62) staff. This includes over forty (40) sworn peace officers, support staff as well as 100 adjudicated male youth between the ages of thirteen (13) and eighteen (18) years of age. Ensure a safe and secure environment for youth and staff as well as ensuring the youth's medical, educational, and psychological needs are met and that all laws, statutes, and ordinances are followed. Provide evidence based and strength based programming and monitor the effectiveness of the programs. Provide community service through the many youth programs at Spring Mountain Youth Camp. Coordinate and maintain a yearly budget of approximately seven and one half million dollars. Responsible for hiring, transferring and the disciplinary process for all of the Spring Mountain Youth Camp staff. Collaborate with the Director's Office on important issues and assist the management team with the Labor Management Committee that includes three labor unions. Oversee, approve and implement policies and procedures. Oversee all of the audit processes responsible at Spring Mountain Youth Camp.

Spring Mountain Youth Camp-Assistant Manager  
Department of Juvenile Justice Services  
September 2016- Present



Responsibilities: Assists manager with the planning, organization and reviewing the work of staff at Spring Mountain Youth Camp. Assist with the oversight of the general operations of the facility as well as provide executive supervision of sixty-two (62) staff. This includes over forty (40) sworn peace officers, support staff as well as 100 adjudicated male youth between the ages of thirteen (13) and eighteen (18) years of age. Continually evaluate and update policies and procedures while ensuring that staff is in compliance with those policies and procedures. Oversee training, professional development and discipline staff when necessary. Assist manager with overseeing the division's budget, as well as, participated with strategic planning activities. Assist with coordinating services and programs of the division to provide the most effective service programs for the youth and families. Perform month to month evaluations as well as annual evaluation for all supervisors. Was responsible for compiling data and reporting to county, state and federal agencies for auditing purposes to ensure our facility was in compliance with all laws. Building and fostering relationships with service providers and other law enforcement agencies, which results in information sharing, maintaining relationships, and building new relationships with other agencies and community leaders.

Department of Juvenile Justice Services-P.O.S.T. Academy  
Commander  
September 2014-November 2016

Responsibilities: Planning, organizing and scheduling an 8-week Category II P.O.S.T. Academy for new hires of the Department of Juvenile Justice Services. Other responsibilities include: instruct course material, monitor and supervise cadets and instructors for duration of academy to ensure that all Nevada POST material is covered, order clothing and materials needed to conduct the academy, plan, schedule and coordinate a graduation ceremony at the completion of the academy, report to Nevada POST in regards to all changes and seek authorization for certification testing.

Juvenile Probation Supervisor  
Dept. of Juvenile Justice Services  
May 2008- September 2016 (2008-2013-SMYC/2013-2016-Probation)

Responsibilities: Planning, organizing, supervising and evaluating the work of Juvenile Probation Officers and Part-Time Hourly Staff. Other responsibilities included: case oversight and intervention, training staff in policies and procedures, monitoring quality control in assigned areas and confers with other department supervisors and management to provide service provisions and coordination. Assist with the oversight of the general operations of the facility as well as provide executive supervision of sixty-two (62) staff. This includes over forty (40) sworn peace officers, support staff as well as 100 adjudicated male youth between the ages of thirteen (13) and eighteen (18) years of age.

Juvenile Probation Officer  
Dept. of Juvenile Justice Services  
May 2001- May 2008

Responsibilities: Monitor and supervise juvenile probationers, enforce adherence to the court ordered conditions of probation. Assist in training new employees and volunteers. Work as a lead officer and direct the work of a shift in the absence of a supervisor.

PTH Storekeeper- September 2000- May 2001  
Clark County- Family Youth Services Department  
Responsibilities: Unload and load trucks upon delivery, deliver food and supplies to Child Haven and Detention, and assist on special events throughout the year.

Professional Athlete-Pitcher / Pitching Coach  
Amarillo Dillas Professional Baseball  
May 1995-July 1999, April 2000-September 2000

Responsibilities: Supervised eight pitchers during workouts. Met with pitchers individually as well as in a group to set team goals, work on weaknesses and point out their strengths.

Professional Athlete-Pitcher  
Arizona Diamondbacks, July 1999-March 2000  
Montreal Expos, June 1992-March 1995

**Volunteer  
Experience**

Volunteer  
Bethesda Outreach Center  
August 1996-August 1998  
Volunteered at various outreaches each year to include Back to School outreaches and Christmas Toy outreaches.

Boulder City Little League  
January 2001 to Present  
Volunteered at Christmas Baseball Camps and as a coach for the Little League Season

DJJS-Thanksgiving/Christmas Basket Delivery  
2005-Present  
Assisted with the loading and delivery of Thanksgiving and Christmas Baskets to the families of our youth.

**Certifications**

CPR / First Aid / AED Certified,  
Certified Instructor in Defensive Tactics, Use of Force Instructor,  
OC Instructor,  
Trained in "Street Law" to present material,  
Certified Firearms Instructor,  
Certified Nevada P.O.S.T. Instructor with DJJS  
Basic Instructor Development/Intermediate Instructor  
Development

# **Attachment 5**

***Letter to the Single State Agency (SSA)***

## Federal Assistance Notification Form



Thank you. Your response was submitted.

You will receive an email from the Nevada Grant Office within 5 business days confirming receipt of notification.

Feel free to contact our office at [grants@ofa.nv.gov](mailto:grants@ofa.nv.gov) if you have any questions.

[Submit another response](#)

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The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive information.

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# Attachment 6

***Confidentiality and SAMHSA Participant Protection/ Human Subjects Guidelines, if applicable.***

## Attachment 6: Confidentiality and SAMHSA Participant Protection/

### Human Subjects Guidelines

#### **1. Protect Participants and Staff from Potential Risks**

Girls placed in the DJJS Home for Traumatized Girls by DJJS will be court ordered into the program by the Eighth Judicial Court. Some of the girls will be on Juvenile Probation when placed, thus, there are risks of re-arrest or re-offending. Also, girls will be exposed to other girls who are receiving services in the juvenile justice system. There is a potential for secondhand trauma for staff and girls, due to the nature and seriousness of the subject matter. DJJS staff are trained in de-escalation techniques to minimize risk and manage incidents.

DJJS Home for Traumatized Girls will be overseen by a provider who holds all required licenses: such as counseling, therapy, and license to provide residential services. Both the provider and DJJS staff are bound by confidentiality by Nevada Revised Statutes and DJJS policy. Involved staff are prohibited from using or disclosing any part of any information concerning youth for any purpose not directly connected to the services being provided. The building is maintained by Clark County's Real Property Management.

In the event there are adverse effects to girls or staff, the Probation Supervisor and corresponding division manager will investigate and make recommendations to DJJS management team following established contract, DJJS directives, and standard operating procedures. Recommendations and plans for improvement will be followed and involved parties will be informed. It will be important to have check in's with staff and a strong support system in place. Clark County employees can access services through the Employee Assistance Program.

#### **2. Fair Selection of Participants**

Participants are not recruited. DJJS juvenile probation officers will be able to staff girls who meet the program's criteria with the assigned girls home Juvenile Probation Supervisor. Based on the results of the staffing, a recommendation for placement can be made to the Eighth Judicial Court who will court order girls into the home.

DJJS Home for Traumatized Girls is for justice involved girls, except for girls who have arson related charges.

#### **3. Absence of Coercion**

Girls will not be compensated or receive incentives for participation in the program. Also, there is no cost associated to girls or their families. There may be occasional field trips and outings for good behavior and leveling up within the program.

Once Court ordered into the program, girls will receive services. Data collected is standard data DJJS collects for all youth involved with residential services. DJJS and the vendor will promote and facilitate the ability for culturally competent therapy, religious activities, and services. Vendor staff will go through background checks, child abuse and neglect checks before working with girls.

#### **4. Data Collection**

DJJS will collect data from girls, their caregivers, Clark County School District, and the vendor (per contractual agreements). The vendor will provide weekly updates to parents and DJJS and they will also provide monthly progress reports to DJJS for each girl in the program.

Procedures – Interviews with girls for assessments throughout the juvenile justice process (such as when obtaining information for the YLS/CMI or IPT questionnaires) and voluntary family surveys. Assessments are completed by juvenile probation officers, these can be completed within DJJS or within the proposed Girls Home. Family Surveys will be sent to the family via Microsoft Forms link.

In the event of an incident within the home, the vendor will provide DJJS Probation a detailed incident report outlining the participating parties (who, what, where, when, and how) and the findings/conclusion of the vendor.

#### **5. Privacy and Confidentiality**

DJJS is bound to privacy and confidentiality by State of Nevada Laws and DJJS Policy. The approved vendor will be bound to privacy and confidentiality as established by the contract with DJJS. The facility is under 24-hour video surveillance and the vendor, girls, and staff will be aware of camera angles and ongoing recording. DJJS and the vendor are compliant with Health Insurance Portability and Accountability Act (HIPPA). DJJS agrees to maintain the confidentiality of substance use disorder client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II, Subpart B.

DJJS uses Family Tracs as a case management system, it is software by Tyler Technologies. Also, data will be stored in secure Clark County servers. Youth records are available to personnel who work directly or provide support services to girls involved with the program.

Juvenile Records in Family Tracs can only be accessed by DJJS personnel. Family Tracs is software that is password protected and only accessible from approved County computers.

#### **6. Adequate Consent Procedures**

The assigned DJJS probation officer and DJJS probation supervisor will explain services to girls and families and will obtain consent in writing or verbally when needed. The



vendor will have an admissions packet including consent forms for caregivers to complete. Generally, these admissions packets include caregiver consent forms for schooling, mental health, field trips, and general waivers. Once in the program, girls will receive services, regardless of their level of participation with data collection.

DJJS Records are released to parties as identified by Nevada Revised Statute 62H.025. The vendor's admission packet includes youth signatures indicating an understanding of the program's rules, expectations, and goals. Also, girls and caregivers who are on probation sign the DJJS Terms and Conditions of Probation.

DJJS has officers who speak several languages (mainly English and Spanish), also, if needed DJJS and the vendor will obtain a translator to communicate with girls or caregivers. Clark County has a translator unit (including American Sign Language) that can be utilized by the girls program. Documents will be read to participants, they will be asked if they understand the content, and they will receive copies of what they sign.

## **7. Risk/Benefit Discussion**

Risks for girls and staff are reasonable because of the nature of working with the identified population of girls involved in Clark County's Juvenile Justice System. Such as, working with girls who have been exposed to severe trauma, have mental health needs, need coping/social skills, and are involved in the juvenile justice system (been in juvenile detention and are going through the juvenile court process).

Through the ongoing work and exposure to positive peer relations/interactions, upkeep with mental health needs, positive ways of coping, goal setting, structured environment with rules and positive reinforcement (such as a field trip or outing), girls will benefit and improve on their decisions and desist from delinquent activities.

## **PROTECTION OF HUMAN SUBJECTS REGULATIONS**

Not Applicable

# **Attachment 7**

***Form SMA 170 – Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations.***


**ASSURANCE  
of Compliance with SAMHSA Charitable Choice  
Statutes and Regulations  
SMA 170**

**REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND  
SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE <i>Director</i>
APPLICANT ORGANIZATION <i>Clark County Department of Juvenile Justice Services</i>	DATE SUBMITTED <i>5/9/23</i>

# **Attachment 8**

*Letters of Commitment and/or Memoranda of Understanding (MOU), if applicable.*

Attachment 8: Letters of Commitment and/or Memoranda of  
Understanding (MOU)

Not Applicable