



Nevada Department of Health and Human Services

DIVISION OF HEALTH CARE
FINANCING AND POLICY

Nevada Justice-Involved Reentry Initiatives Advisory Committee Meeting

March 25, 2025



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- **Welcome and Introductions**
- **Context Setting on Nevada Reentry Initiative**
- **Orientation to Nevada Reentry Initiatives Advisory Committee**
- **A Closer Look at Nevada's Reentry Initiative**
- **Q&A**
- **Next Steps**



Welcome and Introductions



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Nevada Reentry Demonstration Team

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To inform the design and implementation of Medicaid opportunities to support individuals transitioning from incarceration, the Nevada Division of Health Care Financing and Policy (DHCFP) is facilitating the Nevada Reentry Initiatives Advisory Committee with support from Manatt Health.



- Michael Gorden
- Malinda Southard
- Deidre Manley
- Richard McFeeley
- Jonathan Figueroa
- Vanessa Rahme
- Casey Angres
- Minden Hall
- Amber Neff
- Bernadette Demars

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- Kinda Serafi
- Allison Garcimonde
- Sarah White



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- Everyone will be automatically muted upon entry.
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Questions

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Nevada Reentry Initiatives Advisory Committee Members (1 of 2)

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Stakeholder Type	Agency/Department	Name of Representative
State Agency	NV Division of Public and Behavioral Health	Jennifer Hughes, LCSW
	NV Division of Public and Behavioral Health	Mark Mosely
	NV Division of Public and Behavioral Health	Michelle Sandoval
State Correctional Facility	Nevada Department of Corrections	Michael P. Williams
City Agency	City of Henderson	Hayley Jarolimek
County Agency	Clark County	Leah Lamborn
	Lyon County Human Services	Rhiannon Baker
	Lyon County Human Services	Todd Cospewicz
	Nye County Health and Human Services	Karyn Smith
	Washoe County Human Services Agency	Steve Jachimowicz
County Correctional Facility	Clark County Juvenile Justice Services	Katherine Huncovsky
	Clark County Juvenile Justice Services	Kelly Storla
	Clark County Juvenile Justice Services	Tyrone Roberson
	Carson City Juvenile Services/Probation	Linda Lawlor
	Humboldt County Juvenile Services	Pauline Salla
	North Las Vegas Community Correctional Center	Alexis Lozano
	Washoe County Juvenile Services	Lance Mezger
	Washoe County Sheriff's Office	Mark Kester
	Washoe County Sheriff's Office	Maggie Dickson
	Washoe County Sheriff's Office	TJ Mills
DHHS Contractor	GROWLER Consulting	Capt. Bill Teel
Representative with Lived Experience	Nevada Outreach & Training	Christian Neff
	N/A	Edward Bevilacqua

Stakeholder Type	Agency/Department	Name of Representative
Provider	Heads up Nevada	Mark Miele
	<i>Private Practice</i>	Tom Durante
Advocacy/Non-profit Organization	CSH (Corporation for Supportive Housing)	Brooke Page
	Hosanna Home Transitional Living Home	Linda Schmitt
	Karma Box Project	Grant A Denton
	Karma Box Project	Matthew Grimsley
	Life Changes Inc	Lisa Moore
	Nevada Detention Administrators Working Group	Marshall Smith
	NAMI Western Nevada	Laura Yanez
	Volunteers of America - NCNN	Michael Tausek
Community Partner	Battle Born Sober Living, Catholic Charities	Judy Kroshus
	Best Practices Nevada, LLC	Brandon Ford
	Catholic charities of Northern NV /Battle Born Housing	Shannon Cain
	Nevada Homeless Alliance	Dr. Catrina Grigsby-Thedford
	Nevada PEP	Magdalena Ruiz
	Nevada Youth Empowerment Project	Monica DuPea
	St. Paul's UMC	Nyberg, David
Managed Care Organizations	Anthem	Angie Anavisca-Valles
	Anthem Blue Cross Blue Shield- Medicaid	Regina De Rosa
	Anthem Nevada Medicaid	Alletha Muzorewa
	SilverSummit Healthplan	Kevin Murray
	SilverSummit Healthplan Medicaid	Frank L. Deal
	UnitedHealthcare Health Plan of Nevada Medicaid	Austin Pollard

Context Setting on Nevada Reentry Initiatives



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Health Care Needs for Justice-Involved Populations

People who are now, or have spent time, in jails and prisons experience disproportionately higher rates of physical and behavioral health diagnoses and are at higher risk for injury and death due to trauma, violence, overdose, and suicide than people who have never been incarcerated.



Of people incarcerated in Nevada¹:

- **Over 50% of women** entering prison have an identified **mental health need**; the proportion of all individuals entering a facility with a mental health need has increased **35% over the past decade**.
- **90%** of individuals with previous convictions **present a mental health or substance use disorder need** at intake.
- **Approximately 25%** of the population in Clark County Detention Center is **on psychotropic medications**.



Of people incarcerated in state/federal prison, nationally²:

- **30.2% have high blood pressure/hypertension**, compared to 18.1% of the general public
- **10.9% have hepatitis**, compared to 1.1% of the general public
- The mortality rate two weeks post-release from prison has been found to be **12.7 times** the normal rate, driven largely by overdoses
- **51% of people in prison** and **70% of people in jail** have/previously had a **mental health problem**
- **58% of people in state prison** and **63% of people in jail** meet the criteria for **drug dependence or abuse**

Source: 1. Nevada Advisory Commission on the Administration of Justice, Justice Reinvestment Initiative; 2. CMS, SMDL 23-003: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>.



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Changes to the Inmate Exclusion Policy Under the Medicaid Reentry Initiative

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Background

- **Medicaid enrollment** is critical to ensuring **access to health care services**, including treatment for mental and behavioral health issues, for incarcerated individuals returning to their community.
- Due to restrictions in federal law, states have **historically been unable to use Medicaid funding** to provide health care services to individuals when they are incarcerated, known as the “inmate exclusion”.
- In 2023, the federal government released **guidance on how states can provide specific Medicaid services, through a Section 1115 Waiver, to youth and adults who have had contact with the justice system** while they are in a correctional setting to support their reentry into the community.
- Congress also passed **federal law – Consolidated Appropriations Act (CAA), Section 5121** – mandating all states provide a targeted set of services to eligible juveniles.

Impact in Nevada

In June 2023, Nevada’s Legislature passed **Assembly Bill 389 (AB 389) which requires DHCFP to submit a Section 1115 Reentry Demonstration** waiver to provide services to youth and adults 90 days prior to scheduled release.

In 2024, **DHCFP developed and submitted a Section 1115 waiver** to the federal government to provide a broader set of pre-release services to youth and adults through a Medicaid demonstration program.

DHCFP has also been actively working to **implement the federal mandatory requirements for providing services to juveniles (CAA, Section 5121)**.

Nevada's Medicaid Reentry Initiative

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The period when a person is transitioning from a correctional facility to the community is a critical juncture. During this period, individuals are at a significantly higher risk of experiencing emergency department visits, hospitalizations, and death from overdose.



Correctional Facility

Community

Medicaid Reentry Initiative

Nevada is launching the Medicaid Reentry Initiative to support youth and adults transitioning from a correctional setting to their community.

Through this initiative, Nevada will be able to use Medicaid funding to provide a targeted set of services in the 90 days prior to expected date of release with the goal of improving health outcomes and supporting successful reentry into the community.



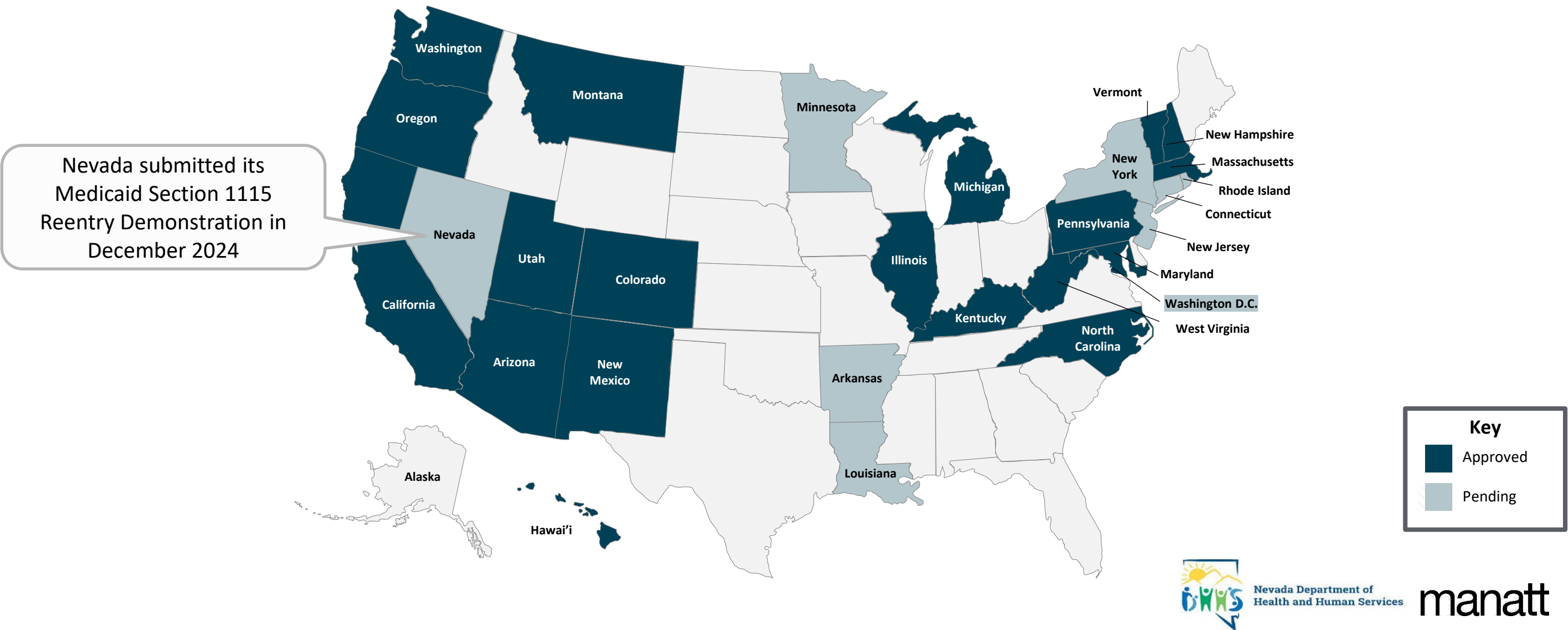
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Nevada is One of Many States Pursuing a Reentry Initiative

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As of March 2025, 19 states have received approval from the federal government to waive the “inmate exclusion” and pursue a Medicaid Reentry Initiative and 8 states plus D.C. have waivers pending approval.



Components of Nevada’s Medicaid Reentry Initiative

Through its Medicaid Reentry Initiative, Nevada will introduce targeted pre-release services for youth and adults across correctional facilities phased over several years. The objective of the initiative is to support transitions from correctional settings to the community and improve health and justice outcomes post-release.

Initiative	Authority	Description	Timing
Pre-Release Services for Medicaid-eligible Incarcerated Youth^	➤ Consolidated Appropriations Act (CAA), Section 5121	Provide (1) screening/diagnostic services and (2) care management to Medicaid-eligible post-adjudication children/youth in the last 30 days of their placement and first 30 days after release (care management only).	Effective January 1, 2025 in all facilities housing eligible youth.
Pre-Release Services for (1) Medicaid- and CHIP-eligible Incarcerated Youth^ and (2) Medicaid-eligible Adults with specified health conditions	➤ Nevada AB389 ➤ Nevada’s Section 1115 Waiver (Pending Approval)	Provide (1) care management and (2) Medication Assisted Treatment (MAT) to youth and adults in a correctional setting 90 days pre-release, and (3) 30-day supply of medications at release to Medicaid and CHIP-eligible youth and Medicaid. Additional services at facility option.* (See Slide 23-24 for more information)	NV is awaiting federal approval to provide these services across participating youth/adult facilities and plans to begin implementation as soon as possible following waiver approval (~Fall/Winter2025).

DHCFP considers CAA requirements to be part, and the first phase of the overarching Medicaid Reentry Initiative. Once the Section 1115 Demonstration is implemented, eligible populations and available services will expand to include those required under the demonstration (i.e., youths and eligible adults will be able to receive an expanded set of pre-release services).

^Youth refers to individuals under age 21 or 18-26 on former foster youth between the ages of 18 and 26 (Aged Out Foster Care youth)

*NV has proposed to allow correctional facilities to elect to provide additional services (e.g., physical and behavioral health clinical consultation services, medications, HIV treatment, laboratory and radiology services, and Community Health Worker (CHW)/peer support services). **Facilities housing CAA-eligible youth will be required to provide screening/diagnostic services to eligible youth.**

Goals of the Medicaid Reentry Initiative

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Nevada's goals through the Medicaid Reentry Initiative are to:



Increase coverage and appropriate service uptake through assessment of Medicaid eligibility and availability of coverage for benefits in correctional settings just prior to release



Improve access to services prior to release and improve transitions and continuity of coverage and care into the community upon release and during reentry



Improve coordination and communication between correctional systems, Medicaid systems, managed care plans, and community-based providers



Increase additional investments in health care and related services, aimed at improving the quality of care for beneficiaries in correctional settings and in the community to maximize successful reentry post-release



Improve connections between correctional settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSNs)



Reduce all-cause deaths in the near-term post-release



Reduce number of emergency department visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care



Provide intervention for certain behavioral health conditions and use stabilizing medications like long-acting injectable antipsychotics and medications for addiction treatment for SUDs, with the goal of reducing overdose and overdose-related death in the near-term post-release

Key Implementation & Milestone Dates for Nevada's Reentry Initiatives

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Following submission of Nevada's Section 1115 waiver request to CMS in December 2024, DHCFP is moving forward on continued policy and operational planning with the intent of launching reentry services for adults and youth in select facilities as soon as possible following waiver approval (~Fall/Winter 2025).*

Q1 2025

- Implement case management and screening/diagnostic service requirements for CAA-eligible youth
- Engage in negotiations with CMS to secure waiver approval
- Continue policy and operational design (through ~Q3 2025)
- Convene NV Reentry Initiatives Advisory Committee

Q3 2025

- Release capacity building application
- Launch online Reentry Resource Center with technical assistance resources
- Release correctional facility readiness assessment application

2025

Q1

Q2

Q3

Q4

Q2 2025

- Secure waiver approval (timing dependent on CMS)
- Submit required Implementation Plan to CMS

Q4 2025

- Issue detailed policy and operational guidance on eligibility & enrollment, benefits, care management, eligible providers, provider enrollment, and billing for implementation partners
- Launch services for youth and adults at select facilities

* *Timing is dependent on CMS approval of waiver request and subject to change*

Orientation to Nevada's Reentry Initiatives Advisory Committee



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Nevada Reentry Initiative Advisory Committee Overview

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The Justice-Involved Reentry Initiative Advisory Committee will play a critical role in supporting successful implementation of Nevada's Reentry Initiatives.



Purpose: Advise and support DHCFP to successfully launch and implement Nevada's Reentry Initiatives (which includes the Section 1115 Demonstration and the Consolidated Appropriations Act).



Membership: Representatives from individuals with lived experience, state agencies, prisons, county jails, Sheriffs' Association, juvenile justice facilities, probation/parole, community partners and non-profits, managed care plans, and providers.



Meeting Cadence: The Advisory Committee will meet virtually bi-monthly for 90-minutes (with the kickoff lasting 1 hour) to consider various policy design and operational implementation topics.



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Nevada Reentry Initiatives Advisory Committee Charter

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Meetings will enable direct communication and problem solving between DHCFP and key initiative implementers. Members are asked to bring a collaborative, pragmatic and solution-oriented mindset.

Objectives	The Advisory Committee will: ✓ Offer regular input on key policy and implementation issues related to the pre-planning, readiness, and operationalization of Nevada's Reentry Initiatives ✓ Review and provide feedback on select policy and operational decisions
Expectations	Advisory Committee members have been selected for their expertise and will be expected to: ✓ Consistently attend and actively participate in meetings <i>[or designate delegates when unable to attend]</i> ✓ Review agendas in advance of each meeting and provide input when requested ✓ Keep statements respectful, constructive, relevant to the agenda topic, and brief ✓ Be solutions-oriented, offering alternatives or suggested revisions where possible ✓ Represent their cross-sector perspective
Meeting Preparation	DHCFP will help Advisory Committee members prepare for meetings by: ✓ Circulating agendas and pre-decisional materials for review in advance of meetings ✓ Conducting outreach to Advisory Committee before/after meetings to solicit additional input

Information presented in Advisory Committee slides should not be considered DHCFP's finalized program design unless otherwise indicated. Decisions on Nevada's Reentry Demonstration design and implementation are made at the sole discretion of DHCFP.



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Advisory Committee Member Areas of Interest

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As part of the Advisory Committee application, applicants were asked to provide feedback on areas of interest to inform DHCFP's future meeting planning.

Members were aligned in identification of priority areas of interest for potential discussion at future Advisory Committee meetings, flagging the following topics in their responses:

- **Ensuring continuity of care in program design**, including to facilitate cross-system communication necessary to enroll individuals in Medicaid prior to their release and connect them with post-release community-based services and supports.
- **Addressing potential barriers in access to services**, particularly for small and rural facilities; for youth and families; during short-term stays in jails; and for supportive services like housing, transportation, education, social services, and employment assistance.
- **Additional topics central to successful implementation**, including:
 - Eligibility criteria;
 - IT infrastructure updates;
 - Provider qualification and enrollment requirements; and
 - Ensuring the program reduces recidivism, increases rehabilitation, and encourages successful reentry to the community.



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A Closer Look at Nevada's Reentry Initiative



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Individuals Eligible to Receive Reentry Services

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Starting 2025:*

- Medicaid-enrolled children and youth, 30 days pre-release, who are:
 - ✓ Under 21 years of age or former foster youth between the ages of 18 and 26 (Aged Out Foster Care youth); and
 - ✓ Being held in a correctional facility post-adjudication[^]

Upon launch of the Reentry Demonstration:

- Medicaid-eligible adults and children/youth (pre- and post-adjudication) can obtain services 90 days pre-release:
 - ✓ **Adults**: Medicaid-eligible adults who have a mental illness, substance use disorder, chronic disease (or other significant disease), an intellectual or developmental disability, traumatic brain injury, HIV or who are pregnant or up to 12 weeks postpartum
 - ✓ **Youth**: Medicaid/CHIP-eligible youth under 21; Aged Out Foster Care youth under 26 (i.e., no behavioral health/chronic condition criteria)

The State will collaborate with facilities to ensure that eligible individuals are enrolled in Medicaid to receive services

** Services include CAA-required case management and screening and diagnostic services.*

*[^] Adjudication is the court process that determines if an individual committed the act for which they are charged. **Post-adjudication** means the eligible juvenile committed the charged act, and the court ordered the eligible juvenile held as an inmate of a public institution as part of the disposition of the charges.*

- **Currently**: State-operated juvenile justice facilities and County-operated juvenile detention centers or youth camps that house post-adjudicated CAA-eligible youth.
- **Future**: State prisons, County- and city-operated jails that opt-in, and any remaining facilities.*

**All participating facilities that house post-adjudication CAA-eligible youth will be required to provide eligible youth in their facilities with required CAA services (case management, screening and diagnostic services) that are also covered under the Demonstration. These facilities may, but will not be mandated, to provide the remaining full scope of Demonstration services (e.g., MAT and 30-day supply of medications upon release) to youth and adults eligible under the Demonstration.*



Landscape of Nevada Correctional System Partners

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State Prisons¹

- The Nevada Department of Corrections manages **7 prisons** across the state.

Over 10,500 individuals daily, including ~209 individuals 20 or younger

County Jails²

- There are **26 county- and city-operated jails** across the state's 17 counties *(including 5 temporary holding facilities)*.

A maximum 7,900 individuals daily;
~3,500 in Clark County facilities and ~1,100 in Washoe County facilities (the two largest facilities).

Juvenile Facilities³

- The Division of Child and Family Services oversees **3 state-operated juvenile justice facilities**.
- There are **7 county-operated juvenile detention centers** and **2 youth camps**.

JJFs have a maximum capacity of 250 juveniles.

Wittenberg Hall releases 355 juveniles annually;
remaining facilities have a maximum capacity ~250.
Youth camps have a maximum capacity of 205.



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Covered Services in Nevada’s Medicaid Reentry Initiative

Facilities that participate in the Medicaid Reentry Initiative will be required to provide access to the services described below upon launch. Services can be provided by either correctional facilities and/or community-based in-reach providers.



Reentry Care Management	Medication for Opioid Use Disorder (MOUD) / Medications for Alcohol Use Disorder (MAUD)	Medications In Hand Upon Release	CAA Screening and Diagnostic Services
Care management of physical and behavioral health needs as well as health-related social needs (e.g., housing, transportation) to make appropriate linkages and referrals to post-release care and supports.	FDA-approved medication, provided in combination with counseling/behavioral therapies (as clinically appropriate) to promote recovery and reduce the risk of death due to overdose.	Provision of at least a 30-day supply of prescription medication at the point of release (as clinically appropriate) to meet ongoing medical needs and prevent emergency department visits and/or hospitalization.	Screening and diagnostic services for youth , including comprehensive health, developmental history, and physical examinations; appropriate vision, hearing, and lab testing; dental screening services; and immunizations.

DHCFP will work with facilities participating in the Medicaid Reentry Initiative to provide technical assistance and build capacity to provide these services. Facilities will be required to demonstrate “readiness” before they can receive Medicaid reimbursement for the services.

In addition to mandatory benefits for the Reentry Initiative, NV recognizes there are other health-related services that can help ensure a successful transition to the community. Participating facilities may elect to offer additional services, provided by either correctional facility staff or community-based providers, listed below upon launch of the Medicaid Reentry initiative.

- **Physical and behavioral health clinical consultation services for adults** (e.g., physical, behavioral health, and dental screening and diagnoses)*
- **Laboratory and radiology services** consistent with what Medicaid typically covers for such services
- **Prescribed drugs and medication administration** during the pre-release period, consistent with what Medicaid typically covers for such services
- **HIV services** (which will be subsumed under pre-release medications, clinical consultation services, and laboratory and radiology)
- **Services of a community health worker** (post-release education and training related to patient self-management of health conditions)
- **Peer support services** (post release)

* Clinical consultation is mandatory for CAA-eligible youth



DHCFP is continuing policy design and implementation planning activities via design meetings and stakeholder engagement discussions to address the following policy design and operational challenges.

Key Policy Design and Operational Challenges

- **Enrollment In Medicaid:** While some correctional facilities have implemented Medicaid enrollment and suspension processes, there is still variation in processes across facilities, which is foundational.
- **Medicaid Experience:** Correctional facilities are new to the Medicaid program; ensuring their understanding of Medicaid provider enrollment, specifically, and program requirements, generally, requires significant technical assistance support.
- **Medicaid Billing and Claiming:** Correctional facilities generally do not have IT systems to bill and claim for the provision of Medicaid services and will likely be new to billing and claiming processes.
- **Pre and Post Release Case Management:** States have experienced challenges in identifying adequate case management workforce capacity, particularly that have expertise working with the justice-involved population.
- **Providing Medications:** While some correctional facilities already provide some MAT for opioid use disorder and a supply of medications upon release, there is still variation across facilities.
- **Cross System Collaboration:** Successful implementation requires active, ongoing collaboration among a broad and disparate group of stakeholders that may not have existing relationships and have different organizational missions/cultures.



Capacity Building Funds to Support Implementing Partners

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Nevada requested \$19.5 million in total computable funds to provide start-up funding to correctional facilities and implementing partners for the planning and implementation of reentry services. DHCFP is continuing to assess the state's planned distribution approach for capacity building funds.

Capacity building funds are **one-time funds** available to correctional facilities and implementing partners, intended to support planning and implementation activities.

Funds are not intended to be used to sustain the delivery of reentry services; **services provided once the initiative is launched will be reimbursed through Medicaid.**

Permissible Uses of Funding:

- Hiring of Staff and Training
- Development of Protocols and Procedures
- Technology and IT Services
- Adoption of Certified Electronic Health Record Technology
- Purchase of Billing Systems
- Planning (related to developing information sharing protocols for Medicaid application submissions)
- Additional Activities to Promote Collaboration (e.g., convenings with implementation partners)
- Other activities to support a milieu appropriate for provision of prerelease services



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Welcome & Webinar Logistics

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To sign up for Nevada’s Justice-Involved Reentry Demonstration email list serve and receive regular project updates, please [click this link and send the email](#).



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Next Steps



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Reentry Initiatives Advisory Committee Schedule

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Date	Discussion Topic
Tuesday, March 25	▪ Advisory Committee Kickoff
Tuesday, May 27	▪ Medicaid Eligibility and Enrollment in Correctional Facilities
Tuesday, July 29	▪ Delivering Pre- and Post-Release Case Management
Tuesday, September 23	▪ Providing Medications, including Medication-Assisted Treatment (MAT)
Tuesday, November 18	▪ Providing Other Covered Services
Tuesday, January 26 (2026)	<i>As needed, for rollover discussion of previous topics and/or use of capacity building funds</i>

Note: Areas of focus and sequencing of topics subject to change dependent on evolving project needs, and may continue into 2026 at DHCFP's discretion

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Appendix



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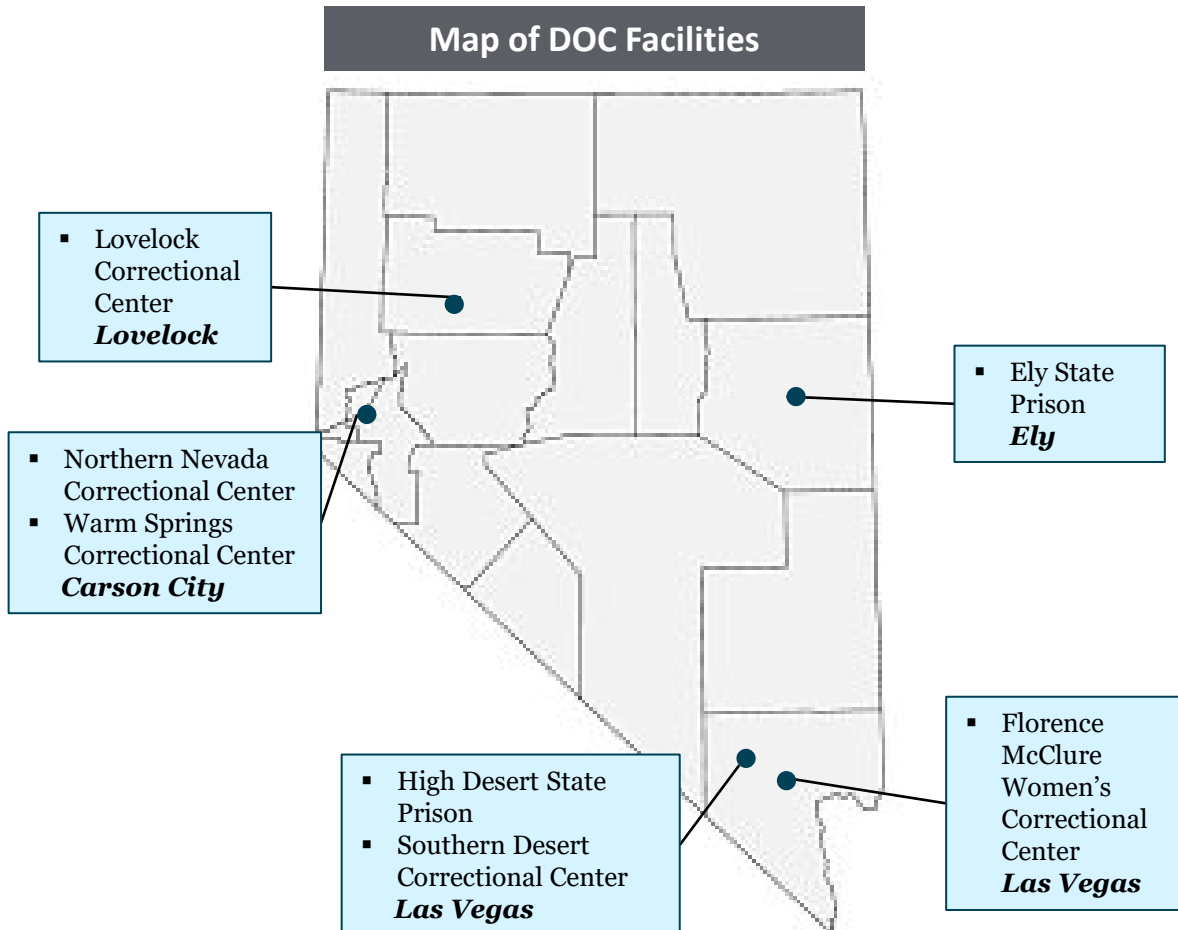
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Crosswalk of Reentry Initiative and CAA Requirements

Component	Section 1115 Reentry Initiative Pre- and Post-Adjudication	CAA Mandatory Youth Reentry Services (§ 5121) Post-Adjudication
Eligible Population	Individuals incarcerated pre- or post-adjudication who are: - Medicaid/CHIP eligible youth under 21; or - Former foster youth up to age 26; or - Medicaid (MAGI and non-MAGI) eligible adult with specified health condition	Children and youth incarcerated post-adjudication who are: - Enrolled in Medicaid or CHIP; - Under 21 years old or between 18 and 26 under the mandatory former foster care eligibility group
Scope of Facilities	✓ State Prison ✓ County Operated Jail ✓ State Operated Juvenile Justice Facility ✓ County Operated Juvenile Detention Center	✓ State Prison ✓ County Operated Jail ✓ State Operated Juvenile Justice Facility ✓ County Operated Juvenile Detention Center
Scope of Services and Service Duration	Mandatory services in the 90 days pre-release include: - Case management - Medication Assisted Treatment (medications for opioid use disorder and alcohol use disorders) 30-day supply of medications at release - Physical/behavioral health clinical consultations (including all CAA screening and diagnostic services) - Medications and medication administration - Laboratory and radiology services - HIV services - CHW Services - Peer Support Services	Mandatory services include: - Targeted case management (TCM) in 30 days pre-release and for at least 30 days post-release - Screening and diagnostic services, including EPSDT services for Medicaid enrollees under 21 in 30 days pre-release
Implementation Timing	Beginning ~ October 2025 for select facilities.	Beginning January 1, 2025 .



Nevada has seven DOC facilities, where over 10,000 individuals¹ are currently incarcerated.



Among justice-involved individuals in Nevada:²



Over **25%** of the current DOC population is sentenced for less than 5 years



Approximately **66%** of DOC population is in a medium-security facility



Individuals admitted to prison with a **mental health need** has increased **35%** in the past decade

Source: 1) Nevada Department of Corrections Weekly Fact Sheet; 2) Nevada Advisory Commission on the Administration of Justice – Justice Reinvestment Initiative; 3) Facility locations in image: Nevada Department of Corrections Facilities List and Juvenile Justice Services Family Handbook.



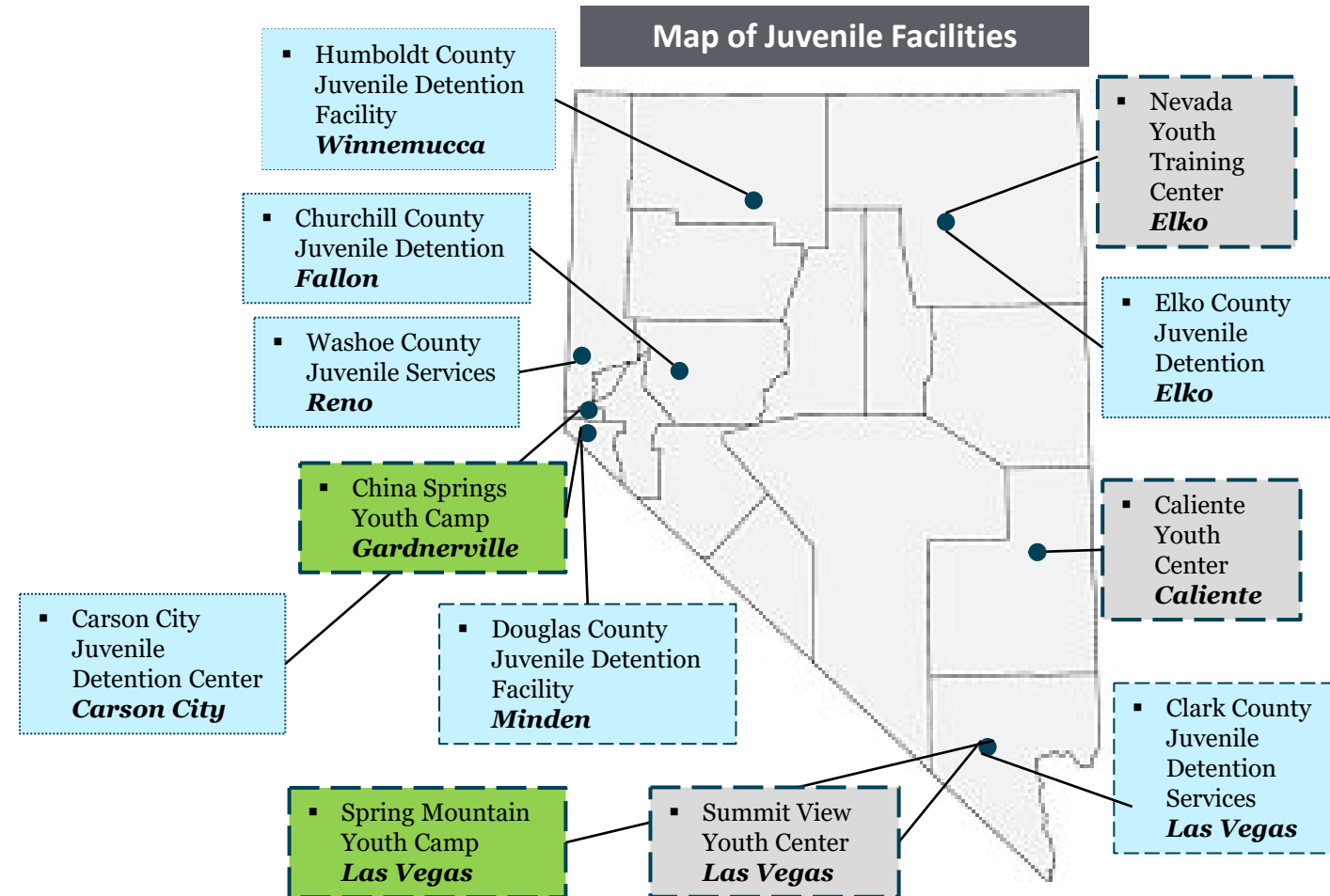
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Landscape of Correctional System Partners – Juvenile Facilities

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Nevada has 12 total juvenile facilities: five are state-operated youth correctional facilities or youth camps that house post-disposition youth, while the remaining seven county-level youth facilities are understood to primarily hold pre-disposition youth (although some of these facilities may also hold a small number of post-disposition youth).



State Youth Correctional Facility

Juvenile Detention Center

Youth Camp

Houses **post-disposition** youth

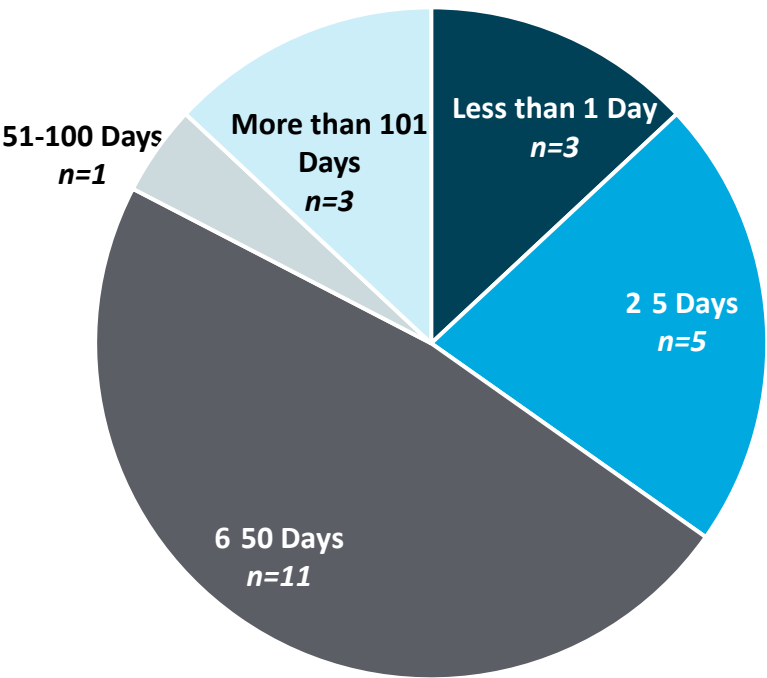
Houses primarily **pre-disposition** youth (may house small number of post-disposition youth pending placement/further legal action)

Source: 1) Division of Health Care, Financing and Policy, "Incarcerated Adults" & "Youth Incarceration" spreadsheets; 2) Nevada Advisory Commission on the Administration of Justice – Justice Reinvestment Initiative; 3) Facility locations in image: Nevada Department of Corrections Facilities List and Juvenile Justice Services Family Handbook.

Nevada has 25 local jails* where 7,900 individuals¹ are currently detained.²

A survey of 23 Nevada jails conducted from March – December 2023 found:³

Average Reported Length of Stay



Source: 1) [Prison Policy Initiative Nevada Profile](#); 2) Incarcerated Adults & Youth Incarceration spreadsheets (shared by DHCFP); 3) Nevada Rural Jail OUD Research Results: 12 Month Summary Presentation (shared by DHCFP).

