



**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES**



2014 ANNUAL PROGRESS REPORT

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NEVADA ANNUAL PROGRESS AND SERVICE REPORT SFY 2014

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SECTION I: INTRODUCTION

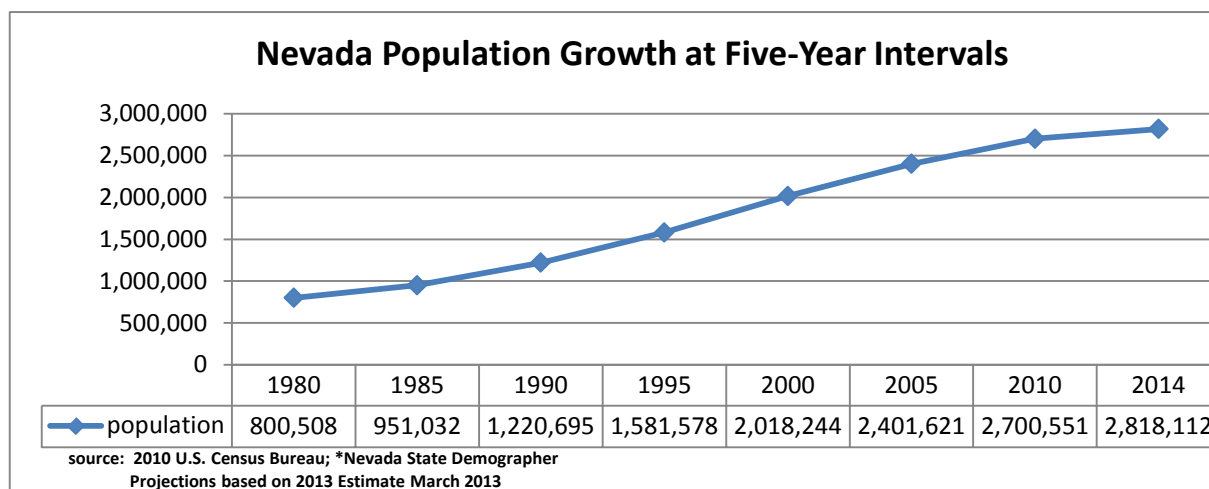
Nevada Demographics

Population and Geography

Nevada is made up of an area of 110,567 square miles making it the 7th largest state geographically yet the 35th in terms of population. The land areas of Nevada make up 109,806 square miles, and 761 square miles of Nevada are covered by water. The United States Census Bureau estimated that the population of Nevada was 2,700,551 on July 1, 2013 a 3.3% increase since the 2010 United States Census.¹ The Nevada State Demographer has projected, based on March 2013 estimates², a population of 2,818,112 for 2014. This is an increase of 4.3% from the 2010 U.S. Census. The majority of Nevada's population is located in southern Nevada in Clark County with a population of 1,951,269 or 72.2% of the population. Washoe County is the next largest populated county, located in northern Nevada, with a population of 421,407 or 15.6% of the population. The remaining population of 327,875 or 12.1% is spread across the 15 rural counties of Nevada.

Nevada's population has a varied racial background that has changed considerably from 2000 to 2010. Data from the U.S. Census Bureau (2010) reports that the majority of the population in 2010 was Caucasian (66.2%) down from 75.2% in 2000, followed by some other race alone 12%; African Americans (8.1%); Asian Americans (7.2%); multiracial persons (4.7%); American Indian and Alaska Native persons (1.2%) and Native Hawaiian or other Pacific Islander (.6%). The Hispanic/Latino population has increased by 81.9% over the last decade growing from 19.7 % to 26.5 % of Nevada's total population.

Figure 01: Nevada Population Growth at Five-Year Intervals



Economy

Overall, the revised data show the Nevada economy improving from 2010 through 2013, with gains in 2011, 2012, and 2013. Most of Nevada's sectors showed increasing employment in 2011. Construction and Government are the two exceptions. All of Nevada's major industrial sectors show increased employment in 2012 and 2013 with the exception of Financial Activities and Government. Financial Activities and Government show stronger employment growth in 2013 than 2012. Together, these observations reveal that the Nevada economy is well into its recovery, and the recovery is broad based across Nevada's industries.²

¹ <http://quickfacts.census.gov/qfd/states/32000.html>

² NV State Demographer, NV County Population Projection March 2013.

The economic rebound of 2013 has carried forward into 2014 with Nevada's employment base reaching a new milestone in January 2014. It was the first time the 1,200,000 mark was breached since 2008 on a seasonally adjusted basis. In 2008, employment levels were falling. When employment levels were on the upside, the 1,200,000 mark was breached in 2005 and it took two full years to reach the high point of 1,297,300 in May 2007. The January reading is the 37th straight month of year-over-year growth, with payrolls growing by 89,600 since bottoming out in September 2010. Despite 37 months of job growth, there are still 92,000 fewer jobs on nonfarm payrolls in January than when the recession began. The Reno/Sparks unadjusted unemployment rate was 9.1 percent in January 2014, which compares with 8.2 percent in December. Year-over-year comparisons for the sub-state unemployment rates will not be available until after the release of the benchmark sub-State statistics on April 18th. The Las Vegas area's unadjusted unemployment rate was 8.9 percent in January, the same as the previous month. The unadjusted jobless rates in Carson City climbed to 10.3 percent, compared to 9.2 percent in December. Comparisons of the State's adjusted rate to the metro areas' unadjusted rates are invalid because the Statewide rate is adjusted for seasonality and the metro areas' rates reported today are not. For comparison purposes, Nevada's unadjusted rate was 8.9 percent in January, up from a December reading of 8.7 percent.³

Nevada's public finances have been impacted as follows by the economy:

- The Temporary Assistance for Needy Families (TANF) program provides time-limited cash assistance to low-income families with children so they can be cared for in their own home. TANF also seeks to reduce dependency by promoting job preparation, reducing out-of-wedlock births, and encouraging the formation and maintenance of two-parent families. As an economic indicator, TANF reveals information on the relative well-being of Nevada's low-income families. The number of recipients in the program is strongly influenced by the ups and downs of the business cycle. In January 2014, 33,408 individuals were receiving assistance. Since January 2013, the level of assistance increased by 14.1 percent or 4,137 more recipients.³
- The Supplemental Nutrition Assistance Program (SNAP) formerly known as "food stamps" provides the means to increase food purchasing power to raise the nutritional level among low-income households and is the first line of defense against hunger for thousands of Nevadans. In January 2014, 373,901 Nevadans participated in the program. Over-the-year, the number of participants receiving assistance had an increase of 4.3 percent, or 15,444 more recipients.⁴

Child Welfare Administrative Structure

Nevada uses a state-administered and county-operated structure for the management of child welfare services, except in the rural counties of the state, where the Nevada Division of Child and Family Services operate child welfare services. The Nevada Division of Child and Family Services, under the umbrella of the Nevada Department of Health and Human Services, provide oversight to child welfare and direct child welfare services.

State Agency Administering Plans

The Division of Child and Family Services (DCFS) is responsible for Children's Mental Health (in Clark and Washoe, the two largest populated counties), Juvenile Justice Services, and Child Welfare Services. As such, the implementation and administration of the Child and Family Services Plan is the responsibility of DCFS. This includes: Title IV-E, Title IV-B, Subpart I (Child Welfare Services) and Subpart 2 (Promoting Safe and Stable Families), Child Abuse and Treatment Act (CAPTA), and the Chafee Foster Care Independence Program (CFCIP).

³ DETR, Research and Analysis Bureau, January 2014, Trends at a Glance, Welfare Indicators

⁴ DETR, Research and Analysis Bureau, January 2014, Trends at a Glance, Welfare Indicators

Protection and Permanency for Children: DCFS creates opportunities and programs that prevent and respond to issues of parental/caregiver maltreatment, mental health, and delinquency. DCFS strives to support permanency within the child's biological or primary and extended family so children may grow and develop within stable environments. DCFS also recognizes the responsibility to create and support alternative permanent environments when biological or primary families are unable or incapable of caring for their children. DCFS will collaboratively craft public policies to promote the strength and well-being of families.

Preservation of Families: DCFS supports the value that the family is the best structure to assure stability, nurturing, care, and safety of its members and communities. Services are designed to build upon family strengths, honoring the family's traditions, history, and culture.

Juvenile Justice Services for Youth: DCFS recognizes that services must balance youth rehabilitation, treatment, and community safety. Many juvenile offenders have been victims of maltreatment and therefore accountability must be balanced by the provision of services addressing trauma, loss, substance abuse, and mental health issues. Juvenile offenders are held accountable through a comprehensive system of graduated sanctions that include commitment to state-operated juvenile facilities.

Children's Mental Health: DCFS uses a system of care model that strives to provide creative, individualized, strength-based, and culturally responsive services for families with children that experience severe emotional disturbances. A developing continuum of care focuses on meeting the needs of children and families in the least restrictive environment, including utilization of the wraparound process to coordinate effective service delivery that enables children to reside with families when possible and with the assistance of informal supports rather than dependency on government or paid providers.

Mission

DCFS, together in genuine partnership with families, communities and county governmental agencies, provide support and services to assist Nevada's children and families in reaching their full human potential.

Nevada Initiative Statement for Family Centered Practice

Child welfare agencies in Nevada believe families are the primary providers for children's needs. The safety and well-being of children is dependent upon the safety and well-being of all family members. Children, youth and families are best served when staff actively listens to them, and invite participation in decision making. We support full implementation of family centered practice by engaging families in child and family teams and offering individualized services to build upon strengths and meet the identified needs of the family.

Vision

DCFS recognizes that Nevada's families are our future and families thrive when they:

1. Live in safe, permanent settings;
2. Experience a sense of sustainable emotional and physical well-being; and
3. Receive support to consistently make positive choices for family and common good.

Guiding Principles

Service principles guide our work towards achieving this vision and are consistent with children and family services principles specified in federal regulations [45 CFS 1355.25(a) through 1355.25(h)]. These practice model principles are:

- Protection - Children's safety is paramount;
- Development - Children, youth, and families need consistent nurturing in a healthy environment to achieve their full human potential;
- Permanency - All children need and are entitled to enduring relationships that provide a family, stability and belonging, a sense of self that connects children to their past, present and future;
- Cultural Responsiveness - Children and families have the right to be understood within the context of their own family, traditions, history, culture, and community;
- Partnership - The entire community shares accountability for the creation of an environment that helps families raise children to reach their full potential;

- Organizational Competence - Effectively structured and managed organizations with committed, trained, skilled staff are necessary to achieve positive outcomes for children and families.
- Continuous Quality Improvement - Strategic sequencing of continuous quality improvements must occur to reach Nevada's child and family services vision; and
- Professional Competence - Children and families need a relationship with skilled and empathetic case managers who can provide ethical support, confront difficult issues, and effectively assist them towards positive change that reinforces safety, permanency, well-being, and community safety.

Purpose

DCFS is responsible for accomplishing the following purposes:

- Protecting and promoting the welfare and safety of all children, including individuals with disabilities; homeless, dependent or neglected children;
- Preventing or remedying, or assisting in the solution of problems that may result in the neglect, abuse, exploitation, or delinquency of children;
- Preventing the unnecessary separation of children from their families by identifying family problems and assisting families in resolving their problems and preventing the breakup of the family where the prevention of child removal is desirable and possible;
 - Restoring to their families' children, who have been removed and may be safely returned, by the provision of services to the child and the family;
 - Assuring adequate care of children away from their homes in cases where the child cannot be returned home or cannot be placed for adoption; and
 - Placing children in suitable adoptive homes in cases where restoration to the biological or primary family is not possible or appropriate.



Figure 02: County Map of Nevada

Child Welfare Agencies

The organizational structure of DCFS and program delivery of child welfare services are influenced by the state size and concentration of county population. NRS 432B.325 states that in counties where population is 100,000 or more, that the county shall provide protective services for children in that county and pay the cost of those services in accordance with standards adopted by the state. In 2001, the state legislature expanded the county's responsibility to include all child welfare services of child protection, foster care and adoption (NRS 432B.030 and NRS 432B.044). Figure 02 provides a map of the state with each county outlined.

In the 2011 Legislative session NRS 432B.325 and NRS 432B.326 were passed. Prior to this legislation the law required DCFS, in counties whose population is less than 100,000 (currently all counties other than Clark and Washoe counties) to provide directly or arrange for the provision of child welfare services, including protective services, foster care services and adoption services. The new legislation requires each of those counties to pay to DCFS an assessment for the provision of child protective services not to exceed the limit of legislative authorization for spending on child protective services by DCFS in each county. Furthermore, this legislation allows a county to request an exemption from the assessment by submitting a proposal to the Governor for the county to carry out child protective services for the county. If the Governor approves the proposal, the Interim Finance Committee

(IFC) must consider whether to approve the exemption. If the exemption is approved, the county is required to carry out child protective services for the county in accordance with standards adopted by DCFS, and pay for the cost of those services. As of the date of this report no county has requested an exemption, although Douglas County expressed interest in the spring of 2013 in fulfilling this role.

Agency Regional Coverage

The Clark County Department of Family Services (CCDFS), located in Las Vegas, provides child welfare services to all children and families in Clark County, in the southernmost part of the State. Washoe County Department of Social Services (WCDSS) located in Reno, Nevada provides child welfare services directly to all children and families located in Washoe County, in the northwestern part of the State. DCFS provides child welfare services to the remaining 15 counties in the state through its Rural Region offices.

The DCFS Rural Region is separated into four districts, each providing services to multiple counties each. District 1 covers the northern part of the State with its main office based in Elko. This District provides services to Elko, Eureka, Humboldt, Lander, Lincoln and White Pine Counties. District 2 covers the western/central part of the state and is based in Carson City. This District provides services to Carson City, the State's Capitol, Douglas County, and Storey County. District 3 covers the eastern/central part of the state and is based out of Fallon. This office provides services to Churchill, Lyon, Pershing and Mineral Counties. District 4 covers the southern rural part of the state and is based out of Pahrump. This office provides services to Esmeralda and Nye Counties. According to the State Demographer over the next 20 years, Carson City, Elko, Douglas, Churchill and Nye counties will show modest growth. The rural counties of Eureka, White Pine, Humboldt, Pershing, Esmeralda and Lander will experience drops in population.

Staff and Work Load:

There are approximately 692 Caseworkers, 138 Supervisory/Management positions in child welfare filled statewide. Statewide there are approximately 29 Caseworker vacancies.

Clark County Department of Family Services: For SFY 2014 CCDFS reports their agency has 549 Caseworkers, 100 Supervisory/Management positions filled and one Supervisory/Management position vacant. There are currently 11 Caseworker vacancies. Furthermore, CCDFS reports the following caseload ratios: Investigative Caseworkers 1:15, In-home Caseworkers 1:8, and Permanency Caseworkers 1:13. CCDFS reports a turnover rate of 6-8 % annually. Staff separations during this reporting period included eight retirements and 20 dismissals. There were approximately 47 promotions, 30 reassignments and 33 voluntary resignations.

Washoe County Department of Social Services: For SFY 2014 WCDSS reports their agency has approximately 77 Caseworkers (6 are part time positions), and 2.5 para professional staff. There are currently four caseworker vacancies. There are 22 Supervisory/Management positions filled no vacancies. Furthermore, WCDSS is participating in the Permanency Innovations Initiative (PII), and the average children per staff ratio for PII are 1:15. The PII supervisor ratio is 1:4. The average children reported per staff ratio for the Usual Permanency Services (UPS) is 1:22. The UPS Supervisor ratio is 1:6. The difference in the staff ratios between PII and UPS were planned due to the intensive nature of the demonstration project model. WCDSS reports a turnover rate of 16.6% for this reporting period. Staff separations during this time period included, one retirement, zero dismissals, two lateral and or promotional moves and ten voluntary resignations.

DCFS Rural Region: For SFY 2014 DCFS Rural Region reports their agency has 66 Caseworkers. There are currently 14 caseworker vacancies. There are 16 Supervisory/Management filled positions with one supervisory position vacant. The DCFS Rural Region has no cap on caseloads but the average number of cases per worker is 1:20. However, in frontier offices caseloads can routinely be in the 40's, 50's and as high as 61 due to an increased need and hard to fill vacancies. Although caseworkers may have a specific area of concentration, they are generalist, and as such perform all necessary child welfare functions such as; Emergency on Call Response, CPS assessment and Substitute Care. Supervisors do not normally carry a caseload, although currently many are carrying caseloads. With vacancies in many offices some supervisors carry a caseload in addition to their supervisory requirement until new staff can be hired and trained. During this reporting period 26 staff retired, resigned or were dismissed from probation. The turnover rate is calculated to be 44% for this reporting period. Additionally, of the 66 social work staff there are few workers dedicated to only one role, and they are: the four licensing workers, five adoption workers, one intake worker, and the three Quality Assurance (QA) social workers. The other 53 social work staff carries a mixed caseload. The DCFS Rural Region does not have a dedicated on-call unit so workers rotate this responsibility in all nine offices. If a worker opens an investigation while on-call this case becomes part of their case load.

* For further information concerning Nevada's Child Protective Services Workforce see Appendix E

Children in Care in Nevada

For the State Fiscal Year (SFY) period of July 1, 2013 through April 30, 2014 Nevada had an aggregate total of 7,618 children in care compared to SFY 2013 which had an aggregate total of 7,637 children in care. Table 01 shows a variety of aggregate information on children in care during this time frame i.e. how many entered and left care during this time period and how many had previous exposure to the foster care system.

Table 01: Foster Care Summary Information

Summary	Total	Rural	Washoe	Clark
Total during this current time frame	7618	606	1393	5619
Total Entering	2709	171	619	1919
Entered with less than 2 placements in first year	2220	149	556	1515
Total with prior foster care experience	9	3	1	5
Total leaving care during this time frame	2811	203	486	2122

Source: UNITY Report CFS721 for July 1, 2013 -April 30, 2014

In Table 02, age groups as a percentage of the total aggregate number of children in care are relatively unchanged from SFY 2013 to SFY 2014. The largest aggregate cohort is 0 to 4 years at 44.29%, 5 to 9 years 28.82%, 10 to 14 years 19.78% and the smallest aggregate cohort is 15 to 19 years 8.11%.

Table 02: Age Facts of Children in Care

Age	Total Number	Percent	Upon Entering	Percent	Upon Leaving	Percent
0 to 4 years	3448	42.56	1410	52.05	1217	43.29
5 to 9 years	1975	25.93	648	23.92	810	28.82
10 to 14 years	1344	17.64	456	16.83	556	19.78
15 to 19 years	851	11.17	195	7.2	228	8.11
Total	7618		2709		2811	

Source: UNITY Report CFS721 July 1, 2013 to April 30, 2014

Legislative Activities

Nevada's Legislature meets every biennium. Nevada entered its 77th regular session on February 4, 2013. The following bills were enacted during this 77th regular Legislative session, and have had an impact on child welfare by creating new initiatives. Table 03 lists the Bills that passed during the session that affect child welfare. Some of these required regulation, policy development and/or revision.

Table 03: Legislative Bills enacted in 2013

Bill	Requestor/Committee	ID	Subject
<u>AB 67</u>	Attorney General Assembly Committee on Judiciary	Crime of Sex Trafficking	Establishes the crime of sex trafficking of child or adults and includes other related provisions.
<u>AB 154</u>	Assemblymen/women: Eisen, Frierson, Jones, Hardy, Benitez-Thompson, Carrillo, Dondero Loop, Flores, and Healey	Child Death Review Teams	Authorizes a multidisciplinary team to review the death of a child and to use data collected concerning the death of a child for research and prevention purposes in certain circumstances; consolidates the administrative teams that review the report and recommendations of a multidisciplinary team appointed to review the death of a child and the Executive Committee to Review the Death of Children; and other related matters.
<u>AB 155</u>	Assemblymen/women: Jones, Hardy, Frierson, Benitez-Thompson, Carrillo, Dondero Loop, Duncan, Flores, Healey, Kirkpatrick, Oscarson, and Eisen	Reports of Abuse and Neglect	Revises provisions governing persons who are required to report the abuse or neglect of a child; revises provisions governing the punishment for the failure of a person to report the abuse or neglect of a child; revises provisions governing investigations of reports concerning the possible abuse or neglect of a child; revises provisions relating to the abandonment of a newborn child to a provider of emergency services; requires the Legislative Committee on Health Care to review certain provisions governing a person who provides a service related to health care; provides a penalty for certain violations; and other related matters.
<u>AB 156</u>	Assemblymen Ohrenschall and Segerblom	Sealing of Records	Revising provisions governing the sealing of certain records; prohibits a person from petitioning the court to seal records relating to certain offenses related to driving, operating or controlling a vehicle or vessel while under the influence of intoxicating liquor or a controlled substance; and, authorizes such a person to petition for the sealing of all records relating to an arrest if the prosecuting attorney declines to prosecute the charges.
<u>AB 174</u>	Assembly Committee on Judiciary	Abuse or Neglect of a Child	Revises provisions governing the procedure following a hearing to determine whether a child should remain in protective custody pending further action by the court; and other related matters.
<u>AB 348</u>	Assemblymen/women Frierson, Spiegel, Carrillo, Diaz, Dondero Loop, Cohen, Fiore	Quality Assurance Standards for Licensed Foster Care Providers	Requires a foster care agency to create and maintain reports on its programs and services; allows a foster care agency to encourage and assist a potential foster home to apply for a license; requires a contract between a foster care agency and a provider of foster care with which the foster care agency places a child; requires a foster care agency to provide certain services to each foster home in which the foster care agency places children; provides for the operation of independent living foster homes; allows a licensing authority to suspend or revoke the license of a

			provider of foster care in certain circumstances; and provides other related matters.
<u>AB 393</u>	Assemblymen/women: Fiore, Kirkpatrick, Hambrick, Aizley, Elliot Anderson, Paul Anderson, Bobzien, Bustamante Adams, Cohen, Diaz, Ellison, Frierson, Hansen, Healey, Hickey, Kirner, Livermore, Martin, Ohrenschall, Oscarson, Spiegel, Stewart, Swank, Wheeler, Woodbury, Segerblom, Gustavson	Bill of Rights for Siblings in Foster Care	Expands the rights of children placed in foster care with respect to their siblings; and provides other related matters regarding visitation and contact with siblings and children placed in foster care.
<u>AB 421</u>	Assemblyman Frierson	Provisions Governing Parentage	Revises provisions relating to assisted reproduction; revises provisions relating to gestational carrier arrangements; and provides for other related matters.
<u>SB 31</u>	Nevada Supreme Court	Sharing of Information Regarding Children Under the Care of Certain Agencies	Provides for the sharing of information regarding certain children among child welfare agencies, schools, courts, probation departments and treatment providers. Revises provisions governing the release of certain information maintained by agencies which provide child welfare services.
<u>SB 38</u>	Records and Technology Division – Public Safety Judiciary	Central Repository for Nevada Criminal Records Checks	Authorizes the dissemination of certain information concerning the criminal history of prospective and current employees and volunteers who work in positions involving children, elderly persons or persons with disabilities; and provides for other related matters.
<u>SB 97</u>	Legislative Committee on Child Welfare and Juvenile Justice	Hearings Concerning Children who are Removed from their Homes.	Revises the information that must be included in a petition alleging that a child is in need of protection; revises provisions relating to the semiannual review of the placement of a child by the court and the annual hearing concerning the permanent placement of a child; and provides other matters properly relating thereto.
<u>SB 98</u>	Legislative Committee on Child Welfare and Juvenile Justice	Services to Preserve and Reunify the Family of a Child	Revises provisions governing certain reasonable efforts made by an agency which provides child welfare services to preserve and reunify the family of a child.
<u>SB 99</u>	Legislative Committee on Child Welfare and Juvenile Justice	Identity Theft of Children and Youth in the Child Welfare System	Requires an agency which provides child welfare services to obtain and examine the credit report for certain children in its custody; requires the agency to report each potential instance of identity theft or other crime to the Attorney General and make a diligent effort to resolve any inaccuracy in the report; and provides for other related matters concerning the protection children and youth in the child welfare system from identify theft.
<u>SB 141</u>	Senators: Denis, Smith, Jones, Segerblom, Settelmeyer, Ford, Kihuen, Manendo, Roberson	Databases of Criminal History	Revises provisions governing the dissemination of records of criminal history. Requires an agency of criminal justice to disseminate records of criminal history to court appointed special advocate programs in certain smaller counties under certain circumstances; and provides for other related matters.

<u>SB 176</u>	Legislative Committee on Child Welfare and Juvenile Justice	Investigations of Reports of Abuse or Neglect of a Child	Revises various provisions concerning investigations of reports of abuse or neglect of a child. Requires an agency which provides child welfare services to determine whether certain reports concerning the possible abuse or neglect of a child are substantiated or unsubstantiated; sets forth that if such an agency substantiates a report alleging the person responsible for a child's welfare has abused or neglected the child, the agency must notify that person in writing of its intent to place the person's name in the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child, and that the person may administratively appeal the substantiation of the report; requires the findings of fact in certain adjudicatory hearings to be included as part of the disposition of the case in the report required to be made to the Central Registry; and provides for other related matters.
<u>SB258</u>	Senators: Brower, Jones, Hammond, Hutchison, Roberson, Atkinson, Cegavske, Ford, Goicoechea, Hardy, Kieckhefer, Manendo, Spearman, Woodhouse, Hickey, Hambrick, Hardy, Munford, Oscarson, Sprinkle, Swank, Wheeler	Task Force on Prevention of Sexual Abuse of Children	Creates the Task Force on the Prevention of Sexual Abuse of Children within the Division of Child and Family Services of the Department of Health and Human Services; requires the Task Force to perform certain duties; provides for the expiration of the Task Force; and provides for other related matters.
<u>SB 314</u>	Senator Denis	Rights of Parents Regarding Education and Upbringing	Provides that the right of parents to make choices regarding the upbringing, education and care of their children is a fundamental right. Under this bill, in implementing a statute, local ordinance or regulation, the State or any agency, instrumentality or political subdivision of the State is prohibited from violating this right without demonstrating a compelling governmental interest that as applied to the child involved is of the highest order.
<u>SB 344</u>	Senators: Woodhouse, Smith, Denis, Spearman, Parks, Ford, Jones, Kihuen, Segerblom	Education for Children Residing in Certain Facilities	Revises provisions relating to the education of certain children who are patients or residents of certain hospitals or facilities. Authorizes certain hospitals and facilities to request reimbursement, under certain circumstances, for providing educational services to children in their care; authorizing the Department of Education, the county school districts, charter schools and the Health Division of the Department of Health and Human Services to enter into a cooperative agreement for the provision educational services to children at certain hospitals and facilities; and providing other related matters.

SECTION II: GOALS, OBJECTIVES AND METHODS OF MEASURING PROGRESS

Nevada has had an established process for measuring the safety, permanency and well-being of children in the child welfare system for several years. This process was modeled after the federal Child and Family Services Review of state cases. However, due to consistent budget reductions over the last several years this process that was projected to be expanded to all 45 items as part of the Child and Family Services Plan (CFSP) has been truncated to accommodate for the diminished resources available.

Overall Goal

- **To ensure that the child welfare system in Nevada is meeting compliance in all Safety, Permanency, Well-Being and Systemic Outcomes as outlined in individual 45 performance indicator items.**

Overall Objectives

The overall objective of the state during the last five years was to ensure a comprehensive ongoing review process using a variety of methods for examining compliance on Safety, Permanency, Well-Being and Systemic Performance Indicators. This was planned to be accomplished by redesigning the existing Quality Improvement Framework for Nevada to include a variety of processes. Each of the 45 performance indicators include key elements, such as statewide policy review and revision; development and monitoring of quantitative reports to address specific performance indicator questions; and the development and implementation of a qualitative process to answer those questions that cannot be measured through quantitative reporting. This included the potential of developing targeted case reviews, stakeholder surveys, and other methods for gleaning the performance on individual items. The overall process also included the provision for ensuring ongoing coordination and collaboration with key child welfare stakeholders to be involved in all levels of the Quality Improvement Framework process.

Progress on the individual methods outlined in Section III of the Nevada Child and Family Services Plan included in several systemic performance indicator items are highlighted below.

- **Coordinating and Collaborating with Stakeholders:** Throughout the quality improvement process for the State of Nevada; Family Programs Office (FPO) representatives, child welfare agency representatives and key external stakeholders have been and continue to be involved in the process. Current progress on this item is reported out on in Item 38: State Engagement in Consultation with Stakeholders and Item 40: Coordination of CFSP Services with other Federal Programs. Current stakeholder involvement has included members from a variety of areas including representatives from the judiciary, child advocates, caregivers (foster parents, adoptive parents, relative caregivers, etc.), foster youth, tribal representatives, educational representatives, medical/behavioral health representatives, differential response representatives, service providers (substance abuse, domestic violence, etc.) and other members as identified. A number of existing stakeholder groups are regularly collaborated with to ensure consistent involvement in the CFSP process.
- **Review, Revision and Development of Policies and Procedures:** The State uses a collaborative process to develop statewide policy. To accomplish the review, revision or new development of statewide policies and procedures related to Safety, Permanency, Well-Being and Systemic Performance Indicators collaborative workgroups are convened with members from DCFS, the child welfare agencies and applicable external stakeholders in accordance with federal and state laws.

Review, Revision and Development of Quantitative Reports: Nevada's Program Improvement Plan (PIP) was approved on October 21, 2010 with an implementation date that began on December 1, 2010. In Quarter 1 the PIP Strategy (4) "Strengthen Child Welfare Supervision and Middle Management Skills" addressed quantitative reporting as it related to timeliness to permanency. A list of current reports was provided in Nevada's PIP Quarter 1 submission. DCFS joined membership to Chapin Hall's Center for State Foster Care and Adoption Data. Chapin Hall at the University of Chicago has since its inception in 1985 been known as a research and policy center, focused on a mission of improving the well-being of children, youth, families, and their communities. DCFS was provided portal access to the Chapin Hall portal in May 2012, and in June of 2013 Casey Family Programs provided data training to DCFS staff. Additionally Casey Family Programs will be coming back in the fall of 2014 to continue with further data training to DCFS staff.

Review and Improvement of Existing Stakeholder Survey Instruments/Qualitative Review Methods: This objective covered a qualitative method for obtaining information from key stakeholders regarding specific performance indicators. In 2011 legislative activity required DCFS to assess and develop an oversight system to include oversight of local Improvement Data, Agency Improvement Plans and Corrective Action Plans. Also, this process included performance targets and an incentive payment structure. The Agency Improvement Plans require Stakeholder involvement for their development. Nevada has developed and continues to revise and develop stakeholder surveys to be used for continuous quality improvement (CQI).

Review and Improvement of the existing Quality Improvement Case Review (QICR) Process: This process was redesigned as part of the PIP, and continues to be an area for improvement. The progress is reported in Item 31: Quality Assurance System.

Quality Improvement Loop:

Nevada continues to work towards a re-design of a continuous quality improvement system. Nevada has an open Technical assistance (TA) request for the National Resource Center for Organizational Improvement (NRCOI).

Nevada Performance Improvement Plan Update (PIP):

The PIP process required Nevada to establish specific goals tied to improving safety, permanency and well-being for children as a result of the 2009 Child and Family Services Review (CFSR). Nevada's three child welfare agencies, the DCFS, CCDFS and WCDSS worked collaboratively to improve practice through policy development, training for workers and development of quality improvement and data measures.

There were five strategies that made up the PIP expanding out to eight goals and 41 action steps and benchmarks that needed to be successfully completed to satisfy the PIP requirements. The action steps and goals focused on specific tasks that were set out to enhance child safety, increase permanency for children in the foster care system, increase collaboration with the court systems throughout the state and increase the training for child welfare staff. Nevada successfully completed all five strategies of the PIP.

Furthermore, Nevada was required to meet nine case review data indicators and one national standard for successful completion of the PIP. Over the course of the PIP the state met all the PIP case review targets. Nevada met the final PIP case review item in quarter nine (December 1, 2012 to February 28, 2013). However, the negotiated performance target for the National Standard "Absence of Child Abuse and Neglect in Foster Care" continues to be pending. If Nevada does not meet this standard with the next and final special National Child Abuse and Neglect Data System (NCANDS) submission in July 2014 the State may receive a federal penalty.

Table 04: PIP Case Review Data

**The following nine case review items were reviewed and targets met during the PIP.*

PIP Data Case Review data Indicators and Performance Targets			
Item	Baseline PIP Targets 2011	2012/2013 PIP Performance Targets met	QTR Met
Item 1 Timeliness of investigation	80.4%	81.0%	QTR 8
Item 3 Services to prevent removal/re-entry	74.9%	76.1%	QTR 5
Item 4 Risk and safety assessment	52.5%	54.8%	QTR 5
Item 7 Permanency goal	62.0%	69.0%	QTR 9
Item 10 OPPLA-permanency goal	61.3%	62.5%	QTR 5
Item 17 Services to child, parents & foster parents	46.0%	46.8%	QTR 5
Item 18 Child and family involvement in case planning	48.2%	54.2%	QTR 5
Item 19 Case worker visits with children	60.5%	71.0%	QTR 7
Item 20 Case worker visits with parents	49.7%	50.9%	QTR 8

*Rolling four quarter data as of 2/28/2013

For more information concerning Nevada's PIP please link to: http://www.dcf.state.nv.us/DCFS_PIP.htm

Technical Assistance

Table 05: Technical Assistance Received for State Fiscal Year 2014

TA357 Nevada Court Improvement Program Status: Complete	
<p>Request/Objective: Nevada Court Improvement Program (CIP) requests technical assistance from a facilitator for up to three Community Improvement Council (CIC) meetings in each of the 8th and 5th Judicial Districts located in Clark and Nye Counties. The requested TA is in response to the Child and Family Services Review. In the DCFS Program Improvement Plan, the courts have been asked to establish workgroups and work with stakeholders to identify barriers to permanency, timely adoption, and termination of parental rights. Workgroups or "Community Improvement Councils" have proven effective in other States.</p>	<p>Date Requested: 12/08/2010 Direct Recipients of T/TA: Community Improvement Council members in Clark and Nye Counties and DCFS</p>
TA556 Foster Care Recruitment and Retention Status: Complete	
<p>Request/Objective: Develop and implement a recruitment plan specific to needs of the State's rural regions for foster and adoptive parents</p>	<p>Date Requested: 8/15/2011 Direct Recipients of T/TA: Rural DCFS child welfare agency</p>
TA736 Safety Model Implementation Status: In progress	
<p>Request/Objective: The Court Improvement Program (CIP), Rural Region DCFS (DCFS), and WCDSS Department of Social Services (WCDSS) request training and technical assistance (T/TA) from the NRCCPS and NRCLJI to educate judges, masters, attorneys, guardians ad litem (GALs), and Court Appointed Special Advocates (CASAs) regarding Nevada's safety model; provide assistance in building internal capacity of safety experts within the DCFS Rural Region; develop a process of Quality Assurance for fidelity of DCFS Intake assessments, NIA assessments, safety plans, documentation and supervisor consultation; and provide assistance with practice implementation of Confirming Safe Environments.</p>	<p>Date Requested: 2/14/2012 Direct Recipients of T/TA: CIP, Rural Region DCFS, and WCDSS</p>
TA765 QA/QI Model Status: Complete	
<p>Request/Objective: Develop and implement a QA/QI process or model that includes a qualitative and a quantitative component and integrates the performance-based block grant process.*This TA was modified to identifying suggested states to contact regarding learning about their QA/QI systems.</p>	<p>Date Requested: 4/6/2012 Direct Recipients of T/TA: The DCFS QA Unit</p>
Positive Youth Development Status: Complete	
<p>Request/Objective: Positive Youth Development (PYD) training for staff and providers to focus on recognizing the strengths of youth and building capacity for future trainings through the Train the Trainers process.</p>	<p>Date Requested: 1/14/13 Direct Recipients of T/TA: all 3 child welfare agency staff, and contracted providers of IL services.</p>

TA 1082 Education Stability Status: In progress	
<p>Request/Objective: The Nevada Court Improvement Program (CIP) and the Nevada Division of Child and Family Services (DCFS) are requesting TA from the National Resource Center on Legal and Judicial Issues (NRCLJI) to facilitate implementation of the Fostering Connections Act as well as the Child and Family Services Improvement and Innovation Act. The State's focus is on improving educational outcomes by obtaining educational stability and by improving collaborative interagency system supports for educational achievement of children in its foster care system.</p>	<p>Date Requested: 4/25/13 Direct Recipients of T/TA: The Statewide Collaborative on Education, Child Welfare, and the Courts, chaired by Nevada Supreme Court Justice Nancy Saitta, has been created with four subcommittees and an overarching Policy and Planning Group composed of the original team that attended the National Summit. Subcommittee membership comprises State and local government leaders (Child Welfare, Education, Courts) and community partners/stakeholders in education and foster care. The Collaborative and its subcommittees are the target audience for training and technical assistance (T/TA) request.</p>
TA 1289 Targeted Recruitment Utilizing Market Segmentation Status: In progress (work plan approved)	
<p>Request/Objective: Clark County requests T/TA to help build organizational capacity to use Market Segmentation to inform strategic marketing and develop a targeted recruitment and retention work plan for foster and adoptive families. The county would also like consultation on their organizational redesign and program for recruitment and retention (e.g., staffing ratios, organizational structure, staff roles and responsibilities, policy and procedures, cultural assessments).</p>	<p>Date Requested: 1/22/14 Direct Recipients of T/TA: The primary recipient for the T/TA services will be Clark County Department of Family Services (DFS) throughout all stages of the work plan development and implementation. Specific programs and services involved in the development process will include: 1) Resource Development and Retention; 2) Community Partnership and Engagement; and 3) Special Projects Unit with its Diligent Recruitment Project. DFS employees involved in the T/TA consultation process may include administration, supervisors, and staff. T/TA may expand to key community partners identified during work plan development.</p>
TA 321 Trauma Informed Child and Family Services Status: Complete	
<p>Request/Objective: Develop a trauma-informed child and family services system.</p>	<p>Date Requested: 1/7/13 Direct Recipients of T/TA: State DCFS and community partners such as children's mental health partners, school districts, substance abuse providers, juvenile services, and a family advocacy agency.</p>
Policy and Procedure Peer to Peer Status: Ongoing	
<p>Request/Objective: Research or ideas on how to best coordinate, develop, and implement policies and procedures given Nevada's structure of state oversight/county administered and state administered child welfare agencies.</p>	<p>Date Requested: 2/1/2013 Direct Recipients of the T/TA: DCFS Family Programs Office, DCFS Rural Region Child Welfare agency, Clark County Department of Family Services, and Washoe County Department of Social Services</p>

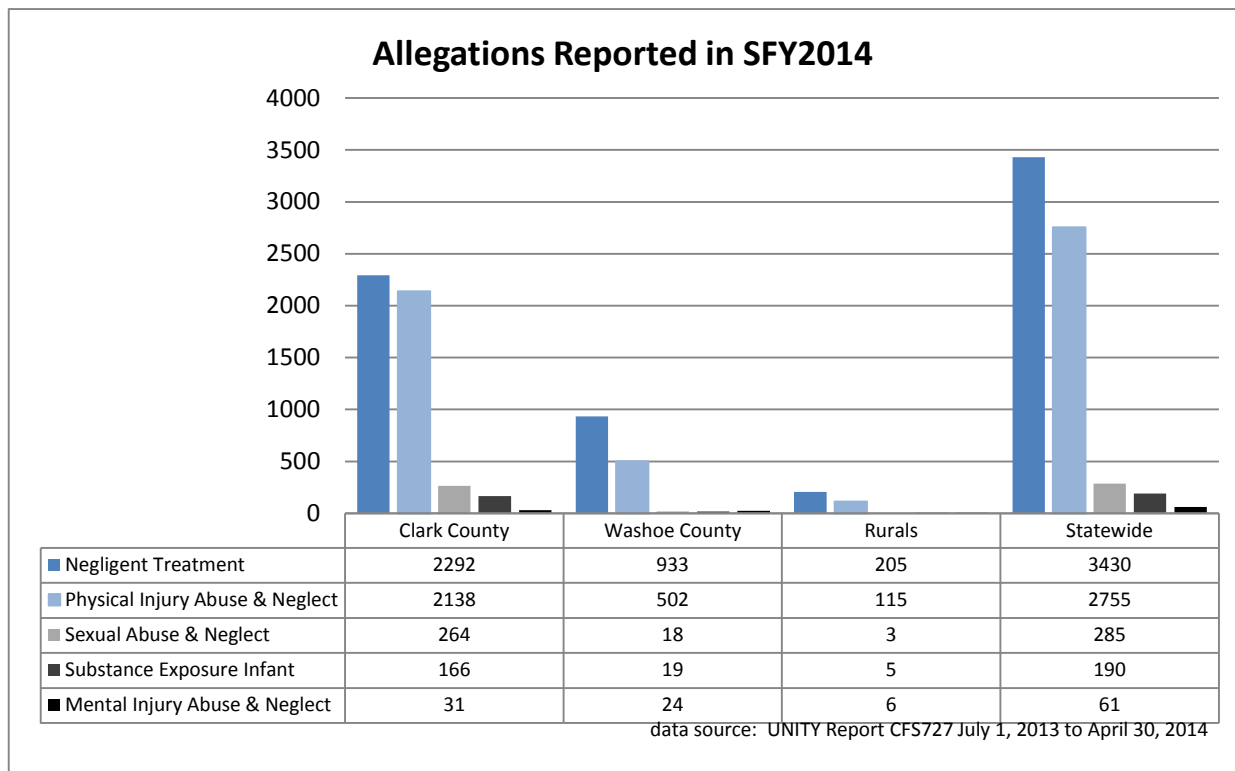
Program Areas

SECTION III: SAFETY

Trends in Child Safety

There were 6,721 allegations of maltreatment in SFY 2014 compared to 7,745 in SFY 2013 for a decrease of 13.22%. The order of predominance in maltreatment allegations was consistent across all regions of the state. Negligent Treatment continued to be the primary source of allegations with 51% of all allegation types. Physical Injury Abuse & Neglect 41%, Sexual Abuse & Neglect 4%, Substance Exposed Infant 3%, Mental Injury Abuse & Neglect 0.9%.

Figure 03: Allegations Reported in State Fiscal Year 2014

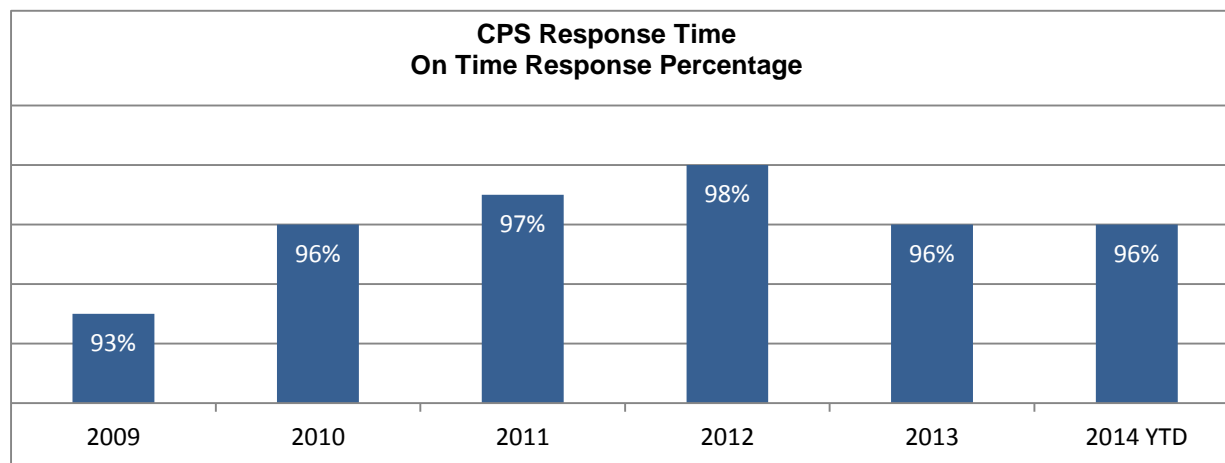


Over the past five years the three child welfare agencies in Nevada have been involved in a variety of initiatives and activities to improve child safety. The following progress has been reported by CCDFS, WCDSS and the DCFS Rural Region in their efforts to improve child safety.

CCDFS Progress

CCDFS has been working with ACTION for Child Protection (ACTION) since 2006 on improving child safety in Clark County. Most recently, CCDFS secured a three-year contract with ACTION to assist with the implementation of an enhanced safety model known as the Safety Intervention Permanency System or "SIPS." SIPS is a safety intervention system utilized to assist with making determinations regarding who is served, when children are reunified with families, and when services are terminated. CCDFS began working with ACTION in July 2013 to assist with implementing the safety model with their Intake Unit (aka Hotline). and the Intake unit completed training in September 2013. The model has since been implemented at CCDFS South and West regions. Implementation will continue for CPS in the West, North and Central regions and should conclude with the Permanency unit training and implementation toward the end of FY2015.

CPS Response time: CCDFS has made improvements with regard to initiation of CPS investigations since 2009



Source: CCDFS Reports

WCDSS Progress

WCDSS continues implementation of the federal Permanency Innovations Initiative (PII). The PII is a five-year, \$100 million, multi-site demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency. PII includes six grantees, each with a unique intervention to help a specific subgroup of children leave foster care in fewer than three years.

WCDSS is collaborating with ACTION For Child Protection, Inc., the Ruth Young Center at the University of Maryland, and The Children's Cabinet to develop new approaches to permanency. Washoe County provides child welfare services to 680 children and youth annually. The Nevada Initiative to Reduce Long-Term Foster Care is focused on: (1) preventing children from entering long-term foster care; (2) improving permanency for children in foster care; (3) decreasing the amount of time it takes for foster care youth to achieve permanency; and (4) finding permanent caregivers or connections for children where reunification is not possible.

The project is targeting three populations, which include families with children who are:

- Population 1: Assessed as unsafe due to impending danger following a new report of child abuse or neglect.
- Population 2: In care for 12 months or longer who, at the time of placement, presented with one or more of four risk characteristics: single parent household; parent substance abuse; homelessness or inadequate housing; or parent incarceration with an available parent or caregiver to participate in the intervention.
- Population 3: Have parents who are unable to unwilling to successfully work towards reunification.

Barriers to permanency in WCDSS include caregivers with inadequate protective capacities, complex family problems, lack of resources, and deficits in meaningful visitation when children are in care.

Three theories of change guide WCDSS' work with each target population. Two of those theories will be addressed in the below section regarding permanency. One theory of change is that safety and permanency will be improved for children in Population 1 if: 1) impending danger is adequately assessed; 2) in-home safety services are provided when possible; 3) caregivers are engaged to address safety threats and build protective capacities; 4) safety is managed through in-home safety services or temporary out-of-home placement; 5) SMART case plans facilitate intensive, purposeful, change-focused services; 6) services are provided to change the behaviors and conditions that would otherwise lead to placement in long-term foster care; and 7) goal achievement and changes in behaviors and conditions are regularly measured.

For Populations 1 and 2, WCDSS is implementing SAFE-FC, a model based on two established interventions: Safety Assessment Family Evaluation (SAFE) and Family Connections (FC). SAFE is an assessment and intervention approach

which results in decisions that move the family through the child protective services process. Family Connections (FC) is a community-based service program that works with families to help them meet the basic needs of their children and reduce the risk of child neglect. The research regarding goal attainment is being conducted by Westat and not available for dissemination.

DCFS Rural Region Progress

Over the past five years, Nevada has instituted three very distinctly different safety assessments, each geared toward assessing safety at various points and in various settings throughout the life of a case. The DCFS Rural Region has instituted agency procedures pertaining to safety. The Safety Provider Clearance and Approval procedure instituted in 2014 now requires that all safety plan providers be screened before they are approved to participate as a safety provider. By 2013 the DCFS Rural Region had successfully acquired, installed and completed terminal operator training for use of the Nevada Criminal Justice Information computer systems in three of the four District Offices. Currently, all four District Offices are fully functional. Criminal Justice information is used in assessing the safety of children in a variety of situations by informing the agency about individuals who care for or frequent the home during the assessment phase of the case. Second, by informing the agency about the fitness of people who come forward and agree to provide a variety of safety management services either in or outside the home and third, as a way to screen relatives and fictive kin who volunteer as emergency placement providers, but are pending confirmation through a national fingerprint check.

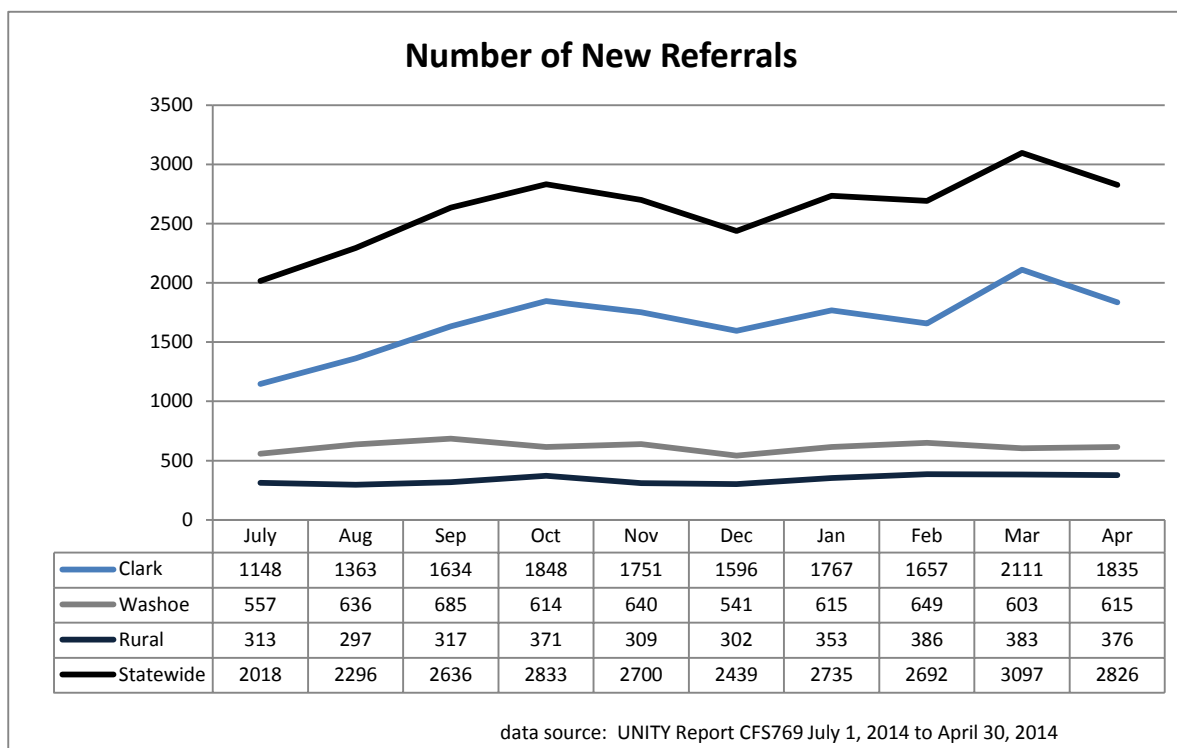
Referrals

Referrals are all intake (also known as the hotline) calls received across the state to each child welfare agency concerning potential abuse or neglect of a child. These include referrals that are screened in and those that are screened out. Screened out referrals are defined as follows: information only (IO), where the referral does not meet the criteria for child abuse and or neglect, and where the reported information does not indicate that a child is unsafe or has been or is being abused; and or information and referral (IR), where the reported information indicates there is no child abuse or neglect occurring but there is a request or need for services.

Screened in referrals are those that indicate there is an immediate or potential safety threat or issue involving child abuse or neglect. This referral is coded as a report, and is sent to a supervisor for assessment and assignment for investigation or Differential Response (DR).

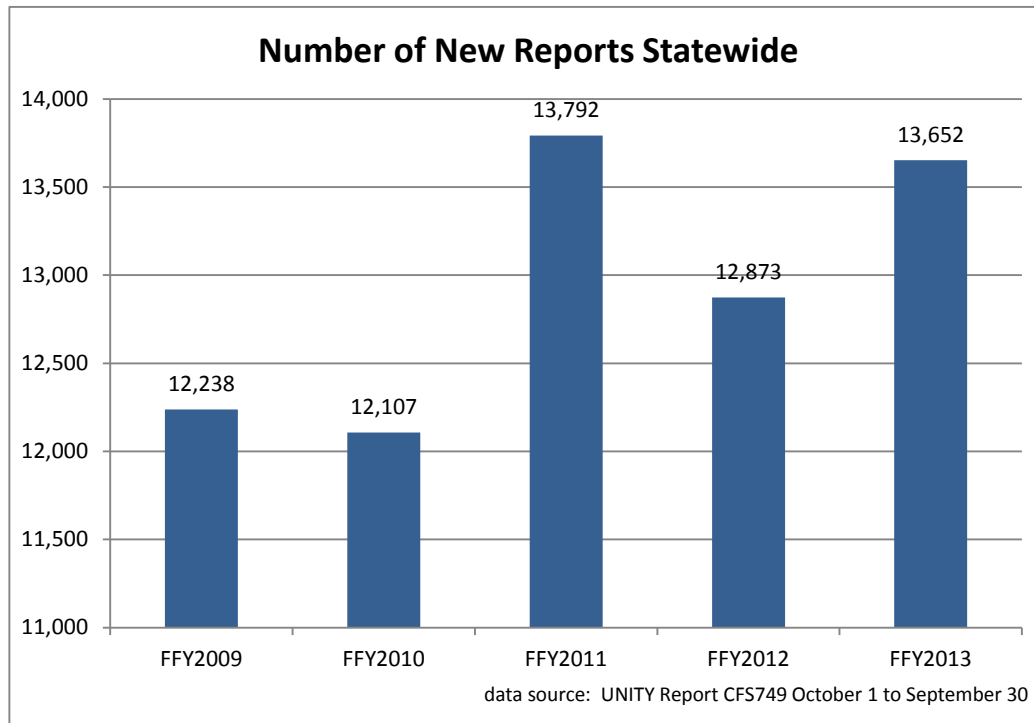
The following graph depicts the number of new referrals from July 2013 through April 2014. There was a 5% decrease statewide in the number of new referrals over the same time period last year from 21,975 new referrals in SFY 2013 to 20,861 in SFY 2014. CCDFS showed an increase of new referrals from 12,386 to 14,023 or 13.2%. WCDSS new referrals decreased from 6,302 to 4,182 or 33.6% while the DCFS Rural Region in Nevada showed a decrease in new referrals from 3,285 to 2,656 or 19.1%. Figure 04 shows that a total of 20,861 new referrals were received statewide since July 2013. The statewide totals shown in the graph are monthly totals.

Figure 04: Number of New Referrals



A referral becomes a report upon child welfare agency determination that information received constitutes an allegation consistent with the Nevada child abuse and neglect allegation definitions. The following graph depicts the number of reports received statewide for the FFY 2013. There was an increase of 6% in the overall reports of abuse or neglect as compared to 12,873 for FFY 2012.

Figure 05: Number of New Reports

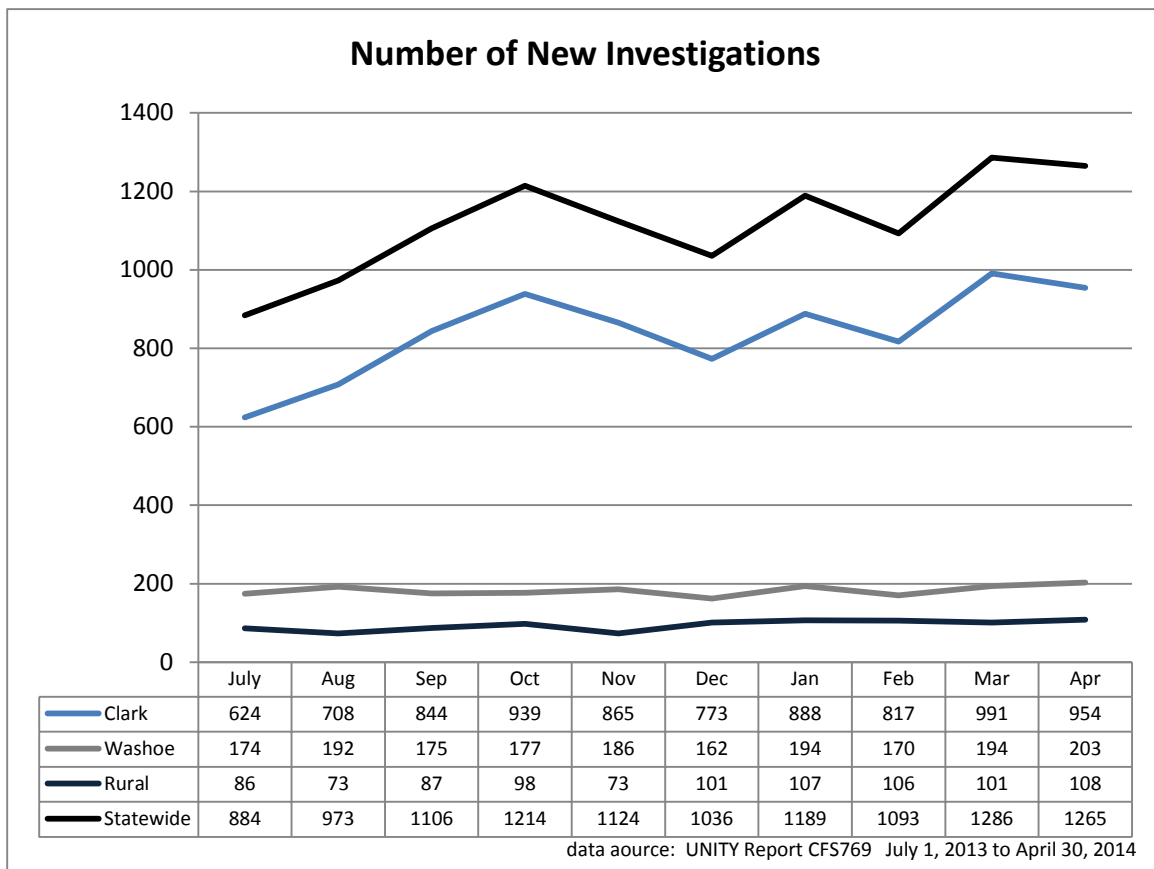


Investigations

When a report is screened in, it is assigned for Investigation or Differential Response (DR) by a child welfare agency per policy 0506 Intake and Priority Response. The investigation process is outlined in the 0508 and 0509 Nevada initial Assessment (NIA) policies. The NIA policy includes the process for interaction with a family for the purpose of assessing factors or conditions that are known to contribute to the likelihood of child abuse or neglect

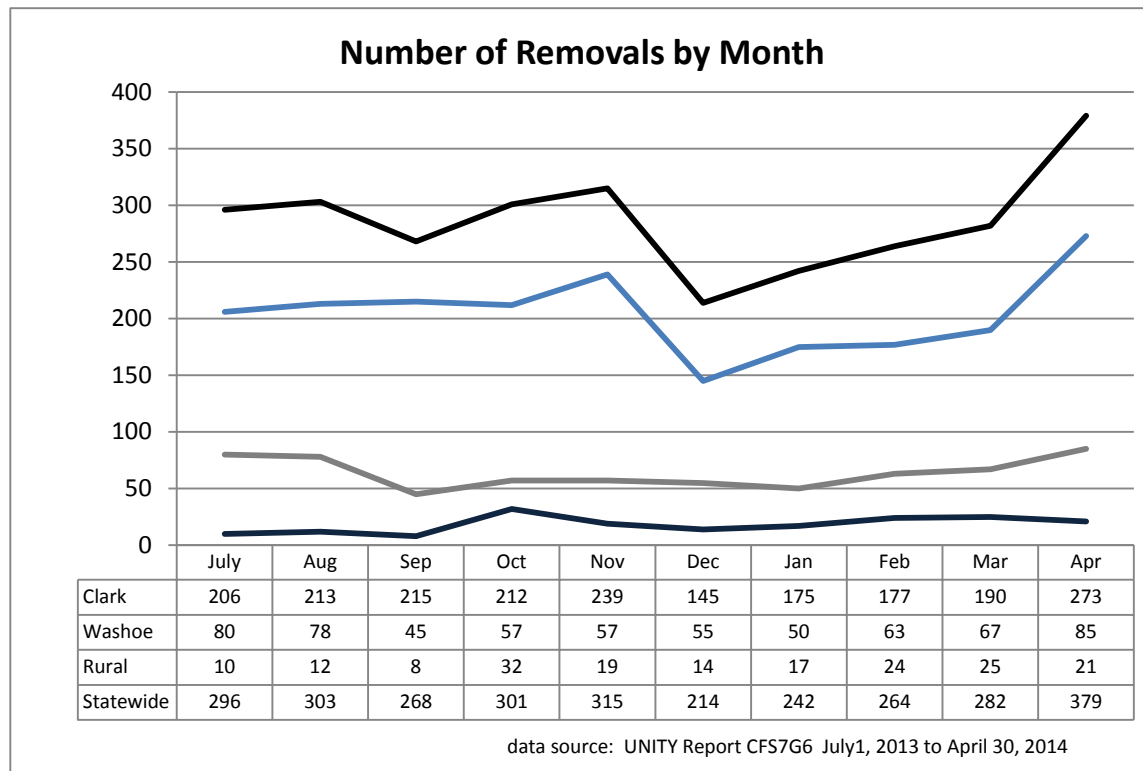
The total number of new investigations statewide has increased 9.9% from 10,161 for 2013 to 11,170 for 2014. CCDFS experienced an increase of 15.9%, WCDSS decreased 1.1% and the DCFS Rural Region decreased 11.65%.

Figure 06: Number of New Investigations



The following graph in Figure 07 shows the number of children removed from July 2013 through April 2014. This figure demonstrates some variation over time in the number of children that have been removed statewide during the past year. In SFY 2014 to date there has been a decrease of 4.2% in the number of removals statewide from SFY 2013, from 2,990 to 2,864 children. CCDFS had a 10.9% decrease in removals while WCDSS had a 23.4% increase in removals. The DCFS Rural Region had an increase of 2.2% in removals.

Figure 07: Number of Total Removals



Child Fatality

Nevada makes every effort to reduce the number of preventable child fatalities and near fatalities through prevention messaging, training and other initiatives. Nevada's child fatality review process includes local multi-disciplinary teams reviewing all deaths of children, ages 0-17 years of age, within their own communities and making recommendations to the Administrative Team to Review the Death of Children.

Historically, there were 2 statewide teams that oversaw child death review and prevention activities, the Administrative Team and the Executive Committee. The Administrative Team was comprised of agencies which provide child welfare services, vital statistics, public health, mental health and public safety. The Administrative Team met quarterly to discuss issues to improve and enhance data and to identify where Nevada needs to make policy changes. Additionally, The Administrative Team reviewed reports and recommendations from local multidisciplinary teams and determined the action to be taken or if a prevention initiative was already in place. If funding were necessary to facilitate the recommended action, the recommendation was referred to the Executive Committee to Review the Death of Children. The Executive Committee was comprised of members of each Regional Multidisciplinary Child Death Review Teams as well as other stakeholders. The Executive Committee made the funding decisions about the recommended actions for prevention and awareness initiatives, oversaw training initiatives, oversaw training and development of the MDT's, compiles and distributed a statewide annual child death report, and adopted statewide protocol. Initiatives have included:

- Water Safety and Drowning Prevention
- Safe Sleep Practices
- Child Abuse Prevention - "Choose Your Partner Carefully"
- Suicide Prevention E-Bulletins, "Reducing Access to Lethal Means," "Means Matter"
- Proper Weapon Storage"
- Overdose Prevention

- Teen Driving- “DRIVE”

The Administrative Team to Review the Death of Children was combined with the Executive Committee to Review the Death of Children in response to legislation passed during the 2013 State of Nevada Legislative Session. The bill also allows for the local multidisciplinary teams to use aggregate data for research and prevention purposes under certain circumstances. The combined Executive Committee now completes all tasks as enumerated above.

Public disclosure concerning a fatality or near fatality of a child who is the subject of a report of abuse or neglect are posted on Nevada’s Health and Human Services – DCFS website at the initial 48 hour notice and after appropriate updates in compliance with CAPTA and NRS 432B.175. The public disclosures are submitted from the child welfare agencies and include the following information:

- The cause and circumstance regarding the child fatality or near fatality
- The age and gender of the child
- Previous reports of child abuse or neglect that are pertinent to the abuse or neglect that led to the child fatality or near fatality
- Previous investigations pertinent to the abuse or neglect that led to the child fatality or near fatality and results of investigations

The services and actions provided by the child welfare agency on behalf of the child that are pertinent to the abuse or neglect that led to the child fatality or near fatality

Any instance of a child suffering from a fatality or near-fatality, where an investigation is conducted, there had been prior contact with household members, or the child was in the custody of a child welfare agency, is subjected to an internal case review by the child welfare agency and DCFS. In incidences where a child welfare agency had prior contact with the household members or the child was in the custody of a child welfare agency a review is also completed by the State of Nevada Legislative Council Bureau. Trends regarding practice methods, policies and systemic issues are tracked by DCFS.

Data Collection

Data from the National Center for the Review and Prevention of Child Death’s database is used by the Executive Committee to Review the Death of Children to complete an annual report which is disseminated statewide to stakeholders and posted on the DCFS website. The Committee had used data from the Nevada State Vital Statistics for the annual report; however, due to delays in obtaining this data and data received from the National Center for the Review and Prevention of Child’s Death was accurate when compared to Vital Statistics’ data, the decision was made to rely solely on the National Center for the Review and Prevention of Child’s Death data for the annual reporting. Nevada is currently exploring how to obtain information from Vital Statistics timely and how to best use the data in its reporting to NCANDS regarding child fatalities as a result of child abuse or neglect.

Child fatalities as a result of child maltreatment are captured in and reported to NCANDS through the State of Nevada SAWCIS system, UNITY. Child welfare agency staff use a variety of sources to capture and record this data which includes: information from child death review teams, law enforcement reports and medical examiners or coroner’s reports. The number of NCANDS reported fatalities has decreased since the last reporting period of 18 in 2012 to 11 in 2013. Homicides however have increased from 7 reported in 2012 to 10 in 2013.

Policy Development and Revision

Statewide Policy: Over the past five years numerous policies have been either developed or amended and are listed below:

- 0506 Intake and Priority Response Times 5/5/2010-amended
- 0507 Corporal Punishment in Public Schools 2/4/2011-new
- 0508 Nevada Initial Assessment (NIA) 12/6/2011 (WCDSS and the DCFS Rural Region)-new
- 0512 Safe Haven Response 11/15/2013-new
- 0513 Substantiation Policy 11/15/2013-amended
- 0515 Child Abuse and Neglect (CANS) and NCID Requirements for Prospective Foster and Adoptive Parents 10-28-2011 amended.
- 0205A Caseworker Contact with Children, parents and Caregivers (DCFS Rural Region) 6/21/2013-new Policy revised for the DCFS Rural Region to include: Confirming Safe Environments which is the initial and on-going safety assessment of children in out-of-home placements.

AGENCY POLICY DEVELOPMENT

CCDFS Policy and Procedure unit have developed and implemented many policies over the past five years. Most recently, the CCDFS Policy and Procedure unit has been working with staff to ensure there is improved coordination for policy. This has included the development of "Common Policy Element" which is meant to provide policy directives to staff of various programs that need the same directive. Furthermore, CCDFS has been working to restructure policies and procedures to include organization, the policy creation process and the receipting and training of new policies and procedures to staff. Over the past year many revisions and areas for policy development have occurred base on statutory, regulation and program changes as well as to align the practice and overall direction of the agency. The policy areas that have been updated or estimated to be completed by June 30, 2014 include:

- Eligibility; Psychotropic Medications; Central Imaging; Fiscal; Corporal Punishment; Voluntary Jurisdiction of Young Adults over 18; Child Born to Families Already Receiving Services (CFARS); Effective Communication; Children's Personal Property and Storage; Engagement; Administrative Services/Support; Forms Publications and Instructions; Acronym List and Glossary; Placement and Receiving CPE; Records and Information Management (Acquisition, Retrieval and Retention); Records and Information Management (Confidentiality, Privacy, Disclosure); and Transition Team.
- The following Policies and Procedures are currently under development:
Investigations Policy; In-Home Policy; Acronyms/Glossary; After Hours Services (policy chapter)
Background Check Policy; Background Check Common Policy Element (chapter)
Business Center; Case Transfer; Child Fatality and/or Near Fatality Common Policy Element
Children's Personal Property (Tracking, Storage and Shipping); Contracts and Legislation; and
Effective Communication, Out-of Home (Permanency) Services, Body Checks

WCDSS reports a number of updates to policies over the past five years: SAFE (Safety Assessment Family Evaluation, NIA (Nevada Initial Assessment, Conditions for Return, Confirming Safe Environments, Protective Capacity Family Assessment, Protective Capacity Progress Assessment, Appeals Policy (Revised), Case Management for Legal Cases (revised), Visitation (revised), Evaluation of a Caretaker Placement in emergency situations, Psychotropic Medication, Court Reports (revised), Adjudicatory, Review and Commitment Hearings (revised), Placement Services (revised), ICWA (revised), Placement into Protective Custody (revised), Investigation, State Notification and UNITY Documentation of Child Fatalities and Near Fatalities (revised), Investigative Assessments (revised). Additionally, WCDSS follows all new and revised collaborative statewide policies and instructional memorandums distributed by the DCFS Administrator.

The DCFS Rural Region has developed numerous policies and procedures over the past five years. The focus has been aligned with the roll out of the Safety Assessment Family Evaluation Practice Model, referred to as SAFE. Front end

policies and procedures developed supported the reframing of a previously incident driven, investigative system focused on collecting evidence either in support of or to negate a determination of child maltreatment. Previous to SAFE, there was no formal standardized assessment for present or impending danger. There was no emphasis on the need to understand how safety threats manifest themselves in a family, or standardized analysis that supported decision making about least restrictive placement or any systematic way to assess when it might be safe to return a child, prior to completion of the families entire case plan. Now a standardized assessment for determining Conditions for Return exists. As a result, children in Rural Nevada are able to return home as soon as their safety can be assured through the management of an in-home safety plan, while caregivers work on case plan activities designed to change behavior by increasing caregiver protective capacities such that safety threats are mitigated entirely.

The focus over the past five years has not only been on assessment of safety in the family of origin, but an expanded need to assess safety in all out of home placements, called Confirming Safe Environments (CSE). CSE has provided a systematic way to ensure safety of children regardless of where they are placed. Although no specific policies were developed around family engagement, the Nevada Initial Assessment (NIA) Intervention Manual adopted by DCFS promotes and employs strength based, client centered, engagement strategies that we believe have already proven to be successful in improving child welfare outcomes for children and families. Policies developed over the past 5 years include; but are not limited to; 0508 Nevada Initial Assessment policy, 0510 Safety Assessment policy, 0205 Caseworker Contact with Children, Parents and Caregivers policy, revised to include Confirming Safe Environments Safety Assessment process, 1006 DCFS Out of Home Placement policy, 1007 DCFS Respite policy, 1202 DCFS Notification of and Appeal of Substantiated Abuse and/or Neglect Findings policy, 801 Youth Independent Living policy, DCFS Independent Living and Court Jurisdiction procedures, DCFS 0210 Missing Child policy, DCFS Significant and/or Suspicious Injury procedure, DCFS Safety Provider Clearance and Approval procedure, DCFS Legal Action on Non-Custody Safety Plan procedure, DCFS Criminal History Records Information procedure, and lastly, NCJIS (Nevada Criminal Justice Information System)/ NCIC (Nevada Crime Information Center) procedure.

CFSP Goals and Objectives for Safety

In the 2010-2014 CFSP, each performance indicator was given an overall goal and one or more objectives. Nevada's Program Improvement Plan (PIP) was approved on October 21, 2010 with an implementation date beginning on December 1, 2010 (Quarter 1). The Safety Performance items 1, 3 and 4 were identified to be measured by case reviews using a prospective baseline developed using data from December 2010 – November 2011 (first year of PIP) case reviews. Nevada completed the baseline year and the Administration for Children and Families (ACF) set improvement goals using the federal method 2 prospective formulas. Nevada has completed the PIP case reviews and has achieved the performance targets set by ACF. Nevada met all case review targets over the PIP implementation year. Nevada has met the following Safety Outcome PIP Case Review items:

- Safety Outcome 1: Item 1-Timeliness of Investigations
- Safety Outcome 2: Item 3-Services to family to prevent removal
- Safety Outcome 2: Item 4-Risk of Harm

Nevada has not met the National Standard for the Safety outcome of "Absence of Maltreatment of Children in Foster Care." Please see Table 09 for information on this National Standard.

Figure 08 shows a brief graph of how Nevada rated statewide in the 2009 CFSR on the individual performance indicators for safety.

Figure 08: Statewide Safety Performance Indicator Scores vs. 90% goal

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

Item 1: Timeliness of initiating investigations of reports of child maltreatment

Goal: *To determine whether responses to all accepted child maltreatment reports received are initiated and face-to-face contact with the child has been made, within the timeframes established by statewide policy.*

To reach this goal, the State had the objective to ensure that responses to all accepted child maltreatment reports are initiated, and face-to-face contact with the child is made within the timeframes established by statewide policy and that appropriate documentation (including reasons why timelines were not met, if applicable) is made in UNITY in 90% of cases reviewed. Table 6 below shows the CFSR 2009 data related to this item. In 2009 statewide, Nevada rated just below the overall goal of 90%, with WCDSS's review exceeding the goal. Nevada met the negotiated PIP target for this item during PIP case reviews.

Table 06: SFY 2010 Data for Item 1

Item 1: Timeliness of initiating investigations of reports of child maltreatment.	CFSR 2009	NV Goal	Goal Met
Statewide	86%	90%*	No
CCDFS	85%	90%*	No
WCDSS	100%	90%*	Yes
DCFS Rural Region	80%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Table 7 illustrates the rating of item 1 on case reviews as rated by state/county quality assurance teams during review years 2011 to 2014 YTD. Nevada completes case reviews annually. Each reporting year a total of 42 out of home cases and 20 in home cases are reviewed using CFSR sampling and evaluation methodologies. The data in the table below is derived from an aggregate of all case types.

Table 07 Item 1 Timeliness of investigations

Item 1: Timeliness of initiating investigations of reports of child maltreatment.	CFSR 2009	QICR 2011	QICR 2012	QICR 2013	QICR 2014 YTD
Statewide	86%	76.19%	81.00%	62.50%	65.60%
CCDFS	85%	69.23%	70.83%	58.82%	
WCDSS	100%	100%	100%	88.50%	
DCFS Rural Region	80%	77.78%	90%	33.33%	

Source: Case Review Data

Since meeting the PIP target in 2013 there has been a significant decline in this rating during case reviews. It was identified during 2013 reviews that there were a number of cases in the sample that had large and complex families with many children who often were living in different locations. This complexity added an additional logistical burden to the investigator charged with initiating and making face to face contact within Nevada Administrative Code (NAC) expectations. The state plans to take this opportunity to review policy and practice as it relates to item 1 in an attempt to identify the problems around the decrease in the rating and or the way the item is being rated by the reviewers.

- **Priority 1:** within 3 hours when the identified danger is urgent or of emergency status; there is present danger; and safety factors are identified. This response type requires a face-to-face contact by CPS.
- **Priority 1 Rural:** within 6 hours when the identified danger is urgent or of emergency status; there is present danger; and safety factors are identified. This response type requires a face-to-face contact by CPS. (Rural time includes a distance factor).
- **Priority 2:** within 24 hours when the victim is under the age of 5 with any maltreatment of impending danger; safety factors identified including child fatality. This response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review.
- **Priority 3:** within 72 hours when maltreatment is indicated, but no safety factors are identified. This response type requires a face-to-face contact by CPS or may involve collateral contact by telephone or case review. In situations where the initial contact is via telephone call, the agency must make a face to face contact with the alleged child victim within 24 hours following the telephone contact.

When a referral is received, a supervisor or designee makes the determination of whether a referral is screened out (INFO only or INFO and Referral) or screened in and becomes a report, assigned for CPS investigation. Referrals that do not rise to the level of an investigation may be referred to the Differential Response (DR) Program which also has required response timelines in accordance with Priority Code 3, or 72 hours.

Item 2: Repeat maltreatment

Goal: *To determine if any child in the family experienced repeat maltreatment within a 6-month period.*

To reach this goal, children in the child welfare system in Nevada will not have experienced an incidence of repeat maltreatment within a 6-month period in a minimum of 90% of cases. CFSR 2009 data in Table 8 shows that Nevada needed some improvement in this area. CCDFS's portion of the CFSR review indicated that they were currently meeting this objective.

Table 08: SFY 2010 Data for Item 2

Item 2: Repeat Maltreatment	CFSR 2009	NV Goal	Goal Met
Statewide	81%	90%*	No
CCDFS	92%	90%*	Yes
WCDSS	83%	90%*	No
DCFS Rural Region	33%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

The following Table 9 illustrates the most recent CFSR Data Profile provided by ACF dated April 1, 2014. As depicted in the table "Absence of Maltreatment Recurrence" the standard is 94.6%. For the most recent data profile FFY 2013 Nevada met this standard at 96.2%. Nevada exceeded the national standard of 94.6% on this measure for that time period.

In addition, "Absence of Child abuse and/or neglect in Foster Care (12 months)" data is provided in the same table. The national standard for this measure is 99.68%. For the most recent data profile FFY 2013 Nevada does not meet the National Standard. Nevada currently has a PIP improvement target goal of 99.64% which has been measured through federal data profiles. As of the most recent data profile on April 1, 2014 Nevada continues to not meet this standard, and is in a non-overlapping year of the PIP to meet this target.

Table 09: CFSR Data Profile Information for Absence of Maltreatment

CHILD SAFETY PROFILE	FFY2009	FFY2010	FY2011	FY2012	FY2013	STATUS
Absence of Maltreatment Recurrence [standard: 94.6% or more; national median=93.3%,25th percentile=91.50%]	93.90	94.50	93.6	95.1	96.2	National Standard achieved FY13
Absence of Child Abuse and/or Neglect in Foster Care (12 months) [standard 99.68% or more; national median=99.5, 25th percentile=99.30]	99.54	99.40	99.59	99.34	99.53	Improvement goal 99.64

Source: CFSR data profile provided 4/03/2013

Safety Outcome 2: Children are safely maintained in their homes whenever possible

Item 3: Services to families to protect children in home and prevent removal or re-entry into foster care

Goal: *To determine whether the State is making concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification.*

To meet this goal, the State projected that an evaluation of case records would be needed to determine if concerted efforts were made to provide or arrange for appropriate services for the family to protect children and prevent the child's entry into foster care or re-entry into foster care after a reunification. Also, if a child was removed from the home without providing for or arranging for services, that the action was necessary to ensure the child's safety. A further objective is that the above information would be documented appropriately in UNITY in a minimum of 90% of applicable cases. Table 10 shows that Nevada as a whole was not meeting this goal as reported in the Nevada 2009 CFSR report. At the time of the 2009 CFSR for CCDFS and the DCFS Rural Region this item was an area that needed improvement. Also, based on the CFSR 2009 data, WCDSS showed this to be an area of strength.

Table 10: SFY 2010 Data for Item 3

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.	CFSR 2009	NV Goal	Goal Met
Statewide	78%	90%*	No
CCDFS	60%	90%*	No
WCDSS	100%	90%*	Yes
DCFS Rural Region	77%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Safety performance item 3 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. Also, the PIP identified that Safety item 3 would be addressed during the PIP implementation specifically under Primary Strategy (1) of the PIP. This strategy focused on “Strengthening and Reinforcing Safety Practices throughout the Life of the Case” and continues to address this item for improvement. Nevada has met the negotiated PIP target for this item during PIP case reviews.

Table 11 illustrates the rating of item 3 on case reviews as rated by state/county quality assurance teams for review years 2011 to 2014 YTD. Nevada completes case reviews annually. Each reporting year a total of 42 out of home cases and 20 in home cases are reviewed using CFSR sampling and evaluation methodologies. The data in the table below is derived from an aggregate of all case types.

Table 11 Item 3 Services to family to protect children(ren) in the home and prevent removal or re-entry

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.	CFSR 2009	QICR 2011	QICR 2012	QICR 2013	QICR 2014 YTD
Statewide	78%	70.45%	86.46%	91.89%	91.4%
CCDFS	60%	81.48%	84%	100%	
WCDSS	100%	50%	100%	100%	
DCFS Rural Region	77%	55.56%	81.82%	72.73%	

Source: Case Review Data

During the PIP and in continuing review years item 3 has shown a marked improvement over previous years.

Item 4: Risk assessment and safety management

Goal: To determine whether the State is making concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

To meet this goal, there are several objectives planned in the Child and Family Services Plan. These focus on initial risk assessment, ongoing assessment of risk, and safety assessment. Safety concerns focuses providing assessments on the child’s living environment (both in the home and in foster care), during visitation with family members, and in trial home visits. A further objective is to ensure that this information is appropriately documented in UNITY in 90% of cases. Data from the 2009 CFSR, as shown in Table 12 below indicated that Nevada was not currently reaching this goal at that time.

Table 12: SFY 2010 Data for Item 4

Item 4: Risk assessment and safety management	CFSR 2009	NV Goal	Goal Met
Statewide	55%	90%*	No
CCDFS	50%	90%*	No
WCDSS	78%	90%*	No
DCFS Rural Region	39%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Safety performance item 4 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. Also, the PIP identified that Safety item 4 would be addressed during the PIP implementation specifically under Primary Strategy (1) of the PIP which focused on “Strengthening and Reinforcing Safety Practices throughout the Life of the Case”. To date Nevada has met the negotiated PIP target for this item during PIP case reviews.

Table 13 illustrates the rating of item 4 on case reviews as rated by state/county quality assurance teams for review years 2011 to 2014 YTD. Nevada completes qualitative case reviews annually. Each reporting year a total of 42 out of home cases and 20 in home cases are reviewed using CFSR sampling and evaluation methodologies. The data in the table below is derived from an aggregate of all case types.

Table 13 Item 4 Risk Assessment and Safety

Item 4: Risk Assessment and Safety Management	CFSR 2009	QICR 2011	QICR 2012	QICR 2013	QICR 2014 YTD
Statewide	55%	48.39%	67.74%	74.19%	79.00%
CCDFS	50%	50%	67.64%	85.29%	
WCDSS	78%	57.14%	71.43%	78.57%	
DCFS Rural Region	39%	35.71%	64.29%	42.86%	

Source: Case Review Data

During the PIP and in continuing review years item 4 indicates improvement over previous years.

SECTION IV: PERMANENCY

Trends in Permanency

In Nevada, when a child must be removed from his/her home, the first placement option considered is relative care. Table 14 shows the number of paid and unpaid relative foster care placements by agency and statewide from September 1, 2013 through April 30, 2014.

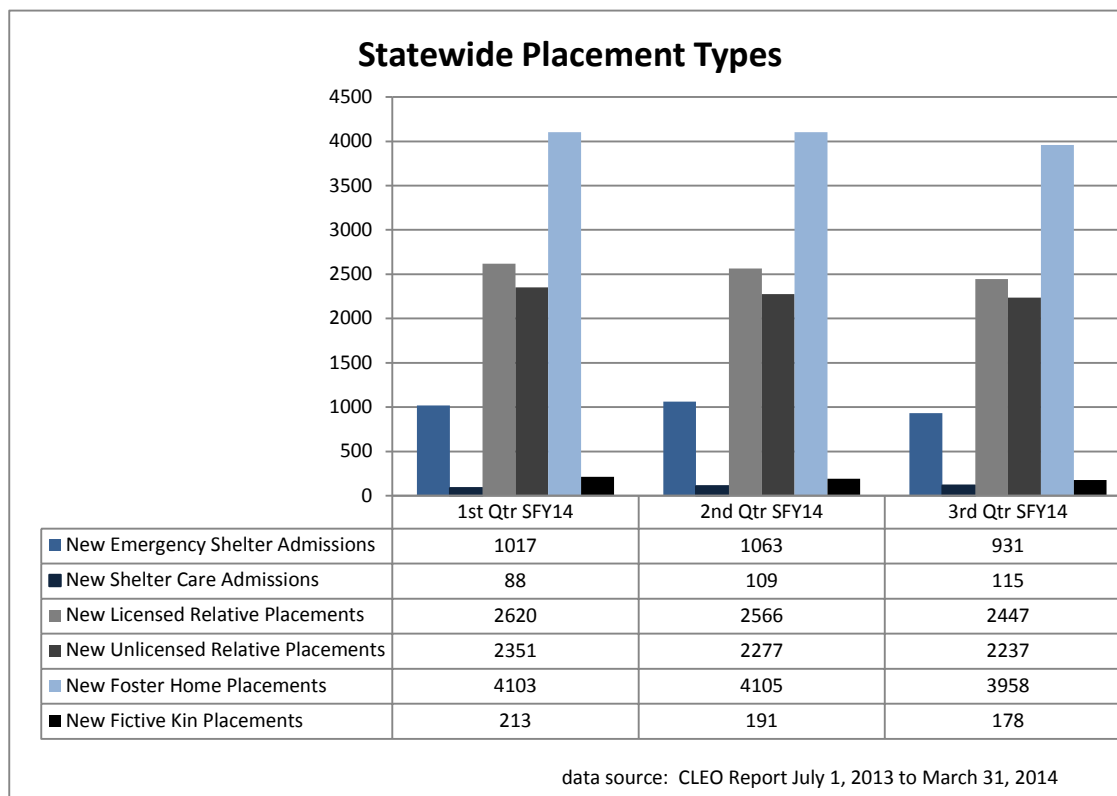
Table 14: Paid and Unpaid Relative Foster Care

Child Welfare Agency		Sep '13	Oct '13	Nov '13	Dec '13	Jan '14	Feb '14	Mar '14	Apr '14
Clark	Relative Foster Care	705	695	710	641	622	635	615	595
	Unpaid Relative Care	659	646	678	665	643	648	649	649
Washoe	Relative Foster Care	146	155	164	156	164	164	178	189
	Unpaid Relative Care	47	43	37	34	34	45	35	34
Rural	Relative Foster Care	11	11	17	17	18	25	26	27
	Unpaid Relative Care	67	65	52	57	58	64	61	63
Statewide	Relative Foster Care	862	861	891	814	804	824	819	811
	Unpaid Relative Care	773	754	767	756	735	757	745	746

Source: CLEO Report September 1, 2013 to April 30, 2014

Figure 09 below shows the different placement types that occurred overall in the first three quarters of SFY 2014 (fourth quarter data is not available until July 2014). In addition to being the preferred placement type, relative home placements both licensed and unlicensed, are also the most prevalent placement type in Nevada (47%). This is followed by foster home placements at 40%. New licensed relative home placements (25%) are utilized more frequently than new unlicensed relative placements (22%).

Figure 09: Statewide Placement Types

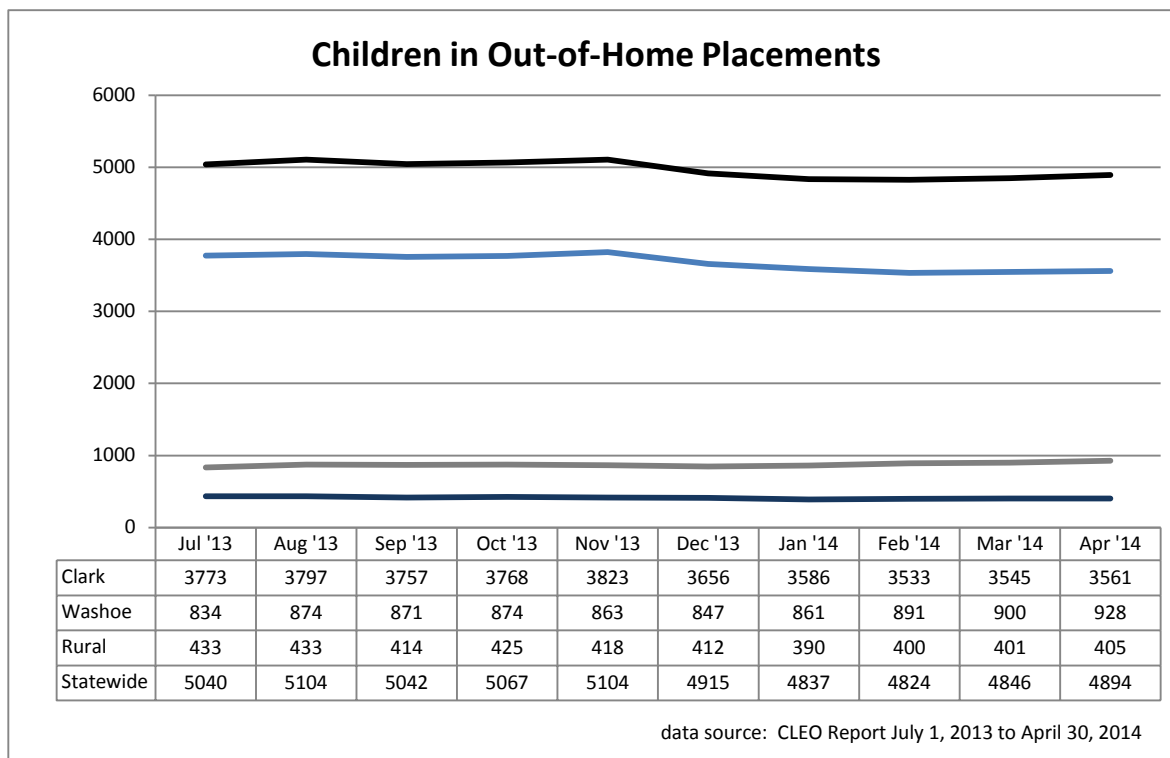


Relatives who care for their kin typically receive funds from the State in one of two ways. The more common method is that they become licensed foster care providers and receive payment through the local child welfare agency. The State is then reimbursed for these payments through the Title IV-E program, if the family and child are eligible for reimbursement. Relatives who are unable to become a licensed relative foster family or who care for a child who has not gone through Child Protective Services (CPS) can receive a TANF child-only grant from the State's welfare agency. The ability to support relatives financially while achieving permanency for children is something Nevada has been exploring through programs for relative and kinship care while establishing feasibility within our current budget.

To assist relatives who care for children in out-of-home placements, Nevada has a Non-Needy Relative Caregiver Kinship Care Program. The Division of Welfare and Supportive Services currently administers the Kinship Care Program which went into effect on October 1, 2001. Since that time children living with a relative Non-Needy Caretaker (NNCT) may receive a Temporary Assistance for Needy Families (TANF) payment allowance which is a percentage of the State of Nevada foster care rate. NNCT is defined as relative caretakers who are not requesting assistance for themselves. In order for a relative caretaker to be eligible for this program they must be 62 or older; be a non-parent; be a non-needy caretaker; be caring for the child who is related (up to the 5th degree as described in the Division of Welfare and Supportive Services Eligibility and Payment Manual) by blood, adoption or marriage for at least six months; file for Nevada court approval of legal guardianship; comply with court imposed requirements; relative household members must have combined income below 275% of the federal poverty level; and the child must meet the age, citizenship and resource eligibility requirements. There is an exception to the age requirement due to undue hardship and a waiver can be provided under certain circumstances. According to the Eligibility and Payments Manual provided by the Division of Welfare and Supportive Services, current payment rates for the Kinship Care Programs are \$534.00 per month for each child, age 12 years and younger; and, \$616.00 per month for each child age 13 and older. The Kinship Care Program also makes available certain other services such as legal assistance to obtain guardianship, child care, transportation for certain situations and respite care.

Figure 10 shows the caseload sizes of caseworkers serving children in out-of-home placements from July 1, 2013 until April 30, 2014. There was an average of 4,967 children in out of home placement SFY 2014 which is a 2% increase over SFY 2013 caseloads. CCDFS averaged 3,680 out of home placement for a 0.1% increase, while WCDSS averaged 874 out of home placements for an increase of 17.6%. DCFS Rural Region averaged 413 children placed in out-of-home for a decrease in caseloads of 7.3%.

Figure 10: Children in Out-of-Home Placements



Over the past five years the three child welfare agencies in Nevada have been involved in a variety of initiatives and activities to improve Permanency. The following progress has been reported by CCDFS, WCDSS, and the DCFS Rural Region in their efforts to improve Permanency for children involved with the child welfare system.

CCDFS Progress

CCDFS finalized 573 adoptions in 2013. Additionally, CCDFS continues to hold monthly reviews on cases assigned to the Adoption unit. CDFS have collaborated with the 8th Judicial Court-Family Court Division to hold six special Adoption days in 2013: April 2013, June 2013, August 2013, November 2013 and December 2013 (2). In summary, CCDFS finalized over 2300 adoptions from 2010 to 2014. Calendar year 2011 had the highest number of finalizations with 718; which is a 61% increase when compared to the previous year.

CCDFS is working with the Courts to schedule additional Adoption Days in 2014. In addition, supervisors and managers continue to review cases that are at 9 months from removal to ensure they are moving toward their permanency goals.

Families assigned to adoptions are reviewed on a minimum of a monthly basis to address any barriers that were preventing children from achieving permanency through adoptions. Finally, Permanency Round Tables were held to review youth who had a poor prognosis for achieving permanency.

As illustrated in table 15 below, CCDFS has made improvements regarding permanency outcomes for children. The median days to Adoption has decreased by 17% when comparing 2010 to 2014.

Table 15 CCDFS Median Days to Permanency		2010	2011	2012	2013	2014
OUTCOMES Children removed 8 days or less are filtered out	Median Days to Reunification	355	361	361	335	373
	Median Days to Adoption	1082	1031	897	858	899
	Median Days to Guardianship	368	719	387	284	514

Source: Clark County Reports

Also, as part of the Administration on Children, Youth and Families (ACYF) Children's Bureau Diligent Recruitment grant project (Project); CCDFS reviewed a variety of standard activities for child-specific recruitment efforts. As a result, CCDFS developed a collaborative child-specific adoption recruitment (CSAR) workgroup consisting of foster/adoptive parents and staff from recruitment, licensing and permanency. The Project goal was to increase the number of families interested in foster care and/or child-specific adoption.

WCDSS Progress

As previously indicated WCDSS continues in the federal Permanency Innovations Initiative (PII) which is a 5-year, \$100 million, multi-site demonstration project designed to improve permanency outcomes among children in foster care who have the most serious barriers to permanency. PII includes six grantees, each with a unique intervention to help a specific subgroup of children leave foster care in fewer than three years. WCDSS is approaching Safety and Permanency in a systemic approach through the Permanency Innovations Initiative targeting populations. Population Two (in care for 12 months or longer with one or more of four risk characteristics with an available parent or caregiver to participate in the intervention) and Population Three (have parents who are unable or unwilling to successfully work towards reunification) address permanency including implementing Family Search and Engagement (FSE), a structured step-by-step approach to searching for and engaging family and fictive kin connections; and establishing permanent connections to the child in foster care. FSE works to establish both non-legal and legal permanence. Expected changes in practice by implementing SAFE-FC include an increase in parent readiness for change; parent resilience; and percentage of children who achieve permanence within 12 months. It is also expected there will be a decrease in time to case closure; reunification; and permanence.

Also, over the past five years WCDSS finalized 719 adoptions.

- 2009: Foster Parent 78, Relative 72, ICPC (incoming) 5, Private 3, Healthy Infant 4 for a Total of 162;
- 2010: Foster Parent 70, Relative 51, Private 4, Healthy Infant 0 for a Total of 125;
- 2011: Foster Parent 96, Relative 109, Private 5, Healthy Infant 3 for a Total 213;
- 2012: Foster parent 71, Relative 37, Private 1, Healthy Infant 1 for a Total of 110;
- 2013 Foster parents 54, Relatives 53, Private 2, Healthy infant 0 for a Total of 109.

WCDSS adoption review team matched a total of 90 children who were 100% free and in recruitment. Five of those children, for a variety of reasons, remain in WCDSS custody and have not finalized an adoption. Washoe County partners with the District Court to hold three smaller Adoption Days, in addition to November's National Adoption Day, every year. These have been great events for families to participate in. However, families are encouraged to finalize adoptions throughout the year.

DCFS Rural Region Progress

DCFS finalizes approximately 50 adoptions a year. Over the past five years, DCFS has become more diligent in their efforts to maximize the use of Adoption Incentive (AI) funds for recruitment of adoptive families in general and child specific cases and has recently begun using AI funds for pre and post adoption support services as well. The availability of significant funding through the Adoption Incentive Grant has allowed more flexibility to select families and facilitate subsequent visits with families in other states who are best suited to meet the needs of children pending. Over the past year DCFS has begun utilizing data to implement a tracking system to monitor progress of adoption cases as they move through the system to ensure permanency for children is timely.

Also, in June 2012, with the assistance of the Casey Family Programs, DCFS embarked on its first experience with Permanency Round Tables. A cohort of 46 children, all of whom had been in custody for 18 months or longer and who had been assessed to have a “poor” permanency status using an ordinal scaling system (poor, marginal, fair, good, very good and achieved). Permanency progress for this cohort was monitored through review of SACWIS records for the duration of 2012. Quarterly follow up Permanency Round Tables resumed in the spring of 2013. Of the 2012 cohort, 24 children/youth remain active. Of the 24 still active, six are rated as having “very good” permanency status, one as “good”, two as “fair,” with the remaining 14 rated with a “marginal” permanency status. In 2014, 14 more children/youth were added to the Permanency Round Table progress. These children were identified for being in care for at least 18 months or were older youth that the agency identified as having multiple barriers to achieving permanency under standard practice and policy. Twenty-two have exited the Permanency Round Table process with either legal and/or emotional permanency connections achieved and identified. Eight of the exited 22 achieved legal permanency through adoption, reunification or guardianship. The remaining nine reached the age of majority while remaining in agency custody. Seven had at least one emotional permanency connection identified and supported by the agency.

Policy Development and Revision

Statewide Policy: Over the past five years numerous policies have been either developed or amended and are listed below:

- 0204 Case Planning 2/13/2013-amended
- 0201 Intra-State Courtesy Supervision 05/01/2013-new
- 0501 ASFA Reasonable efforts 12/16/2013-amended
- 0504 Indian Child Welfare Act (ICWA) 12/13/2013-new
- 0514 Termination of Parental Rights 12/16/2013-amended
- 0801 Youth Independent Living Program 04/11/2014-amended
- 0802 National Youth in Transition Database (NYTD) 2/24/2011-new
- 1009 Employee, Emergency Shelter Care, Foster Care and Adoption Placement 2/13/2013-amended

Agency Policy Development

CCDFS reports the following local Policy/Common Policy Element (CPE) Chapters completed or estimated to be completed or estimated to be completed by June 30, 2014 include:

- Eligibility; Psychotropic Medications; Central Imaging; Fiscal; Corporal Punishment; Voluntary Jurisdiction of Young Adults over 18; Child Born to Families Already Receiving Services (CFARS); Effective Communication; Children’s Personal Property and Storage; Engagement; Administrative Services/Support; Forms Publications and Instructions; Acronym List and Glossary; Placement and Receiving CPE; Records and Information Management (Acquisition, Retrieval and Retention); Records and Information Management (Confidentiality, Privacy, Disclosure); and Transition Team.
- The following Policies and Procedures are currently under development:
Investigations Policy; In-Home Policy; Acronyms/Glossary; After Hours Services (policy chapter)
Background Check Policy; Background Check Common Policy Element (chapter)

Business Center; Case Transfer; Child Fatality and/or Near Fatality Common Policy Element
Children's Personal Property (Tracking, Storage and Shipping); Contracts and Legislation; and
Effective Communication, Out-of Home (Permanency) Services, Body Checks

WCDSS reported the following local policy development or revisions:

- WCDSS reports a number of updates to policies over the past five years: SAFE (Safety Assessment Family Evaluation, NIA (Nevada Initial Assessment, Conditions for Return, Confirming Safe Environments, Protective Capacity Family Assessment, Protective Capacity Progress Assessment, Appeals Policy (Revised), Case Management for Legal Cases (revised), Visitation (revised), Evaluation of a Caretaker Placement in emergency situations, Psychotropic Medication, Court Reports (revised), Adjudicatory, Review and Commitment Hearings (revised), Placement Services (revised), ICWA (revised), Placement into Protective Custody (revised), Investigation, State Notification and UNITY Documentation of Child Fatalities and Near Fatalities (revised), Investigative Assessments (revised). Additionally, WCDSS follows all new and revised collaborative statewide policies and instructional memorandums distributed by the DCFS Administrator.
- **DCFS Rural Region** Reports the following local policy development or revisions:
 - DCFS Rural Region has developed numerous policies and procedures over the past five years. The focus has been aligned with the roll out of the Safety Assessment Family Evaluation Practice Model, referred to from here on out as SAFE. Front end policies and procedures developed supported the reframing of a previously incident driven, investigative system focused on collecting evidence either in support of or to negate a determination of child maltreatment. Previous to SAFE, there was no formal standardized assessment for present or impending danger. There was no emphasis on the need to understand how safety threats manifest themselves in a family, or standardized analysis that supported decision making about least restrictive placement or any systematic way to assess when it might be safe to return a child, prior to completion of the families entire case plan. Now a standardized assessment for determining Conditions for Return exists. As a result, children in Rural Nevada are able to return home as soon as their safety can be assured through the management of an in-home safety plan, while caregivers work on case plan activities designed to change behavior by increasing caregiver protective capacities such that safety threats are mitigated entirely. The focus over the past five years has not only been on assessment of safety in the family of origin, but an expanded need to assess safety in all out of home placements, called Confirming Safe Environments (CSE). CSE has provided a systematic way to ensure safety of children regardless of where they are placed. Although no specific policies were developed around family engagement, the Nevada Initial Assessment (NIA) Intervention Manual adopted by DCFS promotes and employs strength based, client centered, engagement strategies that we believe have already proven to be successful in improving child welfare outcomes for children and families. Policies developed over the past 5 years include; but are not limited to; 0508 Nevada Initial Assessment policy, 0510 Safety Assessment policy, 0205 Caseworker Contact with Children, Parents and Caregivers policy, revised to include Confirming Safe Environments Safety Assessment process, 1006 DCFS Out of Home Placement policy, 1007 DCFS Respite policy, 1202 DCFS Notification of and Appeal of Substantiated Abuse and/or Neglect Findings policy, 801 Youth Independent Living policy, DCFS Independent Living and Court Jurisdiction procedures, DCFS 0210 Missing Child policy, DCFS Significant and/or Suspicious Injury procedure, DCFS Safety Provider Clearance and Approval procedure, DCFS Legal Action on Non-Custody Safety Plan procedure, DCFS Criminal History Records Information procedure, and lastly, NCJIS (Nevada Criminal Justice Information System)/ NCIC (Nevada Crime Information Center) procedure.

CFSP Goals and Objectives for Permanency

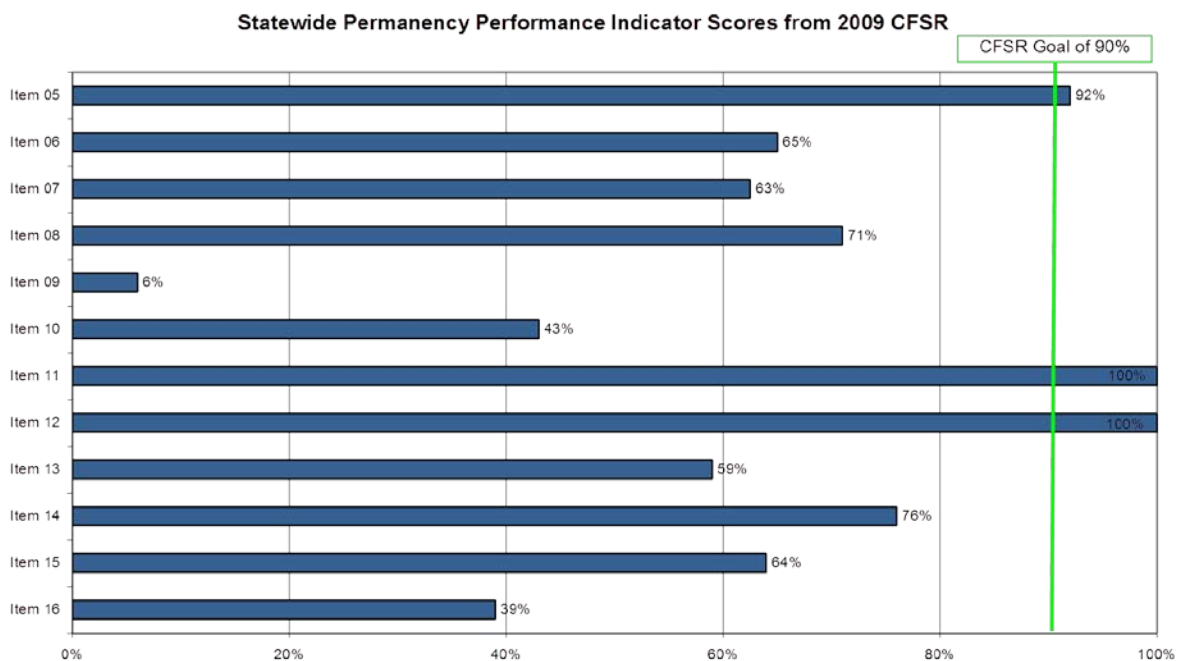
The Permanency Performance items 7 and 10 were identified to be measured by case reviews using a prospective baseline developed using data from November 2010 - November 2011 case reviews. The improvement targets goals were set by ACF using the federal method 2 prospective formulas. Nevada has met the negotiated PIP target for these items during PIP case reviews.

In addition, the PIP outlined several Permanency items and outcomes that are continuing to be addressed during the PIP implementation period. Specifically, Primary Strategy (1) of the PIP focused on "Strengthening and Reinforcing Safety Practices throughout the Life of the Case" and Primary Strategy (2) of the PIP focused on "Preserving Connections and Strengthening Relationship". Furthermore, Primary Strategy (3) "Improve the Timeliness and Appropriateness of

Permanency Planning across the Life of the Case”, and Primary Strategy (4) “Strengthen Child Welfare Supervision and Middle Management Skills” addressed these areas of improvement. As of March 31, 2012 Nevada had completed the PIP Primary Strategy (2) goal (2) and Primary Strategy (3) goal (1).

Figure 11 shows a brief graph of how Nevada rated statewide in the 2009 CFSR on individual performance indicators for permanency.

Figure 11: Statewide Permanency Performance Indicator Scores vs. 90% goal



Permanency Outcome 1: Children have permanency and stability in their living situations

Item 5: Foster care re-entries

Goal: *To assess whether children who enter foster care at a given point in time are re-entering within 12 months of a prior foster care episode.*

To meet this goal, the State must make concerted efforts to prevent re-entry episodes for children who are in the foster care system and appropriately document these efforts in UNITY in a minimum of 90% of cases. Table 16 below shows that as a State, this was rated as strength during the 2009 CFSR. In the most recent CFSR review, only WCDSS fell below the required goal of 90%.

Table 16: SFY 2010 Data for Item 5

Item 5: Foster care re-entries	CFSR 2009	NV Goal	Goal Met
Statewide	92%	90%*	Yes
CCDFS	100%	90%*	Yes
WCDSS	75%	90%*	No
DCFS Rural Region	100%	90%*	Yes

*Unless otherwise negotiated or if exceeds federal requirements

In addition to the information presented in Table 11 above, the most recent CFSR Data Profile provided by ACF dated April 1, 2014 provides current data for Component B: Permanency of Reunification Measure C1-4: "Re-entries to foster care in less than 12 months." The component is one measure in the overall Permanency composite 1: Timeliness and Permanency of Reunification. The national median for this measure is 15.0% and the 25th percentile is 9.9%. A lower percentage is preferable in this measure. Nevada scored 6.8% in FFY 2010; 7.3% in FFY 2011; 8.3% in FFY 2012; and 7.8% in FFY 2013 indicating a continued strength in performance on this measure.

Item 6: Stability of foster care placement

Goal: To determine if the child in foster care is in a stable placement and that any changes in placement that have occurred are in the best interest of the child and consistent with achieving the child's permanency goals.

To meet this goal, the State must ensure that the child's placement is stable and if a placement move was necessary, that the move was made in an effort to achieve the child's case goals or meet the needs of the child. Appropriate documentation in UNITY in a minimum of 90% of applicable cases is also an important objective. Table 17 shows that this was an area needing improvement for Nevada during the 2009 CFSR, and was not a particular strength for any child welfare agency in the State. This item is measured differently using the CFSR on-site review tool, and takes into consideration if a move was in the best interest of the child and consistent with achieving the child's permanency goal. In contrast, the CFSR data profile measurement simply measures the number of moves of the child based on federal requirements.

Table 17: SFY 2010 Data for Item 6

Item 6: Stability of foster care placement	CFSR 2009	NV Goal	Goal Met
Statewide	65%	90%*	No
CCDFS	70%	90%*	No
WCDSS	70%	90%*	No
DCFS Rural Region	50%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Table 18 depicts the most recent CFSR data profile provided on April 1, 2014 for Permanency Composite 4: Placement Stability.

The national standard for this composite is 101.5 or higher. For FFY 2011ab and FY 2012ab Nevada has had a decrease in performance on this measure and in FY 2013ab there was an increase. Table 13 indicates Nevada's performance on this measure.

Table 18: CFSR Data Profile

PLACEMENT STABILITY	FY 2010ab	FY 2011ab	FY 2012ab	FY 2013 ab
Placement Stability (Standard: 101.5 or higher)	93.3	91.4	90.5	91.1

Source: CFSR data profile dated 4/1/2014

The PIP identified that Permanency Outcome (1) and Item 6 would be addressed during the PIP implementation specifically under Primary Strategy (4) of the PIP which focuses on "Strengthening Child Welfare Supervision and Middle Management Skills." All PIP items have been completed during the PIP implementation period.

Item 7: Permanency goal for child

Goal: To determine whether appropriate permanency goals are established for the child in a timely manner.

To meet this goal, the objective of the State is to ensure that the child's initial permanency goal and any amendments to the child's initial permanency goal are established in a timely manner; are appropriate to the child's needs for permanency and the circumstances of the case; and that cases that meet ASFA and statewide policy criteria for termination of parental rights (TPR) have a petition filed in a timely manner (unless there is a compelling reason not to do so). Documentation continues to be critical. In Table 19 based on results of the 2009 CFSR, this performance indicator was an area needing improvement for Nevada.

Table 19: SFY 2010 Data for Item 7

Item 7: Permanency goal for children	CFSR 2009	NV Goal	Goal Met
Statewide	62.5%	90%*	No
CCDFS	55%	90%*	No
WCDSS	60%	90%*	No
DCFS Rural Region	80%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 7 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. Also, the PIP identified that Permanency Outcome 1 and Item 7 would be addressed during the PIP implementation specifically under Primary Strategy (3) of the PIP which focuses on "Improving the Timeliness and Appropriateness of Permanency Planning across the life of the Case. As of March 31, 2012 Nevada had completed Primary Strategy (3) goal (1). Nevada met the negotiated PIP target for this item during PIP case reviews.

Table 20 illustrates the rating of item 7 on case reviews as rated by state/county quality assurance teams during review years 2011 to 2014 YTD. Nevada completes case reviews annually. Each reporting year a total of 42 out of home cases and 20 in home cases are reviewed using CFSR sampling and evaluation methodologies. The data in the table below is derived from an aggregate of all case types.

Table 20 Item 7 Permanency goal for children

Item 7: Permanency goal for children	CFSR 2009	QICR 2011	QICR 2012	QICR 2013	QICR 2014 YTD
Statewide	62.5%	57.14%	61.90%	66.67%	71.4%
CCDFS	55%	62.50%	70.83%	58.33%	
WCDSS	60%	66.67%	66.67%	88.89%	
DCFS Rural Region	80%	33.33%	33.33%	66.67%	

Source: Case Review Data

During the PIP and in continuing review years item 7 indicates improvement over previous years.

Table 21 below shows the number children in care between July 1, 2012 and April 30, 2014 (22 months) who had a TPR petition filed between 14 and 22 months as required by State policy, 514 Termination of Parental Rights (TPR). The table depicts the number of children placed out of home who have not had a TPR filed in 14 months from removal and in 21 months from removal. This report does not determine whether or not there were compelling reasons not to file in those cases. This may be due to a variety of factors. However, one of the main reasons stated in the 2009 CFSR stakeholder interviews were that delays were due to increasing waits for treatment programs for parents with substance abuse problems, thus extending the requested time for reunification.

Table 21: Status of Petition to Terminate Parental Rights

Status of Petition to TPR	Total
Number of Children with a TPR Petition Filed Between 14 and 21 Months:	226
Number of Children placed Out of Home over 14 months without a TPR Petition Filed:	3081
Number of Children placed Out of Home over 21 Months Without a TPR Petition Filed:	215

source: UNITY Report CFS7B3 July 1, 2012 to April 30, 2014

Item 8: Reunification, guardianship, or permanent placement with relatives

Goal: To determine whether concerted efforts are being made to achieve reunification, guardianship, or permanent placement with relatives in a timely manner.

To meet this goal, the State must ensure that concerted efforts are made to achieve the permanency goal of reunification, guardianship, or permanent placement with relatives in a timely manner and those efforts are appropriately documented in UNITY in a minimum of 90% of applicable cases. Table 22 is based on the CFSR 2009 results, shows that WCDSS is the only child welfare agency that was meeting this goal at the time of the CFSR.

Table 22: SFY 2010 Data for Item 8

Item 8: Reunification, guardianship, or permanent placement with relatives	CFSR 2009	NV Goal	Goal Met
Statewide	71%	90%*	No
CCDFS	50%	90%*	No
WCDSS	100%	90%*	Yes
DCFS Rural Region	83%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

In addition, the most recent CFSR Data Profiles provided by ACF dated April 1, 2014 provides current data regarding Permanency Composite 1: Timeliness and Permanency of Reunification. The data profile indicates that in order to be in compliance with this measure, that a state must meet the standard of 122.6 or higher. Nevada has achieved the national standard for FFY 2010 through FFY 2013 on this measure. Based on the Nevada data profiles, the median number of months a child was in care before exiting to reunification for FFY 2010 was 6.4, in FFY 2011 it decreased to 5.9, FFY 2012 increased to 7.2 and 2013 decreased to 6.7 months before a child exited care to reunification. The national median is 6.5 months and the 25th percentile is 5.4 months. Also, the PIP identified that Permanency Outcome 1 and Item 8 was addressed during the PIP implementation specifically under Primary Strategy (3) of the PIP which focuses on "Improving the Timeliness and Appropriateness of Permanency Planning across the Life of the Case". As of March 31, 2012 Nevada had completed Primary Strategy (3) goal (1).

Item 9: Adoption

Goal: To determine whether concerted efforts are being made to achieve a finalized adoption in a timely manner.

There is one main objective that the State has projected to achieve this goal. The State and court will ensure that concerted efforts are made to achieve the goal of finalized adoption in a timely manner and that efforts are appropriately documented in UNITY in a minimum of 90% of applicable cases. Table 23 shows Nevada's performance on this performance indicator from the CFSR conducted in 2009. Statewide, Nevada only rated 6% out of a possible 100%. CCDFS met 10% of this goal, while WCDSS and the DCFS Rural region did not achieve any compliance.

Table 23: SFY 2010 Data for Item 9

Item 9: Adoption	CFSR 2009	NV Goal	Goal Met
Statewide	6%	90%*	No
CCDFS	10%	90%*	No
WCDSS	0%	90%*	No
DCFS Rural Region	0%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Timeliness of Adoptions is a Federal Permanency Composite Measure. Component A: Timeliness of Adoptions of children discharged from Foster Care Measure C2-2: “Exits to adoption, median length of stay” is the second of two measures in Component A, and one measure in the overall Permanency composite 2: Timeliness of Adoptions. The national median for this measure is 32.4 months and the 25th percentile is 27.3 months (a lower score is preferable in this measure). The most recent data profile for Nevada on this measure from the Children’s Bureau dated April 1, 2014 indicates for FY 2013ab the median months to adoption is 29.0 months which is lower than the national median. This is an improvement from FY 2012ab data (a decrease of 0.3 months).

Please note that Nevada measures the **average** months to adoption from the date of removal on UNITY report CFS732. In contrast the federal measure depicts the **median** length of stay from the date of the removal. Overall, and in contrast this graph presents higher average months to adoption. Table 24 shows the results of UNITY report CFS732 – Adoptions in less than 24 Months. This report is run each May and counts back 24 months from the date run to demonstrate the percentage of children adopted in less than 24 months. The table shows an increase in the percentage of adoptions in less than 24 months compared to the same time one year before. Currently, the percent of children adopted in less than 24 months is 30%. Nevada’s Child and Family Services Review Data Profile for FFY 2012ab indicates Nevada’s current percentage is 27.8%, which is lower than the UNITY CFS732 report.

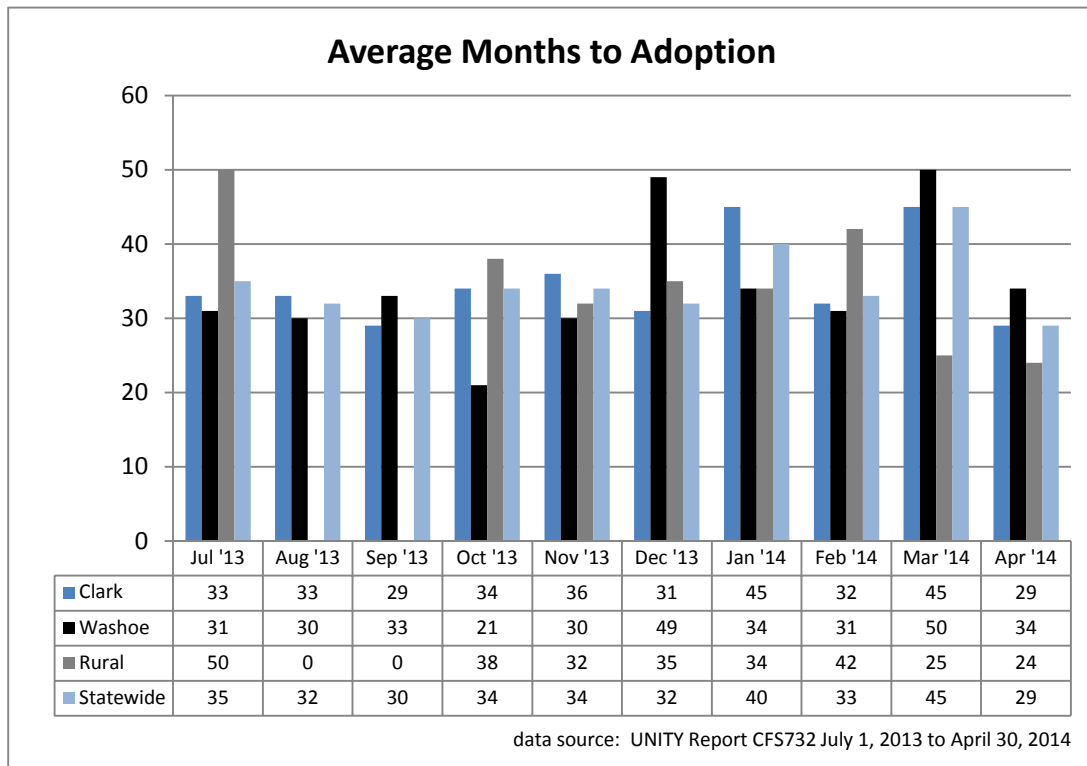
Table 24: UNITY CFS732 Report – Adoptions in Less than 24 Months

	Adoptions with a Custody Date in Unity	Custody to Adoption Average Months	Number Adopted in less than 24 Months	Percent Adopted in less than 24 Months
Adoption in Less than 24 Months <i>April 1, 2011 - April 30, 2013</i>	1,610	36	422	26%
Adoption in Less than 24 Months <i>April 1, 2012 -April 30, 2014</i>	1,505	34	445	30%

source: UNITY Report CFS732

Figure 12, also based on UNITY report CFS732, depicts the average months to Adoption from July 1, 2013 through April 30, 2014. The average time to adoption from July 1, 2013 to April 30, 2014 is 34 months. In 584 adoptions, 176 or 30% were adopted in less than 24 months. The most recent PIP identified that Permanency Outcome 1 and Item 9 would be addressed during the PIP implementation specifically under Primary Strategy (3) of the PIP which focused on “Improving the timeliness and Appropriateness of Permanency planning across the Life of the Case”. Nevada has made significant improvements in finalizations of adoptions during the course of the PIP.

Figure12: Average Months to Adoption



The most recent CFSR data profile dated April 1, 2014 provides current data for Permanency Composite 2: Timeliness of Adoptions. The national standard for this composite is 106.4 or higher. During FY 2013ab Nevada scored 145.1 exceeding the national standard for this composite.

Adoption in Nevada

The overall goal of Nevada's adoption program is to continue to provide safe and permanent homes for children whose birth parents cannot care for them. Nevada Adoption services continue to provide pre-placement and post-placement counseling to birth parents; preparation for children being placed in adoptive homes, case management; legal service to free children for adoption; recruitment, training, home study preparation for pre-adoptive families; adoption subsidy; Medicaid; and, post legal adoption support. The State ensures the safe adoptive placement of children across state lines per the Interstate Compact for Placement of Children (ICPC). Also, the State continues to be responsible for licensing and administrative oversight of private non-profit child placing agencies in the state. DCFS currently licenses nine private adoption agencies, two of which have full Hague accreditation.

Inter-Country Adoptions: The State of Nevada did not have any children adopted from another county who entered state custody in FY 2013 as a result of a disruption of a placement of adoption or the dissolution of an adoption. Children in the custody of state and county child welfare agencies may be placed with relatives in other countries. Placement approval and supervision are arranged by way of a process similar to ICPC through cooperative agreements with social service agencies in the prospective relative's country of residence. Most families who adopt from other countries are served by licensed, private child-placing agencies. However, state and county child welfare agencies may serve families who adopt internationally, as they are able, contingent upon caseloads and staffing ratios. Home studies, post placement supervision, information and referral and other support services are provided.

Adoption Incentive Grant Funds: The Fostering Connections to Success and Increasing Adoptions Act of 2008 re-authorized the Adoption Incentive Grant Program through FY 2013. The Federal Adoption Incentive Program expired on September 30, 2013. The proposed new incentive payment structure is pending re-authorization, and would have generally been effective if enacted on October 1, 2013. However, the provisions if enacted that will change the incentive structure and rename the program will potentially not be effective until October 1, 2014.

In the previous authorization under Fostering Connections to Success and Increasing Adoption Act of 2008 the baseline above which incentive payments were made doubled the incentive payment for adoption of children with special needs and older children adoptions. The state was awarded \$2,116,000 for FFY 2013. The state allocated the \$2,116,000 for FFY 2013 as follows: Annual membership dues to the Adoption Exchange Association, as well as a separate sub-grant for the Adoption Exchange to act as the state's Recruitment Response Team (RRT) for the Adopt Us Kids project. Also, in-state travel expenses for renewal and initial licensing of child placing agencies were paid from these funds as well as travel to facilitate out-of-state placements and payment of court fees. Additionally, funds were used for out of state travel expenses for the central office Adoption Specialist to attend National Adoption Conferences.

Any funds awarded from the 2013 Adoption Incentive Grant for use in SFY 2014 will be used to cover above expenses, with the remainder sub-granted to the three public child welfare agencies to facilitate inter jurisdictional placements; including travel for pre-placement transitional visits, post-placement supervision, specialized assessments, respite care and privatized delivery of therapeutic services not covered by Medicaid. The grant funds will also support specialized recruitment and adoption finalization activities, including National Adoption Day as well as funding contracts for the completion of social summaries and home studies to remove barriers to timely permanency through adoption.

In CCDFS the Adoption Incentive Grant funds six full time positions which include two District Attorneys, two Adoption Subsidy positions, one Adoption Recruitment position, one Legal Secretary, and six positions for the Central Imaging and Adoption Subsidy Unit. These funds support the District Attorney and Legal Secretary who review pending Termination for Parental Rights (TPR) petitions in order to move children toward the completion of Adoption. The Adoption Recruitment positions specialize in the identification of child specific adoptive placements. The two Adoption Subsidy positions and part time support staff assist with negotiation and dissemination of information regarding adoption and adoption subsidy. Additional part time support staff archive and index adoption files to facilitate the access of information for pre-adopt and ongoing subsidy. Furthermore, funds are used for the purchase of safety items for pre-adoptive placements, scanning equipment and computers in support of grant activity, legal fees, Adoption Recruitment Events, Social Summaries and Home Studies for children moving to permanency/adoption.

In WCDSS the Adoption Incentive Grant funds have been used primarily for direct services to children and families. WCDSS paid for non-Medicaid covered expenses for children who have finalized adoptions. WCDSS assisted families with expenses for special needs children to attend specialized summer camps and activities. WCDSS's goal is to support families as much as possible to prevent disruptions and out of home placements of adopted children. Adoption Incentive funds have been vital to WCDSS's ability to place children in out of state placements with agencies that charge for supervision fees. These fees vary from \$4,000-\$10,000 plus dollars. If WCDSS did not have this funding the agency would have to forgo the placement of some children with capable adoptive families in other states. Additionally, WCDSS has been able to expand recruitment activities to include partnering with the University of Reno (UNR) Athletics Department to promote the need of more foster and adoptive families. Lastly, WCDSS has purchased audio and video equipment to assist with training adoptive families and spotlighting specific foster children for recruitment of adoptive families.

In the DCFS Rural Region Adoption Incentive Grant funds have been used for Adoption awareness and preparation materials, post placement supervision fees by private agencies in other states, transportation for agency staff travel to accompany children to out-of-state placements, and to bring prospective adoptive families to Nevada during the adoption transition process. Additionally, funds support PRIDE Adoptive/Foster Parent Training materials, attendance of staff to adoption meetings, and adoption disruption trainings. The 3-5-7 Model (Transition to Permanency) Training was provided throughout the DCFS Rural Region to social workers, supervisors, mental health counselors and family support workers, and coaching calls are on-going. A photographer was contracted to provide quality photographs of children for recruitment purposes, and to provide families a portrait of their new family at adoption. The Adoption Incentive funds support the Quality Parenting Initiative (QPI) through Southern Florida University, and the coordinator who sets up live trainings, monitors the QPI website and acts as the Adoptive/Foster Parent Liaison. Furthermore, the QPI coordinator acts as the DCFS Rural Region One Child One Church recruiter working across the state and congregations to host events to recruit and support foster and adoptive families in collaboration with recruiters and the Child and Family Team (CFT) facilitator in efforts to ensure the best possible decisions are made regarding adoptive placements. The CFT facilitator has also

developed and provides ongoing CFT facilitation training which focuses on child specific goal writing for adoption cases. The DCFS Rural Region continues to use funds to contract with Maple Star, Olive Crest, and independent contractors to complete home studies using the Structured Analysis Family Evaluation (SAFE) to assist in the timely completion of the adoption process. SAFE Home Study Training has been provided to Adoption staff and to Supervisory Staff to build capacity and skills. Adoption incentive funds are used to support SAFY to provide pre and post adoption therapy and four Adoption support contractors to assist with completing TPR packets to reduce adoption delays. Lastly, funds are used for the production and airing of a Non-Commercial Sustaining Announcements (NCSA's) library of messages, in English and Spanish, for the DCFS's Rural Region statewide ongoing recruitment efforts, for child specific recruitment in other states, and to publicize QPI.

Adoption Assistance Program: It is the policy of the agencies providing child welfare services to provide financial, medical, and social service assistance to adoptive parents; thereby encouraging and supporting the adoption of special-needs children from foster care. Statewide policy outlines the special needs eligibility criteria, application process, types of assistance available and the necessary elements of a subsidized adoption agreement. The Fostering Connections to Success and Increasing Adoptions Act of 2008 added a new IV-E Plan requirement that agencies must inform prospective adoptive parents about the Federal Income Tax credit for adoption. The Adoption Subsidy Policy has been revised to specifically require agencies to notify prospective adoptive parents and document this in the case record. Adoption Tax Credit information, including a fact sheet developed by the North American Council on Adoptable Children (NACAC), was sent by mail to each family who adopted a special needs child(ren) within the preceding five years. The Act also phases in “de-linking” of a child's eligibility for federally funded adoption assistance payments from the outdated AFDC income requirements from 1996, thereby increasing the number of children with special needs who can be adopted with federal support. The State's IV-E Plan was amended to include these provisions. The Eligibility policy was amended to direct this change in eligibility determination as the revised adoption assistance eligibility criteria are phased through FY 2018.

Item 10: Other Planned Permanent Living Arrangement

Goal: *To determine whether the State is making concerted efforts to ensure:*

- *That the child is adequately prepared to make the transition from foster care to independent living (if it is expected that the child will remain in foster care until he or she reaches the age of majority or is emancipated).*
- *That the child, even though remaining in foster care, is in a “permanent” living arrangement with a foster parent or relative caregiver and that there is a commitment on the part of all parties involved that the child remain in that placement until he or she reaches the age of majority or is emancipated.*
- *That the child is in a long-term care facility and will remain in that facility until transition to an adult care facility.*

There are two main objectives related to this goal. The first is that the State will ensure that concerted efforts are made to provide the child with a primary or concurrent permanency goal of OPPLA with services to adequately prepare him or her for independent living when the he or she leaves foster care (at age 16 or older or for any age child with a goal of emancipation/independence) and the second is that the State will ensure that concerted efforts are made to achieve the goal of OPPLA in a timely manner by placing the child in a living arrangement that is “permanent” and the child will remain in the living arrangement until his or her discharge from foster care. Overall, these efforts must be appropriately documented in UNITY in a minimum of 90% of applicable cases.

Table 25 shows the results from the 2009 CFSR. While WCDSS individually achieved compliance on this item, the results indicate that this item was an area needing improvement for Nevada.

Table 25: SFY 2010 Data for Item 10

Item 10: Other planned permanent living arrangement	CFSR 2009	NV Goal	Goal Met
Statewide	43%	90%*	No
CCDFS	25%	90%*	No
WCDSS	100%	90%*	Yes
DCFS Rural Region	50%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 10 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010-November 2011 case reviews. Also, the PIP identifies that Permanency Outcome 1 and Item 10 will be addressed during the PIP implementation specifically under Primary Strategy (3) of the PIP which focuses on “Improving the Timeliness and Appropriateness of Permanency planning across the Life of the Case”. As of March 31, 2012 Nevada has completed Primary Strategy (3) goal (1). Furthermore, to date Nevada has met the negotiated PIP target for this item during PIP case reviews.

Table 26 illustrates the rating of item 10 qualitative case reviews as rated by state/county quality assurance teams for review years 2011 to 2014 YTD. Nevada completes qualitative case reviews annually. Each reporting year a total of 42 out of home cases and 20 in home cases are reviewed using CFSR sampling and evaluation methodologies. The data in the table below is derived from an aggregate of all case types.

Table 26: Item 10 OPPLA goal

Item 10: OPPLA Goal	CFSR 2009	QICR 2011	QICR 2012	QICR 2013	QICR 2014 YTD
Statewide	43%	50.0%	50.0%	66.67%	42.86%
CCDFS	25%	25%	42.86%	62.50%	
WCDSS	100%	100%	50%	100%	
DCFS Rural Region	50%	0.00%	100%	50%	

Source: Case Review Data

Item 10 indicates a variation in the ratings over time. The number of cases that are applicable for this item is small and can present as skewed data. A targeted review would be the best means to identify if this is an area of strength or an area of improvement by increasing the representative sample of the population.

Over the last five years Nevada has been working towards improving this item to ensure that permanency for youth in foster care can be achieved. Youth receive an Independent Living (IL) Social Worker at age 15, which assist them in progressing through the stages of the IL program. The Casey Life Skills Assessments and a Youth Plan for IL helps guide the team on needs and strengths of the youth. Once youth are enrolled into the Independent Living Program they are provided with classes, workshops and activities to help them become self-sufficient. The child welfare agencies and contracted IL workers are required through role identification to communicate consistently regarding youth progress.

Additionally, many IL youth are assigned a Wrap around in Nevada (WIN) worker to coordinate service delivery. The youth works to identify areas in which they need strengthening of their skills to be independent when they exit foster care. Youth have an opportunity to enter the Court Jurisdiction program when they exit foster care and receive an additional three years of monetary support while they work towards their identified goals in their transitional living plan.

CCDFS is working specifically with Clark County Social Service Department to implement a Young Adult Program; which will serve as a one-stop service to build self-sufficiency among former foster youth ages 18-21.

WCDSS partners with the Children's Cabinet, Inc. to ensure youth are properly prepared for independent living by providing both case management and direct service provisions. All IL youth are assigned a Children's Cabinet Case Manager while still in custody of WCDSS. The purpose of this referral is to co-case manage the youth to ensure all needs are met as identified through the IL plan (developed from the Casey assessment). Youth are provided opportunities to learn job skills through the Children's Cabinet and Reno Rodeo Association VIPS program. The WCDSS Education Liaison works closely with the IL Senior Social Worker to provide supportive resources including tutoring and credit recovery to foster youth to promote graduation in four years.

Furthermore, WCDSS foster placement liaison works closely with foster parents to promote willingness to foster older youth. If stability of a foster youth is threatened, the disruption is staffed at a multi-disciplinary team meeting that includes foster liaison staff, clinical supervisor, advanced foster parent trainers, and assigned case worker. Advanced Foster Parent trainers (trained licensed clinical social workers) are deployed to the home to work with the foster parent and youth on challenges in the home which help to promote placement stability.

The DCFS Rural Region has partnered with Independent Living contractors located in their district office communities to help provide direct services to help prepare youth to become self-sufficient adults. Also, DCFS RR staff cases through a placement review team where a clinical social worker, supervisor, permanency worker and IL worker discuss the best placements for youth in care to help prevent disruption and ultimately another loss for the child or youth.

Additionally for youth with the goal of OPPLA, WCDSS, CCDFS and DCFS RR have had training on Permanency Round Tables (PRT) from Casey Family Programs to staff cases where permanency hasn't been achieved timely. Each of the agencies has had the opportunity to complete a round of PRTs. Permanency Round Tables and case mining activities have helped to increase the number of permanent connections that youth have access to following their exit from care. Another tool used with youth and their identified permanent connections is the Foster Club Permanency Pact that encourages the creation of long term relationships for youth.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

Item 11: Proximity of foster care placement

Goal: *To determine whether concerted efforts are being made to ensure that the child's foster care placement is close enough to the parent(s) to facilitate face-to-face contact between the child and the parent(s) while the child is in foster care.*

To reach this goal, the State will ensure that the child's current placement is close enough to his or her parents or other potential permanent caregivers to facilitate frequent face-to-face contact between the child and the parents/permanent caregivers while the child is in foster care (unless the placement is based on the child's needs and intended to ensure that the child's case plan goals are achieved and are in the best interest of the child) and that these efforts are appropriately documented in UNITY in a minimum of 90% of cases. Results from the 2009 CFSR, as listed in Table 27, demonstrate that Nevada was effectively meeting this goal and that at the time of the CFSR was rated as strength for Nevada child welfare agencies.

Table 27: SFY 2010 Data for Item 11

Item 11: Proximity of foster care placement	CFSR 2009	NV Goal	Goal Met
Statewide	100%	90%*	Yes
CCDFS	100%	90%*	Yes
WCDSS	100%	90%*	Yes
DCFS Rural Region	100%	90%*	Yes

*Unless otherwise negotiated or if exceeds federal requirements

Item 12: Placement with siblings

Goal: *To determine if concerted efforts are being made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.*

To meet this goal, the State will ensure that the child and his or her siblings who are also in care are in the same placement (unless there is a valid reason not to do so, such as it is not in the best interest of the child) and that this information is appropriately documented in UNITY in a minimum of 90% of cases. Table 28 shows that this was another area of strength for Nevada during the CFSR. The 2009 CFSR results demonstrated that 100% of cases reviewed show that each agency was exceeding this goal.

Table 28: SFY 2010 Data for Item 12

Item 12: Placement with siblings	CFSR 2009	NV Goal	Goal Met
Statewide	100%	90%*	Yes
CCDFS	100%	90%*	Yes
WCDSS	100%	90%*	Yes
DCFS Rural Region	100%	90%*	Yes

*Unless otherwise negotiated or if exceeds federal requirements

Item 13: Visiting with parents and siblings in foster care

Goal: To determine if concerted efforts are being made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

There are several objectives that the State must reach in order to be in compliance with this goal. Overall, the State will ensure that the frequency and quality of visits (or other forms of contact if visits are not possible) between the child and his or her mother, father, and siblings are of sufficient frequency to maintain or promote the continuity of the relationship. In addition, the State must ensure that these visits including the typical pattern of visitation are appropriately documented in UNITY in a minimum of 90% of cases. In Table 29 from the 2009 CFSR show that Nevada was not meeting this goal, with the exception of WCDSS.

Table 29: SFY 2010 Data for Item 13

Item 13: Visiting with parents and siblings in foster care	CFSR 2009	NV Goal	Goal Met
Statewide	59%	90%*	No
CCDFS	44%	90%*	No
WCDSS	100%	90%*	Yes
DCFS Rural Region	60%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

The PIP identified that Permanency Outcome 2 and Item 13 would be addressed during the PIP implementation, specifically under Primary Strategy (2) of the PIP which focuses on "Preserving Connections and Strengthening Relationships." All PIP items have been completed during the PIP implementation period.

Item 14: Preserving connections

Goal: To determine whether concerted efforts are being made to maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, school and friends.

Preserving connections is about identifying those aspects of culture, race, ethnicity, economic class, language, etc. that is critical for a child and his or her sense of identity and belonging. To meet this goal, the State must ensure that concerted efforts are made to identify and maintain these connections and to work towards eliminating any barriers toward this goal that might exist.

Efforts to preserve a child's connections are to be documented appropriately in UNITY in a minimum of 90% of applicable cases. Results from the 2009 CFSR report shown in Table 30 indicate that with the exception of the DCFS Rural Region, Nevada was not meeting this goal at the time of the CFSR.

Table 30: SFY 2010 Data for Item 14

Item 14: Preserving connections	CFSR 2009	NV Goal	Goal Met
Statewide	76%	90%*	No
CCDFS	63%	90%*	No
WCDSS	80%	90%*	No
DCFS Rural Region	100%	90%*	Yes

*Unless otherwise negotiated or if exceeds federal requirements

Compliance with Indian Child Welfare Act (ICWA)

- INQUIRY:** One primary objective for this item is ensuring that sufficient inquiry is conducted with the parent, child, custodian or other interested party to determine whether a child may be a member of, or eligible for membership in, a Native American Tribe. During FFY 2010 through FFY 2014, Nevada continues to strive for compliance with ICWA by identifying tribal affiliation of children taken into care and then to provide proper written notice in accordance with the Indian Child Welfare Act (ICWA), 25 U.S.C. §§ 1912, NRS 432B.425, and NRS 128.023 1. (a) Additionally, a Regional Diligent search for relatives Inquiry is made to determine whether a child is an Indian child in accordance with NRS 432B.397.
- Nevada continues to use the standardized Tribal Inquiry and Notification form that was developed in accordance with ICWA guidelines. The form and protocol are contained in the Nevada Indian Child Welfare Resource Guide, updated in May 2007. Nevada plans to update the Resource Guide in 2014.
- The State must additionally ensure that if a child is a member of, or eligible for tribal membership, concerted efforts were made to place the child in foster care in accordance with the Indian Child Welfare Act (ICWA) placement preferences. ICWA requires that placements of Native American children and youth in foster care follow very specific preferences, starting with placement with a member of the Indian child's extended family, followed by placement with other members of the child's tribe, and subsequently, placement with another Indian family. Order of placement preference is followed in accordance with ICWA 25 U.S.C. §§ 1915 and NRS 432B. Nevada's child welfare workers place children in collaboration with their respective Tribe and follow ICWA 25 U.S.C. §§ 1915 as Indian and Alaska Natives extended families and Indian foster homes are available. If no Indian families are available; NRS 432B.390 is followed.
- NOTICE:** If the State is made aware that a child is a member of or may be eligible for tribal membership the tribe is notified in a timely manner of their right to intervene in any State court proceedings seeking an involuntary foster care placement or termination of parental rights. The State of Nevada recognizes and endeavors to adhere to the Indian Child Welfare Act in all proceedings involving an "Indian child." Per ICWA 25 U.S.C. §§ 1911, Tribes have exclusive jurisdiction and are notified of their right to intervene at the time of inquiry and have a right to intervene at any point in the proceeding. The State of Nevada will provide notice which is sent as soon as there is any indication that the child involved may be an "Indian child," for ICWA purposes. The State of Nevada gives full faith and credit to Judicial proceedings of the Indian Tribe pursuant to NRS 432B.465. Proper Notice efforts were further developed by the Division of Child and Family Services Information Management System (IMS). IMS created the notice template for use by the child welfare workers in Nevada. The notices that are generated meet the requirements in the Nevada Revised Statutes and Public Law 95-608 the Indian Child Welfare Act U.S.C. §§ 1912. DCFS continues to work with the child welfare jurisdictions in utilizing UNITY to generate the notices and continue to work with IMS to address necessary changes and enhancements.

POLICY DEVELOPMENT: On March 14, 2013; the Indian Child Welfare Liaison convened a statewide workgroup comprised of WCDSS Department of Social Services (Director of Children Services and Chief District Attorney) CCDFS Department of Family Service, (ICWA Specialist) DCFS (Rural Region Quality Assurance Supervisor, Social Services Chief II and Nevada Senior Deputy Attorney General). The purpose of the statewide workgroup was to develop a statewide Indian Child Welfare Act policy for Nevada for the uniform application of the law and to provide best practice guidance to the child welfare workers. The Policy was finalized on December 13, 2013.

- **STATE/TRIBAL AGREEMENTS:** ICWA 25 U.S.C. §§ 1919 authorizes states to enter into agreements with Indian tribes, with respect to the care, custody of Indian children and concurrent jurisdiction. During FFY 2010 through FFY 2014, Nevada established the first memorandum of understanding (MOU) with the Yerington Paiute Tribe for the culturally appropriate placement of children across jurisdictions. Yerington Paiute Tribe and DCFS have executed the protocol to implement the MOU for social workers to collaborate and coordinate the placement of foster children into tribally licensed foster homes on tribal land.

DCFS continues the work with the Pyramid Lake Paiute Tribe, the Fallon Paiute Shoshone Tribe, the Elko Band Council, and the Goshute Nation to develop Memorandums of Understandings (MOUs). A series of meetings with Tribal leadership and DCFS have occurred over the past several years to establish Memorandum of Understandings as follows: Yerington Paiute Tribe July 13, 2012, Pyramid Lake Paiute Tribe June 13, 2012 and May 10, 2013, Fallon Paiute Tribe June 15, 2012, Elko Band May 22, 2013 and the Goshute Nation May 23, 2013.

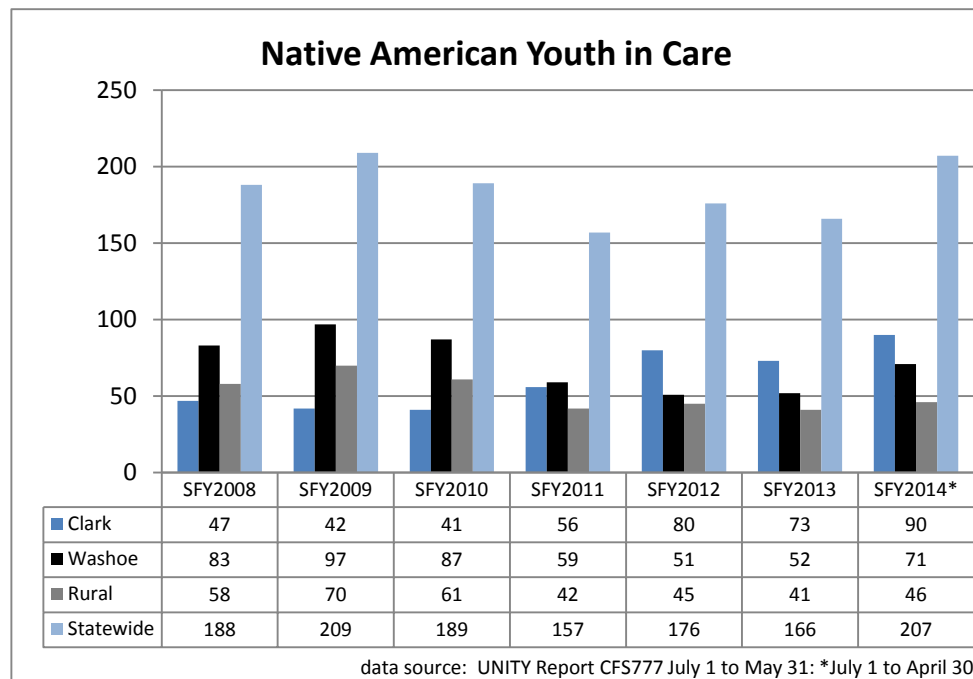
The Washoe Tribe, Reno Sparks Indian Colony, Fort McDermitt, and Walker River Paiute Tribe have expressed an interest to establish an MOU with DCFS. The establishment of the MOUs allows for greater collaboration between the state, tribe, and counties for better provision of services on and off the reservations in Nevada, and the reduction of trauma to American Indian children by placing them within their own communities.

- **TRAINING:** The State continues to provide training and works diligently with State and Tribal workers to ensure active efforts are taken to prevent the breakup of the Indian family when a child may be placed in foster care or for adoption.

The state has held ICWA training in conjunction with the Inter-Tribal Council at each Inter-Tribal Council's Annual Convention in Sparks in FFY 2010 through FFY 2014. The training brought together state, tribal and county social workers through interactive workshops on cross-jurisdictional issues and the application of ICWA. DCFS has been invited back to participate in the 49th Annual Convention in the fall of 2014.

The Nevada Partnership for Training provides a component of ICWA training in their CORE for new workers and also offers an online ICWA training that is open to all jurisdictions. DCFS has offered to provide ICWA training to the DCFS - Rural Region, CCDFS and WCDSS.

Figure 13 illustrates the number of Native American youth in care for the past six State Fiscal Years, broken down by counties and state.



Lastly, the PIP identified that Permanency Outcome 2 and Item 14 would be addressed during the PIP implementation specifically under Primary Strategy (2) of the PIP which focuses on “Preserving Connections and Strengthening Relationships.” Nevada completed this during the PIP implementation period.

Item 15: Relative placement

Goal: To determine whether concerted efforts are being made to place the child with relatives when appropriate.

Under this goal, the State has the objective to ensure that concerted efforts are made to identify, locate, and evaluate maternal and paternal relatives as potential placements for the child. In addition, the State must ensure that a placement made where a child placed with relatives is stable and appropriate to the child’s needs. All of these efforts must be appropriately documented in UNITY in a minimum of 90% of cases. Table 31 depicts the results from the CFSR in 2009.

Please refer to Figure 07 in the introduction to this section for the total placements made statewide.

Table 31: SFY 2010 Data for Item 15

Item 15: Relative placement	CFSR 2009	NV Goal	Goal Met
Statewide	64%	90%*	No
CCDFS	53%	90%*	No
WCDSS	70%	90%*	No
DCFS Rural Region	78%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

The PIP identified that Permanency Outcome 2 would be addressed during the PIP implementation period. Specifically, Primary Strategy (1) of the PIP focuses on “Strengthening and Reinforcing Safety Practices throughout the Life of the Case” and may improve this item if the agencies emergency analysis indicates that relatives are not actively being identified during emergency removals. This was completed during the PIP implementation period.

Item 16: Relationship of child in care with parents

Goal: To determine whether concerted efforts are being made to promote, support, and/or maintain positive relationship between the child in foster care and his or her mother and father or other primary caregivers(s) from whom the child had been removed through activities other than just arranging for visitation.

To meet this goal, the State must ensure that concerted efforts are made to promote, support, and otherwise maintain or strengthen a positive and nurturing relationship between the child in foster care and his or her mother and father and that these efforts are documented in UNITY in a minimum of 90% of cases. Table 32 below shows the results of the 2009 CFSR. This data indicates that with the exception of WCDSS that the State was not meeting this goal at the time of the 2009 CFSR.

Table 32: SFY 2010 Data for Item 16

Item 16: Relationship of child in care with parents	CFSR 2009	NV Goal	Goal Met
Statewide	39%	90%*	No
CCDFS	21%	90%*	No
WCDSS	100%	90%*	Yes
DCFS Rural Region	25%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

The PIP identified that Permanency Outcome 2 and Item 16 would be addressed during the PIP implementation period specifically under Primary Strategy (2) of the PIP which focuses on “Preserving Connections and Strengthening Relationships. This was completed during the PIP implementation period.

SECTION V: CHILD AND FAMILY WELL-BEING

Trends in Child and Family Well-Being

Initiatives

Statewide: Over the past five years the state has engaged in and continues to engage in a variety of initiatives, workgroups and projects for the continued improvement of child and family well-being. The PIP outlined several Child and Family Well-Being items that were addressed during the PIP implementation period. Specifically, Primary Strategy (2) of the PIP focused on “Preserving Connections and Strengthening Relationship” and Primary Strategy (5) “Expand Service Options and Create flexibility for services to meet the needs of children and Families” addressed these areas for improvement.

Nevada continues with the implementation of the new practice model, SAFE, Safety Assessment Family Evaluation is expected to reduce the amount of time children need to spend in out of home foster, relative or fictive care for young children. This will occur as a result of more effective assessment of present and impending danger, better identification of deficient caregiver protective capacities which leads to specific identifiable conditions for return. Once “conditions for return” are met, the child can return home with necessary safety planning which will ensure their safety with case plan objective are met.

Developmental needs of children under the age of five are addressed through the requirements of CAPTA. All investigations involving a substantiation of abuse or neglect with children under the age of three receive a screening, and if required a referral to Nevada Early Intervention Services (NEIS). NEIS (Nevada Early Intervention Services) assessment services are utilized by all three child welfare agencies for infant, toddlers and preschool age children up to the age of three. If eligible a Family Support Plan is developed and in home services are implemented (occupational therapy, speech therapy, physical therapy, etc.). Children over the age of three can access comparable assessment and

services through their local educational system. Agencies also access independent mental health professionals that accept Medicaid to serve this population as needed. The DCFS Rural region also has a clinician on staff that is qualified to utilize the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DCO3). This diagnostic tool is recognized by Medicaid and could be used to access Medicaid Behavioral Health Services (Basic Skills Training and/or Psychosocial Rehabilitation) as needed. This population also has two to three (ECSII, PECFAS) Intensity of Needs Instruments to identify the appropriate amount of services needed.

The Specialized Foster Care pilot was initiated in October 2012 due to ongoing concerns noted by all three child welfare agencies that children in higher levels of foster care not only stay in foster care longer, but also tend to show escalated problematic behaviors and emotions the longer they remain in higher level care placements. Other areas of concern found were that the Medicaid paid services children were being provided often did not match or support the treatment plan and goals that were identified, the specialized foster care agencies were not able to articulate a particular treatment approach or model being used, lack of oversight of services being requested and services being provided, and foster parents indicating that they did not feel supported in how to treat and address children with a high level of needs. While each agency has implemented the pilot project slightly different, some common components in each is a high degree of oversight by the agencies over the process.

The Together Facing the Challenge model is being utilized and each child welfare agency has an evaluation component. Foster parents in WCDSS and DCFS rural region have been provided training in the Together Facing the Challenge model, trauma-informed care and medication administration, and are also being provided direct in-home services and support to determine if outcomes for youth with higher needs can be improved through this pilot. The intent is that the foster families will utilize the principles and practices of the trainings and/or curriculum within the home to help build the youth's coping skills and modify behaviors, thus avoiding placement disruptions and/or multiple placements. The population of the pilot was initially designed for thirty (30) youth in the custody of CCDFS, thirty (30) youth in the custody of WCDSS and ten (10) youth in the custody of the DCFS-Rural Region. The identified youth each met formalized and standardized admission criteria. These youth are also assigned a Wraparound in Nevada (WIN) worker to provide intensive targeted case management services. Initial findings show a positive impact in improving outcomes for these youth, and the child welfare agencies are exploring the options of expanding the pilot to additional youth and foster families. CCDFS has expanded the program to include 130 youth, and plan to expand to 180 children and youth this summer. DCFS rural region plans to expand to twenty (20) youth by late fall.

Policy Development and Revision

Statewide Policy: Over the past five years numerous policies have been either developed or amended and are listed below:

- 0207 Health Services 11/11/2011- amended
- 0209 Psychiatric Care and Treatment 3/1/2012- amended
- 0210 Missing Child (DCFS Rural Region) 1/31/2014
- 0701 Interstate Compact of the Placement of Children (ICPC) Referrals in and out of State 12/21/2011- amended

CFSP Goals and Objectives for Child and Family Well-Being

In the 2010-2014 CFSP, each performance indicator was given an overall goal and one or more objectives. The Well-Being items 17, 18, 19, and 20 were identified to be measured by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. Nevada has met the negotiated PIP target for these items during PIP case reviews.

Also, the PIP outlined several Child and Family Well-Being items that were addressed during the PIP implementation period. Specifically, Primary Strategy (2) of the PIP focuses on "Preserving Connections and Strengthening Relationship" and Primary Strategy (5) "Expand Services to meet the Needs of Children and Families" addressed these areas of improvement. Figure 14 shows a brief graph of how Nevada rated statewide in the 2009 CFSR on individual performance indicators for child and family well-being.

CCDFS Progress

In October 2012, CCDFS implemented a pilot program, redesigning therapeutic foster care for a small number of youth in care, in collaboration with a community-based mental health care provider, Healthy Minds. The pilot was conducted over a nine month period of time and consisted of a sample size of thirty (30) children/youth, between the ages 5 – 16. Healthy Minds clinicians provided the children, birth parents, and foster parents enrolled in the pilot with the following services:

- Crisis intervention, 24/7 toll-free hotline, mobile assessment;
- Clinical/behavioral health services including: mental health evaluation, individual therapy, family counseling, and medication management by board certified psychiatrists;
- Rehabilitative services such a PSR services, if needed;
- Supportive education and training for foster parent and birth parent and;
- Weekly clinical staff meetings with all identified community clinicians, DFS caseworkers, foster parents and birth parents, monthly reports and feedback measuring program effectiveness.

Healthy Minds also established a presence on the Child Haven campus in conjunction with the Positively Kids Medical Clinic. The relationship with Positively Kids allows Healthy Minds to utilize electronic medical record systems, providing them access to more well-rounded health information about the children/youth served.

Preliminary Data/Performance Indicators from the pilot yielded the following results:

- Use of psychotropic medications decreased by 40%
- Reduction in hospitalization decreased by 90%
- Reduction in placement disruptions decreased by 90%
- Case closures increased by 15%

Based on the success of the pilot program, funding has been secured to expand the program, and it now serves over 180 children. CCDFS expects to yield the same positive results and plans to expand service provision moving forward as funding allows. Finally, CCDFS has been successful in identifying Persons Legally Responsible (PLRs); which has assisted with decreasing the number of children on psychotropic medications

WCDSS Progress

WCDSS participated in a pilot project with Quality Parenting Initiative (QPI) and Dr. Mary Dozier, University of Delaware, entitled ABC-V. The pilot incorporated Dr. Dozier's research regarding Attachment and Bio-behavioral Catch-up and trained para-professional staff and foster parents to engage parents during visitation to follow the lead of their child to promote positive visits. Preliminary results indicated visits were more quickly moved to safe and unsupervised visits; and foster parents and biological parents identified greater satisfaction.

WCDSS is in the third year of the Permanency Innovations Imitative (PII), a cooperative agreement with the Children's Bureau to reduce the number of children coming into care and promoting early reunification. Model implementation includes weekly contact between caseworker and caregiver to assess SMART goal attainment, promote engagement, and provide services to promote parent protective capacities.

DCFS Progress

DCFS Rural Region instituted the Child Health History form as a way to gather monthly medical information from foster parents re: children in foster care. Staff has been designated to input the data into UNITY monthly.

DCFS has also entered into a contract with two (2) pediatricians who are experts in the field of child abuse to provide expert consultation on cases where non accidental, significant injuries have occurred and no explanation is provided for how those injuries occurred. Pediatricians take a holistic approach to examining the child and make recommendations accordingly. As previously discussed, the child welfare agencies are currently conducting a specialized foster care pilot throughout the state. One of the positive outcomes anticipated from this pilot is that youth will be able to be maintained in

their own communities. By providing additional supportive services to both foster families and youth, the goal is that foster families will be able to meet the needs of youth who may have previously escalated to a higher level of care due to their service needs. If successful, the specialized foster care pilot will allow youth to be maintained in their foster care setting within their own community.

As a way to provide more timely and appropriate services to Rural Region children, DCFS has entered into multiple Provider Agreements with specialists and clinicians specializing in psychosexual testing and assessment; psychological testing, evaluation and assessment; forensic medical assessment; mental health assessment; parental capacity assessment; individual and family therapy; neuropsychological assessment; fetal alcohol spectrum disorders; and psychiatric consultation. These provider agreements contain specific scopes of work that outline the required services to children and families, but eliminate the sometimes long and cumbersome process that traditional contracts entail. Children and families are able to access services when the need is most critical.

Additionally, DCFS recently entered into a contract with a child psychiatrist to provide Psychiatrist Consultation for Rural Region children prescribed psychotropic medications, with the focus of the consultation being to determine whether a child or youth has a mental health diagnosis that is appropriate for the current prescribed psychotropic medications. Consultative reviews are held monthly in alternating district offices. Child welfare caseworkers provide live case presentation, followed by the child psychiatrist completing a chart review of other pertinent clinical data. The goal of the consult is to ensure psychotropic medications are appropriate in both quantity and characteristics of the regimen.

This consultation may identify risk and/or other factors associated with prescribed psychotropic medications and allows for suggestion of an alternative medication and/or no medication if indicated/recommended. Based on the review and presentation the psychiatrist provides a written synopsis of the staffing that includes a summary of the meeting and all follow-up recommendations. The doctor's impressions and recommendations are documented in the case file and provided to the person legally responsible for the psychotropic medication management, case manager, and foster parent to ensure follow-up occurs. Children, five and under, on mutable psychotropic medications are immediately set for a tele-review with the consulting psychiatrist.

Figure 14: Child and Family Well-Being Performance Indicator Scores vs. 90% goal

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

Item 17: Needs and services of child, parents, and foster parents

Goal: To determine whether the State is making concerted efforts to assess the needs of children, parents, and foster parents (both at the child's entry into foster care and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provide the appropriate services.

To meet this goal, the State must ensure that concerted efforts are made to conduct formal or informal initial and on-going assessment of the child's and his or her parents' and foster parents' needs and/or ongoing assessments to provide updated information regarding the child's needs for case planning purposes. In addition, the State must ensure that concerted efforts are made to provide appropriate services to meet the child's and his or her parents' and foster parents' identified needs. The State must also ensure that this information is appropriately documented in UNITY in a minimum of 90% of cases. Table 33 below shows the results from the 2009 CFSR conducted in Nevada.

Table 33: SFY 2010 Data for Item 17

Item 17: Needs and services of child, parents and foster parents	CFSR 2009	NV Goal	Goal Met
Statewide	37%	90%*	No
CCDFS	27%	90%*	No
WCDSS	50%	90%*	No
DCFS Rural Region	39%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 17 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. To date Nevada has met the negotiated PIP target for this item during PIP case reviews, and as part of the CQI process the Family Programs Office and Statewide Quality Improvement Committee has elected to continue the quality improvement case review (QICR) process as agreed upon during the PIP implementation period.

Also, the PIP identified that this item would be addressed during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on "Expanding Service options and creating flexibility for services to meet the needs of children and families." This was completed during the PIP implementation period.

Table 34 illustrates the rating of item 17 on case reviews as rated by state/county quality assurance teams during the review years 2011 through 2014 YTD. Nevada completes case reviews annually. Each reporting year a total of 42 out of home cases and 20 in home cases are reviewed using CFSR sampling and evaluation methodologies. The data in the table below is derived from an aggregate of all case types.

Table 34 Item 17 Services to Children, Parents and Foster Parents

Item 17: Services to Children, Parents and Foster Parents	CFSR 2009	QICR 2011	QICR 2012	QICR 2013	QICR 2014 YTD
Statewide	37%	41.94%	51.61%	62.90%	42.86%
CCDFS	27%	44.12	41.18	67.55	
WCDSS	50%	50	85.71	71.43	
DCFS Rural Region	39%	28.57	50	42.86	

Source: Case Review Data

Item 17 has shown some improvement over time with exception of the most recent case reviews in 2014. The lack of efforts to identify and provide services to absent fathers and or incarcerated parents tends to be the most identified area needing improvement within this data.

Item 18: Child and family involvement in case planning

Goal: To determine whether the State is making concerted efforts to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

To comply with this goal, the State must ensure that there are concerted efforts to actively involve the child (if developmentally appropriate) and his or her parents in case planning and that these efforts are documented in UNITY in a minimum of 90% of cases. Table 35 depicts the CFSR conducted in 2009.

Table 35: SFY 2010 Data for Item 18

Item 18: Child and family involvement in case planning	CFSR 2009	NV Goal	Goal Met
Statewide	44%	90%*	No
CCDFS	29%	90%*	No
WCDSS	75%	90%*	No
DCFS Rural Region	35%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 18 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. To date Nevada has met the negotiated PIP target for this item during PIP case reviews.

Also, the PIP identified that Well-Being Outcome 1 and Item 18 would be addressed during the PIP implementation specifically under Primary Strategy (2) of the PIP which focuses on "Preserving Connections and Strengthening Relationships. This was completed during the PIP implementation period.

Table 36 illustrates the rating of Item 18 on case reviews as rated by state/county quality assurance teams for review years 2011 to 2014 YTD. Nevada completes case reviews annually. Each reporting year a total of 42 out of home cases and 20 in home cases are reviewed using CFSR sampling and evaluation methodologies. The data in the table below is derived from an aggregate of all case types.

Table 36 Item 18 child and family involvement in case planning

Item 18: Child and Family involvement in case planning	CFSR 2009	QICR 2011	QICR 2012	QICR 2013	QICR 2014 YTD
Statewide	44%	44.07%	61.30%	56.67%	61.7%
CCDFS	29%	46.88%	47.06%	59.38%	
WCDSS	75%	69.23%	100%	64.29%	
DCFS Rural Region	35%	14.29%	57.14%	42.86%	

Source: Case Review Data

During the PIP and in continuing review years item 18 indicates improvement over previous years.

Item 19: Caseworker visits with child

Goal: To determine whether the frequency and quality of visits between caseworkers and the child or children in the case are sufficient to ensure the safety, permanency and well-being of the child and promote the achievement of case goals.

This goal refers to the frequency and quality of visits between the caseworker and child in care. To reach this goal, the State must ensure that the frequency and quality of visits between the caseworker and child are sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote the achievement of case goals and that these visits are appropriately documented in UNITY. For historical reference Table 37 illustrates item 19 results from CFSR 2009.

Table 37: SFY 2010 Data for Item 19

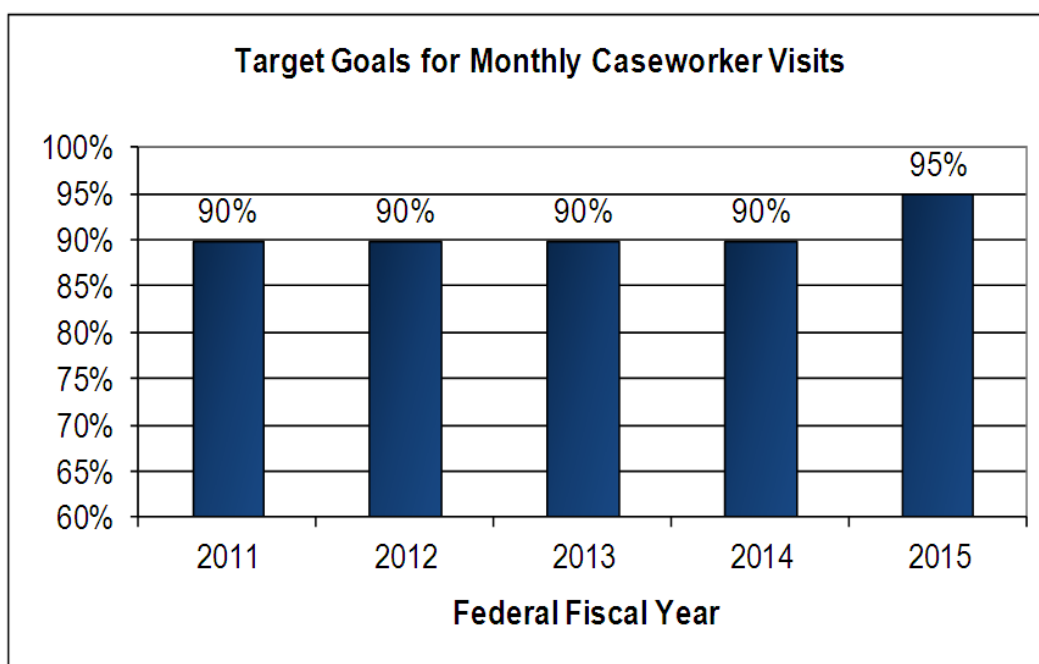
Item 19: Caseworker visits with child	CFSR 2009	NV Goal	Goal Met
Statewide	55%	90%*	No
CCDFS	62%	90%*	No
WCDSS	67%	90%*	No
DCFS Rural Region	33%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 19 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. Nevada met the negotiated PIP target for this item during the PIP implementation period. Also, Well-Being Outcome 1 and Item 19 were addressed and completed during the PIP implementation period, specifically under Primary Strategy (2) of the PIP which focused on "Preserving Connections and Strengthening Relationships.

Figure 15 shows the FFY 2011 through FFY 2015 established targets for frequency compliance based on the Child Improvement and Innovation Act or P.L 112-34 of 2011.

Figure 15: Target Goals for Monthly Caseworker Visits (frequency)



As a result of the Child Improvement and Innovation Act or P.L 112-34 the federal methodology for measuring the frequency of caseworker visits changed starting with FFY 2012. In January 2012 ACF provided program guidance on the new methodology, and beginning with the submission of data for FFY 2012, Nevada reported caseworker visit data using the new methodology. Per the new methodology provided in program instruction (PI) ACYF-CB-PI-12-01, the new method of measurement for determining caseworker visit compliance is calculated by "taking the number of monthly visits made to children in the reporting population and dividing it by the number of such visits that would occur during the FFY if each such child were visited once per month while in care". This number is represented as a percentage by multiplying it by 100 and rounded to the nearest whole number. The new monthly caseworker visit frequency compliance will require Nevada to meet the following performance:

- For each of FFY 2012-2014: The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 90 percent of the total number of such visits that would occur

if each child were visited every month while in care.

- For FFY 2015 and each FFY thereafter: the total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 95% of the total number of such visits that would occur if each child were visited once every month while in care.
- For FFY 2012 and each FFY thereafter: At least 50 percent of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year must occur in the child's residence.

Currently, Nevada has the capability, within the SACWIS system, to generate a data report that captures caseworker visit data. In Table 38 data is captured using the new federal methodology from October 1, 2013 until April 30, 2014. While the data does not provide the entire FFY 2014 it does provide some indication of the data to-date using the new methodology.

Expected compliance regarding case worker visits with children:

Table 38 illustrates that this continues to be an area needing improvement for Nevada. The current statewide federal year to date percentage is 89.68% from October 1, 2013 through April 30, 2014. As mentioned previously, the federal expectation for monthly case worker visits in FY 2014 is a compliance rate of 90%.

Table 38 Caseworker visits with children FY2014 (YTD) –frequency only

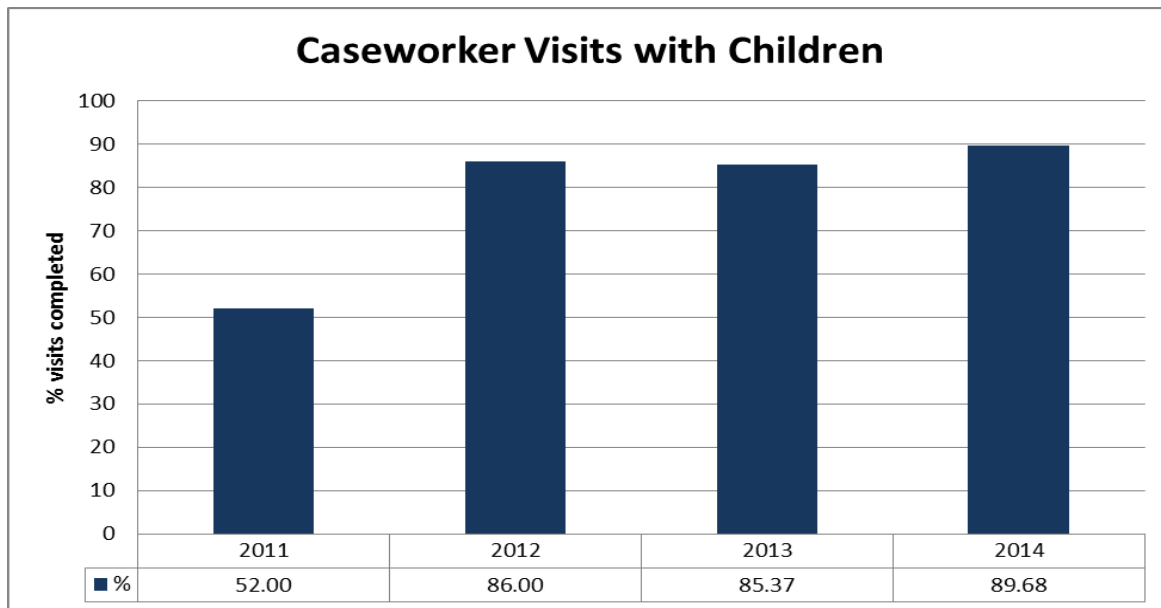
Caseworker visits with children	Compliance	NV Goal	Goal met
Statewide	89.68	90%	No
CCDFS	91.97	90%	Yes
WCDSS	81.57	90%	No
DCFS Rural Region	87.04	90%	No

Source: UNITY Report CFS7D7 October 1, 2013 to April 30, 2014

The expectation is that 90% of applicable children in foster care will have a face to face visit with their caseworker (or other designated worker). As of the time of this report, a partial reporting for FFY 2014 is available. Year to Date data represents visits completed between October 1, 2013 and April 30, 2014.

Figure 16 shows the Statewide Caseworker visits with Children over the last three Federal Reporting years FY 2011, 2012, 2013 and a partial Federal reporting year for 2014. (FY 2011 was using a different methodology). Each federal reporting year includes case visits completed from October 1 previous year through September 30 of the respective year.

Figure 16 Statewide Caseworker visits with Children (frequency)



Source: CFS7D7 for each federal reporting year. 2014 year to date data is based from October 01, 2013 to April 30, 2014

Nevada also tracks how many of the caseworker visits between the caseworker and the child occurred in the child's place of residence. It is expected that for every monthly case visit, the visit between the child and case worker would have occurred in the child's place of residence at least 50% of the time. Statewide policy dictates that the caseworker must visit each child on their case load at least once per month. Visits must be made face to face and in person, and at least 50% of those monthly visits must occur in the child's place of residence. For the past three reporting years Nevada has met this expectation and as of the most current data available for FY2014, Nevada continues to meet this expectation as illustrated in Table 39.

Table 39 Caseworker visits in the child's residence

Visits in Child's Residence	Compliance	NV Goal	Goal met
Statewide	83.53	50%	Yes
CCDFS	93.53	50%	Yes
WCDSS	67.91	50%	Yes
DCFS Rural Region	87.00	50%	Yes

Source: UNITY Report CFS7D7 Oct 01, 2013 to April 30, 2014

Efforts to Improve Frequency and Quality of Visits between Caseworker and Child:

As Nevada adopts a model of continuous quality improvement, qualitative case reviews are conducted annually statewide. The nine items that were reviewed as part of the PIP agreement will continue to be evaluated via an in-depth qualitative case review including item 19: caseworker visits with children. This item evaluates not only the frequency of caseworker visits with children but also the quality of those visits. Since 2011 the State has evaluated the quality of visits between children and the caseworker (or other designated worker). A quality visit is one that is sufficient to ensure child safety and promote permanency and child well-being.

Table 40 illustrates the rating of item 19 on case reviews as rated by state/county quality assurance teams during review years 2011 to 2014 YTD. Nevada completes case reviews annually. Each reporting year a total of 42 out of home cases and 20 in home cases are reviewed using CFSR sampling and evaluation methodologies. The data in the table below is derived from an aggregate of all case types.

Table 40 Item 19 Caseworker Visits with Children

Item 19: Caseworker Visits with Children	CFSR 2009	QICR 2011	QICR 2012	QICR 2013	QICR 2014 YTD
Statewide	55%	56.45%	75.81%	80.65%	80.60%
CCDFS	62%	58.82%	76.47%	88.24%	
WCDSS	67%	35.71%	85.71%	71.43%	
DCFS Rural Region	33%	71.43%	64.29%	71.43%	

Source: Case Review Data

During the PIP and in continuing review years item 19 indicates improvement over previous years.

Nevada continues to make strides not only in the frequency of caseworker visits with children but also in the quality of those visits. Many programs and policy changes designed specifically to improve the quality of visitation, increase validity of data extracted from SACWIS and promote compliance visitation expectations were initiated across the State.

Clark County Department of Family Services

- CCDFS Supervisors are required to observe their staff in the field on a quarterly basis. One of the areas they observe is caseworker visits. Then they provide feedback to the employee regarding the quality of those visits. Additionally managers and supervisors have access to data reports that assist in ensuring children are seen monthly. This will assist in ensuring we meet the benchmarks required for caseworker visits with children.
- CCDFS has increased the number of permanency staff; which has resulted in decreased caseloads. This decrease should enable caseworkers to spend more time collecting information during visits. To add, supervisors and managers have access to a host of data reports designed to inform them of the frequency of caseworker visits. In addition, CCDFS has developed new policy guidelines designed to improve the quality of data collected during caseworker visits and the continued implementation of the Enhanced Safety Model (SIPS) will also improve the quality of data collection in the areas of child and adult functioning during caseworker visits. Finally, supervisors are required to observe their staff in the field on a quarterly basis and provide feedback to the employee regarding the quality of those visits.

Washoe County Department of Social Services

- In WCDSS, improved data reporting is assisting supervisors and managers to monitor case worker contact. Monthly draft reports are distributed to staff and supervisors each month with timeframes allowing for case note completion. A final report is disseminated and appropriate disciplinary action taken as necessary.
- Staff has been approved overtime to meet caseworker contact requirements. Small laptops (36) were purchased to provide to units to complete case note documentation in the field. UNITY was installed on the laptops in compliance with security guidelines. Some staff chose to purchase their own tablet and have worked with Information Technology staff to sync their personal device with State and County data.
- WCDSS requested funding through DCFS to promote caseworker visits by approving overtime to allow workers to meet contact requirements. The funding supports worker efforts especially in light of high caseloads due to hiring slowdowns as a result of the weak economy over the past few years. Monthly contact reports are provided to staff and supervisors to track contact and allow for proper documentation. Additionally, eligibility staff produces a separate report regarding Targeted Case Management contact requirements and provide discrepant information to management. Caseworker contact and quality of visits have been a focus over the past several years and feedback over recent review/audit of SAFE-FC case note contacts were provided to staff.

Division of Child and Family Services, Rural Region

- The DCFS Rural Region QA Unit has continued to provide Caseworker Contacts and Effective Documentation training to new caseworkers via video conference to allow all caseworkers access. The QA unit offers the training quarterly. Caseworkers are encouraged to use the Caseworker Visits with Child and Caregivers template while conducting visits to identify all pertinent information required pursuant to the Caseworker Contact with Children, Parents and Caregivers Policy (0205A.6.1).
- Many caseworkers continue to state that their home visits are completed on a monthly basis, but they have difficulty with completing their case notes in a timely manner due to competing responsibilities. A handful of caseworkers have elected to pilot the use of a digital voice recorder, to capture the details of their home visits, which are then transcribed by administrative staff and sent back to the caseworker for entry into UNITY. This option for case note entry is being explored, and depending on its success, will be available to all caseworkers.
- The DCFS Rural Region QA unit has created a simpler format of the UNITY Caseworker visit report to organize the data by District office, supervisor and corresponding unit. This report will greatly enhance the ability of the supervisors to monitor caseworker's visits with children.
- Two years ago in response to recognizing a need to improve the quality of caseworker visits between children and families, the DCFS QA and Training Unit developed an internal training that has been enhanced over the last two years. The training is titled: Caseworker Contacts and Documentation Training. The initial training was mandatory for all staff to attend and is now offered quarterly to all new staff and existing staff identified as needing improvement in this area. Additionally, a quality visit template tool was created where workers are encouraged to use when in the field to structure the visit and ensure all pertinent information is gathered and recorded during these visits. Searching for Heroes - Engaging Families with Emphasis on Non Resident Father Engagement has also been offered and the response has been extremely positive.
- In response to the caseload demands for the caseworkers, DCFS utilized Title IV-B money to purchase the software program Dragon Naturally Speaking. This voice recognition software allows workers to speak into a headset at their desk and the program converts their speech to text directly into our SACWIS system, documenting home visits and Child and Family Team Meetings. Additional Dragon Speak devices will be purchased this year to equip all caseworkers with this technology as it is enabling them to better do their jobs. Additionally, voice recorders were purchased to capture home visit data and are downloaded into the computer and converted from audio files into text. The pilot programs included 45 software units, headsets and recorder that are being used by staff who report that it has enhanced their ability to provide more thorough and timely documentation of case worker visits.
- The 95% Club was also established for caseworker contact compliance to recognize caseworkers who accomplish their monthly home visits. The 95% Club members have been recognized in the monthly DCFS newsletter beginning FY 2014.
- The "Jeans Day" certificate entitlement program was implemented for all workers who met the required 100% of caseworker visitation with children. Two Jeans Day certificates are given to workers who meet the 95% and 1 is given to those who meet the required 90% in a given month. This no cost incentive program has proven to be so highly effective that it was expanded to include supervisors whose entire unit met the goal. DCFS Managers and supervisors review caseworker visit report data from UNITY on a monthly basis and have noticed dramatic increases in the percentages over the two past years.

Item 20: Caseworker visits with parents

Goal: *To determine whether the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.*

To achieve this goal, the State must ensure that the frequency and quality of visits between the caseworker and mother and father are sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote

the achievement of case goals and that these visits, including the typical pattern of visitation, are appropriately documented in UNITY in a minimum of 90% of cases. Data from the 2009 CFSR, as shown in Table 41 below indicated that Nevada was not meeting this goal.

Table 41: SFY 2010 Data for Item 20

Item 20: Worker visits with parents	CFSR 2009	NV Goal	Goal Met
Statewide	44%	90%*	No
CCDFS	27%	90%*	No
WCDSS	64%	90%*	No
DCFS Rural Region	50%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 20 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. To date Nevada has met the negotiated PIP target for this item during PIP case reviews.

Table 42 illustrates the rating of item 20 case reviews as rated by state/county quality assurance teams during review years 2011 to 2014 YTD. Nevada completes qualitative case reviews annually. Each reporting year a total of 42 out of home cases and 20 in home cases are reviewed using CFSR sampling and evaluation methodologies. The data in the table below is derived from an aggregate of all case types.

Table 42 Caseworker visits with parents

Item 20: Caseworker visits with parents	CFSR 2009	QICR 2011	QICR 2012	QICR 2013	QICR 2014 YTD
Statewide	44%	45.28%	50.94%	56.86%	56.30%
CCDFS	27%	44.83%	42.85%	51.85%	
WCDSS	64%	72.73%	83.33%	66.67%	
DCFS Rural Region	50%	23.08%	38.46%	58.33%	

Source: Case Review Data

During the PIP and in continuing review years item 20 indicates improvement over previous years.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of child

Goal: *To assess whether the State is making concerted efforts to assess children's educational needs at the initial contact with the child and on an ongoing basis, and whether identified needs were appropriately addressed in case planning and case management activities.*

To meet this goal, the State must ensure that an assessment of the educational and/or developmental needs of each child in care according to the requirements in statewide policy is conducted and that appropriate services are provided in a minimum of 90% of cases. This is an area that is a particular strength for Nevada. In the 2009 Nevada CFSR, the State achieved a rating of 95% and all child welfare agencies rated above 90% (see Table 43). The child welfare agencies have initiated a variety of methods to ensure that the educational needs of children are met. These include educational liaisons with the schools, referrals to Nevada Early Intervention Services, and tracking of children's progress while in the school system.

Table 43: SFY 2010 Data for Item 21

Item 21: Educational needs of the child	CFSR 2009	NV Goal	Goal Met
Statewide	95%	90%*	Yes
CCDFS	95%	90%*	Yes
WCDSS	100%	90%*	Yes
DCFS Rural Region	92%	90%*	Yes

*Unless otherwise negotiated or if exceeds federal requirements

Educational Stability and Success: In relation to educational stability 0204 Case Planning Policy was approved 11/10/2010 and updated and approved on 1/01/2012 by the DMG. The policy reflects the promoting educational stability of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351 language) and additional educational requirements from Child Improvement and Innovation Act or P.L 112-34. In 2011, the Nevada Legislature enacted SB 370, which requires child welfare agencies to inform the school when a foster child is enrolled or attending a school. Furthermore, it required all elementary schools to develop academic plans for children in foster care. In 2013, the Nevada Legislature enacted SB 31, which defined children in the legal custody of a child welfare agency as being awaiting foster care placement per the federal McKinney-Vento Homeless Assistance Act unless the child is legally adopted or ordered by the court to a permanent placement. Currently, the Nevada Department of Education and the Nevada DCFS are working in coordination to ensure smooth implementation of both laws statewide.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of child

Goal: To determine whether the State is addressing the physical health needs of the child, including dental health needs.

- To achieve this goal, the State must ensure that child welfare agencies are conducting assessments of the physical and dental health needs of each child in care according to the requirements in statewide policy and that appropriate services are provided to meet these needs in a minimum of 90% of cases. As previously stated the statewide policy 0207 Health Services Policy was developed and approved by the DMG in November 2011.

The PIP identified that this item would be during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on "Expanding Service options and creating flexibility for services to meet the needs of children and families." This was completed during the PIP implementation period.

Table 44: SFY 2010 Data for Item 22

Item 22: Physical health of the child	CFSR 2009	NV Goal	Goal Met
Statewide	82%	90%*	No
CCDFS	78%	90%*	No
WCDSS	100%	90%*	Yes
DCFS Rural Region	67%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

Nevada's Healthcare Oversight and Care Coordination Committee provided annual narratives within the APSR Health Care Services plan regarding the state's progress in implementing the health requirements within the 0207 Health Services Policy.

Item 23: Mental/behavioral health of child

Goal: To determine whether the State is addressing the mental/behavioral health needs of the child.

- To reach this goal, the State must ensure that the child welfare agencies conduct assessments of the mental/behavioral health needs of each child in care according to the requirements in statewide policy and provide appropriate services to address these needs in a minimum of 90% of cases. The 2009 Nevada CFSR showed that statewide only 66% of cases met this goal (see Table 45). As stated previously there is a great deal of focus on the Psychiatric and Psychological care of children which includes the appropriate administration of psychotropic medications. Policy 0209 Psychiatric Care & Treatment Policy was approved by the DMG on 12/28/2011.

Table 45: SFY 2010 Data for Item 23

Item 23: Mental/behavioral health of the child	CFSR 2009	NV Goal	Goal Met
Statewide	66%	90%*	No
CCDFS	55%	90%*	No
WCDSS	100%	90%*	Yes
DCFS Rural Region	57%	90%*	No

*Unless otherwise negotiated or if exceeds federal requirements

The PIP identified this item would be addressed during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on “Expanding Service options and creating flexibility for services to meet the needs of children and families.” This was completed during the PIP implementation period.

In 2009, the Nevada Legislature enacted AB 364, which required each child welfare agency to establish appropriate policies to ensure that children in the custody of the agency have timely access to clinically appropriate psychotropic medication. In early 2010, DCFS convened a statewide workgroup to develop policy regarding the use of psychotropic medications by children in child welfare custody. This policy 0209 was approved on 1/21/2011. In 2011, the Nevada Legislature enacted SB 371, which required that a “person legally responsible for the psychiatric care of a [foster] child” be appointed by the court to ensure that the necessary oversight regarding a foster child’s mental health treatment and wellbeing was being appropriately provided. DCFS reconvened the prior statewide workgroup in to make the necessary revisions to policy 0209 regarding the duties and responsibilities of the “person legally responsible” (PLR). The revised 0209 *Psychiatric Care and Treatment* policy became effective on 3/1/2012.

Additionally, Nevada’s healthcare oversight and care coordination committee provided annual narratives within the APSR Health Care Services plan of the state’s progress regarding protocols for the appropriate use and monitoring of psychotropic medications and psychiatric screening and assessment to identify children’s mental health and trauma related treatment needs.

SECTION VI: SYSTEMIC FACTORS

Each of the following performance indicators mirrors the 22 items from the Federal Statewide Assessment Instrument. The overall structure for each performance indicator includes the legal requirements, archival and anecdotal data, the overall goal to be reached and specific objectives for that item. In general, goals mirror the lead federal compliance question for each item. Objectives under each goal are modeled after specific data or program monitoring requested in the statewide assessment process and may include more specific compliance areas to be reached based on state statute, regulation or policy. The PIP outlined several Systemic Factors that addressed during the PIP implementation period.

In the 2009 CFSR the systemic factor overall ratings were as follows:

- Systemic Factor A: Statewide Information System
 - This factor was not in substantial conformity with a rating of 2. The one performance indicator, Item 24 was an Area Needing Improvement.
- Systemic Factor B: Case Review System

- This factor was not in substantial conformity with a rating of 2. Item 25, 28 and 29 were areas needing improvement. Items 26 and 27 were strengths.
- Systemic Factor C: Quality Assurance System
 - This factor was in substantial conformity with a rating of 3. Item 30 and 31 were listed as strengths.
- Systemic Factor D: Staff and Provider Training
 - This factor was not in substantial conformity with a rating of 2. Item 32 and 33 were areas needing improvement and item 34 was listed as strength.
- Systemic Factor E: Service Array and Resource Development
 - This factor was not in substantial conformity with a rating of 2. Item 35 was rated as strength and items 36 and 37 were areas needing improvement.
- Systemic Factor F: Agency Responsiveness to the Community
 - This factor was in substantial conformity with a rating of 3. Items 38 and 39 were strengths and item 40 was an area needing improvement.
- Systemic Factor G: Foster and Adoptive Parent Licensing, Recruitment and Retention
 - This factor was in substantial conformity with a rating of 3. Items 41, 42, 43 and 45 were listed as strengths and item 44 was listed as an area needing improvement.

Systemic Factor A: Statewide Information System

Item 24: Statewide information system

Goal: *The State will ensure that the State's SACWIS system (UNITY) has the tracking capacity that will, at minimum, readily identify the status, demographic characteristics, location and goals for the placement of entry of every child who is (or within the immediately preceding 12 months, has been) in foster care.*

The PIP identified that this systemic factor was to be addressed during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on "Expanding Service options and creating flexibility for services to meet the needs of children and families." To meet the parameters under this goal, the State worked on several objectives during this reporting period.

- The first objective was to assess the reporting capacity of UNITY to provide program and case management data, including, but not limited to status, demographics, current location, and permanency goals for children in foster care. This assessment was completed. UNITY has the capacity to provide reports to system users regarding all functions that the system supports. This includes program and case management reports covering services provided to children, their status, demographics, location, and permanency goals. Currently there are over 60 scheduled reports available to the agency and external stakeholders. Many other reports can be run on demand. Additionally, the Information Management Services (IMS) unit with DCFS supports the agency by responding to ad hoc data requests and requests for new, standard reports.

Although the assessment has been completed, DCFS continues to evaluate its usage of data. Program and technical staff continue to review and analyze current UNITY reports with the intent of ensuring their accuracy and usability. IMS continues to develop additional reports and to modify current reports to ensure a thorough monitoring of specific data indicators that track the outcomes of services for children and families. Recently, the agency started a new initiative to help managers and data analysts increase their skills in using data. A highlight of this initiative is training that was provided by the Casey Foundation.

- The second objective under this goal was for IMS to assess the accessibility of the system to staff and external stakeholders (who require access) in all areas of the state. This objective has been met as UNITY is currently available to all agency staff and certain external stakeholders in all areas of the State. A current project to convert UNITY to a web-based application will further improve this accessibility. The web technology will expand the number

and types of external entities that can access UNITY and it will set the stage for the future implementation of mobile applications, providing better access to case workers who are performing duties in the field.

- A third objective was for IMS to develop a mechanism for linking the UNITY system with the Quality Improvement Case Review efforts to ensure a continuous quality assurance feedback loop, including methods for monitoring data consistency. In January 2011 IMS implemented a QICR tool within UNITY. The tool provides Sample Selection, Sample Management, Case Review, and Reporting functionality for case reviewers. Currently, the tool supports the reviews of 9 CFSR items. Within the next year IMS anticipates adding functionality for the remaining 14 items.

A fourth objective was for IMS to assess the quality assurance mechanism for ensuring that information generated from the UNITY system is complete, accurate, and current and includes the locations of all children in care, including those in relative care, unlicensed placements, voluntary placements and unpaid placements. UNITY has many quality assurance mechanisms for helping ensure that data gets entered into UNITY correctly. Features such as drop down lists and radio buttons ensure that only proper values for some data elements are entered. Window and other edits ensure that data entered is consistent with other related data. Window edits also ensure that mandatory data elements are entered. UNITY's missing data functionality generates alerts when certain data elements have not been entered or when certain tasks have not been completed in a timely manner. These features work together to help ensure that the data stored in UNITY is accurate and current. This work continues as IMS adds new features and functionality to UNITY as the practice changes due to new laws and regulations.

Recently the State has implemented a Continuous Quality Improvement (CQI) framework. As part of this effort a Data Subcommittee has been formed and given as part of its charge the task of improving Data Quality. IMS has representation on this committee. Initially the committee will be focusing on improving data associated with NCANDS.

- A final objective was for IMS to develop tracking systems for monitoring children in out-of-home care, including those served by Title IV-E agreements with other agencies. UNITY currently has functionality that allows system users to record the placement of children that have been removed from their home and placed in an out-of-home setting regardless of the placing agency. Placement status of children can be viewed on-line and through reports. The ICPC subsystem of UNITY allows the tracking of children that are placed out-of-state. UNITY continues to meet this objective.

Additionally, from March 6-10th, 2006 staff of the Children's Bureau, ACF Region IX, and the office of Information Services (OIS) conducted an Assessment Review of Nevada's Adoption and Foster Care Analysis and Reporting System (AFCARS). The AFCARS data used for the review was from the report period April 1-September 30, 2005. At that time the State of Nevada and ACF entered into an AFCAR improvement plan. Nevada continues to work towards improvement of the AFCARS data. Once ACF and the state agree that the quality of the data is acceptable the AFCARS improvement plan will be considered complete.

As of the beginning of 2014 of the 48 items identified by the AFCARS Improvement Plan (AIP):

- 27 (56%) have been resolved;
- 13 (27%) have been potentially resolved and are currently being reviewed by the Children's Bureau;
- 8 (17%) still require resolution by IMS

In the 2009 Nevada CFSR, this item received a rating of area needing improvement

Systemic Factor B: Case Review System

Item 25: Written case plan

Goal: *The State will ensure that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions.*

In the 2009 Nevada CFSR, this item received a rating of area needing improvement. To meet this goal, the State must ensure that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's

parent(s), that includes the required provisions in 90% of cases. Nevada Revised Statutes 432B.540, 553 and 580 require the agencies which provide child welfare services to adopt a plan for permanency in accordance with the requirements and timeframes in the Adoption and Safe Families Act of 1997 (ASFA); including periodic review by the Court. Further, the plan must include; a description of the type, safety and appropriateness of the home or institution in which the child could be placed, including, without limitation, a statement that the home or institution would comply with the provisions of NRS 432B.3905, and a plan for ensuring that he or she would receive safe and proper care and a description of his/her needs, a description of the services to be provided to the child and to a parent to facilitate the return of the child to the custody of his parent or to ensure his/her permanent placement and the appropriateness of the services to be provided under the plan.

Nevada Administrative Code 432B.190 requires that each case have a written case plan which identifies barriers to the provision of a safe environment for the child, clarifies responsibilities of the involved persons to address those barriers, and defines the overall goals of the case and the step-by-step proposed actions of all persons to reach the goal within a specified time. Each case plan must be reviewed and signed by the supervisor of the caseworker and updated at least every 6 months. Each case plan must include identifying information, a statement of the goal, objectives and activities of the case, and the time to meet each goal, objective and activity. Case plans must be realistically related to the familial situation, safeguard the child, and help the parents to gain the confidence and capacity to care appropriately for their child, and be sufficiently flexible to allow changes in the situation and the use of the services based on a continuing reevaluation of how the child is being affected. Parents must be encouraged to participate in the development of a written agreement for services and engage in a set of processes for receiving resources.

The 0204.0 Case Plan policy was approved by the DMG on 11/10/2010, then amended and approved again by DMG on 1/01/2012. The policy is based upon existing statutory authority and regulations, which require all cases opened for service to have a written case plan. This plan must be developed through a process of engaging the family, gathering information, evaluating it with the family and eliciting goals and solutions from the family. A Child and Family Team (CFT) is convened for decision-making regarding desired outcomes along with determining with the family and team what activities should be performed, by whom, how, and when to achieve proposed actions. Case planning is a family centered process that focuses on family strengths and resources to assist the parents in building protective capacity and increasing family functioning.

All Child Welfare Agencies report that to ensure uniformity throughout the state, caseworkers are required to use the case plan template in UNITY. DCFS Rural Region caseworkers and supervisors were trained to use the case plan and visitation windows in the fall of 2010. Over the past year FY 2014 DCFS has begun regularly examining case plan implementation data to ensure case plans are created and implemented with designated timeframes.

While the legal requirements for this item are in place, the Nevada 2009 CFSR rated this item as an area needing improvement based on data from UNITY that only 53% of children had case plans. Also, during the CFSR review, reviewers determined that the agency had made diligent efforts to involve mothers in case planning in 62.5% of the applicable cases and fathers in case planning in 57% of the applicable cases.

CFSR Item 18 "Child and Family Involvement in Case Planning" was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010-November 2011 case reviews. As of March 31, 2012 Nevada had met the PIP target for item 18.

Also, the PIP identified that Systemic Factor (25) would be addressed during the PIP implementation specifically under Primary Strategy 2 of the PIP which focuses on "Preserving Connections and Strengthening Relationships. This further addressed improvement in this systemic factor.

Nevada continues to focus on ensuring that each child has a case plan and that it is developed jointly with the child when appropriate, and the child's parent(s), that includes the required provisions. Over the past five years there has been some improvement in this item during case reviews. (See Item 18 for data in reference to this item).

Item 26: Periodic reviews

Goal: *The state will ensure that periodic reviews are conducted on the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.*

Court procedures may differ by child welfare agency regarding the scheduling and tracking of hearings, but most courts schedule the semiannual review at the dispositional hearing to ensure compliance within ASFA timelines. In the Rural Region of DCFS, this is how periodic reviews are scheduled. CCDFS assigns a judge and a court master to hear child welfare cases thus increasing the time available for reviews. WCDSS has a Model Court Program where the family court judge holds a monthly model family court meeting which is comprised of administrative representatives from social services, district attorney, public defender, Washoe Legal Services, school district, CASA and judges. These meetings address ways to improve court hearings, troubleshoot problems and to develop local rules. WCDSS also has an agreement with the court that in lieu of a court hearing the agency conducts a formal case plan review meeting 90-120 days from removal. A child and family team meeting is held and the county district attorney is also present. WCDSS further reports that there is adequate court time and that the court has moved to a scheduled calendar instead of a stacked calendar. Court clerks have been resourceful in scheduling extra time for cases they know will be longer.

Nevada 2009 CFSR report rated this item as strength.

Item 27: Permanency hearings

Goal: *The State will ensure that each child in foster care under the supervision of the state or county child welfare agency has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter.*

To meet this goal, the State reviewed the system currently available in UNITY for monitoring that each child in foster care under the supervision of the state or county child welfare agency had a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care, and no less frequently than every 12 months thereafter.

Nevada Revised Statute 432B.590 mandates that the court shall hold a hearing concerning the permanent placement of a child no later than 12 months after the initial removal of the child from his home and annually thereafter, or within 30 days a finding that agency which provides child welfare services is not required to make the reasonable efforts toward reunification pursuant to NRS 432B.393.3. In compliance with ASFA, DCFS Policies 0206 Court Hearing Notification and 0514 Termination of Parental Rights (TPR) require agencies to make and finalize permanency plans by no later than 12 months after the child's removal and provide notice by certified mail to all the parties to any of the prior proceedings and parents and "any persons planning to adopt the child, relatives of the child or providers of foster care who are currently providing care to the child."

The State Court Improvement Project convened a two-day meeting of all judicial districts and provided data specific to each Judicial District and they continue to monitor this with data. In Washoe County the first permanency hearing met statutory requirements in 96% of cases in 2012. There was improvement in time from 1st to 2nd permanency hearings from for the 2nd JD at 182 days versus statewide 245 days. The 2nd JD exceeded the statewide time to termination of parental rights at 595 days versus 699 days. WCDSS is an active member of the 2nd JD Senior Model Court and participates in monthly meetings. Current activities include preparing for parent representation at Protective Custody hearings, flow of discovery between the Public Defender's office and Social Services, court report template revision, and reduction in time to Termination of Parental Rights hearings. The number of protective custody hearings, petitions filed, and court reports submitted is trending upwards. In FY 12-13, there were 347 Protective Custody Hearings, 272 New Petitions, 91 Termination of Parental Rights Petitions and 1177 court reports submitted for review. Thorough March 2014, there were 344 Protective Custody Hearings, 258 New Petitions, 58 Termination of Parental Rights, and 1020 Court Reports submitted.

Additional data on this measure will be provided in Nevada's 2015-2019 CFSP.

The Nevada 2009 CFSR report rated this item as strength.

Item 28: Termination of parental rights

Goal: *The State will ensure that a process is in place for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA).*

The PIP outlined several Systemic Factors that would be addressed during the PIP implementation period. Specifically, Primary Strategy (3) “Improve the Timeliness and Appropriateness of Permanency Planning across the Life of the Case” and goal #1 under that strategy “Reduce the number of children in out of home care for 18 months or longer and reduce barrier to adoption and TPR. This strategy and goal addressed this area of needed improvement. The Court Improvement Project (CIP) has worked collaboratively with DCFS on reducing the barriers to TPR and adoption in efforts to achieve timely permanency. As a result Nevada has shown improvement in the timeliness of Adoptions. CIP convened a workgroup by jurisdictions and identified barriers and solutions to those barriers. CIP continues to implement a plan to improve permanency planning across the life of the case.

The most recent CFSR data profile provided on April 1, 2014 indicates that Exits to Adoption in less than 24 months is trending positively reflecting that improvement has occurred in timeliness of adoptions. The national median is 26.8%, and the 75th percentile is 36.6%. The data also indicates that children are exiting to adoption in 29.0 months. The national median is 32.4 months and the 25th percentile is 27.3 months.

It was indicated in the 2009 CFSR that stakeholders reported that in CCDFS there were delays in filing the TPR petitions, and in the DCFS Rural Region stakeholders reported that there was a reluctance to file TPR before the court has ordered a goal of adoption. The PIP identified that this Systemic Factor was being addressed during the PIP implementation specifically under Primary Strategy (3) of the PIP which focuses on “Improving the timeliness and Appropriateness of Permanency planning across the Life of the Case”. Nevada continues to show improvement in the Timeliness of Adoptions.

Table: 46 Timeliness of Adoptions

TIMELINESS OF ADOPTIONS DISCHARGED FROM FOSTER CARE Component A:	FFY 2010ab	FFY 2011ab	FFY 2012ab	FFY 2013 ab
Exits to Adoption in less than 24 months(national medium 26.8%, 75th percentile=36.6%)	14.6%	18.1%	25.0%	27.8%
Exits to Adoption, median length of stay (national medium 32.4 months, 25th percentile 27.3)	Median=36.3 months	Median=35.4 months	Median =30.7 months	Median =29.0 months

Source: CFSR data profile dated 4/1/2014

Item 29: Notice of hearings and reviews to caregivers

Goal: *The State will ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care be notified of, and have a right to be heard in, any review or hearing held with respect to the child.*

In the 2009 Nevada CFSR, this item received a rating of area needing improvement.

The PIP outlined several Systemic Factors that were addressed during the PIP implementation period. Specifically, Primary Strategy (3) “Improve the Timeliness and Appropriateness of Permanency Planning across the Life of the Case” was identified to address this systemic factor. The Court Improvement Project (CIP) has worked collaboratively with DCFS on improving the timeliness and appropriateness of permanency planning across the life of the case. CIP convened a workgroup by jurisdictions and had identified barriers and solutions to those barriers.

To meet this goal, the State continues to work with the courts and child welfare agencies to develop a mechanism for child welfare agency reporting on the timeliness and consistency of notification for hearings for foster parents, pre-adoptive parents, and relative caregivers of children in foster care for any review or hearing held with respect to the child and will

ensure that this system is effective in 90% of applicable cases. NRS 432B, NAC 432B and statewide policy 0206 Court Notification mandate that proper notification of court hearings and court reviews regarding the status of a child in the custody of a child welfare agency must be provided and is necessary to ensure active involvement and participation of parents, foster parents, guardians, pre-adoptive parents, and relative caregivers in the child's safety, permanency and well-being. While internal policies and procedures regarding court notification requirements and protocols may differ between child welfare agencies, formal written notification to the aforementioned caregivers must be supplied pursuant to NRS 432B.580 (6) (a) (b). Notice of the hearing must be given by registered or certified mail to all parties to any of the prior proceedings, and parents and any persons planning to adopt the child, relatives of the child or providers of foster care who are currently providing care to the child. If a child in protective custody is determined to be of Indian descent, the child welfare agency must notify the tribe in writing at the beginning of the proceedings. If the Indian child is eligible for membership in more than one tribe, each tribe must be notified.

The 2013 Nevada Legislature enacted SB 97, which broadened the law that requires notice of hearings be given to any persons planning to adopt the child and/or persons providing care, to further include their right to be heard at the annual permanency and periodic review hearings.

Systemic Factor C: Quality Assurance System

Item 30: Standards ensuring Quality Services

Goal: *The State will ensure that standards are adequately developed and implemented to ensure that children in foster care are provided quality services that protect the safety and health of the children.*

This item is comprised of two principle objectives. The first objective is that the state has adequate standards and regulations regarding the delivery of quality foster care services and those standards are congruent with existing statute and new regulations according to bills passed in 2013 legislative session. The second objective aims to improve the quality of the foster care services delivered statewide. Inherent in the second objective is that the state has the capacity to evaluate the services that are provided statewide and that there is a mechanism in place for the state to provide information and feedback to relevant stakeholders. From an operational perspective the second portion of the goal cannot be achieved until substantial progress has been made on the first objective.

Existing standards, statute, regulations and statewide policy as found in NRS 432B, NAC 432B, NRS 424 and NAC 424 require the State to ensure protection of children in foster care and monitor the placement of children in foster homes or residential facilities. As a collective these statutes and policies ensure quality service delivery including but not limited to: placement preference, adoption of foster child bill of rights, requirements of visitation with family and siblings, requirements surrounding psychotropic medications, and cultural awareness.

Nevada continues to expand and clarify standards for services provided to our vulnerable children and families. Standards for practice are integrated into State statute, regulation and statewide policy. The 2013 legislative session was particularly active for child welfare in Nevada. In total 18 changes or additions to statute (affecting child welfare) were made in 2013 legislative sessions. These changes included but are not limited to: new or revision of statute impacting delivery of foster care services, independent living programs, background clearances for individuals working with children, convening of multidisciplinary committees to evaluate child welfare in the State

Child Care facilities statutes and regulations (NRS 432A, NAC 432A) establish requirements for the protection of children in facilities (educational, shelter care, and residential), and creates standards for child care including the provision of qualified service providers. These regulations include assurances that no child under the age of six is placed in a congregate care facility.

Child safety and well-being is monitored via monthly home visits between the child and the child welfare worker, which also requires the child welfare worker to meet with the child outside the presence of the caregivers. A more robust description of efforts to ensure quality visitation is found in item 19. When a concern regarding a foster home or foster provider is observed, child welfare and foster care licensing work together to monitor the home, investigate the concern and make determination if corrective action or revocation of foster license is appropriate. Collaboration with additional

experts or agencies may be included as part of the process.

During the week of April 21, 2014 the Children's Bureau (CB) together with the Division of Child and Family Services (DCFS) completed Nevada's title IV-E Foster Care Eligibility Review. As of this reporting final results are not yet available.

Item 31: Quality Assurance System

Goal: *The State will ensure that an identifiable quality assurance system is in place in the State where the services included in the Child and Family Services Plan (CFSP) are provided, and that it evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.*

To address this objective, the CFSP was developed so that each of the 23 Safety, Permanency and Well-Being Performance Indicators and 22 systemic factors had specific goals and objectives. Nevada is continuing to work towards a re-designed continuous quality improvement (CQI) system. Nevada initiated Technical Assistance (TA) with the National Resource Center for Quality Improvement (NRCOI) to assist in development of a CQI system for Nevada. That TA remains open to date.

On August 27, 2012 the Administration for Children and Families (ACF) published Informational Memorandum (IM) ACYF-CB-IM-12-07 to provide information on the establishment and maintenance of State CQI systems. It was discovered during the program improvement plan phase of the second round of the Child and Family Services Review (CFSR) that many State Quality Assurance (QA) systems needed extensive refinements to assess and measure improvements on an ongoing basis specifically with regards to CFSR outcomes and systemic factors. ACF has advised that during the period that ACF considers how to revise the CFSR process States are advised to maintain their QA systems and enhance them through a continuous quality improvement approach.

During this reporting period and since the ACF published (IM) ACYF-CB-IM-12-07 Nevada has completed the following activities in working towards development of a complete CQI system:

- Completed a GAP Analysis based on the foundational components of a CQI system.
- Finalized Nevada's CQI framework which incorporates the foundational components, and identified plans, strategies and next steps at working towards an enhanced CQI System. As part of Nevada's framework all three jurisdictions are organizing, enhancing and developing local Quality Teams.
- Created a Charter for a Statewide Quality Improvement Committee (SQIC).
- Nevada convenes the SQIC monthly with representation from a variety of stakeholders that include each child welfare jurisdiction, training partners, Bureau of Indian Affairs and the Court Improvement Project.
- Nevada has requested an update to the Case Review Tool (modeled after the CFSR) from Information Management Systems (IMS) that will broaden the scope of the reviews, and allow Nevada to better identify issues related to well-being.
- SQIC continues to regularly monitor casework activities designated as critical to quality child welfare services. Monthly, Quarterly and Annual progress reports are provided to SQIC and Agency Administration.
- SQIC has created subcommittees focusing upon improving the case review process, and improving accuracy, and validity of established data reports. Also, a workgroup was created to develop a statewide CQI policy.
- SQIC continues to actively solicit information from our community stakeholders. In the past year surveys have been collected to gather more data regarding community experience and perceptions of child welfare services, as well as focus groups to solicit candid feedback as it relates to the services provided by child welfare. To date data from these resources are still being collected and aggregated.

As a result of the 2008 Child and Family Services Review (CFSR) and during this reporting period the state met all the PIP targets for the case review items identified to the monitored during the PIP. Nevada met the final PIP case review

item in quarter nine (9) (December 1, 2012 to February 28, 2013). Nevada entered a non-overlapping year for the PIP on December 1, 2012. The PIP implementation period encompassed December 1, 2010 through November 30, 2012. The baseline data for the case reviews was prospective, and had been established during the first year of the PIP implementation period ending November 30, 2011.

As part of efforts to implement continuous quality improvement statewide, FPO in collaboration with the three child welfare agencies, continues to conduct qualitative improvement case reviews in each agency at least annually. Case sampling and review methodology remains unchanged from what was negotiated during the PIP implementation period.

Items Reviewed during the PIP

The following 9 items were reviewed and continue to be reviewed but may not be applicable for every case:

- **Item 1:** Timeliness of Investigations
- **Item 3:** Services to Prevent Removal/Re-entry
- **Item 4:** Risk and Safety Assessment
- **Item 7:** Permanency Goal
- **Item 10:** OPPLA
- **Item 17:** Needs and Services to Children, Parents and Foster Parents
- **Item 18:** Child and Family Involvement in Case-planning.
- **Item 19:** Caseworker Visits with Children
- **Item 20:** Caseworker Visits with Parents.

Table 47 below illustrates the previous PIP targets and Nevada's performance for calendar year 2013.

Table 47 QICR 2014 Performance

Items	Baseline PIP Targets 2011	2014 statewide performance
Item 1 Timeliness of investigation	80.4%	65.60%
Item 3 Services to prevent removal/re-entry	74.9%	91.40%
Item 4 Risk and safety assessment	52.5%	79.00%
Item 7 Permanency goal	62.0%	71.40%
Item 10 OPPLA-permanency goal	61.3%	42.86%
Item 17 Services to child, parents & foster parents	46.0%	59.70%
Item 18 Child and family involvement in case planning	48.2%	61.70%
Item 19 Case worker visits with children	60.5%	80.60%
Item 20 Case worker visits with parents	49.7%	56.30%

Aggregate case review four quarter rolling data completed statewide April 2013 through April 2014.

DATA in Quality Assurance

- The DCFS Technology Investment Request (TIR) that was approved during the 2011 Legislative Session will enhance the UNITY system, and was projected to be completed by June 30, 2013 but has been delayed until an undetermined completion date. A request for assistance with funding for a Data Warehouse was disallowed by ACF as an operational SACWIS expense.
- In May 2012 DCFS joined membership to Chapin Hall's Center for State Foster Care and Adoption Data. On June 10th, 2013 Casey Family Programs provided data training to approximately 40 state staff Casey Family Programs will be returning in the fall of 2014 for additional data training to DCFS staff. Two staff members from DCFS attended the Chapin Hall Advanced Analytics training the last week of June, 2013. The ability to run Nevada permanency reports is one of the main benefits of joining the center.

- During the 2011 NRS 432B.216 was enacted. The purpose of this statute is to implement an annual capped block grant to support child welfare services. DCFS is required to ensure that child welfare agencies carry out corrective actions when the agencies are not in compliance with the law or with statewide plans or policies. As a part of a system of quality assurance and improvement this bill is requiring an agency which provides child welfare services to carry out any identified corrective actions and develop and implement corrective measures to improve performance. Each agency which provides child welfare services is required to submit an improvement plan to DCFS that must cover a period of 2 years that includes specific performance targets for improving the services provided to children in the care of the agency. Each year the agencies will be required to submit data to the Division demonstrating the progress made toward meeting the specific performance targets. DCFS will administer a program that will award incentive payments to an agency which provides child welfare services based on improved performance targets. Lastly, DCFS is required to prepare and submit a report concerning the improvement plans, and the program for incentive payments to the Governor and the Legislature on or before January 31 of each year.

Agency Level Quality Improvement Activities:

Local child welfare jurisdictions have created internal systems to evaluate and monitor the quality of services provided to their relevant populations.

CCDFS:

CCDFS successfully implemented Child Stats, which is a concept developed by the Administration for Children's Services (ACS) in New York City. ACS modeled it after a process used by the New York City Police Department. Overall, the process has provided the department with an opportunity to observe successes and address practice issues department-wide. Specifically, CPS-specific data elements and randomly selected cases were reviewed at each meeting. Child Stats has provided DFS management, CPS, Permanency and In-Home supervisory staff with an opportunity to review practice (quantitatively and qualitatively), and determine which areas need to be strengthened. The CPS data elements reviewed at each meeting assist with monitoring goals/benchmarks for items including (but not limited to):

1. Investigations Completed w/in Priority Timeframes
 2. CPS Caseloads
 3. Children Removed and Children Returned in 8 days or Less
 4. Alleged Child Victims and Non-Victims Seen w/in 3 Days or Less
 5. Perpetrators Contacted w/in 7 Days of Assignment
 6. Safety Assessments Completed w/in 5 Days of Assignment
- Randomly selected cases will continue to be reviewed each quarter in the Child Stats format as described above Out-of-Home and In-Home data elements are being identified and have been at each meeting in FY2014.
 - CCDFS is implementing the Safety Intervention Permanency System (SIPS) in a phased roll-out across the agency neighborhood offices. As part of this process, a fidelity review (with consultation from Action for Child Protection) was completed to evaluate model fidelity during practice implementation.
 - In Clark County additional dedicated QA staff was allocated in May 2014 and a local QA team was developed. The QA team is composed of members from QA, CPS, permanency and training units. This team meets regularly to analyze results from case reviews and makes recommendations to the agency management team.
 - CCDFS is working to develop peer-to-peer case review process at the supervisor and management levels.

WCDSS:

- NIA Fidelity Review: WCDSS conducted an intensive case review from July 30 thru August 2, 2012. The purpose of the review was to assess practice changes since the initial revisions and installation of practices associated with Intake Assessment (IA) and Nevada Initial Assessment (NIA) processes. Performance assessment data from the review was used to inform ongoing training and coaching of staff.
- SAFE-FC Fidelity Case Reviews: Scheduled quarterly (September & December 2013; March & June 2014), these reviews focus on the degree to which full implementation of the SAFE-FC intervention approach is being

achieved. The fidelity review instrument used includes aspects of safety management in all core components being measured.

- Associated with the ongoing training and coaching of agency staff around the SAFE model, WCDSS developed a targeted case review approach to highlight areas of needed improvement from earlier case reviews or practice observations that occurred in FY 2013. These reviews will also inform additional training and coaching approaches and facilitate prioritization of efforts. This initiative is targeted to begin the summer of 2014 and continue into FY 2015.
- Monthly management reports are provided to managers and supervisors regarding staff compliance with agency initiatives including timeliness, eligibility and SSI applications. All supervisors in Washoe County are required to evaluate each staff member's caseload at least quarterly.
- WCSDD continues the Casey Family Program Permanency Roundtables to target all youth in care longer than 12 months.

DCFS Rural Region:

In the DCFS Rural regions, a redefining of the local QA team resulted in those workers providing significant training and mentoring to workers and supervisors in the field. This QA team also developed and delivered additional training, courseware and job aid to workers, supervisors and community stakeholders as the SAFE model was implemented in each district. The rural region QA also completed a targeted review of their implementation of the SAFE model. A random sampling of 45 cases was selected (stratified to ensure representation from each supervisory work unit). This review targeted both qualitative and quantitative components of quality safety services. Results were analyzed and provided to all supervisors during a supervisory summit in March 2014. From this summit supervisors have used the data to collaborate with region QA to develop strategic outcomes to improve quality of safety services that are provided in their respective locations. To monitor the progress of improvement the agency has instituted a bi-monthly supervisory conference call where the group discusses barriers to progress and is able to collaborate with others to find acceptable solutions.

The Rural Region also has initiated internal tracking systems that allow Rural Region directors and managers to track in home and out of home safety plans. These efforts encourage adherence to model implementation, agency internal policy and procedure regarding safety services and track use of safety planning among the population served.

Ongoing efforts will include bi-weekly meetings comprised of supervisors and the QA Unit will be implemented in the near future. The purpose of the meetings is to increase knowledge of the model and collectively resolve issues that may arise as implementation of the SAFE Model progresses.

The Implementation Leadership Team (ILT) will hold twice monthly expert reviews of selected NIA's that has been completed and supervisor approved. These reviews will utilize a standardized tool provided by the NRCCPS to examine the quality of the NIA and to highlight any portion of the assessment that is insufficient.

The 2009 Nevada CFSR report rated this item as strength.

Systemic Factor D: Staff and Provider Training

Item 32: Initial staff training

Goal: *The State will operate a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who delivers these services.*

The objectives under this goal were created to not only ensure that Nevada's child welfare workforce has a strong training system which creates a competent workforce, but to provide specific steps towards the accomplishment of the goal while maintaining compliance with State statutes and regulations. NRS 432B.195, 432B.397, and NAC 432B.090 require the state to provide a full staff development and training program which includes a minimum of 40 hours of training related to the principles and practices of child welfare services, including specific training related to the Indian Child Welfare Act (ICWA).

Sustainable and ongoing training is also necessary to ensure caseworkers are provided with a training curriculum that provides a competency-based approach and is designed to reinforce the basic principles of good case practice, while developing specialized knowledge and skills. The last five years has provided the State an opportunity to meet the following objectives under this goal, identify barriers and create opportunities for further achievement looking forward to the next five years.

Objectives under this goal include:

- Through the collaboration with the Training Management Team (TMT) and use of the Nevada Partnership for Training Reports System (NPTRS), the State will enhance reports to ensure that all new staff receive the required Nevada New Worker Core Training within the required timeframes, or to ensure that an appropriate remediation plan is in place with the child welfare agencies;
- Through the collaboration with the TMT and use of the NPTRS, the State will ensure the ongoing review of the Nevada New Worker Core Training to ensure that the curriculum materials are current and reflect best practice where possible;
- The State will ensure that statewide policy is reviewed annually and revised as needed or will ensure that policies are developed and implemented to ensure the inclusion of requirements under this item based on the policy development and review schedule;
- The State will develop and/or review existing quantitative reports to ensure that applicable quantitative data from the UNITY system is available for review by DMG on this performance indicator item by April 2011 and quarterly thereafter;
- The State will ensure that quantitative reports (if applicable) utilizing the UNITY (SACWIS) system are reviewed annually and revised as needed or will ensure that reports are developed to demonstrate the State's overall functioning on this item; and,
- The State will ensure that qualitative reports (if applicable) utilizing stakeholder feedback are developed and reviewed annually to demonstrate the State's overall functioning on this item.

During the last five years, collaboration with the TMT and the use of the NPTRS, has resulted in achievement of the above objectives. The State has ongoing contracts with both of the two in-state universities, University of Nevada at Reno (UNR) and the University of Nevada at Las Vegas (UNLV). One of the contracted activities was the collaborative development of a training plan with annual updates to address the needs of initial worker training in Nevada. Collaboration with the universities include protocols for curriculum development, staffing, training plans, annual training calendars, decision making, and evaluation. The development of this plan has increased the efficiency of the NPT and the NPTRS over the past five years. Monthly meetings as well as an annual three day statewide meeting have ensured continuing progress is made and future plans and needs are addressed.

Over the past several years, Nevada has been focused on developing a strong new worker core curriculum and has continually analyzed curriculum to ensure courses keep up with best practices and meet current needs and requirements of workers. The Nevada New Worker Core Training curriculum was first piloted in the fall of 2008, then was finalized and has been in continuous operation since January 2009. The 10-week course consists of five weeks of in-class instruction and five weeks of pre-reading assignments and on-the-job training assignments (to be done in the weeks in-between the in-class training sessions). The training program is taught by trained University based instructors as part of the NPT. Reengineering efforts have made child welfare training more responsive to individual, local, and statewide needs. A revised CORE curriculum is being piloted in the South and will be presented to the Nevada Decision Making Group for approval once an analysis of evaluations and post test results has been done. The curriculum discussion and review process has resulted in important changes and additions to the overall learning design for new workers. Participant feedback is continually collected and ongoing tribal collaboration and coordination efforts have continued to result in several tribal child welfare workers and contract providers participating in part or all of one cycle of New Worker Core over the last few years.

Throughout the State, new workers are required to attend the CORE curriculum and, depending on the county, other specific trainings are required. In Washoe County, in addition to attending the 10 week CORE, all newly hired staff are assigned to a specialized training unit for six months and are assigned to one of three Senior Social Workers (trainer).

Processes have evolved and been enhanced over the last five years. UPS staff are provided training in both assessment and permanency. Additionally, department monthly meetings now focus on areas of learning (for example, drug exposed infants, ethics in Social Work, identifying abuse, etc.), and staff are encouraged to attend frequent and available community-based training. Staff assigned to PII go through additional rigorous training and fidelity assessment prior to case assignment to include assessment (Nevada Initial Assessment, Motivational Interviewing, Protective Caregiver Functional Assessment (PCFA), Protective Caregiver Progress Assessment (PCPA), SMART case plan goals, and CASI administration and interpretation. PII staff must complete on-line training modules and pass with 70% fidelity.

Clark County has also made enhancements to the training requirements over the last five years. As in other counties, each new child welfare case manager is required to attend extensive training to fulfill the requirement outlined by NAC 432B.090 which includes the CORE curriculum mentioned above. In Clark County, skill development of new staff is assessed throughout their attendance in the CORE, through the use of post-tests and fidelity assessments. New staff is also issued a performance evaluation at the conclusion of their probationary or qualifying period. Skill development and performance of existing staff is also measured annually through performance evaluations.

In the Rural Region of Nevada, new social workers require licensure as a Social Worker, Clinical Social Worker, Independent Social Worker or Associate in Social Work by the State of Nevada Board of Examiners for Social Workers at the time of appointment and as a condition of employment with DCFS. LSW and LASW must complete at least 30 continuing education hours every two years, of which, two hours must relate to ethics in the practice of social work and 10 hours must be in the field of practice of the licensee. LCSW and LISW must complete at least 36 continuing education hours every two years, of which, three hours must relate to ethics in the practice of social work and 12 hours must be in the field of practice of the licensee. As with the two urban counties, new workers entry level training begins with the 10-week CORE training consisting of the required five weeks of in-class instruction, pre-reading assignments and homework, and alternating weeks (5) of on-the-job training. In their probationary year, new workers are assessed by their supervisor at the three month, seven and eleven months and the Nevada Partnership for Training (NPT) trainers provide feedback to DCFS management when they believe concepts or competencies are not understood in the New Worker CORE training modules and in the on the job assignments Quality Assurance (QA) Unit staff are assigned to new workers before or immediately after CORE training to mentor new workers; initially for a minimum of two weeks and then again for one to two weeks at their three months of hire mark and again at their six months of hire mark and additional coaching is provided as needed.

Table 48 illustrates the number of new workers which have completed the New Worker Core training from January, 2009 through March, 2014. Nearly 49 percent of participants were from Clark County; 23 percent of participants represented the Rural Counties; 18 percent were from Washoe County; and, 10 percent were from the Family Programs Office (FPO) or other agencies.

Table 48: New Workers Completing Nevada New Worker Core Training since January 2009

New Worker Training	Clark	Washoe	Rural	FPO	Other	Statewide
SFY 2009	24	11	19	5		59
SFY 2010	12	15	14	2		43
SFY 2011	23	10	11	1	4	49
SFY 2012	34	12	15	2	1	64
SFY 2013	57	8	15	3	2	85
SFY 2014	36	13	13	5	16	83
TOTAL	186	69	87	18	23	383

There are currently several components of the Nevada New Worker Core that are available online. The NPT website (www.nvpartnership4training.com) allows workers 24 hour per day, 7 day per week access to the pre-reading and on-the-job training (OJT) components of Nevada New Worker Core. Each of the five modules has one of each of these components, including pre and post tests and other evaluation components to help the NPT trainers to determine student progress. All new workers are required to attend the in-person portion and online portion of the Nevada New Worker Core upon hire and has continued to be received well over the past five years. Table 49 shows the number of participants who completed the pre-reading and OJT activities in the current fiscal year. This information reflects four (4) offerings of New Worker Core and does not include participation by those enrolled in the April 30, 2013 deployment. Please note that staff from the Family Programs Office at the State generally have not completed OJT activities as they do not carry caseloads.

Table 49: Ongoing Online Nevada New Worker Core Courses Offered in SFY 2014

Course Areas of Concentration	No of Trainings	Number of Participants					
		Clark	Washoe	Rural	FPO	Other	Statewide
Nevada New Worker Core Pre-Reading Modules 1 - 5	4	27	8	3	N/A	N/A	38
Nevada New Worker Core OJT Activities Modules 1 - 5	4	27	8	3	N/A	NA	38

Other important objectives for this item focus on quality assurance for training. Specifically, through the collaboration with the TMT and use of the NPTRS, the State will ensure the ongoing review of the Nevada New Worker Core Training to ensure that the curriculum materials are current and reflect best practice where possible. In the 2009 Nevada CFSR, this item received a rating of area needing improvement and several revisions were made since that time. This curriculum was originally designed on a skill-based practice model which presented some challenges and resulted in the need for significant revisions and updates. During the past two years, all three of the public child welfare agencies in Nevada (CCDFS, WCDSS, DCFS Rural Region) have instituted a new best practice. This Safety Practice Model focuses on Intake and Assessment throughout the life of the case. Currently the two universities are working together to develop an updated New Worker Core which will fully envelop this new model of practice. The vision for this new curriculum is to develop "A well-coordinated focused training academy that provides incoming child welfare workers with the foundation skills needed to begin their in-field professional development; provides them a structured plan for continuation of classroom education concurrent with field service; and offers a support infrastructure that will lead to success in the field." Rather than being focused solely on developing worker skills, the focus will be on what happens throughout the life of the case and the training will take the new worker on a step by step journey through this entire process.

Item 33: On-going staff training

Goal: *The State will provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.*

To reach this goal, the same objectives were applied as those in Item 32. The State, through collaboration with the TMT and the university partners, was charged with developing a standard on-line introductory level curriculum series to meet the ongoing training needs of staff in the child welfare agencies at the rate of two – three courses per year (as funding allows).

During the SFY 2012 year, the Indian Child Welfare Act Training (ICWA) and Ethics and Liability in Child Welfare online courses were updated to reflect current best practices and legal requirements. On July 1, 2013 the NPT released the Ethics course online in order to meet Nevada Board of Social Work Examiners requirements of having new Ethics courses available for social workers every two years. In this same time frame, UNLV revised the face to face Ethics courses as

well. On October 1, 2013 a revised Mandated Reporter online class was released to reflect Legislative changes that went into effect on that day. Currently, Child Welfare Ethics Basics, ICWA and Mandated Reporter: Recognizing and Reporting Child Abuse and Neglect are available online at the Nevada Partnership for Training (nvpartnership4training.com) website. These courses are available to anyone in the community on a 24 hour, 7 day per week basis and continuing education credits are available for these on-line classes. Table 50 shows the successful completion of all online courses this fiscal year by agency.

*Table 50: Ongoing Online Child Welfare Courses Offered in SFY 2014**

Course Areas of Concentration	Clark	Washoe	DCFS	Other	Statewide
Mandatory Reporting	10	2	4	217	233
ICWA	2	2	1	14	19
Ethics	4	10	10	33	57
Total	16	14	15	264	309

*Data ending March 31, 2014.

Another objective for this goal was that the State, through collaboration with the TMT and the university partners, develop a standard (in-person) specialty core curriculum series to meet the ongoing training needs of staff in the child welfare agencies at the rate of two – three courses per year (as funding allows). Currently, there are five series of Specialty Core Courses being delivered with three classes in each series (12 courses total). The following four Specialty Core Courses were developed, piloted and implemented in 2010 and have continued to be offered since and throughout the past year. Addiction 203 was added in of March, 2013 (see description below):

- Recognizing and Evaluating the Impact of Substance Abuse on Child Welfare Practice and Families (Addiction 101, 201, 202 and 203)
- Recognizing and Evaluating the Impact of Mental Health on Child Welfare Practice and Families (Mental Health 101, 201 and 202)
- Recognizing and Evaluating the Impact of Domestic Violence on Child Welfare Practice and Families (Domestic Violence 101, 201, and 202)
- Recognizing and Evaluating the Impact of Sexual Trauma on Child Welfare Practice and Families (Child Sexual Abuse 101, 201, and 202)

The fifth series developed and piloted in SFY 2013 was Child Mental Health. The three courses in this series are:

- Trauma and Neurodevelopment
- Recognition of the Signs and Symptoms of Child/Adolescent Mental Health Issues
- Working with and Caring for Children who have Experienced Trauma and Mental Health Issues

Counties in Nevada have a variety of processes to ensure seasoned workers remain trained in best practices and any new training offered by the NPT or outside partners. Washoe County contracted with the National Resource Center for Child Protection and ACTION for Child Protection to guide implementation of the SAFE safety model including policy review and development. The agency, as with the others in the State, encourages staff to attend trainings offered through the Nevada Partnership for Training (NTP). NTP has made significant strides to ensuring quality training and staff evaluation and reports from Washoe County indicated high degree of satisfaction. The Division Director attended two NAPCWA meetings during this period, and many agency staff including managers attended national conferences related

to child fatality, SACWIS and information technology use, child abuse and neglect, independent living programs, foster care recruitment and retention through Quality Parenting Initiative, and adoptions.

All case management and licensing staff in Washoe County are required to have 30 continuing education hours every two years, and staff generally far exceed that requirement. PII staff had additional training related to the project including Family Connections, SMART case plan development, and Motivational Interviewing. Approximately eight staff were trained in Trauma Informed Care and Together Facing the Challenge, and the Mental Health Counselor Supervisor provided parts of the training to Agency staff. The Human Services Support Specialist supervisor and her staff were trained in Dr. Mary Dozier's (University of Delaware) program, ABC and participated in a pilot research project using the model and foster parents and support staff to assist parents in applying ABC. Foster parents, agency staff, and community partners received training on the effects of trauma to youth development and the impact on visitation. Recruitment and licensing staff and agency leadership attended and participate in the Quality Parenting Initiative with the Youth Law Center and have implemented a robust web-based, just in time training for caregivers. Some training is mandated by new policy enacted, for example, Conditions for Return training as a result of ongoing implementation of the safety management model (SAFE). Staff assigned to PII may be required to attend additional training, for example, Motivational Interviewing, than UPS staff. WCDSS partners with community law enforcement to jointly attend training such as Investigating and Prosecuting Child Abuse Cases. The Nevada Training Partnership has a range of courses relevant and of interest to staff who are encouraged to attend through approval to attend on work-time. Management periodically sends requests for training topics to staff and then seeks to find experts in the topic areas to provide training. Additionally, supervisor specific training is available and as an example all but one supervisor recently attended a two-day training, Coaching in Child Welfare, through the Atlantic Coast Child Welfare Implementation Center. PII staff are required to complete on line modules with an established fidelity rate. They are then observed by purveyors (ACTION for Child Protection) and supervisory staff and provided specific coaching feedback. UPS staff are initially assigned to the training unit for approximately six months. Trainees are not "graduated" until deemed to have master basic competency skills by their trainer and supervisor. While staff have not been dismissed during their tenure in the training unit, many staff have self-selected to resign as a result of feedback and performance monitoring provided.

In Clark County, Action for Child Protection has been contracted to provide training for case managers on the SIPS model and is completing site-based fidelity assessments at several points throughout the implementation process in an effort to assess staff skill development. Executive Management selects trainings that will increase the more seasoned staff's knowledge of safety, permanency and well-being. For example, all case management staff is being trained on the Safety Intervention Permanency System which assists investigative staff with determining which families to provide services to. On-going training is selected and provided in several ways. For example, each full-time DFS employee will be required to attend LGBTQ training which seeks to ensure that best practice techniques for client engagement and communication are employed when interacting with all clients. Individual training and development plans are also utilized through a performance evaluation process. Finally, the department held a 2-day conference for supervisors and managers that focused on Human Resource issues and leadership development techniques. The Department will continue to provide these on-going trainings targeting supervisors, managers and administrators.

In the Rural Region of Nevada, ongoing training for workers includes the requirement for Child Welfare supervisors to attend the CORE Orientation and remain in communication with Nevada Partnership staff to discuss new workers understanding of concepts and proficiency of translating concepts to fieldwork. Motivational Interviewing is required for all staff and is now embedded into the CORE Training. Other required training for all staff includes Mandatory Reporting; Indian Child Welfare Act Training (ICWA); Ethics and Liability in Child Welfare; Child Abuse Prevention and Treatment Act; Nevada Initial Assessment (NIA); Conditions for Return; Integrative Case Planning: Developing and Writing Case Plans; Caseworker Contact: Case Note Training for Quality Visits; Persons Legally Responsible: Medical Care and Psychotropic Medication are all mandatory trainings presented quarterly for new staff and for remediation by the QA or Clinical Unit. In addition to these trainings, supervisors are required to complete two distinctly different trainings; Consultative Supervision and Nevada Supervisor Training. Optional and encouraged (NPT) courses include; Four Specialty Core Courses that each consist of three stand-alone classes: The Four Specialty Courses are: Recognizing and Evaluating the Impact of Substance Abuse, Children's Mental Health, Domestic Violence and the Child Sexual Abuse. Experienced staff in the Rural Region is evaluated on an annual basis by their supervisor or manager; periodic case reviews are completed by the Quality Assurance Unit to address staff competency and compliance. During this last

reporting year, Rural Region staff have had some technical assistance from NRCCPS to assess fidelity to the front end of the new SAFE Model through Supervisory Consultation and review of NIA's throughout the rural offices. To build capacity going forward, these reviews and consultation will be handled by the Implementation Leadership Team (ILT) and a quarterly Supervisor Summit.

An ongoing challenge for Nevada continues to be a shortage of resources and the large rural areas of the state, making rural child welfare and stakeholder participation challenging. During SFY 2012, UNR was able to pilot the use of Wimba, an online education system which allows for real time classroom participation over the internet. Through the use of both microphones and web cameras, participants are able to view and talk with the instructor as well as view and hear each other. All activities, such as breakout groups, are able to be accomplished with this technology.

During the third and fourth quarters of SFY 2011, the two universities developed and implemented a Child Welfare Training Needs Assessment Survey. Through this process, future and ongoing training needs were identified and prioritized for development of additional curricula. New courses developed during SFY 2014, as identified by the Needs Assessment were: What to do? Making Ethical Decisions developed by UNLV; Addictions 203: An Overview of the Impact of Opioids on Child Welfare Families developed by UNR; Youth Development: The Vital Link developed by the National Center for Youth Services; and, Caring for Lesbian, Gay, Bisexual, Transgendered and Questioning (LGBTQ) Youth in Care – A Curriculum for Foster Parents developed by UNR.

Table 51 shows the total number of Specialty Core and Intermediate trainings offered, and Table 52 shows the number of participants by child welfare agency and statewide. The Specialty Core trainings will continue to be offered during the upcoming State Fiscal Year. As a result of Nevada's PIP, two additional trainings were developed and were piloted during SFY 2012: Searching for Heroes: Engaging Families with an Emphasis on Non-Resident Fathers and the Nevada Supervisors Training. Due to requests from participants asking for titles to be more reflective of what is being offered in a course, Searching for Heroes: Engaging Families with an Emphasis on Non-Resident Fathers was changed to Searching for Heroes: Engaging Families and Non-Resident Fathers.

*Table 51: Ongoing Specialty Core Trainings Offered in SFY2014**

CLASS TITLE	CCDFS	WCDSS	RURAL	WIMBA	TOTAL
	UNLV	UNR			
NV Supervisor Mod 1	1	1			2
NV Supervisor Mod 2	1	1			2
NV Supervisor Mod 3	1	1			2
NV Supervisor Mod 4	1	1			2
NV Supervisor Mod 5	1	1			2
NV Supervisor Mod 6	2	1			3
Searching for Heroes: Engaging Families with an Emphasis on Non-Resident Father Engagement					
Addictions 101	3				3
Addictions 201	1				1
Addictions 202					
Addictions 203		3			3
Child Sexual Abuse 101					
Child Sexual Abuse 201					

Child Sexual Abuse 202				
Domestic Violence 101	3			3
Domestic Violence 201				
Domestic Violence 202				
Child Mental Health - Trauma & Neurodevelopment	3	1		4
Child Mental Health - Recognizing the Signs & Symptoms of Child/Adolescent Mental Health Issues	1			1
Child Mental Health - Working with and Caring for Children with Trauma and Mental Health Issues	2	1		3
Mental Health 101				
Mental Health 201				
Mental Health 202				
Spirit of Motivational Interviewing	1	7 1		9
Motivational Interviewing Skills Practice	1	6 1		8
LGBTQ Youth & Child Welfare	1	1		2
What to do? Making Ethical Decisions	4	2		6
Domestic Minor Sex Trafficking	1			1
Youth Development - The Vital Link	1	1		2
Ethics and Liability Child Welfare - ONLINE				Online
ICWA – ONLINE				Online
Mandated Reporter * - ONLINE				Online
TOTAL	29	30	0	59

Table 52: Ongoing Specialty Core Participants in SFY2014*

CLASS TITLE	CCDFS	WCDSS	RURAL	FPO	CMH	JJC	OTHER	TOTAL
NV Supervisor Mod 1	8	1	4				1	14
NV Supervisor Mod 2	8	1	4					13
NV Supervisor Mod 3	6	1	5				1	13
NV Supervisor Mod 4	7	2	9					18
NV Supervisor Mod 5	6	1	4					11
NV Supervisor Mod 6	15							15
Searching for Heroes: Engaging Families								0
Addictions 101	18			1			3	22

Addictions 201	18		1	1	1		5	26
Addictions 202	8		1		1		14	24
Addictions 203		24	5		1		29	59
Child Sexual Abuse 101	22			2			5	29
Child Sexual Abuse 201								0
Child Sexual Abuse 202								0
Domestic Violence 101	54		5	3			6	68
Domestic Violence 201								0
Domestic Violence 202								0
Child Mental Health - Trauma & Neurodevelopment	35	5	6	2	1		29	78
Child Mental Health - Recognizing the Signs & Symptoms of Child/Adolescent Mental Health Issues	2						8	10
Child Mental Health - Working with and Caring for Children with Trauma and Mental Health Issues	22	5	3	1			37	68
Mental Health 101								
Mental Health 201								
Mental Health 202								
Domestic Minor Sex Trafficking	4						7	11
Lesbian, Gay, Bisexual, Transgender, & Questioning/Queer (LGBTQ) Youth & Child Welfare	5	13	2	2	3	1	23	49
Caring for LGBTQ Youth in Care - A Curriculum for Foster Parents		5			1		3	9
Spirit of Motivational Interviewing	10	36	38	1	5	3	85	178
Motivational Interviewing Skills Practice	2	25	35	1	5		48	116
What to Do? Making Ethical Decisions	59	95	17	5	1		25	202
Youth Development: The Vital Link	4	1	4	3	1		18	31
TOTAL	313	215	143	22	20	4	347	1064

*Data ending May, 2013 Source: NPT Web Registration System Report July 1, 2012 – May 1, 2013

New Trainings

Addiction 203: An Overview of the Impact of Opioids on Child Welfare Practice and Families

This course focuses on the impact of substance abuse, specifically opiate use, and its impact on child welfare practice in Nevada. Through a review of national and state figures, the severity of the non-medical use of opioids is discussed, including overdose statistics and incidents of Neonatal Abstinence Syndrome (NAS). The course addresses the different kinds of opioids and the effect that opioids have on the body, including psychopharmacological effects and withdrawal symptoms. Discussions also include a review of sedative/hypnotic drugs, often referred to as "Benzodiazepines." Medication Assisted Drug Treatment (MADT) and other treatment options will be addressed and the implications these treatment options have for child welfare practice will be explored. The following competencies are addressed.

Competencies:

- Competency #1: The child welfare worker will recognize the different types of opioids available.
- Competency #2: The child welfare worker will understand the role of opioid antagonist drugs in the treatment of opiate dependence
- Competency #3: The child welfare worker will recognize signs and symptoms of opioid use and the withdrawal syndrome associated with discontinuation of opioid use.
- Competency #4: The child welfare worker will understand the nature and timelines associated with opioid withdrawal and the risks associated with opioid overdose.
- Competency #5: The child welfare worker will recognize the impact of opioid use on a pregnant woman and understand the use of medication assisted treatment to ensure safety for both mother and child.
- Competency #6: The child welfare worker will recognize the most commonly abused prescription pain killers.
- Competency #7: The child welfare worker will understand the role of medication assisted drug treatment options in efforts to address opioid addiction.

Allowable IV E: This training activity falls under the allowable categories necessary for the administration of the foster care program: Clinical, development of the case plan and referral for services.

Target Audience: Child welfare workers, child welfare supervisors and foster parents statewide.

Training Provider(s): University trainers at the University of Nevada, Reno and the University of Nevada, Las Vegas.

Training Duration: This training is on-going and short in duration (1 full day of training).

Cost Allocation Methodology: This training is allocated to Title IV-E enhanced rate and state general fund.

What to do? Making Ethical Decisions

Ethical issues are inherent in all aspects of child welfare practice. Although the National Association of Social Workers (NASW) gives the profession a reference point with its Standards for Practice, Code of Ethics, and Core Values, it does not provide a hierarchy of importance for these values and standards, so we must have some means of determining which is supreme when one or more of these components are in conflict. This training introduces participants to a systematic tool to guide them in this decision making process and participants will explore key personal values and behaviors that

may affect ethical decisions. The course is guided by the framework of the National Association of Social Workers (NASW) Code of Ethics and Standards for Social Work Practice in Child Welfare, as well as Nevada Revised Statutes & Nevada Administrative Code, and Lowenberg, Dolgoff & Harrington's (2000) Ethical Assessment Screen.

Competencies:

Competency #1: Aware of key personal values and behaviors that may affect ethical decisions.

Competency #2: Able to apply a decision making process to a current ethical dilemma.

Allowable IV E: This training activity falls under the allowable categories necessary for the administration of the foster care program: Social Work Practice and Ethics.

Target Audience: Child welfare workers, child welfare supervisors and foster parents statewide.

Training Provider(s): University trainers at the University of Nevada, Reno and the University of Nevada, Las Vegas.

Training Duration: This training is on-going and short in duration (1 half day of training).

Cost Allocation Methodology: This training is allocated to Title IV-E enhanced rate and state general fund.

Youth Development: The Vital Link:

Participants will become acquainted with the youth development philosophy, apply a youth development philosophy to their programs and identify ways to implement youth development activities.

Competencies:

Competency #1: Able to explain the philosophy of youth development and how youth development addresses the developmental issues of young people.

Competency #2: Able to identify their attitudes, behaviors and assumptions on working with youth, as well as their agency's attitudes, behaviors and assumptions and how they impact youth development.

Competency #3: Able to develop a plan for implementing youth involvement activities and relate them to the youth.

Allowable IV E: This training activity falls under the allowable categories necessary for the administration of the foster care program: Independent Living, Case Plan Development, Referral for Services.

Target Audience: Child welfare workers, child welfare supervisors and foster parents statewide.

Training Provider(s): University trainers at the University of Nevada, Reno and the University of Nevada, Las Vegas.

Training Duration: This training is on-going and short in duration (2 days of training).

Cost Allocation Methodology: This training is allocated to Title IV-E enhanced rate and state general fund.

Caring for Lesbian, Gay, Bisexual, Transgendered and Questioning (LGBTQ) Youth in Care – A Curriculum for Foster Parents

In a 2011 memo, U.S. DHHS ACYF Director Bryan Samuels stated “I urge child welfare agencies to continue to explore the ways in which they may improve daily life and outcomes for young people who are involved in the foster care system and who are LGBTQ” as a call to action to child welfare agencies nationwide. LGBTQ youths, a largely invisible population, are believed to be disproportionately represented among young people in out-of-home care and among runaway and homeless youths. Estimates of LGBTQ youths among foster care and juvenile justice populations have ranged from 4% to 20%. LGBTQ youths in out-of-home care and those who are homeless are among the adolescent populations are most at-risk. Youth who experienced the trauma of maltreatment from their birth families often have a more challenging process coming out in foster care. While in placement, they may face additional rejection, harassment or maltreatment. In some instances, foster families or caregivers have had an established long-term relationship with a youth and then disowned, rejected, kicked out and/or forced them to act straight or gender-conforming when they came out. Emerging research from the Family Acceptance Project (FAP) provides compelling evidence that family rejection severely impacts health and mental health outcomes for LGBTQ youths and shows that just a little change for parents, foster parents, guardians, and caregivers can reduce an LGBT young person's risk for serious physical health problems such as risk of suicide and HIV infection. (NSDUH) data regarding illicit pain medication usage within the last twelve months shows that Nevada is the seventh highest in the nation for illicit pain medication use.

Competencies:

- | | |
|-----------------------|--|
| <i>Competency #1:</i> | Participants will explore their beliefs, values, and fears regarding lesbian, gay, bisexual, transgendered, and questioning youth. |
| <i>Competency #2:</i> | Participants will understand the difference between gender and orientation. |
| <i>Competency #3:</i> | Participants will understand the terms lesbian, gay, bisexual, transgendered, and questioning. |
| <i>Competency #4:</i> | Participants will understand the positive impact family acceptance can have on LGBTQ youth |
| <i>Competency #5:</i> | Participants will have skills to improve safety, permanency and well-being for LGBTQ youth in their care. |

Allowable IV E: This training activity falls under the allowable categories necessary for the administration of the foster care program: Placement of a child, Case Management & Supervision, Cultural Competency, and Relational Competence

Target Audience: Child welfare workers, child welfare supervisors and foster parents statewide.

Training Provider(s): University trainers at the University of Nevada, Reno and the University of Nevada, Las Vegas.

Training Duration: This training is on-going and short in duration (Four 2 hour sessions of training).

Cost Allocation Methodology: This training is allocated to Title IV-E enhanced rate and state general fund.

Item 34: Foster and adoptive parent training

Goal: *The State will ensure that training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E is provided in accordance with statewide policy and federal standards.*

This item was rated as strength in the 2009 Nevada CFSR. Unlike the Nevada Partnership for Training, foster and adoptive parent training is a child welfare agency run activity in Nevada. Since the first Nevada CFSR in 2004, the agencies have been responsible for their own foster, adoptive, and kinship parent training programs. Beginning in July 2005, each child welfare agency began using the Parent Resources for Information, Development and Education (PRIDE) Pre-Service Curriculum for all initial Foster/Adoptive Parent training. However, in 2009 CCDFS began the implementation of the PS-MAPP curriculum, while WCDSS and the DCFS-Rural Region still use the PRIDE curriculum. Both trainings are facilitated by agency workers and former foster/adoptive parents and both are provided in both English and Spanish. PRIDE training is covered over 29 hours, whereas PS-MAPP varies depending on the module

CCDFS, WCDSS and the DCFS Rural Region are implementing the Quality Parenting Initiative (QPI); which is one of Nevada's approaches to strengthening foster care, including kinship care, using branding and marketing principles. It is a process designed to develop new strategies and practices that help to ensure that children have effective, loving parenting.

CCDFS's QPI is comprised of 6 workgroups
Child Welfare Services Initiatives Workgroup:

- Promote consistency, across the continuum of care, in the gathering and sharing of comprehensive and critical information to foster parents for children entering out-of-home care such that their safety, well-being, and permanency needs are supported
- Develop a "Partnership Plan" to be signed by DFS case managers and individual foster parents which emphasizes a relationship of mutual respect and delineates the roles and expectations of each in promoting the QPI Brand Message.
- Develop a "Foster Parent Handbook" for all foster parents. The handbook will provide guidelines for practice, an understanding of the Child Welfare system, promotes a shared parenting message with birth parents, and provides practical assistance and resources needed by foster parents.

Recruitment Workgroup:

- Recruitment Material/Information Session: Embed QPI Branding Statement into recruitment materials/presentations. From the community's perspective, ensure materials convey the information it was designed to communicate.
- Foster Parents as Recruiters: Enhance recruitment efforts by utilizing licensed foster parents to share their experiences; answer real life questions about being a foster parent.
- Increase the number of quality foster homes.
- Zip Code Recruitment Strategy: Enhance effectiveness and efficiency of recruitment efforts, increase awareness about becoming a foster/adoptive parent, build partnerships with foster parent community, build community relations and partnerships, build positive community relations, utilize current foster homes to assist with recruitment efforts, team with retention units, enhance retention efforts/support to foster parent community.

Support and Retention Workgroup:

- Use survey findings to develop a customer-oriented DFS Foster Parent Champion Program
- Development and Implementation of DFS Foster Parent Champion Program - Phase I
 - Phone and e-mail customer service
 - Develop and maintain informational materials
 - Welcome calls to newly licensed caregivers
 - Support calls to new placements in foster homes licensed under 2 years
 - Placement stabilization services – phone, e-mail, and in-home
- Discuss with DFS management the creation of a volunteer advisory board made up of community stakeholders and foster parents to assist administration in developing plans for policy or procedural decision-making and dissemination that affect the foster care community

- Development of retention activities that acknowledge and support quality parenting among foster parents and relative caregivers that complement DFS' overall retention plan found in other QPI groups

Communications Plan Workgroup:

- Better communicate new laws and changes to foster parents through a monthly foster parent newsletter and social media resources.
- Create a weekly support system for caregivers/foster parents.
- Improve communication/collaboration between DFS and Foster Parent Associations.
- Improve interpersonal communication between caregivers/foster parents and CCDFS staff
- Determine communication channels and opportunities for caregivers

Training Workgroup:

- CCDFS Training Standards Recommendations – Review type of training and training hour requirements for pre-service and renewal of licensure in other jurisdictions. Make recommendations for Clark County Standards.
- QPI Just In Time Training Review – Make recommendations for changes/updates.
- Training Requirements Proposal – Develop written proposal for type of training to be taken/offered, training hour requirements and training accessibility for renewal licensure.

Community Partnerships Workgroup:

- Develop and maintain beneficial community partnerships that will further QPI by supporting children in care. Partner with private & public agencies to bring about “opportunities for our foster families and caregivers.”
- Identify the greatest needs of foster families, so that community partnerships can be created to fulfill those needs.
- Develop an Ambassador Program to create public awareness of QPI and the need for community partnerships to support children in care
- Educate and involve not only private and public agencies in child welfare but also private philanthropy, businesses and the greater community about QPI and how they can support children in care.
- Launch Public Awareness Campaign & Call to Action during Foster Care Awareness Month

The Just in Time web-based training portal was launched in 2013 through CCDFS Quality Parenting Initiative to provide training to providers.

Table 53 depicts the Foster and Adoptive Parent trainings provided by all three child welfare agencies during the FFY 2013 reporting period.

Tables 53: Advanced Foster and Adoptive Parent Trainings for all three Child Welfare Agencies

CCDFS Foster Parent Trainings

Training Offered by:	Title of Training	Times offered	Total Hours Offered	Total Participants
Licensing Unit	PS-MAPP* (English)	19	570	406
Licensing Unit	PS-MAPP* (Spanish)	1	30	20
Licensing Unit	Relative/Fictive Kin	37	555	690
DFS Training Team	Advanced Caregiver			
Total Trainings offered/Total participants		57	1155	1116

Source: Agency Reports July 1, 2013 – May 1, 2014

WCDSS Foster Parent Trainings

Training offered by:	Title of training:	Times offered:	Total hours offered:	Total participants:
Please note each month foster parent support group occurs 2 nd Wednesday of the month for 1 ceu	Rotates each month	12x in a year	1hr	Averages about 35 people / group offers child care and dinner
Denise Linaman WCSS	Have you been thinking of adoption? Part 3 of 3	1x 1/23/13	2hr for Part 3	16
Kevin Quint JTNN	Recovery from Addiction	1x 1/14/13	2hrs	33
Judy Shumway	Computers what they can do for you	2/21/13	2hrs	7
Roni Branson DV advocate	DV and Impacts on Children	2/28/13	2hrs	9
Dan Mills from Adoption Exchange	Connecting Children Trauma and You	2x 2/19/13 & 3/21/13	3hrs	20
Dan Mills from Adoption Exchange	Helping Children Cope: Promoting placement Stability and Reducing Trauma	2x 1/19/13 & 3/20/14	3hr	20
Dan Mills	Permanent Connections for Teens	1x 2/20/13	3hrs	20
Dan Mills	Effective Matching Practices	2x 2/20/13& 3/21/13	3hrs	20
Dan Mills	Permanent Connections for Teens	3/20/13	6hrs	20
Kevin Quint JTNN	Substance abuse Disorders : recovery and Parenting	4/22/13	2hrs	7
En Soul Hair Salon	Wonderous World of Hair and Skin Care of African American Children	4/29/13	2hrs	12?
Carol Patton WCSS		5/13/13	2hrs	7
Dr Carter Hargrove	From a Child's View	6/25/13	2hrs	10
Aaronson	Change Loss and Letting go	7/23/13	2hrs	17
Tom Murtha	Getting Ready for school	7/29/13	2hrs	4
Tom Murtha Washoe county Courts	Motivating Behavior change	8/14/13	2hrs	7
Jim Burdick WCSS	How to avoid Burnout	9/23/13	2hrs	11
Dee Klyman Foster Parent	Shaken Baby Syndrome	10/28/13	2hrs	3
Maryanne Aaronson	Compassion Fatigue- how to prevent it	11/14/13	2hrs	20

Roni Branson Victims Advocate	Domestic Violence and the Courts	12/18/13	2hrs	5
Total Trainings offered/Total participants		35	49	203

Source: Agency Reports July 1, 2013 – May 1, 2014

Due to the rural challenges that DCFS faces, bringing trainees into the DCFS Rural Region has not been a simple task. Barriers such as accessibility to training, travel cost and child care have proven to be difficult for trainees to navigate all throughout the Rural Frontier. The focus of DCFS over the past five years has been on trying to remove these barriers by providing more available and accessible trainings in the vicinity of where the trainees live. This includes providing training services in the home of families that are unable to travel due to health concerns. This cuts down costs considerably and makes training more palatable to people in the local areas. In the Humboldt, Lander, and Pershing County areas, training is being provided in collaboration with DCFS by trained professionals in the community that are supported by the Sixth Judicial District Youth and Family Services. Training in these areas is provided to accommodate the varying mine workers schedules that tend to be problematic in preventing people from moving forward with training and the application process. Providing these accessible PRIDE Training sessions on a local level has increased the number of applicants in rural Nevada. DCFS is also working diligently with contractors in the areas of Carson City, Elko, Fallon, and Pahrump to provide P.R.I.D.E. Training. This is very beneficial for recruitment purposes as local news media is requested to post all training announcements in the specific areas. Also, social media is being utilized to post upcoming trainings as well.

Next, while there has been considerable discussion about trauma and how it affects the brains of children, DCFS has been working to educate foster families about this issue by providing Trauma-Informed Care training by clinical staff in various regions of the state. This training was designed so that foster families can easily access this valuable information that in the future may prevent multiple placements. Another exciting project that the Rural Region has embarked upon with the last five years is QPI- Quality Parent Initiative. This program is a project of collaboration between the Rural Frontier of Nevada and the University of South Florida and marks a shift in the paradigm of how foster parents are trained and treated by DCFS. Online trainings, provided free of charge, discuss an array of issues such as Compassion Fatigue, nutrition, and attachment and loss issues of children in foster care. There is also the availability of situation-specific training provided online at the foster parent's request of address issues they may be currently dealing with. The Rural Region of Nevada has also instituted trainings in several rural communities specifically to address licensing issues via foster parent support groups and/or meetings. This has been very beneficial in clarifying licensing policies and standards. Lastly, Together Facing the Challenge training has been offered to several groups of Specialized Foster Parents throughout the Rural Frontier in order to better equip foster families for children with higher and more specific needs.

DCFS Rural Region Foster Parent Trainings

Training Offered By	Title of Training	Times Offered	Total Hours Offered	Total Participants
Sixth Judicial District Youth & Family Services	P.R.I.D.E. Training for Prospective Foster/Adopt Parents (Humboldt, Lander, Pershing Counties)	6	162	29
DCFS	P.R.I.D.E. Training for Prospective Foster/Adopt Parents (Humboldt County)	1	27	10
DCFS	P.R.I.D.E Training for Prospective Foster/Adopt Parents (Nye County)	4	108	27
DCFS	P.R.I.D.E Training for Prospective Foster/Adopt Parents	6	126	73

	(Churchill County)			
DCFS	P.R.I.D.E Training for Prospective Foster/Adopt Parents (Elko County)	6	144	50
DCFS	P.R.I.D.E Training for Prospective Foster/Adopt Parents (Carson City)	6	144	65
DCFS	Trauma-Informed Care	6	72	85
DCFS	Advanced Training: Foster Parents Working with Birth Parents	1	1	12
DCFS	Advanced Training: Respite, Rates, and Regulations	1	1	12
DCFS	Together Facing the Challenge (Specialized Pilot Program)	3	30	25
Total Trainings offered/Total participants		40	815	453

Systemic Factor E: Service Array and Resource Development

Item 35: Array of services

Goal: *The State will ensure there is an array of services available that:*

- *Assess the strengths and meets the needs of children and families,*
- *Determine other service needs,*
- *Address the needs of families in addition to individual children to create a safe home environment,*
- *Enable children to remain safely with their parents when reasonable, and*
- *Help children in foster and adoptive placements achieve permanency.*

Grants Management Unit

The Department of Health and Human Services (DHHS) is the lead agency for the community based child abuse prevention programs in Nevada and is leading the child maltreatment prevention activities in Nevada. The Department of Health and Human Services promotes the health and well-being of Nevadans through the delivery and facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency. Among the Divisions, Units, and programs that are part of DHHS and that contribute to the leadership of child maltreatment prevention activities are the Division of Child and Family Services, the Public and Behavioral health Division, the Welfare and Supportive Services Division, the Early Intervention Part C office, the Division for Aging and disability Services (Early Intervention Services), and the Grants Management Unit.

The Grants Management Unit (GMU) is an administrative unit within the Nevada Department of Health and Human Services, Director's Office that manages grants to local, regional, and statewide programs serving Nevadans. The GMU ensures accountability and provides technical assistance for the following programs: Children's Trust Fund, Community

Services Block Grant, Family Resource Centers, Differential Response, Fund for a Healthy Nevada (FHN), Social Services Block Grant (Title XX of the Social Security Act), and Problem Gambling Prevention and Treatment. The GMU was created in July 2003 to streamline and standardize administrative procedures and reduce administrative costs, by bringing together multiple grant programs and advisory committees. The GMU is responsible for the following state and federal initiatives associated with child abuse and neglect:

The Children's Trust Fund (CTF): The fund contains state and federal monies (CBCAP funds) that are reserved for primary and secondary child maltreatment programs. Most of the CTF funds are awarded through competitive applications.

Family Resource Centers (FRC): There are 22 FRCs in Nevada that provides information, referrals, and case management to at-risk families. FRCs collaborates with local and state agencies and organizations to help individuals and families access needed services and support. Some of the FRCs has continued some programs that were provided with Family to Family Connection (F2F) funds to support families with children birth to four years old. Funding for F2F was eliminated in the 2011 Legislature.

Differential Response (DR): The DR program is a partnership between FRCs and the three child welfare agencies in Nevada: Clark County Department of Family Services (CCDFS), Washoe County Department of Social Services (WCDSS), and the Division of Child and Family Services. Dedicated DR staff in nine FRCs in north, south, and rural communities are first responders to Child Protective Services' screened-in reports of child neglect.

Social Services Block Grant, Title XX programs: Assists persons in achieving or maintaining self-sufficiency and/or prevents or remedies neglect, abuse, or exploitation of children and adults.

Community Services Block Grant: Promotes economic self-sufficiency, family stability, and community revitalization in each of Nevada's 17 counties.

Fund for a Healthy Nevada-Master Tobacco Settlement funds: Grants to improve health services and the health and wellbeing for all Nevadans.

Revolving Account for Problem Gambling Treatment and Prevention: Providers funding for problem gambling treatment, prevention, and related services.

The Division of Child and Family Services (DCFS), which is responsible for the CFSR/PIP and the CFSP/APSR, and the Children's Trust Fund which receives the CBCAP funds, are both under the Department of Health and Human Services, lead agency for this application. Staff from both programs will continue to meet to plan coordination and collaboration activities between the Children's Trust Fund grantees, Family Resource Centers (FRC), and Title IV-B grantees. These programs provide families with access to formal and informal resources and opportunities for assistance available within communities and classes designed to strengthen and support families.

A statewide Differential Response Steering Committee comprised of representatives from the state and regional child welfare agencies, FRCs, and GMU staff will continue to meet quarterly to develop program Policies and Procedures and review the components of the program. All agencies involved have worked collaboratively to ensure that the program can be expanded to include a larger proportion of maltreatment reports. The level of commitment from all partners has been exemplary with additional staff assisting the Committee with information technology, training, assessment tools, policy documents, and legal guidance. A sub-committee of the Steering Committee will continue to work on a DR User Manual as well as a Quality Assurance tool.

The 2013 Legislature passed Assembly Bill 155 which amended NRS 432B.260 to eliminate the requirement that an investigation must be conducted for a screened-in report that includes a child under six years old who is identified as a possible victim of abuse or neglect. This statute change allows DR staff to work with families with children under age six, especially in reports of environmental neglect and improper supervision where several children are identified as victims and there is a child under age six.

Table 54 depicts the most current data concerning Nevada's Differential Response (DR) Program as of 3/31/2014.

Differential Response

Table 54 Nevada Differential Response (DR) Program Report for SFY 2014

Nevada Differential Response (DR) Program Report through 3/31/14

	SFY 07 2/28/07 – 6/30/07	SFY 08 7/1/07– 6/30/08	SFY 09 7/1/08 – 6/30/09	SFY 10 7/1/09 – 6/30/10	SFY 11 & 12 & 13 & 14 Current Status 7/1/10 – 3/31/14				
Number of DR programs	2 (Las Vegas)	7 (4 Las Vegas, 2 Washoe, 1 Elko)	12 (5 Las Vegas, 2 Washoe, 5 Rural)		12 (5 Las Vegas, 2 Washoe, 5 Rural)				
Number of Community Based DR Staff	4	16	23		23.5				
Total number of Families Served by DR 2/28/07 – 3/31/14:									
	SFY 07 2/28/07 – 6/30/07	SFY 08 7/1/07 – 6/30/08	SFY 09 7/1/08 – 6/30/09	SFY 10 7/1/09 – 6/30/10	SFY 11 7/1/10 – 6/30/11	SFY 12 7/1/11 – 6/30/12	SFY 13 7/1/12 – 6/30/13	SFY 14 7/1/13 – 3/31/14	Total 2/28/07 – 3/31/14
Cumulative Number of Families Referred to DR from CPS	90	362	912	1,053	1,137	1,234	1,319	1,036	7,434
Number of Cases returned to CPS	16	66	147	76	44	47	13	23	437
Number of cases closed	33	247	665	906	1,135	1,182	1,324	928	6,681

Cases have been returned to CPS for the following reasons: Unable to locate family or family has moved, Family refused DR services or did not respond to DR communication, Child in home under the age of 5 and reported to be unsafe, New allegation of abuse or neglect, Family not in area of service

Current Status by Program – FY14 July 1, 2013 –March 31, 2014

Program	Budgeted DR Staff	Number of cases carried forward from SFY 13	Number of cases referred to DR from CPS	Number of cases returned to CPS	Number of cases closed	Number of open DR cases
Las Vegas – South HopeLink	2	16	72	2	74	12
Las Vegas – East East Valley Family Services FRC	2	16	76	0	71	21
Las Vegas – Central East Valley Family Services FRC	2	23	86	0	71	38
Las Vegas – North Olive Crest FRC	2	31	119	0	108	42
Las Vegas – West Boys and Girls Club of LV FRC	2	15	108	0	91	32
Total Clark	10	101	461	2	415	145
Washoe FRC	2	24	63	0	63	24
Washoe Children's Cabinet*	4	35	140	1	132	42
Total Washoe	6	59	203	1	195	66
Elko Family Resource Center of Northeastern NV	2	9	66	2	70	3
Lyon, Pershing, Mineral Lyon Co. Human Services FRC	2.5	11	118	3	90	36

Churchill FRIENDS FRC	1	10	76	0	67	19
Carson City/Douglas Ron Wood FRC	1.5	10	86	15	65	16
Pahrump/S. Nye East Valley Family Services FRC	.5	10	26	0	26	10
Total Rural	7.5	50	372	20	318	84
Total State	23.5	210	1,036	23	928	295

*Children's Cabinet is funded by WCDSS to provide DR services. While they are not being funded by FRC state funding, they are participating in the training and other DR activities and their data is incorporated into the evaluation information.

DCFS Grants Management Unit-Title IV B, Subpart 2

A primary objective under this item is that the State will seek out external sources of support to improve the State's service array.

The Title IV- B, Sub grant II advisory group has continued to meet quarterly over the last five years. Prior to each funding cycle, representatives from each child welfare agency work with management and the Grants Management Unit specialists to identify funding priorities. These priorities, by region, are incorporated into the Request for Proposals (RFP)/ funding announcement, and are used to evaluate proposals so that funded projects are closely aligned to agency identified service needs and priorities. Scopes of Work and needs assessments have been reviewed each year, or more often if requested and appropriate to ensure the activities continue to support the identified needs.

Services to Populations at greatest risk of maltreatment

CCDFS

During the past five years, priority needs for CCDFS have changed but have included the following services, which have been used to determine funding for each funding cycle:

- 1) Homemaker services to prevent the removal of the child from the home.
- 2) Intensive medical case management services for children with special needs.
- 3) In-home Family Crisis Stabilization Services – initial crisis assessment and crisis counseling to stabilize the home environment. This includes no less than three home visits per week and parent education skills training.
- 4) Facilitators to conduct safety team meetings that conduct a safety team meeting for all children within 48 hours of removal from their home on an emergency basis, prior to removal for non-emergency placements or for imminent disruptions and when a case is transitioned from child protective services to the permanency unit.
- 5) Substance abuse assessments and counseling.
- 6) Peer mentoring and advocacy program services to encourage attachment between parents and their children that have been removed from the home and support for parents involved with the child welfare system.
- 7) Home studies and initial social summaries for children waiting for adoption to provide a complete child and family history for the purpose of full disclosure and best practice.

CCDFS continues to work with community partners in areas where there are high removal rates, including faith-based organizations to assist these families in crisis. CCDFS also continues to work towards collaborative relationships with these organizations and others to reduce the risk of maltreatment in these areas by providing families with supportive services.

WCDSS

In response to a survey distributed to the county's child welfare staff, WCDSS was able to identify child and family priority service needs as well as funds that could be used to support case planning and service delivery. Over the past five years, priorities may have shifted, but have continued to include the following service needs, which have been used to determine funding for each funding cycle.

- 1) Counseling for adults with a co-occurring disorder.
- 2) Assessments and counseling for youth with substance abuse.
- 3) Group counseling.
- 4) Counseling for domestic violence offenders.
- 5) Strength-based parental capacity evaluations.
- 6) In-home Family Crisis Intervention Services – provide initial crisis assessment, crisis counseling and intensive therapeutic case management.
- 7) Parent-training mentor program to enhance parental confidence and skills in bonding and to help train and mentor parents for supervision with their children.

WCDSS continues to report that, through data mining, it is able to identify children at greatest risk of maltreatment including caregiver substance abuse, single parent family, parental incarceration and homelessness. Over the past five years, WCDSS expended over \$500,000 annually in purchase of service agreements to provide services to families to address substance use and homelessness. WCDSS is the recipient of Low Income Housing funding to support rental and utility assistance and deposits. WCDSS continues to have an active Drug Court and added a co-occurring Mental Health Court. WCDSS has aggressively addressed child safety resulting in improved fidelity to the SAFE model. Additionally, WCDSS continues to review information through Chapin Hall data center to further understand outcome trends.

DCFS Rural Region

During the last five years in the Rural Region, the Rural Management Team (RMT) consisting of child welfare managers, supervisors, clinical manager, rural region manager, rural specialists and quality assurance supervisor have met regularly to review rural data, trends, needs survey feedback from the Rural Mental Health Consortium and funded IV-B agencies scopes of work to identify priority needs and gaps in service.

DCFS rural Nevada communities have limited service array and in many of Nevada's frontier communities there are no services available, so agency staff must travel to serve families in these remote areas. Rural Nevada continues to have a high percentage of substance abuse identified in the child welfare population and this creates the need for substance abuse treatment services throughout the region. Services that are provided in the home are also rated as a high priority service need. Based on the collection of data and feedback from child welfare staff in the DCFS Rural Region the following services have been identified as a priority and continue to have efforts made toward provision of these services to families in need:

- 1) In-home Family Crisis Stabilization Services - provide initial crisis assessments and crisis counseling to stabilize the home environment. This will include no less than three home visits per week and parent education skills training.
- 2) In-home and/or community –based individual and family mental health screenings, assessments, and/or counseling.
- 3) In-home and/or community-based parent training.
- 4) In-home and/or community-based Homemaker training and/or workshops.

- 5) In-home and/or community-based advanced parenting training and/or workshops. This training will focus on various adoption issues.

The populations at greatest risk of maltreatment have not changed for the DCFS Rural Region in recent years. They are families who are familiar with the agency and often have a history of past investigations and assessments of child safety. Many are living in poverty, have been negatively affected by the failing economy, have histories with law enforcement, substance abuse and domestic violence.

By gaining new positions within the past and future budgets, there will be an ability to reallocate IV-B funds that had previously paid for some of the services mentioned above. A few DCFS offices have identified a need for safety management providers / services that are needed in order to prevent removal by creating an effective and sufficient in-home safety plan. DCFS continues to explore solutions, including the feasibility of starting a pilot project in one rural community that would utilize volunteers who have passed background checks and are approved for this purpose. Another office is entertaining adding these services to IV-B scopes of work. This is all happening slowly as the court and various stakeholders learn more about the new Safety Decision Making model and agree to support the idea of in home safety planning.

Title IV-B, Subpart 2 funding provides critical services throughout the state including the provision of family support, family preservation, time-limited family reunification and/or adoption promotion and support services.

Family Preservation Services:

Family preservation services programs are characterized by high intensity, immediately accessible treatment and ancillary services for at-risk children and families. These services are designed to help families alleviate crises that might lead to out-of-home placements for children because of abuse, neglect, or parental inability to care for them. They help maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs. During the last five years, program staff have successfully provided crisis intervention, clinical assessment, and family preservation services to a protective services population in Clark County, Washoe County and certain counties located in the Rural Region.

Over the last five years, CCDFS has utilized an array of prevention services to help children at risk of abuse and neglect and remain safely with their families. These services include flexible funding to support families in areas such as rent, utilities, apartment deposit, bus tokens, food vouchers and other basic needs, and contract services with community agencies. Intensive case management services provide parenting classes that incorporate family strengthening techniques to strengthen the family and home to prevent removal. Substance abuse in-home services are offered as well as mental health and substance abuse assessments and treatment in a variety of settings to meet the specific needs of the family. Medical training and rehabilitative support services allow medically fragile children to remain in their home and prevent removal. Medical wraparound, medical daycare, respite care and home health services continue to be provided to children in CCDFS custody. The goal of these services have expanded over the past five years and includes the purpose to increase support to caregivers that enables them to meet the medical needs of their children at home or in alternate placement. CCDFS has also been able to contract with a non-profit pediatric home health agency to provide intensive medical case management to an average of 45 medically needy/fragile children per month during the last year of this reporting period.

WCDSS family preservation services have included strength-based treatment utilizing pro-social adaptive behavior modification techniques to teach clients to change socially and personally maladaptive behavior; individual and group counseling to assist clients and their children to adopt strategies and behaviors that sustain recovery and maintain daily functioning including conflict resolution; couples and family therapy; supportive and instructive interventions to address life management needs. Case management has continued to be available over the past five years, designed to assist families who were involved with or at-risk of becoming involved with child welfare agencies. Assessments to identify strengths and service needs of clients related to life and home management skills have also been available in addition to mental health assessments and services.

Throughout the last five years, Family Resource Centers and rural community providers receiving IV-B funds have continued to be a primary source for pre-placement services for the DCFS Rural Region Intensive Family Services staff, which provide both clinical assessments and home-based family preservation services. Parenting classes are available in-home as well as in group settings. Case management, including home-maker skill building continues to be available through the rural Family Resource Centers. Mental health and substance abuse assessments are also available. Most of the funded rural providers cover large areas of rural Nevada and often must travel to provide access to services for families to prevent removal.

State Rural Mental Health Clinics are responsible for providing children's mental health services in the Rural Region. The Rural Region has Family Support Workers that are utilized similarly to the Human Services Specialist positions in WCDSS to provide additional needed support to families. Recruitment and retention of licensed social work positions has remained an ongoing challenge in rural Nevada and efforts have been made over the past few years to recruit and retain workers.

Additional services utilized by the Rural Region have included services available through community based non-profit agencies to provide substance abuse counseling, domestic violence interventions, truancy, tutoring, parenting and other prevention programs for children. County welfare programs and/or other community based resources are frequently accessed for temporary housing, vouchers for clothing, food, gas, utilities, transportation and other needed services. Community coalitions exist in many rural communities in an attempt to increase availability and accessibility through coordinated efforts between public and private agencies. The State has operated Family Preservation Services (FPS) existing throughout the state for over 11 years. Services, like other FPS programs, are brief, intensive, home-based and family centered.

Family Support Services:

Family support services promote the well-being of children and families and ultimately increase the ability of parenting to strengthen and stabilize the family unit. The goal of family support services is to increase the parents' competence and confidence in parenting so children are in a safe and stable environment. These services are voluntary, preventive activities to help families nurture their children. They are often provided by community-based organizations and are designed to alleviate stress and help parents care for their children's well-being before a crisis occurs. They connect families with available community resources and supportive networks which assist parents with child rearing. Family support activities include respite care for parents and caregivers, early development screening of children to identify their needs, tutoring health education for youth, and a range of center-based activities.

Family support services in CCDFS over the past five years have included an intensive in-home parenting program that addresses parenting and home-maker issues; programs which offered activities and supervision to school-aged children in a safe environment while their parents were at work, which enabled parents to achieve and maintain better job performance in knowing that their child was in a safe environment; case management; parenting classes; budgeting classes in both English and Spanish and computer skills classes and developmental screenings.

Title IV-B funded family support services in WCDSS have included in-home family and individual counseling; mental health and substance abuse assessments; case management and linkage with supportive services; home visits; budgeting classes and goal planning.

Funding for family support services to sub-grantees in the Rural Region have included in-home parenting as well as parenting groups; specialized parenting classes for parents of infants; first time parenting classes, mental health and substance abuse assessments and treatment; and home-maker classes. Parenting classes and in-home services for babies and toddlers 0-5 years of age are available in several counties in the Rural Region. In-home services include nutrition, housekeeping and developmentally appropriate parenting for children of all ages.

Time-Limited Reunification Services:

These services and activities are provided to children who have been removed from home and placed in a foster home or a child care institution and to their parents or primary caregivers. The goal is to facilitate reunifications safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that children entered foster care. Services may include: individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment services; behavioral health services; assistance to address domestic violence; temporary child care and therapeutic services for families, including crisis nurseries; and transportation to or from any of the services.

Funded programs that have provided time-limited reunification services in CCDFS over the last five years have included comprehensive assessments for both mental health and substance abuse issues for individuals and groups as well as individual and family treatment; Safety Team meetings facilitated within 48 hours of referral from the child welfare agency; and in-home parenting training and home maker skills training. Referrals to the Safety Team Decision Making Program (STDM) are made via an online form which is then e-mailed to the STDM distribution list. The program pilot was conducted at the CCDFS Central site for the first two years of the project, a West site was added for the 3rd year and with a new grant cycle, expansion has been made to include an East site. Services continue to be made available in English and Spanish and also include a peer parent advocate program that enhances the quality of visitation for biological parents, thereby, facilitating reunification.

Time-limited reunification services in WCDSS have included mental health and substance abuse assessments and treatment; psychiatric evaluations for adults; group counseling for drug and alcohol, sessions on depression, parenting, stress management, family violence, sexual and physical abuse, loss and grief and marital and couple issues; and foster parent mentoring and relationship building with biological parents to facilitate timely reunification.

Time-limited reunification services in the Rural Region have also included in-home parenting training as well as group parenting classes; infant parenting classes; first time parenting classes; and mental health and substance abuse assessments and treatment.

Adoption Promotion and Support Services:

Adoption Promotion and Support services and activities are designed to support and facilitate permanency for children in Nevada's foster care system.

Over the past five years, funding for Adoption Promotion and Support Services have allowed sub-grantees in CCDFS to educate the public, community leaders, policy makers and child welfare administrators by providing informative feedback on the foster parent perspective on adoption recruitment issues to better serve the foster parent community's needs and training for mental health professionals to help them understand why treatment strategies must be different for adoptive families. Funding also supports diligent search activities which focus on identifying and locating parents and relatives who might be placement resources for children utilizing multiple resources such as Accurant, Internet sources, telephone books, Department of Motor Vehicles information and diligent search programs in other states.

Through IV-B and Adoption Incentive funding a large number of social summaries and home studies have been completed in CCDFS leading to adoptions being finalized in a timely manner. As a result of this activity, adoption rates have continued to increase significantly over the past five years. The employees have worked diligently during the past five years to eliminate the barriers that prevent children from being adopted. Barriers to success have included backlogged pending TPR's; processing legal TPR related documents, backlogged adoption subsidy files, etc. Staff has been hired to address these barriers.

Adoption Promotion and Support Services funding to sub-grantees in WCDSS and the DCFS Rural Region have enhanced their capability to collaborate with agencies to produce "child / family matching" events where children in foster care awaiting adoption were exposed to potential adoptive families; provision of series of training workshops for foster and adoptive parents; awareness promotion of special needs adoptive homes for children 12 years and older and sibling groups and increase interest in special needs adoption, ultimately impacting the number of finalized special needs adoptions. In collaboration with WCDSS, an agency has developed a program to build relationships between biological and foster parents with a goal of improving communication and building positive relationships between biological and

foster parents to best facilitate the well-being of the children involved.

WCDSS's Adoption Program and the CCDFS CAC have continued to utilize trained clinical staff to support families' adoption of children with emotional/behavioral needs. This combined with the development of a "transition" case plan is a promising practice designed to better support and prepare both foster-adoption and stranger adoptions; and to increase the success of the child's placement.

WCDSS developed a Memorandum of Understanding (MOU) with Medicaid providers to create an approved network of providers. WCDSS has authorized payments outside contract to provide needed services (example, additional payment for urgent evaluation). WCDSS continued to refine the voucher process to ensure appropriate services were available as needed by staff. SAFE-FC workers have access to Children's Cabinet therapeutic and safety services.

Table 55 Title IV-B Subpart 2 Grantees by Funding Category and Region for SFY 2014

Sub-Grantee Name and Region	Family Support	Family Preservation	Time-Limited Family Reunification	Adoption Promotion/Support
Clark				
Adoption Exchange, Las Vegas				✓
Boys Town, Las Vegas	✓	✓	✓	✓
Bridge Counseling, Las Vegas		✓	✓	
CCDFS Department of Family Services, Las Vegas	✓		✓	✓
East Valley Family Services, Las Vegas		✓		
Olive Crest, Las Vegas				✓
Virgin Valley FRC, Mesquite	✓	✓		
Washoe				
Tahoe Family Solutions	✓			
Children's Cabinet of Reno	✓	✓		
Family Counseling Services, Reno			✓	✓
STEP 2, Reno	✓		✓	
WCDSS FRC Coalition, Reno	✓	✓		
Youth Law Center			✓	
DCFS Rural Region				
Community Chest	✓		✓	
Family Support Council, Gardnerville		✓		
FRC of Northeastern Nevada, Elko	✓	✓	✓	
FRIENDS FRC, Fallon	✓			
Hawthorne FRC, Hawthorne	✓	✓		
Little People's Head Start, Ely	✓			
Maple Star	✓			
No to Abuse, Pahrump	✓	✓	✓	✓
Ron Wood FRC, Carson City	✓			
Wells FRC, Wells	✓	✓		

CCDFS: During this past state fiscal year, 10,279 families, 13,220 individuals, 22,242 children, 2,435 persons with a disability and 6,038 single heads of household were provided the services listed below through the agencies funded in CCDFS in SFY 2014:

- Family Support – Parent Education, Individual and Group Parent Support Groups, In-Home Parenting Programs, Teen/Youth Support Groups, Tutoring, and Job Placement Assistance.
- Family Preservation – Parenting Classes, Home Maker Skills, Respite Care, In-Home Therapy, Family Strengthening and Modeling Techniques such as: Home Safety, Positive Discipline, Cleanliness, Child Development, Nutrition, Budgeting, School Advocacy.

1. *Basic Needs Services* – Transportation Assistance, Utility Assistance, Clothing, Housing, Food, Rental Assistance and other Basic Needs to prevent removal of children.
- Time-Limited Reunification – Safety Team Decision Making Program, Substance Abuse Assessments, Mental Health Assessments, Home-Based Treatment in English and Spanish, Group Therapy, Individual Therapy, Couples' Therapy, Family Therapy.
- Adoption Support and Services – Home Studies, Social Assessments, Post Placement Services, Home Study Updates, Social Study Updates.

WCDSS: 4,319 families, 5,447 individuals, 6,413 children, 390 persons with a disability and 2,090 single heads of households were provided the following services during SFY 2014 through the agencies funded in WCDSS:

- Family Support – Individual and Group Parent Support Groups, In-Home Parenting Programs, Mentoring, Tutoring, Youth/Teen Support Group,
 - Family Preservation – Parenting Classes, Youth/Teen Support Group, Home Maker Skills, In-Home Therapy, Family Strengthening and Modeling Techniques such as: Home Safety, Positive Discipline, Cleanliness, Child Development, Nutrition, Budgeting, School Advocacy.
2. *Basic Needs Services* – Transportation Assistance, Utility Assistance, Clothing, Housing, Food, Rental Assistance and other Basic Needs.
 - Time-Limited Reunification – Substance Abuse Assessments, Mental Health Assessments, Home-Based Treatment in English and Spanish, Group Therapy, Individual Therapy, Couples' Therapy, Family Therapy.
 - Adoption Support and Services – Recruitment and Training, Home Studies, Social Assessment, Post Placement Services, Home Study Updates, Social Study Updates.

DCFS Rural Region: 1,294 families, 1,656 individuals, 2,041 children, 260 persons with a disability and 418 single heads of households were provided the following services during FY 2014 by agencies funded to provide services in rural Nevada:

- Family Support – Individual and Group Parent Support Groups, Parenting Classes for Teen Moms and First Time Moms, In-Home Parenting Programs, Child Development Classes, Substance Abuse Screenings, Mental Health Services, Tutoring, Domestic Violence Services and Job Placement Assistance.
 - Family Preservation – Parenting Classes, Youth/Teen Support Group, Home Maker Skills, In-Home Therapy, Family Strengthening and Modeling Techniques such as: Home Safety, Positive Discipline, Cleanliness, Child Development, Nutrition, Budgeting, School Advocacy.
3. *Basic Needs Services* – Transportation Assistance, Utility Assistance, Clothing, Housing, Food, Rental Assistance and other Basic Needs.
 - Time-Limited Reunification - Substance Abuse Assessments, Mental Health Assessments, Home-Based Treatment in English and Spanish, Group Therapy, Individual Therapy, Couples' Therapy, Family Therapy.
 - Adoption Support and Services – Recruitment and Training, Foster and Adoption Home Studies.

The 2009 Nevada CFSR report rated this item as strength.

Item 36: Service accessibility

Goal: *The State will ensure that the services in the State's Service Array are accessible to families and children in all political jurisdictions covered in the State's CFSP.*

The state's main objective under this item is to enhance service accessibility. Funding constraints and provider retention/availability continue to present two of the most serious barriers across the state. However, despite these challenges, ongoing efforts continue to increase the accessibility of services through new initiatives statewide. During both the 2010 and 2013 release of the Title IV B, Subpart 2, Request for Proposals (RFP), each child welfare agency developed a list of priority service needs. Priority service needs identified over the past five years included:

- CCDFS: Family preservation services, homemaker services, substance abuse assessment and treatment, mental health assessments, medical case management, domestic violence response, and home studies and social summaries;
- WCDSS: In-home family crisis stabilization services and support services, facilitators to conduct safety team meetings to facilitate timely reunification, updating home studies and social summaries, comprehensive substance abuse and mental health assessments, family counseling and substance abuse treatment, parenting groups; and
- DCFS Rural Region: In-home family crisis stabilization services, in-home mental health assessments and treatment, community based and in and in-home substance abuse assessment and services, community based and in-home parenting training, community based and in-home homemaker classes, and training and classes for potential adoptive families.

Through Title IV B, service providers across the state have been funded to provide family preservation, family support, timely reunification and/or adoption support services. Representatives from WCDSS, CCDFS and Rural child welfare continued to participate in the Title IV B advisory group established to monitor and address issues related to service provision and access. This advisory group has met regularly over the past five years to discuss service needs, barriers to access, and opportunities for improvement.

Several initiatives have seen ongoing progress over the last five years. These focus on the Independent Living for Youth program in the DCFS Rural Region, Domestic Violence, Substance Abuse, Caseworker Visitation, Differential Response and more. These programs help to ensure that services are accessible to families, despite funding constraints. These programs are described briefly below.

- The Independent Living Program, through a combination of federal and state funding, provides support to the Family Resource Centers (FRC's) in the rural counties of the state to provide services to increase access to services for foster, or former foster, youth residing in the surrounding areas. The Family Resource Centers collaborate with local child welfare workers and meet monthly to address barriers, develop policies and to promote the self-sufficiency of these youth statewide. These service providers and child welfare staff meet monthly to discuss new legislation, current issues and any identified barriers or challenges encountered. The Independent Living Program is serving more youth statewide than in previous years. Since the previous CFSP Family Resource Centers, especially those in the rural counties, have built infrastructure, are receiving additional funding, and have expanded the array of available services.
- The University of Nevada, Reno and DCFS continue to work together to build on-campus year around support services and explore reduced or free tuition for youth who have aged out of the child welfare system.
- In the Rural Region of Elko County, DCFS has continued to work with the University of Nevada, Reno School of Medicine to develop and sustain a rural telemedicine project to provide forensic sexual assault exams. Since Elko County is 5 hours away from qualified staff to conduct sexual assault exams, the ability to provide local exams will decrease trauma to the child and the risk of losing critical evidence. The exams are provided in a family friendly setting. There have been several Multidisciplinary Team trainings, Nurse Examiner SANE-P trainings, protocol development workgroups and overall coordination of the program to assist children who have been victims of sexual assault. The examination location has been moved, however, child victims are being seen. The exam is recorded on a DVD which is then submitted as evidence.
- The Regional Partnership Grant program five year grant supports residential treatment for mothers referred by

child welfare. The program has allowed mothers to remain with their children during the course of their residential treatment. The family receives intensive case management and therapy. All children are assessed for possible developmental and other physical issues and referred as needed. The children are also assessed for trauma and receive treatment. All mothers in the program participate in a specially designed court docket with a judge who also is a licensed Marriage and Family Counselor. After completion of the residential program, mothers participate in outpatient services for as long as needed. Nevada has completed the first five year cycle of this grant and did receive an additional five year grant which started in September 2012. Success continues for the mothers and children in the program and plans for the sustainability of this program are in progress.

- A variety of additional training opportunities were provided, outside of the Nevada Partnership for Training Child Welfare Training Program during the last five years. Multidisciplinary trainings were provided in the Rural Region. Diversity in Grief training provided information on teen grief, multicultural considerations and the importance of cultural sensitivity. Shaken Baby Syndrome training was also provided and included unsafe sleeping environments, the dangers of co-sleeping and the physical impact of shaking a baby. Technology facilitated crimes against children training included information on the growing problems of child molesters targeting children via the internet and cell phones, identification of predators and discussion on the methodologies and seduction techniques employed by the child molester in the various social networking sites, chat rooms and on the internet. This training also included interviewing techniques that can be used specifically in child exploitation investigations involving the online predator or child molester. All trainings are described, including the numbers of Continuing Educational Units offered, in the State Training Plan.
- Funding from fees collected from those registering for Medical Marijuana are collected and used to provide substance abuse treatment to families referred by child welfare. Funding continues to be available and all three child welfare agencies are spending the funds that are allocated to them. This has been significantly helpful in Nevada's rural counties where services and funding is scarce. DCFS worked with Nevada's Substance Abuse Treatment Agency and representatives from each child welfare agency to identify needs and agencies and to build a request for proposals. Funded agencies have been providing services in Washoe, Clark and the rural regions of the state. A quarterly workgroup tracks utilization data and meets to discuss issues related to access, billing, and service provision.
- CCDFS maintains collaboration with community non-profit agencies, such as Safe House and Safe Nest, to provide services to high-risk families of domestic violence.
- CCDFS has developed the Safety Team Decision Making program which prevents removal of children from their homes when there is a non-emergent safety concern or imminent placement disruption. This project will continue to be funded through SFY 2016.
- Caseworker Visitation funding was utilized to increase the frequency of monthly visitation through enhanced technology and additional caseworker hours for children in an out of home placement setting.
- CCDFS has continued to utilize Adoption Incentive funding to increase the number of social summaries and home studies completed to facilitate timely permanency for children. Family Service Specialists are utilized and act as liaisons with the Recruitment Specialists to help place families identified through child specific recruitment strategies to increase permanency. Funds were also used to move children forward to permanency through the purchase of safety items for adoptive placement, and pre-adoption legal fees that present a barrier.
- WCDSS also utilizes Adoption Incentive funds for travel for adoptive placements and post placement supervision specific to interstate placement, especially cases involving privatized delivery of adoption services, recruitment services and adoption worker trainings.
- The DCFS Rural Region utilized Adoption Incentive funds for travel for adoptive placements and post placement supervision specific to interstate placement especially cases involving privatized delivery of adoption services and recruitment services.
- During the past five years, Casey Family Programs has provided funding for a number of projects designed to address foster care related issues with the goal of safely reducing the number of children in foster care. Projects have included several key trainings and the expansion of the Differential Response Program.
 - Chapin Hall – DCFS has worked with Chapin hall, and now has the ability to access to generate reports and enhance data-driven decision making.

- Indian Child Welfare related activity – DCFS is working with Nevada’s Native American tribal representatives to build Memorandums of Understanding regarding Indian Child Welfare collaboration and coordination and to provide training.
 - Permanency Roundtables to enhance permanency for children who have been in the system for 18 months or longer.
 - Data training to provide workers the advanced knowledge and skill to extract and analyze data.
- The DCFS’s Grants Management Unit (GMU) continues to utilize an online reporting system that is used by providers and DCFS to track performance indicators, client utilization and demographics.

Services for Children under the age of five:


Over the past five years the three child welfare agencies have focused on a variety of activities to reduce the length of time children who are under age five and in care. Furthermore, these activities have addressed and continue to address the developmental needs of these children.

CCDFS

CCDFS has implemented two specialized in-home units that are assigned to cases where the primary victim is under the age of five. This has assisted in promoting permanency for these children. In the later part of FY 2014 CCDFS will be implementing specialized permanency units that will service those primary victims under the age of five. By moving in this direction we will be able to promote and expedite the permanency of these children.

The data below illustrated by CCDFS reports the number of children under the age of 5 for FY13, FY14 and FY15 (projected). When comparing FY13 to FY15, CCDSS is projecting a 26% decrease in the number of children in care under the age of 5.

Tables 56 CCDFS Number of Children under age for FY 13, FY, 14 and FY 15 Projected

FY13	FY14	FY15 Projected	FY13 v. FY15 Projected
1664	1487	1236	26% 

Source: Clark County Reports

Under Age 5: FY 2013 -1664 Total Children

Race	Child Count	Ethnicity	Child Count	Gender	Child Count
African American	485	Hispanic	415	FEMALE	790
Asian/Pacific Islander	25	Non-Hispanic	1,041	MALE	874
Caucasian	994	Unknown	208		
Multi-Racial	142				
Native American	10				
Unknown	8				

Source: Clark County Reports

Under Age 5: FY 2014-1487 Total Children

Race	Child Count	Ethnicity	Child Count	Gender	Child Count
African American	436	Hispanic	369	FEMALE	704
Asian/Pacific Islander	17	Non-Hispanic	876	MALE	783
Caucasian	876	Unknown	242		
Multi-Racial	136				
Native American	7				
Unknown	15				

Source: Clark County Reports

Under Age 5: FY 2015 Projected- 1236 Total Children

Race	Child Count	Ethnicity	Child Count	Gender	Child Count
African American	367	Hispanic	303	FEMALE	592
Asian/Pacific Islander	12	Non-Hispanic	720	MALE	644
Caucasian	730	Unknown	213		
Multi-Racial	109				
Native American	5				
Unknown	13				

Source: Clark County Reports

WCDSS

WCDSS is in the third year of a multi-year research project to promote early reunification through a process of evaluation parent protective capacity and strengthening parental skill through SMART case planning. Staff not involved in the research project (SAFE-FC) must staff cases with supervisors at least quarterly to address barriers to reunification. A special staffing between a management level employee, supervisor, and caseworker is held at 9 months, and every 9 months thereafter, to specifically address barriers to reunification. This staffing is intended to occur far enough ahead of the permanency hearing to promote service delivery to get young children returned to caretakers. WCDSS actively seeks relatives to promote relative guardianship and adoption through diligent search staff. An additional Senior Social Worker assigned to Adoption Negotiator was hired during this time frame to promote adoption subsidy completion. Staff participate in a multi-disciplinary meeting weekly to promote placement stability and identify necessary services to prevent disruptions including relative placement.

DCFS Rural Region

In 2012, just one year after instituting the SAFE model, DCFS began utilizing in-home safety management planning and by May 2013, had safely reduced the number of children who came into care by 19%. By utilizing in-home safety plans, children were safely maintained in their own homes while case plan activities occurred to increase

caregiver protective capacities and mitigate safety threats altogether. The approximate number of children under the age of five in foster care in 2012 was 296. Per AFCARS, the average length of stay in foster care from 7/2012 to 4/2013 for this age group was 477 days. During the same period this past year (from 7/1/13 – 4/6/14) the number of children under the age of five is 199, and the average length of stay in care was 478 days. While the length of time in care has not decreased, the number of children under the age of five in care has significantly decreased over the past year. A significant difference in practice now compared to years past is that DCFS is now utilizing completion of Conditions For Return as a basis for decision making about the time line to return children safely home compared to completion of the case plan which historically took several months or years before return to home was even considered.

Addressing the developmental needs of infants, toddlers, and children:

- NEIS assessment services are utilized by all three child welfare agencies for infant, toddlers and preschool age children up to the age of three. If eligible, a Family Support Plan is developed and in home services are implemented (occupational therapy, speech therapy, physical therapy, etc.). Children over the age of three access comparable assessment and services through the local educational system. Agencies also access independent mental health professionals that accept Medicaid to serve this population as needed. DCFS Rural also has a clinician on staff that is qualified to utilize the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DCO3). This diagnostic tool is recognized by Medicaid and could be used to access Medicaid Behavioral Health Services (Basic Skills Training and/or Psychosocial Rehabilitation) as needed. This population also has two to three (ECSII, PECFAS) Intensity of Needs Instruments to identify the appropriate amount of services needed.
- CCDFS has collaborated with the public health nurse program for services following the Ages and Stages assessment. CCDFS also utilizes a medical wraparound approach called Positively Kids which provides in home services for occupation therapy (O/T), speech therapy, physical therapy (P/T) and access to specialized day care services for medically fragile children. An alternate community provider was also identified who, at no cost and outside of Medicaid, provides developmental services to this population and their families. These families also can access Intensive Family Services during investigations or as in home services for generalized parenting, discipline and household management to ensure that parent's expectations of a child with developmental disorders are realistic.
- WCDSS has historically been highly successful in achieving permanency for children under the age of five through their local families or the child's extended family. Recruitment for individuals within this population is also achieved through postings on their website as well as through casual social 'mixers' in which children and prospective families are invited to an agency facilitated social gathering where face to face casual interactions occur. This is in addition to Nevada's involvement in the Nationwide Adoption Exchange which also features select children on local television called "Wednesday's Child."
- All three child welfare agencies are expected to adhere to CAPTA Part C policy, which requires all investigations involving a substantiation of abuse or neglect with children under the age of 3 receive a referral to NEIS and follow all recommendations of the completed assessment.
- DCFS Rural Region has increased efforts to do thorough diligent searches for absent parents, relatives and fictive kin. Re-training of staff who utilizes Lexis Nexus has been completed.
- A 30 day, removal letter template was developed and has been sent to all known relatives, within thirty days of removal, notifying them that the child was removed from parental custody and placed in the legal and physical custody of DCFS.
- Both reunification and foster to adopt families have access to services in Churchill, White Pine, Carson City, Elko and Mineral counties throughout rural Nevada. Upon receipt of a referral from the child welfare agencies families received in home services inclusive of infant, toddler and children under the age of five. In collaboration with the child welfare agency the FRC provide case management and direct services to address an array of needs to include age appropriate discipline, child development, home makers skills, nutrition and age specific parenting skills. Intensity of services are based on the needs of the family, and will range from weekly to monthly until the families case plan objectives are achieved.

In the 2009 Nevada CFSR, this item received a rating of area needing improvement

Item 37: Individualizing services

Goal: *The State will ensure that the services in the State's Service Array are individualized to meet the unique needs of children and families served by the agency.*

One objective in this area is that the State, in collaboration with the Child Welfare Agencies and service array providers, will develop an ongoing process for assessing and addressing the needs of children and families within the system and providing a continuous quality improvement process for ensuring that the identified needs of these individuals are met. Over the last five years, ongoing efforts have been made in this area.

Collaborative relationships/initiatives such as Differential Response and the Regional Partnership Grant (RPG) project have continued to enhance the provision of individualized services. The Youth Advisory Board (YAB) assists foster and former foster youth to make the transition to adulthood. This group has provided exemplary leadership and empowerment opportunities for youth who have or will experience out of home care and has continued to meet throughout the last five years, continually evaluating and assessing services and needs.

The State of Nevada has 27 tribal entities that include federally recognized tribes, bands and colonies. The Indian Child Welfare Steering Committee has provided tribal consultation on the Indian Child Welfare Act and child welfare concerns regarding Indian children. During the past five years, this committee has been active in organizing trainings, and conferences all dedicated to the furtherance of jurisdictional collaboration and understanding of the Indian Child Welfare Act. Meetings continue to occur to establish and revise memoranda of understanding (MOUs) with tribes to allow the culturally appropriate placement of children onto tribal land and to promote the reduction of trauma to American Indian children during child abuse investigations. The members of the committee include a wide representation of tribes, federal and state child welfare agencies. Each jurisdiction has focused on ensuring one or more specialists have dedicated responsibilities aimed at assisting with the provision of ICWA related services. The past five years has seen a significant strengthening of the relationship between DCFS and Nevada tribes.

The Development of Youth Transition Plans for foster youth is a collaborative process with the youth, local Family Resource Center and the child welfare staff and has continued over the last reporting period to include housing, education, financial, career development, substance abuse prevention, preventive health activities and daily living skills. This plan complements the youth's efforts to achieve self-sufficiency and assure that youth recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.

Throughout the last five years, the utilization of the Education Training Vouchers are increased. More youth are taking advantage of these funds to obtain postsecondary education and vocational training. Along with the funds for their education, case management has played a key role in the success of the youth.

There are several entities that work with the agencies to assist in meeting direct service needs. To address the need for bi-lingual services, an Interpreter's Office for translation services is used by CCDFS to enable workers to communicate effectively with the children and families that they serve. In the DCFS Rural Region, a Language Line is used to provide translation services for the children and families in the rural counties throughout the state. Other examples include Memorandums of Understanding (MOUs) in place with agencies to ensure that the needs of families and children are met in a timely manner. One such MOU is with Bridge Counseling, who provides outpatient substance abuse and mental health services and who is funded to provide immediate response to referrals from this agency.

DCFS and the three child welfare agencies have several strategies to assess the effectiveness of services and programs which have grown more sophisticated and comprehensive over the last five years. DCFS' quality improvement process provides for review of the services provided at each child welfare agency using the federal outcome measures. The

information gained during quality improvement reviews is critical in identifying gaps and needs as well as the effectiveness of services which is passed along to supervisors, managers, as well as the Training Management Team.

DCFS' Grants Management Unit (GMU) evaluates services and service needs through required annual On-Site Reviews of funded providers. At a minimum, each funded provider is reviewed annually utilizing a tool that has both a programmatic and fiscal component. These reviews identify areas needing improvement, strengths of the program, best practices and subsequent corrective action plans (if needed). Special circumstances or concerns trigger additional reviews. Current on-site review forms were revised to include new statutes and state requirements for the providers. Information regarding needs, both those that are being met and those that are a challenge to address, is provided to State leadership in an effort to develop solutions.

DCFS also maintains an online data collection system which allows sub-grantees to track client utilization and outcome measures, to include data required by federal funding sources. This system is used with most federal grants by the funded providers and allows for online data entry as well as real time report generation. This system also tracks waiting lists for services at funded providers. On-line trainings are conducted every year to ensure understanding of the data collection and to discuss outcomes.

The State's Decision Making Group (DMG) provides an additional mechanism to identify issues. The DMG meets monthly and the meetings include the Administrator of DCFS and the three child welfare agencies, the Child Welfare Deputy, program staff as well as invited guests. Most policies and procedures are presented to this group for approval. Additionally, child welfare issues that impact the State, or that may require a statewide response can be brought to this group to strategize about statewide responses and solutions.

In the 2009 Nevada CFSR, this item received a rating of area needing improvement

Systemic Factor F: Agency Responsiveness to the Community

Item 38: State engagement in consultation with stakeholders

Goal: *In implementing the provisions of the CFSP, the State will engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and ensure that the major concerns of these representatives are included in the goals and objectives of the CFSP.*

To reach this goal, the State has several objectives. In FFY 2010 through FFY 2014 the State provided ongoing review opportunities for key stakeholders to provide input on the child welfare system and the components within this plan through a variety of methods (as described in Section III of this document).

External stakeholders have actively engaged and collaborated with DCFS through partnering and participation in workgroups, focus groups, meetings, public presentations, and surveys for purposes related to achieving State Plan goals and objectives. External stakeholders provide information about program functioning, policy and practice, protocol development, share resources and information that are used in program development and planning. Each program area identifies activities and stakeholders as part of its plan and provides reports and data about how the objectives were achieved relative to the overarching State Plan and federal child welfare outcome indicators.

Most recently in FY 2014 internal and external stakeholders (CASA, law enforcement, District Attorneys, courts, etc.) have participated in presentations, focus groups, and surveys. A variety of existing stakeholder groups were presented with information on the CFSP process and were given the opportunity to provide feedback and participate in the ongoing process.

Table 45: Stakeholders involved in the CFSP/CFSR process

Stakeholders
<p> CIP- Court Improvement Project CJA - Children's Justice Act Task Force CCDFS- Clark County Department of Family Services CCDFS Foster and Adoptive Parent Association CRP - Citizens Review Panels DMG Decision Making Group Executive Committee to Review the Death of Children ICWA Steering Committee Inter-Tribal Council of Nevada Nevada Division of Child and Family Services – Rural Region Nevada Partnership for Training SAPTA (Substance Abuse Prevention and Treatment Act) SQIC Statewide Quality Improvement Committee Sierra Association of Foster Families WCDSS Department of Social Services Youth Advisory Board Caregivers & Youth Child Welfare Agency Caseworkers and Supervisors Nevada Judicial & Child Advocates </p>

Nevada Tribal Community

The State of Nevada has 27 tribal entities that include federally recognized tribes, bands and colonies. These include Battle Mountain Band Council, Carson Colony Community Council, Dresslerville Community Council, Duck Valley Shoshone-Paiute Tribe, Duckwater Shoshone Tribe, Elko Band Council, Ely Shoshone Tribe, Fallon Paiute Shoshone Tribe, Ft. McDermitt Paiute-Shoshone Tribe, Goshute Business Council, Las Vegas Paiute Tribe, Lovelock Paiute Tribe, Moapa Band of Paiutes, Pyramid Lake Paiute Tribe, Reno-Sparks Indian Colony, South Fork Band Council, Stewart Community Council, Summit Lake Paiute Tribe, Te-Moak Tribe of Western Shoshone, , Walker River Paiute Tribe, Washoe Tribe of Nevada & California Wells Band Council, Winnemucca Colony Council, Yerington Paiute Tribe, and the Yomba Shoshone Tribe. Opportunities for consultation and collaboration have expanded to include bimonthly meetings with the Statewide CJA Task Force Indian Child Welfare Committee (CJA ICWA Committee); quarterly meetings with the Inter-Tribal Council of Nevada (ITCN); quarterly meetings with the Department of Health and Human Services Tribal Liaison Committee, the provision of a child welfare ICWA specialist, and various training opportunities, conventions, summits and conferences in which these groups sponsored and/or participated. The following consultations, trainings and collaborations occurred during the FFY 2010 through FFY 2014 reporting period with the following goals and outcomes:

Statewide Children's Justice Act Task Force ICWA Committee

The Indian Child Welfare Committee is a multidisciplinary advisory committee of the Children's Justice Act Task Force. Meetings are held bi-monthly and alternate locations between state and tribal offices. The committee membership includes representatives from Nevada Tribes, Inter-Tribal Council of Nevada, Nevada Indian Commission, Court Improvement Project (CIP), Bureau of Indian Affairs (Eastern and Western Nevada Agencies), State of Nevada Attorney General's Office, Washoe County Department of Social Services, Clark County Department of Family Services, and Division of Child and Family Services.

The purpose of the committee is to:

- Provide an opportunity for consultation and collaboration amongst State, Tribal and County entities.
- Provide a forum for discussion and recommendations amongst State, Tribal and County entities for improving the child welfare system where policies, procedure and practice interface or relate to Indian children and families.

- Confer on topics of interest including but not limited to: ICWA, Title IV-E, cross-jurisdictional issues, investigations, policies and procedures, placement preference, active efforts and the tribal right to intervene in State court proceedings or transfer of proceedings. Workgroups are formed to address practice related issues involving Indian children/families.

Inter Jurisdictional List Serve

From FFY 2010 through FFY 2014 the Division of Child and Family Services through a partnership with the Nevada Indian Commission continues to provide a list serve. The intent is to serve as the means to facilitate information sharing and collaboration between the State, Tribes and Counties. The email address is: NVICWA@listserv.state.nv.us. Subscribers to the list serve include administrators, tribal leaders, mental health professionals, CASA, attorneys, social workers, substance abuse counselors, victim's advocates, juvenile justice, and other interested parties.

Indian Child Welfare Specialist

The Division of Child and Family Services Indian Child Welfare Act Specialist continues to provide technical assistance to State/Tribal/County and private agency case workers. The ICWA Specialist coordinates and provides training on ICWA; foster State/Tribal relationships; facilitate ICW Committee; and disseminate current information regarding regulations, and federal laws that may impact American Indian children and families in Nevada. The specialist participates in case reviews and case consultations assisting state and tribal partners in the identification of appropriate actions as they regard to ICWA. The Specialist serves as a key participant in the meetings between tribal and state leadership, particularly in the development of Memorandums of Understanding (MOUs). The specialist has also been called upon to serve as an expert witness in certain judicial proceedings.

Training/Information Sharing

Active efforts to prevent the breakup of an Indian family are employed at the onset of an ICWA case or at the point that child is identified as an Indian child. The Division of Child and Family Services Indian Child Welfare Specialist conducts case reviews for ICWA compliance in all areas of the act. The specialist provides technical assistance and case consultation to both child welfare and tribal workers to ensure compliance with ICWA. State and County child welfare workers gain competencies to employ the mandates of ICWA during the Nevada CORE Training and ICWA Training is available to further enhance skills and is offered online as well. Tribal workers are encouraged to attend the Nevada CORE Training and any other training that is provided through the Nevada Training Partnership.

The Division of Child and Family Services attends the Inter-Tribal Council of Nevada's Executive Board meetings to provide updates on Indian child welfare initiatives in Nevada. This allows tribal leadership the opportunity to receive information and ask questions regarding progress towards ICWA compliance in Nevada.

The Department of Health and Human Services has scheduled consultations with the tribes of Nevada on a quarterly basis and the Division of Child and Family Services is on the agenda for open consultation with the tribes in the state. The Indian Child Welfare Act (ICWA) Specialist and Social Services Chief attend and participate in this statewide meeting. This group is notified when the Annual Progress and Services Reports and the Child and Family Services Plan is available on the Division of Child and Family Services website.

During this report period; the Division of Child and Family Services continued to provide collaborative training with efforts to increase understanding and compliance with ICWA.

- ICWA training continues through several venues including online I child welfare worker training and through several inter-jurisdictional group trainings offered each year. The ICWA specialist provides training to partners as requested. The following trainings have been offered:

On September 14-15, 2010 in collaboration with the Mental Health and Developmental Services, the Substance Abuse and Treatment Agency, the Center for the Application of Substance Abuse Technologies, the Nevada Indian Commission and the Inter-Tribal Council of Nevada held *Embracing the Past and Planning for the Future* in Carson City. The summit gathered over 110 participants from diverse disciplines including: juvenile justice, mental health, substance abuse, marriage and family therapists, tribal leaders, social workers, ICWA Specialists,

attorneys, and victims' advocates. Speakers included noted tribal dignitaries and state leadership with the conclusion involving an exercise which brought tribal and public social workers together in case discussions.

On July 19, 2011, Gary Peterson of the National Indian Child Welfare Association (NICWA) provided training on the Indian Child Welfare Act at the Washoe County Department of Social Services in Reno to approximately 50 participants. The one day training session was designed to increase collaboration between State, Tribe, and County Social Workers, increase cultural competency, increase communication, and foster relationships between all child serving agencies in Northern Nevada.

On July 26, 2012, a one day summit hosted by the Washoe tribe and facilitated by the State was held in the Dresslerville Indian Community. Speakers from The Administration for Children and Families (ACF), Region IX as well as NICWA presented benefits and opportunities of Title IV-E.

On November 14, 2013, DCFS partnered with the University of Nevada, Reno in sponsoring an event with guest speaker, Adrian Smith, from the National Indian Child Welfare Association. Ms. Smith presented on the Indian Child Welfare Act and her insight into the Adoptive Couple v. Baby Girl Supreme Court case. The event also included local tribal social workers discussing their knowledge and expertise in the field.

On May 8, 2014, the state in collaboration with the Bureau of Indian Affairs offered a 4 hour training on Child and Family Team meetings to Nevada's Tribal Social Service Workers. The one day training will provide Tribal Social Workers with tools to use with families in the child welfare process. Child and Family Team meetings engage the family in identifying their own strengths and supports which can then be built on to develop solutions for the family regarding the child's safety, permanency and well-being.

- Since the 44th annual Inter-Tribal Council of Nevada's (ITCN) Convention in 2009, the state in conjunction with ITCN has continued to provide an ICWA training track during the Inter-Tribal Council of Nevada's Annual Conventions in Sparks. The convention brings together tribal chairs, tribal council members, Inter-Tribal Council of Nevada, Washoe County Department of Social Services, DCFS Rural Region Social Workers, Tribal Social Services agencies, ICWA Specialists, attorneys, and court appointed special advocates through interactive workshops on cross-jurisdictional issues and ICWA elements. Topics of trainings have included Advanced ICWA, Elements of Active Efforts, culturally relevant foster home recruitment strategies, Understanding Child Sexual Abuse, culturally relevant foster home recruitment strategies; Identifying Corroborative Evidence from the Forensic Interview, Navigating the Civil and Criminal Court Process, historical trauma, case planning with families and information regarding the Supreme Court case. Adoptive Couple v Baby Girl and its impact in Nevada. DCFS has been invited to participate in sponsoring trainings at the ITCN's 49th annual convention being held from December 8-11, 2014. In the years that DCFS has participated in the ITCN's annual convention, the state has offered Tribal scholarships which included registration, lodging, and airfare, if needed.
- The ICWA specialist has attended the National Indian Child Welfare Association Annual conference on *Protecting our Children* each year at different national locations since 2009. The conferences have provided networking opportunities, increased knowledge about child advocacy; provided community based culturally appropriate services; strengthened collaboration, perspective of the Adoptive Couple v. Baby Girl adoption case and data collection methods for Indian child welfare.

Memoranda of Understanding (MOUs) between State and Tribes in Nevada

Through the FFY 2010 through FFY 2014 reporting period, DCFS met with the Yerington Paiute Tribe, the Fallon Shoshone Paiute Tribe, Pyramid Lake Paiute Tribe, the Te-Moak Tribe of the Western Shoshone Tribal Council and Social Services Directors and Confederated Tribes of the Goshute Nation wherein MOUs were discussed to enable cross-jurisdictional placement of AI/AN children through state recognition of licensed foster homes on Tribal land. With the assistance of the State Deputy Attorney General, the State developed a MOU template which was shared with the five different tribes:

- Yerington Paiute Tribe (YPT) The MOU has been executed and approved on July 10, 2012. On July 13, 2012; DCFS staff met to develop state/tribal protocols for implementation of the MOU.

- Fallon Shoshone Paiute Tribe. MOU has been negotiated and is ready for final meetings.
- Pyramid Lake Paiute Tribe (PLPT). On May 10, 2013; DCFS staff met with the PLPT Director of Social Services to discuss the MOU and the PLPT foster care regulations. The finalization of this Memorandum of Understanding is pending; awaiting the agreement of both the State and Tribe.
- Elko Band Council. On May 22, 2013; DCFS staff met with the Temoke Tribe of the Western Shoshone Tribal Council and Social Services Directors to discuss the progress to establish a MOU. The tribe decided to include the four bands into the MOU; Battle Mountain Band, Wells Band, Elko Band, and South Fork Band. The tribe will be developing foster home regulations for the licensing of homes for foster care.
- Confederated Tribes of the Goshute Nation: On May 23, 2013; DCFS staff met with the Chairman and the tribal attorney to discuss the establishment of a MOU. The finalization of this Memorandum of Understanding is pending; awaiting the agreement of both the State and Tribe.

Title IV-E

The Washoe Tribe of Nevada has applied for the Tribal/Federal IV-E agreement and is pending approval. On July 26, 2012, a one day summit hosted by the Washoe tribe and facilitated by the State was held in the Dresslerville Indian Community. Several speakers from the Administration for Children and Families (ACF), Region IX as well as NICWA presented to discuss Title IV-E benefits and opportunities.

The 2009 Nevada CFSR report rated this item as strength.

Item 39: Agency annual reports pursuant to CFSP

Goal: *The State will ensure that the Annual Progress and Services Report will include feedback from the ongoing consultation with the key stakeholders on services delivered pursuant to the CFSP.*

To meet this goal the State must provide ongoing review opportunities for key stakeholders to provide input (including the incorporation of their feedback) on the child welfare system and the components within this plan through a variety of methods. To meet this objective, the State engages in a variety of activities to ensure that stakeholders are more involved in the annual reporting of the CFSP. This includes consultation, collection of data or other reports from various entities and regular committees to facilitate open collaboration. Examples of our collaboration include:

- Use of the DCFS website www.dcfs.state.nv.us to facilitate the dissemination of CFSP plans, reports, policies and other documents for use to stakeholders and the general public. This contributes to the transparency of program administration and allows for public examination and input.
- Use of the Grants Management Unit in DCFS to maximize funding for service delivery. This is accomplished through a more effective service needs assessment process and data collection. After the 2004 CFSR, the GMU replaced the single Title IV-B Coordinator position and has consolidated all child welfare grants, domestic violence, and fee based programs into one fiscal unit that oversees and monitors programs and completes fiscal reports. The GMU has an established an online web-based reporting system managed by the University of Nevada, Reno. Information about programs and services, public comments and surveys are available to the public on www.odesinc.org.
- DCFS continues to collaborate with and include stakeholders from the community as well as other agencies at every level of the child welfare service delivery continuum, ranging from planning for allocation of funding to case level decision making to changes in policy, practice and reporting requirements. This collaboration and consultation with other agencies and entities expands partnerships and the sharing of available resources. It also allows for the provision of constructive feedback to the agency about programs, policies, procedures and practice that may be incorporated into the State Plan. DCFS representation includes, but is not limited to, educational/research institutions and agencies related to drug and alcohol, health, mental health, education, domestic violence, and juvenile courts, representing various counties. Examples of statewide consultation and

coordination with stakeholders in implementing the provisions of the CFSP include (but are not limited to) the following committees or organizations.

1. CIP - Court Improvement Project
2. CJA - Children's Justice Act Task Force
3. CCDFS Department of Family Services
4. CCDFS Foster and Adoptive Parent Association
5. CRP - Citizens Review Panels
6. Executive Committee to Review the Death of Children
7. ICWA Steering Committee
8. Inter-Tribal Council of Nevada
9. Nevada Division of Child and Family Services – Rural Region
10. Nevada Partnership for Training
11. SAPTA (Substance Abuse Prevention and Treatment Act)
12. Sierra Association of Foster Families
13. WCDSS Department of Social Services
14. Youth Advisory Board

In addition to those activities listed in a similar objective in Item 38, DCFS also engages in several other stakeholder groups. These groups include:

- Decision Making Group made up of the DCFS Administrator and Rural Region Manager and the Directors of WCDSS and CCDFS. This group meets on the third Friday of each month.
- Training Management Team made up of the DCFS (Training Manager); Training managers from each child welfare agency, a member from Differential Response and the Training Coordinators from each of the State's two University Departments of Social Work. This group meets on the second Monday of each month with additional subcommittee workgroups meeting as often as weekly. Recommendations from this group that require DMG approval are submitted to the DMG meeting in the month following the meeting where the recommendation is made.
- Statewide Quality Improvement Committee (SQIC)/ Policy Approval Review Team (PART) SQIC is made up of upper management from DCFS's Family Programs Office, Information Management Systems, Rural Region, upper management from CCDFS and WCDSS, and some external partners. PART includes internal stakeholders and is only held as part of the meeting when new/amended policies come before the Team. When a policy is recommended for approval by DMG, it is placed on the DMG agenda in the month following the PART meeting where the recommendation was made to ensure that the policy is polished before it reaches the final approval process.

These teams use a variety of methods to ensure that statewide policies, training and activities related to Safety, Permanency, Well-Being, and Systemic Performance Indicators are reviewed and up-to-date.

In the 2009 Nevada CFSR report, this item was rated as strength.

Item 40: Coordination of CFSP services with other federal programs

Goal: *The State will ensure that the services identified under the CFSP are coordinated with the services or benefits of other Federal or federally assisted programs serving the same populations.*

The PIP identified that this systemic factor would be addressed during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on "Expanding Service options and creating flexibility for services to meet the needs of children and families." To meet this goal, the State must provide ongoing opportunities for stakeholders to provide input and report on the activities engaged in by a variety of stakeholder groups to ensure that the appropriate stakeholders and other key federal programs are involved in the development of regulation, policy, training and proposed changes in practice. To do this, the State must coordinate with key Federal programs. The following is a list of advisory boards/committees/workgroups and or projects the Division utilizes when gathering information needed for the CFSP/ASPR:

1. CIP - Court Improvement Project
2. CJA - Children's Justice Act Task Force
3. CCDFS Department of Family Services
4. CCDFS Foster and Adoptive Parent Association
5. CRP - Citizens Review Panels
6. DMG Decision Making Group
7. Executive Committee to Review the Death of Children
8. ICWA Steering Committee
9. Inter-Tribal Council of Nevada
10. Nevada Division of Child and Family Services – Rural Region
11. Nevada Partnership for Training
12. SAPTA (Substance Abuse Prevention and Treatment Act)
13. Sierra Association of Foster Families
14. WCDSS Department of Social Services
15. Youth Advisory Board

In addition to external stakeholder collaboration, the tribes, courts, youth and advisory committees, the findings of the quality improvement reviews and UNITY data are incorporated into the report to measure effectiveness, projected annual outcomes and targeted goals identified for the next year. The State also communicates with the child welfare agency Directors/Designees to receive child welfare agency updates for inclusion in the APSR. The Decision Making Group (DMG) is another form of communication between the state and the local child welfare agencies where CFSP discussion/activities occur. Many activities the CFSP requires are placed on the agenda throughout the year and are addressed in the monthly DMG meeting including the presentation and sharing of data reports, policy revisions, tools, checklists, instruments and any new federal requirements requiring actions the State may be required to take in order to comply with federal law.

While the State reported in the 2009 Statewide Assessment that this item was a strength for Nevada, the 2009 Nevada CFSR report indicated that this item was an area needing improvement. The State collaborates with a variety of entities to achieve this goal. While there is much collaboration to report on; included in this report are examples from the Court Improvement Program, the Children's Trust Fund, Juvenile Justice, and the Nevada Tribal Community to demonstrate progress in this area.

Court Improvement Program: The Nevada Court Improvement Program (CIP) is a federally funded initiative designed to develop and implement data-driven, evidence-based, and outcome-focused best practices that advance meaningful and ongoing collaboration among court, child welfare agency, and other stakeholders to achieve safety, permanency, and well-being for children and families in the child welfare system in a fair and timely manner. Nevada Court Improvement Program projects encompass a myriad of activities at the state and local level with the primary purpose to assess and improve court processes related to child abuse and neglect, and to ensure improved safety, permanence, and well-being for children. CIP funding has also been used to develop broad-based systemic reform of courts and court processes related to dependency cases.

Collaborating on Program Improvement Plan and IV-E Corrective Action Plan Initiatives

The Nevada court system has partnered with DCFS on a wide variety of fronts the last year focusing many of their efforts on PIP, Title IV-E Corrective Action Plan, educational stability, and 2013 Legislative activities. The courts assisted in the implementation of the action steps for the PIP, specifically Strategy #3, "Improve the Timeliness and Appropriateness of Permanency Planning across the Life of the Case", and ensuring that court orders contain appropriate contrary to welfare, reasonable efforts to prevent removal and reasonable efforts to finalize permanency plans, including judicial determinations that reasonable efforts are not required. Within Strategy #3 of the PIP, the courts were asked to identify barriers to permanency, timely adoption, and termination of parental rights. Work groups or "Community Improvement Councils" (CICs) were created in each judicial district to accomplish this and have proven to be so effective that the CIP

used the CIC action plans upon which to build their 2012 and 2013 Strategic and Funding Plans. For example, one CIC Action Plan identified dependency mediation as a means of improving the timeliness to permanency as well as to Termination of Parental Rights (TPR). CIP piloted the first dependency mediation program in WCDSS and has gone on to pilot dependency mediation programs in Clark and Nye Counties. Also, CIP is planning one for the Washoe Tribe. To improve the timeliness to permanency and TPR all mediation programs focus on any point during the life of a case. Any issue in dispute may be mediated with the intent of reaching a solution that focuses on the child's safety and best interests. This results in bringing the family into services early in the process. The goal of mediation varies from judicial district, but includes reducing the average time from petition to any form of permanency for mediated cases to eighteen (18) months or less. Also, it includes, reducing the proportion of children who age-out of the child welfare system while improving the engagement of the family in the process. This results in a shorter time to reunification, and increases the number of families reunified. The need for system actors to better understand the principles of child safety was mentioned in several of the CIC action plans. As a result, CIP contracted with the National Council of Juvenile and Family Court Judges. CIP and DCFS jointly requested TA from the National Resource Center on Legal and Judicial Issues to present an exploratory on the Principles of Child Safety. All 10 judicial CICs participated in the 1.5 day regional workshops held in Reno and Las Vegas. During the half day, each CIC reviewed and learned to interpret their timeliness measure data. Each CIC then created an action plan to improve timeliness in their jurisdictions. The full day was devoted to exploring the principles of child safety and building action plans to implement a number of the principles. CIP's intent is to institutionalize the CIC process, and use the action plans as part of a systemic improvement process.

CIP was mandated by the Children's Bureau to report baseline data for five court timeliness measures by the fall of 2013. Since Nevada does not have a unified court system, or a statewide court case management system, CIP has been working with our UNITY (SACWIS) manager to pull these statistics out quarterly for each of the judicial districts. Initially, CIP was only to provide data on four of the five timeliness measures. However, UNITY is adding a screen for the date the TPR petition is filed to provide the final timeliness measure once sufficient historical data has been accumulated. The first public distribution of these data reports was during the workshops the week of September 24, 2012, where the CICs were taught to read and understand them.

With the DCFS Information Management Services (IMS) programmer and in consultation with our Region IX contacts, CIP defined the parameters for each of the timeliness measures. It was agreed that CIP would use an exit survey-type approach for all those children who are in custody.

The courts are able to access their own data using the Chapin Hall data archive. At least one district court judge has learned how to use the data archive. The CIC Chair for the 5th Judicial District has requested access to the Data Archive, as well. The Chapin Hall data were used during the CIC workshops in September 2012 to help the judicial districts build their baseline data for continual quality improvement (CQI) of their timeliness measures. DCFS is adding court hearing dates to the Chapin Hall database to allow the courts to access their measures at will and compare themselves to others throughout the state and the country.

To assist with the Title IV-E CAP court order language improvements, CIP contracted with the National Center for State Courts (NCSC) to create court order templates to include case-specific findings of the "contrary to welfare" and "reasonable efforts" factors and to indicate that court orders clearly indicate that the State has the responsibility for placement and care of each child for whom title IV-E payments are claimed. NCSC has been working with key stakeholders from throughout the state to develop the court orders. Two senior dependency court judges guided development of the process and focus. A statewide collaborative of judicial officers, district attorneys, child welfare administrators and eligibility experts, children's and parents' representatives, public defenders, and deputy attorney general have been working on the development of a bench-guide which will be published in the Judge's Benchbook, made available on the CIP website and in UNITY. Since District Attorneys create the court orders in some of the Judicial Districts, it will also be sent to all the DAs throughout the state. The NCSC will also design a curriculum and communication plan, and conduct a training to ensure that these orders will be used consistently and appropriately for each of the various hearings.

The CIP Coordinator has become an active member of the DCFS Indian Child Welfare Committee. As a result of the collaborative investigation of Los Angeles County's electronic noticing program, the Simple Notification Application, Nevada was invited by the National Center for State Courts to bring a team to Burbank, CA. In September 2012, the Team joined a convening with state teams from California, Arizona, and Oklahoma where the possibilities of ICWA Noticing were discussed. The Nevada Team included the, Nevada SACWIS Manager, DCFS Indian Child Welfare

Specialist, Washoe Tribe General Counsel, and the, CIP Coordinator. Nevada's Team was complimented on its preparation and existing working relationship.

CIP and DCFS jointly requested technical assistance from the National Resource Center for Legal and Judicial Issues at the American Bar Association (ABA) to assist Nevada to facilitate the implementation of the Fostering Connections Act as well as the Child and Family Services Improvement and Innovation Act. This focus is on improving educational outcomes by obtaining educational stability and by improving collaborative interagency system supports for educational achievement of children in Nevada's foster care system. Research shows that this collaborative approach to service delivery will increase the current and future well-being of youth presently in the foster care system. A Summit was held in Washington, DC on the 3rd & 4th of November, jointly sponsored by the Department of Health and Human Services, Children's Bureau, and the Department of Education. At the Summit, each state was invited to bring members of the child welfare agency, education agency, and court to develop a "State Plan" around foster care and education collaboration. After two days of intensive conversation identifying current challenges and future goals, the Nevada team identified the following goals: create a statewide implementation plan to ensure compliance with Fostering Connections; train educators, child welfare, judicial officers, and other key stakeholders on the meaning of and the means to attain educational stability for our foster children, collect data to determine where Nevada is, and where we need to go to improve educational stability; and enhance and expand collaboration among all involved.

Nevada's continued commitment to this initiative was championed by Nevada's Supreme Court Justice who upon return from the Summit issued an invitation to relevant leaders from all branches of state and local government, and their agencies, to participate in a collaborative to improve educational outcomes for children and youth within Nevada's foster care system. One of the outcomes of this Summit was the drafting of Senate Bill 31 (signed into law May 27, 2013, and effective July 1, 2013). This law provides for sharing of educational information between schools, child welfare and juvenile justice.

CIP invited the Quality Assurance Manager of DCFS and CCDFS, as well as an urban and rural dependency court judge, to attend the 2013 CIP Annual Meeting the first of May, 2013. The Nevada Team focused on continual quality improvement and how the courts and agencies can collaborate on continual quality improvement of our efforts. This Annual Meeting provided another opportunity to build upon the cooperative alliance that has been developed among the courts and the three child welfare agencies. As continual quality improvement is being implemented within both CIP and DCFS, the courts and child welfare have joined forces to ensure that the methodologies complement each other and are not duplicative. For the last several years the Nevada CIP has been utilizing a modified Deming Cycle Model as its continual quality improvement tool to guide strategic and specific planning, strategic project implementation, new process assessment, and evaluation of the impact of the change. Nevada CIP has consciously chosen continual rather than continuous quality improvement. This change is noteworthy as it recognizes that organizational system quality improvement requires significant effort and needs to pause to consolidate and institutionalize the change. The Deming Cycle typically consists of a logical sequence of four repetitive steps for continuous improvement and learning: Plan, Do, Study or Check, and Act. Because court improvement is social science in motion, Nevada CIP added a fifth step to the cycle: Plan, Do, Check Process, Study Impact, and Adjust. „Act“ was changed to „Adjust“ because standardized business practices are adjusted to include the improvement.

All ten of Nevada's judicial districts utilized the modified Deming Cycle as they pulled together their Community Improvement Councils to identify barriers to permanency and solutions to improve timeliness to termination of parental rights and adoptions. One Judicial District identified as a barrier that fact that attorneys representing parents and children did not understand the Adoption and Safe Families Act (ASFA) timelines. He asked a deputy attorney general to provide training on ASFA. The training was very well attended except very few attorneys attended. The CIC made an adjustment to the pilot response to the identified barrier. CIP is designing an attorney certification curriculum for statewide use. The training will include federal and state child welfare legislation, child safety, the role of the attorney in dependency cases, and the ethical role and responsibilities of the attorney. Some judges are asking their counties to require successful participation in this training as part of the county's requirements for contractual attorneys.

In Nevada, nearly 40 judges and masters have jurisdiction to hear child protection cases in 10 judicial districts and 17 counties across urban and rural jurisdictions, diverse legal cultures and political climates. In the 8 rural districts the judges hear all types of cases: criminal, civil, juvenile, divorce, and child welfare. Because there is no centralized court

administrative and funding structure in Nevada, the counties bear the expenses of maintaining the courts within their jurisdictions. Nevada builds best practices and working solutions on a foundation of consensus among key stakeholders. CIP has been working with all three child welfare agencies to ensure that accurate and timely information is shared between the courts and the agencies. In 2010, CIP began assessing data exchange feasibility in WCDSS, followed by a similar assessment in Clark in 2011. Data exchange possibilities were identified in both judicial districts. In 2012 CIP obtained a \$45,000 technical assistance grant from NCSC to implement the court event notification project in CCDFS to ensure that as court event dates changed they were reflected in a timely manner in UNITY. This same project is now being undertaken in WCDSS. CIP contracted with NCSC to develop court minute templates that will be electronically shared with UNITY (SACWIS). Another vendor has been contracted to develop the capability to e-file the protective custody record with the 2nd Judicial District in WCDSS following creation in UNITY.

Juvenile Justice: Another example of collaboration in the Nevada child welfare system is with juvenile justice. Following a federal compliance review in July 2006, it was found by the Children's Bureau of the Administration on Children and Families (ACF) that DCFS failed to include in the Adoption and Foster Care Analysis and Reporting System (also known as AFCARS) report, youth that receive juvenile justice services while under the agency's responsibility for care and placement. All children in foster care under the responsibility of the State agency administering or supervising the administration of the Title IV-B Child and Family Services State plan and the Title IV-E State plan; that is, all children who are required to be provided the assurances of section 422(b)(10) of the Social Security Act (the Act) In Nevada, the juvenile correctional facilities and youth parole fall under these requirements. Because the youth served in this population are part of the IV-E agency, the Division has made efforts to ensure that youth in out of home unlocked facilities are afforded the same IV-E assurances as youth in the custody of the child welfare agency. The Division hired a Program Specialist specifically to focus on developing policy, procedure and training for staff on how to work with these youth. The program specialist has developed training guides related to SACWIS system requirements, developed procedures on required casework activities, and is assisting Juvenile Justice Services with ensuring that engagement and casework strategies are effectively implemented. This position continues to focus on training staff and ensuring Fostering Connections mandates for older and aging out youth are met.

During this reporting period the on-going collaborative partnership that exists with Nevada child welfare and the juvenile justice system has proven to be effective in the coordination and integration of efforts and resources to better serve dual jurisdiction youth. For clarity, the dual jurisdiction youth are children and youth under the jurisdiction of the dependency (child welfare) system, placed in out-of-home care, and who come to the attention of the juvenile justice system. In bridging this collaboration even further, the Program Specialist is the direct link in developing and providing the quality compliance protocols in effectively addressing the SACWIS system requirements; focusing on training and engaged casework strategies. The Program Specialist has directed team efforts to continually address the APSR and the PIP by setting statewide policy standards and protocols for implementation. Within this year, the Program Specialist collaborated to successfully implement a Juvenile Justice Services' Independent Living policy. Juvenile Justice staff has been trained to ensure that youth that have dual jurisdiction receive the same services and benefits. The Program Specialist continues to work with Juvenile Justice staff to improve on AFCARS requirements. As a result positive strides have been taken with respect to the SACWIS system and the regulations set by AFCARS and the NYTD Independent Living Programs for all dual jurisdiction youth.

Table 57 includes the number of children that were transferred to State juvenile custody (committed to a juvenile correctional facility or youth parole) from child welfare (receiving services or in protective custody). These youth were known to the child welfare system prior to entering the juvenile justice system and these numbers are collected on a monthly basis via UNITY.

Table 57: Juvenile Justice Transfers:

AGE	MALE	FEMALE	Total #Committed
14	0	1	1
15	1	0	1
16	0	1	1
17	4	1	5
18	3	3	6
TOTAL	8	6	14

Source: UNITY Report CFS748 F FY 2014 (7/1/2013 to 5/01/2014)

In the 2009 Nevada CFSR, this item received a rating of area needing improvement

Systemic Factor G: Foster and Adoptive Home Licensing, Approval and Recruitment

Item 41: Standards for foster homes and institutions

Goal: *The State will ensure that implemented standards for foster family homes and child care institutions are reasonably in accord with recommended national standards.*

For foster and adoptive homes, Nevada statutes in **NRS Chapter 424 – Foster Homes for Children** provide a framework for licensing, license renewal, inspections of foster homes and background investigations for foster care providers and adult residents. Under NRS 424, the child welfare agencies have the responsibility for licensing foster homes, therefore the DCFS – Rural Region, CCDFS and WCDSS have the responsibility for licensing foster homes within their jurisdiction. This responsibility also includes monitoring and providing technical assistance to foster homes. The purpose of licensing is to reduce the risk of harm to children in care. The licensing process determines whether the applicant can provide suitable care for children. To ensure that an acceptable level of care is maintained, licenses are renewed at minimum every two years per NRS 424, a foster home visit/inspection must occur at least annually. FBI checks are conducted on all applicants and household residents 18 years of age and older prior to licensure and every five years thereafter.

Family foster homes fall under Nevada Administrative Code (NAC) 424 regulations. The regulations incorporate definitions, general provisions, licensing and organizational requirements, requirements for criminal background checks and child abuse and neglect checks, qualifications and training of personnel and adult residents, requirements for initial training and ongoing annual training, specifications for facilities, grounds and furnishings, and operation of foster homes, including requirements for supervision, care, treatment and discipline of foster children. NAC 424 foster home licensing regulations also specify standards for accessibility, facility space, immunization records, health and sanitation, food preparation, nutrition, disaster planning, fire safety and monthly fire drill records, staff/child ratios, safety factors regarding water features and required safety equipment, and transportation of children.

In 2011, a statewide NAC 424 Workgroup comprised of various representatives from across the state; DCFS, CCDFS, WCDSS, foster care agencies and foster homes was convened to address updating the regulations based upon recent federal and state laws, revisions to Nevada child welfare policies, updated procedures, best practice and removal of antiquated language that supported the use of administrative approvals and/or waivers. After a lengthy process this workgroup submitted the completed revisions to the regulations to the Legislative Council Bureau (LCB). As of May of 2014 the regulations are awaiting final approval for the LCB. It is expected that the regulations will be codified and enacted within the next couple of months.

During the 2013 Legislative Session, Assembly Bill (AB) 348 was passed which was enacted on October 1, 2013. AB 348 made significant changes to NRS 424 Foster Homes for Children; changes regarding requirements for foster care agencies doing business in Nevada and other areas that were directly impacted, and required changes to NAC 424. The

NAC 424 Workgroup has reconvened to address the areas impacted by the new law and to conduct a 10 year review of the regulations.

In the Nevada 2009 CFSR Report, this item was rated as strength. Figure 17 illustrates that over the past five year period from 2010 to 2014 Nevada has made significant improvements in the number of total foster homes licensed. Over this five year period there has been an increase in foster care licenses by 18.6%, from 2,692 in 2010 to 3,193 in 2014. Also, In Table 58 during the same time frame the average number of days to license Foster Group homes has decreased 21% from 91 days in 2010 to 72 days in 2014.

Figure 17: Statewide Foster Parent Licenses – Trend Report

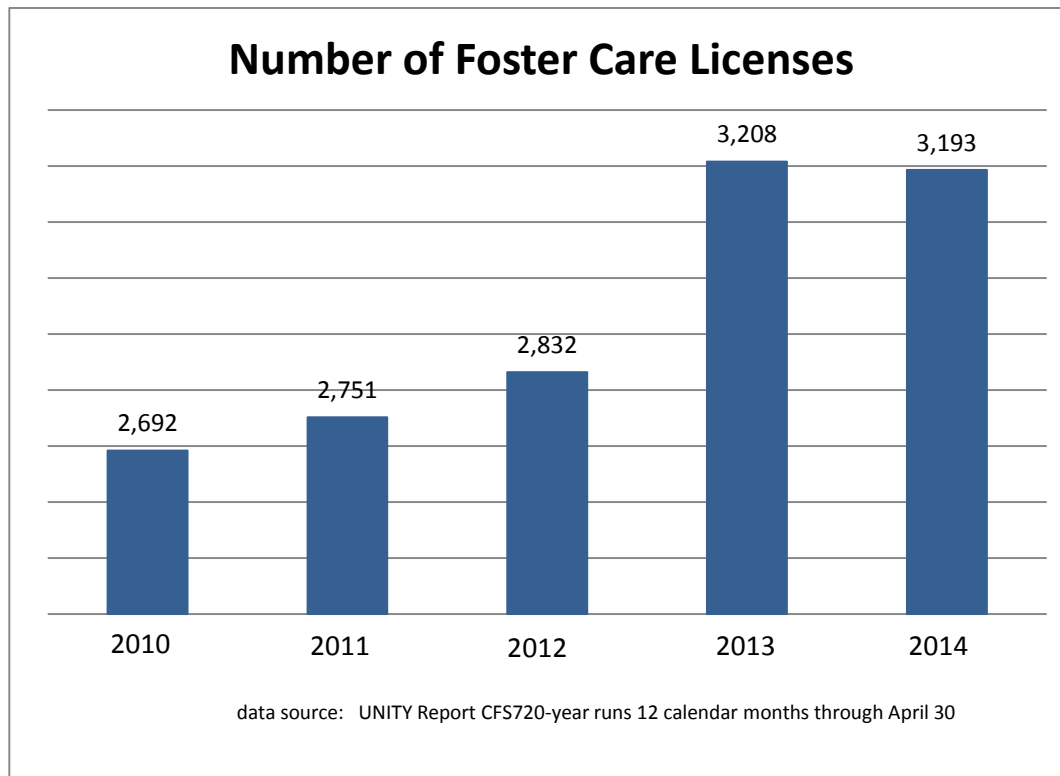


Table 58: Average Number of Days Required to License Foster Group Homes

Average Number of Days Required to License Foster Group Homes						
Year	Number of Facilities	% Increase/Decrease	Average Days to License	% Increase/Decrease	Number of Waivers	% Increase/Decrease
2010*	435	-27.01%	91	2.25%	148	-32.73%
2011*	313	-28.05%	82	-9.89%	102	-31.08%
2012**	176	-43.77%	73	-10.98%	77	-24.51%
2013**	360	104.55%	86	17.81%	70	-9.09%
2014**	177	-50.83%	72	-16.28%	39	-44.29%
*2012 APSR						
**Unity Report CFS711 May 1 to April 30						

Other Foster Care Initiatives -

During the FY 2013 DCFS Rural Region and WCDSS implemented the SAFE (Safety Assessment Family Evaluation) Model (*CCDFS recently identified an interest in also implementing the SAFE Model*). A component of this model requires that caseworkers confirm the safe environment of the child within their foster care placement, during their monthly caseworker visits. "Confirming Safe Environments" training was provided to WCDSS and DCFS Rural Region caseworkers and supervisors in early 2013. This training provided staff with a specific assessment process; established expectations of how to assess present danger; identified nine attributes of a safe relative placement; identified 10 attributes of a safe foster home placement; taught the application of caregiver protective capacities; and provided an assessment tool for documentation. This new model provides continuous assessment of child safety throughout a child's foster care stay.

All three Nevada child welfare agencies are currently implementing the Quality Parenting Initiative (QPI). This initiative provides child welfare agencies and foster parents the platform to improve their relationships, emphasizes mutual respect, delineating the roles and expectation of case managers and foster parents along with collaboration in regards to improving outcomes in safety, wellbeing and permanency within foster care placements. The QPI Nevada website is available to all Nevada foster parents and provides foster parents with information and training in a plethora of foster care topics to address Nevada specific areas as well as general foster parenting topics. This website is used in addition to the pre-service training required by each child welfare agency. This website does not take the place of pre-service foster parent training.

CCDFS Progress

During FY 2010 to FY 2014 reporting period, the CCDFS initiated improvements to ensure the safety, permanence and well-being of children in foster care:

- CCDFS opened a criminal history/background office in a central location providing services solely for licensed foster parents
- Revised the renewal packets for Relative and Regular Foster homes;
- Added additional Spanish speaking staff to licensing to improve customer service to Spanish speaking applicants and licensees along with providing licensing materials in Spanish.
- The Recruitment and Licensing Units are working to design and document procedures in accordance with changes in the NRS and NAC to include regular foster homes, relative foster homes, contract agency homes, group homes, and the ongoing monitoring of compliance and investigation of complaints.
- A Foster Parent Champion Program was developed using survey findings to develop a customer-oriented CCDFS Foster Parent Champion Program This Program is an excellent resource for new and existing foster families, was developed to support and assist licensed foster parents in navigating the complex foster care system and to support them in their role and assist them in the development of their care and advocacy skills.
- A designated phone line and an e-mail address were created to make it easier for foster parents to ask questions and have an answer from our foster parent support network. The foster child's case manager continues to be the primary contact for the foster child's safety, permanency and well-being needs or in the event of a crisis.
- CCDFS utilized the following per-service trainings for prospective foster parents: Trauma Informed Partnering for Safety and Permanence – A Model Approach to Partnerships in Parenting (TIPS-MAPP). Kinship Caregiver Training was developed in 2011 using a combination of Caring for Our Own and PS-MAPP concepts.
- A "Foster Parent Handbook" for all foster parents, is being developed which will provide guidelines for practice, an understanding of the Child Welfare system, promote a shared parenting message with birth parents, and provide practical assistance and resources needed by foster parents.

DCFS Rural Region Progress

During FY 2010 to FY 2014 reporting period, the DCFS initiated improvements to ensure the safety, permanence and well-being of children in foster care:

- DCFS Rural Region expedited the licensing process for relatives and prospective foster parents by revising and simplifying the application packet to reduce the amount of paperwork required for the application. DCFS has also eliminated the physical examination that had previously been required for foster parents.
- The renewal licensing application packet has been revised to reduce the amount of paperwork required.
- DCFS Rural Region approved nine (9) hours of PRIDE training for relatives, rather than the 27 hours for non-relatives.
- DCFS Rural Region created a Respite Policy which safely allows foster parents more flexibility in approving short term child care arrangements for foster children in their care and to ensure continuity for paid and unpaid respite care.
- To expedite licensure in rural communities so that children do not have to be removed from their community, the DCFS Rural Region received PRIDE training in February 2013 from the Child Welfare League of America (CWLA) national trainers regarding the updated PRIDE curriculum. Professionals from the Sixth Judicial District Youth and Family Services in Humboldt, Lander, and Pershing counties were part of the training. These professionals assist DCFS in providing some PRIDE trainings in those areas along with contractors in the areas of Carson City, Elko, Fallon, and Pahrump to provide the PRIDE Training. The DCFS Rural Region has incorporated information regarding safe sleeping environments for infants into the curriculum to ensure that foster parents are knowledgeable about proper sleeping environments for infants.
- DCFS is currently updating the Licensing Manual to reflect these practice changes and to maintain licensing standards for foster homes that are in accordance with national standards.

WCDSS Progress

During FY 2010 to FY 2014 reporting period, the WCDSS initiated improvements to ensure the safety, permanence and well-being of children in foster care:

- Washoe County Department of Social Services, along with Division of Child and Family Services has approved changes to the foster home regulations. The regulations have not been codified or printed but they have been approved.
- Washoe County has trained and provided ongoing monitoring of seven (with an eighth pending contract) SAFE (Structured Analysis Family Evaluation) trained Home Study contractors to assist in the assessment of prospective foster and adoptive applicants. Special recruitment efforts were made for Spanish Speaking contractors. We have two expected to contract in June 2014.
- The Quality Parenting Initiative (QPI), has impacted all areas of the system, including foster care licensing. Out of QPI are initiatives to include Normalcy, Information Sharing, Partnership Plan and many other committees that are having a positive impact on licensed foster & adoptive parents.
- The Department complies with all State and Federal background check requirements and successfully passed the State Department of Public Safety audit regarding background check procedures.

Item 42: Standards applied equally

Goal: *The State will ensure that the standards applied to all licensed or approved foster family homes or child care institutions receiving Title IV-E or IV-B funds are applied equally.*

The 2009 Nevada CFSR report rated this item as strength. To achieve this goal, the State, in collaboration with the child welfare agencies, provided a process for ensuring the effectiveness of applying standards to all licensed foster family homes receiving Title IV-E or IV-B funds, including Title IV-E review findings and agency level compliance with State standards.

As the State is responsible for the receipt and distribution of all federal Title IV-E or IV-B funds in the State of Nevada, it is a statutory duty of State to administer any money granted by the Federal government under Title IV-E or IV-B. The State also licenses and regulates all foster homes according to NRS 424 and NAC 424 requirements. All family foster homes must meet the same licensure requirements. No distinction is made between relative and non-relative applicants, unless a waiver is allowed regarding a non-safety standard for a relative home with placement of a specific relative child(ren).

In the 2009 Nevada CFSR, this item was reported to be a strength. The State monitors compliance with foster care licensing regulations and requirements and verifies compliance by family foster homes on an annual basis. Compliance is verified by a process of annual visits as part of the license renewal process, and the prompt investigation of any complaints or concerns relating to the operation of family foster homes. Complaints that involve the health or safety of a child are investigated immediately. All other complaints must be investigated within 10 working days. Family foster homes that do not comply with initial licensing requirements as verified by annual inspections and license renewals will not receive IV-E or IV-B funds. In March 2011, ACF conducted a Title IV-E Review in Nevada, and the final report was provided in 2012. Nevada is currently awaiting the results from the Title IV-E Review that was conducted by ACF in April 2014. Washoe, Clark and the DCFS Rural Region are working collaboratively with the DCFS Program Office to make changes to the foster home regulations to ensure they are up to date with current law and in line with Federal Title IV-E requirements.

Item 43: Requirements for criminal background checks

Goal: The State will comply with Federal requirements, including Adam Walsh, for criminal background clearances related to licensing or approving foster care and adoptive placements and the State will ensure that a background check process is in place that includes provisions for addressing the safety of foster care and adoptive placements of children.

This item was rated as strength during the 2009 CFSR. The State continues to comply with Federal requirements, including Adam Walsh, for criminal background clearances related to licensing or approving foster care and adoptive placements. A background check process is in place throughout the state that includes provisions for addressing the safety of foster care and adoptive placements of children.

In the 2011 legislative session NRS 424.031 was amended to include additional provisions around background checks. This change revised provisions relating to background checks of certain persons who work with children in all three areas of the Division, to include Juvenile Justice and Children's Mental Health.

NRS 424.031 (effective date 7/1/2011)

- Foster parent/licensee, residents ages 18 and older* and/or employees of a foster home are required to have a complete background check every 5 years after initial licensure/approval.
- Foster parents/licensees must maintain all records surrounding background checks of caregivers, residents and employees for the entire period of time they are associated with the foster home. Records to include, but not limited to: Copy of authorization for release of background records, copy of fingerprint cards, proof that they were submitted to the appropriate authority, approval letter from the licensing authority and any other documentation which may arise out of the background check process.

* Per NRS 424.031: Prior foster youth, age 18 to 21 who are "under the jurisdiction of the court," are exempt from such background checks.

In the 2013 legislative session NRS 432B.198 and NRS 62B.270 were amended. This amendment required certain juvenile justice and child welfare agencies to require background checks for employees.

NRS 62B.270 and NRS 432B.198 (effective date 7/1/2013)

This legislation requires juvenile justice agencies in counties whose population is over 700,000, and any child welfare agency, to obtain a background investigation of applicants for employment with, and employees of, such agencies, which also pertains to mental health professionals employed by these agencies. This bill also requires that background investigations are performed at least once every five years after initial investigations of employees.

During the week of April 21, 2014 the Children's Bureau (CB) together with the Division of Child and Family Services (DCFS) completed Nevada's title IV-E Foster Care Eligibility Review. As of this reporting final results are not yet available.

Item 44: Diligent recruitment of foster and adoptive homes

Goal: *The State will ensure that the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State is occurring.*

The PIP identified that this systemic factor was addressed during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on "Expanding Service options and creating flexibility for services to meet the needs of children and families." All PIP items have been completed during the PIP implementation period. To meet this goal, one objective was that the State would develop a quality improvement process to monitor child welfare agency adherence to statute, regulation and statewide policy related to the recruitment and training of foster and adoptive families, including a process to ensure ongoing agency progress toward correcting identified areas of needed improvement and that stakeholders have an opportunity to provide input on the process. Currently, the State addresses this through a reporting process from each child welfare agency which documents what efforts have been made to recruit potential foster and adoptive families, as well as identifying strengths and challenges with the recruitment process. Diligent efforts are being made to ensure that there are enough homes to meet the needs of children coming into care. The following identifies progress reported by each of the three child welfare agencies.

CCDFS Progress

Child Specific Recruitment:

As part of an Administration on Children, Youth and Families (ACYF) Children's Bureau Diligent Recruitment grant project (Project), CCDFS reviewed a variety of standard activities for child-specific recruitment efforts -- from writing a child's profile to individualized recruitment strategies, child assessment and preparation.

It was clear from the review that CCDFS needed to improve its efforts in these service areas.

For example, CCDFS engages in general recruitment but did not have a coordinated targeted recruitment strategy for children who are in need of an adoptive resource and have remained in long-term foster care. Collaborative child-specific adoption recruitment (CSAR) workgroup was formed with agency staff from recruitment, licensing and permanency and included foster/adoptive parents. The Project goal was to increase the number of families interested in foster care and/or child-specific adoption.

The workgroup's objective was to improve strategies for finding permanent families for children and eliminate barriers to adoption. Members reviewed findings of innovative evidence-based research that have proven successful outcomes to permanency:

- 1) One-on-one relationships with children;
- 2) Diligent search for potential adoptive families and aggressive follow-up with identified contacts; and
- 3) Clearly defining the staff's responsibilities for preparing a child for adoption; and answer the following:
 - How does child-specific recruitment currently take place in the agency?
 - Are workers following through on recruitment strategies already in place?
 - Is current practice aligned with evidence-based best practice strategies?

- What innovative strategies or community partnerships could the agency explore to achieve positives outcomes for waiting children?

The CSAR workgroups review drew attention to areas in need of improvement for both practice and use of terms. The workgroup recommended and developed practice improvements while the Project team developed a glossary of terms and conducted a monthly status review of child-specific recruitment assignments.

The Project team recommended the use of child characteristics data to inform general and targeted recruitment strategies. The Diligent Recruitment Project has worked closely with the CCDFS Data Management and Analysis unit to develop monthly reports on child characteristics from UNITY for the targeted populations of large sibling groups, special health care needs and teens.

CSAR activity included the development and implementation of child assessment and preparation tools and individualized recruitment plans for children. Evidenced-based assessment tools and recruitment plans were reviewed by the workgroup members and recommendations were presented. The Project team using workgroup input, developed procedures, tools and guidelines for an initial referral and intake for child-specific adoption recruitment through making an adoptive placement. The tools and guidelines were modeled after best-practice models such as, Adopt US Kids, Casey Family Programs, Wendy's Wonderful Kids and the National Center for Adoption, resulting in the development of an individualized recruitment plan document that combines recruitment planning objectives (case planning) with measurable outcomes (e.g. guardianship, transition, adoption).

A major accomplishment was the development of new child-specific matching procedures to guide recruiters in getting to know prospective foster and adoptive resources. The information was taken from the National Resource Center for Adoption's, Adoption Competency Curriculum. The new protocols set the expectation for recruiters to get to know the resources through phone calls, e-mails, and home visit interviews. The purpose is to better prepare the family about the specifics of a child's strengths and needs and to decrease the chances of an adoptive placement disruption.

Foster and Adoptive Parent Recruitment staff focus on developing an individualized recruitment plan gathering information through case file mining, child & family team meetings (CFTs), interviews or discussions with the child, the child's case manager and foster parents. An assessment of the child's strengths and needs is completed as well as documentation of the child's wishes, desires and goals. Eco-mapping and a child preparation plan is also an integral part of the CSAR activities. The child assessment and preparation plan, and the individualized recruitment plan are updated quarterly. Recruiters have weekly meetings with their supervisors to provide status updates on their CSAR cases and discuss strategies. The Diligent Recruitment Database was launched. Staff was trained on the web-based tool that stores, compiles and analyzes the data for the CSAR activities.

In addition to the child-specific recruitment strategies, the department has continued to develop and maintain partnerships with community stakeholders. For example, CCDFS collaborates with the Adoption Exchange to participate in Profile Parties and match parties -- bringing legally free children and children with an active recruitment order together with potential adoptive families. The department also works collaboratively with the Adoption Exchange to have children's photographs displayed in the Heart gallery, an exhibit that introduces potential adoptive families to children who are waiting to be adopted. Information about the children also appears on the Adoption Exchange website.

CCDFS is making a diligent effort to increase awareness in specific cultural groups within the community. Two of examples are the Hispanic community and the Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) population. Some of the efforts to increase awareness within the Latino population have included data gathering around Latinos within Clark County, providing interpreters at all information sessions, developing a Spanish information session and corresponding bilingual materials. Some of the efforts to increase awareness within the LGBTQ community include identifying potential community partners within the LGBTQ community, engaging and enlisting new and existing partners in the LGBTQ community to assist with the recruitment of homes for children in care, and ensuring that recruitment materials are non-specific in relation to gender, orientation, etc.

CCDFS conducts general recruitment efforts to raise awareness of the need for resource families to care for children involved with the child welfare system. These efforts convey a single, general message such as "change a life", or, "foster, adopt, volunteer", and promote a positive picture of foster care and adoption. General recruitment efforts consists of CCDFS staff attending speaking engagements, and providing recruitment materials in waiting areas of local businesses

and community based organizations.

To assist in the general recruitment efforts CCDFS partners with local TV & radio stations that do segments on children in foster care waiting to be adopted. For example, "Wednesday's Child" is a weekly segment hosted by a local TV anchor reporting poignant stories of children or sibling sets in foster care hoping to be adopted with the goal of finding them a permanent family. This gives the department the ability to market to the general public through media sources that are viewed by a large and diverse audience. It also allows us to use media sources that are viewed by targeted community sectors.

Activities developed and implemented have streamlined the intake and assignment process for the child-specific adoption recruitment. The new file record system allows for quality assurance monitoring for process and service provision and helps ensure the completion of required documentation (SACWIS & other). The file record system has made it easier for the recruiter to compile and review the referral packet documents such as the case manager's child profile and plan of adoption, social summary, medical records, court documentation and, case and placement history in the Clark County SACWIS before conducting the initial child visit. Outcome evaluations will be conducted by Child Trends who developed a database designed to track the child-specific adoption activities and outcomes over a 3-year period.

In addition to the focused approach of CSAR, CCDFS underwent a review of adoption policies and procedures which restructured the role of the Adoption Social Worker. The Department developed new and formalized existing Adoption policies and procedures. This change in Adoption policies and procedures provided structure for engaging all parties to achieve timely permanency for children in the care of CCDFS. As a result, Adoption Social Workers are now assigned during the early stages of a case for the purposes of concurrent planning. This is to ensure consistency within the child's team and to stick as closely to the one-child, one-worker model.

Adoption Social Workers collaborate with Permanency Case Managers to prepare birth parents, adoptive parents and children for reunification, termination of parental rights/relinquishment and adoption. This allows for Adoption Social Workers to participate earlier in the process, rather than wait until a child is legally free for adoption. Additionally, it provides birth parents and age-appropriate children an active role in planning for their future, if the children are unable to return home safely. If the child is adopted, the Adoption Social Worker will be involved from the initial stages and will be better prepared to address any needs of the family if/when they should arise.

In addition to the redesign of Policies and Procedures another major initiative undertaken by CCDFS was the development of innovative supports for foster and potential adoptive families. One of those innovative support initiatives was the development of the Foster Parent Champion program. This service utilizes foster parent champions as a contact point for other foster parents. Services focus on the foster parent roles and responsibilities and how to navigate the foster care system working collaboratively with a wide array of team members such as the child, birth parents, placement specialists, licensing representatives, case managers, treatment providers and other team members. Assistance provided by the foster parent champions helps strengthen new and existing foster parent resources by effectively identifying and broadly disseminating critical knowledge and information regarding best practices in foster parenting.

Another innovative supports is the development of the Nevada Quality Parenting Initiative (QPI), which is modeled after QPI Florida. This program reaches across all agency divisions to build collaborative relationships with foster parents, agency staff, birth parents and the community at-large, which will ultimately lead to faster and more sustainable permanency for the children we serve.

Four QPI meetings brought together over 80 participants that included Department staff, supervisors and managers from Investigations, Permanency, Independent Living, Recruitment, Licensing, Placement, and Training. Birth parents from the Peer to Peer Program, relative and non-relative foster parents, foster parent associations, community-based providers, CASA, non-profit service providers, and foster youth also are involved in implementing the philosophy. A plan of action was developed and five workgroups were identified to tackle such issues as Child Welfare Policies and Procedure, Community Partnerships, Communication, Recruitment, and Training, Retention and Support.

The success of the efforts mentioned above are evidenced by the success that CCDFS has had in increasing permanency for kids since 2009. The recommendations by the Project team and CSAR workgroup, and all implemented innovative and unique strategies showed vast improvements in the outcomes for the children of Clark County.

WCDSS Progress

WCDSS continues to implement the Quality Parenting Initiative (QPI) as a strategy and initiatives to recruit, train, and retain foster and adoptive parents. A support group was formed and flyers for the group are put in the subsidy renewal letters (over 600 homes) which go to families that have previously adopted to get them re-involved with social services.

The County released a story regarding the need for adoptive homes for children resulting in at least one news television story. Information tables/booths occurred at the following: Cabala's/Child ID SAFE KIDS, recruitment breakfast at Family Fun Day at the Sparks Marina, Run to End Domestic Violence, Pinwheels for Prevention, Kiwanis Family Fun Fair at Paradise Park, Give Kids a Boost Immunization Fair, and Reno Rodeo Kids Day. Quarterly fairs are held in areas of high removal with flyers sent to the surrounding 20 schools to come and learn more about keeping children in their school who are in foster care (food and entertainment is offered).

Retention events (assisting in foster parent to foster parent recruitment) included a Foster Parent Appreciation Dinner, Christmas party for foster/adoptive families, Washoe County Parks and Recreation Department provided Christmas trees for foster families, Halloween Trick-or-Treat at Social Services, Wild Water's summer day for foster/adoptive families, Potluck in the park, Easter Egg Hunt, Monthly Support Groups (Angel Among Us Awards for foster parents).

Quarterly Adoption Mixers are held for children in recruitment and interested foster families where they can see the children in an active setting. Local newscast features a monthly segment called "Have A Heart" where child/ren are featured from Washoe County that are in need of forever families. Kids needing forever families are placed on the County's webpage: www.haveaheartnv.org for local recruitment and www.adoptus.kids for national recruitment.

Continued work with One Church One Child, with contractor to reach out to local churches, present the OCOC program, host tables and booths and speak at events/services. Monthly newsletters and bulletin inserts are sent to the churches and daily Facebook posts are posted about the children needing forever homes. Summit Church hosts Dessert night, two weekends a year with a table of information and quarterly meetings on their "Orphan Ministry". Table participation at Living Stones 2 and Prayer Vigil's held at Faith Baptist. Weekend table at Reno Christian Fellowship with foster parent testimonials as well as an orientation hosted semi-annually. Participation in Pro-Life banquet and concert provided exposure to hundreds of people.

DCFS Rural Region Progress

Within the past five years, many new and exciting changes have occurred within the Rural Frontier's Foster and Adoptive Parent Program. In the fall of 2011, the National Resource Center (NRC) for Diligent Recruitment at Adopt US Kids provided DCFS with on-site Technical Assistance (TA). TA was very beneficial in that it prompted a whole new set of goals for the Rural Region to focus on including, but not limited to; increasing the number of quality and ethnically diverse foster and adoptive families in the entire Rural Region, demonstrating better support and value for foster and adoptive parents in each area as well as removing barriers to fostering and adopting in the Rural Region. Strategies are ever-evolving to overcome these barriers that exist (i.e. providing easily accessible advanced training for foster and adoptive parents). The NRC also assisted the agency in hosting focus groups in each of the areas which were critical to better understand what foster and adoptive parents need and what the agency is doing well or could be doing better.

In addition, numerous recruitment booths were hosted by DCFS in each of the regions over the past five years and the agency also promoted awareness at booths for community events including, but not limited to: events involving law enforcement (National Night Out, Cops 'N Kids, Child Find), sporting events such as Little League Opening Ceremonies, school district events (kindergarten registration, parent-teacher organization meetings, and partnership with various coalitions (Carson City Foster Parent Coalition, Alliance for Children Today (ACT), and Churchill Community Coalition). It is also important to note that foster home recruitment has occurred with events such as the Nevada Day Parade, farmer's markets, hospital health fairs, child abuse awareness events (Pinwheels for Prevention), Chamber of Commerce membership with business mixers and expos, as well as events occurring within the Hispanic community to recruit Spanish-speaking foster and adoptive homes.

Various campaigns have been instituted throughout the Rural Region such as the 'You Can Help' Campaign. This campaign focuses on encouraging businesses and agencies to host foster parent brochures in conspicuous places for their patrons and employees. Also, the 'Helping Kids in Care' Campaign concentrated on hosting informal gatherings at coffee houses on the weekends to encourage people to come and talk to the recruitment worker about the program.

Another campaign that was developed over the past five years was the program 'Church Talk'. This program began in collaboration with Carson City CASA and centered on reaching out to local churches in the community. An exciting evolution of this program is the One Church One Child Program, which began in the Rural Region in the fall of 2013. This program is reaching out to churches across the State to assist with orientations, recruitment, and support of foster families within their congregations. This is a nationally-recognized program that has shown great success in bringing the faith-based community on board with the recruitment of foster/adoptive homes.

Simultaneously, with recruitment events and programs that have occurred, so has the constant flood of media presence in the Rural Region with regard to recruitment. Public Service Announcements of trainings, foster parent pleas, and personal-interest stories have been broadcast through radio, television and newspaper print consistently over the past five years.

Recently the Rural Region began implementing the Quality Parenting Initiative (QPI) similar to QPI Florida. A former, long term foster parent & current adoptive parent, Ellen, is acting as the Rural Region QPI Coordinator. Due to the demographic challenges in Nevada's rural areas, the QPI Coordinator is still in the beginning stages of building awareness surrounding the benefits of QPI for the rural foster/adoptive parents. Ultimately, QPI will assist in developing more quality foster parents, through ongoing access to foster trainings on the Nevada QPI "Just in Time" Website. QPI will help to support current rural foster parents through enhanced teaming with DCFS. It is expected that QPI will help both retention and recruitment of rural foster parents.

Item 45: State use of cross-jurisdictional resources for permanent placements

Goal: *The State will ensure a process is in place for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.*

Over the past five years, the State has continued to work towards the objectives that encourage stakeholders and partners to participate in providing input to enhance and improve processes that ensure the placement and retention of children into safe and permanent homes. The state has continued to work with counties, tribes, and private agencies on an on-going basis to remove jurisdictional barriers and improve placement practices for children in Nevada's foster care system. The State has engaged in those activities which have proven successful in the safe, timely and permanent placement of children including national and local media campaigns, local foster care and adoption awareness activities, adoption exchanges, photo listings, and the safe and timely placement of children out of state utilizing the Interstate Compact on the Placement of Children (ICPC) Unit.

Interstate Compact on the Placement of Children (ICPC)

Over the last five years, the ICPC unit has developed and revised tools to assist workers while processing ICPC cases. Flow charts and desk manuals provide comprehensive, step by step guidance on how to process ICPC cases as well as an overview of each ICPC regulation. The State has continued to offer training to partners and stakeholders, not only as regulations and requirements have changed but also as requested due to staff turnover. Training tools have also been disseminated across the State to each jurisdiction and partner agencies as requested and appropriate.

Through active participation in the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC), Nevada has remained a leader in the discussions, clarification, and decision making for processes and regulations as they apply to ICPC over the past five years. The Nevada Deputy Compact Administrator (DCA) has served for several years as part of the Executive Committee. Her duties and responsibilities have included providing training at a national level including training on advanced ICPC processes; educational costs and ICPC; adoptions; fostering connections and new regulations. Discussions have also taken place around best practices and other topics that have been relevant in the child welfare arena.

Nevada ICPC unit has continued to conduct quarterly (or more often if requested) partner's meetings which has, over this reporting period, provided an opportunity for other child welfare agencies and workers to discuss complex cases, new or existing regulations, processes and policies as they related to ICPC. This has not only promoted collaboration and communication but has enabled the State to ensure Nevada operates on a consistent and uniform basis when dealing with other States and has also contributed towards the rapid resolution of internal concerns and issues.

Nevada ICPC is housed in the same physical location as the Indian Child Welfare (ICWA) specialist and as such, this collaboration provides a level of expertise and opportunity for collaboration with Nevada Tribes as well as Tribes out of state with questions that intersect both ICPC and ICWA. Over the past five years, Nevada ICPC has been able to provide assistance in the placement of several Native American children, through collaboration with the ICWA specialist and partner tribes and states.

Nevada has continued to make use of their SACWIS system (UNITY) to not only process ICPC cases (including new referrals, approvals and denials) but to provide tracking for a variety of reports for trends, recognition of training and staffing needs, compliance and other data collection purposes. The State ICPC Unit continues to utilize an email box developed for ICPC inquiries, status checks, and/or requests for additional information. This has allowed a quicker response time for caseworkers requiring immediate information on new referrals, home study completions, approvals, denials, and status updates, placement dates for case planning purposes and/or court proceedings, as well as providing a mechanism to expedite communication to other states while making better and more efficient use of staff time. Additionally, the quick and comprehensive access to reports has allowed an immediate response when disasters and significant events have occurred, resulting in a quick location and status check of all Nevada children placed in any of those affected states, through an ICPC process.

In SFY 2014, Nevada was one of only six states nationwide to pilot a new web-based electronic information exchange for processing ICPC cases and streamlining placement of children across state lines. The National Electronic Interstate Compact Enterprise (NEICE) project is a 17-month pilot, administered by the American Public Human Services Association and the Association of Administrators for the Interstate Compact for the Placement of Children, and supported by Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), the Children's Bureau (CB).

The NEICE system will serve and benefit children, families, public, and tribal child welfare agencies and multidisciplinary groups (medical, legal, judicial) that work to facilitate foster care and adoptive interstate placements nationwide. The ultimate goal is to decrease the length of time it takes for children to be placed safely across state lines and reduce administrative costs. Implementation of the NEICE system is scheduled for early summer of 2014, with states piloting the system through February 2015.

In SFY 2010 Nevada received and processed a total of 801 complete incoming referrals, with a monthly average of 67. In comparison, in SFY 2014 (through April) Nevada received and processed a total of 617 complete incoming referrals with a monthly average of 62. This represents a decrease over the last five years of complete incoming referrals of 23% (with data from 2014 collected through the end of April).

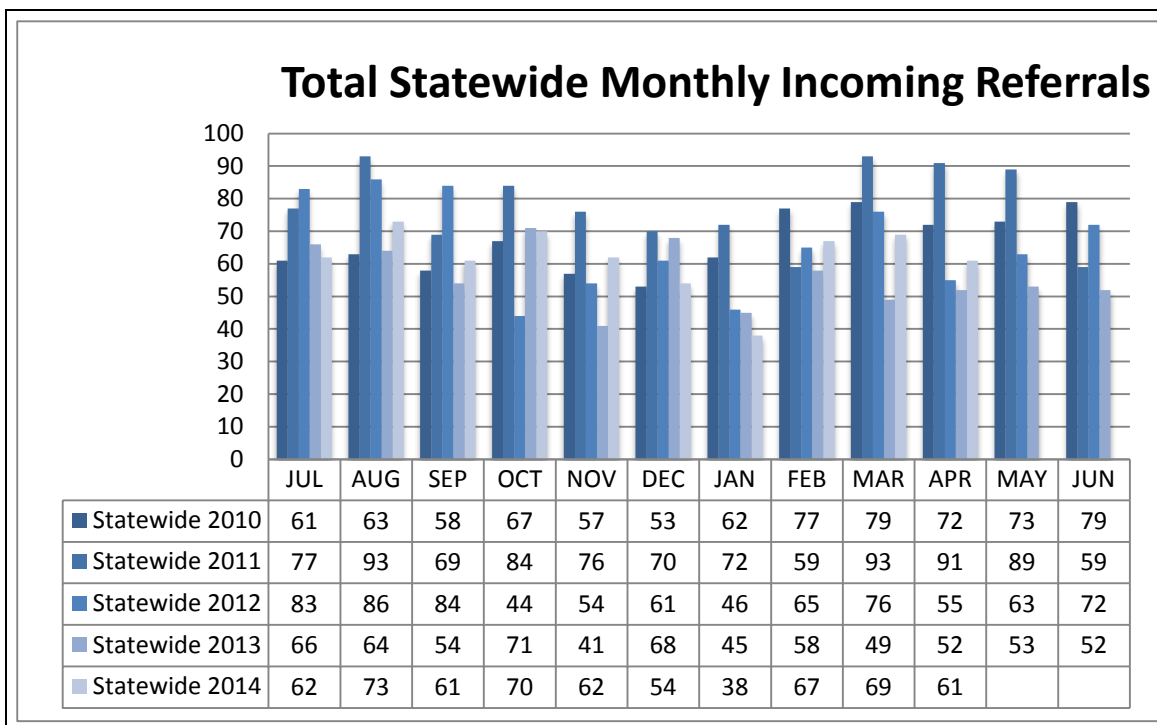
In SFY 2010 Nevada received and processed a total of 1213 outgoing referrals with a monthly average of 101. In comparison, in SFY 2014 (through April) Nevada received and processed a total of 966 complete outgoing referrals with a monthly average of 101. This represents a decrease over the last five years of complete outgoing referrals of 20% (with data from 2014 collected through the end of April).

While incoming and outgoing referrals fluctuate, and can often be traced to the impact of economic and seasonal factors, it does appear as if over the last five years, referrals have been decreasing for children who are placed into out of state placements. Nevada has always experienced a greater number of outgoing cases than incoming. Over the last five years, the difference has been approximately 38%. Nevada sends and receives the most number of referrals from California, followed by Oregon and Utah.

Home studies are an important part of ensuring safe placement of children and also a requirement before any child can be placed into a home out of state. As might be expected, the overall outgoing approved home studies over the last five years have been approximately 31% higher than the approved incoming home studies. The overall home studies performed for this reporting period has decreased as well, commensurate with the referral numbers.

The below figures demonstrate incoming and outgoing referrals as well as approved home studies. UNITY reports indicate those referrals that are complete and have been processed. Many referrals are received by the ICPC office that cannot be immediately processed due to missing or pending documents, etc. Those are tracked manually to assist workforce development, etc.

Figure 18: Statewide Total of Monthly Incoming Referrals



CFS320 (Monthly Stats Report)

Figure 19: Statewide Monthly Average of Incoming Referrals

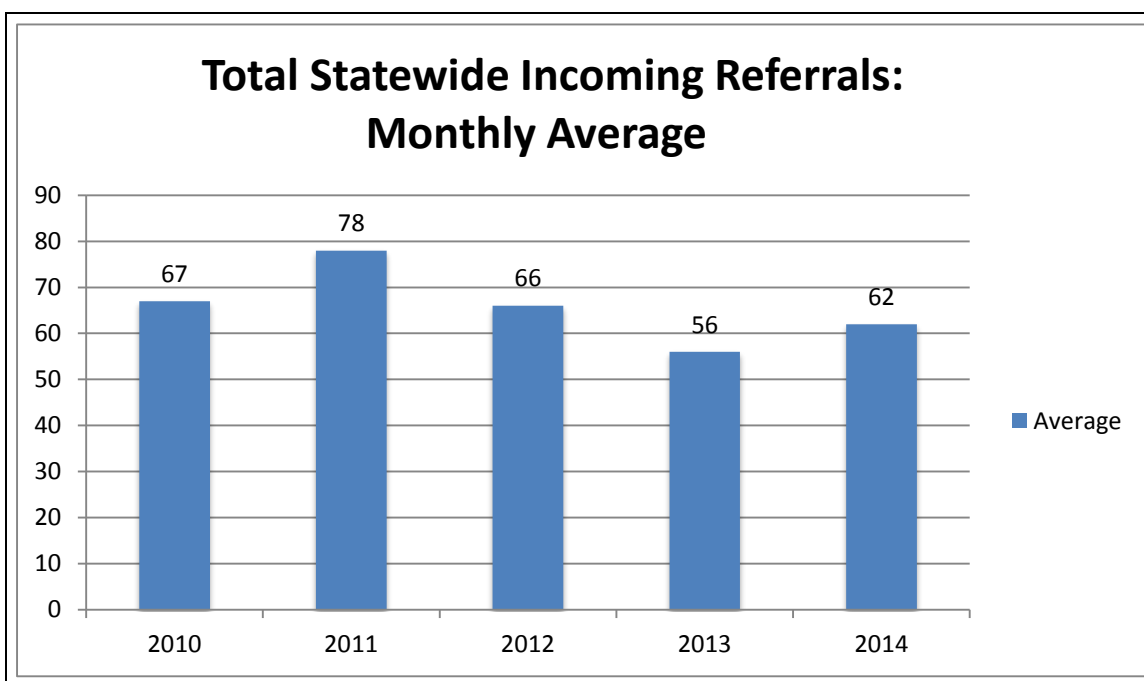


Figure 20: Statewide Annual Incoming Referrals

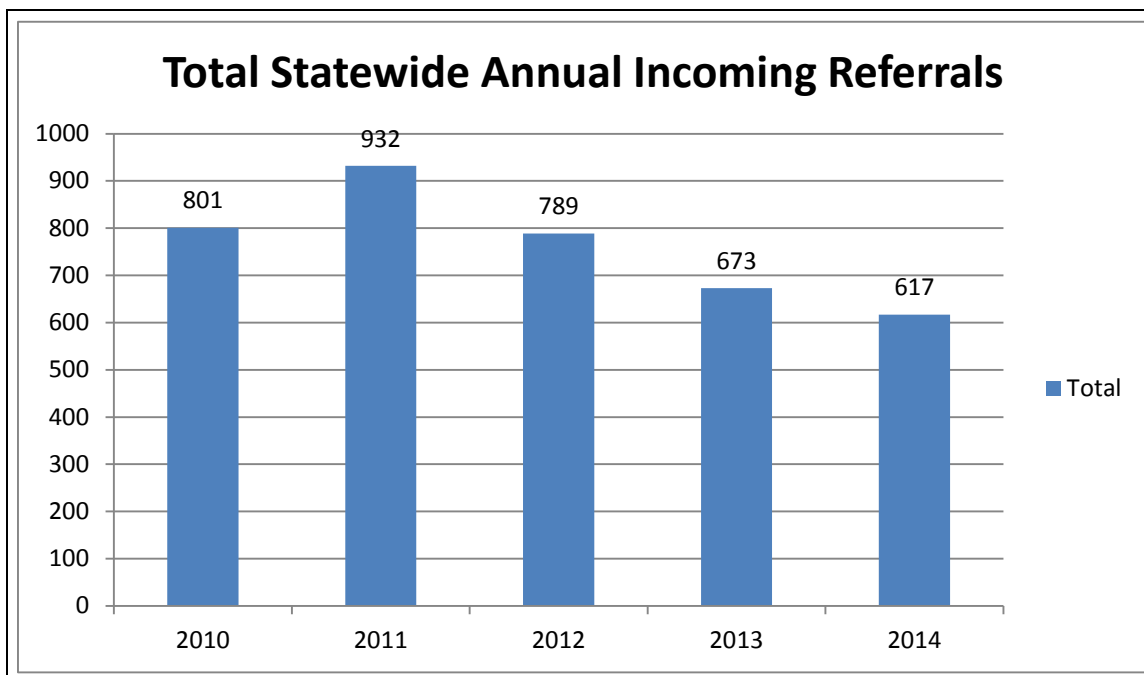
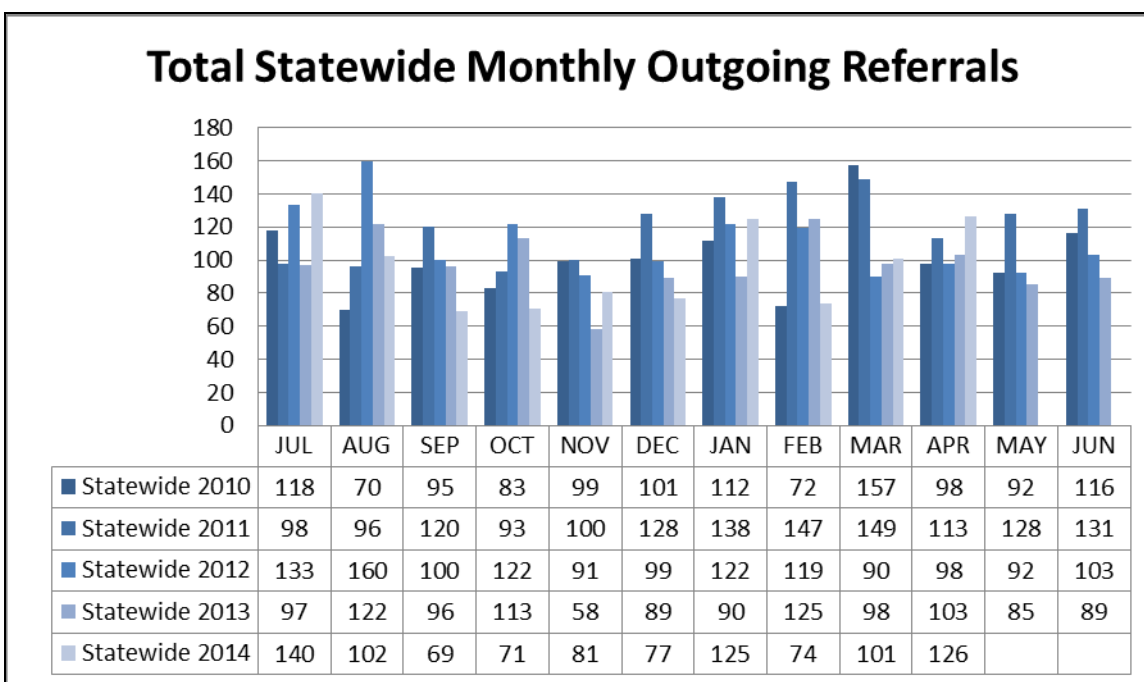


Figure 21: Statewide Total Outgoing Referrals



CFS320 (Monthly Stats Report)

Figure 22: Statewide Total Outgoing Referrals; Monthly Average

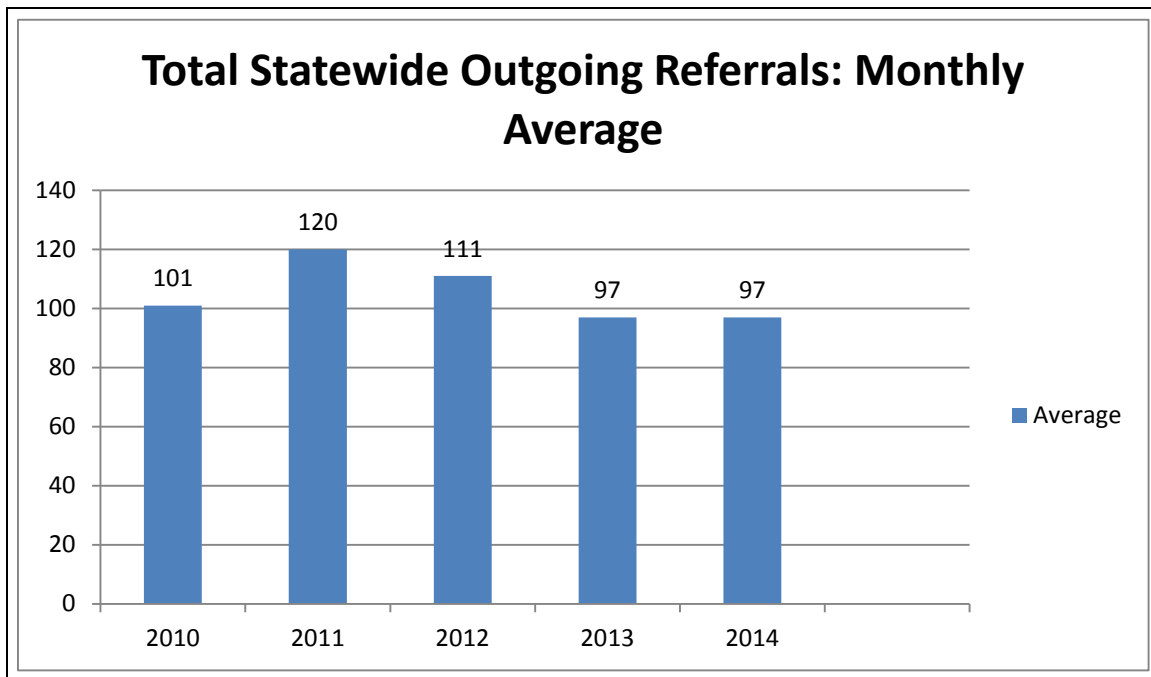


Figure 23: Statewide Total Outgoing Referrals

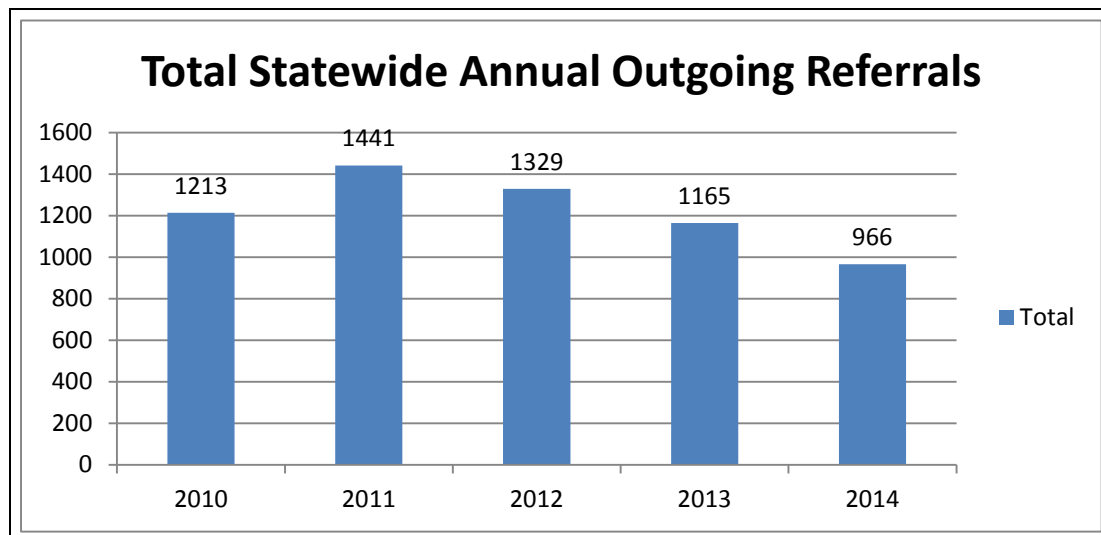
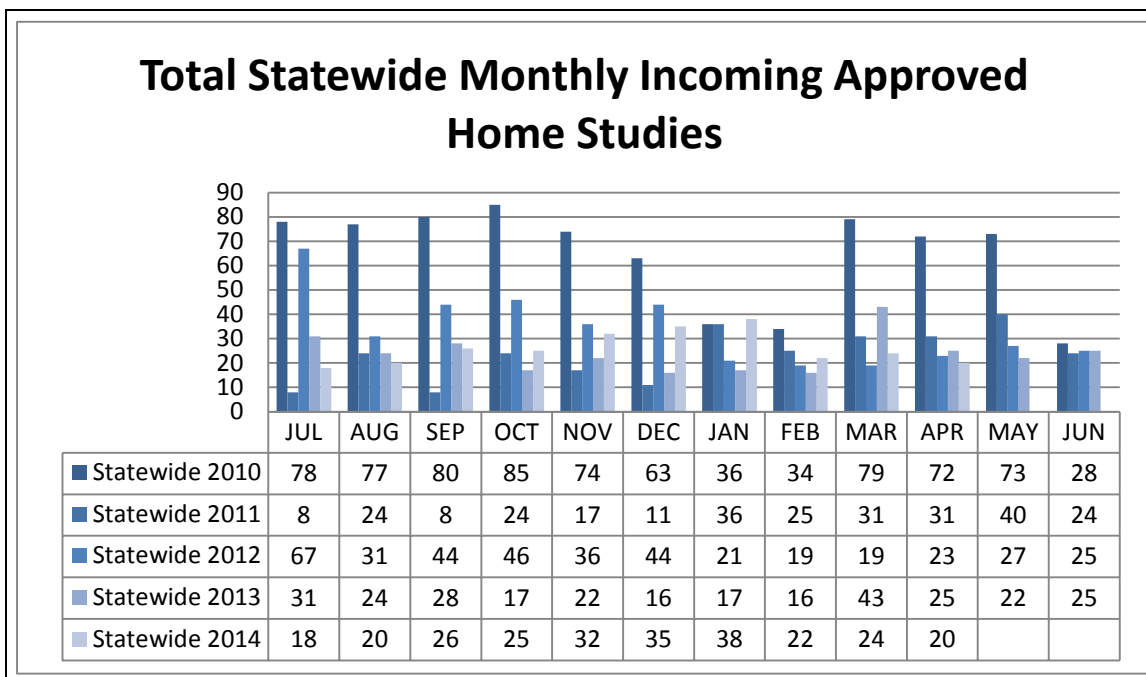
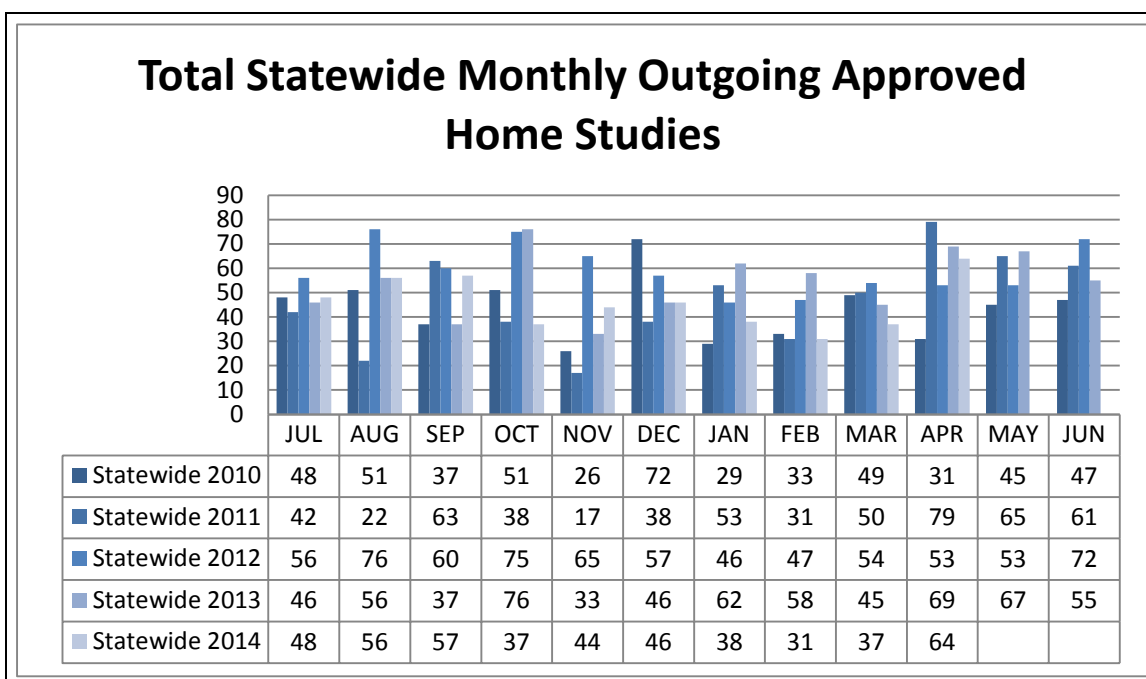


Figure 24: Statewide Total Incoming Home Studies



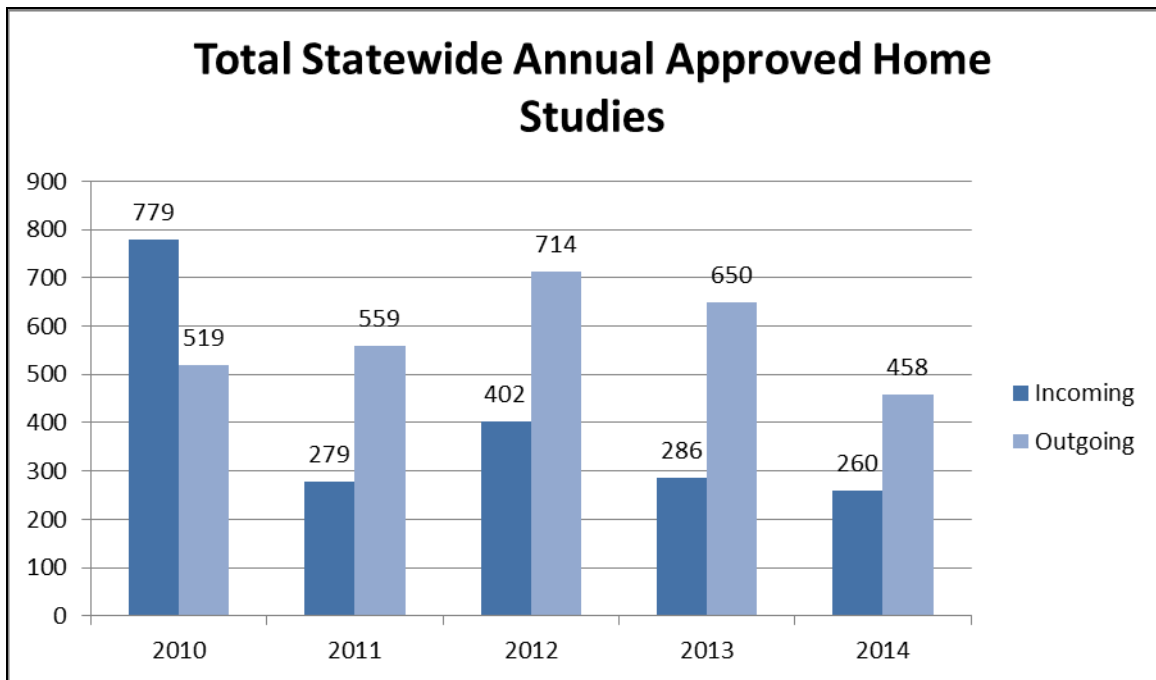
CFS733 (ICPC Home Study Report)

Figure 25: Statewide Total Monthly Outgoing Home Studies



CFS733 (ICPC Home Study Report)

Figure 26: Statewide Total Annual Approved Home Studies



APPENDICES

APPENDIX A: Child Abuse Prevention and Treatment Act (CAPTA) Plan Report

FY 2011 Nevada submitted a new CAPTA state plan that will remain in effect as long as the State continues to participate in CAPTA. The following is the currently required annual reporting describing use of CAPTA funds required by Section 1089(e) of CAPTA.

Substantive Changes: There are no substantive changes in the state law that effect eligibility. The Nevada Legislature meets bi-annually, and met for the 2013 Legislature session. The next Legislative session will be in 2015.

Nevada will have changes to the state's previously selected CAPTA program areas from the approved CAPTA State Plan. The 14 allowable program areas are enumerated in section 106(a) of CAPTA. Nevada's four previous selected program areas from CAPTA (42 U.S.C. 5101et seq.) section 106 (a) (1) through (14) are as follows:

1. Sec. 106 (a) (1) Improving the intake, assessment, screening and investigation;
2. Sec. 106 (a) (3) Improving the case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families;
3. Sec. 106 (a) (4) Enhancing the general child protection system by developing, improving, and implementing risk and safety assessment tools and protocols;
4. Sec. 106 (a) (7) Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

Selected Program Areas:

Nevada will have changes to the CAPTA program areas. Nevada's four previous selected program areas from CAPTA (42 U.S.C. 5101et seq.) section 106 (a) (1) through (14) are the following:

Nevada will no longer be using CAPTA funds for the following program areas:

1. Sec. 106 (a) (1) Improving the intake, assessment, screening and investigation;
2. Sec. 106 (a) (3) Improving the case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families;
3. Sec. 106 (a) (4) Enhancing the general child protection system by developing, improving, and implementing risk and safety assessment tools and protocols.

Nevada will continue to include one previous CAPTA program area:

1. Sec. 106 (a) (7) Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

The following CAPTA program areas are the newly selected program areas that Nevada will be using in support of those allowable program areas enumerated in section 106(a) of CAPTA:

1. Sec. 106 (a) (5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.
2. Sec. 106 (a) (6) Developing, strengthening and facilitating training including-
 - (A) Training regarding research-based strategies to promote collaboration with the families;
 - (B) Training regarding the legal duties of such individuals; and
 - (C) Personal safety training for case workers.

3. Sec. 106 (a) (7) Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.
4. Sec. 106 (a) (11) Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and the basis for reporting suspected incidents of child abuse and neglect.
5. Sec. 106 (a) (12) developing and enhancing community based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.
6. Sec. 106 (a) (14) Supporting and enhancing collaboration among public health agencies, the child protection system and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for the children who are the subject of substantiated child maltreatment reports.

Activities and Use of funds for CAPTA State Grand Funds for FFY2014

The intent and overall goal for the use of CAPTA funds is to improve the general child welfare system. This will include but is not limited to Nevada's SACWIS system the Unified Nevada Information Technology for Youth (UNITY) system. Additionally funds can help support community outreach, and services for children and families.

Nevada's plan will include the following CAPTA program areas:

1. Sec. 106 (a) (5) Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.

Plan: Nevada is updating the state's SACWIS system, UNITY, to be in alignment with our child safety practice model. In addition to enhancements necessary for the practice model, Nevada is researching the implementation of data sorting programs that will improve the data reports needed for federal, state and county reports. These data reports will apply to practice throughout the life of a case. In addition, Nevada is in the process of updating the entire SACWIS system. CAPTA funds will be used to assist in this upgrade with technical support, programing and training staff.

2. Sec. 106 (a) (6) Developing, strengthening and facilitating training including-
 - a. Training regarding research-based strategies to promote collaboration with the families;
 - b. Training regarding the legal duties of such individuals; and
 - c. Personal safety training for case workers.

Plan: Provide training on evidenced based strategies that will promote collaboration with families. In addition, there is a need to provide worker safety training to case worker staff and stakeholders that frequent the homes of child welfare clientele.

3. Sec. 106 (a) (7) Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

Plan: Training purposes for both staff and stakeholders within the Child Welfare System. Training for individuals will be centered on assessment of safety, improving the quality of investigations, management oversight of cases and collaborative investigating with stakeholders.

4. Sec. 106 (a) (11) Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and the basis for reporting suspected incidents of child abuse and neglect.

Plan: Development of public educational materials to include, but not limited to; the roles and responsibilities of Child Protective Services (CPS) and of community stakeholders who report abuse and neglect, Public Service Announcements/materials related to sex trafficking and sexual abuse.

5. Sec. 106 (a) (12) developing and enhancing community based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

Plan: CAPTA Funds will be used to engage communities in developing and enhancing community based programs to prevent and treat child abuse and neglect.

6. Sec. 106 (a) (14) Supporting and enhancing collaboration among public health agencies, the child protection system and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for the children who are the subject of substantiated child maltreatment reports.

Plan: Collaborate with communities around creating, developing and implementing strategies that will address the need for Plans of Safe Care for infants born with positive drug or alcohol screens. Training for mental health professionals in evidenced based treatment strategies that serve children/families involved with the child welfare system.

Activities and Expenditures of CAPTA funds for FFY 2013

For this reporting period, CAPTA funds were used alone or in combination with other federal funds in support of the state's approved CAPTA plan to meet the purposes of the program since the submission of the last APSR (section 108 (E) of CAPTA):

Personnel

Through the use of CAPTA State Grant funds, DCFS employs a full-time Social Services Programs Specialist. This position is necessary in order to carry out the objectives of the grant. The funds utilized included salary, fringe benefits and travel. Under the direction of the DCFS Deputy Administrator, the Social Services Program Specialist coordinates with the DCFS rural district offices, WCDSS and CCDFS to help ensure that policy and practice in child protection is consistent throughout Nevada. The Specialist also participates in planning, coordinating and evaluating child protective services provided throughout the state.

The Specialist participates in the following activities: 1) Review of federal/state legislation, development of federal/state regulations, and agency policies; 2) Provision of statewide technical assistance and/or consultation through contract or sub-grant; 3) Coordination of training pursuant to CAPTA requirements; 4) Serves as the State Liaison Officer with the Office on Child Abuse and Neglect; 5) Prepares grant applications and progress reports for the CAPTA Basic State Grant program and other related CAPTA funding; 6) Develops, coordinates and monitors CAPTA Projects; 7) Serves on agency or other committees that promote the goals of child protective services; and 8) Monitors the collection of child abuse data for the National Child Abuse and Neglect Data System (NCANDS).

Operating Expenses

Communications equipment purchased for the purposes of promoting staff and child safety were periodically reviewed for continued maintenance and possible upgrade through the use of grant funds. Grant funds supported staff telecommunications related to child protection activities including teleconferencing, video-conferencing, cell phones, and land lines. Grant funds may be used to purchase equipment, such as digital recorders, printers, scanner, computers, laptop computer, and necessary hardware, software upgrades, file cabinets and other office equipment and work materials such as journals, subscriptions, books and videos. In addition, Grant funds were used to support new equipment needed for WCDSS and their new CAC.

Maintenance of Citizen Review Panel and Statewide Child Protective Services Work Groups

Grant funds are used to support travel and per diem for panel representatives and for child welfare services representatives to participate in child protective services workgroups. Funds may also be used for a consultant/facilitator, including travel and per diem and materials, provision of technical assistance and coordination for the panel.

Previous Year Activities under selected CAPTA Program Areas from Section 106 (a) of CAPTA

1. Sec. 106(a)(1) Improving the intake, assessment, screening and investigation;

CAPTA funds were used to support the training, implementation and changes to the SACWIS system in Clark County. Clark County has a three year contract with ACTION for Child Protection to assist in this implementation. In addition, CAPTA funds were utilized to fund a pilot project for intake in DCFS-Rural Region. This pilot project contracted with the Crisis Call Line to provide intake services. The Crisis Call Line staff was trained in the process of taking an intake and processing this intake. In addition, the staff was trained on the process of data input into the SACWIS system.

CCDFS has been working with ACTION for Child Protection (ACTION) since 2006 on improving child safety in Clark County. Most recently, CCDFS secured a three-year contract with ACTION to assist with the implementation of an enhanced safety model known as the Safety Intervention Permanency System or "SIPS." SIPS is a safety intervention system utilized to assist with making determinations regarding who is served, when children are reunified with families, and when services are terminated. CCDFS began working with ACTION in July 2013 to assist with implementing the model with our Intake Unit (aka Hotline) and the Intake unit completed training in September 2013. The model has since been implemented at CCDFS South and West regions.

The Telemedicine Projects in Nevada have been on-going since 2009. There are two projects in the Rural Region and a new Children's Advocacy Center (CAC) being established in Washoe County. Grant funds have been utilized to support all of these projects by purchasing equipment for the CAC in Washoe County, assisting with the cost of training for individuals involved in the investigations of child sexual abuse and the on-going cost of supplies needed for child sexual assault exams. The Elko project has progressed significantly since the last reporting period. This CAC completed 10 sexual assault exams from January 1, 2014 to March 1, 2014.

2. Sec. 106 (a) (3) Improving the case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families.

In the past, the focus has been on assessment of safety in the family of origin; it has been expanded to assess safety in all out of home placements. Updates have been made to UNITY in order for staff to document case plans, update to case plans, Child and Family Team (CFT) meetings to be held every three months or when there is a change that needs to be made to case plans and staff is required to staff cases more frequently with their supervisors. In addition, the revisions being made to the CORE curriculum training on how to better engage is expanding throughout the life of the case instead of just during the initial contact with families.

3. Sec. 106 (a) (4) Enhancing the general child protection system by developing, improving, and implementing risk and safety assessment tools and protocols.

The focus for DCFS has been aligned with the roll out of the Safety Assessment Family Evaluation Practice Model (SAFE). Front end policies and procedures developed supported the reframing of a previously incident driven, investigative system focused on collecting evidence either in support of or to negate a determination of child maltreatment. Previous to SAFE, there was no formal standardized assessment for present or impending danger. Now a standardized assessment exists. As a result, children in Nevada are able to remain with an in-home safety plan, while caregivers work on case plan activities designed to change behavior by increasing caregiver protective capacities such that safety threats are mitigated entirely. Although no specific policies were developed around family engagement, the Nevada Initial Assessment (NIA) Intervention Manual promotes and employs strength based, client centered, engagement strategies that we believe have already proven to be successful in improving child welfare outcomes for children and families.

In addition, DCFS and Washoe County are focused on and expanding the need to assess safety when children are in-home or out-of-home care. This assessment tool is called Confirming Safe Environments (CSE). CSE is providing a systematic way to ensure safety of children regardless of where they are placed.

4. Sec. 106 (a) (7) Improving the skills, qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of case workers.

CAPTA funds are critical in Nevada's to provide training for staff and stakeholders within the Child Welfare System. Nevada has had a new worker core curriculum since 2009. This has been attended by all new workers hired in all three regions of Nevada since that time. Stakeholders and some community partners have been encouraged and have also been attending the new worker core training. During this last reporting period, stakeholders, staff and administration feel it is time to adjust/revise this curriculum. New worker core is trained by the University of Nevada Reno (UNR) for workers in the northern part of Nevada and by the University of Nevada Las Vegas (UNLV) for workers in the southern portion of state. UNR and UNLV are currently engaged in conversation regarding revising the curriculum for this training. New content areas are going to include motivational interviewing, mock court training, addictions content, trauma informed care and some "specialty core trainings" will become a regular part of the core curriculum.

Training:

CAPTA funds support training for direct line and supervisory personnel on topics such as: safety, CPS investigation, assessment, screening, safety and risk assessment, use of tools, decision making and other topics as needed and related. Funding will support all costs associated with trainings to include: travel, presenter costs, staff travel, and training materials. All training provided through CAPTA funds will be provided free to child welfare staff and Continuing Education Credits (CEUs) will be made available for all disciplines, as needed, through collaboration with the Nevada Partnership for Training.

In the last reporting period, CAPTA funds were used to fund the following trainings and/or projects:

1. SAFE Practice Model Training: The purpose of this training is to enhance workers knowledge of safety concepts and safety planning/management, and to improve the quality of investigations and assessments. This training was provided to staff and stakeholders throughout the State.
2. Funds were utilized to support training through Action for Child Protection with CCDFS and will be utilized prior to the end of the year for staff training on the Parental Capacity Family Assessment (PCFA) in the DCFS-Rural Region.
3. Intensive Forensic Interviewing Training, presented by The National Children's Advocacy Center, Huntsville, AL.
 - Five day course teaches and reinforces the structure of defensible forensic interviews and forensic interviewing skills for five Nevada DPS and Law Enforcement professionals.
 - Topics to be covered are the NCAC Forensic Interview Structure, forensic questioning, developmental issues, interview strategies, memory and suggestibility, interviewing tools, and expert witnesses. Each participant will receive a notebook of resource materials, a copy of his/her videotaped child interview practicum, and the opportunity to network with colleagues from across the country.

CAPTA funds were used this last reporting period in Clark County to assist with the cost of implementation of the new Safety Model. Action 4 Child Protection has been contracted with CCDFS to train staff, assist with revisions of policy and coordinate the implementation process.

APPENDIX B: CFCIP & ETV

Chafee Foster Care Independent Living Program (CFCIP) & Education Training Voucher Program (ETV)

Please refer to Nevada's Child and Family Services Plan 2015-2019 for updated information on the CFCIP. The required statistical information required for annual reporting of the 2014 APSR as it relates to the ETV Program is listed below.

The Education and Training Voucher (ETV) is available to youth while they attend a post-secondary education institution. This fund can be used for tuition to any accredited post-secondary school or training which lasts longer than 12 months and/or any accredited training program under 12 months in duration that leads directly to employment. It can be utilized to support the youth for room and board, supplies and materials, tutoring, transportation, childcare, and any other appropriate and legal use to assist the youth with completing post-secondary education.

Youth are also referred to IL service providers for help completing applications for post-secondary education such as FASFA, ETV and a Nevada based scholarship Otto Huth. They are also advised about other resources for financial aid and scholarships.

DCFS supervises the ETV program and distributes ETV funds to eligible youth through a sub-grant to a community non-profit organization. The Children's Cabinet, has been successful in improving the provision of ETV services to our youth. The Children's Cabinet has designated one staff person to administer the funding allowing youth statewide to have one point of contact. A toll-free number is provided and the application along with program rules is provided on the Children's Cabinet website. Brochures have been distributed statewide to all IL providers and child welfare agencies.

Information on the Educational Training Vouchers can also be found on the DCFS website and link to the IL Program.

Table 59 depicts the number of youth receiving ETV awards.

2014 APSR

Annual Reporting of State Education and Training Vouchers Awarded

Table 59 ETV Award:

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2012-2013 School Year</u> (July 1, 2012 to June 30, 2013)	Total 104 served	Total 40 New
2013-2014 School Year* (July 1, 2013 to June 30, 2014)	July 1, 2013 to March 31, 2014 = Total 97 served	July 1, 2013 to March 31, 2014 = Total 35 New

Comments: Please note the 2013/2014 number is from July 1, 2013 – March 31, 2014. We still have 3 more months left and there is currently no waiting list.

APPENDIX C: Disaster Response Plan

Please refer to Nevada's Child and Family Services Plan 2015-2019 for the Disaster Response Plan. The following is updated information for the 2012 APSR.

Although the entire state may not be affected by a major disaster or pandemic, a significant event will have an agency-wide impact. Therefore, child welfare offices in all jurisdictions need to have emergency plans that clearly identify their roles and responsibilities within the broad emergency plan for the division and for the state. Support from other areas of the state may also be required, as local resources will likely be stretched and severely compromised.

DCFS coordinates efforts in support of, and in combination with Department of Health and Human Services and Nevada Office of Emergency Management, the state's comprehensive emergency management team, which provides the framework and guidance for statewide mitigation, preparedness, response and recovery activities.

The DCFS disaster plan outlines the Division's preparedness, response and recovery activities to sustain vital services defined as child protective services, medically fragile children and child and family welfare services. DCFS will coordinate when necessary, with the Nevada Department of Emergency Management which provides the framework and guidance for statewide mitigation, preparedness, response and recovery activities. The DCFS disaster plan is intended to provide a foundational framework for the statewide standardization of district and local office plans and facilitate coordination between local, state and federal governments.

The DCFS disaster plan provides support for the planning, response and recovery activities of the administrative, district and local rural offices. The plan also includes the activities mandated by the Child and Family Services Improvement Act of 2006 that requires states to maintain specific services to children and families in the event of a disaster, including:

- Identify, locate, and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records; and,
- Coordinate services and share information with other states.

The DCFS disaster plan also complies with laws passed in the 2011 session and placed into statute as NRS 432.410 and NRS 424.0367. The statutes not only require a licensee that operates a foster home to develop and implement a disaster plan for the care of children in their home but also requires each agency which provides child welfare services to develop and implement a plan for the care of children in its custody during a disaster and provide that plan to each person or entity which has physical custody of the children. The law further requires that the child welfare agency plans should include, without limitation. A plan for:

- Providing temporary shelter to children;
- Evacuating children from the home;
- Caring for children with disabilities or who have special medical needs;
- Communicating with the persons or entities which have physical custody of the children before, during and after a disaster;
- Coordinating with other emergency management entities and juvenile courts during a disasters;
- Planning for the care of children in the custody of a child welfare agency who have been placed in a facility for the detention of children; and,
- Providing services to children to address the emotional impact of the disaster.

Pursuant to NRS 432.420 DCFS is further required to develop disaster plans that address the care of children in the custody of other agencies that provide child welfare services in the event that these agencies become overwhelmed and are unable to meet the needs of children in their custody. The plan must be posted on the Division's website and a summary of the plan presented to the Legislative Committee on Child Welfare and Juvenile Justice.

In February, 2013, a regulation was adopted and filed by the Nevada Secretary of State which complies with the above statutory requirements. The Division has drafted a revised Disaster Plan which includes these additional elements and it is attached as a discreet document in the Nevada CFSP 2015-2019.

During the past five years, Nevada has been fortunate enough not to be impacted by a major catastrophic event that has threatened the safety and wellbeing of children in the custody of the child welfare agency. However, several states where children were placed through the ICPC process *were* affected by disasters and the ICPC portion of the disaster plan was activated. The Nevada ICPC unit made contact with each affected state ICPC unit to determine the location and status of all children who were in the custody of Nevada but placed out of state through the ICPC process. Contact was made within 24 hours for most children and calls did not stop until all children were accounted for. None were adversely impacted by disasters. Other events such as the Sandy Hook school shooting in Connecticut prompted an immediate review of out of state cases to determine if any Nevada child was placed in the affected area, prior to activating the plan.

The below tables illustrate the contact process and numbers for the events that prompted activation of the ICPC portion of the disaster plan. As a result of some of the workers providing a slow or no response, informational memorandums and training opportunities have been offered. Additionally, some calls resulted in caseworkers discovering the need to submit a 100B for placement and closure.

Hurricane Isaac – August 2012

43 Children

4 States: Louisiana, Mississippi, Alabama, Florida

	CCDFS	WCDSS	Rural	TOTAL
First Email	10	5	4	19
Second Email	9	0	1	10
To Be Closed	5	0	0	5
No Response	9	0	0	9
TOTAL	33	5	5	43

Response Time Average with First Email: 44%

Response Time Average with Second Email: 23%

To Be Closed: 12%

No Response: 21%

Hurricane Sandy – October 2012

80 Children

21 States: Connecticut, Delaware, Illinois, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, North Carolina, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia, Washington DC, West Virginia, Wisconsin

	CCDFS	WCDSS	Rural	TOTAL
First Email	19	5	6	30
Second Email	1	0	0	1
To Be Closed	5	0	0	5
No Response	15	1	4	20
RTC Placement	24	0	0	24
TOTAL	64	6	10	80

Response Time Average with First Email: 38%

Response Time Average with Second Email: 1%

To Be Closed: 6%

No Response: 25%

RTC Placement: 30%

Colorado Flooding – September 2013

20 children

	CCDFS	WCDSS	Rural	TOTAL
First Email	2	5	2	9
Second Email	0	1	0	1
To Be Closed	6	4	0	10
No Response	0	0	0	0
TOTAL	8	10	2	20

Response Time Average with First Email: 45%

Response Time Average with Second Email: 5%

To Be Closed: 50%

No Response: 0%

Tornados – May 2013

85 Children

11 states: Arkansas, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Missouri, Oklahoma, Texas, Wisconsin.

	CCDFS	WCDSS	Rural	TOTAL
First Email	21	3	8	32
Second Email	6	2	0	8
To Be Closed	18	3	2	23
No Response	10	0	1	11
RTC	10	0	1	11
TOTAL	65	8	12	85

Response Time Average with First Email: 38%

Response Time Average with Second Email: 9%

To Be Closed: 27%

No Response: 13%

RTC Placement: 13%

Washington Mudslide – 03/25/2014

One child.

	CCDFS	WCDSS	Rural	TOTAL
First Email	1	0	0	1
Second Email	0	0	0	0
To Be Closed	0	0	0	0
No Response	0	0	0	0
TOTAL	1	0	0	1

Response Time Average with First Email: 100%

Winter Storm Pax – 02/24/2014

77 Children

21 states: Alabama, Arkansas, Connecticut, Delaware, Washington DC, Georgia, Louisiana, Maine, Maryland, Mississippi, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, West Virginia

	CCDFS	WCDSS	Rural	TOTAL
First Email	19	7	4	30
Second Email	4	1	0	5
To Be Closed	15	3	2	20
No Response	15	0	0	15
RTC	5	0	2	7
TOTAL	58	11	8	77

Response Time Average with First Email: 40%

Response Time Average with Second Email: 6%

To Be Closed: 26%

No Response: 19%

RTC Placement: 9%

APPENDIX D: Nevada Health Care Oversight and Coordination Plan

Please refer to Nevada's Child and Family Services Plan 2015-2019 for the Nevada Health Care Oversight and Coordination Plan.

APPENDIX E: Nevada Child Welfare Protective Services Workforce

Nevada's Child Welfare Workforce is influenced by the organizational structure of DCFS and program delivery of child welfare. NRS 432B.325 states that in counties where population is 100,000 or more, that the county shall provide protective services for children in that county and pay the cost of those services in accordance with standards adopted by the state. CCDFS provides child welfare services to all children and families in Clark County in the southernmost part of the State. WCDSS located in Reno Nevada provides child welfare services directly to all children and families located in Washoe County in the northwestern part of the State, and DCFS provides child welfare services to the remaining 15 counties in the state through its Rural Region offices. As such each child welfare agency has a Human Resource Department (Personnel) that has policies, standards and procedures for the hiring of such personnel.

As previously reported there are currently approximately 692 Caseworkers, 138 Supervisory/Management positions in child welfare filled statewide. Statewide there are approximately 29 Caseworker vacancies.

CCDFS Child Welfare Protective Services Workforce:

CCDFS indicates their agency has 549 Caseworkers, and 100 Supervisor/Management positions filled. There are currently 11 Caseworker vacancies, and 1 Supervisory/Management vacancy. Furthermore, CCDFS reports the following caseload ratios: Investigative Caseworkers 1:15, in-home Caseworkers 1:8, and permanency Caseworkers 1:13. CCDFS reports a turnover rate of 6-8% annually.

Additional CCDFS Workforce Information:

- **How staff are recruited and selected:**

CCDFS Staff are recruited through CCDFS Human Resources website at www.accessclarkcountynv.gov. CCDFS Staff are recruited through CCDFS Central Human Resources Department. Their information can be viewed at www.clarkcountynv.gov

- **Degrees and certifications required for your agency child welfare workers and professionals responsible for the management of cases and child welfare staff:**

Agency child welfare workers and professionals responsible for the management of cases are required to possess a 4 year college degree.

FSS I/II

Bachelor's Degree in one of the following areas: Social Work, Criminal Justice, Psychology, Human or Social Services, Sociology, Education or Special Education, Public or Business Administration, Behavioral Science, Counseling, Early Childhood , Health Science, Child Development, Nursing, Communications and Marketing.

Sr. FSS

Bachelor's Degree in one of the following areas: Social Work, Criminal Justice, Psychology, Human or Social Services, Sociology, Education or Special Education, Public or Business Administration, Behavioral Science, Counseling, Early Childhood , Health Science, Child Development, Nursing, Communications and Marketing.

FS Supervisor

Bachelor's Degree in one of the following areas: Social Work, Criminal Justice, Psychology, Human or Social Services, Sociology, Education or Special Education, Public or Business Administration, Behavioral Science, Counseling, Early Childhood, Health Science, Child Development, Nursing, Communications and Marketing.

Manager Family Services

Master's Degree in one of the following areas: Social Work, Criminal Justice, Psychology, Human or Social Services, Sociology, Education or Special Education, Public or Business Administration, Behavioral Science, Counseling, Early Childhood, Health Science, Child Development, Nursing, Communications and Marketing OR Bachelor's Degree and an additional two (2) years of directly related full-time professional level experience, as indicated above, may be considered as a substitute for the advanced degree.

- **Demographic information on current staff and recent hires.**

CCDFS presently does not track the above information. The hiring process is instituted by CCDFS Central Human Resources Department. CCDFS planned to develop a new survey tool that could be administered to all existing and newly arriving staff in FY 14, but was unable to implement the survey due to staffing challenges. CCJFS plans to revisit implementation of the survey during FY 15.

- **Training provided to new child welfare workers to ensure competencies identified:**

Each new child welfare case manager is required to attend extensive training to fulfill the requirement outlined by NAC 432B.090. Each full-time field case manager participates in a ten to twelve week Child Welfare Training Academy facilitated in collaboration with DFS and Nevada Partnership for Training which is an extension of the University of Nevada, Las Vegas.

- **Caseload size depending on the child welfare program (i.e. intake, reunification)**

Investigations: 15 cases per investigator

In-Home: 8 cases per In-home specialist

Permanency: 13 cases per Permanency specialist.

- **How ongoing training is selected and provided to ensure the competencies of caseworker, supervisors, managers and administrators.**

Executive Management selects trainings that will increase staff's knowledge of safety, permanency and well-being. For example, all case management staff is being trained on the Safety Intervention Permanency System which assists investigative staff with determining which families to provide services to. On-going training is selected and provided in several ways. For example, each full-time DFS employee will be required to attend LGBTQ training which seeks to ensure that best practice techniques for client engagement and communication are employed when interacting with all clients. Individual training and development plans are also utilized through our Performance Evaluation process. Finally, the department held a two-day conference for supervisors and managers that focused on Human Resource issues and leadership development techniques. The Department will continue to provide these on-going trainings targeting Supervisors, Managers and Administrators.

- **How skill development of new and experienced staff is measured;**

Skill development of new staff is assessed throughout their attendance in the Child Welfare Training Academy through the use of post-tests and fidelity assessments. New staff is also issued a performance evaluation at the conclusion of their probationary or qualifying period. Skill development and performance of existing staff is also measured annually through performance evaluations. In addition, Action for Child Protection has been contracted to provide training for case managers on the SIPS model and is completing site-based fidelity assessments at several points throughout the implementation process in an effort to assess staff skill development.

WCDSS Child Welfare Protective Services Workforce:

As previously reported WCDSS reports their agency has approximately 77 Caseworkers (6 are part time positions), and 2.5 para professional staff. There are currently four caseworker vacancies. There are 22 Supervisory/Management filled positions with no vacancies. Furthermore, WCDSS is participating in the Permanency Innovations Initiative (PII), and the average children per staff ratio for PII are 1:15. The PII supervisor ratio is 1:4. The average children reported per staff ratio for the Usual Permanency Services (UPS) is 1:22. The UPS Supervisor ratio is 1:6. The difference in the staff ratios between PII and UPS were planned due to the intensive nature of the demonstration project model. WCDSS reports a turnover rate of 16.6% for this reporting period. Staff separations during this time period included, one retirement, zero dismissals, two lateral and or promotional moves and ten voluntary resignations.

Additional WCDSS Workforce Information:

- **How staff are recruited and selected :**

Staff are recruited by the County Human Resources department utilizing web-based posting and direct mailing to the University of Nevada, Reno School of Social Work. Staff are screened utilizing a film clip to depict a parent/child interaction and case note documentation, written exercise specific to child welfare, and training and experience evaluation. If screened for an interview, candidates are encouraged to view a media clip produced by the State of Arizona regarding "the life of a CPS worker". Candidates participate in a panel interview using behavior-based questions including real-life pictures and self-evaluation to identify candidates with the best indicators of success

- **Degrees and certifications required for your agency child welfare workers and professionals responsible for the management of cases and child welfare staff**

- All case management staff are required to have a bachelor's degree, Social Work preferred or related to Social Work.

- **Demographic information on current staff and recent hires.**

- Bachelor of Social Work (BSW): 50
- Title IV-E supported BSW: 2 (in 2013)
- Master of Social Work (MSW): 12
- Title IV-E supported MSW: or 2 in 2013
- Other Degree: 2 in 2013

- **Years of child welfare experience or other related experience working with children and families.**

A recent organization climate readiness survey conducted by the University of Maryland, Baltimore, Ruth Young Center revealed the average duration of years in the field of child welfare was 10-12.

- **Race/Ethnicity** – The predominant race/ethnicity is white with nine staff identified as Hispanic, one Black, two Asian Pacific Islanders, and 1 American Indian. Staff ethnicity resembles community ethnicity to a great extent.
- **Salaries:** The beginning salary for a Social Worker and Case Manager is \$47,195.20 annually. Both classifications are a step series classification with the Social Work position a three-tiered series, and Case Manager two-tiered. At the successful conclusion of the annual probationary period, staff are promoted to the next level series. The Social Work series is capped at \$72,758.00, and the Case Manager position is capped at \$65,603.20. Senior Social Worker range is \$59,238.40 to \$77,022.40. The Supervisor wage range is \$62,920 - \$81,764.80. The Manager range is \$71,656.00 - \$93,163.20. The Mental Health and Advanced Foster Parent Trainers range is \$62,920.00 - \$81,764.80, and the Mental Health Supervisor is \$67,059.20 to \$87,110.40
- **Position Types:** Social Worker, Case Manager, Senior Social Worker, Supervisor, Children's Services Coordinator (Manager), Mental Health Counselor, Advanced Foster Parent Trainer, Mental Health Counselor Supervisor.

- **Training provided to new child welfare workers to ensure competencies identified:**

All newly hired staff must attend at a minimum the 10 week Core Competency training through the Nevada Training Partnership. All newly hired staff are assigned to a specialized training unit for generally six months and are assigned to one of three Senior Social Workers (trainer). UPS staff are provided training in both assessment and permanency. Additionally, department monthly meetings focus on areas of learning (for example, drug exposed infants, ethics in Social Work, identifying abuse, etc.), and staff are encouraged to attend frequent and available community-based training. Staff assigned to PII go through additional rigorous training and fidelity assessment prior to case assignment to include assessment (Nevada Initial Assessment, Motivational Interviewing, Protective Caregiver Functional Assessment (PCFA), Protective Caregiver Progress Assessment (PCPA), SMART case plan goals, and CASI administration and interpretation as examples PII staff must complete on-line training modules and pass with 70% fidelity.

- **Caseload size depending on the child welfare program (i.e. intake, reunification)**

PII 1:15, UPS 1:22, Assessment 1:11 new investigations per month.

- Information related to tracking staff turnover and vacancy rates.
 - Retirements; 1.
 - Dismissals: 0
 - Lateral or promotional moves: 2 Voluntary resignation: 10
- Supervisor-to-Worker Ratios:1:4 PII, 1:6 UPS (Note: UPS supervisors oversee assessment and permanency cases.)

DCFS Rural Region Child Welfare Protection Workforce:

As previously reported the DCFS Rural Region reports their agency has 66 Caseworkers. There are currently 14 caseworker vacancies. There are 16 Supervisory/Management positions filled with one supervisory position vacant. The DCFS Rural Region has no cap on caseloads but the average number of cases per worker is 1:20. However, in frontier offices caseloads can routinely be in the 40's, 50's and as high as 61 due to an increased need and hard to fill vacancies. Although caseworkers may have a specific area of concentration, they are generalist, and as such perform all necessary child welfare functions such as; Emergency on Call Response, CPS assessment and Substitute Care. Supervisors do not normally carry a caseload, although currently many are carrying caseloads. With vacancies in many offices some supervisors carry a caseload in addition to their supervisory requirement until new staff can be hired and trained. During this reporting period, 26 staff retired, resigned or were dismissed from probation. The turnover rate is calculated to be 44% for this reporting period. Additionally, of the 66 social work staff there are few workers dedicated to only one role, and they are: the four licensing workers, five adoption workers, one intake worker, and the three QA social workers. The other 53 social work staff carry a mixed caseload. The DCFS Rural Region does not have a dedicated on-call unit so workers rotate this responsibility in all nine offices. If a worker opens an investigation while on-call this case becomes part of their case load.

Additional DCFS Rural Region Child Welfare Protection Workforce Information:

- **How staff are recruited and selected:**

Staff are recruited on the State of Nevada Personnel website on an ongoing basis and social work positions are posted nationally at all Universities with a Social Work Program, on Craig's List and regionally at the University of Nevada-Reno and Las Vegas Campuses. Staff is selected through an interview process, verification of references and ability to obtain and maintain Nevada Social Work Licensure

- **Degrees and certifications required for your agency child welfare workers and professionals responsible for the management of cases and child welfare staff:**

All DCFS child welfare staff are required to have a BSW or an MSW and are required to hold current licensure by the Nevada Social Worker Board of Examiners.

▪ **Demographic information on current staff and recent hires. For example:**

- Educational Degrees, such as the number of child welfare workers with a:
 - Bachelor of Social Work (BSW): 51
 - Title IV-E supported BSW 12
 - Master of Social Work (MSW): 18
 - Title IV-E supported MSW; or 3
 - Other Degree: 1- Bachelor of Psychology
- **Years of child welfare experience or other related experience working with children and families**

Thirty four staff has between one to five years of experience; seventeen staff has between 6-10 years of experience; thirteen staff has between 11-20 years of experience and six staff has 20 years or more experience working with children and families.
- **Race/Ethnicity**

We do not ask for/collect this information at hire.
- **Salaries:**
- It should be noted that due to the state's salary freezes staff hired in the last five years were hired at the entry level and have remained at the entry level. For Social Worker 1's -\$39,108.24 to \$57,712.32; Social Worker 2's - \$42,553.44 to \$63,099.36; Social Worker 3's -\$ 44,411.76 to \$66,001.68; Social Work Supervisors -\$48,462.48 to \$72,223.92; Social Service Managers -\$52,847.28 to \$79,114.32
- **Position Types:**

Social Workers: Intake, CPS, Permanency, Independent Living, ICPC, Adoption, Foster Care Licensing, Quality Assurance, Quality Assurance Supervisor, Social Work Supervisors, Social Service Managers

▪ **Training provided to new child welfare workers to ensure competencies identified:**

Nevada Partnership for Training (NPT) New Worker CORE curriculum, a 10-week course that consists of five weeks of in-class instruction, complete with pre-reading assignments and homework with alternating weeks (5) of on-the-job training. Child Welfare supervisors must attend the Nevada New Worker CORE Orientation and are in communication with Nevada Partnership staff to discuss new workers understanding of concepts and proficiency of translating concepts to fieldwork. Quality Assurance (QA) Unit staff are assigned to new workers before or immediately after CORE training to mentor new workers; initially for a minimum of two weeks and then again for one to two weeks at their three months of hire mark and again at their six months of hire mark and additional coaching is provided as needed. Motivational Interviewing is required for all staff and is now embedded into the CORE Training. Other required training for all staff includes; Mandatory Reporting; Indian Child Welfare Act Training (ICWA); Ethics and Liability in Child Welfare; Child Abuse Prevention and Treatment Act; Nevada Initial Assessment (NIA); Conditions for Return; Integrative Case Planning; Developing and Writing Case Plans; Caseworker Contact: Case Note Training for Quality Visits; Persons Legally Responsible: Medical Care and Psychotropic Medication are all mandatory trainings presented quarterly for new staff and for remediation by the QA or Clinical Unit. In addition to these trainings, new supervisors are required to complete two distinctly different trainings; Consultative Supervision and Nevada Supervisor Training. Optional and encouraged (NPT) courses include; Four Specialty Core Courses that each consist of three stand-alone classes: The Four Specialty Courses are: Recognizing and Evaluating the Impact of Substance Abuse, Children's Mental Health, Domestic Violence and the Child Sexual Abuse.

▪ **Caseload size depending on the child welfare program (i.e. intake, reunification)**

There are no caps on caseloads for DCFS. The average number of cases is twenty although some caseloads in frontier offices can routinely be in the 40's and 50's and as high as 61, due to an increased need and hard to

fill vacancies. Although Caseworkers may have a specific area of concentration, they are generalist, and as such perform all necessary child welfare functions such as; Emergency On-Call Response, CPS assessments and Substitute Care. Supervisors do not normally carry a caseload, although currently several do. With vacancies in many offices some supervisors carry a caseload in addition to all their other supervisory requirements, until new staff can be hired and trained.

- **How ongoing training is selected and provided to ensure the competencies of caseworker, supervisors, managers and administrators:**

The implementation of the SAFE Practice Model has been driving many of our training needs for the past 3 years. Other agency training needs were identified in Nevada's 2009 Child and Family Services Review (CFSR) and through The Nevada Partnership for Training (NPT); a partnership between the Division of Child and Family Services (DCFS) and the Universities of Nevada Reno and Las Vegas provides training to the child welfare workforce and annually surveys caseworkers, supervisors and managers regarding potential training needs/topics to be developed and delivered. The findings of this survey serve as recommendations to leadership at the county and state level for future training.

- **How skill development of new and experienced staff is measured**

In their probationary year new workers are assessed by their supervisor at the three month, seven and eleven months and the Nevada Partnership for Training (NPT) trainers provide feedback to DCFS management when they believe concepts or competencies are not understood in the New Worker CORE training modules and in the on the job assignments. Experienced staff is evaluated on an annual basis by their supervisor or manager; periodic case reviews are completed by the Quality Assurance Unit to address staff competency and compliance. DCFS has had some TA assistance this year from NRCCPS to assess fidelity to the front end of our new SAFE Model through Supervisory Consultation and review of NIA's throughout the rural offices. To build our capacity, going forward, these reviews and consultation will be handled by the Implementation Leadership Team (ILT) and a quarterly Supervisor Summit.

- **Information related to tracking staff turnover and vacancy rates.**

- Retirements: 3
- Dismissals: 2 dismissed from probation
- Lateral or promotional moves: 1 lateral and 2 promotional moves
- Voluntary resignation; 22 resignations

- **Supervisor-to-Worker Ratios:** Of the 11 filled Supervisory four have a 1:5 ratio; two have a 1:6 ratio; three have a 1:8 ratio; and two have a 1:10 ratio. It should also be noted that three supervisors have to travel anywhere from one and a half to three hours to reach the offices they supervise.

ATTACHMENTS

ATTACHMENT A: Citizens Review Panel Report

ATTACHMENT B: Glossary of Acronyms

AB	Assembly Bill
AFCARS	Adoption Foster Care Analysis and Reporting System
APSR	Annual Progress & Service Report
ASFA	Adoption and Safe Families Act
CANS	Child Abuse and Neglect System
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
CBCAP	Community Based Child Abuse Prevention
CCDFS	Clark County Department of Family Services
CCFAPA	Clark County Foster and Adoptive Parent Association
CFCIP	Chafee Foster Care Independence Program
CFSP	Child and Family Service Plan
CFSR	Child and Family Services Review
CFT	Child and Family Team
CIP	Court Improvement Project
CJA – TALCIT	Children's Justice Act Technical Assistance to Local Communities and Indian Tribes
CJA	Children's Justice Act
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CRP	Citizen Review Panel
CTF	Children's Trust Fund
DCFS	Division of Child and Family Services
DCFS-RURAL	Division of Child and Family Services Rural Region
DHHS	Department of Health and Human Services
DMG	Decision Making Group
DR	Differential Response
ETV	Educational Training Voucher
FPO	Family Programs Office
FRC	Family Resource Center
GMU	Grants Management Unit
ICAMA	Interstate Compact on Adoption and Medical Assistance
ICJ	Interstate Compact for Juveniles
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
ILP	Independent Living Plan
IMS	Information Management System
IV-E	Title IV-E
MDT	Multi-Disciplinary Team
NAC	Nevada Administrative Code
NCANDS	National Child Abuse and Neglect Data System
NCFAS	North Carolina Family Assessment Survey
NPT	Nevada Partnership for Training
NRC	National Resource Center
NRS	Nevada Revised Statutes
NYTD	National Youth in Transition Database
ODES	Online Data Entry System
OPPLA	Other Planned Permanent Living Arrangement
PART	Policy Approval and Review Team
PIP	Program Improvement Plan
PRIDE	Parent Resources for Information Development and Education
QA	Quality Assurance
QI	Quality Improvement

QICR	Quality Improvement Case Review
SACWIS	Statewide Automated Child Welfare Information System
SAFE	Structured Analysis Family Evaluation
SAFF	Sierra Association of Foster Families
SB	Senate Bill
SWA	Statewide Assessment
TALCIT	Technical Assistance to Local Communities and Indian Tribes
TANF	Temporary Assistance to Needy Families
TPR	Termination of Parental Rights
UNITY	Unified Nevada Information Technology for Youth
UNLV	University of Nevada, Las Vegas
UNR	University of Nevada, Reno
VOCA	Victims of Crime Act
WCDSS	Washoe Department of Social Services

ATTACHMENT C: Stakeholders and Groups

The Executive Committee for Child Death Review (CDR): In Nevada, child death reviews are conducted by Nevada's regional child death review (CDR) teams, which are organized and operated based on Nevada Revised Statutes (NRS) 432B sections 403 through 4095. NRS432B.403 allows for the organization of child death review teams for the purpose to:

- Review the records of selected cases of deaths of children under 18 years of age in this State;
- Review the records of selected cases of deaths of children under 18 years of age who are residents of Nevada and who die in another state;
- Assess and analyze such cases;
- Make recommendations for improvements to laws, policies and practice;
- Support the safety of children; and
- Prevent future deaths of children.

Local CDR team members must include (a) a representative of any law enforcement agency that is involved with the case under review; (b) medical personnel; (c) a representative of the district attorney's office in the county where the case is under review; (d) a representative of any school that is involved with the case under review; (e) a representative of any agency which provides child welfare services that is involved with the case under review; and (f) a representative of the coroner's office; or other representatives of other organizations concerned with the death of the child as the agency which provides child welfare services deems appropriate for the review per NRS 432B.406. Local teams review child deaths and make recommendations regarding various agency laws, regulations, policies and practice, training and public education to the Executive Committee.

The Executive Committee to review the Death of Children is the statewide group which provides coordination and oversight for the review of child deaths in Nevada. Funding for the work of the Committee is derived from a \$1 fee collected from death certificates issued by the State. The funds are intended to be used for prevention efforts and training of the local CDR teams. The Executive Committee reviews reports and recommendations from the regional CDR teams and makes decisions regarding recommendations for improvement to laws, policies, and practices related to the prevention of child death. The Executive Committee also makes decisions about funding initiatives to prevent child death, which may be based on recommendations from the regional CDR teams and annual child death data analysis. The Executive Committee primarily works with state, county, and local agencies to make internal or systemic changes that focus on increased safety for children. Additionally, the Executive Committee adopts statewide protocols for the review of the death of children, oversees training and development for the regional CDR teams; and compiles and distributes the statewide annual report.

- **Children's Justice Act Task Force (CJA):** The CJA task force is composed of professionals with knowledge and experience related to the criminal justice system and issues of child physical abuse, child neglect, and child sexual abuse and exploitation, and child maltreatment related fatalities. The purpose and function of the CJA is to comprehensively:
 - Support, promote and initiate systematic change that will improve the investigation and prosecution of child abuse and neglect.
 - Review and evaluate Nevada's investigative, administrative, and both civil and criminal judicial handling of cases of child abuse and neglect, particularly of child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions, such as interstate, federal-state, and state-tribal;
 - Make policy and training recommendations in each of the following categories:
 - Experimental, model, and demonstration programs for testing innovative approaches and,
 - Reform of state laws, ordinances, regulations, protocols and procedures to provide comprehensive

protection for children from abuse, particularly child sexual abuse and exploitation, while ensuring fairness to all affected persons.

- **Citizen Review Panels (CRP):** Nevada's CRP's have been a great asset to the State and the field of child protection due to their ongoing commitment and continued involvement in Quality Improvement (QI) and training activities that benefit the child welfare system. The Statewide CRP was established in 1999 per NRS 432B.396 and has federally mandated responsibilities under Title I, Section 106, of the Child Abuse Prevention and Treatment Act (CAPTA). The Statewide CRP consists of representation from community-based organizations and professionals with backgrounds related to child protective services (CPS), child advocacy, children's mental health, and foster parents. In essence, the CRP's work consists of the review of internal policies and procedures within the CPS system, accomplished mainly through individual CPS case reviews. In response to meeting the federal requirement for three CRP's based on the Basic State Grant funding increase for Nevada, both the Northern and Southern Citizens Advisory Committees (CACs) were invited into the CRP process in 2006. Approval to join as a CRP was given by the Northern CAC in late 2006 and by the Southern CAC in early 2007. During 2007 and 2008, the Statewide CRP members continued to serve as regular, external stakeholders in quarterly case reviews implemented as part of the DCFS Quality Improvement Framework. Statewide CRP recommendations for 2007 focus on CPS staff training and practices, improving the DCFS QI case review process and expansion into other areas of review such as differential response and differential response training. Northern CAC/CRP recommendations for 2008 focus on CPS caseworker unit restructuring, family involvement in the child welfare system, and differential response. Southern CAC/CRP recommendations for 2008 focus on increased funding for child welfare services, policy and procedure redesign, and CPS caseworker training.
- **Court Improvement Project (CIP):** Nevada's CIP was formed to address changing roles of court oversight in child abuse and neglect cases brought on by federal guidelines and Nevada statutes and is supported with federal funding. CIP continues to work closely with DCFS and other stakeholders to plan and develop changes statewide that will significantly improve the handling of child welfare cases throughout the state. The monthly schedule of meetings between the Administrative Office of the Courts (AOC)/CIP and DCFS is ongoing. Issues requiring a collaborative approach are discussed and items of mutual concern are identified for strategic planning. In the last year, extensive child welfare training was made available and delivered to Judges and Attorneys statewide. In addition to trainings, a final draft of the bench book, a guide for the judiciary on child welfare proceedings has been completed and is currently under review by the judiciary, the Office of the Attorney General and the DCFS Eligibility Unit. DCFS and CIP have had monthly meetings regarding a variety of child welfare topics and children assigned to youth parole and have been exploring UNITY data reports that could be useful for judges during court proceedings. CIP also received a presentation by the Eligibility Unit and were provided with recommendations for language in court orders to maximize IVE funding opportunities.
- **Mental Health Consortia:** The 2001 Legislature, per NRS 433B.333 established a Mental Health Consortium in three jurisdictions: CCDFS, WCDSS the Rural Counties, to encourage cross system referral, ongoing collaboration and accessibility to services. The functions of the Mental Health Consortia are to assess the need for behavioral health, mental health and substance abuse services for children and families in each jurisdiction; to determine how well the current system is meeting those needs, and to develop an annual plan on how the need can be better met. This information is reported to the Legislative Committee on Children and Youth regularly. This group serves as an integral part of the service array process and facilitates the linkages between child welfare and children's mental health.
- **Nevada Partnership for Training (NPT):** The Nevada Partnership for Training is a partnership, in collaboration with the Family Programs Office, the Rural Region, CCDFS Department of Family Services, WCDSS Department of Social Services, University of Nevada, Las Vegas (UNLV) and the University of Nevada, Reno (UNR). Individuals from these entities work collaboratively together to improve the child welfare training delivery system. The goal of the NPT is to assess Nevada's training delivery needs and develop and implement a comprehensive training delivery system.
- **Foster Parent Associations:** The Sierra Association of Foster Families (SAFF) a non-profit organization in WCDSS and the CCDFS Foster and Adoptive Parent Association (CCFAPA) a non-profit organization in CCDFS are comprised of caregivers whose purpose is to ensure licensed foster/adoptive families have the information, tools and support they need to provide safe, quality care to abused, neglected and otherwise dependent children. These organizations also provide support for the 15 rural counties. SAFF primarily serves the counties in the Northern part of the State, and CCFAPA primarily services CCDFS and the community of Pahrump in Southern Nye County.
- **Youth Advisory Board (YAB):** The YAB assists foster and former foster youth to make the transition to adulthood.

The YAB exists to provide exemplary leadership and empowerment opportunities for youth who have or will experience out of home care.

ATTACHMENT D: Assurances and Certification

Per the APSR Instructions, Certification and Assurances submitted with the 2010-2013 CFSP, and for compliance with the Patient Protection and Affordable Care Act (the CFCIP Certification), and the CAPTA State Plan have been previously submitted. Nevada is required to submit new assurances with the 2015-2015 CFSP, and those assurances can be located in the 2015-2019 CFSP.

ATTACHMENT E: Financial Information:

Please refer to Nevada's Child and Family Services Plan 2015-2019 for the attached required Financial Information.