

Attachment 14 - Acronymns

The following acronyms and abbreviations are used in this document.

1. ACF – Administration for Children and Families of the United States
Department of Health and Human Services
2. ACGME – Accreditation Council for Graduate Medical Education
3. AFCARS -- Adoption and Foster Care Analysis and Reporting System of ACF
4. AG – the Attorney General of the State of Nevada
5. AIP – Agency Improvement Plan
6. AOC – Administrative Office of the Courts, the administrative arm of the Nevada Supreme Court; provides support services such as training and assistance with policy development to the trial courts across the State.
7. APSR – Annual Progress and Services Report of the CFSP
8. ASFA – Adoption and Safe Families Act
9. BDR – Bill Draft Request
10. CAC -- Children’s Advocacy Center
11. CAP – Child Abuse Prevention and Treatment Act Corrective Action Plan for Nevada
12. CAPTA – the federal Child Abuse Prevention and Treatment Act
13. CASA – Court Appointed Special Advocate
14. CCDFS – Clark County Department of Family Services
15. Central Registry – the Nevada Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child
16. CFSP – Child and Family Services Plan
17. CFSR – The Child and Family Services Review of Nevada child welfare programs conducted by ACF in February 2004.
18. CFT – Child and Family Team
19. CIP – Court Improvement Project
20. CSY – Collaboratively Served Youth (Committee)
21. CWLA – Child Welfare League of America
22. DCFS – Division of Child and Family Services of the State of Nevada
Department of Human Resources
23. DHHS – Department of Health and Human Services
24. DMG – Decision-Making Group

25. EPSDT – Early Periodic Screening, Diagnosis and Treatment
26. FHSC -- First Health Services
27. FPO – Family Programs Office of the DCFS
28. FRAP – Family Risk Assessment Protocol
29. FTE – Full Time Equivalent staff positions
30. FRC – Family Resource Center
31. HCFP – Division of Health Care Financing and Policy of the Nevada Department of Human Resources
32. IMS – Information Management Systems of the DCFS
33. JAD – Joint Application Design
34. LCB – Legislative Counsel Bureau
35. MHDS – Division of Mental Health and Developmental Services of the State of Nevada Department of Human Resources
36. MOU – Memorandum of Understanding
37. NAC – Nevada Administrative Code
38. NCFJCJ – National Council of Family and Juvenile Court Judges
39. NNCAS – Northern Nevada Child and Adolescent Center
40. NRCFCPPP – National Resource Center for Family Centered Practice and Permanency Planning
41. NRC for Youth Development – National Resource Center for Youth Services of the University of Oklahoma
42. NRCOI – National Resource Center for Organizational Improvement
43. NRCYD – National Resource Center for Youth Services of the University of Oklahoma
44. NRS – Nevada Revised Statutes
45. NCWRCYD – National Child Welfare Resource Center for Youth Development
46. PART – Policy Approval Review Team
47. PEP – Parents Encouraging Parents
48. PIP – Nevada’s Child and Family Services Program Improvement Plan
49. PRIDE – Parent Resources for Information, Development and Education
50. QI – Quality Improvement
51. SAFE – Structured Analysis Family Evaluation
52. SAMSHA – Substance Abuse and Mental Health Services Administration of the U. S. Department of Health and Human Services

53. SIG – SAMHSA Children's Mental Health State Infrastructure Grant
54. SOAR – Solutions for Online Activity Reporting, a web-based child welfare tracking system
55. SOC – Systems of Care
56. TOT – Training of Trainers
57. TPR – Termination of Parental Rights
58. UNITY – Unified Nevada Information Technology for Youth (Nevada's child welfare computer tracking system)
59. UNLV – University of Nevada, Las Vegas
60. UNR – University of Nevada, Reno
61. UNSOM – University of Nevada School of Medicine
62. URT – Utilization Review Team
63. WCDSS – Washoe County Department of Social Services
64. WIN – Wrap-around in Nevada

The following are notes of items/issues that the Panel would like addressed/included in the report:

- *Data collection systems – State's plan to replace/improve UNITY system – data collection and documentation*

See above

- *Practice related components including*
 - *Caseloads*
 - *Morale*
 - *Functions (responsibilities – “spread too thin” issues)*
 - *Best practices and applications*
 - *Action plan items to be completed*
 - *Availability of community resources*
- *Timelines*
- *Are the 79 cases representative of the whole system?*

The 79 cases identified for review represent the subset of deaths where allegations of abuse and/or neglect were present but unsubstantiated circumstances of the death indicate a direct relationship to documented abuse and/or neglect, or where there is a significant family history of abuse and/or neglect.

Between 2001 and 2004, a total of 1041 child fatalities occurred. 231 of these deaths were children “known to the system”. “Known to the system” data includes child fatalities researched from DCFS databases, the child abuse and neglect registry, statewide child fatality review team information, and CPS

courtesy notifications. Datasets were compared to determine the most accurate cause of death, and researched to determine abuse and neglect findings. Of these 231 deaths, 35 cases were substantiated and 79 were identified as “cases needing further review”. This was not a random sample and therefore do not represent the “whole system”.

- *Address the role of the mid-management supervision*
- *What has been the impact of this whole process on the Clark County Department of Family Service (CCDFS) (i.e. turnover rate, progress on filling new positions?)*
- *Include what has happened in Clark County DFS during the time the Panel has been meeting, i.e. new director, new staff positions*
- *Need to include the legal obligation (description – statutes) of various entities and clarification of the State’s role in oversight of local government’s performance and State’s requirement to comply with federal laws*
- *Need to look at CCDFS’s philosophy and approach*
- *Clarify who is providing the services – not all social workers but the public perception is that CPS workers are all social workers*
- *Identify the barriers that have kept CCDFS from providing the services and making the needed improvements*