



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



**2013
ANNUAL PROGRESS REPORT**

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**NEVADA ANNUAL PROGRESS AND SERVICE REPORT SFY 2013
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SECTION I: INTRODUCTION

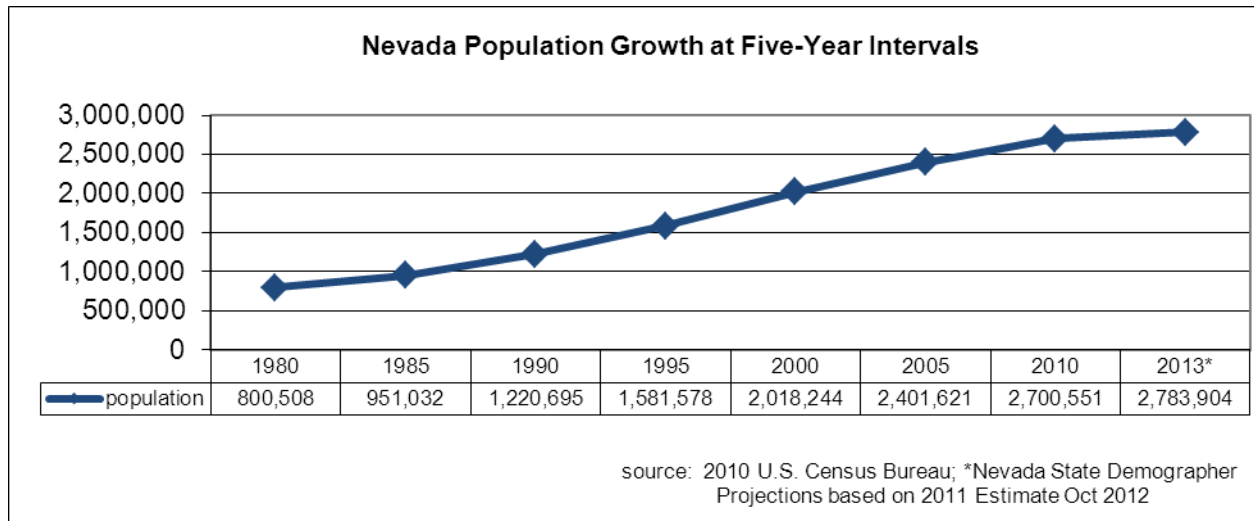
Nevada Demographics

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 population of Nevada, per the 2010 U.S. Census, was 2,679,777. The Nevada State Demographer has projected, based on 2011 estimates¹, a population of 2,783,904 for 2013. This is an increase of 3.8% from the 2010 U.S. Census. The majority of Nevada’s population is located in southern Nevada in Clark County with a population of 2,001,956 or 72.3% of the population. Washoe County is the next largest populated county in northern Nevada with a population of 425,606 or 15.2% of the population. The remaining population of 345,342 or 12.4% 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



¹ NV State Demographer, NV County Population Projection 2012 to 2013, October 2012.

Economy

Much of the strain on the Nevada economy during the recession came from the burst of the housing bubble, as real estate and construction are both vital to the health of Nevada's economy. While growing tourism and hospitality has led to some improvement, Nevada is behind a majority of the country in achieving a full economic recovery, mostly the result of weak real estate and construction sectors. The good news is that the Nevada housing market is beginning to show signs of a recovery.²

In March 2013 the unemployment rate statewide for Nevada was 9.7%, while this time last year in March of 2012 the unemployment rate was 11.6%. Thirteen of Nevada's 17 counties registered year-over-year unemployment rate declines in March 2013. Clark County (Las Vegas-Paradise area), had an unemployment rate of 9.8%; Washoe County (Reno-Sparks) 10%; Carson City had the highest metro area rate in the state at 10.6%. Nationally the rate of unemployment was 7.6%, and California was at 9.6% for the same time period. The job growth rate in Nevada was 1.7%; Clark County 2.0%; Washoe County 1.2%; Carson City 0.4%, while nationally the job growth rate was 1.4% and 2.0% in California. So far this year, job growth appears to be slowing a bit after exceeding expectations in the second half of 2012. Still, year-over-year comparisons show Nevada growing at a 2.3 percent rate, 25,500 jobs, relative to the first three months of last year.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 March 2013, 28,606 individuals were receiving assistance. Since March of last year (2012), the level of assistance decreased by 0.8 percent or 242 fewer recipients.⁴
- 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 February 2013, 356,414 Nevadans participated in the program. Over-the-year, the number of participants receiving assistance had an increase of 0.5 percent, or 1,874 more recipients.⁵

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.

² UNLV Center for Business and Economic Research, April 23, 2013

³ All economic data is excerpted from Economy in Brief DETR Research and Analysis Bureau March 2013

⁴ DETR, Research and Analysis Bureau, March 2013, Trends at a Glance, Welfare Indicators

⁵ DETR, Research and Analysis Bureau, March 2013, Trends at a Glance, Welfare Indicators

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).

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 Senate Bill (SB) 480 was 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 and is currently working with their county commissioners to assess risks and benefits.

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, Storey County, and a portion of Lyon 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. For the most part, growth in Nevada's rural counties has been fairly stable. Elko has seen substantial growth in the past few years.

Staff and Work Load:

There are approximately 618 Caseworkers, 120 Supervisory, and 24 Management positions in child welfare filled statewide. Statewide there are approximately 119 Caseworker vacancies.

Clark County Department of Family Services: CCDFS reports their agency has 460 Caseworkers, 78 Supervisory and 14 Management positions filled. There are currently 98 Caseworker vacancies, and 14 Supervisory vacancies. Furthermore, CCDFS reports the following caseload ratios: Investigative Caseworkers 1:12, in-home Caseworkers 1:10, and permanency Caseworkers 1:17. CCDFS reports a turnover rate of 10% for this reporting period. Staff separations during this time period included ten (10) retirements, five (5)-ten (10) dismissals, approximately 100 lateral or promotional moves and 44-50 voluntary resignations.

Washoe County Department of Social Services: WCDSS reports their agency has approximately 90 Caseworkers, 2.5 Para-professional Caseworker positions, 17.5 Supervisory and 5 Management positions. There is currently One (1) supervisory vacancy, and eight (8) caseworker vacancies. Furthermore, WCDSS reports the following caseload ratios: experienced assessment workers average 12 investigations per month, and permanency workers average 1:24. WCDSS reports a turnover rate of 10% for this reporting period. Staff separations during this time period included, One (1) retirement, Zero (0) dismissals, two (2) laterals, One (1) promotional move and ten(10) voluntary resignations.

DCFS – Rural Region: DCFS Rural Region reports their agency has 66 Caseworkers, 11 Supervisory and 5 Management positions filled. There are currently 13 caseworker vacancies, and One (1) supervisory vacancy. The DCFS Rural Region has a current average caseload size of 20 cases for each Child Protective Services (CPS) caseworker, and the DCFS Rural Region averages 19-22 cases for substitute care; however, a great disparity in these numbers can exist in offices with vacant positions. Furthermore, the DCFS Rural Region has 66 social worker positions; of those 54 are

Substitute Care and CPS workers, four (4) are in licensing, Five (5) are in Adoptions, and three (3) are in the Quality Assurance Unit (QA). During this reporting period, 22 Social Work staff has been hired, and 27 Social Work staff has transferred, did not meet probationary requirements or terminated to take other employment.

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

Children in Care in Nevada

For the State Fiscal Year period of July 1, 2012 through April 30, 2013; Nevada 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: how many entered and left care during this time period and how many had previous exposure to the foster care system. Compared to SFY 2012 data; there was an aggregate total of 7,435 children in care.

Table 01: Foster Care Summary Information

Summary	Total	Rural	Washoe	Clark
Total during this current time frame	7637	630	1163	5844
Total Entering	2921	180	513	2228
Entered with less than 2 placements in first year	2356	158	457	1741
Total with prior foster Care Experience	13	0	2	11
Total Leaving Care During this time frame	2535	209	385	1941

Source: UNITY Report CFS721 for July 1, 2012 -April 30, 2013

In Table 02, age groups as a percentage of the total aggregate number of children in care are relatively unchanged from SFY2012 to SFY2013. The largest aggregate cohort is 0 to 4 years at 45.33%, 5 to 9 years 25.7%, 10 to 14 years 18.03% and the smallest aggregate cohort is 15 to 19 years 10.92%.

Table 02: Age Facts of Children in Care

Age	Total Number	Percent	Upon Entering	Percent	Upon Leaving	Percent
0 to 4 years	3462	45.33	1493	51.11	1130	44.58
5 to 9 years	1963	25.7	735	25.16	711	28.05
10 to 14 years	1377	18.03	475	16.26	468	18.46
15 to 19 years	834	10.92	218	7.46	225	8.88
Total	7636		2921		2534	

Source: UNITY Report CFS721 July 1, 2012 to April 30, 2013

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 will have an impact on child welfare creating new initiatives. Table 04 lists the Bills that passed during the session that affect child welfare. Some of these will require regulation and policy development and/or revision.

Table 04: 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 Ohrenscha ll 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,	Quality Assurance Standards for Licensed Foster	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

	Fiore	Care Providers	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,	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

	Manendo, Roberson		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 the past six 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 in the next five year cycle as part of the Child and Family Services Plan (CFSP) is being 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 in its five year plan is 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 is 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 includes the potential of developing targeted case reviews, stakeholder surveys, and other methods for gleaning the performance on individual items. The overall process also includes 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 are included in several systemic performance indicator items and 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. Collaboration includes partnering, working with others on task, and shared goals through mutual participation. This is achieved in workgroups, public presentations and continuous on-going meetings. There are a variety of these committees and meetings listed in Item 38 and 40.
- **Review, Revision and Development of Policies and Procedures:** The State uses a collaborative process to develop statewide policy. Collaborative workgroups are convened with members from DCFS, the child welfare agencies and applicable external stakeholders, Through this collaboration the state accomplishes the review, revision or new development of statewide policies and procedures related to Safety, Permanency, Well-Being and Systemic Performance Indicators. **Review, Revision and Development of Quantitative Reports:** Nevada's Program Improvement Plan (PIP) was approved on October 21, 2010 with an implementation date beginning on December 1, 2010 (Quarter 1). PIP Strategy (4) "Strengthen Child Welfare Supervision and Middle Management Skills" addressed quantitative reporting as it relates to timeliness to permanency. A list of current reports was provided in Nevada's PIP Quarter 1 submission. DCFS has 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 most recently (June 2013) Casey Family Programs provided data training to DCFS staff.

Review and Improvement of Existing Stakeholder Survey Instruments/Qualitative Review Methods: This objective covers a qualitative method for obtaining information from key stakeholders regarding specific performance indicators. A pilot of this process was conducted during the spring of 2009 during the Nevada Statewide Assessment. This process may include the review and improvement of existing stakeholder survey instruments and/or development (where needed) of new qualitative review methods for assessing system performance through the regular consultation with stakeholders key to the child welfare system in Nevada. In addition, 2011 legislative activity requires 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 includes performance targets and an incentive payment structure. Nevada is currently developing 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. The progress is reported in Item 31: Quality Assurance System.

Quality Improvement Loop:

Nevada is working 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 Division of Child and Family Services (DCFS), Clark County Department of Family Services (CCDFS) and Washoe County Department of Social Services (WCDSS) worked collaboratively to improve practice through policy development, training for workers and development of quality improvement and data measures.

There were five (5) strategies that made up the PIP expanding out to eight (8) 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 (5) strategies of the PIP.

Furthermore, Nevada was required to meet nine (9) case review data indicators and one (1) national standard “Absence of Child Abuse and Neglect in Foster Care” for successful completion of the PIP. Over the course of the PIP, and during this reporting period the state met all the PIP case review targets. Nevada met the final PIP case review item in quarter nine (9) (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” is pending.

The following nine (9) case review items were reviewed during the PIP.

PIP Data Case Review negotiated baseline targets and Performance. (
Item	Negotiated Baseline PIP Targets -set with 2011 prospective data	2012/2013 PIP Performance
Item 1 Timeliness of investigation	80.4%	81.0%
Item 3 Services to prevent removal/re-entry	74.9%	76.1%
Item 4 Risk and safety assessment	52.5%	54.8%
Item 7 Permanency goal	62.0%	69.0%
Item 10 OPPLA-permanency goal	61.3%	62.5%
Item 17 Services to child, parents & foster parents	46.0%	46.8%
Item 18 Child and family involvement in case planning	48.2%	54.2%

Item 19 Case worker visits with children	60.5%	71.0%
Item 20 Case worker visits with parents	49.7%	50.9%

*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 2013

TA357 Nevada Court Improvement Program Status: In progress	
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.	Date Requested: 12/08/2010 Direct Recipients of T/TA: Community Improvement Council members in Clark and Nye Counties and DCFS
TA556 Foster Care Recruitment and Retention Status: In progress	
Request/Objective: Develop and implement a recruitment plan specific to needs of the State's rural regions for foster and adoptive parents	Date Requested: 8/15/2011 Direct Recipients of T/TA: Rural DCFS child welfare agency
TA736 Safety Model Implementation Status: In progress	
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.	Date Requested: 2/14/2012 Direct Recipients of T/TA: CIP, Rural Region DCFS, and WCDSS
TA765 QA/QI Model Status: In progress	
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	Date Requested: 4/6/2012 Direct Recipients of T/TA: The DCFS QA Unit
Positive Youth Development Status: In progress	
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.	Date Requested: 1/14/13 Direct Recipients of T/TA: all 3 child welfare agency staff, and contracted providers of IL services.

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>
Trauma Informed Child and Family Services Status: In progress	
<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>

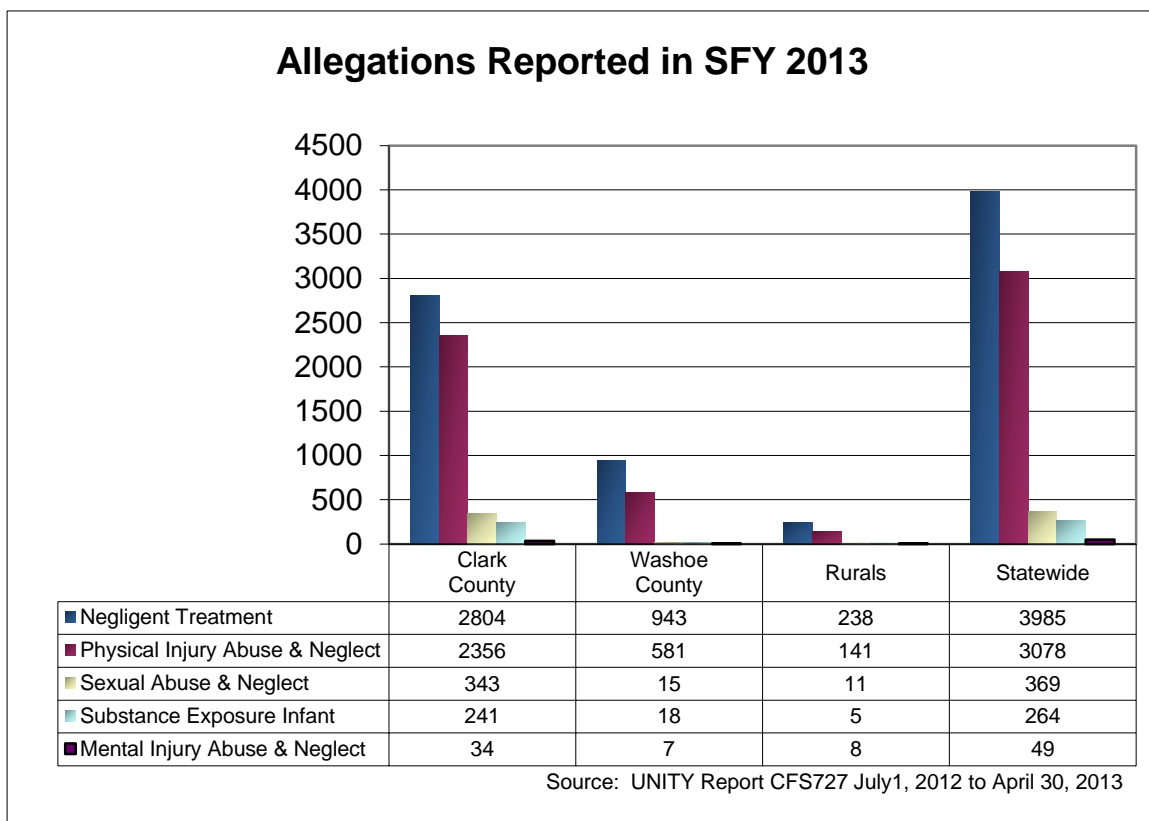
Program Areas

SECTION III: SAFETY

Trends in Child Safety

There were 7,745 allegations in 2013 compared to 6,822 in 2012 for an increase of 13.5%. The order of predominance in 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 – 40%, Sexual Abuse & Neglect – 5%, Substance Exposed Infant – 3%, Mental Injury Abuse & Neglect – 0.6%,

Figure 03: Allegations Reported in State Fiscal Year 2012



The following progress and planned activities have been reported by Clark County, Washoe County and the DCFS Rural Region in their efforts to improve child safety over the past year.

CCDFS Progress

- CCDFS is implementing an enhanced safety model known as the Safety Intervention Permanency System (SIPS). SIPS is a safety intervention system utilized by CCDFS to determine who CCDFS serves, when children are reunified with families and when services are terminated.
- CCDFS has been working with ACTION for Child Protection in implementing an enhanced model since August 2012. As of recent, CCDFS has secured a three-year contract with ACTION to assist in implementation. CCDFS has embarked on implementing the model with the Intake Unit (aka Hotline), and should complete training/skill building in early September 2013.

CCDFS PLANNED ACTIVITIES FOR THE UPCOMING FY 2014:

In FY 2014 CCDFS will continue to implement SIPS throughout their Agency. The next phase of implementation will begin in CPS in September 2013 when CCDFS will begin to work with CPS field operations staff around the Nevada Initial Assessment (NIA).

WCDSS Progress

- **Conditions for Return:** WCDSS continued its focus on building staff capacity and competency to implement the new safety concept called Conditions for Return (CFR). CFR training was initially conducted in November 2011. WCDSS followed this training with focused training and practicum's lead by ACTION for Child Protection staff during the February through April 2013 timeframe. This training started with staff from the Permanency Innovations Initiative (PII) staff, and finished by piloting and introducing the training process to Assessment staff. Refinement of the CFR training process, and additional training and coaching of agency staff is planned for FY 2014.
- **Safety Management Training:** Training was provided to all permanency supervisors and staff (to include SAFE-FC staff) in December 2012. Content was focused on enhancing staff knowledge and competency around newly installed ACTION safety concepts and categories, safety management strategies, developing safety plans, and completing related UNITY screens.
- **Confirming Safe Environments:** During March and April of 2013 WCDSS initiated a new safety process called Conditions for Return (CSE). CSE is instrumental to ensure that safety throughout the life of a case is installed; specifically once children are placed into care and permanency services are initiated. The training included all assessment, permanency, and placement staff.
- **CFSR Related Case Reviews:** In August 2012 WCDSS conducted case reviews as part of the Statewide CFSR PIP. Part of the review was dedicated to safety related items identified on the PIP.
- **NIA Fidelity Review:** WCDSS conducted an intensive case review from July 30 through August 2, 2012. The purpose of the review was to assess practice changes since the initial revisions, 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.
- **Decision Data Support System (DDSS):** WCDSS increased its efforts to have available and utilize UNITY data related to safety management through the development of reports specific to safety. One new report, the "Present Danger and Impending Danger" report, was initially developed in January 2012 and continues to be used as a tool for agency leadership towards managing staff compliance to policy and enhancing practice skills.
- **SAFE-FC Training & Coaching:** As part of the Department's efforts to install and implement the SAFE-FC intervention associated with the PII project, extensive foundational training was conducted during the period of April 2012 through December 2012. A key feature of the SAFE-FC intervention is to assess and manage safety across the entire spectrum of a case from entry into the Child Welfare system to case closure. All core components of the SAFE-FC intervention include safety assessment and management. Maintaining staff competency through ongoing training, supervision, and coaching has continued as the SAFE-FC project continues into FY 2014.

WCDSS PLANNED ACTIVITIES FOR THE UPCOMING FY 2014:

- **Engaging Legal Community Stakeholders – Safety Management:** This effort is focused on raising awareness and utilization of concepts related to both ACTION's SAFE model and the PII SAFE-FC intervention approach. The plan includes a series of sessions that targets the needs of the legal community and include topics such as "Foundation of Safety Assessment," Elements for Safety Decision Making, "Safety Planning," and "Ongoing Safety Management and Treatment Services." Sessions are scheduled to begin in June 2013 and finish in August 2013.
- **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.

- Provider Training - SAFE-FC: Another new initiative associated with the PII project is the development of curriculum and provision of training of treatment providers associated with services for SAFE-FC intervention families. The training is intended to enhance providers knowledge and use of concepts aligned with the SAFE-FC approach to include expectations related to treatment reports that address impending danger threats and changes in caregiver capacity. This training is scheduled for the summer of 2013.
- Mini Case Reviews/Coaching: Associated with the ongoing training and coaching of agency staff around the SAFE model, WCDSS is developing a targeted case review approach to highlight areas of needed improvement from earlier case reviews or practice observations occurring during 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.

DCFS Rural Region Progress

- Since June 30, 2012, the DCFS Rural Region has fully implemented Confirming Safe Environments, which includes the initial and on-going assessment of present and impending danger in all out-of-home placements. Policy, Procedure and assessment tools have been developed, staff have been trained and implemented has occurred.
- The DCFS Rural Region newly formed Implementation team has just completed a 12 month work plan to include policy, procedure and tool development for the Protective Capacity Family Assessment (PCFA) and then the final stage, Protective Capacity Progress Assessment (PCPA).
- The DCFS Rural Region's practice is evolving as the SAFE Model is incorporated into daily business practice. The model has been proven in other states to reduce the number of children placed in out-of-home care, the length of stay in out-of-home care when the situation necessitates such intervention, and the recidivism of families requiring agency intervention.
- Fidelity has yet to be achieved with the Nevada Initial Assessment (NIA). Managers, supervisors and caseworkers are struggling to fully incorporate the SAFE Model into daily practice. The model is still referred to as "new" although training around the front-end of the SAFE Model was provided well over one year ago. Staff shortages and retention of existing staff is a continual challenge for the Rural Region, which results in higher caseloads for caseworkers and supervisors having no alternative but to carry a caseload while managing their responsibilities as a supervisor.

DCFS RURAL REGION PLANNED ACTIVITIES FOR THE UPCOMING FY 2014:

- Initiative: Ensure child safety while reducing the length of time and overall number of children in out-of-home care.
 1. NIA Fidelity review tentatively planned for late Fall 2013.
 2. Develop Implementation team members so that they are armed with the knowledge and skills to serve as the safety purveyors for their respective offices and District areas.
 3. Recognize and prioritize training and support of supervisors to further their knowledge and application of the SAFE Practice Model through mentoring, training, peer consultation and new tools to assist in the management of multiple practice model steps and approval deadlines.
- Initiative: Enhance the capacity of child welfare staff to effectively engage children, youth and families in decision making.
 4. Development of the templates, policies and manuals required for the back end of the safety model will begin July 2013 with finalization of all materials projected for February 2014. The final phase of the safety model encompasses the Protective Capacity Family Assessment (PCFA) and the Protective Capacity Progress Assessment (PCPA), both of which focus on the caregiver's behavioral changes. Policies and manuals specific to the PCFA and PCPA will be developed to assist caseworkers and supervisors with achieving and maintaining fidelity of the model. Templates of each assessment will guide caseworkers through key concepts and points to be explored with primary caregivers. The PCFA will explore the caregiver's ability to keep his/her child(ren) safe through the use of enhanced Caregiver Protective Capacities. The assessment will examine the family's ability to function overall by empowering the caregiver to identify his/her own needs with respect to protecting his/her child(ren). A successful PCFA results in a case plan that is mutually created and agreed upon by both the

caregiver and the caseworker. This process is the foundation for moving the caregiver through the PCPA, which is a fluid assessment through the service delivery portion of the case plan. The PCPA's primary purpose is to continually measure the enhancement of Caregiver Protective Capacities while providing case management and safety management through the remaining life of the case. The PCPA is concluded at the point when the child is safe, has permanency, and the case is closed. Projected implementation date is June 2014.

- The DCFS Rural Region has submitted a Technical Assistance (TA) Work Plan to the National Resource Center for Child Protective Services (NRCCPS) for assistance with developing the roles and responsibilities of the Implementation Leadership Team (ILT) by enhancing the team's competency in the SAFE Model's application. The TA request includes policy, procedure and tool development around the PCFA/PCPA. Once the PCFA/PCPA policy is in place, the NRCCPS will provide technical assistance on case application of caregiver protective capacity concepts to occur in two of the agency's selected regions. NRCCPS will provide an additional six (6) days of advanced coaching and mentoring using experiential practicums on motivational interviewing through the stages of protective case plan development in two selected regions. The agency's Quality Assurance (QA) Unit will be present and participate in the TA provided by NRCCPS, as the unit will be responsible for providing the technical assistance and experiential practicums to the agency's two remaining regions. Overall, the TA Work Plan encompasses 14.5 days of onsite assistance to conclude September 2014.
- Additionally over the next year, The Rural Region Quality Assurance (QA) Unit caseworkers will provide ongoing coaching directly in the field for caseworkers as requested by managers and supervisors. New caseworkers and those struggling with incorporating the SAFE Model into daily practice will be mentored by QA caseworkers and immersed in the process of assessing a family pursuant to the Nevada Initial Assessment Policy (#0508). Such mentoring will also be provided to supervisors via the QA Unit's supervisor.
- The Rural Region's Implementation Leadership Team (ILT) comprised of caseworkers, supervisors, managers and representatives from the Nevada Training Partnership and NRCCPS will conduct, at a minimum, two monthly NIA fidelity reviews of a completed and supervisory approved NIA. Each of the Rural Region's offices will be included in the rotation of monthly case reviews to pinpoint Areas Needing Improvement (ANI). One-on-one coaching by the QA Unit will be provided to the caseworker and supervisor of a NIA identified as insufficient. The success of the SAFE Model hinges on each supervisor's level of proficiency with the model. The Rural Region is working with NRCCPS to develop a safety decision making competency test for supervisors and the ILT to further assist in identifying ANI.

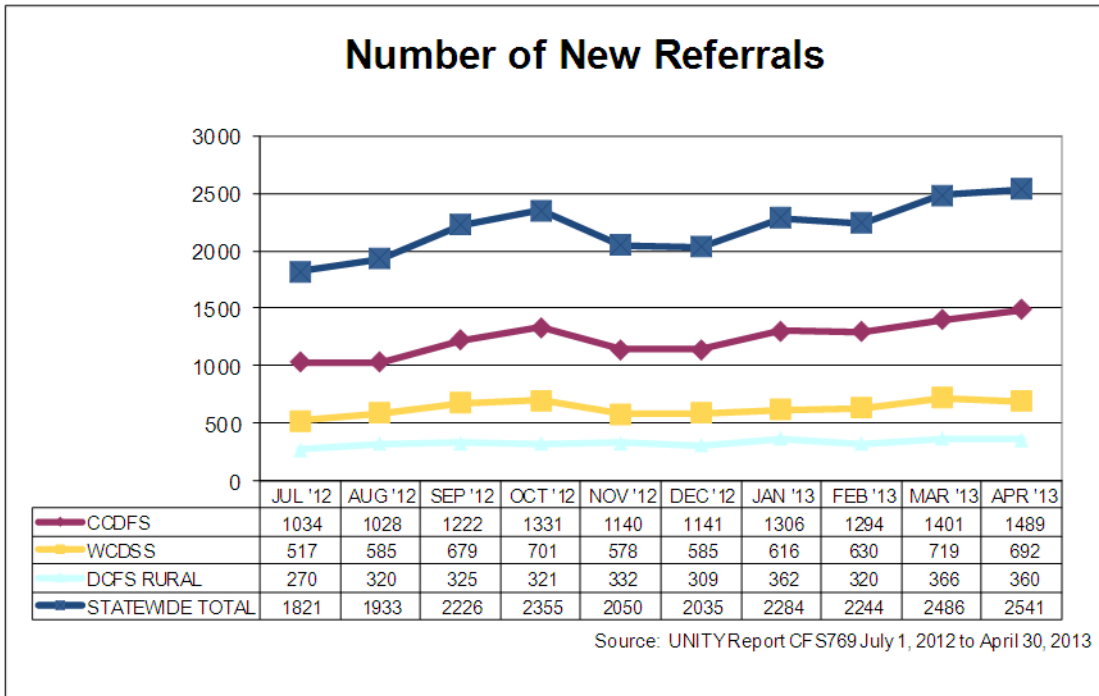
Referrals

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).

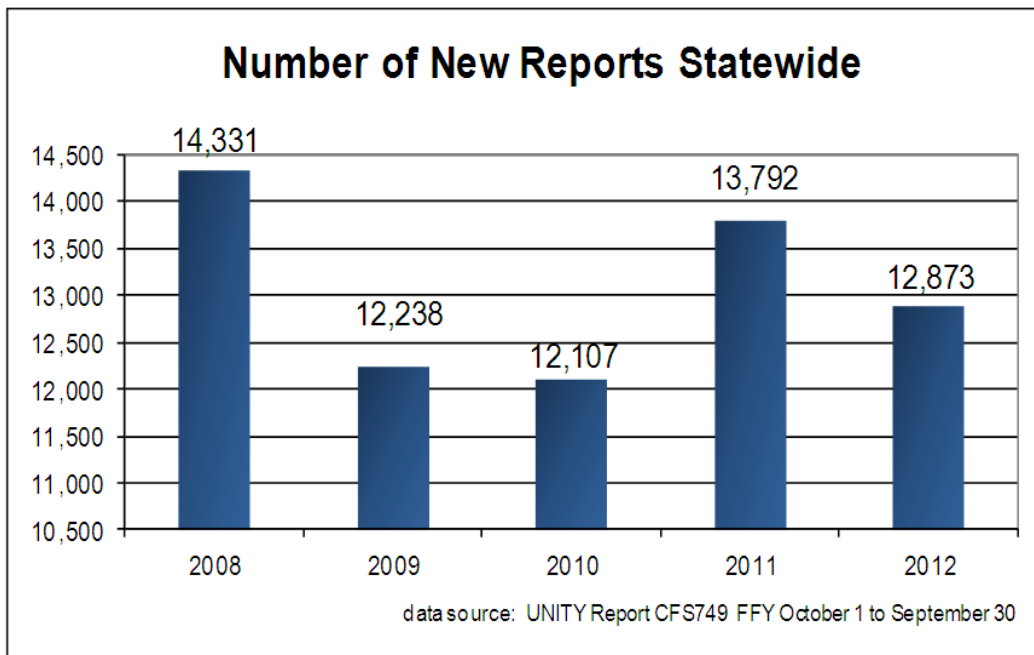
The following graph depicts the number of new referrals from July 2012 through April 2013. There was a 2% decrease statewide in the number of new referrals over the same time period last year from 22,403 new referrals in SFY 2012 to 21,975 in SFY 2013. CCDFS showed an increase of new referrals from 12,308 to 12,386 or 0.6%. WCDSS new referrals increased from 6,260 to 6,302 or 0.6% while the Rural Region showed a decrease in new referrals from 3,835 to 3,285 or 14.3%. Figure 04 shows that a total of 21,975 new referrals were received statewide since July 2012. 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 FY 2012. There was a decrease of 6.7% in the overall reports of abuse or neglect as compared to the previous year (13,792 for FY 2011 to 12,873 for FY 2012).

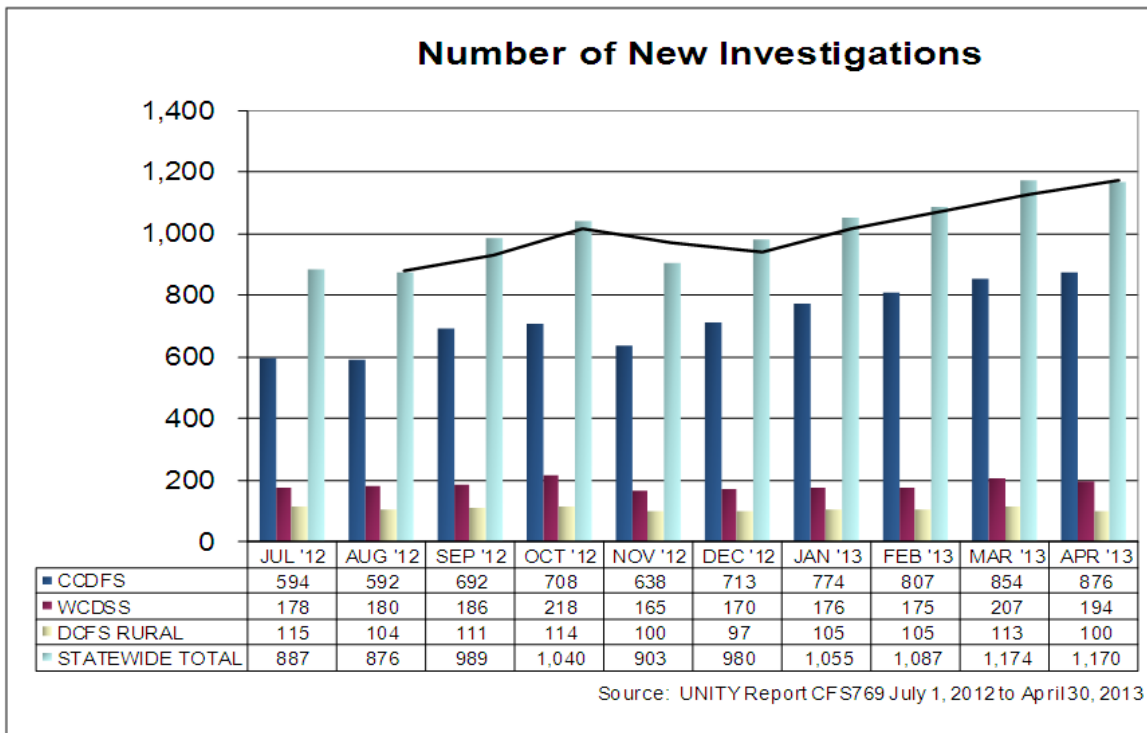
Figure 05: Number of New Reports



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

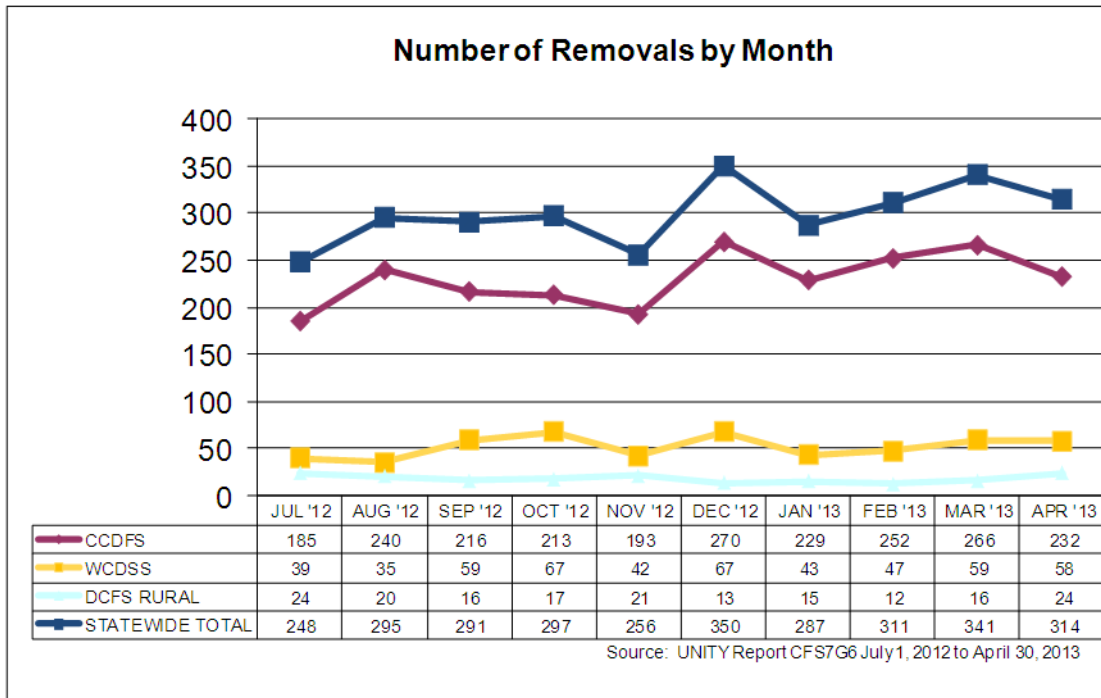
The total number of new investigations statewide has decreased 1.4% from 10,311 for 2012 to 10,161 for 2013. CCDFS experienced an increase of 10.37 %, WCDSS decreased 12% and the DCFS Rural Region decreased 35%.

Figure 06: Number of New Investigations



The following graph in Figure 06 shows the number of children removed from July 2012 through April 2013. This figure demonstrates some variation over time in the number of children that have been removed statewide during the past year. In SFY 2013 to date there has been an increase of 19.6% in the number of removals statewide over SFY 2012, from 2,500 to 2,990 children. CCDFS had a 22.6% increase in removals while WCDSS had a 27.4% increase in removals. DCFS Rural Region had a decrease of 20.1% 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. This Administrative Team reviews the recommendations and determines the action to be taken or if a prevention initiative is already in place within the state. If funding is necessary to facilitate the recommended action, the recommendation is referred to the Executive Committee to Review the Death of Children. Activities around initiatives are reviewed on a quarterly basis. Some initiatives have included:

- Water Safety
- Safe Sleep Practices
- Child Abuse Prevention -“Choose Your Partner Carefully”
- Suicide Prevention E-Bulletins, “Reducing Access to Lethal Means”
- Proper Weapon Storage Billboards – “Bullets Leave Holes”
- Overdose Prevention – “When Teens want to get high...Is Your Prescription Available?”

The Administrative Team and the Executive Committee to Review the Death of Children collaborate with state, county and community stakeholders in prevention and training efforts. Effective July 1, 2013, in response to Assembly Bill (AB) 154 which was approved and passed during the 2013 State of Nevada Legislative Session, the Administrative Team to Review the Death of Children will be combined with the Executive Committee to Review the Death of Children. The bill also allows for the local multidisciplinary teams to use aggregate data for research and prevention purposes under certain circumstances.

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.

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.

Data Collection

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. These sources are used in completing the family assessments to determine the exact causes of how child maltreatment may have contributed to the fatality. The sources are also used by the local and state child death review teams to determine prevention activities. The number of NCANDS reported fatalities has decreased since the last reporting period in 2011 from 21 to 18. Homicides are up (n=8), accounting for 44% of the deaths.

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. Historically, the data was vetted against data received from the Nevada State Vital Statistics but the decision was made by the Committee to rely on the National Center for the Review and Prevention of Child Death's data only due to lengthy delays in obtaining data from the Nevada State Vital Statistics, and the accuracy of the data received from National Center for the Review and Prevention of Child Death when compared to the Nevada State Vital Statistics data.

Based on the newly established requirements as a result of the GAO report and congressional concerns, child welfare agencies in Nevada will need to begin examining how to best utilize and obtain information from vital statistics in their reporting to NCANDS regarding child fatalities as a result of child abuse or neglect.

Policy Development and Revision

Statewide Policy: Over the past year there have been new and revised policies.

- 0513 Substantiation Policy is being revised to add guidelines for CPS Investigations.
- 0205A Caseworker Contact Policy has been 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.
- A Safe Haven policy is in the process of being developed to clarify child welfare agency activities when an infant is left at a Safe Haven location

PLANNED POLICY DEVELOPMENT FOR THE UPCOMING FY 2014

- CCDFS will be updating policy and procedures throughout FY 2014 to align them with the implementation of their Safety Intervention Permanency System (SIPS). This process will entail re-vamping CCDFS's current policies from Intake through Adoptions. CCDFS anticipates this process will take through the end of FY 2014.
- WCDSS reports as a result of the Permanency Innovations Initiative (PII), major policy and practice changes

were made for SAFE-FC implementation including Safety Assessment and Planning (Confirming Safe Environments), Protective Capacity Functional Assessment and the Protective Capacity Progressive Assessment. The PCFA and PCPA drive case plan development through a series of worker/parent engagement strategies. The policy manual for SAFE-FC numbers 687 pages and is a very comprehensive guide to the model.

- The DCFS Rural Region is working on a policy to address utilization of clinical services and out of state placement decision making.
- DCFS is researching and considering a statewide policy on the use of restraint in instances of runaway behavior from foster care or treatment level settings.
- DCFS will be analyzing new legislation from the 2013 Legislative session to determine the need for new policy and or policy revisions.

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 associated 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 2: Item 3-Services to family to prevent removal

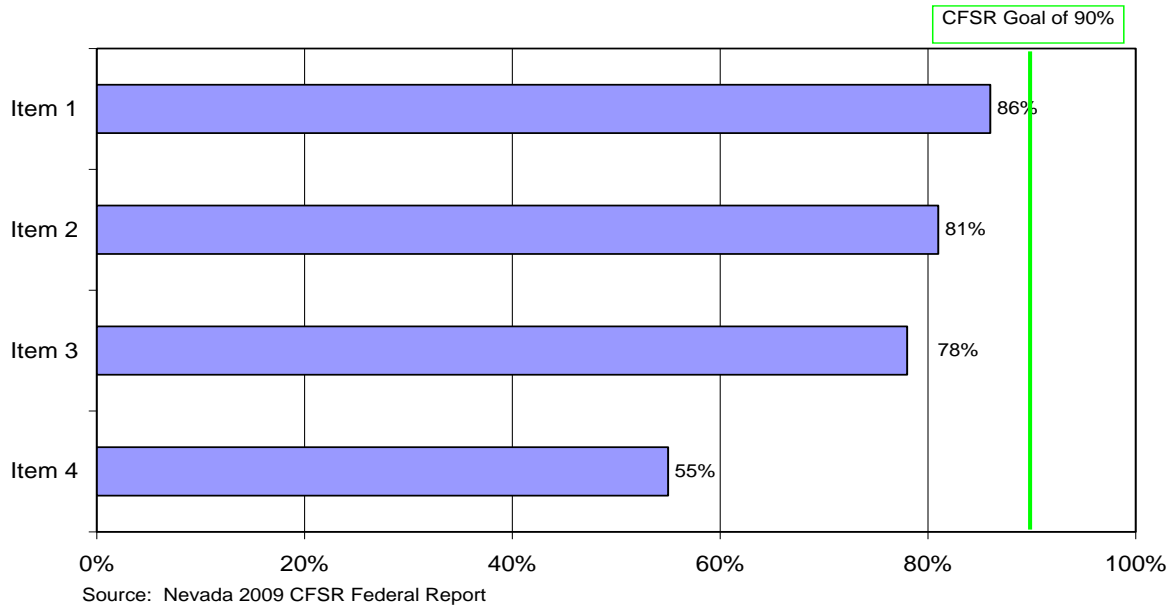
Safety Outcome 2: Item 4-Risk of Harm

Nevada has not met the National Standard for the Safety outcome of "Absence of Maltreatment of Children in Foster Care." Please see Table 08 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 Performance Indicator Scores from 2009 CFSR



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

Item 1: Timeliness of initiation 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. **To date Nevada has 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

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 7 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 07: 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 08 presents the most recent CFSR Data Profile provided by ACF dated April 3, 2013. As depicted in the table "Absence of Maltreatment Recurrence" the standard is 94.6%. For the most recent data profile FFY 2012 Nevada met this standard at 95.1%. Nevada has exceeded the national standard of 94.6% on this measure for this 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 2012 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 4/3/2013 Nevada continues to not meet this standard, and is now in a non-overlapping year to meet this target.

Table 08: CFSR Data Profile Information for Absence of Maltreatment

CHILD SAFETY PROFILE	FFY2009	FFY2010	FY2011	FY2012	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	National Standard achieved FY12
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	99.35	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 9 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 09: 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. **To date Nevada has met the negotiated PIP target for this item during PIP case reviews.**

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 10 below indicated that Nevada was not currently reaching this goal at that time.

Table 10: 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.**

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 11 shows the number of paid and unpaid relative foster care placements by agency and statewide from September 1,

2012 through May 31, 2013.

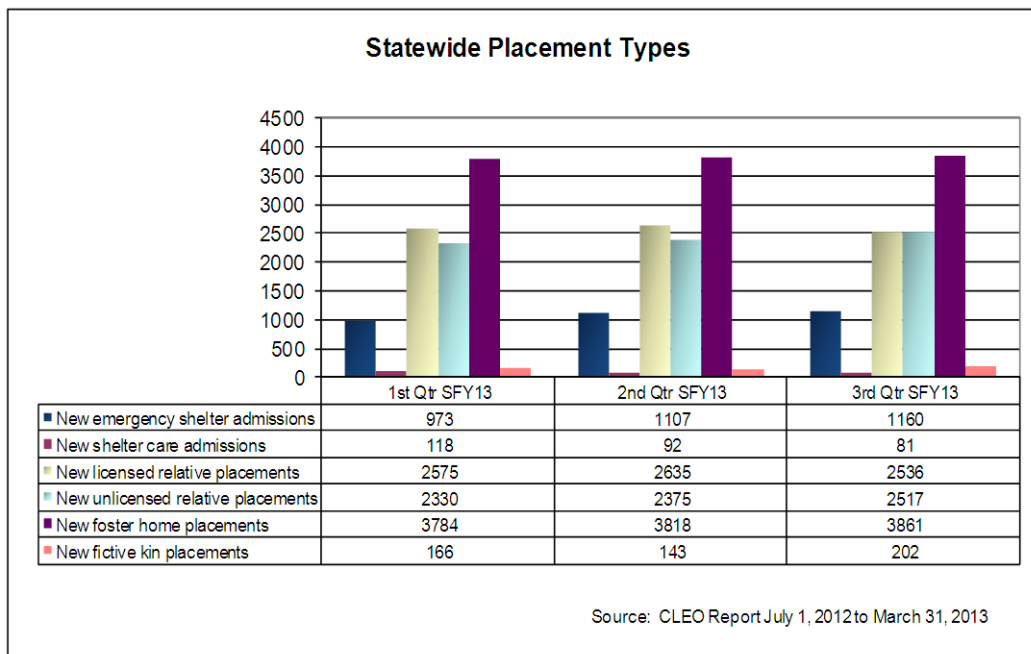
Table 11: Paid and Unpaid Relative Foster Care

Child Welfare Agency		Sep '12	Oct '12	Nov '12	Dec '12	Jan '13	Feb '13	Mar '13	Apr '13
Clark	Relative Foster Care	717	749	741	735	680	692	695	673
	Unpaid Relative Care	673	670	683	708	733	725	759	771
Washoe	Relative Foster Care	118	118	117	129	133	142	146	145
	Unpaid Relative Care	17	19	19	31	32	29	30	28
DCFS- Rural	Relative Foster Care	20	18	14	14	17	16	15	12
	Unpaid Relative Care	80	83	83	79	71	66	72	71
Statewide	Relative Foster Care	855	885	872	878	830	850	856	830
	Unpaid Relative Care	770	772	785	818	836	820	861	870

Source: CLEO Report September 1, 2012 to April 30, 2013

Figure 08 below shows the different placement types that occurred overall in the first three quarters of SFY 2013 (fourth quarter data is not available until July 2013). In addition to being the preferred placement type, relative home placements both licensed and unlicensed, are also the most prevalent placement type in Nevada (49%). This is followed by foster home placements at 37%. New licensed relative home placements (25%) are utilized more frequently than new unlicensed relative placements (23%).

Figure 09: Statewide Placement Types



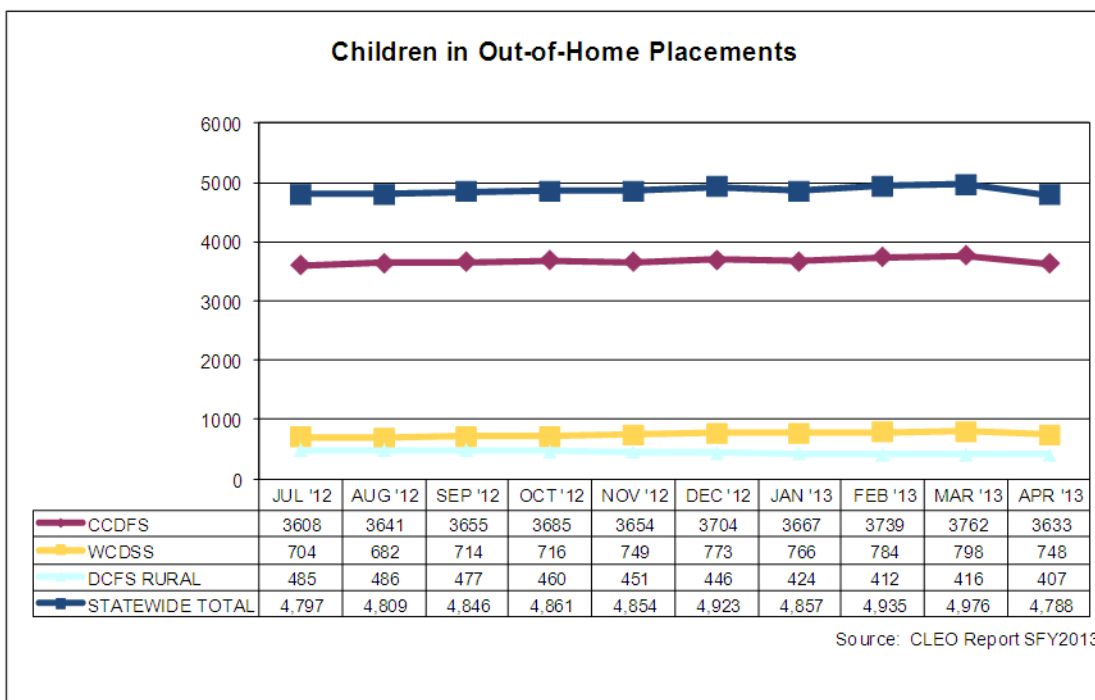
Relatives who care for their kin typically receive funds from the State in one of two ways. The more common method is that they become licensed foster care providers and receive payment through the local child welfare agency. The State is then reimbursed for these payments through the Title IV-E program, 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 State has continued to see a rise in the number of children placed with relatives; therefore, 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 with our current budget crisis.

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 wavier 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. During the 2011 Legislative Session the Legislature passed AB 110 the "Kinship Guardianship Assistance Program". Nevada is currently working on an analysis of the necessary amendments to policy and practice as well as a necessary amendment to the State of Nevada's IV-E Plan and the Medicaid State Plan in order to submit for approval to implement the program.

Figure 09 shows the caseload sizes of caseworkers serving children in out-of-home placements from July 1, 2012 until April 31, 2013. There was an average of 4,865 children in out of home placement SFY 2013 which is a 1.6% decrease over SFY 2012 caseloads. CCDFS averaged 3,675 out of home placement for a 1.0% decrease while WCDSS had 743 out of home placements for a decrease of 1.9%. DCFS Rural Region had 446 children placed in out-of-home for a decrease in caseloads of 6.1%.

Figure 10: Children in Out-of-Home Placements



CCDFS Progress

- Supervisors and Managers review cases that are at 10 months from removal to ensure they are moving toward their permanency goals.
- Families assigned to adoptions were reviewed on a minimum of a monthly basis to address any barriers that were preventing children from achieving permanency through adoptions. Special Adoptions Days were set in November 2012, December 2012, April 2013, and June 2013, to finalize adoptions for families.
- Permanency Roundtables began again to review youth who had a poor prognosis for achieving permanency.
- CCDFS finalized 619 adoptions by the end of 2012. DFS continues to hold monthly reviews on cases assigned to the Adoption unit. Additionally, we have collaborated with the 8th Judicial Court – Family Court Division to hold two (2) special adoption days in April 2013 and June 2013.

CCDFS PLANNED ACTIVITIES FOR THE UPCOMING FY 2014:

- In FY 2014 CCDFS DFS will begin to implement SIPS in Permanency. We anticipate training/skill building to begin in March 2014. SIPS is based on assessing for threats, child vulnerability and caregiver protective capacity throughout the life of a case. By utilizing the same three concepts in Permanency, we anticipate an increase in reunifications and timely permanency for those children who cannot safely return home.
- CCDFS will continue to hold monthly reviews on cases assigned to the Adoption unit. Additionally, CCDFS has secured another special adoption day in August 2013.

WCDSS Progress

- In July 2012, WCDSS initiated the use of Permanency Roundtables (PRTs), which are structured professional case consultations with a purpose of developing an aggressive, innovative permanency action plan for the child/sibling group; to provide case-centered “learning labs” for staff skills development; and to identify recurring systemic barriers to the attainment of permanency for children. In preparation for PRTs, agency staff who would be presenting cases completed PRT Values training and teams completed PRT skills training. Between 7/16/2012-7/19/2012, 22 PRTs were conducted, involving 37 children (11 single child cases and 11 cases with sibling groups); 13 cases involved children in foster care over 3 years; 4 of the subject children were under the age of 5. Three review teams were formed, based on the Permanency Roundtable model, with assistance from 4 Casey Family Program staff (from Washington State and Texas) and a representative from rural Nevada. Permanency Status of the 37 children was assessed at the time of the meeting and at 90 day follow up, with ratings ranging from “permanency achieved” to “poor” permanency status. Of the 37 children’s cases reviewed, initially only 1 child’s permanency status was rated as very good, with marginal or poor status for 30 of 37 children. At 90 day review, outcomes had improved for 38% of the children, and 11 children had status ratings of “achieved permanency”, “very good”, or “good”.
- Currently, WCDSS is developing the process for PRTs to be conducted as part of standard case practice on select cases that meet specific criteria in order to encourage and support long-term permanent connections for children. Additionally, PRT is going to be utilized to review the cases of children in higher level foster care placement, in an effort to creatively plan for their permanent connections in spite of their significant needs.
- WCDSS saw a decline in adoptions this reporting period and attributes this in part to the urgency for finalization in 2012 due to the federal tax refund benefit. We have experienced some delay in terminating parental rights which may be attributed to more opposition from parent’s attorneys fighting relinquishments.

WCDSS PLANNED ACTIVITIES FOR THE UPCOMING FY 2014

- WCDSS plans to partner with the Youth Law Center and Dr. Mary Dozier of the University of Delaware to implement a visitation program for young children. If funded, the scientific research project will include a treatment and control group for parents visiting their children. Modeled after Dr. Dozier’s Attachment and Bio behavioral Catchup (ABC) program, his innovative approach utilizes foster parents as mentors to birth parents to improve permanency outcomes for dependency youth. Objectives of the project include:
 - To strengthen the relationship between foster parent and birth parent

- To improve the parenting skills of foster parent and birth parent;
 - To Improve the quality of supervised visitation;
 - To decrease missed visitations;
 - To decrease time to reunification
- “Follow the Leader” is an evidence-based model and will be evaluated through pre and post video assessments of the mentor training and sessions. The Youth Law Center will train 10 foster parents and 2 parent mentors to reinforce the child’s behavior and support and encourage the birth parent’s success in visitation. Services include training, coaching through sessions and videotape, and research evaluation.

DCFS Rural Region Progress

- In conjunction with the Casey Family Programs Office, DCFS Rural Region identified 42 children to be reviewed through the Permanency Roundtable process in July 2012. Of the 42 children, 23 of the youth were part of a sibling group. These youth were identified as having been in care for 18 months or longer and were determined to have a marginal or poor permanency status through use of the Casey Family Program’s Current Child Permanency Status tool. Permanency roundtables were held in the two rural offices of Carson City and Fallon and consisted of team members from Casey Family Programs, DCFS-Family Programs Office and the Rural Region. The youth reviewed were mainly from District 2 (Carson City) and District 3 (Fallon) of the Rural Region; however, 1 youth from District 1 (Elko) and 2 youth from District 4 (Pahrump) were included in the review as they met the criteria. Four of the youth were removed as determined by the Casey Family Consultant from the Permanency Roundtable process in the Fallon District due to time constraints. The teams spent several hours reviewing each case and developed an action plan for each child to assist the social worker in identifying steps to take in an effort for the child to reach permanency.
- The adoption recruiter has been recruiting adoptive families and is currently recruiting for 19 children.
- To increase awareness of the need for adoptive families for special needs children, the adoption recruiter has teamed with the foster care recruiter for both general and targeted recruitment. This includes attending monthly foster/adoption coalition meetings in Carson City.
- For the year July 1, 2012 – June 30, 2013 there have been 20 adoption matches made as a result of specific recruitment efforts.
- Between 7/1/12 and 4/30/13 there were 45 adoptions.
- The adoption recruiter has utilized the DCFS website, Adopt US kids, and the Adoption Exchange in locating and selecting families locally and in other states that are best suited to meet the needs of waiting children.
- **Challenges:** The DCFS Rural Region continues to be challenged in the area of child specific recruitment for the most difficult to place children. 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 waiting children.

DCFS RURAL REGION PLANNED ACTIVITES FOR THE UPCOMING FY 2014

- Of the 38 children/youth selected for permanency round table reviews in July 2012 by February 2013 five have achieved permanency through either reunification or by reaching the age of majority and opting into court jurisdiction services. The remaining cohort consisting of 33 children/youth are scheduled for quarterly follow up round tables by region that started May 2013. Barriers identified from follow up round tables included, extensive mental health needs, multiple acute and higher level of care placements, interstate placements, dual custody as well as previous disrupted pre-adoptive placements. Permanency Round tables for this cohort will be continued on a quarterly basis until permanency is achieved. Round tables are compromised of the assigned case worker, supervisor, manager, adoption recruiter (as applicable) adoption, independent living and/or ICPC programs specialists (as applicable). These follow up round tables are facilitated by a quality assurance/improvement specialist from the State, Family Programs Office. During the May round table follow ups of the remaining 16 children/youth with the Fallon district; 11 were placed in pre-permanency placements (adoptive/guardianship); two were in established Independent Living Agreements (established APPLA); two were in residential treatment

facilities and one was in a temporary placement with a plan in process to establish an Independent Living Agreement with a long standing emotional support/fictive kin. The one case from the Elko District continues to reside out of state on an ICPC in a Residential Treatment Center. Of the two cases in the Pahrump District, one is in an Independent Living Arrangement that is expect to last until the youth reaches the age of majority (youth currently 16); and the second case has a plan being worked out to be placed with a close/known relatives with either guardianship or adoption as the permanency goal. Carson originally had 14 children/youth scheduled for follow up, yet 3 additional children were brought in as they were siblings to existing children part of the round table that had adverse experiences in placement/permanency since the original round tables. Of these 17 children/youth from the Carson District office none of them were identified pre-adoptive/guardianship placements. One was placed on an established independent living agreement and will be reaching the age of majority within a couple months. Five were placed in either acute or residential treatment centers (in or out of state). The remaining 11 were placed in either relative or non-relative foster care placements that were not identified as probably permanency placements.

- The Rural region DCFS adoption recruiter is teaming with the State Family Programs Adoption Specialist to research ways to enhance the matching process to increase successful adoptive matches and placements.
- The recruiters plan to continue to utilize an extensive menu of recruitment activities including PSA's, TV advertisements, and media stories.
- DCFS will be honoring adoptive families with celebration events/activities held throughout the Rural Region for National Adoption Day.

Policy Development and Revision

Statewide Policy: **Over the past year there have been new and revised policies.**

- 0201 Intra-State Courtesy Supervision was developed and was effective on 05-01-2013 to provide statewide guidance on children and youth who move within the state between counties.
- 1009 Employee, Emergency Shelter Care, Foster Care and Adoption Placement was updated and was effective on 2/13/2013 to provide guidelines for the application to provide foster care, adoption and/or emergency care by employees of agencies that provide child welfare services.

CCDFS reports the following local Policy/Common Policy Element (CPE) Chapters completed or estimated to be completed by 6/30/13.

- 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.

WCDSS reports the following local policy development or revisions:

- Placement Review Team (updated policy governing placement of children in permanent homes)
- Appeals Policy Procedures
- Psychotropic Medication Procedures

DCFS Rural Region Reports the following local policy development or revisions:

- 1007 DCFS Respite Policy Procedures
- 1006 DCFS Out of Home Placement Policy Procedures
- 0205A Caseworker Contact with Children, Parents and Caregivers, revised to include; Confirming Safe Environments which is the initial and on-going safety assessment of children in out-of-home placements.

- DCFS Independent Living Procedures
- DCFS Court Jurisdiction Procedures

PLANNED POLICY DEVELOPMENT FOR THE UPCOMING FY 2014

CCDFS reports the following policies 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.

CFSP Goals and Objectives for Permanency

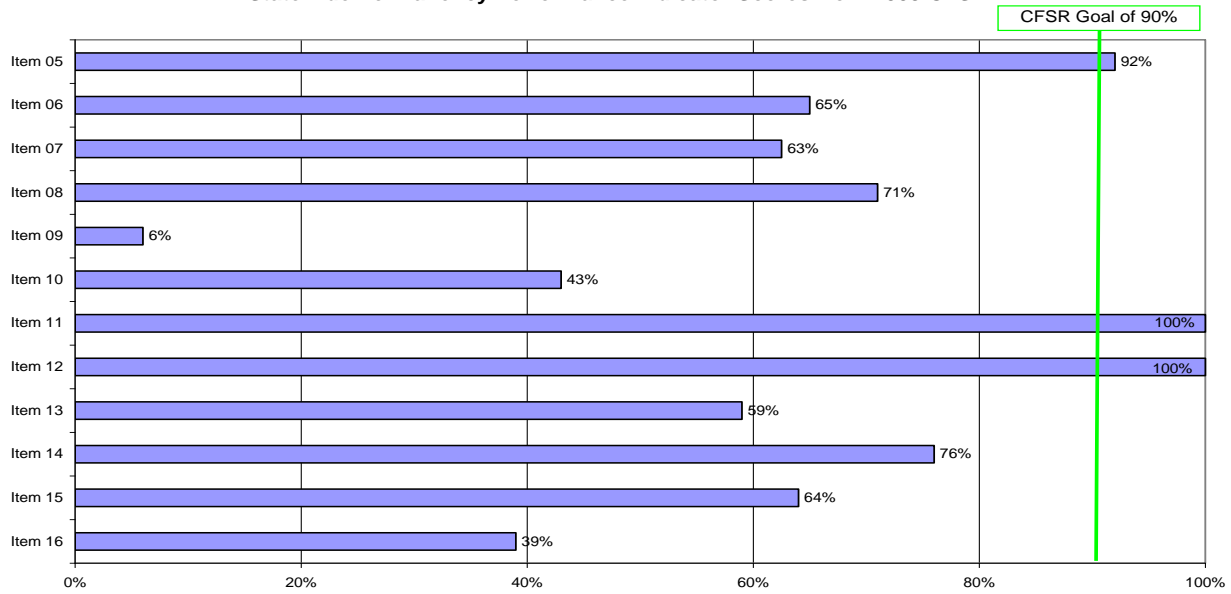
The Permanency Performance items 7 and 10 were identified to be measured by case reviews using a prospective baseline developed using data from November 2010 - November 2011 case reviews. The improvement targets goals were set by ACF using the federal method 2 prospective formulas. **To date Nevada has 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

Statewide Permanency Performance Indicator Scores from 2009 CFSSR



Source: Nevada CFSSR 2009 Federal Report

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 12 below shows that as a State, this was a strength during the 2009 CFSSR. In the most recent CFSSR review, only WCDSS fell below the required goal of 90%.

Table 12: SFY 2010 Data for Item 5

Item 5: Foster care re-entries	CFSSR 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 12 above, the most recent CFSSR Data Profile provided by ACF dated April 3, 2013² 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 8.3% for the FFY 2012A 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 13 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 13: 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 14 depicts the most recent CFSR data profile provided on April 3, 2013 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. Table 14 indicates Nevada's performance on this measure.

Table 14: CFSR Data Profile

PLACEMENT STABILITY	FY 2010ab	FY2011ab	FY 2012ab
Placement Stability (Standard: 101.5 or higher)	93.3	91.4	90.5

Source: CFSR data profile dated 2/24/2012

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."

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 15 based on results of the 2009 CFSR, this performance indicator was an area needing improvement for Nevada.

Table 15: 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). **To date Nevada has met the negotiated PIP target for this item during PIP case reviews.**

Table 16 below shows the number children in care between July 1, 2011 and April 30, 2013 (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 16: 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:	292
Number of Children placed Out of Home over 14 months without a TPR Petition Filed:	2834
Number of Children placed Out of Home over 21 Months Without a TPR Petition Filed:	285

source: UNITY Report CFS7B3 July 1, 2011 to April 30, 2013

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 17 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 17: 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 Profile provided by ACF dated April 3, 2013 provides current data for 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 FY 2010, 2011 and 2012 on this measure. Based on the data profile for FFY 2011, the median number of months a child is in care before exiting to reunification was 5.9 months, the number of months a child is in care before exiting to reunification rose to 7.2 for FFY 2012. 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 18 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 18: 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 3, 2013 indicates for FY 2012ab the median months to adoption is 30.7 months which is lower than the national median. This is an improvement of 13% over FY 2011ab (a decrease of 4.7 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 19 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 26%. Nevada's Child and Family Services Review Data Profile for FFY 2012ab indicates Nevada's current percentage is 25, which is lower than the UNITY CFS732 report.

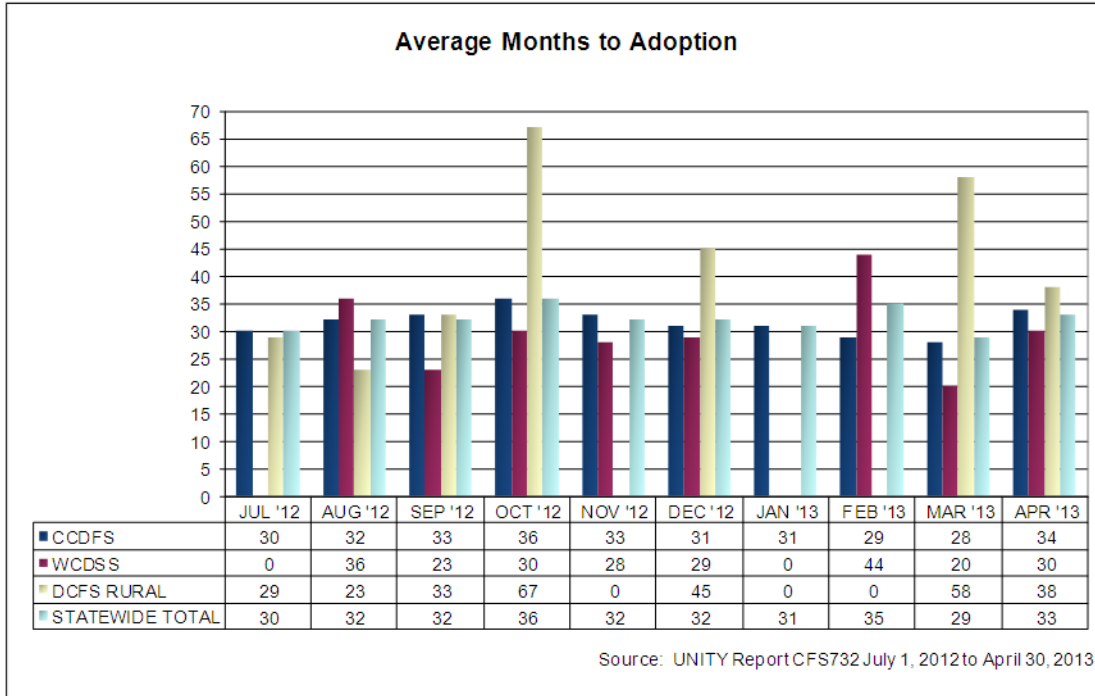
Table 19: UNITY CFS732 Report – Adoptions in Less than 24 Months

	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, 2010 - April 30, 2012</i>	1,578	39	308	20%
Adoption in Less than 24 Months <i>April 1, 2011 -April 30, 2013</i>	1,610	36	422	26%

source: UNITY Report CFS732

Figure 12, also based on UNITY report CFS732, depicts the average months to Adoption from July 1, 2012 through April 30, 2013. The average month to Adoption from July 1, 2012 to April 30, 2013 is 33 months. In 604 adoptions, 185 or 31% 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.

Figure 12: Average Months to Adoption



The most recent CFSR data profile dated April 3, 2013 provides current data for Permanency Composite 2: Timeliness of Adoptions. The national standard for this composite is 106.4 or higher. **During FY 2012ab Nevada scored 134.8 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 had one youth adopted from another country who entered state custody in FY 2012 as a result of the disruption of an adoption. The adoptive parents relinquished their rights to the youth due to the youth’s behavior. The youth had a plan of Other Planned Permanent Living Arrangement (OPPLA), and turned 18 on June 10, 2013. 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 for an additional five years; including updating the baseline above which incentive payment are made and doubling the incentive payment for adoption of children with special needs and older children adoptions. The state was awarded \$2,496,800 for FFY 2012. The state allocated the \$2,496,800 for FFY 2012 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 and in-state travel expenses for renewal and initial licensing of child placing agencies were paid from these funds, and travel to facilitate out-of-state placements and payment of court fees.

Any funds awarded from the 2012 Adoption Incentive Grant for use in SFY 2013 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 funding contracts for the completion of social summaries and home studies to remove barriers to timely permanency through adoption.

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 20 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 20: 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.**

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 21, demonstrate that Nevada was effectively meeting this goal and that at the time of the CFSR was a strength for Nevada child welfare agencies.

Table 21: 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 22 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 22: 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 23 from the 2009 CFSR show that Nevada was not meeting this goal, with the exception of WCDSS.

Table 23: 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 are 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 24 indicate that with the exception of the DCFS Rural Region, Nevada was not meeting this goal at the time of the CFSR.

Table 24: 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. Nevada continues to strive for compliance with ICWA beginning with efforts to identify tribal affiliation and then to send proper notice in accordance with the Indian Child Welfare Act (ICWA), 25 U.S.C. §§ 1912 and NRS 432B.425, NRS 128.023 1.(a) which brings cause that the Indian child's Tribe is to be notified in writing in the manner provided in ICWA. 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 2013.
- 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 family from the child's tribe, and 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 regional social 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 and so forth. If no Indian families are available; NRS 432B.390 is followed.
- **NOTICE:** If the State determines that a child is a member or may be eligible for tribal membership the tribe must be provided timely notification of its 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 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 regional social 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 is 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 regional Social Workers. The workgroup anticipates completion of the first draft by July 2013. A training plan will be developed to roll-out the policy in 2013 to the three jurisdictions of the state. This training will address the new policy as well as active efforts, inquiry and proper notice.
- **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. Nevada has 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, Fallon Paiute Shoshone Tribe, and the Elko Band

Council and has recently begun working with the Goshute Nation. A series of meetings with Tribal leadership and DCFS have occurred to establish the Memorandum of Understanding during this reporting period: 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 21, 2013 and the Goshute Nation May 22, 2013.

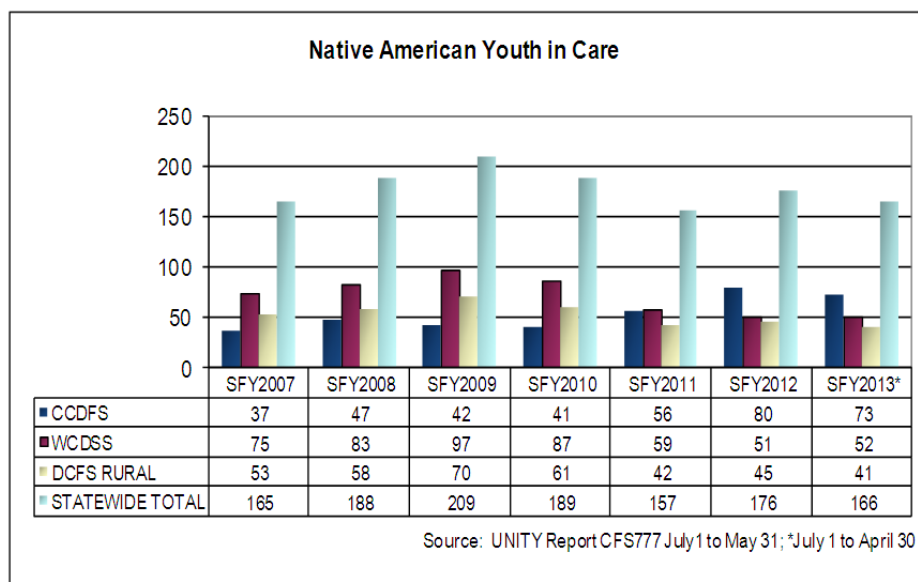
The Washoe Tribe, Reno Sparks Indian Colony, Fort McDermitt, and Walker River Paiute Tribe have expressed an interest to establish an MOU with DCFS. DCFS staff will meet with the Tribes to start the process. The establishment of the MOUs will allow for greater collaboration between the state, tribe, 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 work 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 held ICWA training on 10/31/2012 in conjunction with the Inter-Tribal Council's 47th Annual Convention in Sparks. The training brought together; state, tribal and county social workers through interactive workshops on cross-jurisdictional issues and application of ICWA including a session on the elements of active efforts. DCFS has been invited back to participate in the 48th Annual Convention in the fall of 2013.

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. The Indian Child Welfare Liaison will conduct ICWA training in the local offices of the rural region in Nevada and CCDFS in the fall of 2013.

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 25 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 25: 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 26 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 26: 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: The State 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 focuses 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 to work towards 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 3 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 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 as forty (40) youth in the custody of Clark County Department of Family of Services, thirty (30) youth in the custody of Washoe County Department of Social Services and ten (10) youth in the custody of the Division of Child and Family Services. 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 are showing a positive impact in improving outcomes for these youth, and the child welfare agencies will be exploring the options of expanding the pilot to additional youth and foster families.

Policy Development and Revision

There were no new policies relating to child and family well-being that were under development or revision during this reporting period.

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. **To date 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 is being conducted over a 9-month period of time and consists of a sample size of thirty (30) children/youth, between the ages 5 – 16. Healthy Minds clinicians provide 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 as 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 have 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%

CLARK PLANNED ACTIVITIES FOR THE UPCOMING FY 2014: Funds have been secured to increase the number of participants in the pilot during FY 2014. CCDFS will be moving forward with enrolling additional youth to the pilot during this time period.

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.

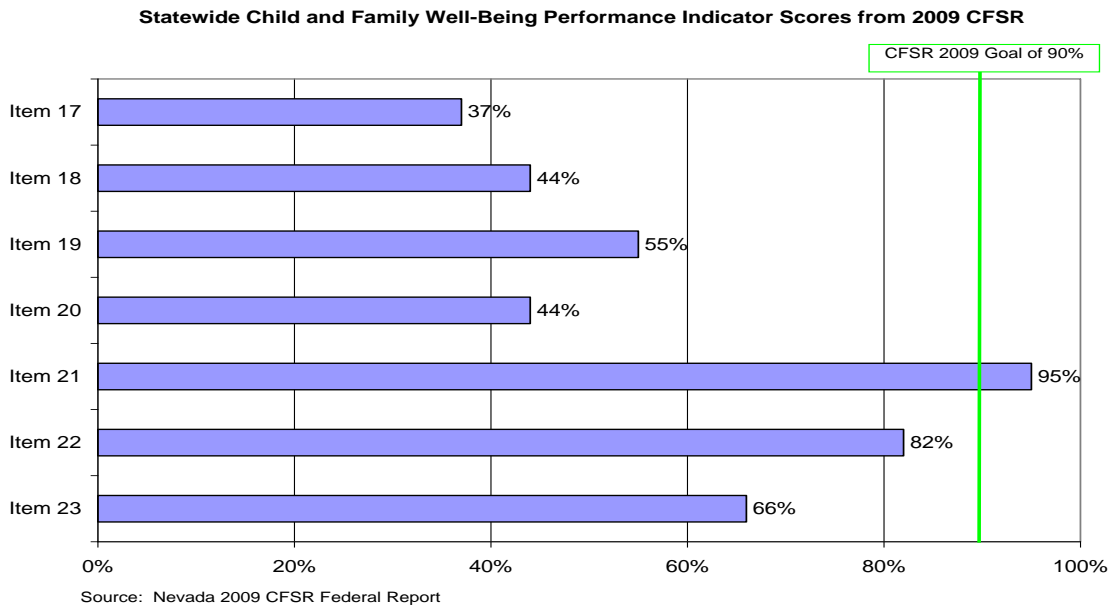
This consultation may identify risk and/or other factors associated with prescribed psychotropic medications and allows for suggestion of an alternative medication and/or no medication if indicated/recommended. Based on the review and presentation the psychiatrist provides a written synopsis of the staffing 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, 5 and under, on mutable psychotropic medications are immediately set for a tele-review with the consulting psychiatrist.

DCFS RURAL REGION PLANNED ACTIVITES FOR THE UPCOMING FY 2014:

A tracking system for all children on psychotropic medication has been developed and refined. Updates are made immediately upon notification of a change in psychotropic medication.

DCFS Rural Region will be expanding the specialized foster care pilot, the IFS services based on new positions, and family support services based on new positions.

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 comprehensive 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 that this information is appropriately documented in UNITY in a minimum of 90% of cases. Table 27 below shows the results from the 2009 CFSR conducted in Nevada.

Table 27: 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.**

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.**

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 28 depicts the CFSR conducted in 2009.

Table 28: 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.**

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. Table 29 below shows the results from the 2009 CFSR.

Table 29: 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

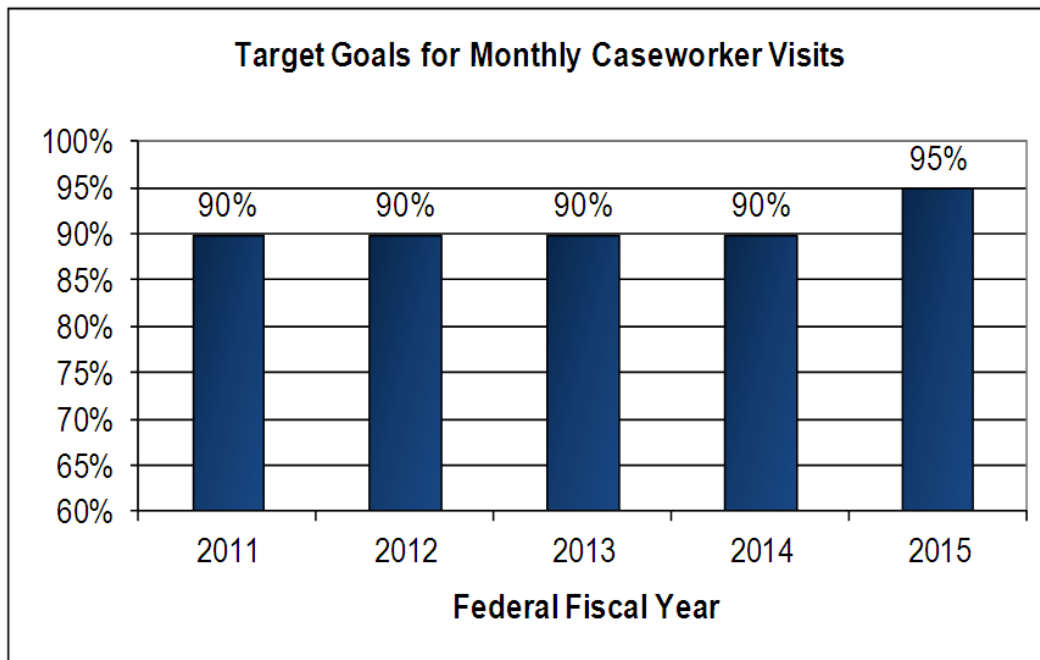
*Unless otherwise negotiated or if exceeds federal requirements

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. **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 19 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.**

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



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 months 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 30 is data using the new federal methodology from October 1, 2012 until May 31, 2013.. While the data does not provide the entire FFY 2013 it does provide some indication of the data to date using the new methodology.

Expected compliance regarding case worker visits with children:

Table 30 illustrates that this continues to be an area needing improvement for Nevada. The current statewide percentage is 86% from October 2012 through May 2013. As mentioned previously the federal expectation for monthly case worker visits is a frequency compliance rate of 90% for FFY 2013.

Table 30 Caseworker visits with children

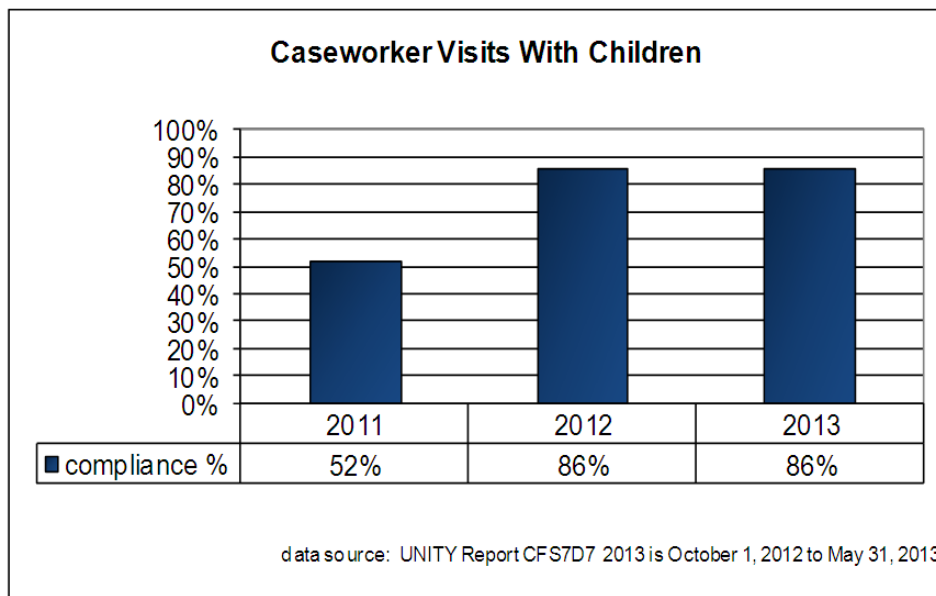
Item 19: caseworker visits with children	Compliance	NV Goal	Goal met
Statewide	86%	90%	No
CCDFS	88%	90%	No
WCDSS	84%	90%	No
DCFS Rural Region	74%	90%	No

Source: UNITY Report CFS7D7 October 1, 2012 to May 31, 2013

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). In FFY 2013 through May 31, 86% of Nevada children in foster care (who were in care for at least 1 full calendar month) were visited by their case worker.

Figure 16 shows the Statewide Caseworker visits with Children over the last two Federal Reporting years FY 2011 and 2012, and a partial Federal reporting year for 2013. (FY 2011 was using a different methodology)

Figure 16 Statewide Caseworker visits with Children



Source: UNITY CFS7D7*Note: data from Oct 2012 to May 2013 is using the new federal methodology

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. Nevada continues to meet this expectation.

Table 31 illustrates Nevada's compliance with this performance item.

Table 31 Caseworker visits in the child's residence

Item 19: visits in child's residence	Compliance	NV Goal	Goal met
Statewide	75%	50%	Yes
CCDFS	76%	50%	Yes
WCDSS	68%	50%	Yes
DCFS Rural Region	83%	50%	Yes

Source: UNITY Report CFS7D7 October 1, 2012 to May 31, 2013

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

Case Review Permanency item 19 continues to be evaluated through annual quality improvement case reviews (QICR). In response to the findings from the 2009 CFSR, on-going QICRs and regular review of UNITY data reports Nevada continues efforts to improve the quality of the caseworker visits with children.

CCDFS

- 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.

WCDSS

- 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.

DCFS 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 95% Club is being established for caseworker contact compliance to recognize caseworkers who accomplish their monthly home visits. The 95% Club members will be announced in the monthly DCFS newsletter beginning FY 2014.
- 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.

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 32 below indicated that Nevada was not meeting this goal.

Table 32: 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.**

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 33). 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 33: 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

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 34: 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

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 35). 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 35: 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.**

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 a strength.
- Systemic Factor E: Service Array and Resource Development
 - This factor was not in substantial conformity with a rating of 2. Item 35 was a 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.
- 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.

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.*

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.

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.

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.

Permanency performance 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.

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

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. 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. This child and family team meeting is facilitated by one of four Coordinators (Managers) in the department. In addition to child and family team members the county district attorney must be 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.

The Nevada 2009 CFSR report rated this item as a 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. In addition, the State plans to develop a reporting mechanism to review the timeliness and quality of hearings for the purpose of providing a continuous quality improvement feedback loop for key stakeholders involved in the process.

Currently, 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 Nevada 2009 CFSR report rated this item as a 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 3, 2013 indicates that Exits to Adoption in less than 24 months is trending positively reflecting that improvement has occurred in the timeliness of adoptions. The national median is 26.8%, and the 75th percentile is 36.6%. The data also indicates that a children are exiting to adoption is 30.7 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”. As previously stated Nevada has shown a great deal of improvement in the Timeliness of Adoptions.

Table: 36 Timeliness of Adoptions

TIMELINESS OF ADOPTIONS DISCHARGED FROM FOSTER CARE Component A:	FFY 2010ab	FFY 2011ab	FFY 2012ab
Exits to Adoption in less than 24 months(national medium 26.8%, 75th percentile=36.6%)	14.6%	18.1%	25.0%
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

Source: CFSR data profile dated 4/3/2013

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

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.*

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.

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

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 goal has two main objectives. The first is that the State will engage in necessary regulation development to ensure quality standards for foster care are updated according to bills passed in the 2011 and 2013 legislative session. The second is that the State will develop a system for evaluating the implementation of the standards for foster care, including a mechanism to provide feedback to key stakeholders; to ensure that children in foster care are provided quality services that protect the safety and health of the children. The second objective is dependent on the outcome of the first. Specifically, it will not be addressed until the regulations are adopted and an evaluation protocol is developed. Therefore, for this reporting period, only the first objective will be addressed in Nevada's effort to reach this goal.

This item refers to quality standards. These standards for foster care fall into several categories including statute, regulation and statewide policy. These categories include child protection and foster care; licensure of foster care homes, residential facilities and foster care agencies; and out-of-state placements. To ensure child protection while in foster care, child welfare agencies must oversee and monitor the placement of children in foster homes or residential facilities pursuant to the Child Protection Statutes (NRS and NAC 432B), Foster Care Statutes (NRS and NAC 424) and statewide policies. These regulations and policies embody elements of quality service delivery, such as the consideration of cultural differences, timeliness, safety, visitation location, placement preference, scheduling of medical, dental and mental health needs. In addition, child welfare staff and child care facilities that provide services to foster children must meet personnel requirements for appropriate licensure and training to work in various positions. Fingerprinting and criminal background checks are mandatory in the State in order to work with children (NRS 432.100). In the 2011 Nevada Legislature AB 536 was enacted and this law requires a background investigation must be conducted every 5 years after the initial investigation for all persons that work or volunteer within a facility that provides residential services to children. Investigations include CANS, local law enforcement and FBI criminal/ fingerprint based check.

Staff must have appropriate supervision and are monitored through regular evaluation of work performance standards. The law and regulations also designate the number of children that may be placed in a foster care home or group home and the physical requirements for the home or facility. These measures are intended to ensure that quality services are provided to children in foster care by child welfare agency staff. The law and regulations designate the number of children that may be placed in a foster care home or group home.

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

In addition, the expectations for a foster parent's care and treatment of a child is contained in regulations (NAC 424.495-.610) where authority is given to the foster parent to administer appropriate discipline and supervision, but limitations are imposed to guarantee the safety and health of the child. The care and treatment of a foster child in care is monitored by the caseworker's monthly home visitation which requires time spent alone with the child. The caseworker and licensing authority work together to cross-report any activity that may impact the safety or health of child in placement. The monitoring of a single foster home or group home setting and a facility follow similar procedures and may involve other agencies or types of expertise as indicated.

During the week of March 14, 2011 to March 18, 2011, the Children's Bureau (CB), in collaboration with the Nevada Division of Child and Family Services (DCFS), conducted Nevada's title IV-E Foster Care Eligibility Review. The findings of that report were provided to the State of Nevada in SFY 2012. A systemic issue relating to "licensing waivers" was identified as needing attention that could impact the future of title IV-E claims.

It was recommend that Nevada review its licensing laws and policies an put in place measures to ensure full compliance with section 471(a)(10) of the Act. A workgroup was convened to address the issue of use of waivers and after review of the Title IV-E review results and research into other states licensing regulations it was determined that the best course of action for Nevada was to revise regulation. Furthermore, Nevada entered into a Title IV-E corrective action plan, and all the requirements necessary to bring Nevada into compliance were resolved, with the exception of those that required

statutory changes. Senate Bill 97 and Senate bill 98 were introduced and enacted during the 2013 Legislative session. These changes have fully satisfied the Title IV-E corrective action plan. Nevada received a letter from ACF on June 19, 2012 confirming approval of Nevada's Title IV-E Plan.

During the last NAC 424 Workgroup (2011/2012) regulations were revised to better address differences between the use of waivers for non-relatives between the three child welfare agencies, DCFS, WCDSS and CCDFS. Language within NAC 424 regulations was revised to address many of the non-safety areas that often resulted in waivers in which to allow for non-relative foster home licenses. These revisions, when enacted, are expected to greatly reduce the use of waivers statewide. Due to the passage of AB348 in the 2013 Legislature, these revisions will be delayed until all other required revisions from new laws have been addressed within NAC 424 and, once again, submitted for approval through the full regulatory process.

The 2009 Nevada CFSR report rated this item as strength.

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.
- Updated Nevada's CQI framework (draft) incorporating the foundational components, and identified plans, strategies and next steps at working towards an enhanced CQI System.
- Nevada is in the process of identifying representatives from the Jurisdictions and other Stakeholders to participate in a newly reorganized Statewide Quality Improvement Committee (SQIC).
- 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.
- Nevada's CQI unit is working on survey development for the collection of qualitative information that will focus on Systemic Outcomes.

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 be 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.

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 37 below illustrates the previous PIP targets and Nevada’s performance as of 2/28/2013. **Nevada has met the required PIP Case Review targets.**

Table 37 PIP data of QICR Performance Targets

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

*Rolling four quarter data as of 2/31/2013

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. Most recently and on June 10th, 2013 Casey Family Programs provided data training to approximately 40 state staff. Furthermore, two staff members from DCFS will be attending 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 Legislative Session SB447 was passed. The purpose of this bill was 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:

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 will be reviewed at each meeting in FY2014.
 - The department is working to implement an enhanced safety model known as the Safety Intervention Permanency System (SIPS).
 - QA/QI staff will be working with Action for Child Protection to conduct fidelity reviews designed to evaluate the SIPS implementation.

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.
- Mini Case Reviews/Coaching: Associated with the ongoing training and coaching of agency staff around the SAFE model, WCDSS is developing a targeted case review approach to highlight areas of needed improvement from earlier case reviews or practice observations occurring during 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.

- WCSDD continues the Casey Family Program Permanency Roundtables to target all youth in care longer than 12 months.

DCFS Rural Region:

The Rural Region QA Unit has been redefined, and is now providing significant training and mentoring component to workers in the field that has never formally occurred before. QA staff are working side-by-side with case workers in the field to demonstrate the efficacy of the SAFE model. The QA Unit's primary focus has been on identifying those case workers and supervisors struggling to incorporate the SAFE Model into their daily practice. Case workers with exceptionally high caseloads due to lingering open investigations have been targeted for QA review. The outcome of the reviews has been provided to the supervisor and worker and a plan devised to resolve the backlog of stale cases is implemented and monitored through completion. This is a time of great transition for DCFS as the SAFE Model is implemented. The flexibility given to the QA Unit on how to best serve the region has begun to produce positive results. In February 2013, the QA Unit participated in the PIP QICR process with the State agency's Family Programs Office wherein fourteen cases were reviewed.

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 deliver these services.*

The main objective under this item is to ensure that Nevada's child welfare workforce has a strong training system. To meet this objective, the State, through the collaboration with the Training Management Team (TMT) and use of the Nevada Partnership for Training (NPT) Reports System, will ensure that all new staff receives the required Nevada New Worker Core Training within the required timeframes, and ensure that an appropriate remediation plan is in place with the Child Welfare Agencies. This objective is being met. The State has ongoing contracts with both of the two in-state universities. One of the contracted activities was the collaborative development of a three year training plan with annual updates to address the needs of initial worker training in Nevada. The final plan was presented to the Statewide Decision Making Group (DMG) in the latter part of 2010 and approved in 2011. Nevada's Child Welfare Training Strategic Plan outlines the infrastructure for the Training Delivery System and includes 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 Nevada Partnership for Training, and agency members of the Training Management Team have voiced their satisfaction with the process.

Over the past several years, Nevada has been focused on developing a strong new worker core curriculum. 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. In the past year, two sessions of New Worker Core were offered by University of Nevada Reno (UNR) in the northern part of the state and three sessions will be completed by University of Nevada Las Vegas (UNLV) in the southern part of the State by the end of the fiscal year. 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 Nevada Partnership for Training. Table 38 shows the total number of individuals trained since January 2009. All participants provide feedback about trainings. One method of evaluation used is the satisfaction survey. The Semi-Annual NPT Report for SFY 2013 indicated that participant satisfaction ratings of workshop content and trainer competencies continues to be rated high.

Ongoing tribal collaboration and coordination efforts resulted in several tribal child welfare workers and contract providers participating in part or all of one cycle of New Worker Core as was seen in past years.

Table 38: 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
TOTAL	150	56	74	13	7	300

There are currently several components of the Nevada New Worker Core that are available online. The Nevada Partnership for Training 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) Activities 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 attend the in-person portion and online portion of the Nevada New Worker Core upon hire. Table 39 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 39: Ongoing Online Nevada New Worker Core Courses Offered in SFY 2013

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	2	80	7	13	N/A	N/A	100
Nevada New Worker Core OJT Activities Modules 1 - 5	2	30	7	13	N/A	N/A	50

A final objective for this item focuses on quality assurance for training. Specifically, through the collaboration with the Training Management Team and use of the Nevada Partnership for Training Reports System, 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. This objective is currently being met. The Nevada New Worker Core Curriculum was

updated in the fall of 2009 by UNLV staff to ensure up-to-date content and format. In addition, a new evaluation protocol was developed by UNLV to revise the pre and post-test materials to reflect questions that more accurately fit the curriculum. Embedded skills activities and evaluation protocols were also reviewed and revised based on feedback from participants in the training and agency partners. In addition, when any statewide policy that is also a part of the Core curriculum is updated, either UNR or UNLV staff review the curriculum and make the appropriate adjustments to ensure that the material is always reflective of current practice. UNR updated the curriculum this year to reflect the updates in policies during this year.

During the past year, UNR has revised New Worker Module III to reflect changes to the Nevada Initial Assessment (NIA) being implemented in WCDSS as well as Rural DCFS. CCDFS will be implementing this new assessment model during SFY 2014.

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

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 State, through collaboration with the Training Management Team 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. During the fourth quarter of SFY 2013, UNR will be revising the Ethics online courses in order to meet Nevada Board of Social Work Examiners requirements of having new Ethics courses available for social workers every two years. During this same time frame, UNLV will be revising the face to face Ethics courses as well. Currently, Ethics and Liability for Child Welfare Workers, ICWA and a course on Mandated Reporters are available online at the Nevada Partnership for Training (www.nvpartnership4training.com) website. Mandated Reporter Training was also updated and expanded. The courses are available to anyone in the community on a 24 hour, 7 day per week basis. Continuing education credits are available for these on-line classes. Table 35 shows the total participation in all online courses this fiscal year by agency.

Table 40: Ongoing Online Child Welfare Courses Offered in SFY 2013*

Course Areas of Concentration	Clark	Washoe	DCFS	Other	Statewide
Mandatory Reporting	5	4	13	68	90
ICWA	2			6	8
Ethics	4		2	16	22
Total	11	4	15	90	120

*Data ending May 1, 2013

The second objective for this goal was that the State, through collaboration with the Training Management Team 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:

- Recognizing and Evaluating the Impact of Substance Abuse on Child Welfare Practice and Families (Addiction 101,201 and 202)
- 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

An ongoing challenge for Nevada is a shortage of resources and the large rural areas of the state, making rural child welfare and stakeholder participation challenging. During the SFY 2012, the University of Reno 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. A total of two (2) Specialty Core Classes were presented to rural child welfare staff utilizing this technology during the past year. This technology has allowed the UNR training team to provide real-time, face to face trainings to the staff in the DCFS Rural Regions without requiring travel to a central location. Due to the success of the Wimba offerings in the rural region and at the request of rural child welfare workers, UNR also offered a Wimba presentation of Child Welfare Ethics and Liability again this past year.

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 training needs will be identified and prioritized for development of additional curricula. As a result of the Needs Assessment, UNLV developed curriculum for a Children's Mental Health Specialty Core with an Emphasis on Attachment and Trauma in SFY 2012. Trainings on LGBTQ Youth & Child Welfare and Domestic Minor Sex Trafficking and Child Welfare were developed during SFY 2013. In addition to these courses, UNR developed a course specifically to address the legal challenges involved with family engagement. This course will be piloted in June, 2013 as well. More detailed information, to update the training plan, for these three trainings is provided below.

Table 41 shows the total number of Specialty Core and Intermediate trainings offered, and Table 42 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.

Table 41: Ongoing Specialty Core Trainings Offered in SFY2013*

CLASS TITLE	CCDFS	WCDSS	RURAL	WIMBA	TOTAL
	UNLV	UNR			
NV Supervisor Mod 1	1				1
NV Supervisor Mod 2	1				1
NV Supervisor Mod 3	1				1
NV Supervisor Mod 4	1				1
NV Supervisor Mod 5					0
NV Supervisor Mod 6					0
Searching for Heroes: Engaging Families with an Emphasis on Non-Resident Father Engagement	2	3			6
Addictions 101	3		2		5
Addictions 201	1		1	1	3
Addictions 202			2		2
Child Sexual Abuse 101	1				1
Child Sexual Abuse 201	2		1		3
Child Sexual Abuse 202	2		1		3
Domestic Violence 101	2		1		3
Domestic Violence 201	1				1
Domestic Violence 202					0
Child Mental Health - Trauma & Neurodevelopment	2		2		4
Child Mental Health - Recognizing the Signs & Symptoms of Child/Adolescent Mental Health Issues	1		2		3
Child Mental Health - Working with and Caring for Children with Trauma and Mental Health Issues	1		2		3
Mental Health 101	2		1		3
Mental Health 201			1	1	2
Mental Health 202			1		1
Spirit of Motivational Interviewing	3		4		7
Motivational Interviewing Skills A			1		1
Motivational Interviewing Skills B			2		2
LGBTQ Youth & Child Welfare	1				1
Ethics and Liability Child Welfare - In Person	2		1	1	4
Ethics and Liability Child Welfare - ONLINE					Online
ICWA – ONLINE					Online
Mandated Reporter * - ONLINE					Online
TOTAL	30		29	3	62

Table 42: Ongoing Specialty Core Participants in SFY2013*

CLASS TITLE	CCDFS	WCDSS	RURAL	FPO	CMH	JJC	OTHER	TOTAL
NV Supervisor Mod 1	7							7
NV Supervisor Mod 2	9			1				10
NV Supervisor Mod 3	8							8
NV Supervisor Mod 4	10							10
NV Supervisor Mod 5								0
NV Supervisor Mod 6								0
Searching for Heroes: Engaging Families	5	10	9	2		1	28	55
Addictions 101	48	6				1	48	103
Addictions 201	2	2			1	3	24	32
Addictions 202		8	1		1		26	36
Child Sexual Abuse 101	13	7			2		6	28
Child Sexual Abuse 201	2	5			1		27	35
Child Sexual Abuse 202								0
Domestic Violence 101	41	10		1			18	70
Domestic Violence 201		4					11	15
Domestic Violence 202								0
Child Mental Health - Trauma & Neurodevelopment	17	14	2	2	3		31	69
Child Mental Health - Recognizing the Signs & Symptoms of Child/Adolescent Mental Health Issues	7	15	3	3			15	43
Child Mental Health - Working with and Caring for Children with Trauma and Mental Health Issues	8	12	3	2	4		19	48
Mental Health 101	8	2			3		45	58
Mental Health 201		1	1		2	3	13	20
Mental Health 202		4				1	14	19
Spirit of Motivational Interviewing	17	17	12	2	15	2	71	136
Motivational Interviewing Skills A		4	7		10	1	13	35
Motivational Interviewing Skills B		4	7		13		10	34
LGBTQ Youth & Child Welfare (Pilot)	9			1	2		8	20
Ethics and Liability Child Welfare - In Person	38	3	5	1	1		13	61
TOTAL	249	128	50	15	58	12	440	952

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

New Trainings (Updates to Training Plan)

Child Mental Health: Trauma and Neurodevelopment

This course provides a basic overview of neurodevelopment in children and how such development is impacted by trauma. The course begins by discussing what trauma is and what types of experiences are experienced as traumatic, and then explores the relationship between trauma and neurodevelopment and specifically, how the brain develops and works to fully grasp this relationship. The course concludes with an examination of complex trauma and how the response of child welfare agencies impacts the child's trauma.

Competencies:

- Participants demonstrate an understanding of how developmental level affects a child's perception of events, coping strategies and physical and psychological responses to stress and trauma.
- Participants can describe how attachment, separation, and placement affect a child and how these experiences may influence a child's physical, cognitive, social and emotional development.
- Participants can identify how his/her casework practice and/or agency culture can contribute to the stigmatization of traumatized children and adolescents.

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

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 day of training).

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

Child Mental Health: Recognizing the Signs and Symptoms of Child/Adolescent Mental Health Issues

This two day training provides an overview of child/adolescent mental health issues, including the main categories of mental health disorders commonly found in children and adolescents, as well as how children and families are impacted by these mental health issues. Training emphasizes the importance for Child Welfare Professionals to continuously assess risk and safety threats related to child/adolescent mental health issues throughout the case process so that they can learn how and when to intervene to ensure a child/adolescent's overall safety, permanency and well-being.

Competencies:

- Participants will demonstrate an understanding of common emotional disorders of children and the behavioral indicators and dynamics of these disorders to include depression, bipolar disorder, reactive attachment disorder, post-traumatic stress disorder, separation anxiety disorder, generalized anxiety disorder, obsessive compulsive disorder, oppositional defiant disorder, conduct disorder, and eating disorders.

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

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.

Child Mental Health: Working with and Caring for Children with Trauma and Mental Health Issues

This course begins by considering the experience of living with a child who has been traumatized and/or has a mental health issue, and then explores helpful strategies for professionals and caregivers in working with this vulnerable population. The use of psychotropic medications to treat and manage children's mental health issues is discussed along with the concerns in the use of these medications. The course concludes with a discussion of how to collaborate with mental care professionals.

Competencies:

- Participants will demonstrate an understanding of how developmental level affects a child's perception of events, coping strategies and physical and psychological responses to stress and trauma.
- Participants will be able to describe how attachment, separation, and placement affect a child and how these experiences may influence a child's physical, cognitive, social and emotional development.
- Participants will be able to identify how his/her casework practice and/or agency culture can contribute to the stigmatization of traumatized children and adolescents.

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

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 day of training).

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

Lesbian, Gay, Bisexual, Transitioning, and Questioning/Queer (LGBTQ) Youth and Child Welfare

The purpose of this training is to provide an overview to the participants on the issues faced by LGBTQ youth in out-of-home care and LGBTQ cultural competence. Additionally, participants will identify the unique issues and challenges facing LGBTQ youth in out-of-home care, and their parents, other caregivers and service providers. Participants will learn how to assist child welfare service providers in addressing these issues with children and youth, their parents, other caregivers and colleagues.

Competencies:

- Develop strategies to balance personal views and professional responsibilities regarding LGBTQ youth.
- Increase confidence and competence in discussing sexual orientation and gender identity issues.
- Identify strategies to support youth and families/caregivers in adjusting to sexual orientation diversity and gender variance.
- Identify resources for LGBTQ youth, their families/caregivers, and service providers.

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

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 day of training).

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

Domestic Minor Sex Trafficking and Child Welfare

Domestic minor sex trafficking (DMST) is a violent and horrific crime. Nevada has as one of the highest numbers of sexually trafficked minors. Many DMST victims are youth that come in contact with the child welfare system and/or runaways with a history of physical and sexual abuse in the home or the extended family. This training pilot begins by discussing the terms, language and laws that define DMST, and then explores the vulnerabilities that put child welfare youth at risk for becoming victims. Additionally, the indicators of DMST victimization are reviewed along with the tactics that traffickers/pimps use to recruit their victims.

Competencies:

- Participants will become familiar with human trafficking terms, language, and laws.
- Trainees will understand that youth in the child welfare system have vulnerabilities that put them at risk for becoming victims of domestic minor sex trafficking.
- Participants will become aware of the tactics that traffickers/pimps use to recruit and create “trauma bonds” with DMST victims.
- Trainees will be aware of the resources, service providers, and referral process for youth that are victims of DMST.

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

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 day of training).

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

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

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 a 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 the 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

In CCDFS beginning January 2011, the Relative–Kinship pre-service training underwent a review process to incorporate the Caring for Our Own & PS-MAPP models to revise and enhance program services. The implementation of the new curriculum has been successful with positive feedback into a final version over the reporting period.

Table 42 depicts the Foster and Adoptive Parent trainings provided by all three child welfare agencies during the FFY 2013 reporting period.

Table 42: Advanced Foster and Adoptive Parent Training

CCDFS Foster Parent Trainings

Training Offered by:	Title of Training	Number of times offered	Total Hours Offered	Total Participants
CCDFS Licensing	P-S MAPP English	17	522	369
CCDFS Licensing	P-S MAPP Spanish	1	30	20
CCDFS Licensing	Relative-Fictive Kin	18	540.5	675
Total Trainings offered/Total participants		36	400	2063
Source: Agency Reports July 1, 2012 – May 22, 2013				

WCDSS Foster Parent Trainings

Training offered by:	Title of training:	Times offered:	Total hours offered:	Total participants:	Date
Marynne Aaronson	Change , Loss and Letting Go		2 credits	17	7/23/2012
En Soul Salon	African and American Skin and hair care	2	2 credits	10	8/6/2012
Renee Reveles NEIS	Infant Mental Health	1	2 credits	18	8/15/2012
Whitney Pomi	Chronic diseases of Early childhood		2 credits	12	9/10/2012
Judy Shumway	Kids Computers and Safety I	2	2 credits	16	9/17/2012
Judy Shumway	Kids, Computers & Safety II		2 credits	15	9/19/2012
Kevin Quint	Dysfunctional families	4	2 credits	12	10/8/2012
Cile Cogburn	Life books		2 credits	7	11/5/2012
Linaman	Have you been thinking of adopting part I	2	2 credits	12	11/7/2012
Linamam	Thinking about adoption Part II		2 credits	6	12/12/2012
Kevin Quint	Recovery from Addiction	1	2 credits	33	1/14/2013
Linaman	Adoption Part III	1	2 credits	11	1/23/2013
Judy Shumway	Computers what they can do what they can't		2 credits	7	2/21/2013
Roni Branson	DV and the impacts on children		2 credits	9	2/28/2013
Stevens	foster parent support group / train		1 credit	33	2/21/2013
Stevens	foster parent support group / train		1 credit	36	3/13/2013
Dan Mills adoption exchange	Supporting Permanent connections		5 credits		3/20/2013
Dan Mills adoption exchange	Helping Children Cope		3 credits		3/20/2013
Dan Mills adoption exchange	Connecting Children and you		3 credits		3/21/2013
Dan Mills adoption exchange	Effective Matching Practices		3 credits		3/21/2013
Stevens	foster parent support group / train		1 credit	37	4/10/2013
Carter-Hargrove	Question and answers		1 credit		4/17/2013
Kevin Quint	Recovery Panel Addiction and Co-Dependence		2 credits	10	4/22/2013
En Soul Salon	African and American Skin and hair care		2 credits	5	4/29/2013
Stevens	foster parent support group / train		1 credits	33	5/8/2013
Patton	Safe Sleep		2 credits		5/13/2013
QPI	Quality Parenting Initiative Part I	1	1	5	10/3/2012
	Quality Parenting Initiative Part II	1	1	53	10/23/2012
	Quality Parenting Initiative Part III	1	1	46	11/13/2012
	Quality Parenting Initiative Part IV	1	1	24	12/11/2012
	Quality Parenting Initiative Part V	1	1	45	1/22/2013
SAFF	Health and Happiness	1	1.5	19	3/13/2013
SAFF	Caring for Children	1	4.5	13	1/23/2013
SAFF	Holidays in Foster Care	1	3.5	12	
SAFF	Educating Youth in Foster Care-Reunification	9	4	91	2/13/2013
SAFF	Public and media Perception of Foster Care	2	2	22	
SAFF	Positive Discipline	1	2	12	4/20/2012
SAFF	Working Together for Reunification	1	2	3	7/11/2012
Total Trainings offered/Total participants		34	77.5	684	

Source: Agency Reports July 1, 2012 – May 31, 2013

DCFS Rural Region Foster Parent Trainings

Training Offered By	Title of Training	Date	Total Hours Offered	Total Participants
DCFS contractors	P.R.I.D.E. Training	7/2012 – Carson City	27 hours	7
		9/2012 – Carson City	27 hours	10
		11/2012 – Carson City	27 hours	18
		2/2013 – Carson City	27 hours	17
		3/2013 – Carson City	27 hours	8
		4/2013 – Carson City	9 hours	2
		6/2013 – Carson City	27 hours	Has not occurred yet
		9/2012 – Elko	27 hours	9
		10/2012 – Elko	27 hours	12
		11/2012 – Ely	27 hours	2
		11/2012 – Caliente	27 hours	5
		1/2013 – Elko	27 hours	12
		3/2013 – Elko	27 hours	7
		6/2013 – Elko	27 hours	Has not occurred yet
		2/2013 – Winnemucca	27 hours	10
		8/2012 – Fallon	27 hours	10
		9/2012 – Fallon	27 hours	19
		12/2012 – Fallon	9 hours	6
		1/2013 – Fallon	27 hours	15
		4/2013 – Fallon	27 hours	25
		8/2012 – Pahrump	27 hours	6
		10/2012 – Pahrump	27 hours	9
		3/2013 – Pahrump	27 hours	6
		5/2013 – Pahrump	27 hours	Has not occurred yet
Collaborative effort between DCFS & 6 th Judicial District Youth & Family Services	P.R.I.D.E. Training	3/2013 – Lovelock	27 hours	2
		4/2013 – Winnemucca	27 hours	8
		5/2013 – Battle Mountain	27 hours	Has not occurred yet
Total Trainings offered/Total participants			693 hours	225 participants

Source: Agency Reports July 1, 2012 – May 31, 2013

The 2009 Nevada CFSR report rated this item as strength.

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 Health Division, the Welfare and Supportive Services Division, the Head Start Collaboration office, the Early Childhood Systems office, the Division for Aging and Disability Services (Early Intervention, Part C), the Office of Suicide Prevention, 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 to Family Connection, Family Resource Centers (FRC), Differential Response, Fund for a Healthy Nevada, 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 provide information, referrals, and case management to at-risk families. FRCs collaborate 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: CCDFS Department of Family Services, WCDSS Department of Social Services, and the Division of Child and Family Services. Dedicated DR staff in 13 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.

Nevada's Children's Trust Fund (CTF) contains state and federal CBCAP funds and a majority of the CTF funds are awarded through a competitive process. The 15 programs that received CTF funding in SFY12 provided primary and secondary child abuse prevention activities that supported and strengthened families through parenting classes and a respite program. GMU grant managers provide oversight to the funded programs through review of program and fiscal reports and site visits.

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.

Assembly Bill 155 was passed during the 2013 Nevada Legislature which deletes a provision in NRS 432B that requires an immediate investigation when the report concerns the possible abuse or neglect of a child who is five years of age or younger. The deletion of this provision will allow Differential Response workers to accept reports of environmental neglect or improper supervision when children five years of age or younger are in the family. Child Welfare staff have advocated for this change since families with these reports have a better chance of changing behavior and maintaining improvements when a DR assessment instead of a CPS investigation is conducted. DR staff has the ability to spend more time with families and see improved outcomes.

Table 44 depicts the most current data concerning Nevada's Differential Response (DR) Program.

Differential Response

Table 44 Nevada Differential Response (DR) Program Report for SFY 2013

	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 Current Status 7/1/10 – 3/31/13			
Number of DR programs	2 (Las Vegas)	7 (4 Las Vegas, 2 Washoe, 1 Elko)	12 (5 Las Vegas, 2 Washoe, 5 Rural)		13 (5 Las Vegas, 2 Washoe, 6 Rural)			
Number of Community Based DR Staff	4	16	23		23.5			
Total number of Families Served by DR 2/28/07 – 3/31/13: 5,399								
	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 – 3/31/13	Total 2/28/07 – 3/31/13
Cumulative Number of Families Referred to DR from CPS	90	362	912	1,053	1,137	1,234	1015	5,803
Number of Cases returned to CPS	16	66	147	76	44	47	8	404
Number of cases closed	33	247	665	906	1,135	1,175	934	5,095

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 – SFY13
July 1, 2012 – March 31, 2013**

Program	Budgeted DR Staff	Number of cases carried forward from SFY 12	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	23	75	0	82	16
Las Vegas – East East Valley Family Services FRC	2	21	90	0	80	31
Las Vegas – Central East Valley Family Services FRC	2	23	101	0	96	28
Las Vegas – North Olive Crest FRC	2	17	101	2	84	32
Las Vegas – West Boys and Girls Club of LV FRC	2	29	105	1	97	36
Total Clark	10	113	472	3	439	143
Washoe FRC	2	20	69	1	64	24
Washoe Children’s Cabinet*	4	35	141	1	134	41
Total Washoe	6	55	210	1	198	65
Elko Family Resource Center of Northeastern NV	2	4	90	1	73	20
Lyon, Pershing, Mineral Lyon Co. Human Services FRC	2.5	18	90	0	76	32
Churchill FRIENDS FRC	1	10	58	0	59	9
Carson City/Douglas Ron Wood FRC	1.5	17	58	1	54	20
Pahrump/S. Nye East Valley Family Services FRC	.5	11	37	1	35	12
Total Rural	7.5	60	333	3	297	93
Total State	23.5	228	1015	8	934	301

*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 meets quarterly. Prior to each funding cycle, representatives from each child welfare agency work with management 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.

Services to Populations at greatest risk of maltreatment:

During this reporting period CCDFS has determined their priority service needs to be (these will be used to determine funding during the upcoming 3 year funding cycle of Title IV B, Subpart II):

- 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 has been working with community partners in areas where there are high removal rates. They have begun to reach out to faith-based organizations to assist these families in crisis. CCDFS hopes that they will be able to work collaborative with these organizations and others to reduce the risk of maltreatment in these areas by providing families with supportive services.

During this reporting period **WCDSS** developed a survey which was distributed to the county's child welfare staff to identify child and family priority service needs as well as funds that could be used to support case planning and service delivery. Based on this survey WCDSS has identified the following priorities:

- 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 reports that data mining for PII found that children at greatest risk of maltreatment included caregiver substance abuse, single parent family, parental incarceration and homelessness. WCDSS expends 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 serving up to 20 families with serious mental health diagnosis. As mentioned previously, WCDSS aggressively addressed child safety this year resulting in improved fidelity to the SAFE model. Additionally, WCDSS began reviewing information through Chapin Hall data center to further understand outcome trends.

During this reporting period in the Rural Region, the Rural Management Team (RMT) consisting of child welfare managers, supervisors, clinical manager, rural region manager, rural specialist and quality assurance supervisor meet twice yearly 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:

- 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 our budget we will be able to reallocate IVB 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 is exploring 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. Nevada uses a three year funding cycle. The Title IV-B, Subpart 2 grantees are in the last year of the funding cycle. The amended definitions of Family Support Services as well as Time-Limited Reunification will be included in the SFY13 Request for Proposals. During the pre-application process, informational webinars will include information about the newly allowed service definitions.

Family Preservation Services:

Family Preservation Services programs are characterized by high intensity, immediately accessible treatment and ancillary services for at-risk children and families. The goals of Family Preservation Services' programs are to reduce the risk of child abuse/neglect and thus eliminate unnecessary out-of-home placement of children and to strengthen the family to better care for the developmental needs of their children. Program staff provides crisis intervention, clinical assessment, and family preservation services to a protective services population in following counties and communities: WCDSS, CCDFS, Elko County, Douglas County, Mineral County and Carson City.

CCDFS utilizes an array of prevention services to help children at risk of abuse and neglect 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.

WCDSS family preservation services include 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 is available 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 are available in addition to mental health assessments and services.

Family Resource Centers and rural community providers receiving IV-B funds are 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 is 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 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 also has four full-time 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 is an ongoing challenge in rural Nevada. Other services utilized by the Rural Region include 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 in nine sites throughout the state for over 11 years – Las Vegas, Mesquite, Pahrump, Elko, Fallon, Carson City, Hawthorne, Wells and Reno. 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 that 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.

Family Support services in CCDFS include 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 include 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 include 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 White Pine County, Elko County, Churchill County and Carson City. In-home services include nutrition, housekeeping and developmentally appropriate parenting for children of all ages.

Time-Limited Reunification Services:

Funded programs that provide Time-Limited Reunification services in CCDFS include 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. Services are available in English and Spanish. Services 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 include 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 include 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.

Funding for Adoption Promotion and Support Services allow 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 Accurint, 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 were 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.

Adoption Promotion and Support Services funding to sub-grantees in WCDSS and the Rural Region enhance 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.

Washoe's Adoption Program and the CCDFS CAC continue 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 45: Title IV-B Subpart 2 Grantees by Funding Category and Region for SFY 2013

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				
Children's Cabinet, Incline Village	✓			
Children's Cabinet of Reno	✓	✓		
Family Counseling Services, Reno			✓	✓
Sierra Association of Foster Families, Reno			✓	✓
STEP 2, Reno	✓		✓	
WCDSS FRC Coalition, Reno	✓	✓		
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	✓			
No to Abuse, Pahrump	✓	✓	✓	✓
Ron Wood FRC, Carson City	✓			
Sierra Association of Foster Families			✓	✓
Wells FRC, Wells	✓	✓		

CCDFS: 2,828 families, 7,531 individuals, 8,313 children, 531 persons with a disability and 2,051 single heads of household were provided the services listed below through the agencies funded in CCDFS in SFY 2013:

- 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: 4,512 families, 16,687 individuals, 8,313 children, 530 persons with a disability and 2,283 single heads of households were provided the following services during SFY 2013 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: 332 families, 652 individuals, 511 children, 64 persons with a disability and 124 single heads of households were provided the following services during FY 2011 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 the 2010 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 in 2010, by agency, included (see above for 2012/2013 priority needs):

- 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 are funded to provide family preservation, family support, timely reunification and/or adoption support services. Representatives from the state, Washoe, Clark 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 meets quarterly to discuss service needs, barriers to access, and opportunities for improvement.

Several initiatives have seen ongoing progress over the last fiscal year. 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 CFSR Family Resource Centers, especially those in the rural counties, have built infrastructure, are receiving additional funding, and have expanded the array of available services.
- During the 2011 Legislative session, legislation was passed requiring that a juvenile court refer a child to an attorney when the child is 17 years of age if child is not likely to be returned to the custody of a parent before reaching 18 years of age. The attorney will assist the child in deciding whether to remain under the jurisdiction of the court. If the child decides to stay under court jurisdiction the child welfare agency and the child enter into a transition plan with oversight by the juvenile court until the youth reaches the age of 21.
- 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 been working with the University of Nevada, Reno School of Medicine to develop 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 allows 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.
- A Child Advocacy Center (CAC) was developed in Nye County. Due to the rural nature of Nye County, no physician exists within a two-hour commute of the CAC; therefore, the alternative chosen is a telemedicine link to a physician located in another part of the state to assist with the exams. The exam is then recorded on a DVD which is submitted as evidence.
- A variety of additional training opportunities were provided, outside of the Nevada Partnership for Training Child Welfare Training Program during this reporting period. 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.

- During the 2011 legislative session, funding was allocated from fees collected from those registering for Medical Marijuana to provide substance abuse treatment to families referred by child welfare. 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. Although funding has decreased, services continue to be provided throughout the state.
- Since the previous CFSR, WCDSS embedded a domestic violence advocate into the Child Protection Unit (CPS), through federal funding, to address domestic violence issues identified during the investigation process. The Advocate can facilitate and link victims of domestic violence who are involved with the child welfare system to appropriate services and support them through their involvement with the legal system related to the domestic violence. This project was so successful that a second advocate was added in a subsequent year. This project continued in this fiscal year.
- 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.
- During the past year, 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 utilized 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 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, 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, recruitment services and
- Differential Response in Nevada was first implemented as a pilot program in two Las Vegas Family Resource Centers beginning in February 2007. In 2008, the program was expanded to include Elko (1 location) and Washoe (2 locations) Counties and two additional centers/service areas in CCDFS (total of 4 locations). The program was further expanded in 2009 to include: Carson City, Lyon County, Storey County, Churchill County and Nye County. This structure continued for Differential Response during the current reporting period.
- During the past year, 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.
- The Division's Grants Management Unit (GMU) has implemented an online reporting system that is used by providers and the Division to track performance indicators, client utilization and demographics.

Services for Children under the age of five:

The number of children under the age of five in foster care projected to be foster care in FY 2014 as compared to FY 2013:

- CCDFS reports a total of 1664 children under the age of five to be in foster care for FY 2013 as compared to a projection of 1366 children for FY 2014.
- WCDSS reports the number of children has grown from 480 the previous year FY2012 to 552 for FY 2013. WCDSS is analyzing the trend including recent development in hearings being set for trials and delays in service acceptance on advice of parent counsel. However, it is not anticipated the trend will continue upwards for FY 2014
- The DCFS Rural Region anticipates the number of children under age 5 will decrease by 5% as implementation of the SAFE model practice progresses and fidelity is reached. The approximate number of children under the age of five in foster care for the past two years exceeded two hundred and fifty. The numbers for FY 2011 was slightly lower than those of FY 2012. In FY 2013, there were approximately two hundred and fifty six.

The method the Agency uses to identify and follow these children to ensure oversight of age-appropriate services (e.g. specialized data reports, staff assignments to these cases, and other oversight mechanisms):

- Nevada has made efforts to provide developmentally appropriate services to foster children. UNITY contains and tracks basic demographic and individual characteristics of foster children. Some of the demographics tracked are visually or hearing impaired, physically disabled, emotionally disturbed, mental retardation, and other diagnosed condition are a number of the identified characteristics captured in UNITY. Gender, race and ethnicity are additional demographic information gathered.
- CCDFS continues to work in collaboration with NEIS and Child Find to assist in recognizing the developmental needs of infants and toddlers to promoted well-being and assess developmental delays. The Department has developed two in-home specialized units that are assigned to cases where the primary victim is under the age of five. This has assisted in promoting permanency for these youth. In FY 2014 CCDFS will be moving to specialized permanency units that will service those primary victims under the age of 5. By moving in this direction they will be able to promote and expedite the permanency of these children.
- WCDSS reports Oversight mechanisms include continued formal staffing at milestone markers independent of the court (120 day, 9 month, and 15 month). Supervisors review monthly reports including children placed home with parents to determine case status appropriateness. Children placed into care are required to have an Early Periodic Screening Diagnosis and Treatment (EPSDT) assessment which assesses for child needs.
- WCDSS request reports on all children in care to allow for monitoring of children 5 and under.
- DCFS Rural Region reports that Intensive Family Services (IFS) clinicians have been trained to conduct specialized assessments for youth ages 0-3 to determine needs, and assist in treatment planning.
 - Any child, including this age group, placed in higher level of care are assigned a clinician to monitor their progress in treatment and make on-going treatment recommendations are staffed weekly at our Placement Review Team meeting help ensure that appropriate services are being provided. Notes from these meetings are placed into Unity.
 - Rural clinical staff attends all Child and Family Team meetings to provide clinical feedback for staff and family.

The demographics and characteristics of the identified children:

- CCDFS reports the following demographics for children five and under.

**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				

**Under Age 5: FY 2014 Projected
1366 Total Children**

Race	Child Count	Ethnicity	Child Count	Gender	Child Count
African American	394	Hispanic	337	FEMALE	646
Asian/Pacific Islander	20	Non-Hispanic	856	MALE	720
Caucasian	818	Unknown	173		
Multi-Racial	121				
Native American	8				
Unknown	5				

- WCDSS reports the following demographics for children five and under.
Of the 552 children as of 5/20/13, approximately 16% were African American, 5% Native American Indian, less than 1% Asian, 77% Caucasian, and 1% Native Hawaiian Pacific Islander.
- DCFS Rural Region reports the following demographics for children five and under.
Of the 256 children for FY 2013 approximately 50.4% were male and 49.6% were female, 79.4% were Caucasian, 9.3% were Hispanic, 6.8% Native American Indian, 3% African American, 0.7% were Native Hawaiian Pacific Islander, and 0.6% Asian

Changes or updates to the targeted services provided to these children to find a permanent family and how they address 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 development 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 DCFS Rural Region caseworkers 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 to search for absent parents and/or relatives is set to occur in the next 30 days.
- A 30 day, removal letter template was developed and is expected to be 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 FRC) 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.

Changes or updates to the approach that have been developed for working with this group of infants, toddlers, and children (e.g. priorities for safety assessments, service delivery for reunification, and standards regarding the foster parent-to-child ratio:

- The SAFE Model's premise is how to keep children safe, preferably in their own home, while engaging and empowering the caregiver to make behavioral changes through the least intrusive intervention. This model has been successfully implemented in other states, such as South Dakota and has led to a reduction in foster care placements and recidivism rates of families requiring agency intervention. One of the determining factors for successful reunification is the frequency of visitation between children and their caregiver, this is especially critical for children 3 and under. By utilizing in-home safety plans, children may be able to be safely maintained in their own homes while safety threats are controlled and addressed. If children must be placed in out-of-home care, relatives and fictive kin are immediately sought, with placement in a foster home being the last resort. Identifying relatives or fictive kin at the inception of a case leads to a greater probability that permanency will be attained in a timely manner, if reunification is unsuccessful, as the agency will have already identified caregivers possibly able and willing to pursue adoption or legal guardianship.
- There are additional state regulations that safeguard various standards for this demographic age in foster care in relation to sleeping arrangements. Once an infant is 12 months old they no longer sleep in the same room as an adult and if a child is under the age of 8 their bedroom must be on the same floor as the foster parents. [NAC 424.375(4) & (5)]. The safety threat presented to infant/toddlers by open standing water (ponds, pools, hot tubs, etc.) is also addressed in state foster care regulations [NAC 424.420 (2) & (9)].
- Foster parent to child ratio for this demographic age is defined in state regulation. Foster care standards limit a provider to two children under the age of 18 months or four children under the age of 5; this includes any of the providers own children, unless special approval by licensing authority is granted [NAC 424.160(4)].

Changes or updates to how the state addresses the training and supervision of caseworkers, foster parents and other providers with respect to this population.

- Nevada's three child welfare agencies CCDFS, WCDSS, and DCFS Rural Region in collaboration with the two Universities (University of Nevada – Reno and University of Nevada – Las Vegas) have established the Nevada Partnership for Training (NPT). New case workers case workers from all three child welfare agencies are required to complete the Worker Core Training. Part of this comprehensive training module (five in class and five in the field, alternating weeks) includes a section on developmental milestones starting at six months (infancy) and progresses to toddler, and early childhood. The curriculum also focuses specifically on language and cognitive development of children that starts at birth, progresses to infancy, toddler, early childhood and onward through age 18.
- CCDFS also offers six additional courses available for case workers, birth parents, foster parents and/or community providers through the Nevada Partnership for Training forum. The emphasis for these six additional courses targeting this population address a multitude of needs such as, Intro to Infant & Early Childhood Mental Health; Attachment Issues of Childhood; Mood Disorders in Young Children; Anxiety, ADHD & Sensory Integration Issues In Young Children; Fetal Alcohol Spectrum Disorder and Failure to Thrive. All of these courses are offered in a classroom setting and are accessible periodically throughout the year.
- DCFS Rural Region workers in the Pahrump (Nye County) area in Southern Nevada also have access to the above mentioned specialty courses through NPT due to their close proximity to CCDFS. DCFS Rural Region has implemented additional Children's Mental Health trainings through Nevada Partnership for Training (NPT) to be accessible to case workers throughout their entire agency.
- DCFS Rural Region has the capacity to provide an in service training for case workers in identifying and screening for indicators that a child may be experiencing developmental barriers. This awareness training is aimed to enhance workers knowledge base of when to refer a child for a comprehensive assessment and facilitate access to developmentally appropriate services.
- It is the responsibility of the agency case workers to address the foster parents needs and concerns during the monthly home visits. Foster Care licensing also facilitates pre-service and in service training hours in accordance with state regulations. Licensing entities will develop corrective actions plans with foster parents to ensure compliance with areas of needed improvement.
- DCFS Rural Region has clinical staff qualified to train other licensed mental health professionals within the three child welfare agencies, private sector and partnering public agencies on the utilization of the DCO3. The Nevada Partnership for Training is open and accessible to the full spectrum of providers and caregivers serving children involved with child welfare.
- WCDSS initiated trauma focused training incorporating two programs for foster parents and trainers: Trauma Informed Care (TIC) and Together Facing the Challenge (TFC). Each program is 12 hours and foster parents must attend TIC prior to attending TFC. 61 foster parents have attended either TIC or TFC this reporting period. While not specific to children 5 and under, TFC is an evidenced-based common-sense approach to foster parent education. WCDSS contracted with Dr. Maureen Murray, Duke University to guide implementation.
- The Nevada Partnership for Training Specialty trainings, Quality Parenting Initiative (QPI), on line specialty trainings or IFS trainings offered to foster and adoptive parents titled; Parenting a Child with a History of Abuse/Neglect, Parenting a Child with Reactive Attachment Disorder and Parenting a Child with Sexual Victimization or Reactivity, and
- CCDFS is in the third year of their Diligent Recruitment and Retention Project focused on permanent families and lasting connections. This is a five year grant which includes targeted recruitment efforts in the third year. One example of these targeted efforts will be directed at the recruitment needs of sibling groups (3+) which commonly have a toddler/child between the ages of one to four as well as special health care needs which includes developmental disorders. CCDFS has implemented strengthen based profiles for prospective families to view the needs and attributes of children in need of permanency. In June 2012, CCDFS went 'live' with their website containing professional photos and profile information on their children in need of permanency.
- WCDSS has an array of over 50 contracts to ensure children and family's needs are meet. Specific contracts available for children under the age of five with developmental needs include play therapy, parent-child interaction therapy, IQ assessments with a psychologist as well as access to two community providers. They also have two on staff advanced foster care trainers who are clinicians available to work with families and children in stabilizing their placements ensuring timely permanency.

Despite continued efforts on this item, Nevada still has challenges with accessibility to services. As previously mentioned this is primarily due to funding. However, distance and other resources also play a big factor in the success of this item. The DCFS Rural Region child welfare program is challenged by limited available providers in the small communities across the state and significant distances to the urban and metropolitan areas that may be able to provide these services. Clark and Washoe Counties have the challenge of limited resources and in some cases significant waiting lists for services.

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. Several efforts have been made in this area.

For example, collaborative relationships/initiatives such as Differential Response and the Regional Partnership Grant (RPG) project enhance the provision of individualized services. In addition, the Youth Advisory Board (YAB) was formed to assist foster and former foster youth to make the transition to adulthood. The purpose of the group is to provide exemplary leadership and empowerment opportunities for youth who have or will experience out of home care. The YAB started meeting in January 2007 and have continued to meet since that time, and throughout 2012 and 2013.

Several other groups are available that help Nevada to individualize services for families. For Foster and Adoptive families there are two groups, these are the Sierra Association of Foster Families (SAFF) and the CCDFS Foster and Adoptive Parent Association (CCFAPA). SAFF is a non-profit organization in WCDSS 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 for WCDSS and 15 rural counties. CCFAPA has over 200 members who actively participate in CCDFS activities and receive consultation and financial support from the National Foster Parent Association.

The State of Nevada has 27 tribal entities that include federally recognized tribes, bands and colonies. The Indian Child Welfare Steering Committee provides tribal consultation on the Indian Child Welfare Act and child welfare concerns regarding Indian children. They are active in organizing trainings, and conferences all dedicated to the furtherance of jurisdictional collaboration and understanding of the Indian Child Welfare Act. Additionally, meetings have occurred to establish memorandum 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. CCDFS also has an Indian Child Welfare Act (ICWA) specialist dedicated to assisting with the provision of ICWA related services and a partnership with the Moapa Tribe that ensures that there is a sound process in place for working collaboratively. These groups remained active during 2013.

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. This plan includes 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.

There has been an increase in utilization of the Education Training Voucher. More youth are taking advantage of these funds to obtain postsecondary education and vocational training. Along with the funds for their education, case management plays 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; and a Language Line used by the DCFS Rural Region 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. DCFS evaluates services in several different ways. First and foremost, 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.

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.

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 another mechanism to identify issues and to address them. 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. The first is that the State will 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 (as described in Section III of this document).

DCFS continues to actively engage and collaborate with external stakeholders 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 are achieved relative to the overarching State Plan and federal child welfare outcome indicators.

During the 2009 Statewide Assessment (SWA) and Child and Family Services Review (CFSR) stakeholders, including internal stakeholders (state staff, administration and members of the child welfare agencies), and external stakeholders (CASA, law enforcement, District Attorneys, courts, etc.) were identified to participate in group presentations, focus groups, surveys and state and community level interviews. A variety of existing stakeholder groups were presented with information on the process and were given the opportunity to provide feedback and participate in the ongoing process.

Table 41 shows the variety of stakeholders who were involved in since early 2009.

Table 46: Stakeholders involved in the 2009 CFSR process

Stakeholders

Administrative Team to Review the Death of Children
CIP - Court Improvement Project
CJA - Children's Justice Act Task Force
CCDFS Department of Family Services
CCDFS Foster and Adoptive Parent Association
CRP - Citizens Review Panels
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)
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

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, Timbisha Shoshone Tribe, 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, provision of a child welfare ICWA specialist, and various training opportunities, conventions, summits and conferences in which these groups sponsor and/or participate. The following consultations, trainings and collaborations occurred during this reporting period and have 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, WCDSS Department of Social Services, CCDFS 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

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 Social Workers, coordinate and provide 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 and 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 a technical expert 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 and provides technical assistance and case consultation to both child welfare and tribal workers in an effort to ensure compliance with ICWA. Social 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. The venue allows the 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 will be notified when the Annual Progress and Services Reports 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 social worker training and through several inter-jurisdictional group trainings offered each year. The ICWA specialist provides training to partners as requested.
- From October 30 through November 2012; the state held ICWA training in conjunction with the Inter-Tribal Council of Nevada's 47th Annual Convention in Sparks. The training brought together state, tribal, and county social workers through interactive workshops on cross-jurisdictional issues and ICWA elements as well. Gary Peterson of NICWA presented a workshop on Advanced ICWA and the ICWA Specialist facilitated an interactive session on the Elements of Active Efforts.
- From April 7 through April 10, 2013 the ICWA specialist attended the National Indian Child Welfare Association Annual conference on *Protecting our Children* in Tulsa, Oklahoma. The purpose of this conference was to increase knowledge about child advocacy; community based culturally appropriate services; strengthening collaboration, and the Baby Veronica adoption case that is before the U.S. Supreme Court on ICWA.

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

MOUs are being discussed to enable the 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 has developed a MOU template which is in use with 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.
- 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.

Title IV-E

Only one tribe in Nevada (Washoe) has applied for a Tribal/Federal IV-E agreement. 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 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 a 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.dcms.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. Administrative Team to Review the Death of Children
2. CIP - Court Improvement Project
3. CJA - Children's Justice Act Task Force
4. CCDFS Department of Family Services
5. CCDFS Foster and Adoptive Parent Association
6. CRP - Citizens Review Panels
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 those activities listed in a similar objective in Item 38, DCFS also engages in several stakeholder groups as outlined in the Decision Making Process narrative in Section 1 of this document. 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.
- Policy Approval Review Team made up of upper management from DCFS's Family Programs Office, Information Management Systems, Rural Region and Juvenile Justice Offices and upper management from CCDFS and WCDSS. Individual workgroups that develop policy include additional stakeholders as required by the subject matter. The workgroups meet as often as required to complete the necessary policy development or revision. PART meets on the first Wednesday of each month to review policy. 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 CFSP report, this item was rated as a 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. Administrative Team to Review the Death of Children
2. CIP - Court Improvement Project
3. CJA - Children's Justice Act Task Force
4. CCDFS Department of Family Services
5. CCDFS Foster and Adoptive Parent Association
6. CRP - Citizens Review Panels
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 CFSP report indicated that this item was an area needing improvement. While more work needs to be done, 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. The Nevada IV-E Corrective Action Plan (CAP) references to

State and Tribal law, and safety determination language. 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 shorten 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 an 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 has been 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 e 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 independency 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, DCFS 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. DCFS 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 the Youth Parole Bureau 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. Out-of-home care can consist of foster care, group care, kinship care, or residential placement. 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.

Table 47 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 47: Juvenile Justice Transfers:

AGE	MALE	FEMALE	Total # Committed
14	0	0	0
15	3	0	3
16	1	0	1
17	8	2	10
18	5	5	10
TOTAL	17	7	24

Source: UNITY Report CFS748 F FY 2012 (10/1/2011 to 9/30/2012)

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.

After the 2011 Nevada Legislative session, a statewide NAC 424 Workgroup was convened to make necessary revisions to the NAC 424 regulations. The NAC 424 Workgroup was comprised of various representatives from across the state; DCFS, CCDFS, WCDSS, foster care agencies and foster homes. This workgroup was charged with 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.

This workgroup completed drafting revisions to the regulations in late June 2012; the document was submitted to the Legislative Council Bureau (LCB) at the end of June 2012 for legal drafting. DCFS received back the LCB revised version in mid-December 2012. DCFS conducted the necessary Small Business Impact Survey with statewide foster care agencies. After the deadline for survey submission, DCFS compiled a summary of the results from the surveys received. This summary was required for distribution at the mandatory Public Workshop. DCFS held the Public Workshop on Jan 24, 2013 to elicit public comment and input. Wherever possible, DCFS integrated public recommendations into the NAC 424 regulations document. Again the revised NAC 424 regulations were resubmitted back to LCB on Jan 31, 2013. Unfortunately, due to the start of the Legislative Session on February 4, 2013; LCB communicated that they would be unable to start the legal drafting of the document until after the conclusion of the 2013 Legislative Session (June 2013).

Assembly Bill (AB) 348 was passed (enactment October 1, 2013). AB 348 makes significant changes to NRS 424 Foster Homes for Children; changes regarding requirements for foster care agencies doing business in Nevada and other areas that directly impact, and require changes to NAC 424. Therefore, the enactment of AB 348 requires the NAC 424 Workgroup to reconvene to address areas impacted by the new law. This unfortunately may result in requiring the entire process to start over; i.e., NAC 424 Workgroup, LCB drafting, Small Business Impact Survey, Public Workshop, Public Hearing, etc. This will greatly delay the enactment of revisions to NAC 424-Foster Homes for Children.

Additionally, the 2013 Nevada Legislature enacted various law surrounding child safety and wellbeing within child welfare and the foster care system. These laws will also require updates to policies to ensure that children in foster care are provided quality services that protect their safety, health and wellbeing. Nevada’s three child welfare agencies collaboratively update and/or develop policy to ensure proper implementation of the various enacted laws. The necessary workgroups will be established within the next few months.

In the Nevada 2009 CFSR Report, this item was rated as strength. Over the five year period from 2009 to 2013 Nevada has made significant improvements. The number of total licenses over this five year period has increased 27% from 2,520 in 2009, to 3,208 in 2013, year to date. At the same time the number of Group Foster Homes has decreased 40% over the same time period from 596 Group Foster Homes in 2009 to 360 Group Foster Homes in 2013. The average days to license has decreased 3.3%.

Figure 17: Statewide Foster Parent Licenses – Trend Report

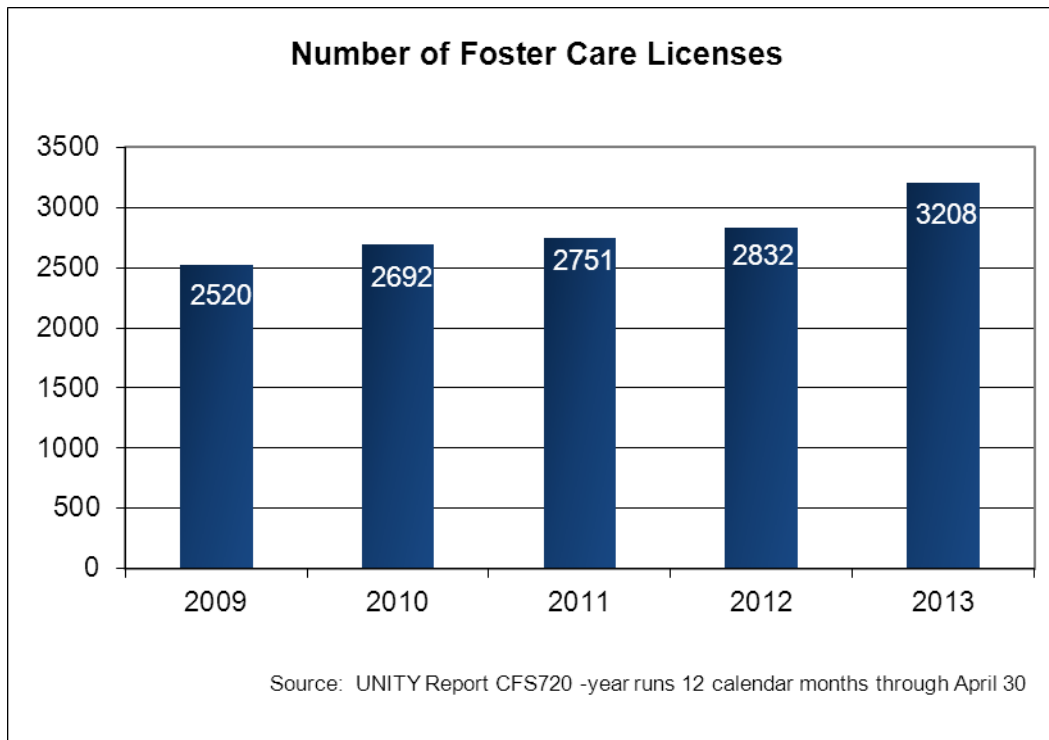


Table 48: Average Number of Days Required to License Foster Group Homes

Average Number of Days Required to License Foster Group Homes					
Year	Number of Facilities	% Increase/Decrease	Average Days to License	% Increase/Decrease	% Increase/Decrease
2009*	596	-	89	-	-
2010*	435	-27.01%	91	2.25%	-32.73%
2011*	313	-28.05%	82	-9.89%	-31.08%
2012**	176	-43.77%	73	-10.98%	-24.51%
2013**	360	104.55%	86	17.81%	-9.09%
Unity Report CFS711 May 1 to April 30					

2009, 2010 data taken from 2012 APSR

**UNITY Report CFS711 May 1 to April 30

Other Foster Care Initiatives -

DCFS Rural Region and WCDSS implemented the SAFE Model (*CCDFS recently identified an interest in also implementing the SAFE Model*). A component of this model requires that caseworkers spend time, during their monthly caseworker visits, confirming the safe environment of the child within their foster care placement. In early 2013, the “**Confirming Safe Environments**” training was conducted for both WCDSS and DCFS Rural Region caseworkers and supervisors. 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. The introduction of 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 and collaboration in regards to improving outcomes in safety, wellbeing and permanency within foster care placements. DCFS, in collaboration with WCDSS and CCDFS, is currently working toward the development of a QPI Nevada website. This website will provide Nevada foster parents with information and training in a plethora of foster care topics. This information and training will 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 this reporting period, the CCDFS initiated improvements to ensure the safety, permanence and well-being of children in foster care:

- **Regulations:** Members of the Licensing Unit and the Background Office participated on a state-wide team to update licensing regulations to ensure safe homes and quality providers of foster care. These regulations are pending review by the Legislative Counsel Bureau.
- **Policy & Procedure:** The Recruitment and Licensing Units are currently working in partnership with an outside contractor for the design and documentation of 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.
- **Foster Parent Champion Program:** Through support from the Diligent Recruitment Grant, members of the Licensing Unit developed the Foster Parent Champion Program to support and assist licensed foster parents in navigating the complex foster care system. Foster parent champions are an excellent resource for new and existing foster families 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.

CLARK PLANNED ACTIVITES FOR THE UPCOMING FY 2014:

CCDFS will be working in FY14 to ensure that requirements of Assembly Bill 348 will be fully implemented as required by the new legislation.

DCFS Rural Region Progress

DCFS Rural Region has committed to expediting the licensing process for relatives and prospective foster parents in rural Nevada when necessary. The application packet has been revised and simplified, reducing the amount of paperwork, for application.

DCFS Rural Region has approved nine (9) hours of PRIDE training for relatives, rather than the 27 hours for non-relatives.

DCFS Rural Region has also 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. DCFS Rural Region continues to seek solutions to expediting licensure in rural communities so that children do not have to be removed from their community. The DCFS Rural Region received training in February 2013 from the Child Welfare League of America (CWLA) national trainers regarding the updated PRIDE curriculum, and began training prospective foster parents in the latest PRIDE curriculum in the spring of 2013. The DCFS Rural Region will also be incorporating information regarding safe sleeping environments for infants into the curriculum to ensure that foster parents are knowledgeable about proper sleeping environments for infants.

DCFS RURAL REGION PLANNED ACTIVITES FOR THE UPCOMING FY 2014:

- DCFS Rural Region will continue to support the Inter-local Cooperative Agreement with the Sixth Judicial District Youth and Family Services. If this pilot proves to be successful, DCFS will consider implementing similar efforts in other rural frontier areas.
- DCFS Rural Region is revising the Foster and Adoptive Parent Licensing Practice Manual, created May 2004 to reflect practice changes that have occurred over the past several years.
- The 2009 Nevada CFSR report rated this item as strength.

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.*

To achieve this goal, the State, in collaboration with the child welfare agencies, will provide a process for ensuring the effectiveness of applying standards to all licensed or approved foster family homes or child care institutions 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. NRS 432A regulates and licenses all Child Care Institutions before they can receive Title IV-E funds. Child Care Institutions follow NRS 432A child care regulations which protect the health and safety of the children. NRS 432A regulations require every employee to receive criminal background checks and a Child Abuse and Neglect check (CANS). Institutions also have to follow the ratio between caregiver and children in order to ensure supervision is adequately being met. Institution staff is required to take 15 hours of annual training plus 90 day initial training. 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.

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 and maintain compliance 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. 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.

The 2009 Nevada CFSR report rated this item as strength.

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.

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 2013 legislative session AB 217 was enacted. 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 and employees of the agency. This bill also requires that a background investigation is performed at least once every five years after the initial investigations.

This item was a strength during the 2009 CFSR.

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.” 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 list the progress this reporting period and planned activities for FY 2014 from the three child welfare agencies.

CCDFS PROGRESS

- The CCDFS Department of Family Services Foster and Adoptive Recruitment activity for the period beginning July 1, 2012, through May 22, 2013, is summarized as follows:
- Recruitment Information Sessions are held four (4) times per month, on the 1st and 3rd Tuesday and the 2nd and 4th Saturday of each month.
- A Foster Care Information Session Recruitment Leader’s Guide has been developed to ensure that the Department Recruiter’s present consistent information to prospective foster parents’.

- CCDFS is in the process of developing the Recruitment Information Session in Spanish. At this time the presentation is under management review.
- In May 2013, National Foster Care Month, the Children's Bureau published an article entitled "Making a Lasting Connection - A caseworker's story". The article recognized that we each can play a part in enhancing the lives of children and youth in foster care. The caseworker is a CCDFS recruiter, and the story he told was about how a recruiter can play a significant role in finding a permanent family and making a lasting connection for children and youth in foster care.
- Recruiters attend a vast variety of community events to provide information on CCDFS foster and adoptive programs, including but not limited to the AAA Open House, 2nd Annual Walk Me Home 5K Run/Walk Fundraiser, Boys and Girls Club of Nevada "Family Safety Day", Calvary Chapel Foster Care Awareness, CCDFS Foster and Adoptive Parent Association – Back to School Event, "Change A Lifetime" Seminar Hosted by Victory Missionary Baptist Church, Cheyenne High School 2012 Career Day, Child Focus's Gift of Giving Event, Kids in Care Holiday Celebration!, Courageous Movie Radio Interview Power 88 KCEP/Chris Brown Show, DFS & Fostering Southern NV – Back to School BBQ, Easter Egg Hunt Hosted by CCDFS, First African Methodist Episcopal Church Foster Care Month Kickoff, Foster Connect Recruitment Initiative, Foster One Recruit One, Fuzion Taste of Asia Food Festival, Holiday School Safety Fair, I AM Campaign/Movie Night in the Park Event: Courageous, Las Vegas Valley Water District Employee Fair, Martin Luther King Week Family Resource Fair, Pinwheels for Prevention Child Abuse Awareness events, Every Child Matters – Step Up For Kids, Stroller Strides Presents Family Fest, Teacher's Health Trust – 2012 Health Festival, Terminal 3 Fun Run 5K and 10K to benefit at-risk children in CCDFS, Tobler Elementary School Parent Presentation, Grant a Gift for Autism Walk, 15th Annual Puerto Rican Memorial Day Festival, 17th Annual Wag-A-Tail Walk-A-Thon, Adoption Exchange Match Party, Child Focus Camp to Belong - Foster Parent Recruitment, CCDFS Fair, "No Aceptes Engaños" ("Do not fall for scams") campaign, DFS/ F.A.M.E Church Child Specific Adoption Bowling Match Party, F.A.M.E. "National Foster Care" Awareness Month, Foster One Recruit One, 10th Annual Gospel Fest 2013, Adoption Exchange HEART gallery Unveiling 2013, Latin Expo Zumbathon 2013, 31st Annual Dr. Martin Luther King Jr. Parade, The Adoption Exchange Profile Party, Spring Celebration with Foster Connect, CCDFS Spring Egg Hunt, and the upcoming CCDFS Employee Night "51s" game.

In 2010, the CCDFS was awarded a 5-year grant for a Diligent Recruitment Project from the Children's Bureau (2010-2015). From June 1, 2012 through June 30, 2013, the following activities have been developed or implemented under this Project:

- Use of child characteristics data to inform general and targeted recruitment strategies
- Improvements to the Department's Child-specific Adoption Recruitment (CSAR) process
- Funding of the Quality Parenting Initiative to build collaborative relationships between staff, foster parents, birth parents, child welfare partners, foster parent associations, community-based providers, CASA, non-profit service providers, foster children and youth, and the community at-large.
- Development of a Resource Family Survey designed to capture prospective foster and adoptive parent's experiences during the recruitment, training, and licensing process.
- Audit of the Diligent Recruitment database, a web-based tool for storing, compiling, and analyzing data on the Permanent Families and Lasting Connections Project being implemented under the Diligent Recruitment Grant. The database launched on April 15, 2012, audits were conducted in January and March 2013, subsequent enhancements were made to the database, when appropriate.

CCDFS PLANNED ACTIVITIES FOR RECRUITING FOSTER AND ADOPTIVE FAMILIES THE UPCOMING FY 2014:

CCDFS will continue with our implementation of the Quality Parenting Initiative (QPI). This initiative is designed to promote quality care for children in foster care by redefining the expectations and roles of foster parents. CCDFS' core premise is that the primary goal of the child welfare system is to ensure that children have effective, loving parenting. The best way to achieve this goal is to enable the child's own parents to care for him or her. If that isn't possible, the system must ensure that the foster or relative family caring for the child provides the loving, committed, skilled care that the child

needs, while working effectively with the system to reach the child's long term goals. As a result of QPI, CCDFS has identified these mission critical goals:

Address critical issues for children that assure they are moving toward permanency

- Define high quality parenting for birth parents, resource parents and agency staff.
- Increase the number of excellent foster families by recruiting and retaining the best foster families.
- Provide high quality parenting to children in the child welfare system.
- Develop a quality foster parent brand as core for success.
- Reassess the role of foster families to reflect the new brand.
- Develop a model for diligent recruitment and retention.
- Increase the number of excellent foster families by recruiting and retaining the best foster families.
- Educate and involve public, private and philanthropic organizations in child welfare reform efforts.
- Identify changes in practice across programs to support the new vision.

WCDSS PROGRESS

WCDSS Department of Social Services is working collaboratively with the Division of Child and Family Services to make changes to the foster home regulations. As part of the new regulations that have been submitted, the issues of non-primary clearance will be addressed.

- WCDSS has trained and provided ongoing monitoring of five SAFE training Home Study contractors to help assess prospective foster and adoptive applicants.
- The "Quality Parenting Initiative," referred to as QPI has impacted all areas of the system, including foster care licensing in positive ways. Foster parents are reporting feeling supported by the process and are engaged in being part of the change.

Strengths:

- Consistencies between Foster Care licensing and Child Care licensing.
- Sanswrite system is generally a good program that successfully interfaces with UNITY. Additionally, Sanswrite allows for public access via the public portal for child care in WCDSS.
- Foster Care Stability-WCDSS Social Services holds a Multi-Disciplinary Team staffing each week to discuss unstable (treatment or Family) foster care, relative or adoptive placements who need additional support and intervention to maintain a foster placement.
- WCDSS is working with The Center for the Support of Families and seeking a grant for improving foster care recruitment and retention.
- Foster parents are in the process of being chosen for a new project called "Follow the Leader"
- Icebreakers are becoming formalized in June 2013, resulting in better relationships between foster parents and birth parents.
- Challenges:
 - Budget cuts and staff cuts resulting in reassignment of assignments have been a challenge.
 - Sanswrite system changes have been resolved with the exception of an issue with addresses being pulled from UNITY with the direction (such as North, East, South, and West.) Sanswrite is aware and working on this issue.

WCDSS PLANNED ACTIVITIES FOR RECRUITING FOSTER AND ADOPTIVE FAMILIES THE UPCOMING FY 2014:

- WCDSS joined DCFS and CCDFS in committing to the Quality Parenting Initiative. This approach, through the Youth Law Center, strengthens foster care (including kinship care), using branding and marketing principles. It is a process designed to help a site develop new strategies and practices. The core premise is that the primary goal of the child welfare system is to ensure that children have effective, loving parenting. The best way to achieve this goal is to enable the child's own parents to care for him or her. If that isn't possible, the system must ensure that the foster or relative family caring for the child provides the loving, committed, skilled care that the child needs, while working effectively with the system to reach the child's long term goals.

QPI intends to change the foster care brand by changing core elements underlying the brand. The key elements of the QPI process are: To define the expectations of caregivers; to clearly articulate these expectations; and then to align the system so that those goals can become a reality. Agencies involved in QPI found improvement in these outcomes:

- Reduced unplanned placement changes;
- Reduced use of group care;
- Reduced numbers of sibling separation; and
- More successful improvements in reunification.

WCDSS steers recruitment efforts towards demographics of children in foster care including location of removal. Recruitment efforts include educating the school district of the need for foster parents in the schools, providing fliers to the children and hosting "big meetings" or "orientations" at central schools in the areas of high removal. There continues to be the challenge of locating and maintaining foster homes in these areas as the areas of most foster parent interest tend to not be in the area of high removal. WCDSS continues to participate in community events in the areas of focus identified to educate and inform residents of the need for foster and adoptive parents in their area. WCDSS continues partnership with One Church One Child (OCOC) which has shown to be strength in referring families to orientations, assisting in recruitment events and is beginning to show outcomes of licensing homes beginning to adopt. Recruitment continues attempts at finding homes for children with special medical issues and large sibling groups as well as teenagers. This continues to be a challenging area. WCDSS has a specialist working with all relatives throughout their licensing process and assisting so the process can be quicker and more efficient for these families. The "Have a Heart" campaign continues utilizing billboards, cards, themed events and promotional items in addition to the www.haveaheartnv.org website.

DCFS Rural Region PROGRESS

DCFS Rural Region originally received TA from the National Resource Center for Diligent Recruitment at Adopt US Kids formerly known as, National Resource Center for the Recruitment and Retention of Foster and Adoptive Parents, in the fall of 2011. Technical Assistance was requested to assist with the recruitment and retention of foster and adoptive parents in rural Nevada. Since June 2012, DCFS Rural Region continues to diligently complete items held within the recruitment and retention strategic plans that were created. In April 2013, DCFS Rural Region had its third on site visit from the NRC as a follow up to the initial TA that was received fall of 2011

The Recruitment and Retention Plan has specific tasks identified with timeframes for completion and DCFS Rural Region has been able to complete 90% of those tasks. These tasks include, but are in no way limited to;

- Improving the timeliness and accuracy of removal and placement data entered into UNITY (SACWIS system); Removal Checklist created for staff, inclusive of all steps and data windows necessary for all removals.
- Completion of Child Health History Form;
- Foster parent and stakeholder focus groups formed to improve communication of barriers to fostering and adopting and seek strategies to overcome barriers;
- Expedited training for applicants in exigent circumstances and in rural frontier communities that lack a sufficient number of foster homes;

- Revision of the initial licensing application to decrease unnecessary paperwork;
- Completion and mailing of a survey to the foster parents to obtain ideas on how better to recruit;
- Development and implementation of the “Customer Service Guidelines” which outlines the agencies expectations of how staff interact with and support foster parents;
- Development of Multi-Disciplinary Teams and foster parent support groups to address barriers and solutions to fostering.

DCFS RURAL REGION PLANNED ACTIVITIES FOR RECRUITING FOSTER AND ADOPTIVE FAMILIES THE UPCOMING FY 2014:

DCFS Rural Region is committed to identifying, reducing and finding solutions for barriers to recruitment of foster and adoptive families. Foster parent support groups, along with Multi-Disciplinary Team meetings will continue to occur at least quarterly, if not monthly, throughout the rural region. These meetings will include social capital members, community stakeholders, and foster parents, along with DCFS staff. Their primary purpose is to strategize recruitment activities and to discuss solutions to challenges that may exist or arise between DCFS Rural Region and foster and adoptive families.

Although 90% of the tasks in the original recruitment and retention plans have been completed, this will be ongoing and continue to be reviewed by the Recruitment and Retention team that will meet quarterly. DCFS Rural Region will continue to provide, throughout the rural region, PRIDE training for prospective applicants, foster parent orientations, and continue to examine data and information to improve the foster parent and adoptive training process. All coalitions and media contacts will continue in a timely fashion. DCFS Rural Region will continue to support the Inter-local Cooperative Agreement with the Sixth Judicial District Youth and Family Services in their recruitment and training efforts. Additionally, the DCFS Rural Region is working with the rest of the state developing and implementing the QPI/Just in Time website to support 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.*

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 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)

While the State continues to offer training to partners and stakeholders, the ICPC unit is in the process of developing several tools to assist workers while processing ICPC cases. Flow charts and desk manuals will provide comprehensive, step by step guidance on how to process ICPC cases as well as an overview of each ICPC regulation. Once these tools have been completed, they will be disseminated across the State to each jurisdiction in addition to onsite training as requested and appropriate.

Through active participation in the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC), Nevada remains a leader in the discussions, clarification, and decision making for processes and regulations as they apply to ICPC. 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.

Nevada ICPC unit conducts quarterly (or more often if requested) partner’s meetings which provides 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 not only promotes collaboration and communication but continues to ensure the state

operates on a consistent and uniform basis when dealing with other States and also contributes 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.

Nevada continues 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 2013 (through April 30, 2013), Nevada received a monthly average of 57 incoming referrals which reflects a decrease of 12.3% from monthly incoming referrals for SFY 2012 through the same time frame. In SFY 2013 (through April 30, 2013), Nevada had a monthly average of 100 outgoing referrals which reflects a decrease of 9% from monthly outgoing referrals for SFY 2012 through the same time frame.

Of greater significance is the difference between outgoing and incoming referrals. In SFY 2013 (through April 30, 2013), Nevada received 566 incoming referrals and had 996 outgoing referrals reflecting a difference of 430. Nevada sends and receives the most number of referrals from California, followed by Oregon and Utah.

Figure 18 Incoming Referrals

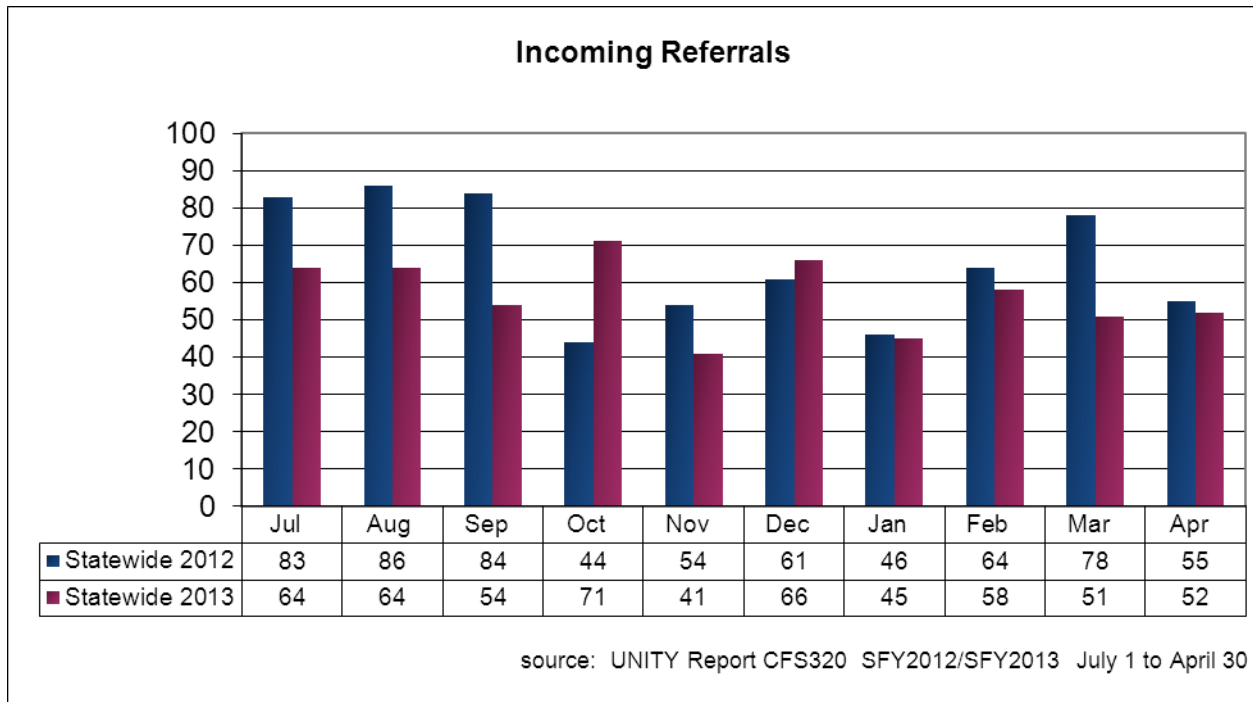


Figure 19 Outgoing Referrals

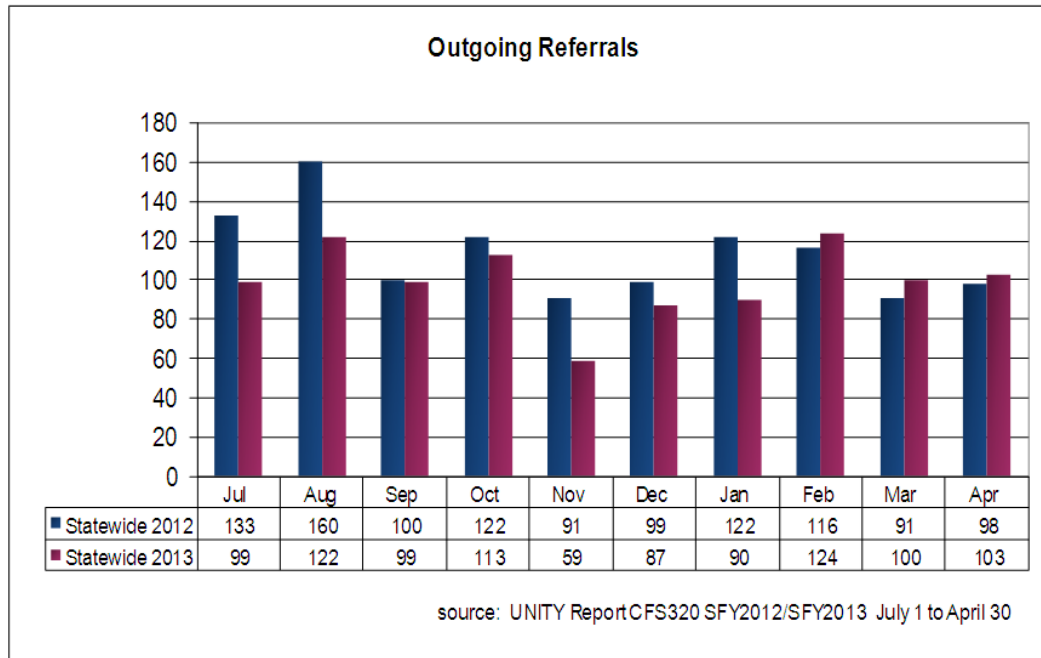


Figure 20 reflects the total number of incoming home studies that were processed in Nevada for SFY 2012 and SFY 2013, based on available data. States requesting home studies most often are California, Arizona and Utah. Figure 21 reflects the total number of out-going home studies processed in Nevada for SYF 2012 and SFY 2013.

Figure 20 Incoming Home Studies

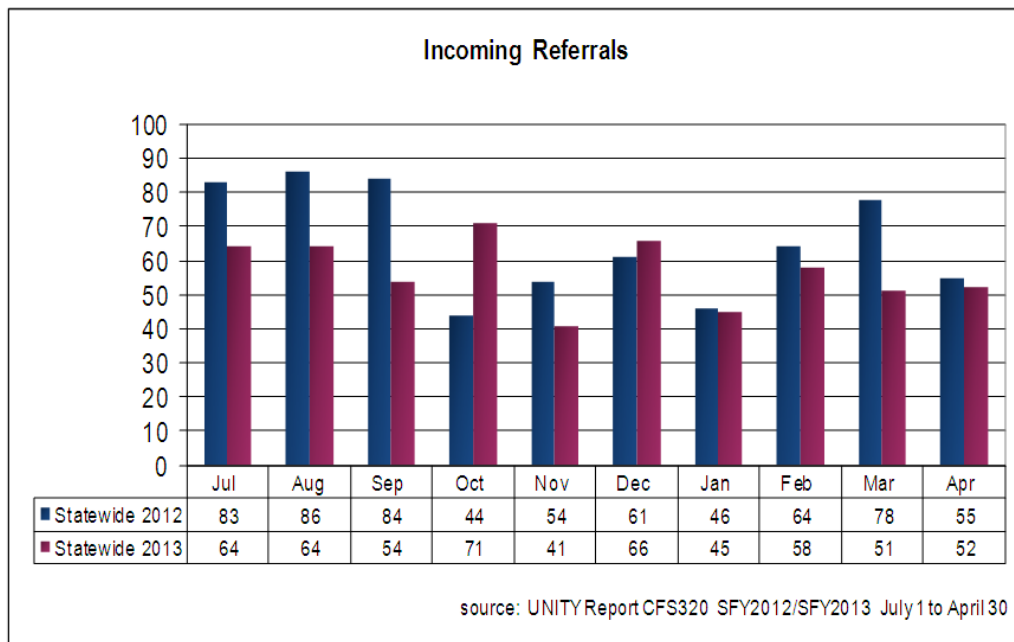
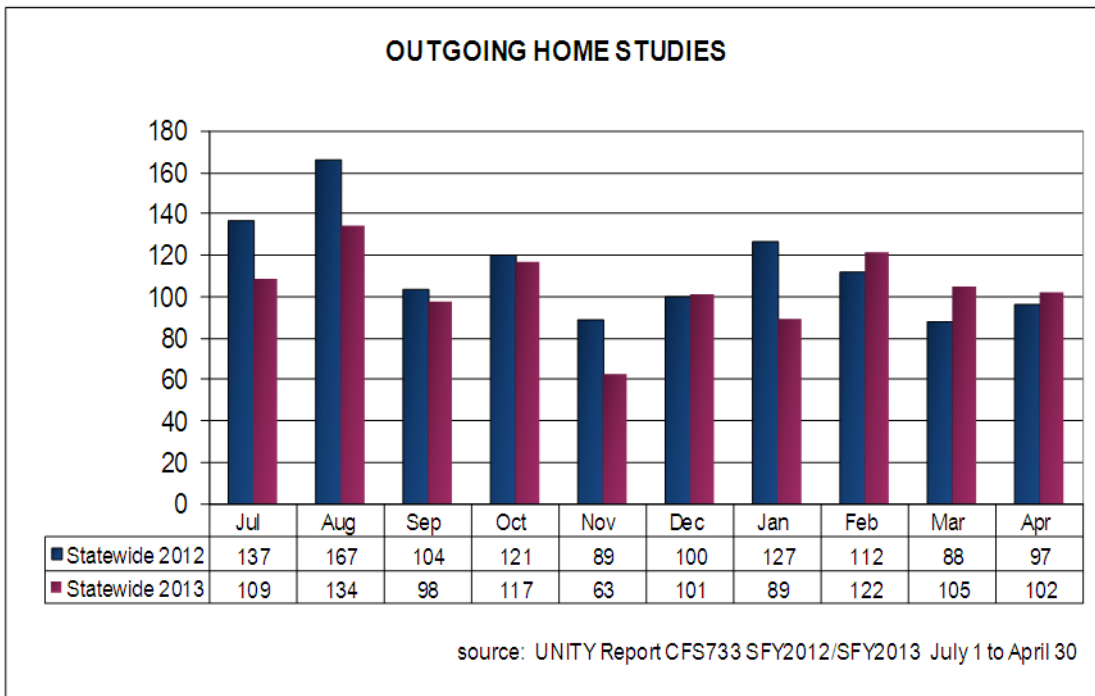


Figure 21 Outgoing Home Studies



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

APPENDICES

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

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 1089e) of CAPTA.

Substantive Changes: There are no substantive changes in state law that effect eligibility. The Nevada Legislature meets bi-annually, and met for the 2013 Legislative session beginning in February 2013 and ending in June 2013.

Nevada continues with the following selected program areas from CAPTA (42 U.S.C. 5101 et seq.) Section 106(a)(1) through (14) for improvements:

- 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;

Activities and use of funds for the CAPTA State Grant for FY 2013

- 1). Sec. 106(a)(1) Improving the intake, assessment, screening and investigation;

Nevada began implementing the Nevada Initial Assessment (NIA) process model in 2003. In 2012 a Fidelity Review of 196 cases was conducted by ACTION for Child Protection in order to establish how closely Nevada is adhering to principles/procedures and protocols of the State's practice model. CCDFS is in the beginning stages of implementing the same practice model as WCDSS and the Rural Region. CCDFS does have the same procedure for their intake process. The fidelity review indicates that workers throughout all areas of the state are beginning to utilize this assessment tool more accurately. There are still some struggles with similar issues; misidentification of present and/ or impending danger at Intake and insufficient information collection to make safety decisions at Intake. In response to the Intake study results from July 2012-September 2012, trainings have been offered to all staff and a Senior Staff Associate of ACTION for Child Protection has been working with Nevada's management staff and front line staff to enhance their knowledge of present vs. impending danger, as well as, documenting their findings in the assessment tool. Training has been ongoing in DCFS Rural Region agency offices and has focused on gathering sufficient information at Intake and on analysis of that information in order to make appropriate safety and screening decisions at Intake. CCDFS has developed a plan to adopt the National Resource Center for Child Protective Services (NRCCPS) safety throughout the life of the case model. The specific focus of the National Resource Center for Child Protective Services is to develop and integrate policies and practices that improve the prevention, reporting, assessment and treatment of child abuse and neglect. The original Action for Child Protection Safety model was implemented in CCDFS in 2007-2008. CCDFS is making adjustments to their safety model so they will be using the same safety model that has been implemented in WCDSS and the Rural Region. This adjustment includes; 1) staff training and implementation of the revised NIA that was initiated in 2011 by WCDSS and the Rural Region, 2) staff training clarifying and emphasizing development of caregiver protective capacities, and impending danger concepts, and 3) staff training on appropriate documentation of the revised NIA.

In addition to working with Action for Child Protection, WCDSS, CCDFS and DCFS, have been working together to draft new substantiation guidelines for staff to utilize to assist workers in their decision to substantiate or un substantiate abuse and neglect of children.

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 2011, each agency developed and deployed a new case plan template in UNITY designed to capture all IV-E case plan requirements. DCFS began requiring all open in and out-of-home care cases have a case plan, which was a change from previous practice that only children who had been removed and were placed outside the home, were required to have formal case plans. Additionally, DCFS adopted a practice more restrictive than statewide policy requiring three (3) month Child and Family Team meetings to review case plan progress rather than the statewide policy mandate of six (6) months.

CCDFS and DCFS have provided Motivational Interviewing training and Searching for Heroes: Engaging Families and Non-Resident Fathers, to staff as a way to improve family engagement and delivery of service provision. These two trainings combined have enhanced staff's ability and confidence in working with families, assisting families in their service needs and building the relationship between staff and families for honest, upfront communication. These stages of communication are valuable to staff so they can recognize the stage of their interaction with the families and this will assist them in determining how to move forward with their case plan and services. In response to Nevada's current PIP, each child welfare agency has addressed the need for higher quality caseworker monthly visitation and documentation expectations and will be providing quality assurance of those efforts in remaining PIP quarters.

WCDSS is currently halfway through a pilot project called Permanency Innovations Initiative (PII). The goal of this project is to reduce placement of children in long-term foster care, WCDSS Department of Social Services (WCDSS) is focused on reducing entry into the foster care system, as well as reducing the length of stay in foster care for children requiring out-of-home placement. This project is focusing on two study groups, 1) families that will receive the SAFE-FC model of services, which focuses on on-going service only, and case management and 2) a control group which receives standard permanency services. WCDSS has contractors, called purveyors, including Action for Child Protection and the Ruth Young Center at the University of Maryland working with the agency. Both organizations have assisted to train staff, post implementation. They have designed and will install a coaching component for staff so the transfer of primary responsibility for training from purveyors to supervisors is smooth and will ensure sustainability. There has been an intensive period of training and orientation for staff to the SAFE-FC model. There is intensive family contact that measures changes in parental capacity. Along with this factor, there is higher supervisory involvement. The fidelity of this project is focused on transferring the case from assessment to permanency. WCDSS is currently in the process of doing a case review on those who were in these two study groups and should have results in the summer of 2013.

3) Sec. 106 (a) (4) Enhancing the general child protection system by developing, improving, and implementing risk and safety assessment tools and protocols;

Nevada has been training new and seasoned staff with the next step of the safety model, Confirming Safe Environments (CSE). This portion of the safety model requires additional work to Nevada's UNITY system and training for workers. The tool is used by workers to assist them in assessing the safety of children, families and foster care providers when a child is in out-of-home care or there are ongoing CPS services and the family is working through a case plane. It is designed to ensure the safety of the child and that the child's needs, the families' needs and the foster care provider's needs are being addressed and met.

In addition to the CSE training, Interactive Case Planning training has been developed. This training was designed to assist staff with knowledge and understanding of the federal and state regulations pertaining to case planning and the development and writing of effective case plan goals. In addition, Nevada also has new trainings being offered to workers and community stakeholders designed to engage families, recognizing the signs and symptoms of child/adolescent mental health issues and working and caring for children with trauma and mental health issues.

DCFS is in the process of improving the SACWIS system that the state uses. The UNITY system will be web based which was approved during the 2011 Legislative session. It will enhance the state's ability to allow for more expeditious upgrades. The state programmers will be able to change and make upgrades to the system easier, and this will decrease the amount of down time our system experiences. It will not change how staff inputs data or the type of data we are able to retrieve. It will pave the way for future upgrades to the system such as being able to do CPS background checks in the field for relative and fictive kin placements.

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;

CAPTA funds are critical for Nevada to provide training for staff and stakeholders within the Child Welfare system. The training provided enhances the skills and abilities of those working within and outside the child welfare system to provide quality services to Nevada's children and families. CAPTA funds have been used over this past year to provide extensive training throughout the State to child welfare agencies and community stakeholders alike. These include, but are not limited to; assessment of safety, safety planning, improving the quality of investigations, management oversight of cases and collaborative investigating with law enforcement.

In response to training needs, trainings were developed and implemented throughout Nevada. CPS Response Training is a specialty curriculum designed to enhance workers ability around evaluating sufficiency of information necessary to substantiate allegations of abuse or neglect, crucial guiding judgments, concepts, procedures for determination, reconciling discrepancies, evaluating different types of evidence, determining credibility and decision making. Safety Practice Model Training was developed to inform and discuss the new safety model to CCDFS Management for safety planning and to improve the quality of investigations and assessments. In addition to these trainings, several more are planned for the summer months for the Rural Region, WCDSS and CCDFS. CCDFS is in the beginning stages of implementing the NRCCPS Technical Assistance Nevada based training of the revised safety model. The National Resource Center for Child Protective Services is doing onsite training to all staff in CCDFS who work with families. There will be training that focuses on the supervisory role in safety as well as development of safety experts providing continuing educational trainings to staff and community stakeholders. The CCDFS training team will be continuing to train all newly hired staff on the revised safety throughout the life of the case model.

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 are 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 (SLO) with the Office on Child Abuse and Neglect; 5) Prepares grant applications and progresses 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.

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.

APPENDIX B: CFCIP & ETV

Chafee Foster Care Independent Living Program (CFCIP) & Education Training Voucher Program (ETV)

Goals and Eligibility

The goal of Nevada's Independent Living Program for Youth (IL) is to provide youth making the transition into adulthood with the skills and resources necessary to be independent and productive members of society. The Nevada Division of Child and Family Services is responsible for the oversight of IL Programs in Nevada. The oversight responsibility is assigned to the statewide IL Specialist. Nevada is a state-supervised and county-administered program in the two major metropolitan counties, Clark and Washoe. Nevada continues to supervise and administer all child welfare programs in the remaining 15 rural counties, which are managed by the DCFS - Rural Region. Nevada plans to continue the implementation of its IL Program by allocating both federal and state funds to the two county-administered programs, the State administered DCFS - Rural Region, and tribal entities. The State will continue to retain a portion of the federal funds to develop statewide systems and materials to support county and rural implementation efforts, to monitor program development and implementation, to provide technical assistance, and to continue to assess program impact. Nevada and its IL partners will cooperate with the national evaluations of the effects of IL programs in achieving the purposes of the Chafee Foster Care Independence Program.

Nevada's IL Program is a set of services available to all foster youth between the ages of 15 until the age of 21. The DCFS considers all eligible foster youth to include those youth who are in the care and custody of the DCFS, WCDSS, CCDFS, or tribal youth. IL services may continue with the child after permanency has been achieved, depending on the needs of the child. Nevada will also extend IL services to eligible youth who have relocated to Nevada from another state. The requirements for Chafee and the Fund to Assist Former Foster Youth (previously known as AB94 and now recognized as NAC 432 FAFFY or Transition from Foster Care) requires each region and the tribal representative (currently Stepping Stones) to identify its local plan for providing services. Each year, Chafee and FAFFY monies are calculated and distributed to each region based upon the total number of youth in care, the number of 17 year olds in care, and the total number of youth receiving IL Services. It is anticipated that CCDFS will receive approximately 70% of the funds; WCDSS will receive approximately 19%; the Rural Region will receive approximately 9%; and the tribal representative will receive approximately 2%.

Federal IL funding is provided to all county and state programs to provide IL services, expand existing services, and to establish new services to eligible children. Federal funds are combined with existing state funds to provide IL services to eligible foster youth and former foster youth transitioning to independence. State funds through the Funds to Assist Former Foster Youth Program (FAFFY) are funds dedicated to Nevada foster youth who are transitioning from care and for Nevada youth who have aged out of the Nevada foster care system.

Scope of Services

Funds for the IL Program are distributed from the state to the counties, the DCFS - Rural Region, and designated tribal program to support IL program development and activities. In CCDFS, Chafee funds are distributed through the CCDFS to Specialized Alternatives for Families and Youth (SAFY), a non-profit organization. Ansell-Casey Life Skills Assessments and life skills classes are provided by CCDFS and SAFY staff for youth currently in care and by Child Focus, a private non-profit agency, and their Step-Up Program for youth who have aged out of care who partners within the private non-profit and profit sector to complement their array of IL services. In addition, state resources from the Assistance to Former Foster Youth Fund (FAFFY) are combined with Chafee funds for youth who have left placement. CCDFS changed their FAFFY and Step-Up program provider last year, and consolidated services within the agency. This change was made to streamline the service providers involved with the youth and to centralize services to youth.

In WCDSS, all Chafee and state funds are routed through WCDSS to the Children's Cabinet, a private, non-profit organization, to provide IL services to eligible youth who are in custody and to those youth who have left placement. The Rural Region routes both federal and state funds through Family Resource Centers (FRC) for all IL program activities for youth in care, and to those youth who have left placement. The Children's Cabinet also has limited Chafee funds to assist the Rural Region in special IL related activities. The Request for Proposals for the rural provides of Chafee and FAFFY funds for the time period July 1, 2013 to June 30, 2016 went out and are currently under review.

Nevada distributes IL funds, both federal and state funds, to tribal youth through the Fallon Paiute-Shoshone Tribal Stepping Stones Shelter enabling the tribes to develop programming specific to tribal youth's needs. Stepping Stones was

designated to be the Chafee recipient by the Nevada tribal entities after lengthy consultation and deliberation.

Foster Club is the contracted provider for NYTD outreach and survey requirements. The results of the surveys are being provided to Information Management Systems (IMS) by Foster Club yearly, and are being uploaded into the state's SACWIS system. Nevada has submitted FFY 2011, FFY 2012 and 2013A NYTD files and has met data compliance for these submissions.

Statewide public and private partnerships are developed to provide IL services throughout the state. Each region develops a service array unique to their community. Representatives from IL partners from all regions, including tribal representation and IL youth, contributed to the development of the statewide CFSP process. An IL oversight committee meets quarterly in CCDFS to review IL programs within the region. The primary focus of the committee has been addressing the needs of foster youth transitioning from care, and the needs of former foster youth. The committee is chaired by the CCDFS Child Welfare Services Division Manager responsible for the Independent Living, Foster Care, and Adoption programs and is comprised of representatives from public and private stakeholders, including the private providers, court, youth, former foster youth, and foster parents.

Room and Board: DCFS certifies that no more than 30 percent of their allotment of Federal funds will be expended for room and board for youth who left foster care because they attained 18 years of age but have not yet attained 21 years of age. All regions utilize Chafee and FAFFY monies to assist youth, ages 15-21, with transitional living needs. At age 16, depending on youth maturity and needs, youth statewide can live in an apartment under an IL Contract. CCDFS will continue to partner with the Boys Town and St Jude's Ranch for Children which allow youth to select the type of support and assistance needed in achieving their independence. Both Boys Town and St. Jude's provides a more structured supportive environment. However, Nevada allows foster youth to reside in agency supervised apartments at age 16.

Medicaid Coverage: Nevada Revised Statute 422.2717 requires the Medicaid State Plan to include and serve foster youth who have aged out of the foster care system. This legislation established a new category of Medicaid eligibility allowing children in the state or county foster care who after reaching the age of 18 may continue to receive Medicaid assistance until the age of 21. The Aging-Out of Foster Care Medicaid Program has been in effect since 2005. Eligibility rules were simplified to include the following: one page application for Medicaid assistance; provide verification of aging out in any U.S. state or territory; be a citizen or qualified alien; provide verification showing age; meet Nevada resident requirements; and, fully cooperate with the annual case eligibility re-determination.

Trust Funds: Nevada does not have a trust fund program for IL Youth.

IL Program Objectives:

- DCFS will support Legislative activities impacting youth in foster care and or youth leaving foster care. During the 2011 Legislative session several bills were enacted that have impacted youth. During the 2013 Legislative Session the following bill was passed that will impact all foster children and foster youth.
 - AB 393 Siblings Right Bill-Ensure the rights of siblings placed in foster care.
- DCFS will continue to elicit assistance from the NRCYD in order to support activities/practices to assist youth in developing the skills necessary for successful transition to adulthood.
 - Most recently Nevada received TA from the NRCYD for training to I.L Staff and Providers on "Positive Youth Development" or PYD. The training was held in northern Nevada in May 2013 and in southern Nevada in June 2013.
- DCFS recognizes the need for continuous training and technical assistance as follows:
 - Continue to utilize training and technical assistance from the National Resource Centers for development and implementation of IL programs statewide and Casey Family Programs;
 - Collaborate with foster care training, recruitment, and licensing to develop an IL training module for foster parents;
 - Include IL foster youth (current and former) to assist in the training of foster parents and staff;
 - Provide statewide training to existing foster parents and care providers regarding IL services and resources;
 - Develop training for staff and supervisors regarding the identification of significant connections for youth and how to perform diligent search;
 - Train staff and supervisors to ensure that they are knowledgeable about the full array of housing options that best

meet the individualized needs of youth.

- Collaborate to enhance the coordination between IDEA and IL planning; and
- Continue to provide statewide training to all workers, supervisors, IL partners and stakeholders regarding IL, and access to services.
- DCFS will continue to work towards building collaborative relationships with other federal agencies serving at-risk and neediest youth.
 - Collaborative Development with the following:
 - Transitional Living Programs
 - Workforce Investment/Employment Training
 - Department of Education
 - Department of Labor
 - Department of Housing and Urban Development
 - DCFS continues with the reporting of survey and service data that supports the National Youth in Transition Database (NYTD).

The Division of Child and Family Services has implemented the NYTD. The State of Nevada reported Survey data for FFY 2011, FFY 2012 and has submitted FFY 2013A. Nevada was compliant with all reporting requirements. During the upcoming FFY 2014 survey data will be collected for the second 17 year old cohort. Nevada NYTD brochures are available on the DCFS website at: <http://www.dcf.state.nv.us/>

- ✓ DCFS continues our partnership with Foster Club for marketing and completion of up-coming surveys.
 - DCFS continues to encourage all youth to register with Foster Club and require all target population to register.
 - Marketing materials were provided by Foster Club regarding both information about their site and the importance of NYTD. Materials included, but are not limited to, training materials for child welfare staff members on the importance of NYTD.
 - Foster Club continues to maintain a system of contact with youth as they age out of care.
- ✓ DCFS' Independent Living Contract Providers statewide will be required to maintain contact with all youth who age out of care and participated in the baseline survey. Contract Providers currently provide all aftercare services for youth who have aged out of care and are the most appropriate means of contact.
- ✓ Contract Providers will assist in contacting all NYTD Follow-Up youth and facilitate their completion of the NYTD survey within the six month period of their 19th and 21st birthday. The survey will continue to be hosted on the Foster Club website.

Initiatives:

The DCFS - Rural Region, WCDSS and CCDFS worked collaboratively with the Family Programs Office to revise the Youth Independent Living Program Policy to address Assembly Bill 350 (NRS 432B.591 – NRS 432B.606). Assembly Bill 350 provides foster youth with the opportunity to remain under the jurisdiction of the court beyond age 18 and up to age 21. While under court jurisdiction, the young adults agree to follow a transitional living plan with goals set by the young adult, which will allow them to receive financial support and independent living services to assist them with their transition to self-sufficiency. Some eligibility requirements for court jurisdiction are that the young adult be enrolled in post-secondary education, vocational schooling or engaged in a program to remove barriers to employment, or working at least 20 hours per week, they must also have monthly contacts with staff to provide updates on their progress. The financial assistance is provided to help support their basic care costs, such as room, board, food, and related communication and transportation costs. The young adults are encouraged to find work to support their budget but also retain access to FAFFY after care dollars when needed. The young adult's personal responsibility to maintain on good standing while on this program it is heavily emphasized and the three jurisdictions have each developed a warning and appeals system to allow youth clear notice of their violations and an opportunity to make a change prior to the agency recommending termination of court jurisdiction.

The DCFS - Rural Region has developed a QA process and tracking system to ensure the agency is making progress toward facilitating youth being served through court jurisdiction. Monthly Court Jurisdiction meetings are facilitated by the DCFS Rural Region Specialist to discuss the status and progress the agency's independent living workers are making with ensuring that youth are identified and the process starts early on so that youth can be transitioned to court jurisdiction with ease.

WCDSS modified their IL specialist position to provide oversight to ensure 100% compliance with transition meetings for youth at the age of 17.5 and a follow up transition meeting within 45 days of their 18th birthday. This position also provides additional support and monitoring of youth over age 18 in an attempt to help secure successful outcomes. These youth receive continued case management with an average of two contacts per month to help support them in their goals and decision making. WCDSS is currently serving 30 youth that opted to remain under court jurisdiction. The Department provides on-going oversight and a more formal quarterly meeting to review and update the youth's transition plan and progress toward their goals.

CCDFS' IL program has centralized the over 18 year old cases to one Youth Support Worker. CCDFS is in the process of collaborating with Social Services to develop a Young Adult Program for young adults age 18-21.

WCDSS will be collaborating with the Children's Cabinet and local school district- funded through Workforce Investment opportunities to increase the availability of school to work programs for our most vulnerable youth. The school district plans to expand the scope of their re-engagement centers by providing case managers who will be able to work with youth directly on their employment related goals. Job placement will be an additional focus for this program. WCDSS, the Children's Cabinet and the school district will team together to build a team of support around this youth to ensure that their journey into the workforce is supported and successful.

Strengths:

The DCFS – Rural Region, WCDSS and CCDFS have each implemented their own monitoring and tracking systems for the young adults who choose to go into court jurisdiction. Since the institution of court jurisdiction, youth who have aged out of the foster care system are receiving far more services and have more opportunities than previously. These youth are now receiving additional services, which they would not have received had they not entered into the program.

In WCDSS, a sub-contract with the Children's Cabinet continues to be part of the service array. This contract allows for a co-case manager to be assigned to transitioning youth as early as age 15 but at the very latest at the age of 17.5. WCDSS and the Children's Cabinet partnered with the transitional living agencies to ensure a smooth transition of services and information for the youth. A community collaboration spearheaded by the Reno Rodeo and Monroe Schuler Foundation was added to the service array. This project is entitled VIPS and serves to increase youth exposure to work readiness and mentor options.

PROGRAM GOALS

Planning for and assisting and preparing youth to achieve educational success for future self-sufficiency remains a consistent goal of the Independent Living Program.

PROGRESS SINCE THE LAST APSR UPDATE:

Nevada has continued to enhance the Independent Living Program by ensuring that all youth ages 15 and older have the opportunity to participate in life skill classes; can be part of their local youth advisory councils or the statewide youth advisory board; have opportunities to participate in programs that will help them with career and job opportunities or in pursuing their educational goals.

IL Staff throughout the state continues to serve IL youth through the help of our IL Service Providers. We strive to have good communication with the service providers so that a positive collaboration is established as they work diligently with the youth and young people accessing IL services. Ongoing training continues with staff, service providers and foster parents.

Life skills classes are offered often through IL Service Providers to address money management, skills necessary to obtain employment, personal responsibility/self-advocacy skills, planning for post-secondary education, and how to plan for and achieve future goals.

Youth have been encouraged to participate in events that will ensure that their voices are heard with the changes that need to occur with foster care or the IL program. During the 2013 Legislative session youth were allowed to participate in Children's Week at the Legislature the week of April 1-5, 2013. Youth were able to speak to assembly men and women about their foster care experiences and their wishes for change. Their efforts helped pass the Siblings Bill of Rights.

PLANNED ACTIVITIES FOR THE UPCOMING FY 2014:

The three jurisdictional areas have been working on their vision for the upcoming FY2014.

CCDFS will work on the following activities:

- Enhancement of Independent Living Class curriculum; the classes will be broken out into classes for 15 - to 16-year-olds and classes for 17- to 18-year-olds,
- Development of preparation classes for 17-year-olds as they review options going forward, and for 20-year-olds aging out of the system; we will also develop classes for 18- to 21-year-olds in conjunction with the Step-Up FAFFY program;
- Membership in Foster and Adoptive Youth Together (FAAYT) will increase through targeted activities and recruitment; the newly formed Foster Care Alumni Association will participate in mentoring FAAYT youth;
- CCDFS IL will host the 2013 Statewide Independent Living Conference July 11-12, 2013 at the Sunset Station; there will be sessions for IL youth, youth ages 18-21 and foster parents;
- CCDFS IL will co-host the 2013 Statewide Youth Advisory Board (YAB) meeting in October with the Pahrump Youth Advisory Council;
- CCDFS IL will host a teambuilding activity for CCDFS and Nye County youth;
- A new credit reporting process will be implemented;
- CCDFS will continue participation in the NYTD survey of youth;
- CCDFS hopes to increase IL staffing with the addition of another Family Services Worker to meet rising caseloads;
- CCDFS will work closely with community partners on employment and work readiness skills; and
- CCDFS will provide college scholarship seminars and work individually with youth on financial aid resources and applications.

WCDSS will work on the following activities:

- Create pre-planned and facilitated Circles of Support meetings for all youth in care at age 16 and again at 17 ½;
- Shift transition plan meetings to allow for youth to facilitate their own meeting, rather than the IL specialist;
- Complete a youth stakeholder meeting to advise about funding priorities and receive feedback from the youth about IL programming;
- Create a summer bridge program to increase youth readiness to enroll in college in the Fall; and
- Engage aged out youth to teach some of the IL skills classes offered to their peers.

The DCFS Rural Region will work on the following activities:

- Continuation of Independent Living classes offered throughout the region to youth at least monthly. Some regions increase their classes to weekly during the summer months;
- Youth Advisory Council development in those areas that currently do not have an established local council;
- Encouragement of youth to participate with Nevada Life the Statewide Youth Advisory Board;
- Encouragement of youth to participate in the annual statewide Independent Living Youth Conference scheduled for July yearly;
- Development of Independent Living Program Procedural Guides for staff; and
- Continuation of staff and service provider training throughout the Rural Region to encourage positive relationships with all IL staff and IL youth.

Accomplishments:

1. Help youth transition to self-sufficiency

In the past year, Nevada has worked on ensuring that youth are involved in the development of their independent living plans. When a youth is referred into the IL program they must complete a Youth Plan for Independent Living (YPIL). This plan is used as a guide for IL staff to work with the youth in areas that they have identified as being deficient in. IL staff and service providers then gear their classes and individualize the program to fit their youth's needs. The YPIL will be adjusted accordingly while the youth is in the IL program to reflect their most current needs. CCDFS will enhance life skill education through Independent Living Classes tailored for specific age groups. Seminars will be added for youth at key transition points: age 17, age 20 and for those looking to enter college. CCDFS IL will work closely with community partners such as Olive Crest Project Independence, St. Jude's Crossing, Seeds2 Succeed, the DREAMR program, Southern Nevada Health District, Financial Guidance Center, Project WE Foundation and other agencies to build and reinforce life skills.

The continuation of transition plan meetings will occur statewide at age 17.5 and again 30 days prior to the youth's 18th birthday; this is where the youth with their team will complete their Transitional Living Plan 90 days before their 18th birthday.

When a youth reaches the age of majority, they have the ability to opt in or out of the Court Jurisdiction (CJ) program. The youth will be given the information to make an informed decision regarding CJ when they create their Transitional Living Plan (TLP) with their Social Worker, IL service provider and attorney. CJ provides the youth a monthly stipend used to pay for living expenses given they follow a contract laid forth in the Post 18 Services Agreement and their TLP. If a youth chooses to opt out of CJ, they still have access to services through the IL service provider, Chafee funds, FAFFY funds, and the Education and Training Voucher (ETV) funds.

2. Help youth receive the education, training, and services necessary to obtain employment.

Individualized services will be provided to the youth with regard to education, training and services necessary for the youth to obtain employment. These topics will be discussed with the youth frequently, and in both the YPIL and TLP, these items will be the driving force for a youth's plan to move forward. Youth will have access to IL classes that focus on skills such as career exploration, resume writing, and interviewing. The Chafee and FAFFY funds may be utilized for vocational services, including job placement assistance.

CCDFS will work with agencies such as Olive Crest Project Independence, HELP of Southern Nevada, Greater New Jerusalem and Project WE Foundation toward goals related to employment, work experience and job readiness.

WCDSS has two job readiness programs that they are working with PIVOTS and Vocational and Inspirational Programming (VIPS). PIVOTS- provide intake and matching of volunteer opportunities for youth age 18 -21; in an effort to increase their job readiness skills and prepare them for future employment. VIPS- serves approximately 30 youth a year and access a variety of programming and "in-field" exposure to job and career opportunities. The goal of VIPS is to provide foster youth between the ages of 17 – 19 with life and career coaching experiences that will help them become productive financially-stable adults.

DCFS Rural Region youth are provided job readiness skills through their local IL service provider. Some areas have mentoring programs or job shadowing programs available for their youth.

3. Help youth prepare for and enter post-secondary training and educational institutions.

The youth's plan will always encompass goals that drive the youth towards completion of some type of educational program. The youth will receive support in the form of planning, applying, and financing their post-secondary education from their IL Worker and IL service provider as well as the funds and services available through Chafee, FAFFY, and ETV. The youth's progress will be monitored and assistance offered when needed until the youth reaches the age of 21 or successfully completes the program of their choice. ETV can be utilized by a youth until the age of 23, if enrolled in the program prior to their 21st birthday.

CCDFS IL conducted two successful college scholarship sessions. They will repeat them regularly and work with youth individually as well.

WCDSS IL developed TMCC Mentor with the local community college Truckee Meadows Community College (TMCC) to help increase retention and student success at the community college level. In-home tutoring is available to youth that are struggling in high school or to pass the proficiency tests. Recognition and financial stipend remains available to youth that complete high school. All interested youth are encouraged to apply for the Education and Training Voucher to further support their goals of college attendance.

DCFS Rural Region has tasked their local IL service provider to work one on one with each of their young people to ensure their success with their post-secondary education goals. The provider then works with their community resources to help the young person obtain the necessary tools to help them succeed.

4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.

Permanency, in the sense that youth have people in their lives to help them and stand by them, is a major focus for IL youth. IL Workers regularly ask the youth, starting at age 15 in their first YPIL, how they can assist them in finding permanency for themselves encouraging them to implement these strategies into their lives. IL staff then continues to support the youth to find mentors and dedicated adults and includes these adults in Child and Family Team meetings, as well as planning meetings for the youth. The IL service providers often serve as a built in adult that can provide this service to youth as they are involved with the youth from age 15-21 and build relationships that last.

CCDFS IL is incorporating former foster youth as mentors for the local youth advisory council Foster and Adoptive Youth Together (FAAYT) and that group has brought in adult speakers. They also refer youth to the DREAMR program which utilizes mentors from Big Sisters/Big Brothers. There will be a number of key adult mentors and role models featured at the upcoming Statewide Independent Living Conference, July 11-12. Over 90% of youth exiting care have identified mentors. CCDFS IL utilizes case mining to help identify possible mentors, and support Permanency Pacts.

WCDSS plans to engage aged out youth to teach some of the IL skills classes offered to their peers, this may help encourage peer mentoring amongst the young people.

DCFS Rural Region continues to search for adults in the youth's family that can serve this function for them by continuing to have conversations with the youth about possible family members that can be included in the youth's plan.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster youth recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood.

Youth have the choice of opting into Court Jurisdiction (CJ) when they exit foster care at 18 years old. CJ offers the youth a more formalized type of assistance as it requires ongoing monthly contact and service provision with the IL service provider. Youth work with the IL service provider to complete the goals in their Transitional Living Plan (TLP), which are meant to move the youth towards self-sufficiency. If youth do not choose to enter the CJ program, they can still access services through the rural service provider and utilize Chafee, FAFY and ETV funding. Chafee and FAFY offer the youth access to financial assistance, housing assistance, counseling, assessment, classroom instruction and skill building, academic and vocational training, preparation for post-secondary education and training, as well as direct aid for the youth. ETV is also available as additional support for youth attending post-secondary education programs. Youth are continually directed back to their TLP in order that they may see the progress they are making towards independence in adulthood or need to redirect their current path so they may move towards becoming a self-sufficient adult.

IL staff and IL Service Providers attended a statewide teleconference presented by the Financial Guidance Center in Nevada to learn about their programs. The Individual Development Account (IDA) they offer is a matched savings account that enables youth to save, build assets and enter the financial mainstream. The savings account can be used to save for higher education, vocational training, and home ownership. The Financial Guidance Center also offers Financial Literacy classes to assist youth with a variety of important topics such as; Budget 101; Credit 101, first apartments; legal responsibilities and roommates; how to purchase an affordable car; adjusting to expenses of parenting; and twenty other presentations and programs. This program is available statewide to all youth interested.

CCDFS IL plans to offer seminars for youth aging out of care and programming with the FAFY Step-Up Program as well as individual work with the 18-21 population.

DCFS Rural Region IL has 28 youth enrolled in CJ. Of those;

- 6 youth are enrolled in College.

- 13 youth are Completing High School. Of those 13; 7 are planning to go to college, 4 youth are planning on attending vocational school and 2 youth are considering joining the military.
- Most of the 28 youth are also employed: Department stores, restaurants, mining, construction etc. and one youth has purchased a home.

The DCFS Rural Region will start coordinating Financial Guidance Center trainings beginning in August 2013 to help youth learn how to save for their futures.

6. Make available vouchers for education and training including postsecondary education, to youth who have aged out of foster care.

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.

The State was recently awarded \$523,913 for 2012 which will serve youth during the period of July 1, 2012 to June 30, 2013.

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 44 depicts the number of youth receiving ETV awards.

**2013 APSR
Annual Reporting of State Education and Training Vouchers Awarded**

Table 48 ETV Award:

	Total ETVs Awarded	Number of New ETVs
Final Number: 2011-2012 School Year (July 1, 2011 to June 30, 2012)	116 total awards No student left on waitlist	53 new clients (56 clients enrolled in 1 semester)
2012-2013 School Year* (July 1, 2012 to June 30, 2013)	July 1 – April 30 = 103 *108	July 1 – April 30 = 38 new clients

The following is a list of accomplishments and activities that were conducted during the year to establish, expand, or strengthen the State’s postsecondary educational assistance program to achieve the purpose of the ETV Program.

1. The Children’s Cabinet collaborated with WCDSS Department of Social Services (WCDSS) and Truckee Meadows County College (TMCC) on this year’s Foster youth Summit in November of 2012. This summit was to introduce High School seniors and other first time college students to the campus of TMCC, explain the overall process of financial aid, accu-placer test scoring, orientations, the TMCC “to do” list, and to introduce the students to the people at TMCC who are there to help.
2. TMCC offered a financial aid class February 9th, 2013. This was our 8th year working with TMCC providing guidance with Free Applications for Federal Student Aid (FAFSA), TMCC registration, and other

scholarship information. When youth wanted educational options, the TMCC staff explained how to find school codes so multiple educational choices could be on one FAFSA application.

3. The Children's Cabinet collaborated with WCDSS and TMCC to create a "TMCC Foster Youth Consent Form". This pilot program enables sharing of information regarding foster care status, college enrollment, financial aid and academic standing to better serve any/all Foster youth as a team. TMCC is the primary holder of the release which remains valid until youth turns 23 years of age unless revoked in writing. This collaboration includes a TMCC staff mentor (Precious Hall, Ph.D.). By utilizing this mentor the youth receive early registration, 1 on 1 college support services from what classes to choose to financial aid status and another adult to provide encouragement along the educational path. One of the side goals is to expand the sharing of information throughout the higher education system within the State of Nevada.
4. ETV continues outreach at the state and local youth advisory boards and/or councils.
5. ETV continues outreach at the state youth conferences.
6. ETV continues to accept applications throughout the current school year to ensure any/all eligible youth may be served.
7. ETV applications may be found online.
8. ETV continues to survey their clients anonymously to ensure program accountability.

7. Provide services to youth who after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Youth who have left foster care for kinship guardianship or adoption after the age of 16 are eligible for IL services from their IL service provider and have access to Chafee and ETV funds and to case management support as requested.

Please describe any plans your Agency has for FY 2014 to coordinate services with any Federal or State Programs for Youth (especially transitional living programs, local housing programs, programs for disabled youth, and school-to-work programs offered by high schools or local workforce agencies)?

All IL Staff utilize local programs available for youth when appropriate for the youth. Each agency collaborates with these programs by participating in their service provision as well as including their team in DCFS service provision, i.e., Child and Family Team meetings.

CCDFS IL will coordinate closely with workforce programs such as Olive Crest Project Independence, HELP of Southern Nevada, Greater New Jerusalem, Project WE Foundation and others.

WCDSS IL uses Nevada Youth Empowerment Project (NYEP) and the Black Bear Project in Reno as transitional living programs for some of their youth. NYEP is a home for females and the Black Bear Project houses males, but provides a work program for both males and females through a local eatery.

Over the past year, DCFS Rural Region has attended multiple meetings with local stakeholders interested in starting a small transitional housing project which will serve both foster youth and non-foster youth in the Carson City and surrounding areas. These homes are scheduled to open in June, 2013 and two 17 year old foster youth are looking at being some of the first residents.

Please describe any training that was conducted since July 1, 2012 or will occur by June 30, 2013 in support of foster parents, relative guardians, adoptive parents, workers in group homes, and case managers in understanding the issues confronting adolescents preparing for Independent living?

Training conducted in the last year includes Positive Youth Development (PYD) Training provided by the National Resource Center for Youth Development (NRCYD). Trainers from the NRCYD came to Nevada to present the training to IL staff and IL service providers statewide. The training was broken out into 3 sessions, one in the North for WCDSS and our Rural Region (May 2013), one in the South for CCDFS staff (June 2013) and a train the trainer session (June 2013). The train the trainer session was offered so that the PYD can be added as an ongoing training statewide through our training partnership.

CCDFS IL staff and community partners participated in 3-5-7 Model Training. Independent Living staff has trained foster parents, other care providers and DFS case managers in understanding issues confronting adolescents and resources for youth preparing for Independent Living.

WCDSS IL provided a skill building curriculum to all foster parents, including group homes and relatives, and a brief introduction was completed by the IL specialist or their case worker. The skills binders address 10 areas of Independent

Living skill development and focus by month and break out skill achievement into 3 areas of competency. IL staff have attended a permanent connection for teens training put on by the Adoption Connection.

DCFS Rural Region staff and service providers participated in IL program training. Each staff person was given an IL binder which holds all things IL: Policies, procedures, forms, checklists, form letters, applications, and examples of completed forms and plans. Rural region training will continue to be offered to staff throughout the upcoming year.

Coordination of Services with any Federal or State Programs for FY 2013:

DCFS – Rural Region is currently in a pilot project with HUD housing who are providing five vouchers for families and youth who meet the eligibility criteria. The agency is currently in the process of arranging for its first youth who is under a Court Jurisdiction to obtain the housing voucher.

CCDFS has both the NYCPA and FPA with whom they communicate on transitional housing and placement needs.

CCDFS also holds a bi-monthly housing coalition meeting of approved housing providers who are non-licensed and discuss placement needs and agency updates. These efforts are ongoing. Also, there is a quarterly sunshine meeting known as the Independent Living Oversight Committee. The sunshine meeting provides a forum for providers, stakeholders and community members to give feedback on our transitional housing and Section 8 foster pilot program.

CCDFS is involved in Operation Head 2 Toe with Chafee dollars. This program supports youth career mentoring, job shadowing and job skills for youth interested in entertainment, fashion or sports industries.

Training conducted since July 1, 2012 or will occur by June 30, 2013- in support of foster parents, relative guardians, adoptive parents, workers in group homes, and case managers in understanding the issues confront adolescents preparing for Independent living.

The ILP Specialist from DCFS FPO provided training to Rural Region staff, relative and fictive kin placement resources and stakeholders, regarding the new Youth Independent Living policy, which included information regarding the court jurisdiction service option.

Training has been provided regarding IL Services and how to encourage self-sufficiency in foster homes on a regular basis throughout last year and this year. Group training for care providers is provided and individual training with foster care agencies has been provided.

APPENDIX C: Disaster Response Plan

In September 2006, Congress passed the Child and Family Services Improvement Act of 2006 (Public Law (PL) 109-288). PL 109-288 amended Part B of Title IV of the Social Security Act to reauthorize the Promoting Safe and Stable Families Program. Among other changes, PL 109-288 established requirements for states on disaster planning in child welfare under section 6 (a) (16). In accordance with federal mandates, the Division's Child Welfare Disaster plan contains the following criteria:

- **Criteria A:** Identify, locate, and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster.
- **Criteria B:** Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases.
- **Criteria C:** Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- **Criteria D:** Preserve essential program records.
- **Criteria E:** Coordinate services and share information with other states.

Laws passed in the 2011 session (Nevada Revised Statutes (NRS) 432.410 and NRS 424.0367) 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 require 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 the Division 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.

Pursuant to NRS 432.420, the Division will post the Child Welfare Disaster Plan on the Division's website and will provide a plan summary 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 requirements in NRS 432. The Division has drafted a revised Disaster Plan which includes these additional elements and it is attached as Appendix C.

During this past year, Nevada fortunately was not impacted by a major disaster which affected the welfare 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 within 48 hours for all. All children were accounted for and none were adversely impacted by disasters.

APPENDIX D: Health Care Services Plan

Health Care Services

The initial Healthcare Oversight and Care Coordination (HOCCP) workgroup was formed in early 2011. In early 2012, this workgroup and another, the Psychotropic Medication Policy Development workgroup were morphed into one ongoing, statewide committee; the Healthcare Oversight and Psychiatric Services (HOPS) Committee. This committee is comprised of statewide representation; Division of Child and Family Services (DCFS), CCDFS Department of Family Services (CCDFS), WCDSS Department of Social Services (WCDSS) child welfare experts, Medicaid representation, mental health clinicians, along with psychiatrists, pediatrician, other medical professionals, and community stakeholders.

Nevada's unique demographic makeup and state administered and state/county run child welfare organizational structure creates unique challenges in coordinating identical practices statewide. The rural and frontier areas of Nevada have few service resources and long distances between cities, towns and communities. CCDFS/Las Vegas has a very large population with many service resources and WCDSS/Reno has a large population with adequate service resources. The differences between the three child welfare agencies and their capabilities are significant; the continuing economic difficulties in Nevada and resulting funding reductions continue to impact Nevada's service resources.

The HOPS Committee has become a standing committee and continues to meet at regularly scheduled intervals. The committee's primary focus is to identify best and/or emerging promising practices, identify potential gaps in ongoing practice and develop strategies to improve services to address the health needs of children in the custody of Nevada's child welfare agencies.

Nevada Division of Child and Family Services Health Care Services Plan FY 2013		
Objective	Strategies	Identified Action Steps
A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;	Nevada adopted the 0207 Health Services policy in October 2011. This policy includes EPSDT intake and ongoing screening timeframe requirements. These timeframes reflect the standards of the AAP/Bright Futures periodicity schedule for ongoing screenings.	Statewide Policy effective: Oct. 2011
How health needs identified through screenings will be monitored and treated;	Per 0207 Health Services Policy – Caseworkers must ensure that the EPSDT periodicity schedule is followed and that any of the child's medical, dental, vision, trauma, mental health or other health needs identified through the screening exam are addressed and followed-up within 30 days. A child's mental/behavioral health is monitored ongoing (by their caseworker, the person legally responsible (PLR) for the psychiatric care of the child if appointed, the substitute caregiver and the child's health professionals) to identify if the child shows signs of emotional trauma associated with child maltreatment or removal from their home and/or develops symptoms or behavioral	Statewide Policy effective: Oct. 2011

	<p>concerns indicative of mental health issues; when concerns are identified, the child is to be referred for further assessment.</p>	
<p><u>including emotional trauma associated with a child's maltreatment and removal from home;</u> <i>(How children are screened, the tools used to assess for signs of trauma, and highlight how these assessments are used to inform case planning and referral for services. In addition, States should describe how staff and other providers are trained to support the treatment of emotional trauma.)</i></p>		
<p>CCDFS Department of Family Services:</p>	<p>CCDFS Department of Family Services ensures that all children in their care receive timely mental health screening and assessments in order to identify their mental health and trauma treatment needs.</p> <p>At the time of removal, every child over the age of 5 receives the Mental Health Screening Tool (MHST) within an hour of entering the reception Center at Child Haven. When the MHST identifies trauma and/or the need for immediate treatment needs, a clinical staff responds directly to the Reception Center for further assessment and appropriate treatment and/or referral.</p> <p>The Department also requires a Uniform Psychological/Psycho educational Assessments (UPPA) for all children aged six or older upon entry into foster care. The UPPA provides a developmental and clinical baseline of information for every child coming into care. It also assists the Department in identifying the necessary individualized mental health services appropriate to the child's needs. The UPPA is completed within thirty days of entry into any form of substitute care.</p> <p>Children five years and younger are referred to the State of Nevada Early Childhood Mental Health Services program for mental health assessments. Early Childhood Mental Health assists the Department in identifying the necessary individualized mental health services appropriate to the children five and under.</p>	<p>Ongoing</p>

	<p>We are 100% on target with the referrals under CAPTA IDEA. This past year Nevada Early Intervention Services (NEIS) has begun doing a social emotional screening as well as the developmental screening and making appropriate referrals to ECS.</p> <p>Results of the MHST, UPPA, and NEIS screeners are all communicated to the caseworker which (when appropriate) begins the process for the nomination of the PLR and the consent to treat.</p> <p>The Department ensures that the treatment recommendations made in the assessment, including recommendations for a psychiatric evaluation or psychotropic medication, are communicated to the child's team members.</p> <p>During mental health service provision, DFS continually monitors the treatment progress and outcomes of children receiving services to ensure that they receive mental health treatment and trauma informed care that is consistent with child welfare and mental health best practice and the requirements of state & federal law.</p> <p>Currently, DFS is monitoring 370 children prescribed psychotropic medications. Of those 370, DFS Nurse Case Management is nominated/appointed PLR for 243, Parents or other caregivers/relatives are appointed/nominated PLR for 120 and 26 are not yet appointed. In 2012, Nurse Case Management attended 510 appointments and signed 476 medication consents and so far in 2013 Nurse Case Management has attended 384 appointments and signed 299 consents. Once signed, the consents are recorded and forwarded to the primary DFS worker for review.</p>	
<p>WCDSS Department of Social Services:</p>	<p>Currently, all children ages 6-18 who enter WCDSS's congregate shelter receive a Mental Health screening by a psychologist. Children 5 and under identified with mental/behavioral health needs are referred on a case by case basis for evaluation. The Child and Adolescent Service Intensity Instrument is utilized to determine a child's intensity of service needs. Children who enter</p>	<p>Ongoing</p>

	<p>family foster care receive a Mental Health screening as part of the EPSDT and an evaluation upon request of the case worker or placement specialist. This last year the JIFF was piloted by a social work intern as a possible screening/treatment planning instrument. The agency is considering the future use of this instrument. Additionally, WCDSS is participating in two statewide workgroups (i.e., HOPS; Assessment workgroup) to collaborate in the identification of screening and assessments.</p> <p>WCDSS has utilized Trauma Informed Care (TIC) Trainers to train foster parents providing placement to children in a pilot placement project. WCDSS is currently identifying a process to integrate TIC training into initial and on-going foster parent training required/offered to foster parents.</p>	
<p>Division of Child and Family Services:</p>	<p>Over the past year, DCFS Children’s Mental Health in collaboration with the Nevada Youth Care Providers (NYCP), an association of treatment foster care agencies, sponsored the first of several “trainings for trainers” in the curriculum, “Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents.” This curriculum was developed by the Chadwick Center in San Diego as part of the National Child Traumatic Stress Network (NCTSN). Multiple caregivers and other child welfare partners have since been trained in the basic curriculum.</p> <p>As such, more than 300 individuals across Nevada’s systems of care have been trained to date; 81 of which were trained as trainers in this curriculum.</p> <p>In Oct 2012, DCFS made a formal request to TTAC for assistance in developing a trauma-informed child and family system in Nevada. This request was approved to move forward in Jan 2013. Due to the Nevada Legislative Session Feb 4th – June 3rd 2013, DCFS and WCDSS have needed to partially delay the timeframe for the TTA request until after the Legislature’s conclusion. DCFS and WCDSS look forward to implementing procedures that will better address and reduce traumatic stress in</p>	<p>Ongoing</p>

	<p>children, families and staff within the child welfare system.</p> <p>Currently, all children are screened for mental health needs by child welfare workers via the NIA. Workers have clinical staff at their disposal for consultation. When a child is referred to the Clinical Unit and the clinical interview indicates there are suspected trauma issues, the Clinical Unit will use either the <i>Children's Manifest Anxiety Scale</i> or the <i>Trauma Symptom Checklist for Children</i> to assess the child's trauma issues.</p>	
<p>How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record;</p>	<p>Per the 0207 Health Services policy –</p> <p>Nevada's child welfare agencies are responsible to ensure that the medical records and/or health information of children within the foster care system are entered into the SACWIS system within 5 days of receipt of any medical/health records or other health information.</p> <p>The SACWIS system generates a Medical Passport document from the medical/health information entered for the child. The Medical Passport is to be provided to a child's substitute caregiver upon placement of the foster child. The Medical Passport is also to be provided to a child's new physicians and/or other health care providers as needed.</p>	<p>Statewide Policy effective: Oct. 2011</p>
<p>Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;</p>	<p>Per 0207 Health Services policy –</p> <p>A child is to remain with their primary medical provider that was treating them prior to their entering child welfare custody. This ensures continuity of healthcare services to the child, as this person or facility will have the child's prior health history and records.</p> <p>When it is not possible for a child to remain with their primary medical provider, every effort must be made to have all the child's health records transferred to their new primary medical provider.</p> <p>CCDFS DFS UPDATE:</p> <p>DFS partnered with a community medical provider and opened a medical clinic at one of their community sites in July of 2011. This clinic has applied to become a Medicaid Qualified Medical Home. The Clinic currently offers medical, dental,</p>	<p>Statewide Policy effective: Oct. 2011</p>

	<p>psychological, psychiatric, developmental and neurological services at the DFS location and accepts all DFS clients regardless of ability to pay for general medical services. Families are encouraged to receive services through the clinic to assure record entry into the SACWIS system and continuity of care.</p>	
<p>The oversight of prescription medicines, and</p>	<p>Per 0207 Health Services policy and NRS 424 –</p> <p>The child’s caseworker is to be aware of any medications being prescribed to a child, the reason they were prescribed and ensure all necessary consents are obtained prior to administration.</p> <p>When a foster child is prescribed a medication other than a psychotropic medication, the foster parent or substitute care provider is required by Nevada law to request from the medical professional a written explanation for both the need for the medication and the effect of the medication on the child.</p> <p>The foster parent or substitute care provider must then provide a copy of the written explanation to the child welfare agency for submission to the court during a child’s review hearings.</p>	<p>Statewide Policy effective: Oct. 2011</p>
<p><u>including protocols for the appropriate use and monitoring of psychotropic medications; and</u></p>		
<p>CCDFS:</p>	<p>CCDFS in collaboration with Mojave Adult, Child and Family Services has implemented a program to monitor the use of psychotropic medications by all children/youth in the custody of DFS. The monitoring process is based upon the mutual desire to improve the quality of care to foster children in an efficient and collegial manner. In total, 965 medication reviews have been completed to date by Mojave Adult, Child and Family Services. Due to medications requiring a new review each time they are increased or when medications change, the numbers reflect some children having multiple reviews. More than 425 children</p>	<p>Ongoing</p>

	<p>have had at least one medication review since November 2011. After the completed reviews are received back from Mojave, they are forwarded to the child's caseworker for review.</p> <p>The DFS nursing unit is responsible for reviewing the medication consent forms, medication logs, and the Psychiatric Services Consent forms within 24 hours of receipt from the investigator/case manager. If the medications meet the criteria outlined in NRS 432B.197, a DFS nurse sends a referral for additional screening/review to Mojave Mental Health. The Mojave nurse then conducts a more extensive chart review for factors known to be associated with the over-use of psychotropic medications. In the event that there are questions regarding clinical assessment, an independent chart review is then conducted by a board-certified or board-eligible Child and Adolescent Psychiatrist. As a result of the chart reviews Mojave makes recommendations and findings which may include suggestions for additional services, tacking outcome measures, or psychiatric assessments.</p> <p>Mojave communicates the review recommendations and findings to the DFS nursing unit. The DFS nursing unit is then responsible for communicating the findings and recommendations to the DFS case manager, so that the person legally responsible can be duly informed. Based on the review findings and recommendations, the Person Legally Responsible may choose to continue with the current psychiatric medication or may deny further use of the psychiatric medication.</p> <p>Mojave and DFS have created a mechanism, Child Clinical Review Teams, for sharing accurate and up-to-date information related to psychotropic to clinicians, child welfare staff, and consumers. The purpose of the Child Clinical Review Teams is to ensure that the child's mental health treatment plan is adequately addressing the child's needs based on diagnosis and target symptoms.</p>	
WCDSS	State law requires the nomination and appointment of a Person Legally Responsible ("PLR") for the psychiatric	Ongoing

	<p>care of the child. WCDSS has created a formalized nomination process that includes a nomination form to be completed by the case worker and their supervisor, and a PLR training which nominees must attend to become the official nominated/appointed PLR. Additionally, WCDSS created the Person Legally Responsible (PLR) Unit, comprised of two highly experienced social workers to serve as Agency PLR's, train other PLR's, and review the decisions of non-Agency PLR's.</p>	
<p>DCFS Rural Region:</p>	<p>DCFS Rural Region instituted the Child Health History form as way to gather monthly medical information re: children in foster care. Staff has been designated to input the data into UNITY monthly. A tracking system for all children on psychotropic medication has been developed and refined. Updates are made immediately upon notification of a change in psychotropic medication.</p> <p>DCFS has recently entered into a contract with a child psychiatrist to provide consultation for Rural Region children prescribed psychiatric medications. The focus of the consultation is to determine whether a child or youth has a mental health diagnosis that is appropriate for current prescribed psychotropic medications. 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.</p> <p>Youth currently being prescribed psychotropic medications are monitored on an ongoing basis by the clinical staff in consultation with staff psychiatrist.</p> <p>Youth under 5 years of age or those on multiple psychotropic medications are set for a tele-review with the consulting psychiatrist. These reviews are held monthly. The doctor reviews charts and other pertinent clinical data. Child welfare case managers provide an oral case presentation.</p>	

	<p>Based on this review and presentation the doctor provides a written synopsis of the staffing that includes a summary of the meeting and all follow-up recommendations. These are in turn passed along to the PLR, Case Manager and staff at Placement Review Team to ensure follow-up.</p>	
<p><i>(Comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify children's mental health and trauma-treatment needs [including a psychiatric evaluation, as necessary, to identify needs for psychotropic medication]);</i></p>		
<p>CCDFS</p>	<p>CCDFS ensures that all children in their care receive timely mental health screening and assessments in order to identify their mental health and trauma treatment needs.</p> <p>At the time of removal, every child over the age of 5 receives the Mental Health Screening Tool (MHST) within an hour of entering the reception Center at Child Haven. When the MHST identifies trauma and/or the need for immediate treatment needs, a clinical staff responds directly to the Reception Center for further assessment and appropriate treatment and/or referral.</p> <p>The Department also requires a Uniform Psychological/Psycho educational Assessments (UPPA) for all children aged six or older upon entry into foster care. The UPPA provides a developmental & clinical baseline of information for every child coming into care. It also assists the Department in identifying the necessary individualized mental health services appropriate to the child's needs. The UPPA is completed within thirty days of entry into any form of substitute care.</p> <p>Children five years and younger are referred to the State of Nevada Early Childhood Mental Health Services program for mental health assessments. Early Childhood Mental Health assists the Department in identifying the necessary individualized mental health</p>	<p>Ongoing</p>

	<p>services appropriate to the children five and under.</p> <p>We are 100% on target with the referrals under CAPTA IDEA. This past year NEIS has begun doing a social emotional screener as well as the developmental screener and making appropriate referrals to ECS.</p> <p>Results of the MHST, UPPA, and NEIS screeners are all communicated to the caseworker which (when appropriate) begins the process for the nomination of the PLR and the consent to treat.</p> <p>The Department ensures that the treatment recommendations made in the assessment, including recommendations for a psychiatric evaluation or psychotropic medication, are communicated to the child's team members.</p> <p>During mental health service provision, the Department continually monitors the treatment progress and outcomes of children receiving services to ensure that they receive mental health treatment and trauma informed care that is consistent with child welfare and mental health best practice and the requirements of state & federal law.</p> <p>Currently DFS is monitoring 370 children prescribed psychotropic medications. Of those 370, DFS Nurse Case Management is nominated/appointed PLR for 243, Parents or other caregivers/relatives are appointed/nominated PLR for 120 and 26 are not yet appointed. In 2012, Nurse Case Management attended 510 appointments and signed 476 medication consents and so far in 2013 Nurse Case Management has attended 384 appointments and signed 299 consents. Once signed, the consents are recorded and forwarded to the primary DFS worker for review.</p>	
WCDSS	<p>WCDSS created a Clinical Care Management unit comprised of two licensed mental health professionals, two licensed social workers and a clinical supervisor in March 2011. The clinical care managers are assigned to children with severe emotional problems whose needs cannot be met in regular family foster care. The care manager is</p>	Ongoing

	responsible for initial coordination of assessment, treatment and placement for these youth, on-going care coordination of their treatment needs is provided by the DCFS Wraparound In Nevada (WIN) program. The two licensed Social Workers serve as agency Person's Legally responsible (PLRs) for children who have identified psychiatric needs.	
DCFS Rural Region:	All custody youth are screened for mental health needs by child welfare workers via the NIA. Workers have clinical staff at their disposal for consultation. A process is currently in place for workers to refer cases that may require assessments. These referrals are screened to determine if the services can be provided by DCFS staff or need to be outsourced to community professionals.	Ongoing
<i>(Informed and shared decision-making [consent and assent]) and methods for ongoing communication between the prescriber, the child, his/her caregivers, other healthcare providers, the child welfare worker, and other key stakeholders;)</i>		
CCDFS	When a youth in the Department's custody requires psychotropic medication the assigned case worker nominates a person legally responsible (PLR) for the oversight of the youth's psychiatric care. DFS nominates and the Court appoints the PLR. As a first choice, the Department nominates the birth parent as the PLR, if they are willing and able. If parental rights have been terminated or the parent is unwilling or unable to act as the PLR, the Department nominates a DFS nurse case manager. The appointed PLR provides oversight of the decision-making (consent and assent) regarding all psychiatric care for the youth. The PLR participates in the appointment sessions with the youth and their prescriber. The PLR is required to notify the DFS worker, the caregiver and other key stakeholders of all upcoming psychiatric visits. The PLR must also consent to all changes in the youth's treatment. The assigned worker is then responsible for sharing information with	Ongoing

	<p>the youth's care givers and key stakeholders.</p> <p>Currently, DFS is monitoring 370 children prescribed psychotropic medications. Of those 370, DFS Nurse Case Management is nominated/appointed PLR for 243, Parents or other caregivers/relatives are appointed/nominated PLR for 120 and 26 are not yet appointed. In 2012, Nurse Case Management attended 510 appointments and signed 476 medication consents and so far in 2013 Nurse Case Management has attended 384 appointments and signed 299 consents. Once signed, the consents are recorded and forwarded to the primary DFS worker for review.</p>	
WCDSS	<p>The PLR is responsible for the decision making in regards to psychiatric services, including psychotropic medications. The PLR participates in appointments with the child, treating physician, and other team members (i.e. biological parents, case worker, and care provider). The PLR is expected to make informed decisions, utilizing information and input provided by the doctor, child and other team members, and obtain assent from the child as developmentally appropriate. The PLR is required to notify the case worker, parents, and caregivers of any upcoming psychiatric appointments at least one week in advance, and invite them to attend. The PLR must also complete required forms (Psychiatric Services Consent and Psychotropic Medication Record and Informed Consent for Foster Children), which track their decision making, and provide copies to the care provider, physician, and WCDSS PLR Unit, who provides copies to the case worker.</p>	Ongoing
DCFS Rural Region:	<p>A policy establishing a person to be legally responsible (PLR) for each child on psychotropic medications has been established.</p> <p>The legal and systematic responsibilities are provided to this person prior to them becoming the PLR.</p> <p>This ongoing relationship is monitored by the child welfare worker in consultation with the clinical team.</p> <p>Ongoing training is provided to child</p>	Ongoing

	welfare staff on this policy and the related procedures.	
<i>Effective medication monitoring at both the client and agency level;</i>		
CCDFS	<p>CCDFS in collaboration with Mojave Adult, Child and Family Services has implemented a program to monitor the use of psychotropic medications by children/youth in the custody of DFS. The monitoring process is based upon the mutual desire to improve the quality of care to foster children in an efficient and collegial manner. In total, 965 medication reviews have been completed to date by Mojave Adult, Child and Family Services. Due to medications requiring a new review each time they are increased or when medications change, the numbers reflect some children having multiple reviews. More than 425 children have had at least one medication review since November 2011. After the completed reviews are received back from Mojave, they are forwarded to the child's caseworker for review. To date the need for clinical review team has only been identified once, that team is in the process of being scheduled.</p> <p>The DFS nursing unit is responsible for reviewing the medication consent forms, medication logs, and the Psychiatric Services Consent forms within 24 hours of receipt from the investigator/case manager. If the medications meet the criteria outlined in NRS 432B.197, a DFS nurse sends a referral for additional screening/review to Mojave Mental Health. The Mojave nurse then conducts a more extensive chart review for factors known to be associated with the over-use of psychotropic medications. In the event that there are questions regarding clinical assessment, an independent chart review is then conducted by a board-certified or board-eligible Child and Adolescent Psychiatrist. As a result of the chart reviews Mojave makes recommendations and findings which may include suggestions for additional services, tracking outcome measures, or psychiatric assessments.</p> <p>Mojave communicates the review recommendations and findings to the</p>	Ongoing

	<p>DFS nursing unit. The DFS nursing unit is then responsible for communicating the findings and recommendations to the DFS case manager, so that the person legally responsible can be duly informed. Based on the review findings and recommendations, the Person Legally Responsible may choose to continue with the current psychiatric medication or may deny further use of the psychiatric medication.</p> <p>Mojave and DFS have created a mechanism, Child Clinical Review Teams, for sharing accurate and up-to-date information related to psychotropic to clinicians, child welfare staff, and consumers. The purpose of the Child Clinical Review Teams is to ensure that the child's mental health treatment plan is adequately addressing the child's needs based on diagnosis and target symptoms.</p>	
WCDSS	<p>It is the PLR's responsibility to monitor medication at the child's level, and to inform the case worker and PLR Unit of decisions made in regards to psychotropic medication including the approval of any new psychotropic medication, continuation of previously prescribed medication, increase or decrease in medication dosage, change in the way a medication is administered or time it is given, stopping of medication, and denial of any medication. The PLR Unit is responsible for monitoring medication at the agency level. On a quarterly basis the PLR Unit, in conjunction with the Clinical Care Management Unit, reviews all Psychotropic Medication records, and documents if/when a medication meets the criteria outlined in NRS 432B.197. The PLR Unit also completes a quarterly review of psychotropic medication administration, utilizing medication logs and inspection sheets completed by the assigned case worker, to verify that psychotropic medications are being administered in accordance with the consents provided by the PLR.</p>	Ongoing
DCFS Rural Region:	Individual clients are monitored by 1:1 relationships with MD's. All medication is	Ongoing

	<p>monitored by child welfare worker and reported in the SACWIS database.</p> <p>Medications are monitored within the database by the clinical team, in consultation with the contracted child and adolescent psychiatrist.</p>	
<p><i>(Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible Child and Adolescent Psychiatrist [at both the agency and individual case level]; and)</i></p>		
<p>CCDFS</p>	<p>CCDFS contracted with Mojave Adult, Child and Family Services to implement a program for monitoring the use of psychotropic medications by youth in the custody of DFS. The monitoring process is a collaborative process between DFS and the Mojave Mental Health Services, based upon the mutual desire to improve the quality of care to foster children in an efficient and collegial manner. In total, 965 medication reviews have been completed to date by Mojave Adult, Child and Family Services. Due to medications requiring a new review each time they are increased or when medications change, the numbers reflect some children having multiple reviews. More than 425 children have had at least one medication review since November 2011. After the completed reviews are received back from Mojave, they are forwarded to the child's caseworker for review. To date the need for clinical review team has only been identified once, that team is in the process of being scheduled.</p> <p>Mojave Adult, Child and Family Services conduct s routine clinical chart reviews for factors known to be associated with the over-use of psychotropic medications. These clinical chart reviews are facilitated by mental health experts, psychiatric APNs and/or board-certified or board-eligible Child and Adolescent Psychiatrists. Outcomes of these reviews may include suggestions for additional psychiatric services, tacking outcome measures, or the need for further psychiatric assessment.</p>	<p>Ongoing</p>
<p>WCDSS</p>	<p>WCDSS has board-certified Child and Adolescent Psychiatrists on contract available for consultation and second opinion.</p>	<p>Ongoing</p>

<p>DCFS Rural Region:</p>	<p>DCFS Rural Region recently entered into a contract with a child and adolescent psychiatrist to provide direct consultation and/or second opinions for children within the rural DCFS foster care system that are prescribed psychiatric medications.</p>	<p>Ongoing</p>
<p><i>(Mechanisms for sharing accurate and up-to-date information related to psychotropics to clinicians, child welfare staff, and consumers. This should include both data sharing mechanisms (e.g., integrated information systems) and methods for sharing educational materials.)</i></p>	<p></p>	<p></p>
<p>CCDFS</p>	<p>Mojave and DFS has created a mechanism, Child Clinical Review Teams, for sharing accurate and up-to-date information related to psychotropic medications and treatment to clinicians, child welfare staff, and consumers.</p> <p>The purpose of the Child Clinical Review Teams is to ensure that the child's mental health treatment plan is adequately addressing the child's needs based on diagnosis and target symptoms.</p> <p>All parties that are responsible for the care of the child and the prescribing physician, if feasible, participate in the Child Clinical Review Team in order to discuss Mojave's review findings and recommendations.</p> <p>To date the need for clinical review team has only been identified once, that team is in the process of being scheduled.</p>	<p>Ongoing</p>
<p>WCDSS</p>	<p>The PLR Unit regularly meets with Psychiatrists and community mental health agencies, treatment home providers and other stakeholders to go over the PLR law and discuss any changes or impacts on service delivery. The PLR Unit conducts PLR trainings twice monthly for all nominated PLRs and others who seek to know more about the PLR process. The PLR unit provides ongoing training on an individual and agency-wide basis to ensure compliance with PLR law and policy. WCDSS and the PLR Unit have also developed a database to track psychotropic medications, mental health diagnoses, prescribing patterns and criteria outlined in NRS 432B.197. Psychiatric appointment dates, mental health diagnoses, and psychotropic medications</p>	<p>Ongoing</p>

	are also entered into UNITY.	
DCFS Rural Region:	Data on medication is posted on a medical database that is available for staff to access. This database is accessible by caretakers.	Ongoing
How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children;	HOPS Committee acts as an ongoing committee to review the health care service plans, strategize on healthcare related issues, and provide feedback to child welfare agencies through recommendations to the child welfare agencies Decision Making Group (DMG).	<ul style="list-style-type: none"> • HOPS Committee will continue to meet quarterly. • The HOPS Committee will provide ongoing planning, make plan revisions, oversee the implementation of the plan and assist in the identification of other needed health services for foster children.
Steps to ensure that the components of the transition plan development process required under section 475(5) (H) that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met.	<p>Per the statewide 0801 Youth Plan for Independent Living policy –</p> <p>Effective July 1, 2005, young adults who have “aged out” of foster care may receive Medicaid as an “Independent Foster Care Adolescent”. This includes children who were in the custody/in foster care through the Division of Child and Family services (DCFS), DCFS-Youth Parole, CCDFS DFS, WCDSS DSS, tribal Social Service agencies, or in foster care in another state.</p> <p>To qualify for Medicaid in this category, an individual must:</p> <ul style="list-style-type: none"> • be under 21 years of age; • have been in foster care under the responsibility of the state at the time they turned 18 years of age; and • meet citizenship and residency requirements. <p>Young adults, who age out of foster care in Nevada, will be given the opportunity to apply through their state or county caseworker when they are exiting foster care. If they choose not to apply at that time, but later decide they need assistance, they can apply at any time prior to their 21st birthday.</p> <p>Application for this type of Medicaid occurs through the Nevada Division of Welfare and Supportive Services (DWSS).</p> <p>The current DCFS Independent Living Policy requires that during the 90-Day Transition plan that the youth is educated regarding the importance of designating</p>	Statewide Policy effective: Dec. 2010

	<p>an "Agent" to make healthcare decisions, through a healthcare power of attorney, in case the youth should become incapacitated and unable to make their own health decisions. State and county child welfare agencies are obligated to provide the youth the opportunity to execute a healthcare power of attorney upon attaining age 18 when they can legally sign such a document.</p>	
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APPENDIX E: Nevada Child Welfare Protective Services Workforce

Nevada's Child Welfare Protective Services 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 618 Caseworkers, 120 Supervisory, and 24 Management positions in child welfare filled statewide. Statewide there are approximately 119 Caseworker vacancies.

CCDFS Child Welfare Protective Services Workforce:

As previously reported CCDFS indicates their agency has 460 Caseworkers, 78 Supervisory and 14 Management positions filled. There are currently 98 Caseworker vacancies, and 14 Supervisory vacancies. Furthermore, CCDFS reports the following caseload ratios: Investigative Caseworkers 1:12, in-home Caseworkers 1:10, and permanency Caseworkers 1:17. CCDFS reports a turnover rate of 10% for this reporting period. Staff separations during this time period included ten (10) retirements, five (5)-ten (10) dismissals, approximately 100 lateral or promotional moves and 44-50 voluntary resignations.

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:**

All staff employed by CCDFS DFS as a caseworker must 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. However, over the last year, DFS has worked to develop a new survey tool that can be administered to all existing and newly arriving staff. The survey will obtain information on employees' education and experience. The survey will be administered beginning in early fiscal year 2013/2014. The approximately launch date has been slated for July 1, 2013.

- **Training provided to new child welfare workers to ensure competencies identified:**

All new CCDFS field operations staff receives the State of Nevada New Worker Core and internal DFS training regarding Child Welfare Practice and CCDFS Policies and Procedure within their first year of employment

- **Caseload size depending on the child welfare program (i.e. intake, reunification)**

Investigations 1 to 12 cases per investigator;

In-Home 1 to 10 cases per In-home specialist and;

Permanency 1 to 17 cases per Permanency specialist.

- **How ongoing training is selected and provided to ensure the competencies of caseworker, supervisors, managers and administrators.**

Ongoing training for staff is identified through performance evaluations. The required training identified is documented in their performance reviews and monitored by the supervisor. DFS Administration has also required mandatory training for staff when there are changes in policy and procedure and new initiatives. This training is conducted in classroom settings and/or through unit meetings and one-to-one remediation. In 2013, Managers and Administrators were required to attend Safety Intervention Permanency System training. Operations staff were required to attend Safety Intervention Permanency Systems Overview in April of 2013.

- **How skill development of new and experienced staff is measured;**

Pre-tests and Post-tests are completed for each individual within each of 5 New Worker Training Modules. New staff then completes On the Job Training (OJT) in their assigned units with their Supervisors to ensure they are applying the skills learned in the training. Experienced staff skill development is measured as part of their regular monthly one to one with their supervisors and annually as part of their Performance Evaluations.

WCDSS Child Welfare Protective Services Workforce:

As previously reported WCDSS indicates their agency has approximately 90 Caseworkers, 2.5 Para-professional Caseworker positions, 17.5 Supervisory and 5 Management positions. There is currently One (1) supervisory vacancy, and eight (8) caseworker vacancies. Furthermore, WCDSS reports the following caseload ratios: experienced assessment workers average 12 investigations per month, and permanency workers average 1:24. WCDSS reports a turnover rate of 10% for this reporting period. Staff separations during this time period included, One (1) retirement, Zero (0) dismissals, two (2) laterals, One (1) promotional move and ten(10) voluntary resignations.

- There were significant lateral moves this year as a result of the Permanency Innovations Initiative funded through the Children's Bureau. WCDSS project is called SAFE-FC. Previously, the Department's assessment and permanency units were configured with units comprised of two (2) assessment workers and four (4) permanency workers. SAFE-FC is a scientific research project and required permanency staff to be randomly assigned to three (3) units of 18 permanency workers. The remaining eight (8) (with one unit being vacant) are comprised of four (4) assessment and two (2) to three (3) permanency workers each.

Additional WCDSS Workforce Information:

- **How staff are recruited and selected :**

Recruitment is conducted at the University of Nevada, Reno as well as the department accepts up to 9 Social Work student interns with an average of two (2)-three (3) applying for positions upon graduation.. In addition, the county maintains a website and announcements are periodically placed with national organizations.

- **Degrees and certifications required for your agency child welfare workers and professionals responsible for the management of cases and child welfare staff**

Social Workers must have a social work degree and be licensed in Nevada. Case Managers must have a Bachelor's Degree from an accredited college or university in Criminal Justice, Psychology, Social Work, Sociology, or a closely related field.

- **Demographic information on current staff and recent hires.**

- Bachelor of Social Work (BSW): 62
- Title IV-E supported BSW: 1
- Master of Social Work (MSW): 8
- Title IV-E supported MSW: 2
- Other Degree: 6

- **Race/Ethnicity** - There are five (5) workers identified as Hispanic, two Asian Pacific islander, and the remaining White. The Case Manager position was created to help increase the diversity pool of candidates.

- **Salaries;** Social Worker and Case Manager positions start at \$46,280 and the maximum for the Case Manager series is 64,313.60, and \$71,323.20 for the Social Worker series. The Supervisor classification minimum salary is \$61,672.00 and maximum is \$80,142.40. The Children's Services Coordinator (manager level) minimum salary is \$70,241.60 and maximum \$91,332.80.

- **Position Types:** WCDSS utilizes two position classes to fill Intake, Screening, Assessment and Investigation positions. The first is Social Worker which has three levels and Social Services Case Manager which has two levels.

There are two position types that carry a child welfare caseload: Case Manager I and II, and Social Worker I, II, and III. The Case Manager position was created because of difficulty recruiting bilingual candidates. The Case Manager must have a related degree and is expected to be more closely supervised. Case Managers are strongly encouraged to complete the educational requirements to become a licensed social worker and the Agency has provided field placement and alternative request schedules to accommodate classes and degree requirements.

- **Training provided to new child welfare workers to ensure competencies identified**

WCDSS has a Training Unit comprised of three full-time Senior Social Workers. Two of the SSW are Permanency trainers and one is an Assessment trainer. New workers are assigned to a SSW in the training unit for approximately 180 days depending on their level of experience. Approximately 90 days the worker switches assignments (assessment to permanency or visa versa.) Each trainee's competency is assessed prior to "graduating". Additionally, WCDSS mandates all new hires attend the Core Competency training established and facilitated by the Nevada Training Partnership through the University of Nevada, Reno.

- **Caseload size depending on the child welfare program (i.e. intake, reunification)**
 - Experienced assessment workers average 12 new investigations/assessment per month, and permanency workers ratio is currently 1:24.
 - Information related to tracking staff turnover and vacancy rates.
 - Retirements; 1 Program Specialist, not child welfare caseworker.
 - Dismissals: 0
 - Lateral or promotional moves: 2 lateral moves and 1 promotion NOT associated to SAFE-FC.
 - Voluntary resignation; There were 10 voluntary resignations.
 - Supervisor-to-Worker Ratios:1:6.5

DCFS Rural Region Child Welfare Protection Workforce:

As previously reported DCFS Rural Region indicates their agency has 66 Caseworkers, 11 Supervisory and 5 Management positions filled. There are currently 13 caseworker vacancies, and One (1) supervisory vacancy. The DCFS Rural Region has a current average caseload size of 20 cases for each Child Protective Services (CPS) caseworker, and the DCFS Rural Region averages 19-22 cases for substitute care; however, a great disparity in these numbers can exist in offices with vacant positions. Furthermore, the DCFS Rural Region has 66 social worker positions; of those 54 are Substitute Care and CPS workers, four (4) are in licensing, Five (5) are in Adoptions, and three (3) are in the Quality Assurance Unit (QA). During this reporting period, 22 Social Work staff has been hired, and 27 Social Work staff have transferred, did not meet probationary requirements or terminated to take other employment.

Additional DCFS Rural Region Child Welfare Protection Workforce Information:

How staff are recruited and selected:

- Staff is 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): 52
 - Title IV-E supported BSW
 - Master of Social Work (MSW): 17
 - Title IV-E supported MSW; or
 - Other Degree: 1- Bachelor of Psychology
- **Years of child welfare experience or other related experience working with children and families**

Twenty nine (29) staff has between 1-5 years of experience; twenty two (22) staff has between 6-10 years of experience; eleven (11) staff has between 11-20 years of experience and eight (8) 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; and**

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:**

New Worker CORE and the trainings mentioned under A. Child Protective Services Workforce. Other mandatory trainings for staff include: Child Abuse Prevention and Treatment Act, 4th and 14th Amendments; Integrative Case Planning: Developing and Writing Case Plans; Caseworker Contact: Case Note Training for Quality Visits; Persons Legally Responsible: Medical Care and Psychotropic Medication; and all the New SAFE Practice Model trainings: Intake: Nevada Initial Assessment; Confirming Safe Environments and Conditions for Return

- **Caseload size depending on the child welfare program (i.e. intake, reunification)**

The rural region has a current average caseload size of 20 cases for each CPS worker and averages 19-22 cases for substitute care; however, a great disparity in these numbers exists for frontier offices operating with vacant social work positions.

- **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 2 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. We have 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)

- **Information related to tracking staff turnover and vacancy rates.**

- Retirements; 4
- Dismissals: 2

- Lateral or promotional moves: 7
- Voluntary resignation; and 12

- **Supervisor-to-Worker Ratios:** Of the 10 Supervisory positions, 9 are currently filled. Of those four (4) have a 1:5 ratio; three (3) have a 1:6 ratio; three (3) have a 1:7 ratio

Two supervisors have a 1:7 caseworker ratio and travel to supervise satellite offices; one supervisor has 7 caseworkers and 2 administrative staff and covers 3 offices; the second has 7 caseworkers and 1 Administrative staff, and covers 2 offices

1 District Office Manager, without a supervisor, has a 1:7 caseworker supervisory ratio, Plus 2 Administrative staff and, 1 Family Support Worker

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	CCDFS Department of Family Services
CCFAPA	CCDFS 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
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	WCDSS Department of Social Services

ATTACHMENT C: Stakeholders and Groups

- **Child Death Review (CDR):** The child death review account was established to support statewide child death review activities of the mandated Administrative Team and the Executive Committee to Review the Death of Children. The activities of the committees include the following outcomes:
 - Development of statewide policies, procedures, strategies, and initiatives undertaken by public child welfare;
 - Issuance of public awareness messages surrounding relevant topic areas;
 - Report on the number of training held each year;
 - Conduct annual evaluations completed of combined statewide prevention efforts; and, monitor and report the number of contacts with statewide boards and commissions.

Executive Committee: The Executive Committee to review the death of children, formed in 2003 is composed of representatives from local multidisciplinary child death review teams whose statutory purpose (NRS 432B.403) is 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 teams 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 Administrative Team.

The Executive Committee makes decisions about funding initiatives to prevent child maltreatment and death, which may be based on recommendations from the Administrative Team. Additionally, the Executive Committee adopts statewide protocols for the review of the death of children; designates the members of the Administrative Team; oversees training and development for the regional CDR teams; and compiles and distributes a statewide annual report. Funding for the work of the Committee was also established as a result of AB 381, and 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 Administrative Team: The Administrative Team is comprised of Administrators of agencies which provide child welfare services, and agencies responsible for vital statistics, public health, mental health and public safety per NRS 432B.408. The purpose of the Administrative Team is to provide oversight for local teams and to receive the reports and recommendations from local multidisciplinary teams for review and make appropriate responses back within 90 days after receiving the report. These recommendations are made by Administrators who are able to affect agency policy or may make other recommendations to other entities regarding policy, laws, regulation or practice, and public education. The Administrative Team members may be able to resolve issues that local child death review teams have identified. The Administrative Team works with the Executive Committee in developing the annual budget, public education campaigns and public policy. Both teams work together to prevent child fatalities. The Administrative team reviews reports and recommendations from the regional CDR teams and makes decisions regarding the recommendations for improvements to laws, policies, and practices and also makes recommendations about funding for improvements, initiatives, and public education requiring expenditures.

- **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 not required to submit these again, as they have not changed since the prior submissions.

ATTACHMENT E: Financial Information: