



# Child and Family Services Reviews

## Nevada Statewide Assessment



**February 2018**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Administration on Children, Youth and Families  
Children's Bureau

**This page was intentionally left blank.**

# Table of Contents

<b>Introduction.....</b>	<b>1</b>
The CFSR Process.....	1
Integration of the CFSP/APSR and CFSR Statewide Assessment .....	2
The Statewide Assessment Instrument .....	2
Completing the Statewide Assessment .....	3
How the Statewide Assessment Is Used .....	3
Statewide Assessment Instrument.....	4
<b>Section I: General Information .....</b>	<b>4</b>
CFSR Review Period .....	4
State Agency Contact Person for the Statewide Assessment.....	5
Statewide Assessment Participants .....	6
<b>Section II: Safety and Permanency Data .....</b>	<b>12</b>
State Data Profile.....	12
<b>Section III: Assessment of Child and Family Outcomes and Performance on National Standards .....</b>	<b>13</b>
Instructions.....	13
A. Safety.....	14
B. Permanency.....	19
C. Well-Being .....	31
<b>Section IV: Assessment of Systemic Factors.....</b>	<b>39</b>
Instructions.....	39
A. Statewide Information System .....	40
B. Case Review System.....	43
C. Quality Assurance System .....	55
D. Staff and Provider Training.....	63
E. Service Array and Resource Development .....	92
F. Agency Responsiveness to the Community .....	108
G. Foster and Adoptive Parent Licensing, Recruitment, and Retention .....	119

**This page was intentionally left blank.**

## Introduction

The Child and Family Services Reviews (CFSR), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

## The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

## Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

## The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

## Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

## How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFSR systemic factors; and
- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)*

*Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.*

*An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.*

## Statewide Assessment Instrument

### Section I: General Information

Name of State Agency: Nevada Department of Health and Human Services, Division of Child and Family Services

#### CFSR Review Period

CFSR Sample Period: Rolling Quarterly Sampling starting April 1, 2017 through December 30, 2017  
(November 2017 and February 2018 for in-home cases)

Period of AFCARS Data: Submissions as of 6/17/17

Period of NCANDS Data: Submissions as of 6/1/2017

(Or other approved source; please specify if alternative data source is used):

Case Review Period Under Review (PUR):

Review Months	Rolling Monthly Sample Periods	Periods Under Review
April 2017	4/1/2017 to 9/30/2017 (11/15/2017 for in-home)	4/1/2017 to Date of Review and submission to QA
May 2017	4/1/2017 to 9/30/2017 (11/15/2017 for in-home)	4/1/2017 to Date of Review and submission to QA
August 2017	7/1/2017 to 12/30/2017 (2/15/2018 for in-home)	7/1/2017 to Date of Review and submission to QA
September 2017	7/1/2017 to 12/30/2017 (2/15/2018 for in-home)	7/1/2017 to Date of Review and submission to QA



## State Agency Contact Person for the Statewide Assessment

Name: [Jan Fragale](#)

Title: [Social Services Chief, III](#)

Address: [Department of Health and Human Services, Division of Child and Family Services 4126 Technology Way, Carson City Nevada 89706](#)

Phone: [776-684-4428](#)

Fax: [775-684-4456](#)

E-mail: [jfragale@dcfs.nv.gov](mailto:jfragale@dcfs.nv.gov)

## Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

### State Response:

The State of Nevada, Program Family Office (FPO), Continuous Quality Improvement (CQI) gathered information about the functioning of the public child welfare system from the perspective from internal and external partners. External Stakeholders included Caregivers, Judicial Staff, and Biological Parents. Internal Stakeholders included caseworkers, supervisors, youth, agency supportive staff, recruitment staff, and managers.

The State of Nevada contracted with an expert to facilitate Focus Groups. The Contractor is a licensed Clinical Social Worker with more than 40 years of experience in the Child Welfare field, having been a caseworker, supervisor, contract manager, program director, and regional administrator herself. The Focus Groups were held the week of October 16, 2017 and participants were asked to focus on the most recent time-frames.

The following individuals participated in the Statewide Planning meetings, provided information and or reviewed information to complete the assessment.

### INTERNAL STAKEHOLDERS:

Child Welfare Agency Affiliation	Name	Title
Clark County Dept. of Family Services	Arsineh Mardian	Administrative Assistant
Clark County Dept. of Family Services	Charlene Benon	Administrative Assistant
Clark County Dept. of Family Services	Ramon Avendado	Administrative Assistant
Clark County Dept. of Family Services	Darlene Bragg	Administrative Assistant
Clark County Dept. of Family Services	Beatriz Maefield	Caseworker-Permanency
Clark County Dept. of Family Services	Brandy Manuel	Caseworker-Permanency
Clark County Dept. of Family Services	Christine Glass	Caseworker-Permanency
Clark County Dept. of Family Services	David Corral	Caseworker-Permanency
Clark County Dept. of Family Services	Maria Devon-Shepard	Caseworker-Permanency
Clark County Dept. of Family Services	Naomi Caterina	Caseworker-Permanency
Clark County Dept. of Family Services	Regina Wedlow	Caseworker-Permanency
Clark County Dept. of Family Services	Sammi Kahawai	Caseworker-Permanency
Clark County Dept. of Family Services	Breanna Hafen	Caseworker-Specialized Permanency

*Statewide Assessment Instrument Section I: General Information*

Clark County Dept. of Family Services	Christal Sanders	Caseworker-Specialized Permanency
Clark County Dept. of Family Services	Del Rae Augustine	Caseworker-Specialized Permanency
Clark County Dept. of Family Services	Emre Iscan	Caseworker-Specialized Permanency
Clark County Dept. of Family Services	Hernoria Childress-Smith	Caseworker-Specialized Permanency
Clark County Dept. of Family Services	Tamiko Carter-Henderson	Caseworker-Specialized Permanency
Clark County Dept. of Family Services	Vanessa Benavides-Sanchez	Caseworker-Specialized Permanency
Clark County Dept. of Family Services	Holly Vetter	Program Specialist-QA/QI
Clark County Dept. of Family Services	Oscar Benevides	Supervisor
Clark County Dept. of Family Services	Kim Le	Supervisor-Child Protective Services
Clark County Dept. of Family Services	Sha'Londa Adams	Supervisor-Foster Parent Recruitment
Clark County Dept. of Family Services	Cheryl Cooley	Supervisor-Sex Abuse Unit
Clark County Human Services	Jennifer Erbes	Supervisor-Permanency
Clark County Human Services	Leah Eason	Supervisor-Permanency
Clark County Human Services	Danielle McCowen	Supervisor-Adoption
Clark County Human Services	Michele Fisher	Supervisor-Child Protective Services
Clark County Human Services	Heather Jordan	Supervisor-Child Protective Services
Clark County Human Services	Nymisha Johnson	Supervisor-Permanency
Clark County Human Services	Michelle Maese	Supervisor-Specialized Permanency
Clark County Human Services	Casey Stimpson	Supervisor-Permanency
Clark County Human Services	Sharecca Lynch	Supervisor-Child Protective Services
Rural Region-Carson	Betsey Crumrine	Social Services Manager
Rural Region-Carson	John Bradtke	Social Services Manager
Rural Region-Carson City	Anonymous	IL Youth – Age 14
Rural Region-Carson City	Anonymous	IL Youth – Age 17
Rural Region-Carson City	Anonymous	IL Youth – Age 18
Rural Region-Carson City	Jessica Carstens	Supervisor-Assessment

*Statewide Assessment Instrument Section I: General Information*

Rural Region-Carson City District Office	Lori Nichols	Licensing Recruitment
Rural Region-Elko	Lori Moorehead	Caseworker-Assessment
Rural Region-Elko District Office	Dixie Jeffers	Licensing Supervisor
Rural Region-Elko Office	Nicole MacRae	Caseworker-Assessment
Rural Region-Fallon	Anonymous	IL Youth – Age 17
Rural Region-Fernley Office	Rhonda Felix	Supervisor-Permanency
Rural Region-Pahrump	Brionna Moore	Caseworker-Permanency
Rural Region-White Pine	Anonymous	IL Youth – Age 19
Rural Region-Yerington	Candice Landa	Caseworker-Permanency
State-Family Programs Office	Sue Palmer	Administrative Assistant
State-Family Programs Office	Reesha Powell	Deputy Administrator, DCFS
State-Family Programs Office	Melissa Faul	Social Services Specialist-Child Fatality
State-Family Programs Office	Anne Connor	Social Services Specialist-CQI
State-Family Programs Office	Lori Smith	Social Services Specialist-CQI
State-Family Programs Office	Dorothy Pomin	Social Services Specialist-Foster Care
State-Family Programs Office	Katie Siemon-Martin	Social Services Specialist-IL
State-Family Programs Office	Jan Fragale	Social Services Chief
State-Family Programs Office	Laurie Jackson	Social Services Chief
State-Family Programs Office	Hayley Jarolimek	Social Services Chief
State-Family Programs Office	Barbara Olsen	Social Services Specialist-CQI
State-Family Programs Office	Jennifer Dominguez	Social Services Specialist-CQI
State-Family Programs Office	Shannon Foster	Social Services Specialist-ICPC
State-Family Programs Office	Kellee Nash	Social Services Specialist-Training
State-Family Programs Office	Matthew Boyce	Statistician-CQI
Washoe County Human Service Agency	Amber Cummins	Case Compliance Reviewer
Washoe County Human Service Agency	Stacey Lance	Coordinator
Washoe County Human Service Agency	Bojana Vujeva	Management Analyst

Washoe County Human Service Agency	Andrea Menesini	NIA Caseworker
Washoe County Human Service Agency	Michelle Rosencrantz	NIA Caseworker
Washoe County Human Service Agency	Jennifer McKeirnan	Permanency Caseworker
Washoe County Human Service Agency	Kasey Pomerlau	Permanency Trainer Caseworker
Washoe County Human Service Agency	Mikie Franklin	Social Services Supervisor
Washoe County Human Service Agency	Steve Canele	Social Services Supervisor
Washoe County Human Service Agency	Samantha Sevcsik	Social Services Supervisor-Adoption
Washoe County Human Service Agency	Melony Elam	Social Services Supervisor-IL
Washoe County Human Service Agency	Alicia Kraft	Social Services Supervisor-Assessment
Washoe County Human Service Agency	Natalie Miller	Social Services Supervisor-Permanency
Washoe County Human Service Agency	Diane Wozniak	Social Services Supervisor-Assessment
Washoe County Human Service Agency	Amy Sandvik	Social Services Supervisor-Permanency Training

## EXTERNAL STAKEHOLDERS:

Child Welfare Agency Affiliation	Name	Title
Clark County Dept. of Family Services	Mary McCarthy	Attorney-Children's Attorney Project, Legal Aid of Southern NV
Clark County Dept. of Family Services	Shelia Parks	Court Appointed Special Advocate (CASA) Program Administrator
Clark County Dept. of Family Services	Verise Campbell	Court Appointed Special Advocate (CASA) Volunteer
Clark County Dept. of Family Services	Crystal Bomar	Court Appointed Special Advocate (CASA) Volunteer
Clark County Dept. of Family Services	Marla Polott	Court Appointed Special Advocate (CASA) Volunteer
Clark County Dept. of Family Services	Cindy Craft	Court Appointed Special Advocate (CASA) Volunteer Coordinator
Clark County Dept. of Family Services	Janice Wolf	District Attorney-Children's Attorney Project, Legal Aid of Southern NV
Clark County Dept. of Family Services	Frank Sullivan	District Judge, 8th District Court
Clark County Dept. of Family Services	Marti Derouin-Raynor	Foster Parent

*Statewide Assessment Instrument Section I: General Information*

Clark County Dept. of Family Services	Mary Anne Thomas	Foster Parent
Clark County Dept. of Family Services	Berenice Blas-Juarez	Foster Parent
Clark County Dept. of Family Services	Kourtney Whiteford	Foster Parent
Clark County Dept. of Family Services	Lyn Robertson	Kinship Care Provider
Clark County Dept. of Family Services	Stacey Galka	Kinship Care Provider
Rural Region- Elko	Kathy Mchan	Adoptive Parent
Rural Region-Carson	Nathan "Tod" Young	District Court Judge, 9th District Court
Rural Region-Carson	Kimberly Okezie	Special Master, 1st Judicial District Court
Rural Region-Carson City	Belinda Saavedra	Supervisor-IL, Ron Wood Family Resource Center
Rural Region-Carson City	Larisa Favero	Adoptive/Foster Parent
Rural Region-Carson City	Michelle Nemirow	Foster Parent
Rural Region-Ely	Gary Fairman	District Court Judge, 7th Judicial District Court
Rural Region-Fernley & Yerington	Caroline Punches	Executive Director, Lyon County CASA
Rural Region-Hawthorne, Battle Mountain, & Lovelock	Jim Shirley	District Court Judge, 11th District Court
Rural Region-Winnemucca	Michael Montero	District Court Judge, 6th District Court
Administrative Office of the Court	Katherine Malzahn-Bass	NV Supreme Court Improvement Program Coordinator
Washoe County Human Service Agency	Jennifer Rains	Chief Deputy – Public Defenders Office, 2nd District Court
Washoe County Human Service Agency	Dawn Gearheart	Child Advocate Attorney-Washoe Legal Services, 2nd District Court
Washoe County Human Service Agency	Ryan Gustafson	Children's Services Division Director,
Washoe County Human Service Agency	Alison Testa	Deputy District Attorney, 2nd District Court
Washoe County Human Service Agency	Charles Aglubat	Deputy District Attorney, 2nd District Court

*Statewide Assessment Instrument Section I: General Information*

---

Washoe County Human Service Agency	Mary Fiala	District Court Clerk, 2nd District Court
Washoe County Human Service Agency	Karen Sabo	District Court Master, 2nd District Court
Washoe County Human Service Agency	Egan Walker	District Judge, 2nd District Court
Washoe County Human Service Agency	Tanya Greenwell	Judicial Staff
Washoe County Human Service Agency	Pamela Eckhardt	Legal Secretary, 2nd District Court
Washoe County Human Service Agency	Megan Lucey	VOCA Coordinator
Washoe County Human Service Agency	Mary Blake	Foster Parent
Washoe County Human Service Agency	Fatai & Raymond Langi	Foster Parents
Washoe County Human Service Agency	Jill Kappan	Adoptive Parent
Washoe County Human Services Agency	Anonymous	Biological Parent
Washoe County Human Services Agency	Anonymous	Biological Parent
Washoe County Human Services Agency	Anonymous	Biological Parent
Washoe County Human Services Agency	Patty Steen	Foster Parent
Washoe County Human Services Agency	Denna Smout	Foster Parent

## **Section II: Safety and Permanency Data**

### **State Data Profile**

*(CB-generated state data profile will be inserted here)*



# Nevada

September 2017

## Child and Family Services Review (CFSR 3) Data Profile

Calculations based on revised syntax (pending verification)

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

### Risk Standardized Performance (RSP)

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

<sup>1</sup> ■ State's performance (using RSP interval) is statistically better than national performance

<sup>2</sup> ■ State's performance (using RSP interval) is statistically no different than national performance

<sup>3</sup> ■ State's performance (using RSP interval) is statistically worse than national performance

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

National Performance		11B12A	12A12B	12B13A	13A13B	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A
Permanency in 12 months (entries)	RSP	42.5%	42.0%	46.6%	46.9%	45.1%	45.8%	45.7%				
	RSP interval	40.6%-44.4% <sup>2</sup>	40.2%-43.9% <sup>2</sup>	44.8%-48.3% <sup>1</sup>	45.1%-48.7% <sup>1</sup>	43.3%-47.0% <sup>1</sup>	44.0%-47.6% <sup>1</sup>	44.0%-47.4% <sup>1</sup>				
	Data used	11B-14A	12A-14B	12B-15A	13A-15B	13B-16A	14A-16B	14B-17A				
Permanency in 12 months (12 - 23 mos)	RSP					51.8%	50.0%	46.2%	44.1%	50.0%	49.6%	46.8%
	RSP interval					49.3%-54.4% <sup>1</sup>	47.5%-52.5% <sup>1</sup>	43.6%-48.9% <sup>2</sup>	41.6%-46.7% <sup>2</sup>	47.4%-52.5% <sup>1</sup>	47.1%-52.2% <sup>1</sup>	44.2%-49.4% <sup>2</sup>
	Data used					13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
Permanency in 12 months (24+ mos)	RSP					38.9%	35.1%	28.2%	32.1%	36.7%	37.9%	37.2%
	RSP interval					36.7%-41.2% <sup>1</sup>	32.8%-37.5% <sup>1</sup>	25.7%-30.9% <sup>3</sup>	29.7%-34.6% <sup>2</sup>	34.4%-39.0% <sup>1</sup>	35.8%-40.1% <sup>1</sup>	35.0%-39.5% <sup>1</sup>
	Data used					13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
Re-entry to foster care	RSP	7.3%	6.3%	5.7%	6.6%	6.9%	7.3%	6.9%				
	RSP interval	5.9%-9.1% <sup>2</sup>	5.0%-7.9% <sup>1</sup>	4.6%-7.2% <sup>1</sup>	5.4%-8.1% <sup>2</sup>	5.6%-8.6% <sup>2</sup>	6.0%-8.9% <sup>2</sup>	5.7%-8.4% <sup>2</sup>				
	Data used	11B-14A	12A-14B	12B-15A	13A-15B	13B-16A	14A-16B	14B-17A				
Placement stability (moves/1,000 days in care)	RSP					6.57	7.09	6.54	7.19	6.81	7.65	6.43
	RSP interval					6.32-6.83 <sup>3</sup>	6.83-7.36 <sup>3</sup>	6.3-6.8 <sup>3</sup>	6.92-7.46 <sup>3</sup>	6.57-7.07 <sup>3</sup>	7.37-7.94 <sup>3</sup>	6.18-6.69 <sup>3</sup>
	Data used					13B-14A	14A-14B	14B-15A	15A-15B	15B-16A	16A-16B	16B-17A
		13AB, FY13	14AB, FY14	15AB, FY15	FY12-13	FY13-14	FY14-15	FY15-16				
Maltreatment in care (victimizations/100,000 days in care)	RSP	11.17	11.66	8.52								
	RSP interval	9.51-13.11 <sup>2</sup>	9.89-13.74 <sup>3</sup>	7.03-10.33 <sup>2</sup>								
	Data used	13A-13B, FY13-14	14A-14B, FY14-15	15A-15B, FY15-16								
Recurrence of maltreatment	RSP				9.4%	8.3%	8.8%	8.5%				
	RSP interval				8.5%-10.3% <sup>2</sup>	7.5%-9.2% <sup>1</sup>	7.9%-9.7% <sup>2</sup>	7.6%-9.4% <sup>1</sup>				
	Data used				FY12-13	FY13-14	FY14-15	FY15-16				

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

# Nevada

September 2017

## Child and Family Services Review (CFSR 3) Data Profile

Calculations based on revised syntax (pending verification)

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

### Footnotes

**National performance (NP)** is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the “national standard.” See the Data Dictionary for more information, including the time periods used to calculate the national performance for each indicator.

**Risk standardized performance (RSP)** is derived from a multi-level statistical model and reflects the state’s performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state’s entry rate. It uses risk-adjustment to minimize differences in outcomes due to factors over which the state has little control and provides a more fair comparison of state performance against the national performance.

**Risk standardized performance (RSP) interval** is the state’s 95% confidence interval estimate for the state’s RSP. The values shown are the lower RSP and upper RSP of the interval estimate. The interval accounts for the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval. If the interval overlaps the national performance, the state’s performance is statistically no different than the national performance. Otherwise, the state’s performance is statistically higher or lower than the national performance. Whether higher or lower is desirable depends on the desired direction of performance for the indicator.

**Data used** refers to the initial 12-month period (see description for the denominator in the Data Dictionary) and the period(s) of data needed to follow the children to observe their outcome. The FY (e.g., FY13) or federal fiscal year, refers to NCANDS data, which spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data: ‘A’ refers to the 6-month period Oct 1st – March 31st. ‘B’ refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13A refers to the 6-month period Oct 1, 2012 – March 31, 2013).

# Nevada

September 2017

## Child and Family Services Review (CFSR 3) Data Profile

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

### Observed Performance

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator.

		11B12A	12A12B	12B13A	13A13B	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A
Permanency in 12 months (entries)	Denominator	2,562	2,688	2,801	2,759	2,639	2,855	2,908				
	Numerator	1,105	1,153	1,342	1,326	1,212	1,341	1,369				
	Observed performance	43.1%	42.9%	47.9%	48.1%	45.9%	47.0%	47.1%				
Permanency in 12 months (12 - 23 mos)	Denominator					1,212	1,246	1,108	1,167	1,195	1,213	1,164
	Numerator					672	668	545	557	651	645	577
	Observed performance					55.4%	53.6%	49.2%	47.7%	54.5%	53.2%	49.6%
Permanency in 12 months (24+ mos)	Denominator					1,062	963	727	851	938	1,017	933
	Numerator					492	410	240	330	431	496	445
	Observed performance					46.3%	42.6%	33.0%	38.8%	45.9%	48.8%	47.7%
Re-entry to foster care	Denominator	1,091	1,139	1,328	1,318	1,202	1,325	1,356				
	Numerator	70	62	66	77	73	88	85				
	Observed performance	6.4%	5.4%	5.0%	5.8%	6.1%	6.6%	6.3%				
Placement stability (moves/1,000 days in care)	Denominator					426,297	422,993	447,335	416,495	451,485	389,146	423,426
	Numerator					2,552	2,765	2,707	2,770	2,843	2,722	2,489
	Observed performance					5.99	6.54	6.05	6.65	6.30	6.99	5.88
		13AB,FY13	14AB,FY14	15AB,FY15	FY12-13	FY13-14	FY14-15	FY15-16				
Maltreatment in care (victimizations/100,000 days in care)	Denominator	1,738,683	1,593,266	1,576,717								
	Numerator	146	140	100								
	Observed performance	8.40	8.79	6.34								
Recurrence of maltreatment	Denominator				5,592	5,312	4,994	4,785				
	Numerator				410	343	340	315				
	Observed performance				7.3%	6.5%	6.8%	6.6%				

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

**Denominator:** For Placement stability and Maltreatment in care = number of days in care. For all other indicators = number of children.

**Numerator:** For Placement stability = number of moves. For Maltreatment in care = number of victimizations. For all other indicators = number of children.

**Percentage or rate:** For Placement stability = moves per 1,000 days in care. For Maltreatment in care = victimizations per 100,000 days in care. For all other indicators = percentage of children experiencing the outcome.

# Nevada

September 2017

## Child and Family Services Review (CFSR 3) Data Profile

Calculations based on revised syntax (pending verification)

Submissions as of 06-17-17 (AFCARS) and 06-01-17 (NCANDS)

### Data Quality

Calculating performance on statewide data indicators relies upon states submitting high-quality data. Data quality checks are performed prior to calculating state performance. The values below represent performance on the data quality checks. See the Data Dictionary for a complete description of each check and what the values represent. A blank cell indicates there was no data quality check assessed for that data period because it relies on a subsequent period of data that is not yet available. If the data period needed to calculate performance on an indicator displays an orange value or "DQ", then state performance was not calculated. "DQ" is displayed on the RSP and Observed Performance pages when performance could not be calculated due to data quality.

■ Indicates that data quality performance exceeds the data quality limit.

DQ = The data quality check was not performed due to data quality issues.<sup>1</sup>

#### AFCARS Data Quality Checks

	Limit	MFC	Perm	PS	10A	10B	11A	11B	12A	12B	13A	13B	14A	14B	15A	15B	16A	16B	17A
AFCARS IDs don't match from one period to next	> 40%	●	●	●	21.7%	22.4%	22.6%	23.7%	25.3%	22.9%	24.0%	25.8%	32.3%	28.9%	23.3%	26.7%	29.8%	27.3%	
Age at discharge greater than 21	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age at entry is greater than 21	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of entry	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Dropped records	> 10%	●	●	●	0.1%	0.1%	0.0%	0.0%	0.2%	0.3%	0.2%	0.0%	4.6%	5.5%	0.5%	0.2%	0.1%	0.2%	
Enters and exits care the same day	> 5%	●	●	●	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.2%	0.1%	0.2%	0.1%
Exit date is prior to removal date	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
In foster care more than 21 yrs	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of birth	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	●	●	●	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing discharge reason (exit date exists)	> 10%		●		0.0%	0.1%	0.1%	0.0%	0.1%	0.3%	0.2%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%
Missing number of placement settings	> 5%			●	0.6%	0.5%	0.3%	0.4%	0.5%	0.3%	0.4%	0.4%	0.3%	0.4%	0.2%	0.4%	0.4%	0.4%	0.4%
Percentage of children on 1st removal	> 95%	●	●	●	80.6%	79.3%	78.3%	78.0%	79.2%	79.2%	79.8%	80.4%	80.7%	81.4%	81.1%	80.9%	81.1%	81.2%	81.3%

#### NCANDS Data Quality Checks

	Limit	MFC	RM	12-13	13-14	14-15	15-16	2012	2013	2014	2015	2016
Child IDs for victims match across years	< 1%	●		3.4%	5.7%	2.4%	2.9%					
Child IDs for victims match across years, but dates of birth / age and sex do not	5%	●		0.0%	0.7%	0.0%	0.4%					
Missing age for victims	> 5%	●	●					0.0%	0.0%	0.0%	0.0%	0.0%
Some victims should have AFCARS IDs in child file	< 1%	●						100.0%	100.0%	100.0%	100.0%	100.0%
Some victims with AFCARS IDs should match IDs in AFCARS files	N -	●						Y	Y	Y	Y	Y

MFC = Maltreatment in foster care, PS = Placement stability, RM = Recurrence of maltreatment, Perm = Permanency indicators (Permanency in 12 months for children entering care, in care 12-23 months, in care 24 months of more, and Re-entry to care in 12 months)

<sup>1</sup> For example, there were underlying data quality issues with the AFCARS or NCANDS data set such as AFCARS IDs not being included or a DQ threshold was exceeded on a related data quality check.

## **Section III: Assessment of Child and Family Outcomes and Performance on National Standards**

### **Instructions**

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

## A. Safety

### Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

### State Response:

<b>Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect</b>
---

#### ***Item 1: Timeliness of initializing investigations of reports of child maltreatment***

##### Requirements

The Nevada Revised Statutes (NRS) sets forth parameters for developing regulations establishing reasonable and uniform standards for child welfare services across the state, to include criteria mandating that certain situations be responded to immediately (NRS 432B.260), and that determinations of abuse and/or neglect be made in cases in which an investigation has occurred. Nevada Administrative Code (NAC) requires a process be established when receiving a referral and determining if that referral constitutes a report of abuse or neglect.

When a referral is received by an intake worker alleging possible child maltreatment, a supervisor reviews the information, decides whether the referral will become a report, and makes a determination what type of response the report merits. If the referral becomes a report, it is assigned to a CPS caseworker for investigation. Statewide Intake and Response Time Policy 0506 outlines the expected response time for the type of child maltreatment allegation. The timeline begins with the receipt of the report to the agency. The following are child welfare agency response times that are outlined in Intake Policy/table 0506.5.1:

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

Referrals that do not rise to the level of an investigation may be referred to the Differential Response Program. The Differential Response Program has required response timelines in accordance with a Priority Code 3, or 72 hours (three business days).

The CFSR item #1 is measured utilizing a state's response time policy and/or regulation, and cases are applicable for an assessment of this item if an accepted child maltreatment report on any child in the family was received during the period under review. This includes reports assigned for an 'Alternative Response' assessment. Reports that are screened out are not considered 'accepted'. Alternative Response in Nevada is referred to as Differential Response and screened in as a Priority 3.

### Statewide Data (SFY 2017):

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) as part of Continuous Quality Improvement (CQI). Table 1.1 provides case review data for CY 2017.

**Table 1.1**

#### **Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 1: Timeliness of initiating investigations of reports of child maltreatment.	70%			79%			79%		
Performance Item Rating	S	ANI	NA	S	ANI	NA	S	ANI	NA
	21	9	36	34	9	32	37	10	36

In 2015 Nevada began using the Online Management System (OMS) developed by JBS for the Children's Bureau and for States conducting CQI Reviews. Nevada's baseline data for CY 2015 statewide is 70%. Also, the current Intake Policy 0506 Statewide Intake and Response Times is currently under revision.

The overall federal performance expectation for Safety Outcome 1 is 95%. Item 1 'the timeliness of investigations' is the only performance indicator for this item. Nevada's rating for this item was 79% statewide for CY 2017; therefore, this is an area needing improvement.

### **Safety Outcome 2: Children are safety maintained in their homes whenever possible and appropriate.**

### ***Item 2: Services to families to protect children in home and prevent removal or re-entry into foster care***

#### Requirements

Pursuant to NRS 432B.340, when an agency which provides child welfare services determines that a child needs protection, but is not in imminent danger from abuse or neglect, the agency may offer the parents a plan for services and inform the parents that the agency has no legal authority to compel the family to accept the plan or file a petition pursuant to NRS 432B.490 and if the child is in need of protection, request that the child be removed from the custody of his or her parents. NRS 432B.393 requires that the agency that provides child welfare services make reasonable efforts to keep the child safely in the home before consideration is made to place the child outside of the home.

Policy 0503 Differential Response procedures outlined in the policy are activated when there are reports alleging child neglect and a determination has been made that the report does not rise above a priority three; however, based on the information provided at Intake, it appears that the family is likely to benefit from early intervention through an assessment of the family for appropriate services.

It is the responsibility of the agency that provides child welfare services per NAC 432B.240 to provide a range of services and commit its resources to preserve the family and prevent placement of the child outside his/her home when possible and appropriate. All cases open for service must have a written collaborative case plan (NAC 432B.240 and Policy 0204 Case Planning) that defines the overall goals of the case and the step-by-step proposed actions for all parties to take to reach the

goals within a specified period.

### Statewide Data (SFY 2017)

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 2.1) is the most current case review data as it relates to item 2.

**Table 2.1**

#### **Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 2: Services to Families to protect children in home and Prevent removal or re-entry into foster care.	74%			59%			66%		
Performance Item Rating	S	ANI	NA	S	ANI	NA	S	ANI	NA
	20	7	39	23	16	36	27	14	42

The overall federal performance expectation for item 2 'Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care' is 90%. Nevada's rating for this item was 66% statewide for CY 2017; therefore, this is an area needing improvement.

### **Item 3: Risk Assessment and Safety Management**

#### Requirements

Per NAC 432B.150, when an agency which provides child welfare services receives a report made pursuant to NRS 432B.220, or from law enforcement, an initial evaluation must be conducted to determine if the situation or condition of the child makes child welfare services appropriate.

If an agency assigns the report for investigation, a safety assessment is required to be completed upon the initial face-to-face contact with the alleged child victim pursuant to NAC 432B.185. In addition, NAC 432B.185 requires the development of a safety plan to ensure the immediate protection of a child while safety threats are being addressed. A Safety Assessment is required to be completed at case milestones as outlined in NAC 432B.185. Policies 0508 and 0509 address this information.

### Statewide Data (SFY 2017)

**Table 3.1**

#### **CFSR Round 3 Statewide Data Indicators provided by ACF on 10/19/2017**

Federal Performance (SAFETY)	National Performance	Data Sources	Direction of Strength	Observed Performance	Risk Standardized Performance (RSP)		
					Lower CI	RSP	Upper CI



<b>Recurrence of Maltreatment</b>	<b>9.5%</b>	NCANDS FY 15-16	↓	<b>6.6%</b>	<b>7.6%</b>	<b>8.5%</b>	<b>9.4%</b>
-----------------------------------	-------------	--------------------	---	-------------	-------------	-------------	-------------

Green Shading = State's performance (using RSP interval) is statistically better than National Performance;  
 Grey Shading= State's performance (using RSP interval) is statistically no different than national performance;  
 Red Shading = State's performance (using RSP interval) is statistically worse than national performance.

Table 3.1 illustrates Nevada Performance on 'Recurrence of Maltreatment'. As shown Nevada is meeting standards and is statistically better than National Performance for this measure.

**Table 3.2**

**CFSR Round 3 Statewide Data Indicators provided by ACF on 10/19/2017**

<b>Federal Performance (SAFETY)</b>	<b>National Performance</b>	<b>Data Sources</b>	<b>Direction of Strength</b>	<b>Observed Performance</b>	<b>Risk Standardized Performance (RSP)</b>		
					<b>Lower CI</b>	<b>RSP</b>	<b>Upper CI</b>
<b>Maltreatment in care</b>	<b>9.5%</b>	NCANDS 15AB, FY15	↓	<b>6.34%</b>	<b>7.03%</b>	<b>8.52%</b>	<b>10.33%</b>

Green Shading = State's performance (using RSP interval) is statistically better than National Performance;  
 Grey Shading= State's performance (using RSP interval) is statistically no different than national performance;  
 Red Shading = State's performance (using RSP interval) is statistically worse than national performance.

Table 3.2 illustrates Nevada Performance on 'Maltreatment in Foster Care'. As shown Nevada is meeting standards and is statistically no different than the national performance for this measure.

**Table 3.3 Percent of Children without Recurrent Abuse or Neglect in Home Settings**

<b>Region</b>	<b>SFY 2013</b>	<b>SFY 2014</b>	<b>SFY 2015</b>	<b>SFY 2016</b>	<b>SFY 2017 YTD*</b>
<b>Clark</b>	99.02%	98.02%	97.81%	98.14%	97.76%
<b>Washoe</b>	97.72%	97.51%	98.45%	99.07%	99.01%
<b>Rural</b>	99.22%	100.00%	99.45%	99.03%	99.14%
<b>Statewide</b>	<b>98.79%</b>	<b>98.04%</b>	<b>98.03%</b>	<b>98.37%</b>	<b>98.07%</b>

Data Source: UNITY Report CFS7L8 (\*Note: SFY 2017 YTD includes nine months of data: July 1, 2016 – April 30, 2017)

Table 3.3 illustrates the effectiveness of child protective services in reducing the risk of harm for children who have been maltreated. For children with a substantiated report of abuse and/or neglect, it reflects the percentage of children who did not have a substantiated report in the six months following a substantiated report during each year for the period of SFY 2013 through 2017 YTD.

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 3.4) is the most current case review data for item 3.

Table 3.4

**Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 3: Risk Assessment and Safety Management	50%			45%			35%		
Performance Item Rating	S	ANI	NA	S	ANI	NA	S	ANI	NA
	33	33	0	34	41	0	29	54	0

The overall federal performance expectation for item 3 'Risk and Safety Assessment and Management' is 90%. Nevada's rating for this item was 35% statewide for CY 2017; therefore, this is an area needing improvement.

**Strengths/Concerns (Safety Outcomes 1 & 2)**

The overall federal performance expectation for Safety Outcome 1 and 2 is 95%. Individual items are considered a strength if rated at 90%. Safety Outcome 1 is rated 79% and Safety outcome 2 is rated 66%; therefore, Safety Outcomes 1 and 2 are areas needing improvement. In Safety Outcome 1 the most common issue contributing to the rating is all victims are not seen timely. For 2017 only 10 Cases out of 47 applicable cases were rated an ANI. For Safety Outcome 2 there are multiple reasons attributing to the rating. This includes but is not limited to adequate safety service provision or safety planning being conducted, and or not conducting adequate ongoing assessment. Additionally, this includes some issues with inappropriate screen-out of reports.

Nevada does have strength in the ability to ensure that children do not experience a recurrence of maltreatment within a 12-month period of a substantiated report of maltreatment as reflected in the achievement of meeting the national performance for 'Absence of Recurrence of Maltreatment'. Also, Nevada's federal performance on 'Maltreatment in Foster Care' is statistically no different than the national performance. Additionally, and during last CFSR (Round 2) Nevada was on a Performance Improvement Plan(PIP) for 'Maltreatment in Foster Care' and met the negotiated performance during the Round 2 PIP for this measure.

## B. Permanency

**Permanency Outcomes 1 and 2**

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

**State Response:****Permanency Outcome 1: Children have permanency and stability in their living situations****Trends in Permanency**

Table 4.1

*CFSR Round 3 Statewide Data Indicators provided by ACF on 10/19/2017*

Federal Performance (Permanency)	National Standard	Data Sources	Direction of Strength	Observed Performance	Risk Standardized Performance (RSP)		
					Lower CI	RSP	Upper CI
Permanency in 12 months for children entering foster care	42.1%	AFCARS 14B & 17A	↑	47.1%	44.0%	45.7%	47.4%
Permanency in 12 months for children in care 12-24 months	45.9%	AFCARS 16B & 17A	↑	49.6%	47.2%	46.8%	49.4%
Permanency in 12 months for children in care 24 months or more	31.8%	AFCARS 16B & 17A	↑	47.7%	35.0%	37.2%	39.5%
Placement Stability	4.44 moves <sup>1</sup>	AFCARS 16A & 17A	↓	6.3	5.88	6.43	6.69

Green Shading = State's performance (using RSP interval) is statistically better than National Performance;

Grey Shading = State's performance (using RSP interval) is statistically no different than national performance;

Red Shading = State's performance (using RSP interval) is statistically worse than national performance.

Table 4.1 illustrates Nevada Performance on all new Permanency Measures. As shown below Nevada is meeting standards and is no different than national performance on all measures except Placement Stability. Placement Stability indicates that Nevada is performing statistically worse than the national performance.

<sup>1</sup> Moves per 1,000 Days

#### Item 4: Stability of foster care placement

##### Requirements

Nevada Statute and Administrative Code supports the placement stability of children in foster care by requiring child welfare agencies to assess the individual needs of the child, and to place that child in the least restrictive environment that is consistent with the identified needs. Relatives are the first placement option considered for all children placed in out-of-home care. Child welfare agencies are also required to place siblings together when possible. Policy requires that the agency provide the foster care provider with appropriate information about the child's family, medical, and behavioral history, as well as discuss the child's plan for permanency, and any needs prior to placement. The purpose of sharing such information is to identify and provide for the most appropriate matched foster home (NRS 424.038(1), NAC 424.465).

NAC further requires that information about the child's situation and needs be continually shared by the child welfare agency and the foster care providers in a timely manner, thereby ensuring that the child's needs are continually addressed with appropriate services. This includes a requirement of the agency to provide a program of respite for the foster providers (NAC 424.810, NAC 424.805). NAC supports placement stability by requiring that a foster care provider provide the child welfare agency with 10 working days' notice of any request for the removal of the child from that home unless they have a contrary agreement, or if there are immediate and unanticipated safety issues, thus giving the agency time to respond to issues that may have caused the instability (NAC 424.478).

Placement stability is further supported by NRS, NAC and statewide policy by encouraging child welfare agencies to attain permanency in a timely fashion. State laws and regulations require that the agencies adopt a plan for the permanent placement of the child. This plan is to be monitored by the court at the time the youth is placed in foster care and annually thereafter. The plan for permanent placement or case plan is to include a statement addressing goals and objectives; a description of the home or institution wherein the child is placed; and a description of the safety and appropriateness of the placement to ensure proper care and accomplishment of case plan goals; and, a description of the manner in which the agency ensures services are provided to the child and foster parents, which address the needs of the child. The agencies are further required to document all progress towards permanency, and, if termination of parental rights is necessary, agencies are required to identify and document the obstacles to permanent placement of the child and specific steps required to find a stable and permanent home (NRS 432B.553, NAC 432B.400, NAC 432B.2625, Policy 0204).

Other statewide policies require caseworkers to visit children in foster care once every month and direct a portion of this monthly visit by the caseworkers to assess the child's adjustment to the placement and the stability of the placement. The case workers are also to meet with the foster care provider and discuss the service needs of the child or provider to support the placement (Policy 0205).

**Table 4.2**

##### ***CFSR Round 3 Statewide Data Indicators provided by ACF on 10/19/2017***

Federal Performance (Permanency)	National Standard	Data Sources	Direction of Strength		Observed Performance	Risk Standardized Performance (RSP)		
						Lower CI <sup>2</sup>	RSP	Upper CI
Placement Stability	4.44 moves <sup>3</sup>	AFCARS 16B & 17A	↓		5.88	6.18	6.43	6.69

Green Shading = State's performance (using RSP interval) is statistically better than National Performance;

Grey Shading= State's performance (using RSP interval) is statistically no different than national performance;

Red Shading = State's performance (using RSP interval) is statistically worse than national performance.

<sup>2</sup> CI=Confidence Interval

<sup>3</sup> Moves per 1,000 Days

Table 4.2 illustrates Nevada Performance on Placement Stability using the Federal methodology. Nevada is not meeting the national performance on this measure.

### Statewide Data (SFY 2017)

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 4.3) is the most current case review data for item 4.

**Table 4.3**

#### **Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 4 Stability of Foster Care Placement	80%			45%			65%		
Performance Item Rating	S	ANI	NA	S	ANI	NA	S	ANI	NA
	32	8	0	21	26	0	34	18	0

The overall federal performance expectation for item 4 ‘Stability of Foster Care Placement’ is 90%. Nevada’s rating for this item was 65% statewide for CY 2017; therefore, this is an area needing improvement.

### **Item 5: Permanency goal for child**

#### Requirements

NRS 432B.393, .540, .553, .580 and .590 require agencies that 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 case review by the Courts. NAC 423B.013, .1364, .1366, .160, .180, .185, .190, .200, .210, .240, .261, .2625 and .263 provide the authority and requirements for assessing the child’s safety needs, child and family strengths, needs and risk factors to determine the most appropriate permanency goal(s).

The statewide 0204 Case Planning policy, based upon the existing statutory authority and regulations cited, has been revised several times over the past several years to ensure steps are provided to guide caseworkers in determining the most appropriate permanency goals for children in foster care. Furthermore, the policy provides an additional Concurrent Planning Guide to help caseworkers identify indicators suggesting the likelihood of early reunification or suggesting the need for concurrent planning.

The 0508/0509 Nevada Initial Assessment (NIA) policies guide the collection of information used to determine the appropriate case plan goal(s) and the services needed to support achievement. The ASFA policy (501) specifically directs development of an appropriate and comprehensive case plan to address the safe return of the child to the family when a child cannot remain safely in their home during a crisis period. Diligent Search Process and Relative Placement Decisions direct the identifying, locating and contacting of relatives regarding their interest in providing a temporary or permanent placement for or adopting a child prior to or when the child is placed in substitute care.

**Statewide Data (SFY 2017)**

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) since implementation of the PIP on this item. In the following table (Table 4.4) is the most current case review data as it relates to item 5.

**Table 4.4*****Statewide Quality Improvement Review Data***

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 5: Permanency goal for child	43%			45%			50%		
Performance Item Rating	S	ANI	NA	S	ANI	NA	S	ANI	NA
	17	23	0	21	26	0	26	26	0

The overall federal performance expectation for item 5 'Permanency goal of Child' is 90%. Nevada's rating for this item was 50% statewide for CY 2017; therefore, this is an area needing improvement.

***Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement.*****Requirements**

NRS 432B.390 specifically mandates that relatives of the child within the fifth degree of consanguinity be given preference for placement, when removal from the parents' home is necessary for the child's safety. NRS 432B.393 requires agencies to make reasonable efforts to prevent a child's removal from the parents' home, or, if removal is necessary, reasonable efforts to make their safe return possible. NRS 432B.540 requires that if the agency believes it necessary to remove the child from the physical custody of his/her parents, the agency must submit a plan designed to achieve placement of the child in a safe setting as near to the residence of his/her parent as is possible and consistent with the best interests and special needs of the child. NAC 432B.190, 200, 210 and 220 each place emphasis on the ways in which the agency is to engage the family and their natural, informal supports such as extended family, fictive kin, close friends, members of their faith community, teachers, etc. to keep the child safe while committing to the long-term support of the child and family.

**Guardianship**

Nevada Revised Statute 432B.466 – 468 requires agencies to make reasonable efforts to find a more permanent placement for a child, and explain why the appointment of a guardian, rather than the adoption of the child or the return of the child to a parent, is in the best interests of the child, when this is the permanency goal. NRS also provides the powers, duties and limitations of a guardian. Furthermore, 0204 Case Planning Policy requires that child welfare staff are following the proper steps to determine appropriate permanency goals. The new quality improvement case review process explicitly states that child welfare agencies should be considering the time it takes for a child to achieve permanency and that for the goal of guardianship, achievement should be made within 18 months.

On June 29, 2016 Nevada submitted amendments to its title IV-E plan to implement a Guardianship Assistance Program (GAP). Additionally, the state submitted its formal request to the Children's Bureau Regional Office (RO) on July 13, 2016. Following a review by ACF, including additional revisions, the state submitted an approvable amended Title IV-E Plan to operate the title IV-E GAP on February 17, 2017. Nevada's title IV-E plan amendment to operate the GAP was approved, effective January 1, 2017.

Allowable administrative costs for the title IV-E GAP can be claimed pursuant to an amended and approved public assistance cost allocation plan (PACAP) or a pending PACAP in some situations (45 CFR 95.515). Nevada submitted an amended PACAP to the Regional Cost Allocation Services to include the GAP in July 2016. The amended PACAP was subsequently approved on February 3, 2017 with an effective date of July 1, 2016. Therefore, Nevada can claim allowable costs associated with the title IV- GAP beginning January 1, 2017.

Table 6.1

**CFSR Round 3 Statewide Data Indicators provided by ACF on 10/19/2017**

Federal Performance (Permanency)	National Standard	Data Sources	Direction of Strength	Observed Performance	Risk Standardized Performance (RSP)		
					Lower CI	RSP	Upper CI
Permanency in 12 months for children entering foster care	42.1%	AFCARS 14B & 17A	↑	47.1%	44.0%	45.7%	47.4%
Permanency in 12 months for children in care 12-24 months	45.9%	AFCARS 16B & 17A	↑	49.6%	47.2%	46.8%	49.4%
Permanency in 12 months for children in care 24 months or more	31.8%	AFCARS 16B & 17A	↑	47.7%	35.0%	37.2%	39.5%

Green Shading = State's performance (using RSP interval) is statistically better than National Performance;  
 Grey Shading = State's performance (using RSP interval) is statistically no different than national performance;  
 Red Shading = State's performance (using RSP interval) is statistically worse than national performance.

Table 6.1 illustrates performance on three federal permanency measures. Based on the most recent data Nevada is meeting the national performance and is statistically better or not statistically different than the national performance on these measures.

## **Other Planned Permanent Living Arrangement**

### **Requirements**

Nevada statute and policy require that a written case plan be developed for children with this permanency goal and that the plan include programs and services designed to assist older youth in transitioning out of care. NRS 432B.553 requires a plan for the permanent placement of children. NAC 432B.410 requires child welfare services to ensure that each child in foster care who is eligible for services related to independent living has a written plan for transitional independent living based on the assessment of skills. Statewide policy 0801 Youth Plan for Independent Living was developed to address the needs of youth who were likely to remain in care until their 18<sup>th</sup> birthday and to prepare them for the transition into adulthood. This policy requires agencies that provide child welfare services to establish self-sufficiency goals for youth beginning at age 14, regardless of their level of functioning or independence. The planning process must be youth focused and driven with emphasis on the youth's expressed interests, needs and priorities.

## **Adoption**

### **Requirements**

NRS 432B.553 requires agencies which provide child welfare services to adopt a plan for the permanent placement of the child for review by the court. NRS 432B.580 and .590 mandate court review of the progress toward achievement of the permanency goal at a minimum of six-month intervals. Further, NRS 432B.590 and NAC 432B.261-.262 presume that termination of parental rights for adoption is in the best interest of a child who has been in out-of-home placement. Policy requires 14 months of any 20 consecutive months (a more stringent requirement than the federal 15 out of 22 months). NAC 432B.2625 requires the agency to identify and document the obstacles to placement of the child, and to specify the steps that will be taken to find an appropriate home for the child in a report to the court if a child has not been placed into an adoptive home within 90 days after the termination of parental rights.



Although there is nothing in policy that repeats these requirements, 0204 Case Planning and 0103 Adoption of Children 12 Years and Older policies are explicit that adoption is the preferred permanency goal when it is determined that a child cannot be reunited with his or her birth family. Legal adoption is preferred because it offers the highest level of physical, legal and emotional safety and security for each child within a family relationship. The 1001 Diligent Search Process and Placement Decisions policy directs agencies to begin search activities and identification of family members during the initial contact with the family and requires that they be initiated no later than at the time the Safety Plan is completed. Once a non-custodial parent or relative is found, they must be contacted within five working days to discuss interest as a placement option and/or emotional support for the child. The 0514 Termination of Parental Rights (TPR) policy requires the agency to make and finalize permanency plans by no later than 12 months after the child's removal. ASFA requires that adoption proceedings be completed within 24 months of the child's entry into foster care and requires that permanency-planning decisions involving adoption be made timely, be consistent with state and federal time frames, and consider the best interest of the child.

### Statewide Data (SFY 2017)

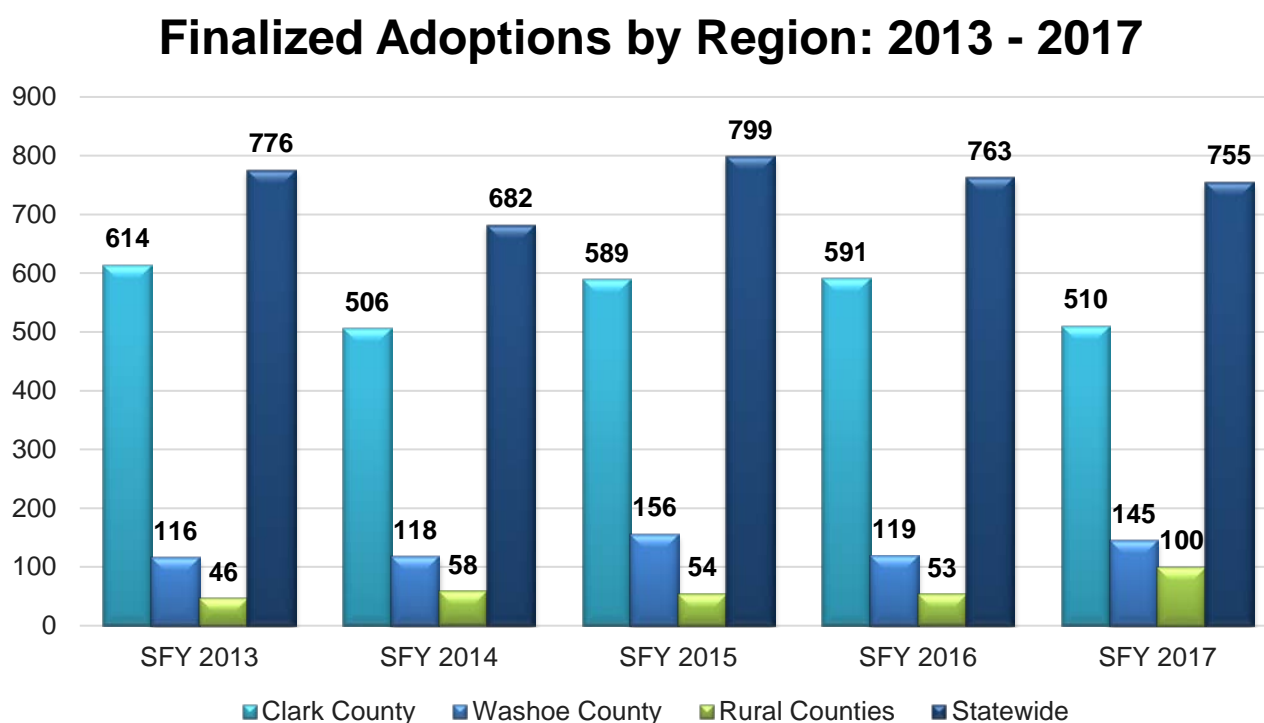


Figure 6.1 Finalized Adoptions by Region: 2013 – 2017 YTD. Source: CFS794

Figure 6.1 illustrates a 2.7% decrease statewide in finalized Adoptions comparing SFY 2013 to SFY 2017.



Table 6.3

**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
<b>Adoption in Less than 24 Months July 1, 2012 - June 30, 2014</b>	1,424	33	433	30%
<b>Adoption in Less than 24 Months July 1, 2013 - June 30, 2015</b>	1,480	32	488	33%
<b>Adoption in Less than 24 Months July 1, 2014 - June 30, 2016</b>	1,559	31	525	34%
<b>Adoption in Less than 24 Months July 1, 2015 - June 30, 2017</b>	1,510	31	516	34%

Source: UNITY CFS 732

Table 6.3 illustrates that the percent adopted in less than 24 months has not significantly changed, with 34% of children being adopted in less than 24 months in the two most recent periods of review. Please note that Nevada measures the **average** months to adoption from the date of removal on UNITY report CFS732.

**Statewide Data (SFY 2017)**

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 6.2) is the most current case review data for item 6.

Table 6.2

**Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 6: Achieving Reunification, guardianship, Adoption, or Other Planned Permanent Living Arrangement	48%			49%			44%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	19	21	0	23	24	0	23	29	0

The overall federal performance expectation for item 5 'Achieving Reunification, Guardianship, Adoption, and OPPLA' goal of Child' is 90%. Nevada's rating for this item was 44% statewide for CY 2017; therefore, this is an area needing improvement.

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

### Item 7: Placement with siblings

#### Requirements

NRS 432B.580, as well as the statewide 1001 Diligent Search Process and Placement Decisions policy, requires that children be placed together unless there is justification for not doing so based on the best interest of the child. NRS 432B.3905 (Effective January 1, 2008 and January 1, 2009), specifies that a child under the age of 3 (2008) and 6 (2009) can be placed in a child care institution only if being placed with a sibling unit, due either to medical services being available only in such an institution, or to the fact that appropriate foster care is not available at the time of placement in the county in which the child resides.

#### Statewide Data (SFY 2017)

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 7.1) is the most current case review data for item 7.

Table 7.1

#### **Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 7: Placement with Siblings	86%			91%			97%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	24	4	12	29	3	15	36	1	15

The overall federal performance expectation for item 7 'Placement with Siblings' is 90%. Nevada's rating for this item was 97% statewide for CY 2017; therefore, this is an area of strength.

### Item 8: Visiting with parents and siblings in foster care

#### Requirements

NRS 423B.550 (5) (a) provide that a parent of a child that has been removed from the home retains the right to reasonable visitation with the child unless this right has been restricted by the court. NRS 432B.550 (5) (b) was amended by AB 42 in 2005 to create a presumption that it is in the best interest of the child for siblings to be placed together and to require that, if siblings are not placed together, there must be a report made to the court detailing the agency's efforts in this area, including a visitation plan for approval by the court. NRS 432B.580 (2) (b) covers compliance with the visitation plan. Failure to comply with the plan is punishable by contempt. The NAC 432B.400 (c) requires that the case plan specifically provide for family visitation, including, without limitation, visiting siblings if the siblings are not residing together. This visitation must be regular and frequent, to preserve the family for reunification if possible (NAC 432B.220 (4)).

Statewide policy on case planning requires that a plan for frequent and purposeful visitation with parents and siblings, for family preservation, be included in the case planning documentation. Visitation between children and parents, and children and separately placed siblings, must be regular, frequent, and purposeful to facilitate family preservation. The caseworker shall not limit visitation as a sanction for the parent's lack of compliance with court orders or as a method to encourage a child to improve his/her behaviors. Visitation is determined by the best interest, health, safety and well-being of the child. Visitation shall only be limited or terminated when the child's best interest, safety, health or well-being is compromised. In

addition, recommendations to limit or terminate visitation must be presented to the court.

### Statewide Data (SFY 2017)

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 8.1) is the most current case review data for item 8.

**Table 8.1**

#### **Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 8 Visiting with Parents and Siblings in Foster Care	64%			70%			76%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	21	12	7	26	11	10	28	9	15

The overall federal performance expectation for item 8 “Visiting with Parents and Siblings in Foster Care” is 90%. Nevada’s rating for this item was 76% statewide for CY 2017; therefore, this is an area needing improvement.

### **Item 9: Preserving connections**

#### Requirements

NRS 432B.390 requires that priority be given to family members for placement of children who are removed from their birth families unless doing so would not be in the best interest of the child. DCFS policy (1001 Diligent Search, 1003 Kinship Care, and 1004 Structured Analysis Family Analysis) requires workers to complete a diligent search for any possible adult family members. Once located, those identified family members are assessed for appropriateness in much the same manner as regular family foster care providers. Also, state policy 0504 Indian Child Welfare Act (ICWA) prioritizes the recognition of a child being an Indian child and assures that the child’s tribe be contacted immediately when an Indian child is taken into custody. The Tribe then becomes an active participant in any further proceedings regarding the child.

### Statewide Data (SFY 2017)

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 9.1) is the most current case review data for item 9.

**Table 9.1**

#### **Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 9 Preserving Connections	83%			83%			73%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	33	7	0	39	8	0	38	14	0

The overall federal performance expectation for item 9 ‘Preserving Connections’ is 90%. Nevada’s rating for this item was 73% statewide for CY 2017; therefore, this is an area needing improvement.

## Item 10: Relative placement

### Requirements

NRS 432B.390 requires that priority be given to family members for placement of children who are removed from their birth families unless doing so would not be in the best interest of the children. The DCFS Policy (1001 Diligent Search, 1003 Kinship Care, and 1004 Structured Analysis Family Analysis) requires workers to complete a diligent search for any possible adult family relatives. Once located, those identified family members are assessed for appropriateness in much the same manner as regular family foster care providers.

### Statewide Data (SFY 2017)

#### All Foster Children/Youth By Relative Placement: SFY 2013 - SFY 2017

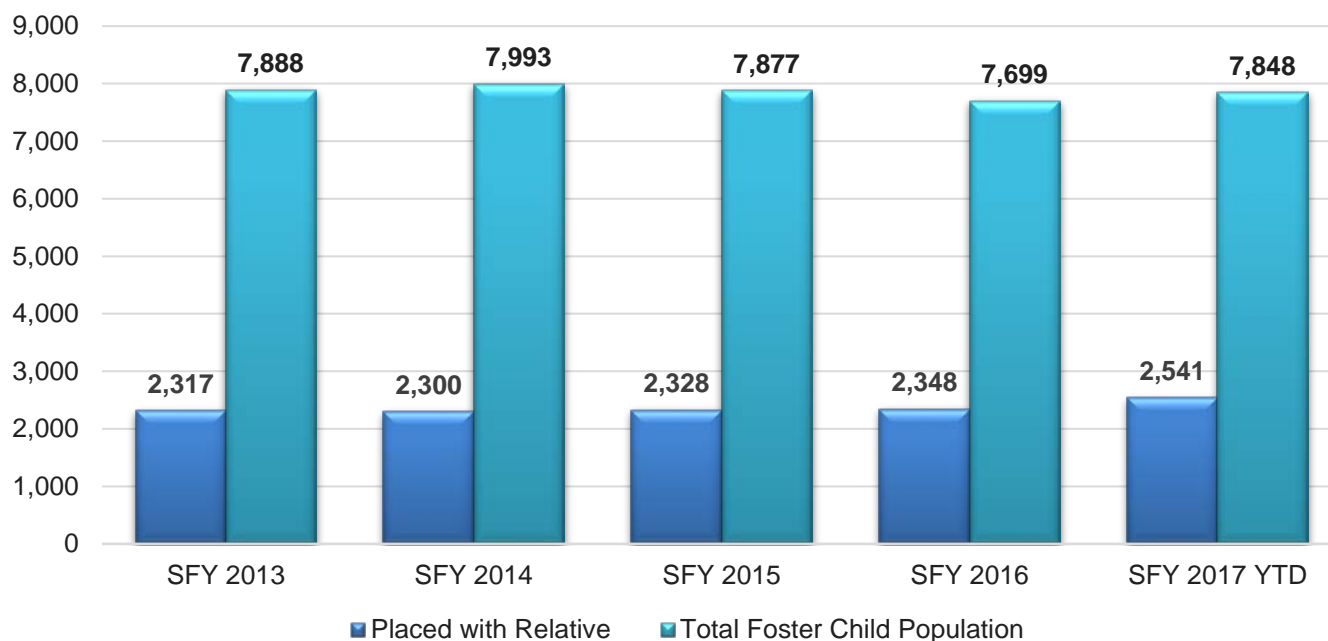


Figure 10.1: Total foster children/youth and relative placement SFY2013 – SFY2017. Source: CFS723

Figure 10.1 shows a slight decline in the overall foster child/youth population for Nevada from SFY 2014 through SFY 2016 with an increase in 2017. For the period SFY 2014 through SFY 2017, the number of foster children placed with relatives increased each year.

### Percentage of Foster Children/Youth In Relative Placement: SFY 2013 - SFY 2017

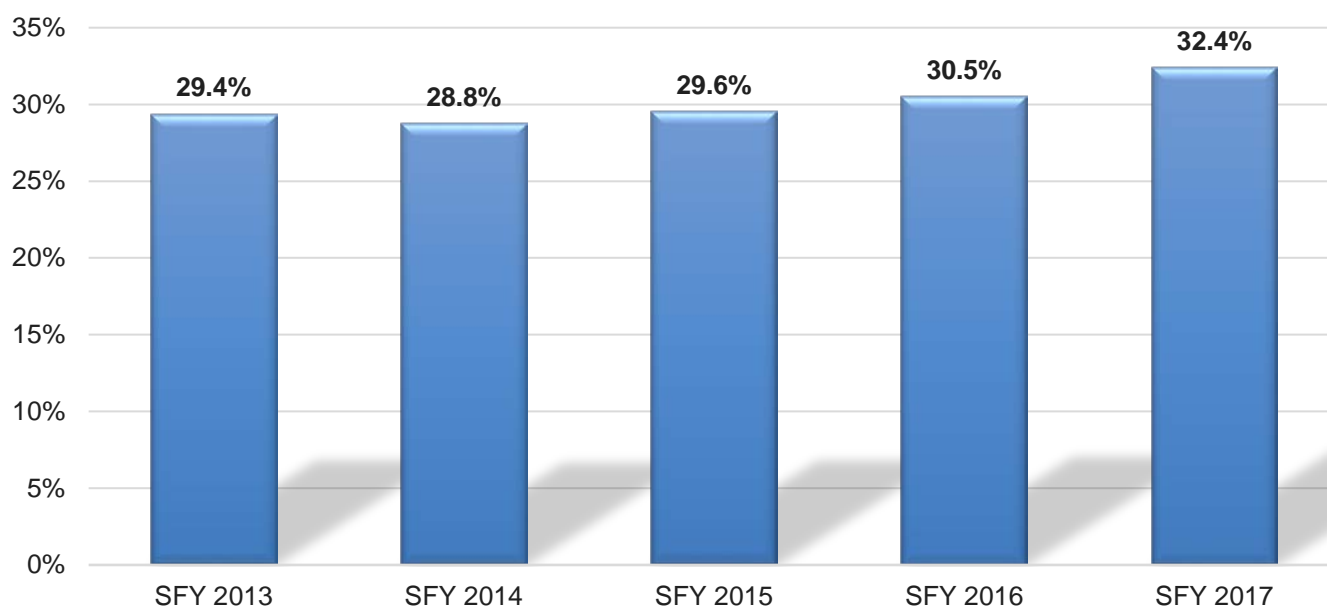


Figure 10.2: Total percentage of foster children/youth with relative placements SFY2013 – SFY2017. Source: CFS 723

Figure 10.2 provides the percentage of foster children/youths living with relatives for SFY 2013 through SFY 2017. Since SFY 2014 there is an upward trend in this population, with an increase of 3.6% from SFY 2014 to SFY 2017. SFY 2017 shows a difference of +1.9% compared to SFY 2016, with 32.4% in relative placement.

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 10.1) is the most current case review data for item 10.

**Table 10.1**

#### Statewide Quality Improvement Review Data

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 10 Relative Placement	69%			53%			62%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	25	11	4	25	22	0	31	19	2

The overall federal performance expectation for item 10 'Relative Placement' is 90%. Nevada's rating for this item was 62% statewide for CY 2017; therefore, this is an area needing improvement.

**Item 11: Relationship of child in care with parents****Requirements**

While the State does not have a specific statute that addresses the parent-child relationship guidelines, there are several statutes that do imply the importance of maintaining such a relationship. NRS 432.390.7C, .393, .397, and .190(k) require the following: that agencies that provide child welfare services adopt a plan to give preference to relatives of child in care; that efforts be made toward the preservation and reunification of a family of a child to prevent or eliminate the need for removal from the home before placement in foster care be made and to make a safe return to the home possible; a determination of whether reasonable efforts have been made; to conduct an inquiry to determine whether a child is an Indian child; and to plan for the permanent placement of a child. NAC 432B.190 provides requirements for case plans and agreements with parents, and provides that when a child welfare case is opened, the caseworker must assume responsibility for planning the child welfare services to be provided whether the child remains in the home or not. Parents must be encouraged to participate in the development of a written agreement for services, which must be for a specified period to engage in the processes for receiving resources.

State Policy 1001 Diligent Search emphasizes the need to preserve the parent-child relationship by requiring a diligent search for non-custodial parents when there is a need for a child to be removed from his or her home. The 0204 Case Planning policy refers to the structured, solution-based process of considering all the information gathered through the needs assessment process to develop a strength-based case plan while working towards family reunification at the same time, which may include implementing an alternative permanency plan.

**Statewide Data (SFY 2017)**

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 11.1) is the most current case review data for item 11.

**Table 11.1*****Statewide Quality Improvement Review Data***

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 11 Relationship of Child in Care with Parents	61%			79%			73%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	19	12	9	23	6	18	22	8	22

The overall federal performance expectation for item 11 "Relationship of Child in Care with Parents" is 90%. Nevada's rating for this item was 73% statewide for CY 2017; therefore, this is an area needing improvement.

**Strengths/Concerns (Permanency Outcomes 1 & 2)**

Nevada is showing strength in the new Federal Data Measures as it relates to Permanency except for Placement Stability. Nevada continues to have strength in the recognition that there needs to be a focus on ensuring placement stability with implementation of QPI and expansion of the focus on redesigning an advanced foster care system through implementation of Advanced Foster Care. These continued initiatives are focused on training and support for foster families. There continues to be concern that Nevada has not met the national performance for Placement Stability for many years. This can be attributed to many issues but not having sufficient foster homes and quality data has contributed to some issues as it relates to placement stability.

For Permanency Outcome 1 there are a variety of issues contributing to a negative performance in this area. Delays by the

Agency, and delays by the courts is a contributing factor to this item. Overall, Nevada has improved in the timeliness of adoptions as represented by current state data. However, overall the number of finalized adoptions is decreasing.

Permanency Outcome 2 continues to show much strength for placing siblings together.

## C. Well-Being

### Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

### State Response:

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

#### *Item 12: Needs and services of child, parents, and foster parents*

##### Requirements

NRS 432B.190 and .550 requires child welfare agencies to provide services to preserve families, prevent placement of children if possible, and, if not possible, provide a plan describing those services that would facilitate safe return of the child. NAC 432B.190, .200, and .240 requires agencies to provide case planning and agreements with parents using strengths and resources in planning, and requires the agency to provide a range of services to preserve the family. NAC 432B.400, .405 and .410 requires the agency to provide case planning and services to children in foster care and their parents. NAC 432B.1362, .1364 and .1366 provide provisions for provider agreements of child welfare services and assurances of conducting timely assessments to ensure adequate provision of services.

Several state policies are applicable to this item. Policy 0203 Case Management Practice Model was developed as a principle-based framework for frontline practice. Policy 0509 Nevada Initial Assessment was developed to provide better initial assessments, and 0204 Case Planning Policy and 0205 Caseworker Contacts with Children, Parents and Caregivers were developed to clarify case planning and frequency of contacts required with children, parents and caregivers. Policy 0801 Independent Living Policy was developed to ensure that youth age 14 and older in foster care receives adequate case planning and services for transition to adulthood and 0503 Differential Response policy was developed to standardized procedures used for family assessment rather than investigations on certain child abuse cases. Finally, policy 1004 Safety Assessment and Family Evaluation (SAFE) Assessment covers the assessment of the appropriateness of potential foster families, licensed relatives and adoptive families.

### Statewide Data (SFY 2017)

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 12.1) is the most current case review data for item 12.

**Table 12.1**

#### ***Statewide Quality Improvement Review Data***

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 12 Identifying Needs and Services to Child, Parent and Foster Parent	50%			44%			40%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	33	33	0	33	42	0	33	50	0

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 12 A Needs Assessment and Services to Children	75%			76%			67%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	50	16	0	57	18	0	56	27	0

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 12 B Needs Assessment and Services to Parents	55%			47%			42%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	33	27	6	28	32	15	27	37	19

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 12 C Needs Assessment and Services to Foster Parents	74%			73%			74%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	28	10	28	32	12	31	34	12	37

The overall federal performance expectation for item 12 and subparts A, B, C “Needs Assessment and Services to Children” is 90%. Nevada’s rating for this item was 40% (overall item 12) statewide for CY 2017; therefore, this is an area needing improvement.

### ***Item 13: Child and family involvement in case planning***

#### **Requirements**

NAC 432B.190-220 encourages the participation of parents in the case planning process and requires engagement of the child’s family in using its own strengths and resources throughout the process for planning services. This is implemented by fully exploring the needs of the child’s family and alternatives to separation of the family, identifying each family member’s strengths and using those strengths in the process of solving problems, developing individualized goals for services and treatment and time-limited steps to accomplish these goals, and by setting target dates for their evaluation and completion. Emphasis is given to promoting the right of a child to be with his family and fully exploring all alternatives to placement of the child outside his home.



The 0204 Case Planning policy provides the basis for a link that ties the findings of the child and family assessments to identification of the permanency goal(s) and the selection of a set of services including both formal and informal services. It is a collaborative, strength based and solution-focused process that empowers and motivates families to identify solutions that will remove barriers, increase functioning and build protective capacity. Policy requires a working partnership between the case manager and the family, which is critical to successful assessment and case planning. The family is to be assisted in identifying its strengths, needs, culture, supports and current resources that will affect its ability to achieve and maintain child safety, child permanency, and child and family well-being through a “strength”-based, family-centered, individualized case plan. In the event a parent is not available or refuses to participate in case planning, the case plan team (foster parents, extended relatives, other providers and child, if appropriate) must still be formed and a plan developed. In all cases, every effort must be made and continue to be made to involve parents and children (if age appropriate) in the case planning process.

### Statewide Data (SFY 2017)

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 13.1) is the most current case review data for item 13.

**Table 13.1**

### **Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 13 Child and Family involvement in Case Planning	42%			47%			47%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	28	38	0	34	38	3	38	43	2

The overall federal performance expectation for item 13 “Child and Family involvement in Case Planning Relationship of Child in Care with Parents” is 90%. Nevada’s rating for this item was 47% statewide for CY 2017; therefore, this is an area needing improvement.

## **Item 14: Caseworker visits with child**

### Requirements

In accordance with 45 CFR 1355.20, and NRS requiring that children in foster care or children under the placement and care responsibility of a Child Welfare Agency who are placed away from their parents must be visited by their caseworker (or other responsible party) at least once every calendar month. When a child is placed in foster care, this visit must occur where the child resides in at least 50% of those months. During caseworker visits with children, the caseworker (or other responsible party) must spend a portion of the visit with the child outside the presence of the care providers and a portion of the time alone with the care providers/foster parents if requested. NAC 432B.405 and State policy 0205 “Case Worker Contact with Children, Parents, and Caregivers” require that each child in foster care will be visited by his or her case worker (or other responsible party) at least once every calendar month. A “visit” is defined as a face-to-face in-person contact between the child and the child’s case worker (or other responsible party).

### Statewide Data (SFY 2017)

Nevada has two methods for the evaluation of progress toward this item. The first measurement is a compliance report extracted from UNITY that counts the number of visit months expected during a period under review, and then determines the number of visit months during the period under review in which at least one qualifying visit occurred. This data report provides administration with an evaluation of compliance toward a projected goal; however, questions regarding the quality of visits cannot be answered by this report alone, and the data report only captures case worker visits with foster children. To evaluate the quality of visits between caseworkers and children, including those children served in their homes, Nevada conducts case reviews throughout the State. A randomized sample of cases across all child welfare agencies is reviewed annually.

Nevada has the capability, within the SACWIS to generate a data report that collects caseworker visit data. This data and State performance is calculated using the methodology as outlined in Program Instruction (PI) ACYF-CB-PI-12-01. States are instructed to measure caseworker visit compliance by “taking the number of monthly visits made to children in the reporting population and dividing that number 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 value is represented as a percentage.

**Table 14.1-Promoting Safe and Stable Families (PSSF) Data**

**Compliance of Monthly Case Worker Visits with Children FFY 2017 (October 01, 2016 to September 30, 2017)**

(PSSF): Case Worker Visit with Children monthly (FFY2017)	Compliance Rate	NV Goal	Goal Met
	<b>94.32%</b>		
CCDFS	94.07%	95.00 %	No
	94.95%		
DCFS Rural Region	94.88%	95.00 %	Yes

Source: UNITY CFS 7D7

Table 14.1 presents the results for the State’s compliance with the monthly case worker visit requirement for Federal Fiscal Year 2017 (October 01, 2016 to September 30, 2017). The federal standard was not met statewide.

**Table 14.2-Promoting Safe and Stable Families (PSSF) Data**

(PSSF) Case Worker Visit with Children in the residence (FFY2017)	Compliance Rate	NV Goal	Goal Met

Table 14.2 presents the results for the State’s compliance with visits with children in the residence. The federal standard was met statewide in FFY 2017 at 90.23%.

To gain a more comprehensive understanding of the quality of case worker visits with children, both in foster care and in their family homes, Nevada continues to conduct case reviews of a sample of cases representing each child welfare agency and accounting for the unique case mix across the State. Unlike the data reports generated from SACWIS, QICR results include an evaluation of quality in addition to one of frequency. To evaluate the quality and frequency of caseworker visits with children reviewers are instructed to consider if the quality and frequency of face-to-face visits were sufficient to promote child safety, permanency, and the achievement of case plan goals. If it is the judgment of the reviewers that even though the case worker visited with the child at least once per calendar month, and the child needed more frequent visits from the caseworker, but the caseworker did not visit more frequently, this item must be rated as an “area needing improvement”.

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 14.3) is the most current case review data for item 14.

**Table 14.3**

**Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 14 Caseworker Visits with Child	58%			64%			55%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	38	28	0	48	27	0	46	37	0

The overall federal performance expectation for item 14 “Caseworker Visits with Child” is 90%. Nevada’s rating for this item was 55% statewide for CY 2017; therefore, this is an area needing improvement.

**Item 15: Caseworker visits with parents****Requirements**

DCFS policy 0205.0 Caseworker Contact with Children, Parents and Caregivers requires that caseworker contacts focus clearly on case planning, service delivery, safety, strengths and needs of the child and family, family progress and identification of resources and services the family needs to achieve case plan goals.

**Statewide Data (SFY 2017)**

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 15.1) is the most current case review data for item 15.

**Table 15.1*****Statewide Quality Improvement Review Data***

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 15 Caseworker Visits with Parents	44%			38%			42%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	27	34	5	23	37	15	27	37	19

The overall federal performance expectation for item 15 "Caseworker Visits with Child" is 90%. Nevada's rating for this item was 42% statewide for CY 2017; therefore, this is an area needing improvement.

***Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.*****Item 16: Educational needs of child****Requirements**

NRS 432B requires that in custody cases a report be made in writing by the child welfare agency concerning the child's record in school. Statute further requires that the agency exercise diligence and care in arranging appropriate and available services for the children (NRS 432B.540).

NAC 432B directs agencies to address the educational needs of children in custody. These codes direct agencies to complete a family assessment which is to include the educational needs of the child (NAC 432B.1364). NAC 432B.400 directs that every case plan for a child receiving foster care will include the following: A statement indicating the proximity of the school in which the child is enrolled at the time that they were placed in foster care and if it was considered as a factor in the selection of the placement for foster care; that the case plan include education records, to the extent available, containing the names and addresses of those educational providers; the grade level at which the child performs; and such other educational information concerning the child as the agency determines necessary. NAC 432B.230 directs the child welfare agencies to establish interagency agreements with related agencies including schools, to ensure that cooperative and mutually facilitative services are provided to children and families.

Policy 0204 Case Planning requires that in custody cases the child's plan is to be developed in collaboration with the family and other members of the Child and Family Team (CFT), within required timeframes and that this plan have required elements, including the child's educational needs. Finally, policy 0205 Caseworker Contact requires that caseworkers visit the child or youth and caregiver a minimum of once per month and, during those visits, discuss the educational progress and needs.

### Statewide Data (SFY 2017)

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 16.1) is the most current case review data for item 16.

**Table 16.1**

#### **Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 16 Educational Needs of Child	76%			84%			72%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	34	11	21	46	9	20	44	17	22

The overall federal performance expectation for item 16 'Educational Needs of Child is 90%. Nevada's rating for this item was 72% statewide for CY 2017; therefore, this is an area needing improvement.

#### **Education Data Sharing and Educational Stability**

The Educational Collaborative among Nevada's Department of Education (NDE), Clark County Department of Family Services (CCDFS), Division of Child and Family Services (DCFS), Washoe County Human Services Agency (WCHSA), and the courts (the Nevada Education, Child Welfare and the Courts Collaborative) created a statewide committee with the express mission to improve school placement stability and continuity of instruction, specifically reducing the number of school moves and ensuring that if a move is necessary that the transition is made easier by making certain that the child's records are readily available to the new school and that the new school is aware that the child is in foster care. This requires information be shared between the child welfare agency, the school district, and the court. To that end, in 2013 the Nevada Legislature enacted Senate Bill 31 (SB 31), which defined children in the legal custody of a child welfare agency as being awaiting foster care placement per the federal McKinney-Vento Homeless Assistance Act unless the child is legally adopted or ordered by the court to a permanent placement. In September 2014, the NDE and the DCFS wrote and distributed a joint letter to all school superintendents, school staff, and child welfare administrators, managers, and supervisors, instructing all parties to immediately implement the Uninterrupted Scholars Act. It specifically identified who has a right to access the child's educational records, how they access the records, and how the child welfare agency proves that it has custody of the student.

The Educational Collaborative has been interpreting ESSA into Nevada Revised Statutes via Assembly Bill 491. The statewide Educational Collaborative, with technical assistance from ABA's Center on Children and the Law, worked collaboratively for over a year on developing the bill draft for this initiative to modify the Nevada Revised Statutes to comply with ESSA and define foster care, school of origin, and immediate enrollment like other federal definitions in either Fostering Connections or McKinney-Vento.

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

#### **Item 17: Physical Health of child**

##### Requirements

In keeping with the federal statutory framework, Nevada statutes state that one of the key purposes for the DCFS is to plan and coordinate the provision of services for the support of families. NAC 432B.400 further addresses the requirements of the child welfare agency to have a case plan that includes plans for the coordination and provision of services to children

and families who need assistance relating to the care, welfare, mental and physical health of children. DCFS Policy 0207 Health Services supports these mandates by outlining processes to ensure that physical, developmental and mental health needs of custodial children are identified and diagnosed using standardized, periodic screenings. The purpose of these screenings is to ensure that all non-custodial children's caregivers are aware of early preventative, diagnostic screening and treatment services available in their service area. The screenings facilitate the identification of physical, emotional or developmental needs and risks as early as possible and the linking of children to needed diagnostic and treatment services using Nevada's Healthy Kids Program periodicity schedule as set forth by the American Academy of Pediatrics.

Additionally, policy 0502 requires, as part of the CAPTA Part-C Requirement for Custodial and Non-Custodial Children, that all children under the age of three, who are involved in a substantiated case of abuse/neglect, must be referred to an "Early Intervention Program" for a developmental assessment pursuant to CAPTA-IDEA Part C. Documentation of the referral results of the referral and needs identified by any screening conducted by an Early Intervention Program must be entered into UNITY within five working days of receipt of the information.

Lastly, section 422(b) (15) (a) of the Social Security Act requires states to develop a plan for the ongoing oversight and coordination of health care services for children in foster care.

### Statewide Data (SFY 2017):

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 17.1) is the most current case review data for item 17.

**Table 17.1**

#### **Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 17 Physical Health of Child	75%			77%			59%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	38	13	15	44	13	18	38	26	19

The overall federal performance expectation for item 17 "Physical Health of Child" is 90%. Nevada's rating for this item was 59% statewide for CY 2017; therefore, this is an area needing improvement.

### **Item 18: Mental/behavioral health of child**

#### Requirements

In keeping with the federal statutory framework, Nevada statutes state that one of the key purposes for DCFS to plan and coordinate the provision of services for the support of families to maintain the integrity of families and ensure that children are not unnecessarily removed from their home. This includes providing counseling, training, or other services to families, even if a report of abuse or neglect is received, but it is determined that an investigation is not warranted at the time. NRS 432.011 further addresses the coordination and provision of services to children and families who need assistance relating to the care, welfare and mental health of children.

NRS 432B.197 states that each agency that provides child welfare services shall establish appropriate policies to ensure that children in the custody of the agency have timely access to and safe administration of clinically appropriate psychotropic medication. The policies must include, without limitation, policies concerning:

- The use of psychotropic medication in a manner that has not been tested or approved by the United States Food and Drug Administration, including, without limitation, the use of such medication for a child who is of an age that has not been tested or approved or who has a condition for which the use of the medication has not been tested or approved;
- Prescribing any psychotropic medication for use by a child who is less than 4 years of age;

- The concurrent use by a child of three or more classes of psychotropic medication;
- The concurrent use by a child of two psychotropic medications of the same class; and,
- The criteria for nominating persons who are legally responsible for the psychiatric care of children in the custody of agencies which provide child welfare services pursuant to NRS 432B.4681 to 432B.469, inclusive, and the policies adopted pursuant to this section.

Statewide policy 0209.0 - Psychiatric Care & Treatment states that the child welfare agency will nominate a “*person legally responsible for the psychiatric care of a child*,” for appointment by the Court, for any child entering custody or currently in custody with a prescription for psychotropic medication or who the child welfare agency determines may need psychiatric care.

### Statewide Data (SFY 2017)

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) on this item. In the following table (Table 18.1) is the most current case review data for item 18.

**Table 18.1**

#### **Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 18 Mental/Behavioral Health of Child	71%			71%			59%		
Performance Item Ratings	S	ANI	NA	S	ANI	NA	S	ANI	NA
	35	14	17	36	15	24	37	26	20

The overall federal performance expectation for item 18 “Mental/Behavioral Health of Child” is 90%. Nevada’s rating for this item was 59% statewide for CY 2017; therefore, this is an area needing improvement.

### **Strengths/Concerns (Well-being Outcomes 1, 2 & 3)**

For Well-Being Outcome 1 Assessment and Provision of Services continues to be an area of needed improvement. Specifically, engagement of father’s in identification and provision of services. Identifying social and emotional needs of children is difficult for workers to critically think about other than those needs that are educational or medical in nature. Caseworker visits with children (quality) continues to be an area of needed improvement. While the frequency of caseworker visits has improved over the years it was not met at 95% for FFY 2017; however, Nevada consistently and at high frequency visit children in their residence exceeding the federal performance target of 50% at 90.23% for FFY 2017. Nevada continues to struggle with maintaining caseworker visits at a 95% frequency but is very close to the percentage year after year. Caseworker visits with parents (mothers and fathers), while improved, continues to be an area of needed improvement and this is attributed to not consistently engaging mothers and specifically fathers.

For Well-being Outcome 2 and 3 there is a lack of adequate Assessment and Provision of Services.



## Section IV: Assessment of Systemic Factors

### Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at <http://www.acf.hhs.gov/programs/cb>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

## A. Statewide Information System

### Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

### State Response:

Nevada has determined this item to be a strength. During the 2009 CFSR, the Statewide Information System did not function at a minimal standard to readily identify the status, demographic characteristics, location, and goals for the placement of every child who is or was in foster care. As a result, DCFS took measures to identify gaps to improve the Statewide Information System functioning, and for this item the system is functioning statewide that ensures identification of the status, demographic characteristics, location and goals for placement of every child whom has been in care for the preceding 12 months.

The Statewide Information System known as the Unified Nevada Information Technology for Youth (UNITY) was slow, was not user friendly, was difficult to use and was often down. The Program Improvement Plan (PIP) in 2009 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."

Since that time, UNITY was converted to a web-based application to improve accessibility. The web technology expanded the number and types of external entities that can access UNITY, which set the stage for future implementation of mobile applications, and is better accessible to case workers performing duties in the field. UNITY 2.0 has been fully implemented to improve navigation and enhance data entry capabilities to improve user experience, promote timely, accurate, and complete data entry. Information Management Services (IMS) provides frequent updates to UNITY. In 2015, updates were provided January, February, March, August, and December. In 2016, updates were provided March, May, July, August, and October. In 2017, updates were completed January, February, April, June, September, and October. UNITY has a guide on "how to use UNITY," and a manual that includes step by step instructions explaining how to complete various tasks in UNITY. UNITY is now able to prompt the user to enter child demographic information and to update and/or validate expired data elements such as custody status, placement location, and/or permanency goals.

UNITY has many quality assurance mechanisms to ensure that data elements for item 19 are entered in 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. UNITY has the capacity to provide reports to system users regarding all functions that the system supports. The state collects and sends out regular error reports for AFCARS, NCANDS, and NYTD. AFCARS and NCANDS error reports are sent out monthly and NYTD error reports are distributed as needed during the data clean up phase prior to submission. Reports can be developed at the child or case level for program and case management that cover services provided to children, their status, demographics, location, and permanency goals. IMS supports the agency by responding to ad hoc data requests and requests for new, standard reports. Staff can search for children online and access reports through UNITY by program, area, jurisdiction, and location.

While the system has improved over time as it relates to navigation there are still issues with the quality of the data due to data not being entered correctly or timely to provide better reporting. Additionally, data is not being entered consistently which causes validity of the data extracted to be in question. While progress is being made there



continues to be reports that are broken or not designed correctly and this is addressed in item 25 'Quality Assurance'.

**1.) Is the system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care?**

The system does rely on data input by staff and continued oversight by administration, to provide adequate data, and can identify the status, demographic characteristics, location, and goals for the placement of every child who is or was in foster care. On December 1, 2017, Family Programs Office (FPO) extracted an AFCARS report to validate that UNITY can readily identify status, demographic characteristics, location, and goals. The population for review included all children who had 15 to 17 months of out-of-home placement and had an active out-of-home placement for any amount of time in the federal fiscal year of (FFY) 2017. The total number of children who fit the criteria amounted to 561 (410 in Clark, 96 in Washoe, and 55 in Rural Counties). The timeframes ensured the collection of data would be specific to FFY 2017. To maintain a 95% confidence level and a margin of error of 5%, 229 youth were sampled for review. Stratification was applied based on the jurisdiction proportions above to ensure adequate representation for each (167 for Clark; 39 for Washoe; and, 23 for Rural) with a parameter of greater than or equal to 456 days and less than or equal to 517 days in out-of-home care. Each child was subsequently assigned a random number in Excel and each list was re-sorted in ascending order. The lowest numbers were chosen for the sample based on the stratification outlined above.

Overall, 191 children out of 229 children in foster care were identified as Hispanic or Non-Hispanic (**Table 19.1**). Upon intake the 38 remaining children were either very young, severely disabled, no person was available to identify the child's race, or the parent, relative, or Guardian was unwilling to identify the child's race. This sample size was for children in care from 15-17 months and the data suggest the Hispanic or non-Hispanic data element was never updated through the life of the case. All 229 children were identified as American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White (**Table 19.1**). All placements, goals, and legal status were identified for all 229 children (**Table 19.1**).

**Table 19.1**

Jurisdiction	# Children	Hispanic or Non-Hispanic	Other Race	Placement	Goals	Legal Status
Statewide	229	94% (38)	100%	100%	100%	100%
Rural	23	95% (5)	100%	100%	100%	100%
Washoe	39	92% (5)	100%	100%	100%	100%
Clark	167	94% (28)	100%	100%	100%	100%

IMS was presented with the data outcome of the Hispanic or non-Hispanic population and identified that If person's ethnicity is unknown at the time of person record creation in UNITY, staff may select 'declined to answer.' For AFCARS and NCANDS reporting, "declined to answer" is mapped to the value of "unable to determine." IMS reports the state consistently has between 18 – 23% of person records reported to NCANDS with an "unable to determine" ethnicity. The state has identified 'unable to determine' values may not only be connected to those very young, severely disabled, or no person was available to identify the child's race, but lack of record update when the facts become available. Modifications to UNITY can be considered for UNITY 3.0 to improve the data outcome of Hispanic or Non-Hispanic population.

AFCARS error reports flags issues with permanency goals and placement locations. These errors are monitored through the state and among the child welfare agencies. IMS reports 11 of 6103 (0.18%) of placement location fields are incorrect. It is difficult to estimate the percentage of incorrect fields, unless it is gathered through a qualitative case review process. Supervisors can rely on the data to show location of children in foster care if data entry continues by staff. The placement location data reflects what is entered into the system by users or auto populated by a service authorization created by the user. Service Authorizations prompt payments to a foster parent, which auto populates the foster parents address in the location directory. To ensure the address is accurate, the [NAC 424.475](#) requires a foster parent to notify a licensing authority representative before moving from one home to another, the state contacts the foster parent yearly, and the state requires a relicensing process every two years.

IMS reports 9 out of 6103 (0.15%) percentage of state (in foster care or not) fields are incorrect or blank. The only way to determine a percentage of incorrect status fields would be by doing a comparison of paper files and the electronic case record in a qualitative case review process. IMS reports 673 of 6103 (11.03%) of permanency goals are incorrect or blank. The problems with blank case plan goal fields are due to lack of timely supervisor approval of case plans. For instance, AFCARS only picks up the goals from supervisor-approved case plans. The data is entered into the system, but won't be reported to AFCARS without the supervisor approval. An accurate percentage of incorrect goal fields could probably only be determined by the qualitative case review process. IMS also reports 7 of 6103 (0.11%) of demographic data fields are incorrect or blank.

## B. Case Review System

### Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

### State Response:

Nevada has determined this item to be an Area Needing Improvement. Written case plans are completed with required provisions, however, not created jointly with the child's parents as the safety model is designed. Nevada adopted revised statutes 432B.540, 553, and 580, in accordance with the requirements of the Adoption and Safe Family Act of 1997 (ASFA), which obligate child welfare agencies to create a plan for permanency when a child is placed in foster care. This plan must include a description of the type of placement, safety and appropriateness of the home or institution including, without limitation, that the home or institution will comply with the provisions of NRS 432B.3905. Included is the plan for ensuring the child's proper care, a description of the child's needs, and a description of the services to be provided to meet those identified needs. The plan must also provide a description of the services to be provided to the parents to facilitate the child's return to the parents' custody or to ensure the child's permanent placement. NRS 432B.580 provides for a semiannual review of the child and family's status, progress on the written case plan and the recommendations for the future treatment or rehabilitation of the family.

Nevada Administrative Code 432B.190 requires that all children in foster care within Nevada have a written case plan that identifies barriers to the provision of a safe environment for the child, clarifies responsibilities of the case participants involved to help overcome those barriers, and defines the goals of the case. This includes step-by step actions each participant must take in a designated timeframe covered by the plan. All case plans must be reviewed and approved by the supervisor and caseworker at least once every six months. Each case plan must clearly state the plan's goals, objectives and, including who is responsible for each action item. Case plans must be case specific and related to each family's individual situation, resources and capacities, as well as safe guard the child. Case plans should assist the parents in improving their protective and caregiving abilities while being flexible to allow for changes in circumstances or the family situation. Service availability in considered based upon an on-going evaluation of the best interest of the child. Parents must be encouraged to be active participants in the creation of their case plan and engage in processes for receiving services and assistive resources. Case planning is a family-centered process that identifies family strengths and resources to assist the family or other caregivers in enhancing protective capacity and improving overall family functioning.

Statewide policy 0204 "Case Planning" requires that all cases open for on-going services must have a written case plan and that the plan must be developed in cooperation with family, children (when appropriate), and any natural supports named by the family. The Child Welfare Agencies hold Child and Family Team (CFT), Protective Capacity Progress Assessment (PCPA), and Protective Capacity Family Assessments (PCFA) meetings to make decisions regarding the desired outcomes, goals, actions, and timelines. The PCFA provides the framework from which the parent case plan and service agreement is drafted. The PCPA monitors case plan progress and requires ongoing meetings with the family.

Statewide Data

Nevada has continued to conduct Quality Improvement Case Reviews (QICR) regarding the child and parent's involvement in case planning, which is related to item 13. Item 13 determines the frequency and quality of child(ren) and family engagement in case planning. For Item 20, only the frequency and quality of the parent's engagement is assessed. For FFY 2017, the mothers were engaged 64% and the fathers were engaged 49% of the time (**Table 20.1**).

**Table 20.1 Statewide Quality Improvement Review Data**

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 13 Child and Family involvement in Case Planning-Mother	66%			63%			64%		
Performance Item Ratings	S 40	ANI 20	NA 6	S 35	ANI 21	NA 16	S 38	ANI 21	NA 22

Performance Item	QICR 2015			QICR 2016			QICR 2017		
Item 13 Child and Family involvement in Case Planning-Father	56%			48%			49%		
Performance Item Ratings	S 20	ANI 16	NA 30	S 19	ANI 20	NA 33	S 20	ANI 21	NA 40

**UNITY Sampling**

The same data sample was used as described in Item 19 for Item 20. Written case plans are completed statewide 100% of the time and written case plans accurately reflected case plan goals 90% of the time statewide in UNITY at the time of the data draw (**Table 20.2**). The state continues to provide AFCARS error reports to each child welfare agency to ensure written case plans are being entered in the UNITY system.

**Table 20.2 Statewide Written Case Plan Data**

FFY 2017	Number of Cases	Written Case Plan	Accuracy
CCDFS	167	100%	92%
WCHSA	39	100%	95%
DCFS Rural Region	23	100%	70%
Statewide	229	100%	90%

Stakeholder Interview Information

Focus groups were conducted statewide in June of 2016 and October 2017. In June 2016, stakeholders included caseworkers and youth individually with each county separately. In October 2017, stakeholders included 3 biological parents and supervisors participated in one meeting statewide. Stakeholder questions targeted both Item 13 and Item 20.

**June 2016**

- **Washoe County case workers** expressed concern that the case planning process, particularly the initial case plan, did not have the level of parental involvement that they believed it should, which they attributed primarily to two barriers. The first barrier was the timing of completion of the initial case plan: 45 days from placement in Out of Home Care (state policy) the case plan must be completed—this does not fit with what the current SAFE model requires in way of case planning. They further indicated that the timeframe within

which the case is transferred from Investigation to Permanency (1-2 weeks) only leaves the case worker approximately one month to complete the initial case plan. The SAFE model requires multiple meetings with parents, as well as input with other stakeholders in the case—it is simply unreasonable to expect that all that the model requires workers to do in the way of case planning can be done with fidelity to the model. The second barrier was related to the fact that the agency is in a period of transition from facilitator-generated team meetings to case-worker generated team meetings. So, the case worker now has a dual role to organize, facilitate, and record team meetings, which are case planning meetings. Workers expressed that this change to multiple demands does compromise their ability to give the level of focus they would like to give to parents' and children's involvement in the case planning/team meeting process. The consensus of the Washoe caseworker group was that the issues discussed above lead to an initial case plan that is less than highly case and child specific. However, the consensus of the group was that in the long run they do effectively engage children, as developmentally appropriate, and parents in the ongoing case planning process. The concerns expressed relate primarily to the initial case plan.

- **Clark county case workers** indicated that they believed that their implementation of the team meeting process helped ensure that parents had a significant voice in the case planning process. However, some caseworkers understood that the new practice model was parent-centered, and the process did not encourage participation of children or provide guidance concerning the participation of children. Additionally, caseworkers expressed concern about restrictions imposed on modifying case plans when new problems emerged or were identified after the initial case plan; these restrictions are related to their court processes associated with concerns identified in the original petition.
- **Rural Region case workers** indicated that they were including children, as developmentally appropriate, making provisions to have team meetings outside of school hours, and involving parents in the case planning process on a consistent basis. One of the regional offices spoke to a process that included involving both the Investigation and Permanency worker at the onset of the case. This involved the initial child and family team meetings with the parents, prior to case transfer. They believed this process of including both workers at the onset of the case made for more consistent involvement by parents.
- **A state-wide focus group of foster youth** indicated that they were not involved in the case planning process, that case plans were essentially 'generic' and handed to them. Some youth indicated that the frequency of changes in case workers negatively impacted their involvement in the case planning process to the point that some youth reported refraining from engaging in a relationship with their case worker, anticipating that they would not be around long.

#### October 2017

- **Biological Parents** indicated there was no initial case plan meeting prior to receiving a typed-up case plan for any of the parents and denied it was a collaborative approach. Each parent reported they received a finished product and requested to sign the written case plan.
- **Supervisors** statewide reported the PCFA process requires engagement with the family and is helpful. Though the timeframes are difficult to meet because workload is high, impacting the quality of work. The design of a Nevada Initial Assessment (NIA) does not include the evaluation of a non-custodial parent; therefore, the workers are having to focus on evaluating who is in the child's residence. Another concern is the caseworkers are taking the mother's word that the father is not involved. The supervisors agree that more diligent efforts are needed to find and engage non-offending parents in services. There is push back from caseworkers on engaging clients that are in prison and engaging both parents. Supervisors find it challenging to teach caseworkers the value of reaching out to all parents/family members.

## Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

### State Response:

Nevada has determined this item to be a Strength. Statewide for Nevada because qualitative and quantitative data supports periodic reviews are occurring no less frequently than once every 6 months. For FFY 2017, the same data collection and methodology was followed as described in Item 19. NRS 432B.580 mandates the court to conduct a hearing at least semiannually and within 90 days after a request by a party to any of the prior hearings. The court may also enter an order directing that the placement be reviewed by a panel of at least three persons appointed by the judge (NRS 432B.585). The contents of the hearing must include evaluations and assessments of progress in carrying out the case plan goals for the child in care (NAC 432B.420) and address ASFA requirements on reasonable efforts. DCFS Policy 0206, Court Hearing Notification, further ensures that foster parents and other care providers are afforded the right to be heard in review hearings with respect to children in their care and to offer information about the services received by the child and family.

### Sampling Methodology

Item 19 section provides details on sampling methodology, including the sampling process.

### Data Collection:

- **Periodic:** For each of the cases, State QA specialists examine UNITY (SACWIS) screens indicating hearing occurrence (date of hearing) by hearing type (periodic or permanency), ensuring hearing occurrence within timelines. The specialist will conduct further validating with review of case notes if needed (e.g., multiple dates of hearing entry close in occurrence). If case notes cannot clear up uncertainty, the Child Welfare Agency QA contact is asked to clear up any inconsistency. For a case to be compliant with periodic review requirements, a formula was entered to allow a date range in which the periodic hearings can occur by the end of the respective six-month period. A review of the child must occur every six months from the time of removal. The date of removal is the date the child was taken into protective custody and placed in an out-of-home care placement. It is typical practice for jurisdictions to hold a periodic hearing once every six months with the permanency hearing being counted as a review of the child for the next periodic hearing. In other words, a periodic hearing is held, then a permanency hearing, then a periodic hearing again. If a periodic hearing did not occur and no other review of the child was held, either by a court or by administrative review, then noncompliance was captured.

### Statewide Data

In SFY 2017, there was an increase of 7% from SFY 2016 for hearings being held at least once every 6 months. For FFY 2017, court hearings were held at least every 6 months 100% of the time. The data is consistent with June 2016 and October 2017 Stakeholder findings as well.

**Table 21.1**

	SAMPLING DATA					
	Periodic Reviews Frequency = 6 Months % Strength			Case Count		
	SFY 2016	SFY 2017	FFY 2017	SFY 2016	SFY 2017	FFY 2017
<b>CCDFS</b>	85%	96%	100%	20	69	162
<b>WCHSA</b>	100%	95%	100%	10	40	33
<b>DCFS Rural Region</b>	90%	100%	100%	10	40	19
<b>Statewide</b>	90%	97%	100%	40	149	214

### Stakeholder Interview Information

Focus groups were conducted statewide in June 2016 and October 2017. Participants varied with each group from Judges, District Attorneys, CASA, Court Improvement Program (CIP), along with Defense and Child Attorneys.

- During both statewide focus groups, the participants were confident that their scheduling system ensured periodic reviews more than the standard. There was a consensus the courts often schedule periodic reviews more frequently than every six months, and, as often as every three months to help ensure movement of cases statewide.

## Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

### State Response:

Nevada has determined this item to be a Strength. The qualitative and quantitative data supports permanency reviews are occurring no later than 12 months. NRS 432B.590 mandates a permanency hearing be held no later than 12 months from a child's initial removal. When reasonable efforts are not required, pursuant to NRS 432.393, a permanency hearing must occur within 30 days of the judicial finding. 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."

### Sampling Methodology

Item 19 section provides details on sampling methodology, including the sampling process.

#### Data Collection:

• **Permanency hearings:** Item 21 section provides details on the data collection, under Sampling Methodology and Data Collection. In addition, permanency hearings are to occur no later than 12 months from the date of removal and no less frequently than every 12 months thereafter. If a permanency hearing did not occur and no other review of the child was held, either by a court or by administrative review, then noncompliance was captured. Only court hearings due in the FFY 2017 were captured in the analysis.

### Statewide Data

Overall, in SFY 2017, there was an increase of 5% from SFY 2016 to SFY 2017 for court hearings being held at least every 12 months. For FFY 2017 this figure increased to 100% of the time. This is consistent with the June 2016 and October 2017 stakeholder findings.

Table 22.1

	SAMPLING DATA			Case Count		
	Permanency Reviews Frequency = 12 Months					
	% Strength					
	SFY 2016	SFY 2017	FFY 2017	SFY 2016	SFY 2017	FFY 2017
CCDFS	90%	97%	100%	20	67	144
WCHSA	100%	95%	100%	10	40	35
DCFS Rural Region	80%	90%	100%	10	40	15
Statewide	90%	95%	100%	40	147	194

- SFY 2017 CCDFS had two cases that did not require a 12-month Review during SFY 2017



### Stakeholder Interview Information

Focus groups were conducted statewide in June 2016 and October 2017. Participants varied with each group from Judges, District Attorneys, CASA, CIP, and Defense and Child Attorneys. Participants were held separately with each Child Welfare Agency. Statewide there was confidence the court's scheduling system ensured that they had annual reviews as required by the standard statewide.

## **Item 23: Termination of Parental Rights**

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

### **State Response:**

Nevada has determined this item to be an Area Needing Improvement and a systemic issue statewide. Termination of Parental Rights are not occurring within the 15-month federal timeframe. NRS 432B.590 mandates that no later than 12 months after the initial removal of the child from his/her home and annually thereafter, a hearing shall be held concerning the permanent placement of the child. At the hearing the court reviews the plan for permanent placement of the child and determines whether the reasonable efforts required have been made. If the child has been placed outside of his home for 14 months of any 20 consecutive months, the best interests of the child must be presumed to be served by the termination of parental rights and documentation of the plan to TPR is included in the permanency plan. The court is required to use its best efforts to ensure that the procedures required in TPR are completed within six months from that date. NRS 432B.630 requires action be taken to terminate parental rights on a newborn child who is delivered to a provider of emergency services, absent parent contact with the child welfare agency. The NRS also identifies those circumstances in which the agency is not required to make reasonable efforts for reunification and addresses the issue of compelling reasons when it would not be in the child's best interest to file for TPR. Compelling reasons must be detailed in the case file and reports to the court. Examples of compelling reasons are outlined in the DCFS 0514 Termination of Parental Rights policy.

NRS Chapter 128 details the process of TPR, specifically who files the petitions, procedures for TPR on ICWA cases, notice of hearings (publication), testimony, appointment of attorneys, specific considerations to various circumstances and restoration of parental rights in certain situations. Pursuant to NRS 128.170, a child (or the legal guardian of the child) who has not been adopted, and whose parental rights have been terminated or relinquished, may petition the Court for restoration of parental rights. The natural parent or parents for whom restoration of parental rights is sought must be fully informed of the legal rights, obligations and consequences of restoration and must consent, in writing, to the petition.

Policy 0514 requires timely permanency planning for children in the care and custody of the child welfare agency, and that planning must therefore begin the day the child enters care. The child welfare agency is required to make and finalize alternate permanency plans no later than 12 months after the child's removal. Policy states that absent compelling reasons not to file a TPR, the petition must be filed within 60 days of the court's determination that reasonable efforts are not required. Acceptable compelling reasons are outlined in the TPR policy. A referral to terminate parental rights can also be initiated any time prior to 12 months from the child's removal when adoption is identified as the permanency goal for the child and legal grounds for termination exist. Upon referral for TPR, the worker will concurrently seek a court order to initiate efforts to recruit for, and/or identify, an adoptive family for any children not already placed in a pre-adoptive home.

### Sampling Methodology

Item 19 section provides details on sampling methodology, including the sampling process. The Child Welfare Agency is given a spreadsheet with the identified sample children for the quarter. They are required to enter the TPR file date in an identified field of this spreadsheet; or, the child welfare agency referenced the UNITY screen and/or verifies with the caseworker allowable exception entry by the end of the 15th month in care. The state QA specialist reviewed the claimed exception to verify that it is an allowable exception to the requirement/compelling reason not to file a TPR petition, and, that it was entered by the end of the 15th month the child was removed. The date of removal is the date the child was taken into protective custody and placed in an out-of-home care placement. A formula determined compliance by ensuring the TPR file date occurred by the end of the 15th month from removal. The formula also ensured that an allowable compelling reason was acknowledged in the file by the end of the 15th month and a QA Specialist validated that the consent/relinquishment was received by the end of the 15<sup>th</sup> month if the exception was selected. Percentages of compliance are calculated by each agency and aggregated statewide with 15 months being calculated from the date of the first judicial finding of abuse or neglect or 60 days after the child is removed from the home, whichever is earlier.

### Statewide Data

For FFY 2017, Statewide 73% of cases had filed TPR timely or had compelling reasons for not filing TPR per ASFA timeframes. The data suggest that the low percentage may be related to the late signing of consent and relinquishments by the parents. In 2009, two common barriers identified a backlog in the District Attorney's Office resulting in delays in filing for TPR (Clark County Stakeholders) and the reluctance to file TPR before the court has ordered a goal of adoption and ordered the agency to file for TPR (Carson City Stakeholders). The Child Welfare Agencies continue to work with the stakeholders to improve compliance. The Court Improvement Program Director receives a statewide report at least semiannually to review TPR data with judiciary stakeholders.

**Table 23.1**

SAMPLING DATA						
	TPR Filing Compliance % Strength			Case Count		
	SFY 2016	SFY 2017	FFY 2017	SFY 2016	SFY 2017	FFY 2017
<b>CCDFS</b>	60%	43%	74%	20	69	167
<b>WCHSA</b>	80%	60%	80%	10	40	39
<b>DCFS Rural Region</b>	30%	55%	48%	10	40	23
<b>Statewide</b>	58%	51%	73%	40	149	229

### Stakeholder Interview Information

Focus groups were conducted statewide in June 2016 and October 2017. In June 2016 participants included Judiciary, Foster Parents, and Caseworkers. In October 2017 participants included Judiciary, Caseworkers, and Supervisors.

- **June 2016 and October 2017 Judiciary Statewide** identified similar concerns to why a TPR petition is not filed in a timely manner. The primary reason identified during both focus groups was a workforce resource at the Attorney General's Office/ District Attorney's office depending on the jurisdiction;

- **June 2016 and October 2017 Caseworkers Statewide** indicated that they believed that a lack of resources at the Attorney General's Office/ District Attorney's office offices was the main reason for delays in timely filing.
- **October 2017 Supervisors Statewide** identified delays at the Attorney General's Office/District Attorney's office after submitted packets by the agency, delays due to changes in permanency goals, delays due to ICWA cases being continued, and compassion by the judges for parents working their case plans.
- **June 2016 Foster parents Statewide** indicated they were aware of prosecutorial delays with filing, but also believed the courts were too lenient with parents. Adoptive parents in the group cited children ending up being TPR'd three and five years into care, and after multiple episodes of foster care.
  - Despite the Foster Parent group citing inappropriate delays, they (particularly the very long-term foster/adopt parents) also noted that TPR's occurred more frequently and quicker than in years past.
  - The Foster Parent groups across the state agreed that often delays are often related to the indecisiveness by the child welfare agency.
  - Two of the Foster Parent groups also indicated that a mother giving birth to another child while she already has a child in protective custody, causes further TPR delays for the child in care.

In October 2017, Judicial Stakeholders reported workforce concern at the Attorney General's Office/ District Attorney's office. In June 2016, Caseworkers in all three jurisdictions indicated that they believed that a lack of resources at the Attorney General's Office/District Attorney's office (depending on the jurisdiction) was the main reason for delays in timely filing. In Washoe County they believed that there seemed to be longer delays for cases where there was a dual plan. The Foster Parent Focus group felt the courts were too lenient with parents. The Judiciary Focus Group indicated that not filing a TPR in a timely manner was an issue of workforce resources at the District Attorney's office as well as difficulty locating parents, lack of prospective adoptive parents, compassion for the parents, backlog, and lack of services available to parents.

## Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

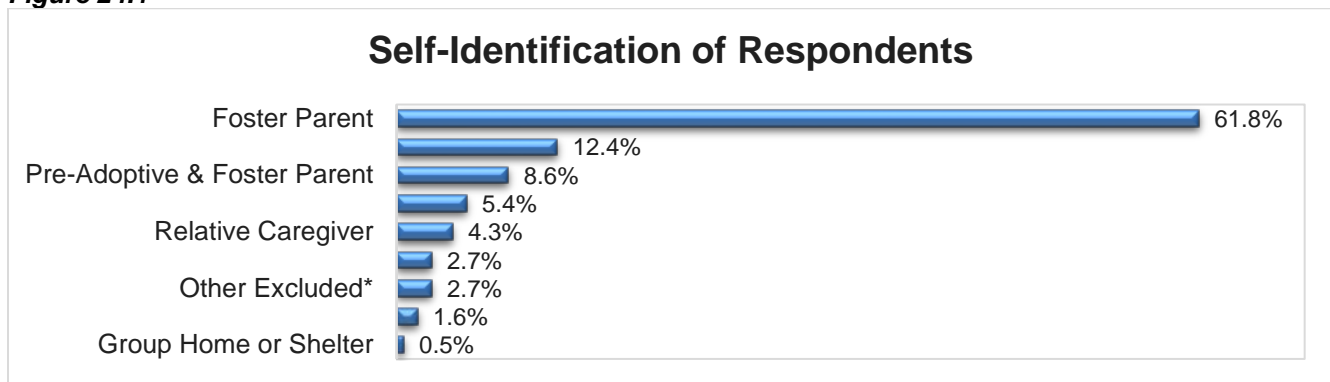
### State Response:

Nevada has determined this item to be an Area Needing Improvement. Caregivers are not receiving court hearing notices, right to be heard, and right to attend a court hearing consistently statewide. 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 be provided and is necessary to ensure active involvement and participation of caregivers (pre-adoptive, foster parents, relative, fictive-kin, etc.) 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, for annual and semi-annual court hearings 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. For some hearings, court notifications may be sent pursuant to Nevada Rules of Civil Procedure: Rule 5 (a, b.). 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. Child welfare agencies are provided the option of documenting notice to caregivers in Nevada's SACWIS (UNITY). Court Notice is the responsibility of caseworkers, designated agency staff, or a judicial automotive system depending on the Child Welfare Agency.

### Statewide Data

Statewide Data (SFY 2017) was collected from surveys. Information was gathered from 186 caregivers via an online questionnaire and sent to all the statewide caregivers who had an email address. The respondents included foster parents, pre-adoptive parents, adoptive parents, relative caregivers, fictive kin, and out-of-state caregivers.

**Figure 24.1**



*Note: Other Excluded included former foster parents and biological parents of children who are currently in placement, who were disqualified from completing the survey.*

Figure 24.1 illustrates of the 186 respondents 2.7% were disqualified because they were either a biological parent or former foster parent (prior to SFY 2017). 58% typically worked with Clark County, 17% Rural Region, and 27% Washoe. Most respondents (89%) had at least 1-10 placements in SFY2017, and 80% identified providing foster care in their home (includes regular, permanent, and/or emergency placements).

Overall, 40% of respondents reported that they received court notifications all the time, 35% reported sometimes, and 22% did not receive any court notifications (remainder was N/A). Most caregivers are receiving notices, and the process varies depending on the caseworker and jurisdiction. The response for timeliness and accuracy of court notifications is inconsistent. A stakeholder reported "Mail notification sometimes arrives after the court date," "I have to ask my caseworker for the information," and "I was recently told the day before a court hearing and I also received a document addressed to another foster parent." However, 64% of respondents either agree or strongly agree that they received notices in time to attend the court hearing and 71% reported that the notices had the correct information (child's name, court date, location, etc.). Caregivers received a re-notice 44% of the time when the court hearing date and time changes or the court hearing is vacated, which is an area needing improvement.

**Figure 24.2**

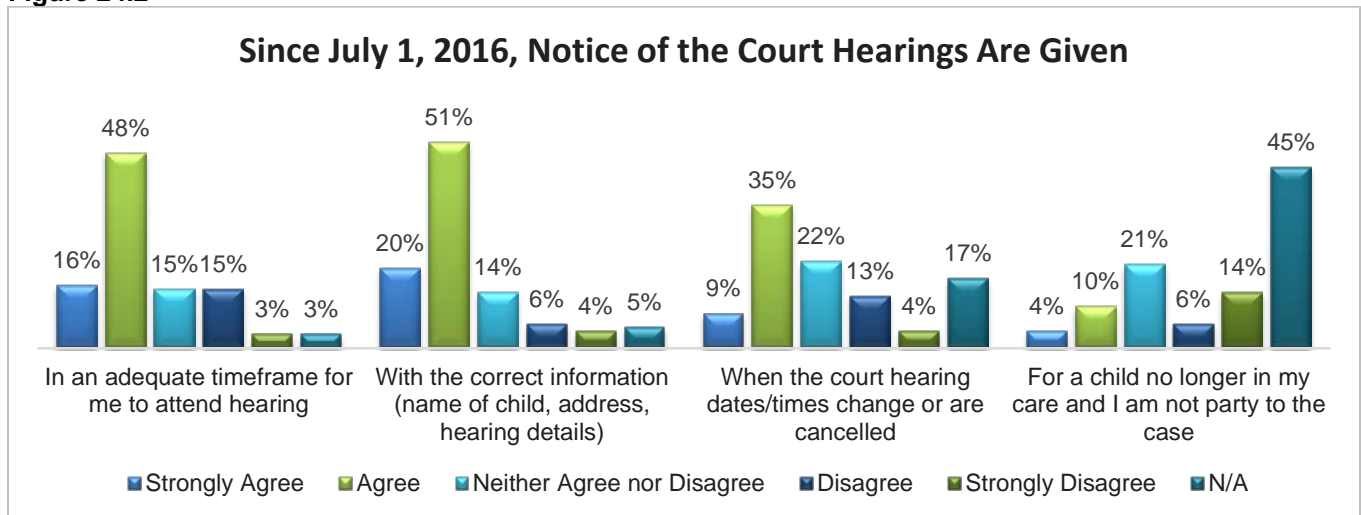


Figure 24.2 illustrates that only 14% indicated that they had received a court notice for children that have transitioned out of their home, which is a 10% decrease from SFY 2016.

**Figure 24.3**

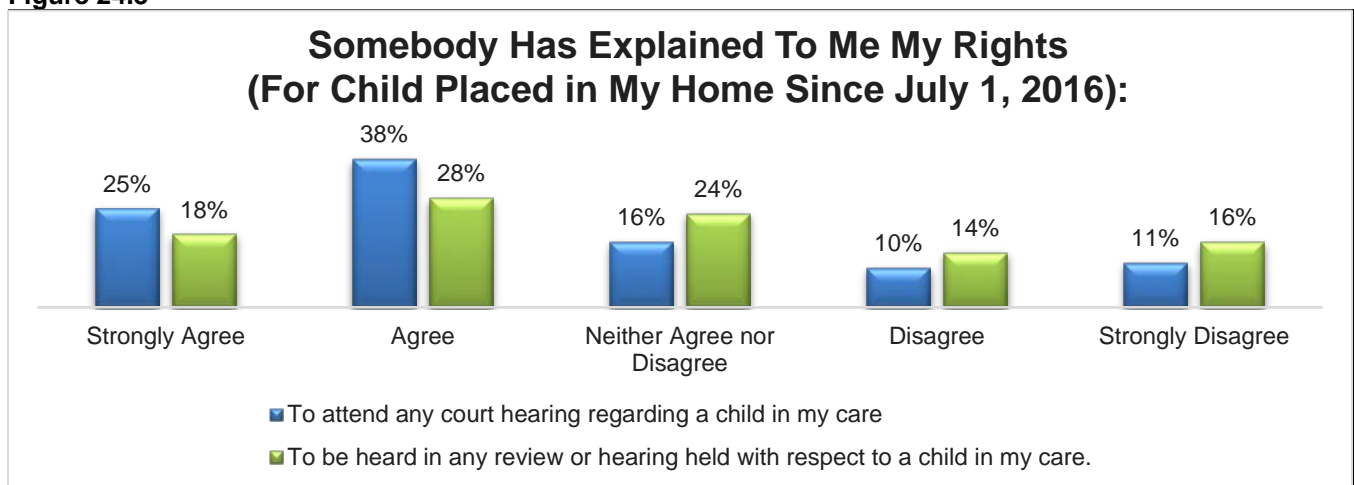


Figure 24.3 Caregivers were asked if they were advised of their right to be heard in any review or hearing and the right to attend any court hearing, on a scale of 1-5 with 5 being Strongly Agree.

Sixty-three percent of respondents either strongly agreed or agreed that somebody explained their rights to attend any court hearing regarding a child in their care and 46% either strongly agreed or agreed that they were explained their rights to be heard in any review or hearing held with respect to a child in their care

Based on the results from SFY 2016, the DCFS Family Programs Office (FPO) collaborated with each jurisdiction and judicial stakeholders to develop a new Court Notification Policy that better reflects the current state and federal standards. In addition, the policy requires that caregivers be given notice of their right to attend and their right to be heard in semi-annual- (Periodic) and annual (Permanency) hearing. The Court Notification policy became effective 01/30/2017 and was published to the DCFS website on 02/13/2017. Since publication there was a request from one of the counties to amend the policy for clarification before an internal policy can be developed, and this request is currently under review by FPO. Each jurisdiction is working towards implementing the new policy, which is anticipated to positively impact SFY 2018 for this Item 24.

### Stakeholder Interview Information

In June 2016 and October 2017 Statewide Focus Groups were held and separated by Judiciary Members, Caseworkers, and Caregivers. Supervisors were included in the October 2017 Focus Groups. The focus group covered several systemic factors including Court Notifications. The questions were to determine how well the case review system is functioning to ensure caregivers are given notice of, and have a right to be heard in, any review or hearing held with respect to a child. Overall Statewide, Nevada is not consistently notifying caregivers of court hearings, their right to be heard, and their right to attend. Other areas of concerns were identified:

#### **October 2017 Focus Groups**

- **Caseworkers:** Most caseworkers felt they were informing the caregivers/foster parents of their right to attend and be heard, however, the method varied. There were times they did not encourage caregivers/foster parents due to safety concerns, however, there were other methods of teleconferencing and written caregiver reports available.
- **Foster Parents:** In two jurisdictions the foster parents reported they were consistently receiving notifications. They were attending, and encouraged to attend as well as speak. Judges also were open and encouraging foster parents to speak. In the other jurisdiction, the reports were mixed. Some were receiving notices and others reported a lack in consistency. Attendance varied, as some foster parents were encouraged to attend and speak, and others were not.
- **Judiciary:** In two jurisdictions it was reported caregivers/foster parents were being provided notices. In the other jurisdiction, it was reported notifications are given when the caregivers/foster parents are aligned with the agency. Caregivers attending court varied statewide and depended on many variables; case circumstances, notification by the agency, culture of the court, distance, etc. In court report there is information on how parents, foster parents etc. were notified. A new policy was implemented to ensure caregivers/foster parents are informed of their right to attend. They recognized foster parents/caregivers are considered interested parties and can participate in hearing as they want to. There has been tension where foster parents/caregivers are being told to speak about children only- not appropriate for them to speak about how parents are doing. A master reported inviting comments on how children are doing in home, if they try to say disparaging things about parents or agency will say this is not appropriate for court and will invite them to set up meeting.
- **Supervisors:** Identified an internal process for tracking notifications and feel notices are being sent to foster parents/caregivers.

## C. Quality Assurance System

### Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

#### State Response:

Nevada has determined this item to be an area needing improvement for Nevada. A goal of the 2015-2019 CFSP is specific to Continuous Quality Improvement (CQI) and is identified as Goal 4: The state will be able to identify the strengths and needs of the child protective service delivery system. The rationale for Nevada choosing this goal was to ensure development of a continuous quality improvement system through the enhancement of five functional components: administrative structure to oversee effective CQI system functioning; quality data collection; a method for conducting on-going case review; a process for the analysis and dissemination of quality data on all performance measures and, a process for providing feedback to stakeholders. Nevada continues to work towards a CQI process, and has built upon and improved the functional component related to conducting on-going case reviews but has not eliminated all gaps in the functional components of CQI. Nevada has not yet created a statewide CQI system that is uniform, driven by quality data, that assesses, evaluates and informs policy and practice improvements.

Nevada convened a Statewide Quality Improvement Committee (SQIC) in efforts to implement/enhance a statewide CQI system but further work must be conducted to eliminate gaps in the overall system. In recognition of this Nevada did request technical assistance (TA) from the Capacity Center for States and support for the implementation of a CQI system was identified as a potential area for capacity building. Nevada was approved for three TA capacity building projects with CQI being one of those projects. However, due to competing priorities, staff turnover and lack of IT resources Nevada could not continue to move forward with the TA. Nevada has continued working with the Capacity Center for States on the following two capacity building projects: 1. Differential Response Support and 2. Supporting the development and implementation of a comprehensive training system by implementation of a supervisory coaching model.

Nevada has improved its Case Review Process which mimics the federal Child and Family Services Review (CFSR) case review process, and has collaborated with Clark County Department of Family Services (CCDFS) and Washoe County Human Services Agency (WCHSA) to increase a qualified Reviewer/QA pool. Prior to 2015 Nevada was only reviewing nine items from the Round 2 Onsite Review Instrument (OSRI). In 2015 when the Children's Bureau provided State's access to use the online instrument for state CQI purposes Nevada began using the federal Onsite Review Instrument (OSRI). This is progress for the State of Nevada even though all gaps in the overall CQI system has not been eliminated.

In CY 2015, 2016 and 2017, Nevada has conducted case reviews using the new OSRI developed by JBS International for the Children's Bureau. Most recently Nevada case reviews were conducted between April 2017 and September 2017. A total of 83 cases were reviewed from all jurisdictions using all 18 items of the CFSR instrument.

#### **1. The state's quality assurance system operates in jurisdictions where services described in the Child and Family Services Plan are provided.**

The Department of Health and Human Services/Division of Child and Family Services/ (DCFS) Family Programs Office QA/CQI system operates in all jurisdictions of the state. The QA case review system operates out of the

Family Programs Office (FPO) while the much broader CQI system involves the Division's leadership, IT Department and Child Welfare Agencies. 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 DCFS operates child welfare services. DCFS under the umbrella of the Nevada Department of Health and Human Services, provides oversight to child welfare and direct child welfare services.

Each Child Welfare Agency has dedicated staff for local CQI activities, but the CQI system is not consistent or uniform across the state. The Statewide Quality Improvement Committee (SQIC) meets monthly to review and discuss statewide data, trends in available data, new initiatives, court improvement activities and child welfare training activities. While the SQIC meets and discusses statewide quality improvement efforts, data and reports, the committee has not yet become an effective mechanism to create program improvement or practice change across the state. This would involve building capacity around program improvement planning, development and implementation. Building capacity would involve having staff resources that have the knowledge, skills and abilities to independently conduct integral strategic planning efforts, and an organizational culture that supports performance improvement.

**2. The state's quality assurance system utilizes standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety.**

Nevada Revised Statutes 432B.180(3) requires DCFS to monitor the performance of child welfare agencies through data collection, evaluation of services and the review and approval of agency improvement plans pursuant to NRS 432B.2155. Nevada Administrative Code details the activities required concerning evaluation of services provided by the child welfare agencies and actions upon determination of noncompliance with certain provisions.

Practice and service standards from intake to permanency are defined through federal law, state law, and DCFS policy. These standards are compiled in the Division's policy manual, available at <http://dcfs.nv.gov/Policies/CW/>. The Division's process and outcome measures are based on federal requirements (such as the federal CFSR data indicators) and state policy. In addition, through the quality assurance case review system DCFS can document and track performance for safety, permanency, and well-being of children through the 18 CFSR measures. This method allows a standardized review and data is available by each jurisdiction.

DCFS has practice and procedure standards across the span of child welfare services, adoption, foster care, licensing, eligibility, and provider payment services as defined in federal and state law. As stated above DCFS has a statewide policy manual to direct and guide staff in meeting the requirements of law and providing for the best interest of children and families. This is one mechanism to provide standards for quality services for safety, permanency, and well-being. While statewide policy does exist, there could be improvement in consistent policy development, approval, implementation and review of policies.

For grant and contract services, program expectations and reporting requirements are outlined in the final agreements with the grantee or contractor. The DHHS/DCFS Grants Management Unit evaluates reports received from grantees and utilizes a standard process to analyze the effectiveness of the program as they relate to safety, permanency and well-being.

**3. The state identifies strengths and needs of the service delivery system.**

As stated above a goal of the 2015-2019 CFSP is specific to Continuous Quality Improvement (CQI) and is identified as Goal 4: The state will be able to identify the strengths and needs of the child protective service delivery system. The rationale for Nevada choosing this goal was to ensure development of a continuous quality improvement system through the enhancement of five functional components: administrative structure to oversee effective CQI system functioning; quality data collection; a method for conducting on-going case review; a process for the analysis and dissemination of quality data on all performance measures and, a process for providing feedback to stakeholder. Nevada continues to work towards a CQI process, and has built upon and improved the functional component related to conducting on-going case reviews but has not eliminated all gaps in the functional components of CQI.

Through collaboration with the child welfare agencies DCFS can gather case review data to identify strengths and



needs of children and families. The results of the case reviews are posted on the DCFS website. However, it is unclear if grant/ contract services and the much broader collaborative efforts with other programs i.e. Medicaid can collectively identify, analyze and meet the needs of the service delivery system.

#### 4. The state's quality assurance system provides relevant reports.

As previous stated Nevada has conducted case reviews using the Online Management System (OMS) developed by JBS International for the Children's Bureau since CY 2015. An Exit Report utilizing a power point presentation is presented to each Child Welfare Agency with an emphasis on local results and recommendations after each review. The Child and Family Services Plan (CFSP), Annual Progress Services Report (APSR), Citizen's Review Panel Report, Child Fatality Report, performance data, case review results from the past five years, historical information concerning previous CFSR/ PIP results and an annual Statewide Case Review Report are posted at:

<http://dcfs.nv.gov/Tips/Reports/Annual/>

Additionally, The Nevada DCFS IT has developed a 'Data Book' which is updated quarterly and is posted on the DCFS website at:

<http://dcfs.nv.gov/uploadedFiles/dcfsnv.gov/content/Home/features/DataBookOct2017.pdf>

While there are many reports that generate performance information i.e. counts of investigations, counts of removals, counts of child protective referrals, counts of adoptions, counts of children in foster care etc., there are very few statewide reports that measure outcomes for performance reporting. Nevada uses the CFSR data profile generated annually by the Children's Bureau to measure federal performance measures. Currently, the state is unable to internally generate those specific measures. Additionally, the DCFS Family Program Office (Child Welfare) must rely on the IT Department that serves other Divisions. There is no specific Data and Reporting Unit specific just to child welfare.

There is a listing of SACWIS (UNITY) Reports that can be generated for child welfare. If any specific report other than those listed are needed a helpdesk ticket must be submitted to Information Management for an ad hoc report to be completed. The current report listing is not updated or maintained with any regularity. Some descriptions of reports are absent, and the actual measurement is sometimes unknown. Many reports are not used with any regularity because they are not useful or are outdated. Some reports don't measure what is needed and is incorrect. Reports associated with the CFSP have been on a wait list with a work request number for many years i.e. Independent Living reports. To satisfactory monitor a program area when an agency is in a position of oversight reports specific to monitoring performance are needed. The IT department has indicated they have a capacity/resource issue related to workload.

Nevada Case Reviews are inclusive of qualitative and quantitative data that result in local exit reporting and annual statewide reporting. In CY 2017 Nevada reviewed 83 cases Statewide.

**Table 25.1 illustrates Nevada's case review performance data from 2017.**

**QICR 2017 Performance –Outcome Target =95% and Performance Item Target =90%**

Outcomes/Items	Performance Item Ratings			Outcome Ratings			
	S	ANI	NA	SA	PA	NACH	NA
<b>Safety Outcome 1: Children are first and foremost protected from abuse and neglect.</b>				<b>79%</b> <b>N=37</b>	<b>0%</b> <b>N=0</b>	<b>21%</b> <b>N=10</b>	<b>N=36</b>

<i>Item 1 Timeliness of investigation</i>	79% N=37	21% N=10	N=36				
<b>Safety Outcome 2: Children are safety maintained in their home whenever possible and appropriate.</b>				<b>35%</b> <b>N=29</b>	<b>22%</b> <b>N=18</b>	<b>43%</b> <b>N=36</b>	<b>N=0</b>
<i>Item 2 Services to prevent removal/re-entry</i>	66% N=27	34% N=14	N=42				
<i>Item 3 Risk and safety assessment</i>	35% N=29	65% N=54	N=0				
<b>Permanency Outcome 1: Children have permanency and stability in their living situations</b>				<b>13%</b> <b>N=7</b>	<b>75%</b> <b>N=39</b>	<b>12%</b> <b>N=6</b>	<b>N=0</b>
<i>Item 4 Stability of Placement</i>	65% N=34	35% N=18	N=0				
<i>Item 5 Permanency Goal</i>	50% N=21	50% N=26	N=0				
<i>Item 6 Achieving Reunification, Guardianship, Adoption or OPPLA</i>	44% N=23	56% N=29	N=0				
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.</b>				<b>71%</b> <b>N=37</b>	<b>29%</b> <b>N=15</b>	<b>0%</b> <b>N=0</b>	<b>N=0</b>
<i>Item 7 Placement with Siblings</i>	97% N=36	3% N=1	N=15				
<i>Item 8 Visit with Parents and Sibling in Foster Care</i>	76% N=28	24% N=9	N=15				
<i>Item 9 Preserving Connections</i>	73% N=38	27% N=14	N=0				
<i>Item 10 Relative Placement</i>	62%	38%					

	N=31	N=22	N=2				
<i>Item 11 Relationship of Child in Care with Parents</i>	73% N=22	27% N=8	=22				
<b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.</b>				<b>35%</b> <b>N=29</b>	<b>34%</b> <b>N=28</b>	<b>31%</b> <b>N=26</b>	<b>N=0</b>
<i>Item 12 Services to child, parents &amp; foster parents</i>	40% N=33	60% N=50	N=0				
<i>Item 12A Needs Assessment and Services to Children</i>	67% N=57	33% N=27	N=0				
<i>Item 12B Needs Assessment and Services to Parents</i>	42% N=27	58% N=37	N=19				
<i>Item 12C Needs Assessment and Services to Foster Parents</i>	74% N=34	26% N=12	N=37				
<i>Item 13 Child and Family Involvement in Case Planning</i>	47% N=38	53% N=43	N=2				
<i>Item 14 Case worker visits with children</i>	55% N=46	45% N=37	N=0				
<i>Item 15 Case worker visits with parents</i>	42% N=27	58% N=37	N=19				
<b>Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.</b>				<b>72%</b> <b>N=44</b>	<b>8%</b> <b>N=5</b>	<b>20%</b> <b>N=12</b>	<b>N=22</b>
<i>Item 16 Child and family involvement in case planning</i>	72% N=44	28% N=17	N=22				
<b>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.</b>				<b>51%</b> <b>N=40</b>	<b>14%</b> <b>N=11</b>	<b>35%</b> <b>N=27</b>	<b>N=5</b>

<i>Item 17 Physical Health of Child</i>	59% N=38	41% N=26	N=19				
<i>Item 18 Mental/Behavioral Health of Child</i>	59% N=38	41% N=26	N=20				

**NOTE:** for Performance Rating: S=*Strength*; ANI=*Area Needing Improvement*; NA=*Not Applicable*.

**NOTE:** for Outcome Rating: SA=*Substantially Achieved*; PA=*Partially Achieved*; NACH=*Not Achieved*; A=*Not Applicable*.

## 5. The state's quality assurance system evaluates implemented program improvement measures.

State law requires DCFS 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. Each agency that provides child welfare services is required to submit an agency improvement plan to DCFS that must cover a period of two years that includes specific performance targets for improving the services provided to children in the care of the agency. Each year the agencies are required to submit data to DCFS demonstrating the progress made toward meeting the specific performance targets. Also, DCFS is administering a program that awards incentive payments to an agency that provides child welfare services based on improved performance targets. DCFS prepares and submits a report concerning the improvement plans, and the program for incentive payments to the Governor and Legislature on or before January 31 of each year.

However, this process is not linked to the Nevada Case Reviews and Child Welfare Agencies identify areas of performance improvement that each Child Welfare Agency would like to focus on over the two-year period. While DCFS QA provides feedback to stakeholders and leadership on case reviews and identifies the programmatic changes needed to improve services the results are not used to develop improvement plans based on the standards of the state's case reviews. Since case review samples are small for case reviews here is still hesitation that case review results are not significant enough to identify and target areas needing improvement.

The current Agency Improvement Plans (AIPs) for each Child Welfare Agency are listed as follows:

### Clark County Department of Family Services

#### Performance on 2017-2018 AIP

The Clark County Department of Family Services (CCDFS) identified the following 2017-2018 AIP performance targets in the outcome domains of safety, permanency and well-being:

#### SAFETY

- Increase in the number of children served in home with intact families and improve information collection and assessment of child functioning, parent disciplinary practices and general parenting; this will be assessed through review of data reports, NICRP Safe@Home evaluation reports, and fidelity review assessments.

#### PERMANENCY

- Increase the number of children placed with compatible caregivers whose strengths match the children's needs.
- Partner with faith-based and business leaders to work toward eliminating service array gaps within the community.

#### WELL-BEING

- Implement an AFC program that incorporates the Together Facing the Challenge service model and innovative strategies and approaches to parenting children with increased behavioral and mental health needs.

- Work with Clark County School District (CCSD) to establish MOU's and policies to ensure that CCSD and DFS are properly sharing data pursuant to federal law and establish a school of origin transportation program for children in care.

CCDFS reported continued implementation of the Safe@Home Title IV-E Waiver Program to address safety concerns for families who receive in-home services. As of November 30, 2017, the Safe@Home program had served 492 families and 1,385 children in their homes via safety management services. Evaluation of the model's success has included working in cooperation with ACTION 4 Child Protection to complete an agency-wide assessment of fidelity to the intervention model and conducting analyses of performance and demographic data to determine how successful the model has been. An analysis has demonstrated that removal rates may be significantly reduced through the implementation of this program. In this analysis Safe@Home children showed a 9.3% removal rate, compared to a 23% removal rate for the comparison group.

CCDFS has demonstrated the successful implementation of a matching program for targeted recruitment and retention with the stated goal of improving permanency results. This effort has included the use and ongoing enhancement of the PRIME system to help facilitate the identification of potential placements, a system-wide assessment, and collaboration with nationally-recognized recruitment experts to develop and implement recruitment strategies. CCDFS has also strengthened its family and community engagements to improve permanency by fostering greater support networks for at-risk families. Safe Families for Children (SFFC), which has been used across the nation since 2003, has been introduced in Clark County with the goal of preventing children from entering the foster care system. CCDFS recently partnered with over 100 churches to introduce the *Wait No More* campaign, and it is expected that this program will have a similar impact.

CCDFS implemented the Advance Foster Care program to ensure that children who require higher level care are placed with foster parents who have adequate training. The "Together Facing the Challenge" model is being used for this program, and there are currently 20 AFC foster homes.

CCDFS also implemented strategies and services to improve educational outcomes for children in care by partnering with the CCSD to obtain educational information. An online portal allows 82 CCDFS supervisors and managers to obtain educational records of foster children. The ability to review educational records and increased communication with CCSD will help CCDFS staff in their efforts to improve educational stability and outcomes for youth in the custody of the agency.

### **Washoe County Human Services Agency Performance on 2017-2018 AIP**

Washoe County Human Services Agency (WCHSA) identified the following 2017-2018 AIP performance targets in the outcome domains of safety, permanency and well-being:

**SAFETY:** Assess safety decision making.

- Reduce the number of child removals through utilization of a Crisis Stabilization Response Safety and Services intervention Team.

**PERMANENCY:** Increase permanency for children.

- Implement a Placement Services and Support Team to perform immediate diligent searches for potential relatives and fictive kin during an active removal of a child from their home due to present danger to avoid placement in congregate care and/or a traditional family foster home.

**WELL-BEING:** Improve the educational outcomes of foster youth.

- Analyze the effectiveness of application for the Interstate Compact on the Placement of children (ICPC) to maintain family connections.
- Pilot the Crossroads Program to care providers with an open child welfare investigation or case.

In 2017 WCHSA fully implemented the use of a Crisis Stabilization Response Safety and Services Intervention Team. The goal of the team is to provide immediate, short-term, family-focused services designed to assist child victims and their families in crisis. The team provides services and resources at the time of the initial response to help decrease the risk of additional trauma and to help decrease the number of child removals. A comparison of SFY16 and SFY17, when the team was implemented, showed a decrease in removals of 16%.

WCHSA also implemented a Placement Services and Support Team to perform immediate diligent search on potential relatives and fictive kin during an active removal of a child from his or her home. The primary goal of this team is to avoid placement in congregate care or in traditional foster care. An analysis has shown a decrease in the use of congregate care following the implementation of this team.

WCHSA is conducting an ongoing analysis of data related to outcomes related to the Interstate Compact on the Placement of Children to improve efficiency and identify service gaps.

The agency is also piloting the Crossroads Program to help provide essential services and better serve issues related to substance abuse, trauma, mental health, basic care needs, and housing needs. Since 2015, Crossroads has assisted 221 females.

### **Division of Child and Family Services Performance on 2017-2018 AIP**

The Division of Child and Family Services (DCFS) identified the following performance targets in the outcome domains of safety, permanency and well-being:

#### **SAFETY/PERMANENCY/WELL-BEING**

- Ensure that permanency goals are current and updated in UNITY.
- Increase the timely filing of Termination of Parental Rights (TPR).
- Decrease the time to adoption.
- Increase the frequency and quality of parental engagement in case planning.

In summary, DCFS reported an improved performance with an overall decrease in time to file TPR Petitions, some improvement for Timeliness to Permanence through Adoption or Guardianship, and an increase in performance as it relates to quality case planning with parents.

The goal for Timely Filing of TPR Petitions met the performance target of 60% for the sample reviewed. For Timeliness to Permanence through Adoption or Guardianship, the goal of 26 months for Adopt by Relative was exceeded with a result of 24.94, and the goal of 35 months for Adopt by Unrelated was relatively close at 36.83 (baseline at 53.32). Adoption by Foster Parent, however, had a goal of 24 months, and the end results were at 37.72. Maintaining current Permanency Goals in all cases is still an area needing improvement, although two regions came within 2% of the Performance Target.

For the goal of Parent Engagement in Quality Case Planning, the first performance goal of "Parents are involved in development of their case plan goals" was met (target: 90%; and, actual performance: 93%). The second performance goal of "Case plan goals are directly related to reasons for removal and/or safety threats" was not met (target: 95%; and, actual performance: 90%).

## D. Staff and Provider Training

### Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

*Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

### State Response:

Nevada has determined this item to be an area needing improvement due to an inability to track initial training over time for newly hired child welfare staff. In the past, the State has not had an effective mechanism to track and monitor new hires and the completion of pre-service and or on-going training; however, with expansion of the contracts with the University of Nevada, Reno and the University of Nevada, Las Vegas (Nevada Training Partnership) in March 2017 a new Child Welfare Learning Management System (LMS) will be implemented in the Spring 2018.

After implementation DCFS will be able to track training in a more efficient way over the next few years. DCFS and the Nevada Training Partnership are implementing a system called Saba. Saba is a dynamic LMS which incorporates features such as blended learning, and is a cloud-based platform that will enable Nevada to develop reports in real-time. These reports will help Nevada determine the accuracy of both initial and ongoing training needs for the child welfare workforce.

The Nevada Revised Statutes (NRS), NRS 432B.195, 432B.397, and NAC 432B.090 requires the state to provide a full staff development and training program which includes a minimum of 40 hours of training related to the principles and practices of child welfare services. This includes specific training related to the Indian Child Welfare Act (ICWA). In the 2017 Legislative Session Assembly Bill (AB) 99 was passed, which requires that all child welfare staff who come into direct contact with children receive training within 90 days of employment and annually thereafter concerning working with lesbian, gay, bisexual, transgender and questioning children (LGBTQ). As of July 1, 2017, 242 workers statewide have been trained in the LGBTQ Curriculum. In SFY 2018/19 a policy will be written to address the increasing mandatory training requirements of child welfare staff.

Initial Pre-Service Training for Nevada Child Welfare Workers and Differential Response (DR) Child Welfare Staff are provided under a Title IV-E Partnership with the University of Nevada, Las Vegas (UNLV) in the South and with the University of Nevada, Reno (UNR) in the North. The DR staff currently receive the same initial pre-service training as other statewide child welfare staff. However, currently and as noted above the tracking to ensure on-going monitoring of initial training for DR Staff does not exist. The State must rely on self-report from the agencies.

As of July 1, 2017, statewide, 86 new child welfare staff were hired, and 100% received Pre-Service Academy Training per local report. Clark County Department of Family Services staff receive training prior to receiving a caseload. In Washoe County Human Services Agency and in the DCFS Rural Region workers are assigned a limited case load while in training, with supervisory oversight. DCFS is only able to see the number of these staff in

the current system, and is not able to break this information down by their role within the child welfare agencies.

UNLV						
Week	Topic/Hours	Number of Participants	Office	Total Hours of Missed Time	% Time Missed	Total Number of Hours of Training
1	Basic Skills/24 hours	32	CCDFS	0 hours	-	768 hours
	Basic Documentation/8 hours	32	CCDFS	0 hours	-	256 hours
	Human Development/8 hours	32	CCDFS	0 hours	-	256 hours
2	Intake/16 hours	32	CCDFS	0 hours	-	512 hours
3-4	NIA Part 1: Intro, PDA, PDA & CSE/12 hours	32	CCDFS	0 hours	-	384 hours
4	NIA Part 2: Info Collection & Interviewing/8 hours	31	CCDFS	0 hours	-	248 hours
5	NIA Part 3: Judging Sufficiency/8 hours	31	CCDFS	0 hours	-	248 hours
5-6	NIA Part 4: SPD & CFR/20 hours	31	CCDFS	0 hours	-	620 hours
6	Family Systems/8 hours	31	CCDFS	0 hours	-	248 hours
7	Motivational Interviewing/16 hours	30	CCDFS	0 hours	-	480 hours
8	Placement, Grief & Loss/8 hours	30	CCDFS	0 hours	-	240 hours
8-9	PCFA/44 hours	30	CCDFS	8 hours		1,312 hours
10	Visitation, & CSE/16 hours	30	CCDFS	0 hours	-	480 hours
	Permanency Values/8 hours	29	CCDFS	0 hours	-	232 hours
11	PCPA/16 hours	30	CCDFS	0 hours	-	480 hours
12	Adoption & Case Closure/4 hours	30	CCDFS	0 hours	-	120 hours
	Ethics/4 hours	30	CCDFS	0 hours	-	120 hours
13	Case & Time Management/4 hours	30	CCDFS	0 hours	-	120 hours

Self-reporting is the only way to obtain this information. As stated above when the new LMS goes live DCFS will be able to report the data going forward as it relates to new hires and initial training for all child welfare staff.





### ***The Academy at UNLV (PRE-SERVICE TRAINING)***

The Nevada Safety Model has led to the development of an entirely new Nevada Child Welfare Training Academy which was initially piloted in January 2014 by the Nevada Partnership for Training (NPT) trainers at the University of Nevada, Las Vegas (UNLV) and the Clark County Department of Family Services (CCDFS). The Academy at UNLV begins with the initial call to the Hotline regarding a child abuse or neglect incident and follows that family throughout the life of the case. Each week both NPT trainers at UNLV and CCDFS trainers share the training week. Each week presents a specific topic or process within the case and while NPT trainers present the necessary curriculum for the topic, the CCDFS trainers present the agency specific information at the same time, thus being more relevant to the actual skills and duties the new worker will be implementing. The CCDFS does not require new workers to have a degree in social work. This joint Academy was created to be conducted over a 10-week period which included both classroom, field observations, computer labs and on the job training with mentors from the CCDFS. However, due to the need for larger new hire groups, the Academy has been increased to 14 weeks.

#### ***Attendance Discussion:***

The total number of attendance hours for the 2017 winter cohort is 7,004 (7,012 total hours possible less the 8 hours missed). Of the 32 people that started the Academy, 30 completed it. Two participants stopped attending; one at week four and one at week seven. No other CCDFS staff attended the training beyond these 32.

**Table 26.1:** Academy Attendance – winter 2017 cohort

#### ***OJT Activities Discussion:***

A crucial component in the pedagogy of the Academy experience is on-the-job training activities which allow participants the opportunity to take the values, knowledge, and skills taught in the classroom and observe as well as practice job tasks out in the field under the supervision of a seasoned case worker. Currently CCDFS's internal training team serves as coaches for participants' field experiences. The coaches coordinate the activities that trainees participate in and then debrief with them their experiences at the end of the day with an emphasis on transfer of learning, strengths, and future skill development. UNLV-NPT collects OJT satisfaction data and shares this with the CCDFS internal training team for QA/QI purposes.

As of July 1, 2017, CCDFS has hired 36 new child welfare workers who were required to attend the Academy at UNLV.

### **Evaluation of Child Welfare Training Academy**

#### ***Summary of Post Test Results***

Pretests and posttests were given to participants (See **Table X**).

- Mean pretest scores ranged from 38% (NIA Part 4 – SPD & CFR) to 77% (Basic Documentation). The mean pretest score across all modules was 60%.
- Mean posttest scores ranged from 66% (PCPA) to 92% (Motivational Interviewing). The mean posttest score across all modules was 80%.
- The percentage of participants who passed the posttests with at least 75% correct ranged from 47% (PCPA) to 100% (Intake Assessment).

*Table 26.2: Pre/Post Test Results – Winter 2017 Nevada Child Welfare Training Academy*

Week	Topic	Pretest scores				Posttest scores				Passed posttest with at least 75%	
		N	Mean	Range	SD	N	Mean	Range	SD	#	%
1	Basic Skills	32	55%	31-88%	14.2	32	80%	56-100%	11.4	23	72%
	Basic Documentation	32	77%	43-100%	14.7	32	88%	57-100%	11.4	26	81%
2	Intake Assessment	32	62%	42-83%	10.4	32	86%	73-91%	5.9	32	100%
3-4	NIA Part 1 – PDA, PDP & CSE	32	72%	0-100%	20.9	32	85%	63-100%	14.6	26	81%
4	NIA Part 2 – Info Collection	31	64%	25-88%	16.9	31	84%	50-100%	17.7	27	87%
5	NIA Part 3 – Judging Sufficiency	30	73%	25-100%	19.7	31	75%	50-100%	14.9	23	74%
5-6	NIA Part 4 – SPD & CFR	31	38%	13-63%	15.6	31	78%	38-100%	17.0	26	84%
6	Family Systems	31	61%	25-88%	14.6	31	79%	63-100%	14.4	24	77%
7	Motivational Interviewing	30	72%	33-100%	17.1	30	92%	44-100%	11.7	28	93%
8-9	PCFA	29	49%	9-82%	16.7	29	69%	55-91%	10.6	8	28%
10	Visitation & CSE	30	72%	50-100%	14.7	30	80%	50-100%	9.4	28	93%
	Perm Values	28	49%	20-100%	18.8	28	78%	20-100%	18.8	22	79%
11	PCPA	29	54%	22-78%	15.0	30	66%	33-89%	16.4	14	47%
12	Adoption & Case Closure	28	65%	33-100%	20.6	29	81%	17-100%	18.4	21	72%
	Ethics	29	54%	17-100%	19.8	29	75%	50-100%	14.9	17	59%
13	Time & Case Mgmt.	29	42%	0-75%	19.8	30	80%	25-100%	21.8	25	83%

#### Satisfaction Surveys

Satisfaction surveys are distributed to participants at the end of each module so that they can self-report their abilities across the trainings learning objectives, increase in understanding, instructor effectiveness, curriculum effectiveness, and overall perception of the training. The means for level of understanding, curriculum effectiveness, and overall evaluation are provided for both cohorts (**Tables 26.3**).

**Table 26.3:** Satisfaction Survey Results: Level of Understanding - Academy

Week	Topic	Winter 2017 (N = 32)		
		Level of understanding of topic <b>prior to the training?</b>	Level of understanding <b>now?</b>	Net Gain
1	Basic Skills	3.33	4.38	1.05
	Basic Documentation	3.32	4.16	0.84
	Human Development	3.50	4.39	0.89
2	Intake Assessment	2.19	4.03	1.84
3-4	NIA Part 1 - Intro, PDA, PDP, & CSE	2.30	<b>3.79</b>	1.49
4	NIA Part 2 - Info. Collection & Interviewing Families	2.83	4.07	1.24
5	NIA Part 3 - Judging Sufficiency & Assessing Impending Danger	2.57	<b>3.82</b>	1.25
5-6	NIA Part 4 - SPD & CFR	2.19	<b>3.85</b>	1.66
6	Family Systems	2.93	4.07	1.14
7	Motivational Interviewing	2.41	<b>3.93</b>	1.52
8	Placement, Grief & Loss	3.35	4.35	1.00
8-9	PCFA	1.81	<b>3.62</b>	1.81
10	Visitation & CSE	2.63	4.19	1.56
	Permanency Values	3.00	4.04	1.04
11	PCPA	2.27	<b>3.73</b>	1.46
12	Adoption & Case Closure	2.48	<b>3.96</b>	1.48
13	Case & Time Management	3.58	<b>4.46</b>	0.88

1 = None

3 = Moderate

5 = High

Benchmark =  
4.00+

The UNLV NPT training team is using a benchmark of “4” as the target for trainees understanding of content at the end of the training. Seven of the topics did not meet that target; NIA Part 1 (M=3.79), NIA Part 3 (M=3.82), NIA Part 4 (M=3.85), Motivational Interviewing (M=3.93), PCFA (M=3.62), and PCPA (3.73) and Adoption (M=3.96). These findings seem to be an anomaly; the last time the training was delivered was in spring 2017, with the same trainers, and all means were above “4”. Additionally, we have satisfaction data through week 9 of the current spring Academy and only one mean is below 4, which is for NIA Part 3. Will monitor and compare when the spring Academy is complete.

Curriculum Effectiveness:

**Table 26.4:** Satisfaction Survey Results: Curriculum Effectiveness – Academy – winter 2017

Week	Topic	How well did the learning activities address different participant learning styles?	How responsive was the curriculum to the diverse make-up of the training group?	How effective was the balance between presentation and group involvement?	How effective were the in-room learning aids (i.e., videos, posters, etc.)?	How effective were the take-away materials (i.e. handouts, etc.)	Total Mean
1	Basic Skills	4.10	4.41	4.31	4.24	4.34	4.28
	Basic Documentation	4.32	4.45	4.61	4.38	4.35	4.42
	Human Development	4.69	4.57	4.83	4.66	4.59	4.67
2	Intake Assessment	4.00	4.28	4.34	4.34	4.28	4.25
3-4	NIA Part 1 - Intro, PDA, PDP, & CSE	4.30	4.30	4.27	4.21	4.30	4.28
4	NIA Part 2 - Info. Collection & Interviewing Families	4.59	4.59	4.69	4.68	4.52	4.61
5	NIA Part 3 - Judging Sufficiency & Assessing Impending Danger	4.37	4.33	4.37	4.33	4.30	4.34
5-6	NIA Part 4 - SPD & CFR	4.19	4.23	4.33	4.19	4.15	4.22
6	Family Systems	4.38	4.41	4.38	4.55	4.24	4.39
7	Motivational Interviewing	4.32	4.34	4.48	4.41	4.41	4.39
8	Placement, Grief & Loss	4.68	4.72	4.68	4.72	4.56	4.67
8-9	PCFA	4.28	4.32	4.32	4.20	4.36	4.30
10	Visitation & CSE	4.56	4.52	4.48	4.60	4.40	4.51
	Permanency Values	4.61	4.50	4.61	4.48	4.65	4.57
11	PCPA	4.21	4.17	4.42	4.33	4.17	4.26
12	Adoption & Case Closure	4.29	4.43	4.32	4.38	4.28	4.34
13	Case & Time Management	4.50	4.58	4.38	4.77	4.54	4.55
1 = Not Effective      3 = Somewhat Effective      5 = Very Effective							Benchmark Target = 4.00

Using a benchmark of “4” for trainees’ impressions of each module’s curriculum effectiveness, all modules met this benchmark. Highest scores for overall curriculum effectiveness were shared between Placement, Grief & Loss (M=4.67) and Human Development (M=4.71). Lowest scores were for NIA Part 4 (M=4.22) and Intake Assessment (M=4.25).

Overall:

**Table 26.5:** Satisfaction Survey Results: Overall – Academy – (Winter 2016 & Spring 2016)

Week	Topic	What is your overall evaluation of the workshop?
1	Basic Skills	4.41
	Basic Documentation	4.48
	Human Development	4.83
2	Intake Assessment	4.37
3-4	NIA Part 1 - Intro, PDA, PDP, & CSE	4.26
4	NIA Part 2 - Info. Collection & Interviewing Families	4.59

5	NIA Part 3 - Judging Sufficiency & Assessing Impending Danger	4.35
5-6	NIA Part 4 - SPD & CFR	4.23
6	Family Systems	4.31
7	Motivational Interviewing	4.38
8	Placement, Grief & Loss	4.64
8-9	PCFA	<b>3.96</b>
10	Visitation & CSE	4.60
	Permanency Values	4.54
11	PCPA	4.08
12	Adoption & Case Closure	4.48
13	Case & Time Management	4.65

1 = Poor    3 = Good    5 = Excellent    Benchmark = 4.00 +

Overall, training satisfaction was fairly high. All but one of the modules met the benchmark of “4”; PCFA (M=3.96).



University of Nevada, Reno

#### ***The Academy at UNR (PRE-SERVICE TRAINING)***

The NPT Trainers at the University of Nevada, Reno launched their version of the Nevada Child Welfare Training Academy in October 2014. The WCHSA has 2 levels of workers: Case Managers who have a bachelor degree in an area other than social work and social workers who are licensed in the State of Nevada. DCFS Rural Region can only hire social workers who are licensed due to their requirements. Most new workers are required to not only have a degree in social work, but also to be a licensed social worker. Both the WCHSA and the DCFS Rural Region Case Managers must attend the UNR training and it continues with the original 10-week model (5-week classroom and 5 weeks of On the Job (OJT) where the NPT trainers do a week of classroom training and then the new workers return to their agencies for a week of mentoring and OJT training on their agency-specific procedures. This curriculum is also built on the SAFE Model and based on the life of the case.

#### ***Attendance Discussion:***

The total number of attendance hours for the winter 2017 cohort is 2,377 (2,751 total hours possible less the 374 hours missed). 9 participants completed all 5 modules. Two participants finished up Academy from the last cohort. The remaining participants started the cohort late, ended their employ before completion, or were not required to attend all modules (WIN, DR, etc.). Further detail is provided in **Table X** below.

**Table 26.6:** Academy Attendance – winter 2017 cohort

UNR						
Week	Number of Participants in Attendance	Office		Total Hours of Missed Time	% Time Missed	Total Number of Hours of Training
One	15	WCHSA	4	41.25	9%	408.75
		DCFS-Rural	8			
		DCFS-FPO	0			
		WIN	0			
		DR	0			
		Other	3			
Two	18	WCHSA	7	52.5	10%	487.5
		DCFS-Rural	8			
		DCFS-FPO	0			
		WIN	0			
		DR	0			
		Other	3			
Three	15	WCHSA	7	45	8%	517.5
		DCFS-Rural	6			
		DCFS-FPO	0			
		WIN	0			
		DR	1			
		Other	2			
Four	20	WCHSA	8	133.2	22%	466.8
		DCFS-Rural	5			
		DCFS-FPO	0			
		WIN	0			
		DR	0			
		Other	7			
Five	20	WCHSA	7	102.40	17%	497.6
		DCFS-Rural	5			
		DCFS-FPO	0			
		WIN	0			
		DR	0			
		Other	8			

As of July 1, 2017, the Academy at UNR has trained 38 new child welfare workers.

### **Nevada Child Welfare Training Academy – Scholars (PRE-SERVICE STIPEND PROGRAM)**

There was one full delivery of Nevada's Child Welfare Training Academy from September 2016 through May 2017 for the IV-E Child Welfare Scholars Cohort being reported. This was the first Academy cohort for Scholars. The Scholars attended 2 days of Academy training per month during Fall '16, 5 days in January '17, and 2 days per month during Spring '17. The Scholars graduated with their Academy requirement completed.

#### Attendance Discussion:

The total number of attendance hours for the Scholars cohort is 1,398.5 (1,477.5 total hours possible less the 79 hours missed). Of the 10 people that started the Academy, 9 completed it. One participant stopped attending after Week 2 because she decided to go to Graduate school before completing her commitment. Missed time was made up by attendance at the standard Academy roll out with hours reported with that roll out. Further detail is provided in **Table 26.7** below.

**Table 26.7:** Academy Scholars Attendance – September 2016 thru May 2017

UNR					
Week	Number of Participants in Attendance	CEU's	Total Hours of Missed Time	% Time Missed	Total Number of Hours of Training
One	10	30	0	0%	300
Two	10	30	0	0%	300
Three	9	37.5	30 (made up)	8%	307.5
Four	9	30	49 (made up)	18%	221
Five	9	30	0	0%	270

#### OJT Activities Discussion:

Scholars' participants complete the OJT activities associated with Academy as well as additional activities to ensure that they meet the CSWE Competencies as part of their Field experience.

### Caseworker Surveys for Initial Training (completed in May 2017)

Statewide surveys were completed to assess the effectiveness of Initial Training. A web link was sent to each jurisdiction for staff to participate in the survey and the target population were Caseworkers who provided direct case management to clients and Supervisors who provided direct case management oversight of Caseworkers. One hundred and fifteen respondents participated: 54% were Caseworkers (N=62); 29% Supervisors (N=33); and, 17% (N=20) were disqualified. It should be noted that three supervisors did not continue past the first question. Blanks that resulted from skipped questions were omitted for determining the percentage results below. Thirty five percent were in the Rural Region, 38% in Clark County, and 27% in Washoe County. Seventy percent of Supervisors and 53% of Caseworkers had at least 3 years or more of experience.

Seventy-nine percent of Caseworker respondents who completed initial child welfare training within the last year (N=24) indicated that the training was sometimes effective, usually effective, or very effective for providing the skills and knowledge necessary to be a caseworker. Eighty-eight percent of Caseworker respondents indicated that they had not missed any components of Initial Training and 77% reported they received Indian Child Welfare Act (ICWA) training. Those that missed some training cited the following reasons; illness, court hearing, caseload responsibilities, timing related to relocation activities, and death in the family. Statewide, 46% of Caseworker respondents did not receive a caseload while they were attending Initial Training. The caseload assigned to the 54% of respondents who did have a caseload during initial training varied immensely. It ranged from 1-30+ cases with 69% of the assigned caseloads ranging between 2-10 cases. Caseworkers who received a caseload, were asked to provide the immediate level of supervision they received. Approximately 81% indicated that they received daily or weekly oversight from a supervisor, 8% Bi-weekly, 3% monthly, 2% quarterly, and 5% other; which described scheduling conflicts that impacted set supervision times. A series of questions were asked to determine if the Supervisor's oversight was of quality. An average of 75% of Caseworkers indicated their supervisor provided clear concise directives, incorporated the workers knowledge and experience in each supervisory exchange, provided an appropriate level of supervision based on the level of function of a child welfare worker, provided recommendations for service intervention and the caseworker received validation.

Of Caseworkers who were employed in the last two years, 96% indicated that they were provided orientation to their new position and the agency. Caseworkers cited caseload size and responsibilities as the leading barrier to attending and acquiring knowledge, during Initial Training. All the caseworkers received direct supervision upon being provided a caseload, however, the level of supervision varied as aforementioned. The employee vacancies and clients' need impacted caseload assignment early in training. Supervisors received Initial Training upon hire, however, there is not an additional, required Supervisory Training upon accepting a supervisor position. Supervisors commented they would like to see Initial Training related to Child Welfare Supervision. Caseworkers were asked to identify barriers or gaps experienced in learning the knowledge and skills to perform duties and the responses include: not knowing one's position during the Academy; lack of formal training on court report writing and social summaries; lack of supervision upon receiving a caseload; being assigned a caseload during training; Supervisors' lack of patience with new workers; and, the training material lacked overview of the Statewide Child Welfare Software Systems. Strengths cited included the adequacy of the training to learn rules, policy, and procedures, supportive management, training included adequate child welfare fundamentals, and training was identified as comprehensive with competent, easygoing trainers.

### Focus Groups October 2017

A statewide focus group was conducted in October 2017 with Caseworkers from all jurisdictions concerning initial training. Caseworkers from the DCFS Rural Region and Washoe County Human Services Agency indicated that the training provided by the University of Reno (UNR) was a crash course in everything. Caseworkers from the south who had attended training from the University of Las Vegas (UNLV) indicated the training could use some revision and seemed highly focused on how to perform the SAFETY model and not practical skills for the various job tasks. Most caseworkers indicated that most of what they learn comes from experience and from other peers and colleagues. Training is described as too broad for all the various program areas and no practical training on how to complete more specific task i.e. the Interstate Compact for the Placement of Children (ICPC), social summaries or the court process. Additionally, some caseworkers indicated that not all supervisors were helpful to



teach new workers. Caseworkers from WCHSA were complementary of the Washoe mentoring process of one week in Academy and then one-week shadowing trainers and workers in various units.

Additionally, a statewide focus group was conducted in October 2017 with Supervisors from all jurisdictions concerning initial Supervisory Training. Supervisors in the south reported receiving a two-day training upon initial hire “Marsha Salas Training” which was reported to be six modules of how to supervise and work with people, but was considered generic and not geared toward the unit or department that one worked in. Supervisors indicated that one must really figure out how to do the job on the job while learning from other supervisors. Some supervisors in the north reported that they have not received any initial Supervisory Training except for training concerning the SAFETY model provided by Action for Protection. Many Supervisors indicated that they had received Action for Protection’s “Consultative Supervision” training.

## Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

*Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

*Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

### State Response:

Nevada has determined that this item is an area needing improvement. Nevada does not have the ability to track on-going trainings statewide for children welfare staff. On-going Training or In-Service Training in Nevada is called "Specialty Training" and while delivered by UNLV in the South and UNR in the North it varies across the state. There is no set specific on-going Supervisor Training, but Supervisors can take any Specialty Trainings offered by either University. The State of Nevada Administrative Code (NAC) 432B.090 provides general requirements for all staff engaged in child welfare services to obtain 30 hours biennially of training related to those child welfare services. However, the state is unable to track if this is occurring and relies on self-reports from the Child Welfare Agencies.

In the Spring of 2018 Nevada will be implementing a new and innovative Learning Management System (LMS) called Saba. Saba will allow Nevada to track statewide trainings in a more efficient way. Additionally, Nevada is working with the Capacity Center for States who are assisting in identification of a supervisory coaching model that will address supervisory training needs across the state. In the 2017 Legislative Session, Assembly Bill (AB) 99 was passed which now requires training for all child welfare staff who come into direct contact with children to receive training within 90 days of employment and annually thereafter concerning working with lesbian, gay, bisexual, transgender and questioning children (LGBTQ).

The DCFS Rural Region requires all their child welfare workers to be licensed by the Board of Examiners for Social Workers which requires Licensed Social Workers and Licensed Associate Social Workers to have 30 hours of approved continuing education credit every two years, of which, two hours must relate to ethics in the practice of social work and 10 hours must be in the field of practice of the licensee. Licensed Clinical Social Workers and Licensed Independent Social Workers must complete at least 36 continuing education hours every two years, of which three hours must relate to ethics in the practice of social work and 12 must be in the field of practice of the licensee. Therefore, the agency requires that a copy of the current Social Work license be in an employee's personnel file, thus verifying that this requirement is being met. If the training is not completed and the agency is notified by the Social Work Board that the license has lapsed the Social Worker is not allowed to continue case management work. They are not allowed to conduct direct practice with children and families.

Per the Nevada Revised Statutes (NRS) State statute requires employees to be responsible for their basic professional training needs and must complete a minimum of 30 hours continuing education every two years,

which is consistent with the licensure requirements for Social Workers (NRS 432B.195, 432B.397, 432B.175, NAC 284.482, 284.498, 424.270, 432A.680 and 432B.090).

### **Online On-going Training**

Currently, the Nevada Partnership for Training (NPT) offers 3 online courses on-going and they are listed as follows:

- Indian Child Welfare Act Training (ICWA)
- Child Welfare Ethics and Liability
- Mandated Reporting

The University of Nevada, Reno (UNR) is responsible for the instruction of the online trainings Child Welfare Ethics and Liability and Mandated Reporting. As of July 1, 2017, 38 workers have completed the Child Welfare Ethics and Liability training and 188 workers have completed the Mandated Reporter training. The University of Nevada, Las Vegas (UNLV) is responsible for the instruction of the online Indian Child Welfare Act Training (ICWA) and as of July 1, 2017, 32 workers have been trained.



### **Specialty Training (IN-SERVICE Training provided by UNLV)**

#### **Motivational Interviewing Specialty Core**

Table 27.1

UNLV				
Training	Delivery Dates	Number of Participants in Attendance	Agency	Total Attendance Hours
Intermediate Motivational Interviewing	3/28/2017	6	CCDFS - 6	36 hours
	6/29/2017	5	CCDFS – 3 DHCFP – 1 DCFS – Mental Health - 1	30 hours
The Spirit and Skills of Motivational Interviewing – Permanency Focus	4/24-25/2017	15	CCDFS – 5 DCFS – Mental Health – 5 DCFS Rural – 4 DCFS Central Office - 1	180 hours
The Spirit and Skills of Motivational Interviewing – NIA Focus	5/31-6/1/2017	4	CCDFS – 3 DHCFP - 1	48 hours

**Motivational Interviewing – Attendance Discussion**

Per CCDFS request, UNLV-NPT delivers a motivational interviewing training each month to reinforce this cornerstone of practice that is part of Nevada's safety model protocol. Three different types of training were offered which is reflected in the table above, of which accounted for 294 hours of attendance.

**Table 27.2**

**New Supervisor Training:** UNLV-NPT delivered five of the six Supervisor Training modules from January 1, 2017 to July 1, 2017. Each module is two days of instruction and modules are delivered sequentially each month.

<b>UNLV</b>					
<b>Module</b>	<b>Date</b>	<b>Number of Participants in Attendance</b>	<b>Office</b>	<b>Total Amount of Missed Time</b>	<b>Total Number of Hours of Training</b>
Six	1/11-12/2017	5	CCDFS	-	55 hours
One	3/6-7/2017	14	CCDFS	-	154 hours
Two	4/5-6/2017	9	CCDFS	-	99 hours
Three	5/23-24/2017	8	CCDFS	16.5 hours	71.5 hours
Four	6/13-14/2017	9	CCDFS	5.5 hours	93.5 hours

**Supervisor Training Series – Attendance Discussion**

The number of trainees per module ranged from 5 to 14. The NPT calculates each module at an average of 11 hours of attendance per participant, therefore the total attendance for this reporting period is 473 hours.

**Evaluation of Supervisor Training****Summary of Pre-and Post-Test Results**

Currently there are no pre-and post-tests devised for the Supervisor Training Core Series. However, UNLV has incorporated action planning and journaling as a part of the training tools and transfer of learning materials to promote the continuance of training information learned into practice. Additionally, the managers of the supervisors are emailed a summary of the training module immediately after the training with a request that they follow up on their supervisor's training action plan.



University of Nevada, Reno

Table 27.3

*Specialty Training (IN-SERVICE Training provided by UNR)***Addictions Series**

UNR					
Training	Delivery Dates	CEU's	Number of Participants in Attendance	Agency	Total Attendance Hours
Addictions 101	4/20/2017	6	5	WCHSA – 1 DCFS - 1 Other - 3	30 hours
Addictions 201	4/25/2017	6	8	WCHSA – 4 DCFS - 0 Other - 4	48 hours
Addictions 202	6/23/2017	6	15	WCHSA – 7 DCFS - 3 Other - 5	90 hours
Addictions 203	2/24/2017	6	5	WCHSA – 2 DCFS - 1 Other - 2	30 hours

**Addictions – Attendance Discussion**

33 participants completed 198 hours of training on Addictions in this reporting period in four different courses reflected in the table above.

Table 27.4

**Ethics Series**

UNR					
Training	Delivery Dates	CEU's	Number of Participants in Attendance	Agency	Total Attendance Hours
Social Work Ethics in the Digital Age	5/9/2017 AM WCHSA	3	20	WCHSA – 20 DCFS - 0 Other - 0	60 hours
	5/9/2017 PM WCHSA	3	16	WCHSA – 16	48
	5/12/2017 AM WCHSA	3	17	WCHSA – 17	51
	5/12/2017 PM WCHSA	3	23	WCHSA – 23	69

**Ethics – Attendance Discussion**

76 participants completed 228 hours of training on Ethics in this reporting period as reflected in the table above. This course was developed by request of Washoe County and delivered on site for the convenience of their staff.

Table 27.5

**Family Engagement Series**

UNR					
Training	Delivery Dates	CEU's	Number of Participants in Attendance	Agency	Total Attendance Hours
Engaging Fathers: The Hero Search	5/16/2017	6	6	WCHSA – 3 DCFS - 3 Other - 0	36 hours

**Engaging Fathers – Attendance Discussion**

6 participants completed 36 hours of training on Family Engagement in this reporting period reflected in the table above.

Table 27.6

***LGBTQ Series***

UNR					
Training	Delivery Dates	CEU's	Number of Participants in Attendance	Agency	Total Attendance Hours
Working with LGBTQ Youth in Care	2/22/2017	6	8	WCHSA – 3 DCFS - 4 Other - 1	48 hours

**LGBTQ Youth – Attendance Discussion**

8 participants completed 48 hours of training on Working with LGBTQ Youth in Care in this reporting period as reflected in the table above.

Table 27.7

***Mental Health Series***

UNR					
Training	Delivery Dates	CEU's	Number of Participants in Attendance	Agency	Total Attendance Hours
Mental Health 202	1/27/2017	6	15	WCHSA – 4 DCFS - 5 Other - 6	90 hours

**Mental Health – Attendance Discussion**

15 participants completed 90 hours of training on Mental Health in this reporting period reflected in the table above.

Table 27.8

***Motivational Interviewing Series***

UNR					
Training	Delivery Dates	CEU's	Number of Participants in Attendance	Agency	Total Attendance Hours

<b>The Spirit and Skills of Motivational Interviewing</b>	1/31/2017 & 2/1/2017 (Academy Imbedded)	12	19 (16 counted in Academy) + 3 Additional	WCHSA – 0 DCFS - 3 Other - 0	36 hours
<b>Intermediate Motivational Interviewing</b>	4/4/2017- Pahrump	6	12	WCHSA – 0 DCFS - 12 Other -	72 hours
	4/24/2017 - Elko	6	11	WCHSA – 0 DCFS - 11 Other - 0	66 hours

**Motivational Interviewing – Attendance Discussion**

The Spirit and Skills of Motivational Interviewing was delivered as part of Academy. 16 participants were Academy participants and their attendance was counted in the Academy Week 2 discussion. Three additional participants joined with attendance recorded above. A total of 19 participants received this training. Intermediate Motivational Interviewing was delivered twice in the DCFS-Rural Region for a total of 23 participants and 138 hours.

**Table 27.9*****PCFA & PCPA Series***

<b>UNR</b>					
<b>Training</b>	<b>Delivery Dates</b>	<b>CEU's</b>	<b>Number of Participants in Attendance</b>	<b>Agency</b>	<b>Total Attendance Hours</b>
<b>PCFA Basics</b>	1/24/2017- 1/26/2017	12	20	DCFS - 20	240 hours
	2/28/2017 – 3/2/2017 <b>Pahrump</b>	12	3	DCFS - 3	36 hours
	3/28/2017- 3/30/2017 <b>Elko</b>	12	15	DCFS - 15	180 hours
<b>PCPA</b>	2/21/2017	7	14	DCFS - 14	98 hours
	3/14/2017	7	7	DCFS – 7	49 hours
	4/5/2017 <b>Pahrump</b>	7	10	DCFS – 1	70 hours
	4/24/2017 <b>Elko</b>	7	11	DCFS – 11	77 hours

**PCFA & PCPA – Attendance Discussion**



38 DCFS-Rural participants completed 456 hours of training on PCFA Basics. 33 DCFS-Rural participants completed 294 hours of training on PCPA. A total of 750 hours of training was completed with DCFS-Rural workers on PCFA/PCAP as reflected in the table above.

Table 27.10

***SAFE Practice – An Overview of the Life of a Case***

<b>UNR</b>					
<b>Training</b>	<b>Delivery Dates</b>	<b>CEU's</b>	<b>Number of Participants in Attendance</b>	<b>Agency</b>	<b>Total Attendance Hours</b>
<b>SMO</b>	6/19/2017-6/23/2017	26	10	WCHSA – 0 DCFS - 0 Other - 10	211.25 hours

**SAFE Practice – An Overview of the Life of a Case – Attendance Discussion**

10 participants completed 211.25 hours of training on SAFE Practice in this reporting period as reflected in the table above.

Table 27.11

***Sexual Abuse Series***

<b>UNR</b>					
<b>Training</b>	<b>Delivery Dates</b>	<b>CEU's</b>	<b>Number of Participants in Attendance</b>	<b>Agency</b>	<b>Total Attendance Hours</b>
<b>Child Sexual Development</b>	5/2/2017	6	7	WCHSA – 3 DCFS - 4 Other - 0	42 hours

**Child Sexual Development – Attendance Discussion**

7 participants completed 428 hours of training on Child Sexual Development in this reporting period as reflected in the table above.

Table 27.12

**Trauma Series**

UNR					
Training	Delivery Dates	CEU's	Number of Participants in Attendance	Agency	Total Attendance Hours
Trauma Training Toolkit	6/6/2017-6/7/2017	11.75	6	WCHSA – 6 DCFS – 0 Other – 0	70.5 hours

**Trauma Series – Attendance Discussion**

6 participants completed 70.5 hours of training on Trauma in this reporting period as reflected in the table above.

**Caseworker Surveys for On-going Training (completed in May 2017)**

Statewide surveys were completed to assess the effectiveness of on-going staff training. A web link was sent to each jurisdiction for staff to participate in the survey and the target population were Caseworkers who provided direct case management to clients and Supervisors who provided direct case management oversight of Caseworkers. One hundred and fifteen respondents participated: 54% were Caseworkers (N=62); 29% Supervisors (N=33); and, 17% (N=20) were disqualified. It should be noted that three supervisors did not continue past the first question. Blanks that resulted from skipped questions were omitted for determining the percentage results below. Thirty five percent were in the Rural Region, 38% in Clark County, and 27% in Washoe County. Seventy percent of Supervisors and 53% of Caseworkers had at least 3 years or more of experience.

Fifty-three percent of Caseworker respondents indicated that they had been with the agency for more than two years (N=33). Of these respondents who had been with the agency for more than two years, 89% cited they received 30 hours of bi-annual (every two years) Ongoing Training, as it relates to child welfare services in accordance with requirements specified in Nevada Revised Statutes. Statewide, 58% of Caseworker respondents reported they participated in Ongoing Training via Nevada Partnership Training, 8% via Washoe County, 22% via Clark County, and 12% via the Rural Region. The Caseworkers were asked how effective Ongoing Training was to address the skills and knowledge base needed to carry out duties, on a scale of 1-5, with 5 being Very Effective. Ninety-two percent indicated that Ongoing Training was sometimes effective, usually effective, or very effective. Caseworkers commented they had a difficult time getting away from work to attend training, already completed training to maintain their social work license, or were never informed of upcoming trainings. Twenty-two percent of Caseworkers reported their supervisors declined their request for training. Reasons cited for declining the request included cost, lack of coverage, a court hearing, or the fact that the training was not considered mandatory. The weaknesses, barriers, and gaps cited by the Caseworkers were the lack of supervisors with previous experience, increase in overtime to attend training, poor communication, misunderstanding of what trainings were required, high turnover, lack of training when transitioned into a new position, lack of readily available training, the practice continues to evolve and change, timing of training, caseload size, lack of advance notices for training, "the biggest barrier has been the gap between learning information and the delayed implementation of new models," supervisors being unavailable for consultations, supervisors lacked the ability to provide direct clear instructions to a new caseworker, supervisors' inconsistent interpretation of a Nevada Initial Assessment, difficulty in retaining massive amounts of information, lack of trauma training and more frequent training, lack of policy training, inadequate SAFE module training, "inconsistent application of new ISPS modality from how investigations are initiated, all the way through the documentation of said investigations", lack of time management skills and prioritizing training, lack of shadowing, lack of interactive learning and hands on, and dedicated intake workers for the offices who pull caseworkers to do intake, which will allow more time to attend training. The Strengths included: "the training is

extremely helpful,” the training unit/Nevada Partnership trainers were “knowledgeable and competent,” there is a great deal of peer to peer learning, supportive coworkers, good presentations by training instructors, and good managers.

### Supervisor Surveys for Training (completed in May 2017)

Supervisor training in Nevada varies statewide and no specific on-going supervisory trainings exist. Supervisors may take any “Specialty Training” offered by the Universities as on-going training. In May 2017, statewide surveys were conducted to determine the effectiveness of supervisor training. Eighty-three percent of the supervisor respondents indicated that they did receive training that provided them with the necessary skills and knowledge to do their job. Supervisors were asked if training was adequate to provide the necessary oversight/supervision required for a child welfare employee, on a scale of 1-5 with 5 being Strongly Agree. Seven percent of respondents indicated that the question was not applicable, and 59% either agreed or strongly agreed that training was adequate. Eighty-six percent received the Marsha Salus Supervisory Training and one Supervisor commented that the Marsha Salus Training “was excellent and provided me skills that I was not able to accrue despite years of supervision experience.” Other Supervisors commented there was more training offered to supervisors implementing the SAFE model than those who were not implementing the model. Training was identified as “systematic implementation of policy or new practice” and provided updates on the changes in the Child Welfare system. When Supervisors were asked to comment on recommendations for training for Child Welfare Supervisors they stated the following: continuation of Marsha Salus Training, training that is more specific to Child Welfare Supervision, a supervisor training plan prior to being assigned a unit, reports that allow each jurisdiction the ability to track an employee’s work and interpret case compliance, more supervisor group trainings to share experiences and knowledge, more team building activities, a supervisor mentoring program, and trainings offered more often. Supervisors were asked to provide information about how they assessed the Caseworkers to better understand training for Caseworkers. Thirteen percent reported that they only used the employee appraisal and development report (employee evaluation form) to assess a worker for their training needs, while 20% report a manager and/or the agency determine what type of training caseworker’s needs. Most supervisors, 67%, used a combination of approaches that included manager input, caseworker job performance, employee evaluation forms, and 1:1 feedback. Some Supervisors commented that they had routine staffing or 1:1 to help with identifying caseworkers’ needs. When requested to identify the frequency they met with the Caseworkers, 10% reported daily, 20% weekly, 33% monthly, 20% quarterly, and 17% yearly.

### Focus Groups October 2017

A statewide focus group was conducted in October 2017 with Caseworkers from all jurisdictions concerning on-going training. Caseworkers were asked what they were required to do in terms of training on a yearly basis and all indicated that there are only a few mandatory on-going trainings for staff related to child welfare, and most stated mandatory staff training related to personnel issues. Also, most indicated if a caseworker had a social work license there was an expectation training was completed to maintain the license. Caseworkers did indicate that different trainings are offered but that they were not mandatory, and caseworkers indicated that they had to keep track of their own trainings. Additionally, some caseworkers did advise that there was new legislation that caseworkers are now mandated to take training for LGBTQ children in foster care. Some indicated at their agency they were mandated to take motivational interviewing every two years. Many participants stated that those caseworkers who complete the optional training do it for either CEUs or when they have time because work load is a barrier to attending optional trainings. Caseworkers were asked has the training prepared them to do their jobs and some experienced workers felt like they’ll never know enough information because the system is often changing. It was further reported that on-going trainings offered seemed to be redundant and it was often difficult to find on-going trainings.

Additionally, a statewide focus group was conducted in October 2017 with Supervisors from all jurisdictions concerning on-going training. All Supervisors indicated there were no on-going training requirements specific for begin a supervisor unless you have a social work license.

## Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

### State Response:

Nevada has determined this item to be an area needing improvement due to Nevada's child welfare agencies lacking a current system to track data regarding the ongoing/advanced training that Nevada's foster and adoptive parents receive annually. The foster home's licensing worker annually ensures that foster caregivers are attending the required ongoing training. The foster caregiver is required to provide proof documents that demonstrate to the licensing worker that the caregiver attended this training. Whenever possible, the licensing worker attempts to obtain any training certificates of completion. When certificates are not provided through the training, the licensing worker will request other documentation that shows attendance, i.e. receipts, syllabus, or other documents provided at the training. The licensing worker would document the caregiver's ongoing/advanced training in the foster parent case file. Currently, to attempt to determine whether foster/adoptive caregivers are receiving advanced training that directly supports the needs of the child population in their foster homes or to meet an individual child's special needs, it would require a hard file, case review, including a direct hand count and documenting the topic and/or content area of the caregiver's advanced training. Currently, Nevada does not have the personnel resources to accomplish this level of review.

Qualitative data has not been collected from the Child Care Institutions.

Plan: DCFS Family Program Office recently began meeting with all three child welfare agencies' foster parent training units, to identify potential short and long-term solutions to identify what specific advanced trainings foster/adoptive parents receive on an annual basis. This information will be tracked to determine if foster/adoptive parents have gaps in training or may benefit from specific trainings, along with the ability for future reporting within the APSR and other reports.

DCFS will continue to work directly with Department of Public and Behavioral Health Child Care Licensing to better capture data needed to assure IV-E compliance.

2. **Relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E**

### Statewide Data (FFY 2018)

The three child welfare agencies ensure all licensed foster, adoptive, and relative homes receive pre-service and ongoing training. Pre-service training is tracked through Nevada SACWIS reports.

- The Clark County Department of Family Services (CCDFS) has provided initial training for **502** foster home licensures (61.7% foster/adoptive, and 38.3% relative) for FFY 2017.
- The Division of Child and Family Services (DCFS) Rural Region has provided initial training to **75** foster home licensures (64.0% foster/adoptive, and 36.0% relative) for FFY 2017.
- The Washoe County Human Services Agency (WCHSA) has provided initial training to **141** foster home licensures (63.8% foster/adoptive and 36.2% relative) for FFY 2017.

*11/29/17- NV SACWIS specialty report: above data; also, 100% of newly licensed foster homes completed pre-service training prior to receiving licensure.*

Staff of state licensed or approved child care institutions providing residential care for children in the custody of a child welfare agency receive licensure and training certification through the Nevada Division of Public and Behavioral Health (DPBH) Child Care Licensing. Currently, there are four child care institutions in the Nevada.

**2. Nevada's foster care training system ensures that foster/adoptive caregivers receive pre-service training that addresses the skills and knowledge based needed for them to carry out the duties with regard to caring for foster and adopted children.**

- **Training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training**

#### **Nevada Training Practices:**

Nevada Revised Statutes (NRS) Chapter 424-**Foster Homes for Children**, Nevada Administrative Code (NAC) Chapter 424-**Foster Homes for Children** also known as the Nevada Foster Care Licensing Regulations and statewide child welfare policies, provide the basis for Nevada's child welfare agencies training requirements for foster parent licensure of family foster homes, foster/adoptive homes, advanced foster homes, specialized foster homes, independent living foster homes and group foster homes. Besides the foster parents basic training requirements, Nevada Revised Statutes (NRS) 424.0365 also requires that anyone who "operates a family foster home, a specialized foster home, an independent living foster home or a group foster home shall ensure that each employee who comes into direct contact with children in the home receive training within 90 days after employment and annual thereafter. Such training must include, without limitation, instruction concerning: (a) controlling the behavior of children; (b) policies and procedures concerning the use of force and restraint on children; (c) the rights of children in the home; (d) suicide awareness and prevention; (e) the administration of medication to children; (f) applicable state and federal constitution and statutory rights of children in the home; (g) policies and procedures concerning other matters affecting the health, welfare, safety and civil and other rights of children in the home; (h) working with lesbian, gay, bisexual, transgender and questioning children, and (i) such other matters as are required by the licensing authority or pursuant to regulations of the Division. In addition, foster parents are required to receive training in the Reasonable and Prudent Parent Standard to ensure that children in the foster care system are able to experience normalcy within their daily lives in regard to extracurricular, cultural, social and enrichment activities.

**Required Minimum Training: Nevada Administrative Code (NAC) 424.270** states an applicant for a license for a foster home must have at least eight (8) hours of training in foster parenting provided or approved by the agency that provides child welfare services. If the home has a pool, hot tub or Jacuzzi or other free-standing body of water or sauna, the applicants must also complete training in CPR and pool safety before licensure. Training programs for adoptive parents of a child with special needs require the adoptive parent to complete a training program regarding the care of children with special needs or a training program designed to address the individual need of a specific child. **Annually each foster parent must complete a minimum of four (4) hours of advanced training in**

foster parenting provided or approved by the agency that provides child welfare services. Specialized foster homes are required to have a minimum of 40 hours pre-service training and 20 hours advanced training annually.

### **FOSTER/ADOPTIVE PARENT TRAINING**

Nevada child welfare agencies utilize a single process for licensing both foster and adoptive homes. This process includes meeting the same requirements for pre-service and ongoing training, background checks, home study process and home inspection requirements. A potential adoptive home is considered a foster home until the actual adoption of the child finalizes through the court legal process. Many pre-adoptive foster homes have the specific child names identified on their foster home license, therefore eliminating solicitation by the child welfare agency to take additional child placements, as would be a common foster care practice.

**Family Foster Home Training** – Currently, each jurisdiction utilizes a different foster/adoptive parent pre-service training. CCDFS currently uses the TIPPS/MAP Pre-Service Training, but is planning to develop a more comprehensive pre-service training. WCHSA currently uses the Trauma Informed Pre-Service (TIPS) and the DCFS Rural Region currently uses PRIDE. The current jurisdictions' pre-service trainings cover similar topic areas. These three pre-service trainings vary in number of training hours required for completion; they range from 24 to 30-hour total. Recently, in the 2017 Nevada Legislative Session, AB 99 was enacted. This new law requires child welfare agencies to provide training to all foster parents regarding working with LGBTQ youth in the foster care system. There is currently a group of statewide LGBTQ trainers meeting to identify and develop core competencies, a possible basic curriculum and determine how to best implement this LGBTQ training information into each jurisdiction's pre-service and ongoing trainings. This would help to ensure that foster parent training, regarding working with LGBTQ youth, would be consistent throughout the state. Furthermore, each child welfare jurisdiction is currently looking to either update their pre-service training to be more comprehensive or possibly develop a comprehensive pre-service training that meets all the training requirements within NRS 424 / NAC 424. It is hoped that the necessary steps can be made and a new pre-service implemented sometime in late CY 2018.

When kinship/relative foster caregivers seek licensure, and depending on their individual circumstances and needs, they may opt to receive a condensed pre-service training, which meets the basic training requirements within NAC 424.

**Specialized Foster Care Program** – Nevada has implemented a legislatively approved and funded, Specialized Foster Care Program (SFCP) within all three Nevada child welfare agencies. One of the components within this new SFCP, is an advance foster care home capacity, where the child welfare agency identifies certain family foster homes that are capable and willing to manage children with higher behavioral needs. This new program requires these family foster parents to participate in advanced training in Together Facing the Challenge, which is an evidenced-based foster care treatment model, Trauma Informed Care and Medication Management and Administration. These three advanced trainings provide the foundation for this new program. Along with providing the advanced trainings, each child welfare agency has a designated unit that provides specialized staff that deliver ongoing, direct support services to these foster parents. The services include in-home weekly coaching, direct support and coaching in utilizing the tools learned in the advanced trainings, ongoing phone support and crisis response when needed. These staff also collect outcome measures to determine the success and wellbeing of the higher-need children placed in these homes.

**Foster Care Agencies: Contracted Foster Home Training** – Foster care agency's contracted foster homes have significantly higher training requirements per NAC 424, these requirements go beyond the training requirements for family foster homes. The foster care agencies, per their contract with the child welfare agency, must provide all required training to their contracted foster caregivers. Not only must these foster caregivers receive the same training as family foster homes, but they must also receive the additional training requirements identified in NAC 424.712 through 424.718. Foster care agencies must provide to the licensing authority, within their jurisdiction's child welfare agency, all required proof documentation for initial licensure of the foster caregivers they intend to contract with as foster homes. Although foster care agencies can provide all the initial services required for licensure, only the licensing authority is able to provide the foster care license for their contracted foster homes. All three child welfare agencies utilize their own staff on an ongoing basis to do the required evaluation and follow-up

to ensure that each of their contracted foster care agencies is in fact complying with all Nevada laws regarding foster care licensing standards and the care of foster children.

**Ongoing Foster Parent Training** – Both the WCHSA and the CCDFS, being in urban areas of Nevada, can provide numerous community advanced foster care training through various experts and/or their own staff in topics of interest and need for foster caregivers. There have been ongoing opportunities, during the past year, for foster parents to attend and participate in advanced trainings. In addition, both the WCHSA and the CCDFS frequently video tape these trainings and post these to the QPI Nevada Just In Time website, so foster caregivers can access these video training during hours that are more opportune for their busy schedules and/or to refresh their knowledge. The DCFS Rural Region does provide opportunities for advanced training in rural Nevada, usually by DCFS staff or contractors. However, it is hard to find expert presenters that are willing to travel the distances required across Nevada. There have been various advanced trainings that have occurred in Elko, Fallon, Carson, Pahrump, etc., but even with these, there remains the barrier of significant travel to and from the various rural towns in Nevada for DCFS foster caregivers. Since the inception of the QPI Nevada Just in Time website, rural foster caregivers now have an additional opportunity to watch high-quality, advanced foster parent trainings from their computer. The Nevada QPI provides a post-test to ensure that caregivers have truly watched and understood the training, upon passing the post-test the foster caregiver is emailed a certificate of training completion.

**Table 28.1**  
**Statewide FFY 2017 – QPI Live Webinars / Just in Time Video Training Certificates**

Qtr. 1 Oct thru Dec 2016	1293
Qtr. 2 Jan thru Mar 2017	2313
Qtr. 3 Apr thru Jun 2017	2520
Qtr. 4 Jul thru Sept 2017	2133
<b>Total</b>	<b>8259</b>

Other than the required annual trainings, foster parents have been able to self-determine what trainings they have an interest in attending. There has not been a systematic method to track and determine if individual foster parents are taking training that addresses the specific skill and knowledge needed to provide the best care for the particular population of children currently placed in their foster home.

Within all three jurisdictions, the child welfare agency licensing workers annually collect all proof documentation from the foster/adoptive licensees for the ongoing/advanced trainings they have attended during the past year. This information is maintained in the licensee hard case file and is not currently tracked within a systematic approach.

**Child Care Institutions** – **NRS 432A.0245** - *Definition: “Child care institution” means a facility which provides care and shelter during the day and night and provides developmental guidance to 16 or more children who do not routinely return to the homes of their parents or guardians.*

Currently there are four (4) institutions in Nevada that meet this definition. Requirements for training are identified within NRS 432A / NAC 432A. Completion of training requirements are monitored through the *State of Nevada Division of Public and Behavioral Health (DPBH) / Child Care Licensing (CCL)*. Training requirements include:

Table 28.2

<b><u>Child Care Initial Required Trainings (for all facility types) per NAC432A.323:</u></b>  <b>INITIAL TRAININGS HOURS: THESE REQUIRED TRAININGS ARE DUE 90 DAYS WITHIN HIRE FOR PERSONS WORKING WITHIN A LICENSED FACILITY</b>	<b><u>Additional INSTITUTIONAL REQUIRED TRAININGS per NRS432A.177:</u></b>  <b>PERSONS WORKING WITHIN A LICENSED FACILITY MUST HAVE WITHIN 90 DAYS OF HIRE AND, ANNUALLY, THEREAFTER:</b>	<b>ANNUAL TRAINING Requires 24 HOURS per NAC432A.326</b>
<ul style="list-style-type: none"> <li>• CPR/First aid</li> <li>• 3 hour of child development</li> <li>• Obesity and wellness training</li> <li>• Signs and symptoms of illness</li> <li>• Blood borne pathogens</li> <li>• Recognizing child abuse</li> <li>• Reporting child abuse</li> <li>• SIDS (for employees working with children 12 or younger)</li> </ul>	<ul style="list-style-type: none"> <li>• Controlling the behavior of children;</li> <li>• Policies and procedures concerning the use of force and restraint on children;</li> <li>• The rights of children in the facility;</li> <li>• Suicide awareness and prevention;</li> <li>• The administration of medication to children;</li> <li>• Applicable state and federal constitutional and statutory rights of children in the facility;</li> <li>• Policies and procedures concerning other matters affecting the health, welfare, safety and civil and other rights of children in the facility</li> <li>• Working with lesbian, gay, bisexual, transgender and questioning children</li> </ul>	<ul style="list-style-type: none"> <li>• 24 HOURS OF TRAINING WITHIN EARLY CHILD HOOD EDUCATION</li> <li>• OF THE ANNUAL 24 HOURS, OBESITY AND WELLNESS TRAINING MUST BE INCLUDED</li> <li>• ALL TRAININGS MUST BE NV REGISTRY APPROVED</li> </ul>

All employee hired by a child care institution must sign up as members on the Nevada Registry. This registry tracks the initial training hours required within 90 days of employment, identifies approved advanced trainings and provides a schedule of upcoming, available trainings. [www.nevadaregistry.org](http://www.nevadaregistry.org)

The DPBH CCL inspects these facilities in-person, twice a year (semiannual / annual), at which time CCL monitors trainings for all direct caregivers employed by the child care institution who provide care to children. According to the CCL Chief, 100% receive initial training within 90 days of employment; during the most recent bi-annual inspection of Nevada child care institutions, 100% of staff were up-to-date in their ongoing training requirements.

- **Advanced training requirements address the ongoing skills and knowledge base needed for child care staff to carry out their duties with regard to foster and adopted children.**

#### Stakeholder Interview Information

In October 2017, a statewide focus group was conducted, which included Clark County, Washoe County and DCFS Rural Region foster/adoptive caregivers regarding this item. This group was comprised of 15 foster caregivers from across the state.

**Pre-Service Training:** When asked about the initial foster parent training they received, only Clark County foster parents had most recently attended, within the past few years, pre-service training and were able to remember and



express their experience and thoughts about it. The rest of the foster caregivers in the group had many years of experience and no longer could recall the full impact from their foster parent pre-service trainings. The following are statements made by the Clark County foster caregivers:

- Foster kinship training program lasted 5 to 6 weeks and classes were once a week. I learned about what to expect from my caseworker and children. I gained a lot from the experience.
- The training lacked information on how to build and maintain foster parent and caseworker relationship. I did not learn on what services to ask or expect to be provided by the worker.
- The foster parent training lasted 10 weeks. The training was very necessary. I gained a lot of knowledge during the training.
- Success and failure of the training depends on the trainer. If the trainer is encouraging and involved more foster parents would remain in the program but if the trainer was discouraging and not too involved the foster parents would quit the training.
- My trainer encouraged foster parents to stay connected. The connections I made in training were very helpful because I meet people who understand what I was feeling and what I was going through.
- I learned about traumatized kids and how to connect with them. The training provided scenarios of what could happen and how to handle such situations.
- The training classes helped me understand that the kids want to connect with the foster family but feel guilty about their biological parents and that is why they shy away from building relationship with the foster family. The exercises provided in training helped with understanding the mindset of the children.

**Annual Ongoing/Advanced Training:** The following information was elicited from the foster caregiver focus group:

- 
- QPI training was a positive, time appropriate, variety, can select what wants, etc. In comparison to last few years the ongoing training is improving.
- 30 hours for therapeutic home and could complete such training in person online or with outside agencies.
- Clark had 12 hours of ongoing training mandatory (CPR, Car seat, trauma, normalcy, emergency preparedness).
- Barriers:
  - Different diagnosis and medication training
  - Retention? If not receive enough training or support.
  - Child Care for in person training, which is why they prefer QPI.
  - DCFS Rural Region and Clark did not have enough support or respite to attend in person like Washoe.
  - The path and process need to be more defined.

### Caregiver Surveys (from the 2017 APSR)

The most recent Statewide survey included questions with respect to items 24, 27 and 28. Item 24 section provides details regarding the methodology and demographics of the survey. Of the 186 respondents 2.7% were disqualified because they were either a biological parent or former foster parent (prior to SFY 2017). Fifty eight percent typically worked with Clark County, 17% Rural Region, and 27% Washoe. Most respondents (89%) had at least 1-10 placements in SFY 2017, and 80% identified providing foster care in their home (includes regular, permanent, and/or emergency placements).

The chart below presents the most recent **Caregiver Feedback** on how well **Foster Care Training** prepared them for fostering by providing the knowledge and skills necessary to carry out duties regarding foster and/or adopted children. The responses for the questions were based on a scale from 1-4 with 4 being “didn’t learn anything.” Logic

was added to disqualify those respondents whose responses were not applicable and those who had not yet taken training. There were 157 respondents who answered the question “How Effective was Training in Providing Skills and Knowledge?”

- Thirty seven percent of respondents indicated that they acquired a lot of knowledge that they needed to do their job, while 25% of respondents indicated that they acquired a lot of skills to do their job.
- Over 30% of respondents indicated that they learned some new things (33% for knowledge and 37% for skills).
- About 20% of respondents indicated that they learned few things (19% for knowledge and 24% for skills).
- About 5% indicated that they did not learn anything for both categories. The chart provides a comparison of the responses regarding knowledge and skills learned through training. Based on results, it appears that there may be a need for a greater emphasis on skills training going forward.

Figure 28.1

### Foster Parent Training



### Foster Parent Training Survey - Comments

Caregivers were asked how the child welfare agency can improve Foster Care Training and the results include:

- offering training that held teleconferences for rural areas,
- training to include attachment and education,
- information on what to expect when working with birth families,
- updated material for training,
- more available training at different times during the day,
- information on what training is available,
- foster parent mentoring,
- CPR and Car Seat safety training,
- initial orientation to resource facilities and the child welfare offices,
- list of deadlines for children,
- how to address challenging behaviors,
- more organization,
- education on child development stages/milestones,
- training about drug-exposed infants,

- specific protocols available for emergencies,
- updated information when policies about foster parents change,
- trauma training,
- training on child welfare legal process, and
- making foster parents feel appreciated.

Overall, based upon responses to other questions within the survey: 69% of Caregivers feel very well trained to adequately carry out duties, 25% somewhat trained, 3% not at all trained, and 3% felt the question was not applicable to them.

## E. Service Array and Resource Development

### Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

### State Response:

Nevada has determined this item to be an Area Needing Improvement (ANI) due to service gaps identified, especially in substance abuse, behavioral and mental health service delivery. In addition, there is an inability to create sufficient safety management services in the DCFS rural region due to insufficient safety plans when clients do not have enough natural supports.

NRS 432.011(a) states that the purposes of the Division of Child and Family Services include ensuring that a sufficient range of services is available to provide care and treatment to children and families in the least restrictive setting appropriate to their needs.

The Nevada Department of Health and Human Services (DHHS) promotes the health and well-being of its residents through the delivery or facilitation of a multitude of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency. The Department is the largest in state government, comprised of five Divisions along with additional programs and offices overseen by the DHHS' Director's Office. The five Divisions include Aging and Disability Services (ADSD), Child and Family Services (DCFS), Health Care Financing and Policy- (DHCFP-Medicaid), Public and Behavioral Health (DPBH) and Welfare and Supportive Services (DWSS). DHHS is the lead agency for the community based child abuse prevention programs in Nevada and leads the child maltreatment prevention activities in Nevada.

The Division of Child and Family Services (DCFS) is responsible for the CFSR/PIP, the CFSP/APSR, and Title IV-B. The Office of Community Partnerships and Grant (OCPG) in the Director's Office is responsible for the Children's Trust Fund (CTF) and the Community-Based Child Abuse Prevention (CBCAP) funds, also known as CAPTA Title II. Both are under the Department of Health and Human Services (DHHS). Staff from the Division and the OCPG will continue to meet to plan coordination and collaboration activities among the CTF grantees, Family Resource Centers (FRCs) and Title IV-B grantees. These programs provide families with access, information and resources, classes designed to strengthen and support families, and offers opportunities for assistance available within the communities where they live. The CBCAP Lead will continue to attend the DCFS Statewide Quality Improvement Committee meetings whenever possible. This ongoing partnership has as its focus the integration of resources and services in the spectrum of child welfare.

There is a total of fifteen (15) agencies that were approved to receive CTF/CBCAP funds for FY18 and FY19. Of these, eleven (11) are parent education in focus, two (2) are child self-protection programs, and the third is the allocation of non-competitive funds to fund Prevent Child Abuse NV (PCA NV) Chapter Support, the coordinating entity behind the national Pinwheels for Prevention awareness event that takes place during April, Child Abuse Prevention Month.

The Nevada Children's Behavioral Health Consortium and other key stakeholders provided leadership for DCFS Children's Behavioral Health successful SAMHSA System of Care Implementation Grant application in 2014. The award was funded in 2015 and SOC Implementation Workgroups began building a network of community-based services and supports that support more children and families to function better in their home, school, and community. Critical attributes that inform Nevada's SOC are: **comprehensive** – a full array and timely access to services that families, children, and youth need; **integrated** – the elimination of service delivery silos; and **coordinated** – agencies working together to ensure services are seamless.

#### DCFS Grants Management Unit

The DCFS is responsible for administration of the CFSP, and as such has a Grants Management Unit (GMU) responsible for management of most of the grants that fund the statewide service array system i.e. CAPTA Title I, Title IV-B Sub Part 1 and 2, CFCIP and ETV.

A critical part of service array includes the goals of Promoting Safe and Stable Families (PSSF), which are services to prevent the unnecessary separation of children from their families; to improve the quality of care and services to children and their families; and to ensure permanency for children by reuniting them with their parents, by adoption or by another permanent living arrangement. The program components of PSSF include Family Preservation; Family Support; Time-Limited Family Reunification; and, Adoption Promotion and Support. These four areas are intended to provide coordinated services for children and families across the continuum of care from prevention to treatment through aftercare. Ninety percent of Nevada's PSSF funds are allocated to agencies providing these services and while ten percent of these funds are allowed for administrative costs Nevada continues to spend about four percent on these related expenses. Currently, Nevada does not expend a percentage of funds on other allowable IV-B 2 services but plans to budget this next year.

The following chart provides a list of Agencies Statewide being funded to support Family Preservation, Family Support, Time-limited Reunification Services and Adoption Promotion/ Support.

Table 29.1

Applications Agency	FP	FS	TLR	APS
<b>CLARK COUNTY REGION (70%)</b>				
Adoption Exchange, The				<input checked="" type="checkbox"/>
Boys Town Nevada		<input checked="" type="checkbox"/>		
Bridge Counseling Associates			<input checked="" type="checkbox"/>	
Cappalappa Family Resource Center		<input checked="" type="checkbox"/>		
Chicanos Por La Causa, Nevada		<input checked="" type="checkbox"/>		
Clark County Department of Family Services	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Eagle Quest		<input checked="" type="checkbox"/>		
East Valley Family Services	<input checked="" type="checkbox"/>			
Olive Crest				<input checked="" type="checkbox"/>
S.A.F.E. House		<input checked="" type="checkbox"/>		
Safe Nest: Temp. Asst. to End Dom. Vio.		<input checked="" type="checkbox"/>		
Southern Nevada Children First		<input checked="" type="checkbox"/>		
St. Jude's Ranch for Children		<input checked="" type="checkbox"/>		
WestCare Nevada	<input checked="" type="checkbox"/>			

<b>WASHOE COUNTY REGION (20%)</b>				
Children's Cabinet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Committee to Aid Abused Women	<input checked="" type="checkbox"/>			
Family Counseling Services of Northern Nevada			<input checked="" type="checkbox"/>	
Nevada Urban Indians		<input checked="" type="checkbox"/>		
Ridge House		<input checked="" type="checkbox"/>		
Step 2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Tahoe Family Solutions		<input checked="" type="checkbox"/>		
Washoe County Dept. of Soc. Serv.				<input checked="" type="checkbox"/>
Washoe County School District		<input checked="" type="checkbox"/>		
<b>RURAL REGION (10%)</b>				
Adoption Exchange, The				<input checked="" type="checkbox"/>
Consolidated Agencies of Human Services (CAHS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Family Support Council of Douglas County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Lyon County Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Nevada Outreach Training Organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ron Wood Family Resource Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Sixth Judicial District Court	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Wells Family Resource Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Other Service Related Activities:

Child Family Mental Health		<input checked="" type="checkbox"/>		
----------------------------	--	-------------------------------------	--	--

The following chart illustrates the number and amount of sub grantees that currently receive IV-B 2 funding and the number of services provided, by category, through (July 1, 2016-June 5, 2017).

**Table 29.2**

<b>TITLE IV-B SUBPART 2 (IV-B 2)</b>	<b># Sub grantees</b>	<b># Families</b>	<b># Adults</b>	<b># Children</b>	<b>Total Hours</b>
<b>Family Support</b>	20	3159	8881	6197	26755
<b>Family Preservation</b>	12	1883	2388	3350	17042
<b>Family Reunification</b>	7	1172	1355	1726	12419
<b>Adoption Promotion and Support</b>	5	156	97	163	483

The total amount awarded for Title IV-B Subpart 2 (IV-B 2) for SFY 18 was \$2,123,560. Family Support was awarded \$788,128 (37%) Family Preservation was awarded \$604,000 (28%), Time Limited Family Reunification was awarded \$477,617 (22%) and Adoption Promotion and Support Services (12%) was awarded \$253,815. Adoption Promotion and Support Services served 113 families; however, despite promotion efforts, there is a lack of support and service providers to help adoptive families.

### Gaps in Services

Nevada Children's Mental Health Needs Assessment Final report in October 2016 analyzed gaps in services of children with mental health needs in Nevada. The report describes the current child population in need of mental health services using area specific data and the problems associated with untreated mental illness.

In addition, there was a 2016 Statewide Community Needs Assessment that was conducted by the Grants Management Advisory Committee by the Department of Health and Human Services, Office of Community Partnerships and Grants. Specific need and issues include: mental health access, housing, homelessness, emergency services, education and employment. Health/Mental Health care was the top need identified in the 2014 Needs Assessment. Two years later in 2016, it continues to be the top need however seems to be improving slightly.

#### **Service Array: Continuum of Services- Clark County**

<b>Services</b>	<b>Service Providers</b>	<b>Gaps in Service</b>
<b>Assessment Services</b>	<ol style="list-style-type: none"> <li>1. ABC Therapy</li> <li>2. Bilingual Behavioral Services</li> <li>3. Bridge Counseling</li> <li>4. Choices Group</li> <li>5. Community Counseling Center</li> <li>6. Hope Counseling</li> <li>7. LRS Systems LTD</li> <li>8. SafeNest</li> <li>9. Westcare</li> <li>10. Gary Lenkeit</li> <li>11. Northwest Therapy Psych Services</li> <li>12. Red Rock Psychological Health</li> <li>13. Evergreen Counseling</li> <li>14. Las Vegas Indian Center</li> <li>15. New Beginnings</li> <li>16. Options</li> <li>17. Safe Nest</li> <li>18. Thomas Kinsora Neuropsychologist</li> <li>19. Vitality Unlimited</li> <li>20. Healthy Minds Mental Health Services</li> </ol>	<ol style="list-style-type: none"> <li>1. Mental Health Treatment Services for Parents (waiting lists or do not treat without ability to pay)</li> <li>2. Sex Offender Treatment for Parents (waiting lists or do not treat without ability to pay)</li> <li>3. Waiting lists for Substance Abuse Treatment Programs</li> <li>4. Not enough Substance Abuse Treatment for Adolescents</li> <li>5. Few providers for individual Non-Offending Parent Treatment</li> <li>6. Lack of services for Developmentally Delayed adults and children and long waiting lists for services that do exist</li> <li>7. Very limited FAS testing</li> </ol>
<b>Safety Services</b>	<ol style="list-style-type: none"> <li>1. Eagle Quest</li> <li>2. Southwest Integrated Children's Services</li> <li>3. Youth Advocate Programs</li> <li>4. SAFY</li> <li>5. Shining Star</li> <li>6. CPLC</li> </ol>	<ol style="list-style-type: none"> <li>1. Post case closure support services not available</li> </ol>

<b>In-Home Services</b>	1. Corona Furniture assistance	1. Waiting lists for in home preservation services
	2. Positively Kids Medical wraparound	2. Long Term Housing Programs are not often available to serve our clients
	3. SNHD Public Health Nursing	3. Job seeking and job training programs for our parents are very limited
	4. Boys and Girls Clubs	4. Limited transportation services for families
	5. East Valley Family Services	5. Post case closure support services not available
	6. Hopelink	
	7. Seigel Suites Housing assistance	
	8. Olive Crest	
<b>Out-of-Home Services</b>	1. Positively Kids medical and dental services	1. Waiting lists for EPSDTS for out of home children
	2. SNHD – HIV/AIDS and STI Prev. Training	2. Lack of transportation for foster children for appointments and events
	3. Africa Sanchez – Guardianship assistance	
	4. ELM Educational Consulting	
	5. Positively Kids Nursing services	
	6. Hutchinson & Steffen - Guardianship asst.	
	7. Shining Star Community Services	
	8. CCSD Educational Services	

There continues to be a gap in services available to families for behavioral and mental health service delivery. In the 2016 Nevada Children's Mental Health Needs Assessment, it was estimated that there were about 118,900 youth in Clark County every year in need of mental health services but in Nevada only 29% of those will receive services, meaning that only 34,490 children will receive the help they need.

### Service Array: Continuum of Services

#### Washoe County

Services	Service Providers	Gaps in Service
<b>Assessment Services</b>	1. Differential Response Unit - Children's Cabinet and Sparks FRC	1. DR referral criteria and staff training not fully aligned with current safety model. Limited referral capacity.
	2. Core Dynamics- Carter-Hargrove Inc. @ Kid's Kottage	2. Process to assess MH needs of all children coming into care which the clinical re-org will be addressing (partially)
	3. Voucher services via 38 contracted providers of behavioral/mental health outpatient services	3. Qualified FAS evaluation providers; SAFE model trained providers
	4. Washoe County Human Service Agency (WCHSA) Educational Liaison	4. Access to child psychiatry and timeliness of reports.



<b>Safety Services</b>	<ol style="list-style-type: none"> <li>1. WCHSA Human Service Support Specialist (HSSS)</li> <li>2. Children's Cabinet Case Managers</li> <li>3. WCHSA's Crisis Response Team</li> <li>4. WCHSA's Medical Unit</li> <li>5. Referrals to Washoe County Health Department</li> <li>6. WCHSA Clinicians</li> <li>7. WCHSA case managers</li> </ol>	<ol style="list-style-type: none"> <li>1. After-hours and on the weekends, there is a real gap in service</li> <li>2. Limited availability of providers for safety services that are not relatives or family members</li> <li>3. Private, community providers trained in Family Preservation Services</li> <li>4. WCHSA Clinicians that can assist with safety services</li> <li>5. Assessment caseworkers and permanency caseworkers having time to provide safety services</li> <li>6. Emergency housing</li> <li>7. Affordable child care (evening/24 hour)</li> </ol>
<b>In-Home Services</b>	<ol style="list-style-type: none"> <li>1. WCHSA Clinicians Voucher services 2 contracted providers</li> <li>2. WCHSA' Clinicians assigned for the provision of short-term clinical services</li> <li>3.</li> </ol>	<ol style="list-style-type: none"> <li>1. Only two available to support in home services through WCHSA</li> </ol>
<b>Out-of-Home Services</b>	<ol style="list-style-type: none"> <li>1. WCHSA's Mental Health Counselors</li> <li>2. Crisis Response Team with WCHSA</li> <li>3. Voucher services via 38 contracted providers of behavioral/mental health outpatient services</li> <li>4. WCHSA's Transformational Foster Care Support staff</li> <li>5. Dedicated community based visitation center</li> </ol>	<ol style="list-style-type: none"> <li>1. Temporary housing; specifically, for women and children</li> <li>2. Affordable housing</li> </ol>

There continues to be a gap in services available to families for behavioral and mental health service delivery. In the 2016 Nevada Children's Mental Health Needs Assessment, it was estimated that there were about 21,795 youth in Washoe County every year in need of mental health services but only 6,320 children will receive the help they need.

### Service Array: Continuum of Services

#### DCFS Rural Region

Services	Service Providers	Gaps in Service
----------	-------------------	-----------------

<b>Assessment Services</b>	<ol style="list-style-type: none"> <li>1. Family Support Center-Winnemucca</li> <li>2. Nevada Outreach Training Org.-Pahrump</li> <li>3. Consolidated Agencies of Human Services-Hawthorne</li> <li>4. Lyon County Family Services</li> <li>5. New Frontier-Fallon &amp; Elko</li> <li>6. Professional contracted service providers: Forensic Medical Consultation and Evaluation, Complex Parental Capacity Assessment, Psychological Testing and Assessment, Substance Abuse Evaluation, Neuropsychological Evaluation, Psychosexual Assessment, Mental Health Assessment, Mental Health Counseling, Fetal Alcohol Syndrome (FAS) (Clinic (children only)</li> <li>7. In-house Clinical Services Screenings</li> </ol>	<ol style="list-style-type: none"> <li>1. Mental and behavioral assessments are lacking in remote regions in rural Nevada</li> <li>2. Substance abuse assessments are lacking in remote regions rural Nevada</li> </ol>
<b>Safety Services</b>	<ol style="list-style-type: none"> <li>1. Nevada Outreach Training Org.-Pahrump</li> <li>2. Family Support Center-Winnemucca</li> <li>3. Lyon County Family Services</li> </ol>	<ol style="list-style-type: none"> <li>1. Safety Services are lacking in remote regions of rural Nevada</li> </ol>
<b>In-Home Services</b>	<ol style="list-style-type: none"> <li>1. Family Support Center-Winnemucca</li> <li>2. Wells FRC</li> <li>3. Nevada Outreach Training Org.-Pahrump</li> <li>4. Ron Wood Family Resource Center-Carson</li> <li>5. Family Support Council of Douglas County</li> <li>6. Lyon County Family Services</li> <li>7. Consolidated Agencies of Human Services-Hawthorne</li> </ol>	<ol style="list-style-type: none"> <li>1. Substance abuse monitoring is lacking in remote regions of rural Nevada</li> </ol>

**Out-of-Home Services**

1. Family Support Center-Winnemucca
2. Nevada Outreach Training Org.-Pahrump
3. Ron Wood Family Resource Center-Carson
4. Family Support Council of Douglas County
5. Lyon County Family Services
6. Consolidated Agencies of Human Services-Hawthorne

1. Substance abuse treatment is lacking in remote regions of rural Nevada

There continues to be a gap in services available to families for behavioral and mental health service delivery. In the 2016 Nevada Children's Mental Health Needs Assessment, it was estimated that there were about 11,200 youth in the rural counties every year in need of mental health services but only 3,244 children will receive the help they need.

2016 Nevada Children's Mental Health Needs Assessment			
Statewide top barriers to mental health services			
Provider Responses		Patient Responses	
Barrier	Rank	Barrier	Rank
Cost	1	Lack of Knowledge	1
Lack of knowledge of resources	2	Lack of insurance coverage	2
Lack of transportation	3	Stigma	3
Lack of insurance coverage	3	Fear	4
Lack of available providers	4	Cost	5
Long wait lists	4	Perception that treatment wouldn't help	6
Fear	5	Took too much time to get services	6

While the gaps analysis was completed in 2015 and report finalized in 2016, it is still reflective of the ongoing gaps in the System of Care. A final Systems of Care grant report will be completed in 2019.

### Statewide Data (SFY 2016/2017)

The DCFS FPO conducted an analysis of data from Nevada's SACWIS (UNITY) to help identify the most common needs and concerns for families who receive services. The data reviewed was for the timeframe of the 2017 federal fiscal year and included 3,204 substantiated cases of maltreatment (2,465 in Clark; 457 in Washoe; and, 272 in the Rural Jurisdiction). Data regarding types of substantiated maltreatment and the stress factors associated with referred families have been analyzed. Maltreatment types and Family Stress Factors each include items that are rolled up under larger categories. For example, Neglectful Treatment below in Figure 29.1 includes 13 unique maltreatment descriptions (e.g. Inadequate Food, Inadequate Supervision). Where appropriate, underlying details will also be presented. The results of our study provided insights regarding gaps in services offered and possible opportunities for preventive initiatives.

Figure 29.1

Maltreatment by Type Recorded: Statewide FFY17

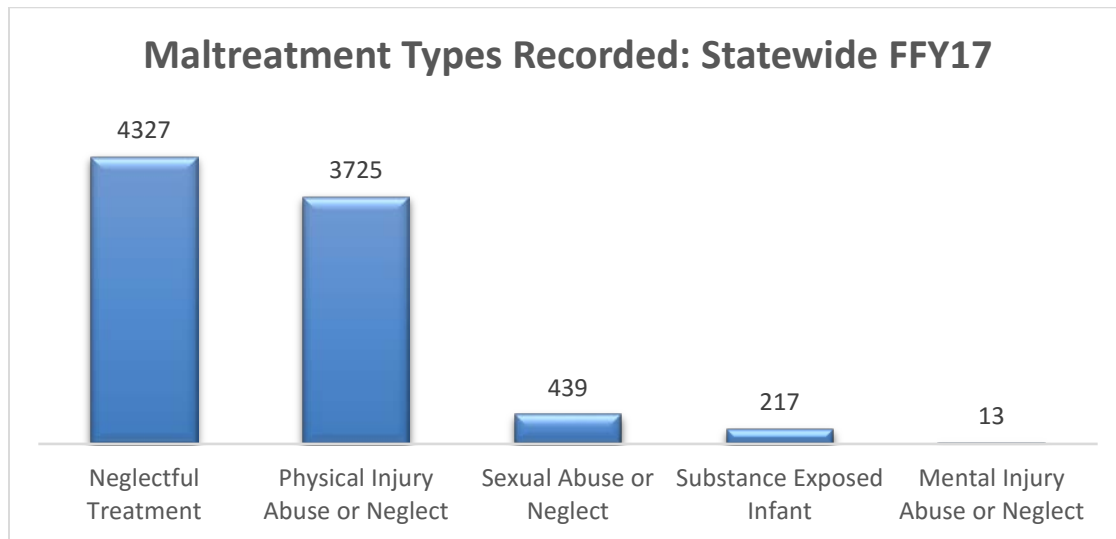


Figure 29.1 presents the recorded counts of maltreatment for Nevada during the federal fiscal year of 2017 (Oct 1, 2016 – Sep 30, 2017). The two most frequent maltreatment types for the year were Neglectful Treatment (49.6% of all maltreatments) and Physical Injury, Abuse or Neglect (42.7% of all maltreatments).

Figure 29.2 Most Frequent Neglectful Maltreatments Recorded by Category (Top 6): Statewide FFY7

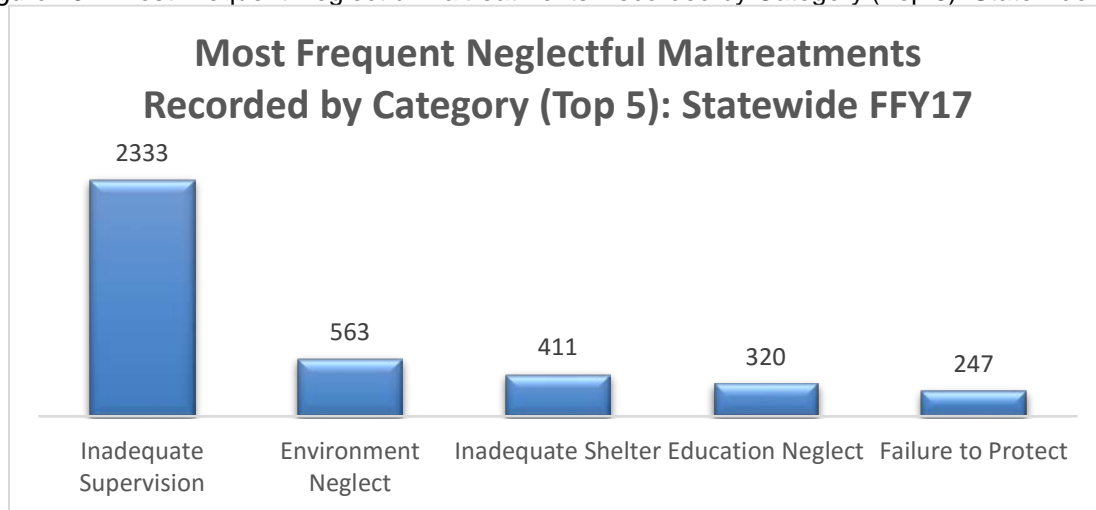


Figure 29.2 shows the five most common neglectful maltreatments recorded during the federal fiscal year of 2017 (Oct 1, 2016 – Sep 30, 2017) (from Figure 29.11). Inadequate Supervision accounted for 53.9% of all Neglectful Maltreatments for the period in review, and Environment Neglect made up 13.0% of all Neglectful Maltreatments recorded. It is important to note that Inadequate Shelter accounted for 9.5% of all neglectful maltreatments that were recorded, which supports the concern regarding housing that was corroborated in a recent focus group.

Figure 29.3 Family Stress Factors Recorded: Statewide FFY17

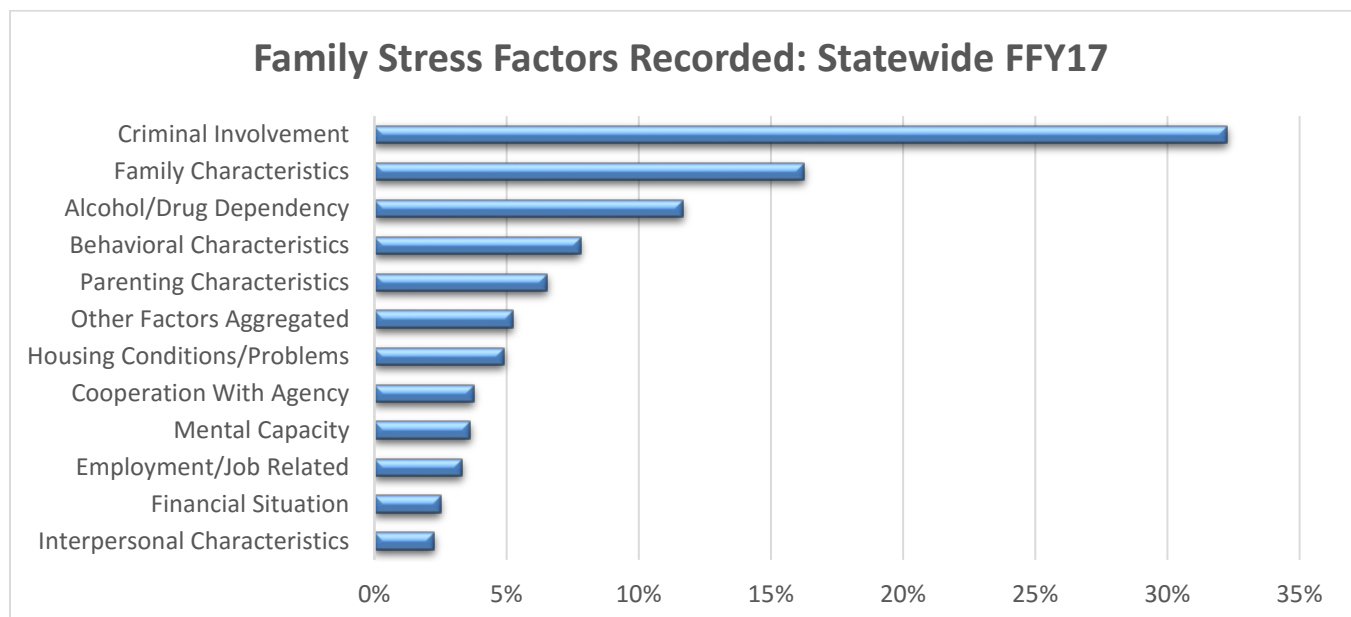
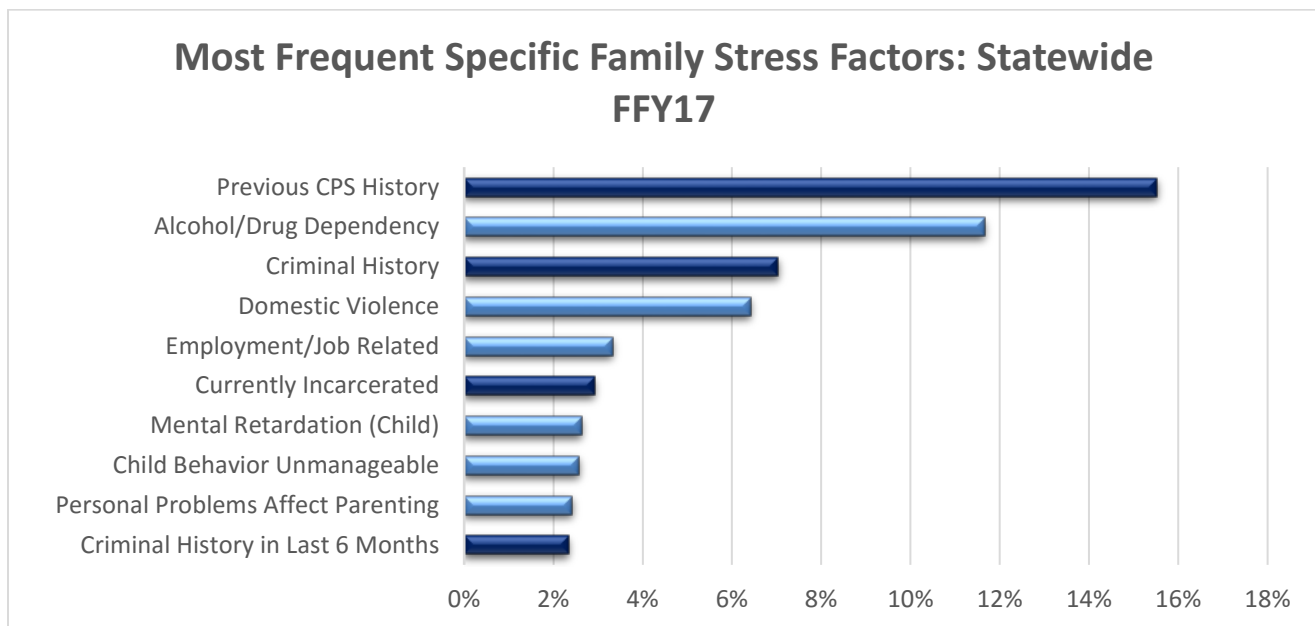


Figure 29.3 shows the Family Stress Factors that were recorded for the federal fiscal year of 2017 (Oct 1, 2016 – Sep 30, 2017). Criminal Involvement accounted for 32.3% of all factors recorded, followed by Family Characteristics at 16.2% of factors, and Alcohol/Drug Dependency at 11.7% of factors recorded. Many of the Stress Factors listed have various sub-factors rolled up under the broader category. For example, Criminal Involvement includes items such as Previous CPS History, Criminal History, Currently Incarcerated, and Criminal History within the last 6 months.

Figure 29.4 Most Frequent Specific Family Stress Factors: Statewide FFY17



\*Note: Items in dark blue are included in the category of Criminal Involvement seen in Figure 29.3.

Figure 29.4 illustrates the top ten specific stress factors as percentages of all stress factors identified (excludes broad categories in favor of the underlying sub-factors, where there is more than one available). Previous CPS History was the most frequently identified factor, at 15.5% of all factors identified. Alcohol and Drug Dependency was the next most frequent at 11.7%, followed by Criminal History at 7.0% and Domestic Violence at 6.4%.

Mental Health issues appear to be an important factor for Nevada families that have substantiated maltreatment. A relationship between criminal behavior and a higher rate of mental health issues has been shown to exist. A 2006 U.S. Department of Justice study demonstrated the correlation between mental health problems and being in jail or a prison inmate. According to the report, an estimated 60% of jail inmates, 49% of State prisoners, and 40% of Federal prisoners have mental health disorders as defined in the DSM-IV, while only about 10.6% of the general population met criteria for a mental health disorder (Glaze & James, 2006)<sup>4</sup>. Criminal behavior is Nevada's most frequently sighted broad category Stress Factor (see Figure 29.3). Given that criminal behavior and mental health problems frequently occur together, it is reasonable to assert that a significant proportion of Nevada at-risk families could benefit from mental health services and support. Additionally, several of the most common sub-factors related directly or indirectly to mental health issues, including Domestic Violence, Mental Retardation, Child Behavior, and Personal Problems Affecting Parents. Results from a recent focus group highlighted the concern that our families have with respect to mental health issues (please see details below).

Alcohol and/or Drug Dependency appears as the third most commonly cited Stress Factor in Figure 29.4 and as the second most commonly cited factor in Figure 29.3. This category showed up in both because it does not have sub-factors. This Stress Factor accounted for 11.7% of all factors recorded. A recent focus group also provided feedback about this stressor (please see details below).

<sup>4</sup> Glaze, L. E., & James, D. J. (2006). Bureau of Justice Statistics Special Report: Mental Health Problems of Prison and Jail Inmates. Washington D.C.: U.S. Department of Justice Office of Justice Programs.

### Stakeholder Interview Information

Focus groups were conducted in June 2016 and October 2017 statewide with caseworkers, the judiciary, foster parents, and youth concerning this item. Statewide and broadly the most needed service gaps are: 1. Mental Health Assessments and Services for parents and children 2. Substance Abuse Treatment for parents and 3. Housing 4. Gambling addiction 5. Domestic violence 6. Child Care.

All participants in all groups saw service array as a significant deficiency in general:

- In Washoe County and the DCFS Rural Region: Services related to assessment of needs are difficult to access for both parents and children and there is no universal comprehensive mental health assessment applied to children entering out of home care;
- In Clark County, the workforce expressed concern with the quality of services for both assessment and intervention associated with a mandated provider.
- In general, for all jurisdictions
  - The more advanced the service, the greater lack of availability, and/or longer the waiting list (6-8 month wait for a neuro psych evaluation or a parental capacities evaluation);
  - Not uncommon to have to wait two months for a child to have a comprehensive mental health assessment;
  - Lack of reunification and adoption support services;
  - Substance abuse evaluations for parents are quite accessible.
  - CCDFS: Services for non-offending fathers were lacking;
  - Due to restrictions in case planning (addressed above) parents, CCDFS, are unable at times to get needed services; and,
  - The process of Medicaid approvals causes significant delays or results in inappropriate denials that impact service delivery.
- Services available to treat/deal with identified needs:
  - Judiciary groups referred to the lack of services and lack of timeliness with applying available services, which has reached a crisis level;
  - All groups agreed that long wait lists for even the most basic of services is the norm and that the more sophisticated the service, the longer the wait list; this applies to children and parents needing behavioral health services, substance abuse services, and speech therapy or tutoring for children.
- While there are some safety related services, provider availability is very limited, so the need is much higher than the availability. The resources needed for safety-related services to keep children in their homes is insufficient.
- Barriers to acquiring services:
  - Lack of Medicaid providers or unreasonable waiting lists for a Medicaid provider (3-6 months).
  - Insufficient Advanced Service providers (particularly for DCFS Rural Region and Washoe County). While CCDFS has more providers, they are not accessible due to the current contract limitations with other providers.
  - Stakeholders felt caseworkers were not proactive in accessing services for children in advance and in some case the child(ren) require a higher level of care causing an unnecessary disruption in the child's current placement.
  - The geographical location is a barrier—lack of in-home services because the driving distances for foster parents is an unreasonable burden.
  - Not enough physicians to provide mental health services, appointments are months out.

- Cost/Funding
- Strengths:
  - There are accessible services and availability of services for children ranging 0-3 years of age or children 14 years and older (Independent living age group). The Tribal services for the WCHSA has expanded, creating better access to services
  - Services for speech were easily obtained.
- Independent Living
  - College funding is helpful from Independent Living program.
  - Independent Living services have been helpful with clothing, family, financial assistance, sports and assistance with resumes and helping to look for jobs, and interviewing skills.
  - Independent Living workshops were helpful regarding budgeting and banking needs.



## Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

### State Response:

Nevada has determined this item to be an Area Needing Improvement (ANI) due to service gaps and lack of resources identified in Item 29, Service Array. Nevada uses the Nevada Initial Assessment (NIA) and Protective Capacity Assessment (PCFA) to identify individual services and provide those services in some cases the lack of resources makes it difficult to individualize services in all cases. Gaps in behavioral and mental health service delivery, substance abuse treatment services and an inability to create sufficient safety management services in the DCFS Rural Region pose a barrier to individualized service needs for families.

In addition, the Nevada Community Action Network is comprised of 12 Community Action Agencies that provide a range of social services to Nevada's low-income population. Each agency receives Community Services Block Grant (CSBG) funds in addition to funds from other public and private entities. The network provides services based on client income and need. Eligible clients cannot have income greater than 125% of the federal poverty level and need is determined by initial placement on 12 scales of well-being. These 12 scales collectively are known as the Nevada Primary Assessment process. These scales in alphabetical order are:

- Early Childhood Education
- Education-Adults/Youth (Over 18)
- Energy and Utilities
- Employment
- Food and Nutrition
- Household Budgeting
- Housing
- Health Insurance-Children/Adults
- Human Services
- Primary Healthcare
- Transportation

The approach to individualizing services is multi-pronged, including collaboration with both internal and external stakeholders, as well as funding through federal and state sources. Collaboration continues to be essential when ensuring services for families and children meet individual and specific needs. An example of a relationship includes the Regional Partnership Grant project, which is in the second five-year term. Partnering with the Clark County 8<sup>th</sup> Judicial Court (with a very active judicial involvement), CCDFS has been able to fund a project that not only identifies specific mothers and fathers with substance abuse issues, but through comprehensive analysis, therapy, and case management is able to address very specific and individual needs of each family member.

Title IV-B Subpart II is a significant funding source for our sub grantees. Through collaboration with sub grantees as well as partner agencies, DCFS's Grants Management Unit (GMU) continues to evaluate services and service needs. This has been accomplished through required annual on-site reviews of funded providers as well as meetings to discuss the specific and individual needs of each sub grantee and the population they serve.

Through the use of the online data collection system, which allows sub grantees to track client utilization and outcome measures, the DCFS GMU is able to view trends across agencies as well as those areas that are not currently successful. This system can provide program evaluation protocols which include measurable outcomes under the Title IV-B Subpart II grant award. Each sub grantee is required to submit monthly programmatic reports to this system, which maintains the online data reporting system. This serves to expand upon the state and federal accountability requirements.

Current sub grantees under the Title IV-B Subpart II grant award provide services throughout Nevada, including all three regions (Clark County, Washoe County, and Rural Region). These monthly programmatic reports provide DCFS with an accurate representation of both need and services being provided. The DCFS Grants Management Unit (GMU) in turn reviews monthly programmatic reports to ensure that services are being provided statewide and needs are being addressed by the sub grantees. Sub grantees providing services statewide are also grouped by not only the region in which they are serving but also within the four categories of Title IV-B Subpart II as mentioned above in Item 29. It is through this process that we can ensure that services may be individualized to meet the unique needs of children and families within the State of Nevada. The goal for this year continues to be an evaluation of services and needs with a focus on the service areas that are most challenging.

Item 29 provided a breakdown of the services within the four categories of Title IV-B Subpart II. Of significance within the provision of individualized services is that, within our Title IV-B Subpart II sub grantees, there were many self-reports of disabilities which required and received successful services. Service hours were dedicated within the four services areas of Title IV-B Subpart II, providing an array of group and individual services. Through our continued contact and work with our partner agencies as well as our sub grantee, planning for the coming year is continual to ensure funding and resources are maximized.

There was a 2016 Statewide Community Needs Assessment that was conducted by the Grants Management Advisory Committee by the Department of Health and Human Services, Office of Community Partnerships and Grants. Specific need and issues include: mental health access, housing, homelessness, emergency services, education and employment. Health/Mental Health care was the top need identified in the 2014 Needs Assessment. Two years later in 2016, it continues to be the top need however seems to be improving slightly.

### Stakeholder Interview Information

Focus groups were conducted in June 2016 and October 2017 statewide with caseworkers, the judiciary, foster parents, and youth concerning this item. Statewide and broadly the most needed service gaps are: 1. Mental Health Assessments and Services for parents and children 2. Substance Abuse Treatment for parents and 3. Housing 4. Gambling addiction 5. Domestic violence 6. Child Care.

- Services can be individualized; however, it is more challenging for those with special needs or speaking another language other than English. There are few Spanish speaking counselors and limited evaluators. Not all court services have interpretive services for all languages. Some local agencies are using Language Link for other languages.
- Examples for lack of services for special needs:
  - Judiciary spoke to a deaf parent who was unable to access substance abuse treatment due to his or her disability
  - Foster parent spoke about having a 12-year-old, developmentally delayed child that is now receiving advanced day care which he will need when he turns 13, but, no providers/programs

are available to him once he turns 13

The State and child welfare agencies continue to contract with a variety of service providers across the state but gaps in service providers continue to exist in many areas of the state.

Some communities have more resources than others, and typically the metropolitan areas have more services than the DCFS Rural Region. This continues to make it challenging for families and children to access services in certain areas of the state and additionally makes it a challenge to individualize services when services are not available.

## **F. Agency Responsiveness to the Community**

### **Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR**

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages 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 includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages 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 includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

#### **State Response:**

Nevada has determined this item to be an area of strength. In accordance with the requirements at 45 CFR 1357.15(1) and (m), DCFS continues to collaborate and engage internal and external Stakeholders in monitoring the identified shared goals and objectives of the 2015-2019 Child and Family Services Plan (CFSP). Stakeholders continue to be involved in the review of available data, and/or in assessing current performance, utilizing participation in workgroups, focus groups, meetings, public presentations and surveys for purposes related to achieving the CFSR goals and objectives.

Nevada Revised Statue (NRS) 432.0305 and NRS 432B require the Division to observe and study the changing nature and extent of the need for child welfare services and to cooperate with the Federal government in adopting and completing state plans which will assist DCFS to provide services for children and families. This is accomplished through the coordination and collaboration with other public and private agencies and entities in developing the CFSP and ongoing annual updates required by Title IV-B. The Division collaborates with a variety of entities in this process. Annually, each child welfare agency provides input into the Annual Progress Services Report (APSR). Nevada's 2015-2019 CFSR was developed with input and recommendations provided by key statewide stakeholder groups during their regularly scheduled meetings. Concerns and input from these on-going discussions were integrated into the goals, objectives, and annual updates to the CFSP. The goals and objectives of the 2015-2019 CFSP have not changed as those goals have remained the same. Many of the measurable goals require data reporting for monitoring purposes and to this date continue as goals and objectives of the current CFSP. These existing internal groups statewide discuss the on-going monitoring and progress of the CFSP goals. These groups meet on various dates and throughout the state at various locations. Some group meetings are conducted via conference calling. Additionally, external stakeholders provide information about program functioning, policy and practice, protocol development, share resources and information that are used in program development and planning. Recently, focus groups were conducted with a variety of external stakeholders to gather input and information as part of the 2018 Statewide Assessment.

#### **Consultation and Collaboration with community stakeholders:**

Consultation and collaboration 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. Statewide consultation and coordination with stakeholders in implementing the provisions of the CFSP include (but are not limited to) the following committees, organizations or entities.

**Decision Making Group (DMG)**-The DMG is comprised of the DCFS Administrator, DCFS Deputy Administrator and the County Child Welfare Agency Directors. The DMG is a collaboration in which all Child Welfare Agencies meet to consult and collaborate around statewide child welfare issues. Issues related to the CFSP/CFSR and APSR discussed during the monthly/bi-monthly meeting.

**Assistant Directors Meeting (ADM)**-The ADM is comprised of the Child Welfare Assistant Directors and the DCFS Deputy Director. This collaborative meets and consults on statewide child welfare issues relating to policy and practice. Additionally, issues related to the CFSR/CFSR and APSR are discussed during the monthly meetings.

**ICWA Steering Committee**- The Nevada Revised Statutes embodies the provisions of the Federal Indian Child Welfare Act in several subsections of the State law and promotes collaboration with tribes on the ICWA. DCFS coordinates and consults with four main tribal entities: Northern Paiute, Southern Paiute, Washoe Tribe of Nevada and California, and Shoshone. There is a total of 27 federally recognized tribal entities in Nevada that include bands, colonies and reservations and two urban Indian organizations, the Las Vegas Indian Center and Nevada Urban Indians, Inc. These tribal entities work together with DCFS and counties through the Indian Child Welfare Steering Committee that was developed to ensure compliance with the Indian Child Welfare Act. The Steering Committee has been collaborating to improve the provision of child welfare services and protections under section 422(b) (10) of the Act to Native American children under both State and Tribal jurisdiction. Each jurisdiction has a liaison that works with the Tribes to secure MOU's to ensure collaboration and that the Tribal laws and requirements are being respected for all ICWA children.

To gather input from the Nevada tribes, the Division of Child and Family Services (DCFS) conducted bi-monthly Statewide Children's Justice Act Task Force Indian Child Welfare (CJA ICW) Committee meetings. The CJA ICW Committee is a multidisciplinary advisory committee of the Children's Justice Act Task Force. The committee membership includes representatives from Nevada Tribes, Inter-Tribal Council of Nevada (ITCN), Nevada Indian Commission, Court Improvement Project (CIP), Bureau of Indian Affairs (Eastern and Western Nevada Agencies), State of Nevada Attorney General's Office, Washoe County Human Services Agency, Clark County Department of Family Services, Nevada Legal Services, Department of Health and Human Services, Nevada Early Intervention Services, The National Council of Judicial and Family Court Judges, and Division of Child and Family Services. Meetings are held bi-monthly and are co-chaired by the ITCN Executive Director and the DCFS Indian Child Welfare Act (ICWA) Tribal Liaison at the Western BIA office.

**Court Improvement Program** -The Nevada court system has partners with DCFS on a variety of fronts that focuses on its efforts on implementing the CFSP and the upcoming CFSR. The courts assisted in the implementation of various data exchange projects to ensure that the judiciary, the Community Improvement Councils (CICs), and child welfare all have access to significant and accurate data.

Agency representatives regularly attend and contribute to all 11 judicial district CIC meetings as well as the CIC Annual Summit. In several instances the agency CIC member provides regular data updates to the court concerning permanency issues, child safety decision-making, and adequacy of foster family population. The CICs all include their child welfare partners as they develop their annual action plans to resolve local dependency issues. At the CIC Annual Summit in September of 2017 the CFSR Coordinator presented information on the up-coming CFSR. The CIP Coordinator is an active member of the DCFS Indian Child Welfare Committee, the Statewide Quality Improvement Committee and several subgroups around data and data report development. Additionally, each Quarter there is DCFS representation on the CIP Select Committee which includes the following DCFS representatives: DCFS Administrator or Deputy Administrator, DCFS CFSR Coordinator/Training Manager and ICWA Specialist. This provides opportunity consultation and collaboration between child welfare and the courts.

The Nevada Court Improvement Project (CIP) includes judges from all eight court districts and participates in developing and improving child welfare court processes and procedures. The Nevada Children's Justice Act Task Force, whose members include representatives from the Las Vegas Metro Police Department, children's attorney (Washoe County), Nevada State Attorney General's Office, Statewide office for Court Appointed Special Advocates (CASA), judicial - civil and criminal representatives, health (Washoe County Health District), mental health, child

welfare jurisdictional agencies including the Bureau of Indian Affairs and parent groups (Nevada Parents Engaging Parents), work on improving prosecution and child abuse investigation.

**Youth** – Consultation and Collaboration with youth and adult leaders occurs through facilitation of the statewide Youth Advisory Board (YAB). Nevada's Independent Living Program Specialist (ILPS) facilitates the statewide youth advisory board, Nevada LIFE (Leaders in Future Excellence). Nevada LIFE is the democratically elected self-governing board composed of youth in care, and those who have aged out of care. Members in this statewide group are composed of participants in one of six regional youth advisory boards, and report regional issues identified in their local boards for statewide consideration as either program/policy or legislative recommendations. In Nevada's 2017 Legislative session, several youth-driven initiatives were addressed legislatively, including increased protections for self-identified LGBTQ+ youth in care, development of a grievance procedure and earmarked general funds to ensure all youth in care have access to normalcy activities. To implement effective policy that remains true to the original legislative intent, developmentally-appropriate youth are recruited for ongoing participation on implementation workgroups to provide their input to state and county actors to ensure that youth voice and the needs of youth in care are adequately addressed by child welfare agencies.

As a response to foster youth concerns in meeting about a lack of access to information and a lack of consistent information-sharing between child welfare agencies and youth in care, Nevada LIFE's social media page has been modified to serve a dual purpose of connecting current and former-foster youth to others in their community for the purposes of fostering connections, and as an informational clearinghouse. As moderator, the ILPS can share in real-time information, resources and benefits applicable to all Nevada's current and former foster youth without tasking frontline staff. Nevada LIFE meeting agendas and information is posted for all followers to view and access, and meetings are open to all members via call-in to a toll-free number. Nevada LIFE's social media page is used to solicit youth feedback on items such as the Statewide Assessment, solicit focus group participants, and targeted satisfaction surveys for quality assurance activities such as the CFSR. Anonymized results are shared with Nevada's child welfare agencies to identify areas of strength and areas for programmatic improvement based on the information provided by Nevada's current and former foster youth.

**Quality Parenting Initiative (QPI) Engagement of Foster Care Providers-** The Quality Parenting Initiative was developed statewide to ensure that every child removed from their home due to abandonment, abuse, or neglect is cared for by a foster family who provides skilled, nurturing parenting while helping the child maintain connections with their family. This collaborative holds monthly meetings in each local jurisdiction and includes foster parents from each area. Clark County has a foster parent Champion (FPC) Team that support newly licensed, unlicensed or experienced caregivers. The team is made up of caregivers who are responsive to other caregivers providing support Monday through Friday from 9am to 7pm taking calls. Additionally, Nevada conducts surveys and focus groups with foster parents to consult with them on service array, training and strengths and needs of the foster care system.

**Child Fatality-** The Child Death Review (CDR) process consists of the Executive Committee to Review the Death of Children whose members represent administrators of the child welfare agencies, and agencies responsible for vital statistics, public health, mental health and public safety and local child death review multidisciplinary teams. This statewide committee consult and collaborate on public education and prevention of child fatalities.

**Differential Response (DR) Steering Committee-** This collaborative meets quarterly and includes many providers from the community that provide services to families involved with the Nevada CPS system. DR is an early intervention and child abuse prevention program; it is a partnership between the Nevada Child Protective Services Agencies and Family Resource Centers (FRC) to respond to screened-in Priority 3 child abuse/neglect cases. Families are linked to services in their communities.

**Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children (CSEC)** – This collaborative has many external stakeholders meeting monthly/quarterly that includes consumers, service providers, foster care providers, juvenile judges and other public and private child and family serving agencies mobilize around issues related to (CSEC). On May 31, 2016, Governor Brian Sandoval signed Executive Order 2016-14 creating the Nevada Coalition to Prevent the Commercial Sexual Exploitation of Children (Coalition) in response to a growing awareness of the need to identify and serve these child victims. Nevada was ranked 11th in the nation in 2016 for the number of human trafficking cases reported to the National Human Trafficking Hotline. The Executive Order directs the Coalition to mobilize resources to provide a coordinated response to stopping commercial sexual exploitation of children, aiding its victims, and bringing perpetrators of this crime to justice; and support the implementation of Public Law (PL) 113-183, the Preventing Sex Trafficking and Strengthening Families Act of 2014. It requires the development of a statewide strategic plan and annual reports outlining the Coalition's progress which meets quarterly.

**Legislative Committee on Child Welfare and Juvenile Justice Task Force to study Juvenile Justice issues -**

The Legislative Committee on Child Welfare and Juvenile Justice is an ongoing statutory committee of the Nevada Legislature whose authority and duties are set forth in Nevada Revised Statutes 218E.700 through 218E.730. The Committee meets between the biennial sessions of the Legislature and consists of three members from the Senate and three members from the Assembly, appointed by the Legislative Commission. The chair and vice chair are selected by the Legislative Commission from among the Committee membership. The Committee reviews and evaluates issues relating to the provision of child welfare services and juvenile justice in the State and recommends legislation concerning child welfare and juvenile justice to the Legislature. (Assembly Bill 202, Chapter 483, Statutes of Nevada 2013)

**Nevada Interagency Council on Homelessness** – This Collaborative has many internal/external stakeholders that focus on Homelessness. The Nevada's Interagency Council on Homelessness was established via Executive Order 2013-20 to coordinate and focus the State's efforts to effectively address the challenge of homelessness in the State of Nevada. The Council provides the opportunity for Nevada to engage in an integrated approach regarding the issue of homelessness and promote interagency cooperation. The Council works to increase the awareness of homeless issues among state and local government agencies and local organizations that provide services to people who are homeless.

Nevada uses guiding principles shared with the Dedication Opportunities to End Homelessness (DOEH) initiative, a joint effort between the U.S. Department of Housing and Urban Development (HUD) and the United States Interagency Council on Homelessness (USICH). These guiding principles include:

- Coordinating Across Partners
- Community-led Action
- Data-driven Achievable Strategies and Goals
- Making Commitments and Measuring Results
- Leveraging Existing and Untapped Resources
- Removing Barriers
- Targeting

**Task Force on the Prevention of Sexual Abuse of Children** - The Nevada Task Force on the Prevention of the Sexual Abuse of Children was established through the passage of Senate Bill 258, now codified into NRS 432B.700-730. The Task Force, created within the Division of Child and Family Services consisted of members representing the Nevada Legislature; Attorney General's Office; Department of Education; Division of Child and Family Services; representatives from agencies and organizations involved in the prevention, investigation, prosecution and/or treatment of cases of child abuse in Nevada; and, appointed members of the Nevada public with an interest in the prevention of child sexual abuse.

The Task Force was charged with studying and identifying strategies, goals and The Task Force was charged with studying and identifying strategies, goals and recommendations for preventing child sexual abuse. The Task Force recommendations are based on what was learned through research and testimony, and have been grouped into two main categories: Primary and Secondary/Tertiary Prevention. The recommendations born out of these two emergent categories serve to move Nevada closer to achieving the following goals: 1) Improved education of lawmakers and the public; 2) Prevention of occurrence and reoccurrence of abuse; and, 3) Provision of crucial support to victims and their families.

**Nevada Partnership for Training (NPT)** - The Nevada Partnership for Training (NPT), a bi-university partnership, in collaboration with DCFS-FPO, the Rural Region, Clark County, Washoe County, University of Nevada, Las Vegas (UNLV) and the University of Nevada, Reno (UNR), collaboratively work together to improve the child welfare training delivery system. The Training Management Team (TMT) is composed of internal and external members who meet monthly to consult and collaborate concerning issues related to child welfare training. Information concerning the CFSP/APSR and the CFSR are topics during these meetings.

**Nevada System of Care Provider Meetings-** The Nevada system of Care consist of a broad array of both behavioral health and support services. These services include both home and community based treatment, as well as out of home treatment services that are provided when necessary. Meetings are held monthly to consult and collaborate with providers to ensure providers are supported.

**Nevada Coalition of Suicide Prevention** - The Nevada Coalition for Suicide Prevention is dedicated to partnering and collaborating with local and state individuals and organizations for the development and implementation of evidence based suicide prevention, intervention, and post prevention strategies and programs in the State of Nevada. Started in 2005, bimonthly meetings are held with community partners and are open to the public. These can be teleconferenced throughout the state, so all jurisdictions are involved.

**Systems Advocate Unit** - The Systems Advocate Unit serves a vital public purpose by responding to requests for information on issues including, but not limited to, Child Protective Services (CPS) investigations, service array, reunification and permanency, Interstate Compact on the Placement of Children (ICPC) issues, provider concerns, foster care licensing and adoption. The Systems Advocate Unit also informs families of their rights, resolves complaints involving anything that effects the safety and well-being of children in Nevada. The Systems Advocate Unit does not disclose the identity and other personal information of persons who have filed a complaint without their permission. All information and documents shared by stakeholders are kept confidential.

Furthermore, the Systems Advocate performs the duties of the agency Hearing Officer and has the responsibility to make available a fair hearing process to:

- Social service licensing applicants/recipients/group/family foster homes and child placing agencies who disagree with the agency's decision to not reissue or to revoke a license;
- Adoptive parents who feel their adopted child/children should have met the special needs criteria of the Title IV-E Adoption Subsidy funding program;
- An individual who feels a finding of substantiated child neglect and/or abuse is not consistent with the requirements of the law.

The Systems Advocate is also the key point of contact between DCFS, the Department of Health and Human Services and the Nevada State Legislature.

**Nevada Continuous Quality Improvement Reviews (Foster Parent, Child, Providers and Parent Consultation)**

Annually, Nevada conducts statewide case reviews that mirror the Child and Family Services Reviews and as part of these reviews Foster Parents, Children, Providers and Parents are interviewed and consulted with about individual cases. An array of questions are asked to provide an opportunity for these stakeholders to provide information relative to the functioning of the child welfare system and contribute information relative to the goals and objectives of the CFSP. Focus groups were recently conducted in October 2017 with biological parents and they were consulted on a variety of questions relative to service array, case planning and needs related to the child welfare system.



## Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

**State Response:** Nevada has determined this item to be a strength. The State of Nevada has a functioning system in place to coordinate services under the CFSP with services or benefits by other federal or federally assisted programs serving the same population group.

The Department of Health and Human Services (DHHS)/Division of Child and Family Services (DCFS) relies on close relationships with a wide range of partners and interdependencies to coordinate services and benefits to the same population group. The following Divisions under the umbrella of the DHHS receive federal funding in which active coordination efforts are on-going:

- The Division of Health Care Financing and Policy (DHCFP) who work in partnership with the Centers for Medicare and Medicaid Services to provide Medical Services to Nevada families.
- The Division of Public and Behavioral health (DPBH) who work in partnership to protect, promote and improve the physical and behavioral health of the people of Nevada
- The Division of Welfare and Supportive Services who work to provide quality, timely and temporary services enabling Nevada families to achieve their highest levels of self-sufficiency.
- The Aging and Disability Services Division who deliver comprehensive support to elders, adults and children with disabilities or special health care needs.

Additionally, there are many other partnerships with other Departments, Agencies and or entities who receive federal funding and specific examples of those partnerships include the following:

### Court Advocacy

The DHHS/DCFS coordinates with the U.S. Department of Health and Human Services/Children's Bureau and the Administrative Office of the Court (AOC). Federal funding received by the AOC for the CIP encompasses 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. Nevada's Court Improvement Program emphasizes and supports children's right to protection from abuse and neglect. This partnership and coordination enable the court and child welfare agencies involved in the child welfare system to develop systemic, statewide changes to significantly improve the handling of child welfare cases while ensuring compliance with state and federal laws regarding child dependency and child welfare matters.

### Foster Care Placement

The DHHS/DCFS coordinates placement services with the U.S Department of the Interior/Bureau of Indian Affairs (BIA) and other tribal entities in Nevada. The Bureau of Indian Affairs (BIA) has social workers who work in partnership with the State regarding issues with Nevada Tribes. A representative from the BIA participates in bi-monthly statewide meetings with DCFS for coordination of services.

### Advocacy Assistance

The U.S. Department of Justice (DOJ) has supported Court Appointed Special Advocates CASA advocacy since 1985 through its Office of Juvenile Justice and Delinquency Prevention (OJJDP). A CASA worker is a resource for

all children placed out of home with a referral from the DCFS services worker, and approval by the courts, in all jurisdictions. Through this collaboration the statewide CASA program serves children and youth in foster care.

### **Child Support Assistance**

The U.S. Office of Child Support Enforcement Program (OCSE) was established in 1975 as Title IV, Part D of the Social Security Act. The program is a federal, state and local intergovernmental collaboration functioning in Nevada. The program goals are to ensure children have the financial and medical support of both their parents; to foster responsible behavior towards children; and to emphasize children need to have both parents involved in their lives. DCFS coordinates services child welfare workers assist families through the paternity and child support process by referral to the child support office to secure needed funds for children. All three of the jurisdictions have various child support offices throughout their areas to assist clients close to home.

### **Financial Assistance**

Through collaboration with the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance the Nevada Department of Health and Human Services/Division of Welfare and Supportive Services Assistance administers The Temporary Assistance for Needy Families (TANF). TANF is designed to provide Temporary Assistance for Needy Families to care for dependent children in their own homes or in the homes of relative care-givers. provides cash payments for children only. This is a cash payment provided to meet an out of home child's basic needs such as food, clothing, shelter, transportation, and other supportive services. Additionally, this is offered to relatives caring for relative children and without a time limit on how long this money can be collected to support their relative children.

Kinship Care is TANF monies that are provided when relative caregivers meet the eligibility requirements. DCFS informs relatives of the Kinship Care program, requirements, and assist in the application process. Kinship Care payments are provided to relatives that meet the criteria of being over the age of 62 years, be a non-parent, non-needy relative caregiver, be caring for and residing with a child who is related by blood, adoption or marriage for at least six (6) months, file for and obtain Nevada court approval of legal guardianship, comply with court imposed requirements, along with the relative must have any combined income below 275% federal poverty level. The children must meet the eligibility requirements for TANF.

DCFS coordinates with the federal Social Security Administration regarding benefits for a child under the placement and care of DCFS in all jurisdictions who may benefit from the Social Security Act (SSA) or Supplementary Security Income (SSI).

### **Educational Support**

In the Legislative Act of AB-491, the State of Nevada has partnered and collaborates with the Department of Education to keep foster youth, or children placed out of home, in the same school district from which they were removed. There is a Memorandum of Understanding between the Department of Education and the Division of Child and Family Services by which the Department of Education pays half of the cost of transportation and the State of Nevada pays half of the transportation costs out of Title IV-E funds. This allows children placed out of their home to remain in the same school district and retain those important connections.

Additionally, in collaboration with the Department of Education, referrals are provided to Nevada Early Intervention Services (NEIS) to provide services to children from birth to age 3 for a free evaluation and services if the family qualifies. To ease transportation issues for families, these services are provided to the child in their day time natural environment. For children over the age of three years, referrals are made to the school district of residence to provide Early On services to those that qualify for services.

### **Housing Assistance**

In coordination with Nevada Housing Division (NHD), which is partially funded by the U.S. Department of Housing and Urban Develop (HUD), DCFS informs clients of child welfare to the Housing Division for their multiple programs. NHD, a division of the Department for Business and Industry, was created by the Nevada Legislature in 1975 when it was recognized a shortage of safe decent, and sanitary housing existed throughout the State for persons and families of low- and moderate income. NHD offers a housing locator in response to Nevada Statute, NRS 319.143, which requires the Division create and maintain a state-wide low-income housing database. The Nevada Housing Division provides a comprehensive on-line locator list of affordable housing options at <http://nvhousingsearch.org/> or by calling 1-877-428-8844. They also offer emergency solutions through grants such as rapid rehousing and

homeless prevention, weatherization assistance for child welfare families who have need in this area, as well as multiple homebuyer programs for child welfare families who qualify.

### **Medical Assistance**

The State of Nevada Health and Human Services/ Division of Health Care Financing and Policy coordinates with the U.S. Department of Health and Human Services as it relates to provision of Medicaid for Children and Families served by child welfare. DCFS coordinates eligibility with the Nevada Division of Public and Behavioral Health (DPBH). This allows the Division of Child and Family Services to administer a federally approved acute care Medicaid system for children placed in an out of home placed under the legal care and custody of the DCFS. This ensures that all foster children secure their initial medicals, dentals, and vision care as well as ongoing and needed medical care. Under this title XIX umbrella of Medicaid there are many additional services provided to not only foster children but also to the parents as well to ensure their health care and mental health needs are being met. Parents can maintain their Medicaid for six months after removal provided the goal of removed children remains reunification. The parents provide their case service plan to their Medicaid worker so there is coordination of services for the parents. These are some of the services offered through the DPBH:

- o Adolescent Health -Personal Responsibility Education Program
- o Adult Viral Hepatitis Prevention and Control
- o Child and Youth with Special Health Care Needs
- o Comprehensive Cancer
- o Diabetes
- o Early Hearing Detection and Intervention
- o Heart and Stroke Prevention and Control
- o HIV/AIDS Prevention and Surveillance Program
- o Mammography
- o School Health
- o Vaccine for Children Program
- o Women's Health Connection and
- o Worksite Wellness

### **Mental Health**

The Mobile Crisis Response Team (MCRT) funded in part by Medicaid, was created to provide crisis intervention and support to Nevada families dealing with a behavioral or mental health crisis. MCRT supports youth and families of youth under the age of 18 showing signs of behavioral or mental health issues that pose a threat to the child's stability within their home, school or community, including but not limited to:

- o Anger
- o Self-Injury
- o School Problems
- o Suicidal or homicidal thoughts or behavior
- o Extreme parent/child conflict
- o Peer conflict such as bullying
- o Seeing or hearing things
- o Depression/Anxiety

### **Adoption Resources**

The State of Nevada partners with Adoption Exchange which is an affiliate of AdoptUSKids, which is made possible by a grant from the Children's Bureau. The Nevada Office of The Adoption Exchange is dedicated to helping waiting Nevada children. Additionally, they offer assistance to adoptive families by providing resource information, referrals, support, advocacy, and education. The Adoption Exchange is in all three of Nevada's jurisdiction's.

### **Daycare Assistance to Foster Families and Relative Caregivers**

DCFS partners with the Division of Welfare and Supportive Services as the designated lead agency to administer the Child Care and Development Fund (CCDF). The State Office of Early Care and Education is an umbrella agency for programs funded through the federal Child Care Development Block Grants. This provides daycare assistance for foster parents and relative caregivers with children placed with them provided they are working out of the home. To ease the application process for the caregivers, the main requirement is a letter from DCFS placing

the child(ren) in the home at initial enrollment. The Department of Agriculture also provides a Child Food Program (CACFP) to assist in meeting the nutritional needs of child welfare families in daycare and school programs.

### **Domestic Violence Support**

Funded under the federal Violence Against Women Act (VAWA) Nevada receives two different types of grants to assist in domestic violence matters, the Prosecutors Violence Against Women Formula Grant Program (STOP) and the Sexual Assault Services Provider Program (SASP). STOP will provide funds to Indian Tribal governments, units of local government, and nonprofit, nongovernmental victim services programs, including those of faith-based and community organizations. This grant requires that activities meet specific federal and state objectives, generally summarized as furthering the development and implementation of effective, victim-centered initiatives and responses, and advocacy programs. These are designed to increase the effectiveness and efficiency for the delivery of services for VAWA-eligible crimes. STOP does require that services to similarly situated male victims in need be provided for under this program. SASP is authorized under the Violence Against Women Act, and is the primary funding stream dedicated to the provision of direct intervention and related assistance for victims of sexual assault. The purpose of the SASP Formula Program is to assist states and territories in providing “intervention, advocacy, accompaniment, support services, and related assistance for adult, youth, and child victims of sexual assault, family and household members of such victims, and those collaterally affected by the victimization, except for the perpetrator of such victimization.” All three jurisdictions receive this funding with DCFS workers referring to DV services as needed.

### **Independent Living Support**

The DCFS coordinates with the Department of Health and Family Services/the Children’s Bureau as it relates to utilization of federal Chafee (CFCIP) funds in Nevada for Independent Living Foster Youth. The required match to CFCIP funds is paid in Nevada out of our Fund to Assist Former Foster Youth (FAFFY) funds. These are state funds collected from marriage licenses. The state of Nevada sub-grants out of CFCIP to provide independent living services and services to aged-out foster youth:

- Clark County Department of Family Services (who subcontracts to an organization called Step Up to serve youth in Clark County).
- Washoe County Human Services Agency (who subcontracts to the Children’s Cabinet)
  - o Children’s Cabinet – Provides the ETV program on behalf of the entire state of NV
  - o Children’s Cabinet – To provide contracted case management and IL services for youth 16+ with an APPLA-permanency plan in the jurisdiction of Washoe County, and IL service provision to all dual-adjudicated youth in the juvenile justice system.
- Fallon Paiute Shoshone Tribe – Provides IL services on behalf of every ICWA designated youth in any federally recognized tribe in Nevada.
- Ron Wood Family Resource Center – Provides IL services for DCFS-Rural in the following counties: Carson City, Douglas, Churchill, Lyon, Lander, Pershing, Humboldt, Elko, Eureka.
- Nevada Outreach and Training Organization – Provides IL services for DCFS-Rural in the following counties: Pahrump, Nye, Esmeralda, Lincoln and White Pine.

### **Nutritional Assistance**

The Nevada Department of Health and Human Services/Division of Public and Behavioral Health coordinates funding through grants for the supplemental nutrition program that services income eligible pregnant, postpartum and breastfeeding women, infants, and children (WIC) up to age five who are at nutritional risk. WIC is available throughout the State. WIC also provides nutritional education, breastfeeding support, community referrals, and health screenings including immunizations. WIC is available to families with in home services as well as for foster children in their foster home placement.

In another addition to the partnership with the Department of Education as well as the Department of Agriculture, all foster youth, or youth placed out of home meet the federal requirements of free breakfast (SBP) and lunches (NSLP) while in school, and free food programming in the summer months (SFSP) school is not in session. The National School Lunch Program provides nutritious lunches and the opportunity to practice skills learned in classroom nutrition education, as well as free School Breakfast Programs to promote active learning and after school snacks to support nutritional needs.

Food commodity programs, funded by the Department of Agriculture, are provided to the State of Nevada to assist DCFS child welfare clients with nutritional needs. This information is provided by DCFS to child welfare clients and families to meet their nutritional needs. By law, the United States Department of Agriculture's Food and Nutrition

Service acquires agricultural commodities through price support programs, surplus removal, and direct purchases from domestic markets. These commodities are distributed through the USDA, Food Distribution Program to improve the nutritional status of children and adults and to assist and strengthen the American Agricultural market. In Nevada, the Food Distribution Program (FDP) is administered by the Department of Agriculture, Food and Nutrition Division. The Nevada FDP provides administrative support, storage and transportation for the distribution of commodity foods to recipient agencies and programs. The Nevada FDP administers the commodity assistance programs according to USDA regulations and state policies with recipients meeting state and federal guidelines.

- The Emergency Food Assistance Program (TEFAP) provides non-profit distribution sites with commodities for distribution to low-income families. Recipients must meet state and federal guidelines.
- Food Distribution Program on Indian Reservation (FDPIR) provides commodity foods to low-income and elderly households and is an alternative to the Food Stamp Program due if a household does not have transportation or easy access to food stores.
- The purpose of the Nevada Supplemental Nutrition Assistance Program (SNAP) is to provide the means to increase food purchasing power to raise the nutritional level among low-income households. The program is often the first line of defense against hunger for many Nevada families.
- The purpose of the Farmers Market Promotion Program (FMPP) is to increase domestic consumption of, and access to, locally and regionally produced agricultural products, and to develop new market opportunities for farm and ranch operations serving local markets by developing, improving, expanding, and providing outreach, training, and technical assistance to, or assisting in the development, improvement, and expansion of, domestic farmers markets, roadside stands, community-supported agriculture programs, agritourism activities, and other direct producer-to-consumer market opportunities of which DCFS can purchase with their SNAP benefits.
- SNAP benefits are available to income eligible DCFS families that meet the federal and state requirements to assist in meeting the family's nutritional needs.

#### **Parenting Education**

In coordination with the U.S. Department of Health and Human Services Nevada receives the Community Based Child Abuse Prevention (CBCAP) funds which are utilized to provide parenting education to families that would benefit from this education. Parenting education is provided by a variety of organizations throughout the state to meet the needs of the parents.

- o Advocates to End Domestic Violence
- o Nevada Institute for Children's Research and Policy
- o Boys and Girls Club of Truckee Meadows
- o Boys Town Nevada
- o The Children's Cabinet, Inc.
- o East Valley Family Services
- o Family Resource Centers of Northeastern Nevada
- o Family to Family Connection -ISD9
- o The Rape Crisis Center – Child Assault Prevention
- o Ron Wood Family Resource Center
- o The Salvations Army Clark County
- o Saint Rose Dominican Hospital
- o Washoe County School District Family Resource Center

#### **Transition to Stability and Self-Sufficiency**

Additionally, coordination of the Community Services Block Grant (CSBG) with the U.S. Department of Health and Human Services allows Nevada to provide of range of social services to Nevada's low-income population throughout each jurisdiction. Programs, services, and basic needs are met for each family that income qualifies. Services range from car seats, pack n plays, mentoring, clothing, backpacks for school age children, and Angel Tree Christmas gifts for Children. Clients are informed of and provided referrals to the Nevada Community Action Network as needed.

**General Information**

Nevada 211 – The Fund for Healthy Nevada provided funds, in 2017, for administrative resources and to develop a strategic plan which includes activities to diversify funding. Nevada 211 is available in all jurisdictions and provides information and connects citizens to recourses' they may need for their families.

In summary, the Nevada Department of Health and Human Services/Division of Child and Family Services partners to ensure that the state's services under the CFSP are coordinated with services and benefits of other federal or federally-assisted program serving the same population.

## G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

### Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

#### State Response:

Nevada has determined this item to be an area needing improvement. Nevada's child welfare agencies are not systematically tracking the specific reasons for using waivers of licensing standards for foster homes, especially for non-relative foster homes licensed through the use of a waiver. Currently, issuing a waiver to license a foster home in Nevada is a process that requires multiple levels of oversight, both through management and administration. For a waiver to be issued, it requires the initial approval through the licensing worker's supervisor, who then moves it up the chain of command to the child welfare agency's director, who then submits it for final approval or denial by the DCFS Administrator. At any level within the chain of command, the waiver can be denied, which would stop the process. This process does ensure that many eyes see and agree with the use of the waiver, prior to it being ultimately approved or denied by the DCFS Administrator. Until recently, tracking the reasons for licensing waivers had not been determined necessary. During the most recent APSR finalization, DCFS was unable to answer the Children's Bureau's questions concerning the specific reason for the waivers; DCFS has only recently initiated a new process for tracking waivers. Nevada will be unable to provide specific reasons for waivers until enough time has passed to capture enough needed data.

PLAN: After the recent APSR final submission, the DCFS Family Programs Office (FPO) has requested that all future waiver requests approved by the DCFS Administrator be copied and forwarded to FPO specifically for tracking waiver exceptions for internal data purposes and certain external reporting.

#### Applying Standards Equally:

The Division of Child and Family Services is responsible for the receipt and distribution of federal IV-E or IV-B funds in the State of Nevada. It is a statutory duty of the DCFS to administer monies granted by the Federal government under title IV-E or IV-B.

The Division of Child and Family Services monitors compliance with rural foster home licensing regulations of foster homes through, at minimum, the annual licensing home inspection. In addition, compliance may be verified statewide through a variety of other means; single agency audits, federal reviews, state CFSR reviews and through the child welfare agency caseworker's monthly foster home visits, home inspections, license renewal and investigations of complaints or concerns relating to the operation of foster homes. Complaints that involve the health or safety of a child are investigated immediately. All other complaints are investigated within 10 working days.

The most recent Nevada Title IV-E Foster Care Eligibility Review was conducted by ACF in April 2017. The Children's Bureau reviewed 80 foster care cases. Of those cases, two had ineligible findings; one for child being placed in a non-licensed placement for which the state claimed one (1) day of maintenance costs and the other for a waiver of licensing requirements by a non-relative provider. The report did not identify the reason for the waiver. No other concerns were identified in the IV-E Foster Care Eligibility Report for these 80 cases regarding foster care placements.

At the end of June 2017, DCFS submitted the recently adopted NAC 424 revised regulations to the Nevada Legislative Counsel Bureau (LCB) for submission to the Legislative Commission for approval. On September 21, 2017, the Legislative Commission approved the NAC 424 Regulations. The changes that were made to NAC 424 responded to Federal and State laws enacted since these regulations were last revised and to update any outdated regulations through deletions and/or updating language to support current practices. The LCB is still in process of codifying these enacted revisions and once this is accomplished, LCB will post the updated regulation to the Nevada Administrative Code website. Until this is accomplished, a “NAC 424 Working Document” is posted on the DCFS website to allow those governed by these revised regulations to have access to the enacted revisions.

In July 2017, DCFS initiated a new NAC 424 Regulations workgroup to address recent Nevada legislation, enacted in the 2017 Legislative Session, which requires regulations to be developed to ensure that the rights and needs of LGBTQ custody youth are being addressed and met. This workgroup is currently working to draft the required language to address the needs of this population of youth within the foster care system.

All three child welfare agencies can use waivers. However, all waivers must receive prior approval of the DCFS Administrator to be valid, regardless of jurisdiction. Waivers are used to waive foster care licensing standards within NAC 424 – Foster Homes for Children. In the past year, there have been a small percentage of foster homes that have been licensed using a waiver of licensing standards. Prior to providing waiver approval, the child welfare agency’s administration will consider whether the use of a waiver supports the safety, wellbeing and best interests of the child. Over the past few years, Nevada’s child welfare agencies have significantly reduced their use of waivers; now, waivers are primarily being used for relative foster homes to waive non-safety licensing standards. The jurisdictions understand that a waiver for a non-relative foster home disqualifies a home for federal reimbursement through IV-E maintenance costs. Additionally, all jurisdictions are aware that only relative non-safety waivers are IV-E eligible and can receive federal reimbursement.

Waivers are determined on an individual basis due to the specific circumstance being waived as to whether it is considered a non-safety waiver or not. Currently, Nevada does not have a specific list or process for what can be waived as a non-safety waiver.

Nevada “Child Care Institutions” (defined: congregate care/institutional-like settings that provide residential care for 16 or more children; are licensed through the Nevada Division of Public and Behavioral Health (DPBH)) to provide emergency shelter care or other residential care for children within Nevada’s child welfare custody. These facilities are not group foster homes, which are regulated and licensed through the child welfare agencies. The very few Nevada child care Institutions are regulated and monitored for compliance through the Nevada Division of Public and Behavioral Health’s; Health Care Quality and Compliance Unit; Child Care Licensing, in accordance with Nevada Revised Statutes (NRS) and Nevada Administrative Codes (NAC), CHAPTER 432A - SERVICES AND FACILITIES FOR CARE OF CHILDREN, which only govern child care facilities and not foster homes.

These statutes and regulations for child care facilities are utilized in inspections and investigations conducted on licensed child care institutions to ensure equitability and consistency statewide. Inspections are done prior to licensure and then twice a year (semi-annual and annual) for each facility according to their unique licensing year.

DCFS ensures through DPBH that any Nevada child care institution that receives IV-E funding for the care of a foster child has a current, valid Child Care License issued through DPBH. DPBH ensures through the actual licensing process that all Child Care licenses and renewals meet the requirements identified within NRS 432A and NAC 432A.

Child Care Institution employees must meet the same criminal background and CANS clearances as foster caregivers. If a facility is identified as not being in compliance with NRS/NAC 432A after its initial licensing, the facility license can be reduced to provisional, be suspended and/or be revoked, depending on the specific circumstances of noncompliance by the facility.



Statewide Data (FFY 2017):

**SACWIS Licensing Waiver Report**

Statewide licensing data obtained through the Nevada SACWIS for Oct. 1, 2016 – Sept. 30, 2017 indicates that **8.5%** out of **717** foster homes were approved statewide with a waiver of licensing standards. Of the **61** waivers for this review period, **45** were for relative foster homes. Nevada's data reporting system is currently unable to collect information on the specific types of licensing standard exception for the approved waivers for non-relative foster homes.

- Clark had a total of 53 waivers for FFY17, including 13 (24.5%) non-relative and 40 (75.5%) relative homes.
- Washoe had a total of 7 waivers for FFY17, including 2 (28.6%) non-relative and 5 (71.4%) relative homes.
- Rural Region had a total of 1 waiver for FFY17, which was for a non-relative home.

**Nevada Division of Public and Behavioral Health (DPBH)  
Child Care Institution - Licensing Waiver Report**

There are four (4) child care institutions throughout Nevada used by child welfare agencies to provide temporary housing either for shelter care or treatment care for children within the foster care system. These institutions are licensed through a completely different entity, the State of Nevada Division of Public and Behavioral Health (DPBH) Child Care Licensing, which is an agency separate from Nevada's child welfare agencies. DPBH licenses and oversees child care, which includes these four child care institutions. DPBH provided data for the time, Oct 1, 2016 to Sept. 30, 2017 for these four institutions. 100% of these institutions were issued standard licenses with no exceptions or waivers.

## Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

### State Response:

Nevada has determined this item to be a strength. Nevada complies with federal and state law regarding criminal and CANS background checks for all licensed and/or unlicensed foster caregivers.

#### Criminal Background Checks Requirements:

Nevada child welfare agencies utilize a single process for licensing both foster and adoptive homes. In our SACWIS, pre-adoptive homes are tracked as foster homes.

NRS 424.031 states that the licensing authority shall obtain background and personal history for each applicant applying for a foster care license and all prospective employees of that applicant and residents of the foster home who are age 18 years of age or older, other than a resident (age 18 up to age 21) who remains under the jurisdiction of a court pursuant to NRS 432B.594, to determine whether the person investigated has been arrested for or convicted of any crime. Full fingerprint criminal background checks must also occur at least every 5 years after the initial investigation. NRS 424.039 states that the licensing authority is authorized to conduct preliminary Federal Bureau of Investigations name-based background checks on adult residents of foster homes in which a child will be placed in an emergency. The person investigated is to supply fingerprints for further investigation. NAC 424.680 deals with criminal history verification for anyone employed as staff or a director of a group treatment home or anyone applying to be a foster parent. Nevada law requires child welfare agencies to ensure that criminal history investigations are conducted pursuant to requirements under NAC 424 and NAC 127. In addition, the state has approved policy 0515.0 Child Abuse and Neglect (CANS) and NCID Requirements for Prospective Foster and Adoptive Parents in response to the Adam Walsh Act of 2006 and sets forth procedures for conducting and responding to CANS checks; conducting and establishing statewide standards for authorizing placement of children with caregivers who have undergone an NCID and CANS check. No foster home or adoption applicant is issued a foster home license until all criminal background checks have been completed.

#### Statewide Data (FFY 2017):

- In April 2017, ACF conducted a statewide Title IV-E eligibility review of Nevada's foster care system. ACF reviewed 80 foster care cases. Of these 80 cases there were no error findings regarding foster caregiver criminal background checks.
- DCFS compliance reviews were conducted based upon the quarterly review of criminal background check results being entered into the SACWIS system prior to the date of licensure. Quarters were divided to maintain 12 months of data for this report (Quarter 1 starts Oct. 1, 2016, and Quarter 4 ends Sept. 30, 2017). The process for foster and adoptive home licensure have a single process, therefore statistic for each category cannot be broken out separately, pre-adoptive homes are tracked as foster homes.

**Table 34.1**

**Percentage in compliance and count of reviews: Oct. 1, 2016 – Sept. 30, 2017.**

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual
<b>Clark</b>	100% (N=8)	100% (N=8)	90%* (N=10)	100% (N=9)	97% (N=35)
<b>Washoe</b>	100% (N=4)	100% (N=4)	100% (N=5)	100% (N=5)	100% (N=18)
<b>Rural</b>	100% (N=4)	100% (N=4)	100% (N=5)	100% (N=5)	100% (N=18)
<b>Statewide</b>	100% (N=16)	100% (N=16)	95% (N=20)	100% (N=19)	99% (N=71)

Note: Sampling methodology provided below.

\* License effective on 4/1/17; background check cleared on 4/19/17

**Foster Home Case/Safety Plans:** Nevada does not utilize safety or case plans to address safety concerns identified in foster homes. When an applicant for a foster license is determined to have safety issues in their home that would place a child at risk, Nevada's child welfare agencies will not issue a license for that home. When a safety concern is identified after a home is licensed to provide foster care, the licensing authority will address this directly with the foster/adoptive caregiver to determine a solution and provide them an opportunity in a time limited, corrective action plan to resolve the issue(s). If a child's safety is at eminent risk, the child will be removed until such time that the child safety is assured.

**Sampling and Data Collection for Systemic Factor #34: requirements for criminal background checks**

**General Sampling Parameters:** On a quarterly basis, 10% of newly licensed foster homes licensed during the quarter under review will be reviewed for compliance with the requirement for criminal background checks as part of the foster home licensing process. Note: due to variations in the number of newly licensed foster homes per quarter, the number of new homes reviewed will vary from quarter to quarter. No fewer than 10 and no greater than 20 newly licensed foster homes per quarter will be reviewed. The ratio of cases reviewed will be 50% Clark County, 25% Washoe County, and 25% DCFS Rural Region. This ratio was chosen as it reflects the same ratio of QICR cases reviewed annually in the state's QICR review process.

**Sampling Timetable:** Data was collected from UNITY for the period of Oct. 1, 2016 to Sept. 30, 2017 to provide four equal periods for comparison for this review. The first quarter included Oct 1, 2016 through Dec. 31, 2016; quarter 2 included Jan. 1, 2017 through March 30, 2017; quarter 3 included Apr. 1, 2017 through June 30, 2017; and, quarter 4 included July 1, 2017 through Sept. 30, 2017.

**Sampling Process:** Data was pulled from UNITY for the period under review outlined above for each jurisdiction. Random numbers were applied to the results and these were ranked according to randomization. The final step was to select a 10% state wide sample, with 50% of that sample represented by Clark County, 25% represented by Washoe County, and 25% represented by DCFS Rural Region. Statewide annual and quarterly figures for newly licensed foster homes were reported.

**Data Collection:** The following aggregate data elements were collected from the three jurisdictions for each newly licensed home identified in the sample:

- Date the completed foster home application was received by the licensing agency
- Date the criminal records check was submitted
- Date the agency received back clearance results
- Effective date of the license

**Compliance with the standard** in this instance will be date of agency receipt of clearing occurring prior to or on the same day as the effective date of the license. Percentage (and number) of cases compliant with the standard will be reported by jurisdiction and statewide, reporting quarterly and annual totals. This data will be reported quarterly and annually, by jurisdiction and statewide.

## Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

### State Response:

Nevada has determined this to be an area needing improvement based upon a lack of consistency between the jurisdictions in assessing the demographic data of its resource families or quantifiable data which in which to determine that this is consistently occurring with all jurisdictions. There is AFCARS data (Table 6.15) that indicates the current statewide breakdown and the following table is by jurisdiction.

**How do you know the whether the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?**

The State lacks a process or overarching diligent recruitment plan that would reflect the ethnic and racial diversity of its foster and adoptive homes to compare with the diversity of children in care per jurisdiction. The data that is available through AFCARS in the table below is the closest reflection of the diversity of Nevada recruitment efforts for the current foster adoptive homes that are licensed and the children in care statewide. Currently each jurisdiction has an individual plan for their respective area and all function independently without measurable outcomes and doesn't utilize the AFCAR data which impacts the ability to analyze population changes and analyze trends.

PLAN: There is a scheduled bimonthly meeting with all jurisdictions to develop a statewide plan for Diligent Recruitment of Foster and Adoptive Homes with measurable goals. These goals would provide data on the effectiveness of each strategy and the ability to adjust its targeted goals, population changes and analyze trends.

### Statewide Data (SFY 2017):

Table 35.1

**Foster Population Racial and Ethnic Makeup**  
**October 1, 2016 – September 30, 2017**

Statewide	American Indian	Asian	Black	NHPI	White	Unknown	Hispanic (Yes)	Hispanic (NO)	Hispanic (UNK)
<b>Children</b>	<b>1.8%</b> 106	<b>1.2%</b> 71	<b>28.8%</b> 1,718	<b>1.2%</b> 71	<b>61.6%</b> 3,682	<b>5.4%</b> 325	<b>24.0%</b> 1,434	<b>61.1%</b> 3,652	<b>14.9%</b> 887
<b>Foster Parents</b>	<b>1.0%</b> 66	<b>3.2%</b> 212	<b>22.6%</b> 1,505	<b>1.5%</b> 99	<b>67.0%</b> 4,466	<b>4.8%</b> 319	<b>18.7%</b> 1,247	<b>73.2%</b> 4,883	<b>8.1%</b> 537

Note: methodology for race classification for this study was based on the Deterministic Fractional Assignment model

as defined in the 2001 Bridge Report from the Office of Management and Budget<sup>5</sup>.

**Table 35.2**

**Foster Population Racial and Ethnic Makeup by Jurisdiction  
October 1, 2016 – September 30, 2017**

<b>Clark County</b>	<b>American Indian</b>	<b>Asian</b>	<b>Black</b>	<b>NHPI</b>	<b>White</b>	<b>Unknown</b>	<b>Hispanic (Yes)</b>	<b>Hispanic (NO)</b>	<b>Hispanic (UNK)</b>
<b>Children</b>	1.1% 60	2.0% 113	40.5% 2249	1.6% 87	60.3% 3350	8.3% 459	25.0% 1388	57.7% 3202	17.4% 964
<b>Foster Parents</b>	0.8% 47	4.6% 285	29.3% 1803	2.3% 142	62.8% 3864	3.0% 186	21.2% 1305	74.3% 4572	4.5% 275
<b>Washoe County</b>	<b>American Indian</b>	<b>Asian</b>	<b>Black</b>	<b>NHPI</b>	<b>White</b>	<b>Unknown</b>	<b>Hispanic (Yes)</b>	<b>Hispanic (NO)</b>	<b>Hispanic (UNK)</b>
<b>Children</b>	4.9% 70	1.0% 15	14.0% 200	2.2% 31	86.0% 1230	9.5% 136	24.5% 351	63.9% 914	11.5% 165
<b>Foster Parents</b>	1.4% 23	2.3% 38	7.7% 129	1.6% 26	78.0% 1307	13.5% 227	20.6% 345	60.9% 1021	18.5% 310
<b>Rural Counties</b>	<b>American Indian</b>	<b>Asian</b>	<b>Black</b>	<b>NHPI</b>	<b>White</b>	<b>Unknown</b>	<b>Hispanic (Yes)</b>	<b>Hispanic (NO)</b>	<b>Hispanic (UNK)</b>
<b>Children</b>	7.3% 48	0.9% 6	7.6% 50	1.2% 8	87.5% 574	10.4% 68	13.0% 85	72.9% 478	14.2% 93
<b>Foster Parents</b>	2.6% 21	0.4% 3	0.9% 7	0.4% 3	90.2% 730	6.9% 56	8.2% 66	81.5% 659	10.4% 84

Explanation for methodology: For individuals who reported more than one race, the all-inclusive method was used, which means that the counts provided are counts of self-reported racial identities. This approach helped to ensure that no race was underrepresented in the proportion calculations, represented here as percentage values. Explanation for not summing to 100%:

While the percentage values do sum to 100% for the category of ethnicity, this value may not add up to 100% at the single decimal level due to the effect of rounding.

Over SFY 2018, Nevada will provide this breakdown jurisdictional data as a basis for continuing assessment in their diligent recruitment efforts.

**Can you provide context that helps us understand the scope and/or limitations of the referenced data and/or information in terms of how well the federal requirement functions statewide (e.g. timeframes, geographic representation, size of study, data collection process, relevance of data to assess functioning of requirement?)**

Racial and ethnic information is both collected from AFCARS and through responses by the three child welfare agencies; Clark County Department of Family Services (CCDFS), Washoe County Human Services Agency (WCHSA), Division of Child and Family Services (DCFS).

<sup>5</sup> Adapted from Hill Collins, P., & Solomos, J. (2010). *The SAGE Handbook of Race and Ethnic Studies*. SAGE Publications. 81-83.

The CCDFS has the largest and most diverse population, being the largest urban area in Nevada. They use a market segmentation approach within diverse community locations, which are reflective of the children in child welfare custody. Through a prior CCDFS recruitment grant, analysis was done by Annie E. Casey Foundation that identified the market segmentation approach as a strategy that is effective in meeting the racial and ethnic needs of CCDFS child demographics as well as targeted populations, i.e. teens, sibling groups, medically fragile and minority homes.

The WCHSA targets recruitment within the same local neighborhoods/communities where children originally came into child welfare custody. Additionally, the WCHSA targets specific schools, community organizations, and local religious entities, along with Spanish language radio advertising and distribution of Spanish-language brochures and posters to assist with their recruitment efforts to meet the racial and ethnic needs of the children. WCHRA provides a child specific recruiter to work with the child or children's caseworker to develop strategies for both stability and permanency. These strategies can include but are not limited to: Northern Nevada Adoption List to alert adoptive families when children enter into recruitment, a dedicated adoption hotline and email address, placement on AdoptUSKids, the Forgotten Initiative and the county website.

In the DCFS Rural Region, diligent recruitment is often based upon targeting the specific zip codes and schools where children have been removed. The DCFS Rural Region also contracts with a representative of The Forgotten Initiative Nevada (TFI) to make personal contact with many churches within the Rural Region. Efforts are also made by the DCFS to engage other religious entities and ethnic communities within the Rural Region.

**What are the barriers that specifically affect the state's ability to ensure that the diligent recruitment of foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?**

There is a lack of cohesive statewide recruitment strategy and/or data sharing outreach to the jurisdictions from the state level. Currently, each jurisdiction has developed their own separate recruitment plan, frequently basing it on targeting, or mapping out, zip codes. Additionally, there is a lack of actual data collection to determine which recruitment goals and strategies are being successful and which are not, making it difficult to provide accurate analysis of effective strategies being employed within each individual jurisdiction's recruitment plan.

Additional comments heard from stakeholders that while recruitment does occur ongoing at the local level, but retention efforts are still lacking and problematic, many stakeholders cited high caseloads of the caseworkers, feeling intimidated by all the requirements to become licensed, and struggles with understanding and supporting child reunification efforts.

## Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

### State Response:

Nevada has determined this item to be a strength. Nevada has continued to utilize cross jurisdictional resources to find and facilitate permanency for children statewide. Adoption Exchange in conjunction with AdoptUSKids to provide recruitment, matching services, information, education and training for adoptive and permanent placements for Nevada's children. The state specifically contracts with Adoption Exchange for the following services to increase the quality and efficiency of responses to inquiries by potential families:

- Provides general adoption information and child specific inquiries from prospective families and post adoptive resources within Nevada.
- Monthly webinars for pre-adoptive families
- Reverse matching
- Create narratives and post profiles on the Children's Gallery, Nevada Heart Gallery, Wednesday's Child

In Nevada, all jurisdictions utilize these services to find permanency for children in waiting for a forever home. The data below indicates that ICPC continues to be utilized from a variety sources seeking permanency for children. Additional permanency is utilized through stabilization with advanced foster care and use of residential facilities when required to help the children reach the necessary behavioral outcomes to reach placement in permanency.

The table below provides placement numbers, both incoming and outgoing, which have remained consistent over the years. The below numbers reflect incoming and outgoing and are taken from the NEICE system. More than one study may be conducted for the same case.

**Table 36.1**

Total Statewide Annual Incoming Referrals	Total Statewide Annual Outgoing Referrals
474	1624

The tables below show the breakdown by month the number of incoming and outgoing ICPC requests from October 1, 2016 to September 30, 2017 by case, home study request and total children served.

Table 36.2

Total Sending Cases - Oct 1, 2016 to Sep 30, 2017				Total Receiving Cases -Oct 1, 2016 to Sep 30, 2017			
Case type				Case type	Month	2016	2017
Sending	October	85		Receiving	October	44	
Sending	November	70		Receiving	November	42	
Sending	December	78		Receiving	December	50	
Sending	January		69	Receiving	January		45
Sending	February		63	Receiving	February		59
Sending	March		106	Receiving	March		68
Sending	April		63	Receiving	April		50
Sending	May		81	Receiving	May		50
Sending	June		76	Receiving	June		53
Sending	July		86	Receiving	July		58
Sending	August		88	Receiving	August		53
Sending	September		65	Receiving	September		42

Table 36.3

Sending Total Home Studies - Oct 1, 2016 to Sep 30, 2017		
October	117	
November	98	
December	109	
January		104
February		90
March		142
April		86
May		118
June		102
July		125
August		114
September		93

Table 36.4

Receiving Total Home Studies - Oct 1, 2016 to Sep 30, 2017		
Month	2016	2017
October	59	
November	60	
December	72	
January		64
February		89
March		93
April		67
May		76
June		76
July		79
August		82
September		65



Table 36.5

Sending Total Children Processed - Oct 1, 2016 to Sep 30, 2017		
October	109	
November	90	
December	101	
January		93
February		84
March		134
April		86
May		114
June		95
July		117
August		111
September		90

Table 36.6

Receiving Total Children Processed - Oct 1, 2016 to Sep 30, 2017		
Month	2016	2017
October	58	
November	58	
December	71	
January		63
February		89
March		93
April		67
May		76
June		75
July		79
August		82
September		64

- a. What percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement are completed within 60 days?

Table 36.7

Total Statewide Incoming Home Study Referrals SFY 17 YTD	Total Number of Incoming Home Studies Completed in 60 Days	Statewide Completion percentage in 60 Days*
585	234	48.8%*

During SFY 2017 from July 1, 2016 until June 2, 2017 there were a total of 585 Home Study Request unique cases from other states, and 234 of these Home Studies were completed within 60 days. In order to determine an accurate percentage value for Statewide Completion Percentage in 60 Days, all cases that had 60 days or less as of the data retrieval date of June 2, 2017 were excluded as were cases that were withdrawn or returned to the sending state due to a lack of information (sending states have a time limit for sending additionally requested information). The percentage figure below is based on 206 studies completed within 60 days out of 422 total incoming home study referrals for the adjusted period.

Further breakdown of the data by type as indicated below shows that the highest number of requests are for Regulation 2 home study requests which is also the lowest percentage meeting the 60-day time frame.

**Table 36.8**

Regulation Type	Case Count
REG 1 – Intact Family Relocation	11
REG 12 - Private Adoption	10
REG 2 – Home Study Request	447
REG 4 – Residential Placement	64
REG 7 – Priority Placement	25
Grand Total	557

**Table 36.9**

Regulation Type	Case Count
REG 1 – Intact Family Relocation	4
REG 12 - Private Adoption	10
REG 2 – Home Study Request	168
REG 4 – Residential Placement	61
REG 7 – Priority Placement	10
Grand Total	253

**Table 36.10**

Percentage in Compliance

Regulation Type	Percentage
REG 1 – Intact Family Relocation	36.4%
REG 12 - Private Adoption	100.0%
REG 2 – Home Study Request	37.6%
REG 4 – Residential Placement	95.3%
REG 7 – Priority Placement	40.0%
Grand Total	45.4%

**b. What do the current statewide information or data indicate about whether the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?**

Nevada as many states struggles with staffing issues which can impact the ability to complete home studies in the time required by the Safe and Timely Home Act. As the DCFS-Rural Region builds their budget for the next legislative cycle they will continue to request additional licensing positions. Clark and Washoe have dedicated workers completing these requests as quickly as possible and the rural counties utilize their licensing worker or contractors. Many of the home studies not completed within the 60-day time are due to the same reasons foster home licensing is delayed; lack of cooperation/compliance by the prospective caregivers and processing of criminal background checks. All current requests for home studies are requiring the relative or parental placement to complete initial paperwork, have their fingerprinting completed within a specified time frame or the request is denied in order to combat delays that won't allow them to meet the 60-day completion.

**1. How do you know whether the referenced data and information are accurate and of good quality?**

In August 2014, Nevada was selected as one of six states to pilot the National Electronic Interstate Compact Enterprise (NEICE) project. This is a web-based electronic information exchange for processing ICPC cases and streamlining placement of children across state lines with a goal of decreasing the length of time it takes for children to be placed safely across state lines and reducing administrative costs. This system serves and benefits children, families, public and tribal child welfare agencies and multidisciplinary groups (medical, legal, judicial) that work to

facilitate foster care and adoptive interstate placements nationwide. The pilot was successful and now more than 16 States have begun to utilize the system. Nevada has utilized this system for over three years and since the inclusion of data into the system is maintained by 3 ICPC specialists the data is accurate and of good quality. Additional data was sought from the AFCARS report

**2. What are the barriers that specifically effect the state's ability to ensure the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children to occur statewide?**

The DCFS Central Office ICPC unit continues to develop and revise tools, policies and trainings to ensure that all Child Welfare agencies are kept up to date on all requirements. Recognizing that staff turnover often results in critical knowledge of ICPC processes being lost, the ICPC team has provided trainings and in-services as needed to meet the need of the jurisdictions. ICPC staff has participated in CIP calls, all staffs, and Division meetings with jurisdictions to answer questions, review policies and enhance understanding of the ICPC process on a yearly basis.

Intra-State requests while a formalized process with DCFS, CCDFS and WCHSA cooperatively extend reasonable courtesy services to children and families residing in their jurisdictional boundaries. This encourages continual comprehensive case management and is to be re-evaluated every six months. Currently each jurisdiction maintains supervisory oversight of the case through their local worker and ensures that communication is maintained. There is no formalized data collection on the number of Intra-State requests occur annually.