



**State of Nevada
Division of Child and Family Services
Program Improvement Plan
Quarterly Progress Report – May 31, 2005**

Part I: Analysis of Progress Toward Target Improvement Goals

A. Acronyms and Abbreviations

The following acronyms and abbreviations are used in Parts I and II of this document.

1. CCDFS – Clark County Department of Family Services
2. CIP – Court Improvement Project
3. DCFS – Division of Child and Family Services of the State of Nevada Department of Human Resources
4. DMG – Decision-Making Group
5. FPO – Family Programs Office of the DCFS
6. FTE – Full Time Equivalent staff positions
7. IMS – Information Management Systems of the DCFS
8. NRCOI – National Resource Center for Organizational Improvement
9. PART -- Policy Approval Review Team
10. PIP – Nevada's Child and Family Services Program Improvement Plan
11. QI – Quality Improvement
12. SOAR -- Solutions for Online Activity Reporting, a web-based child welfare tracking system
13. UNITY -- Unified Nevada Information Technology for Youth (Nevada's child welfare computer tracking system)
14. UNLV – University of Nevada, Las Vegas
15. UNR – University of Nevada, Reno
16. WCDSS – Washoe County Department of Social Services
17. WIN – Wrap-around in Nevada

B. Introduction

Nevada's Child and Family Services PIP was initially submitted to the Administration for Children and Families, Region IX, on August 30, 2004, and received final approval effective March 1, 2005. This is Nevada's first quarterly report about its progress in achieving PIP benchmarks.

In Nevada three agencies provide child welfare services on non-tribal lands. The State Division of Child and Family Services is the oversight agency for county-operated child

welfare services delivered across the State, and it directly administers child welfare services to Nevada's fifteen rural counties. Clark County Department of Family Services provides child welfare services to Southern Nevada's Clark County in which Las Vegas is located. Washoe County Department of Social Services serves Northern Nevada's Reno-Sparks area and the remainder of Washoe County.

Initial phases of the PIP have focused on building the structure and collaborations necessary for improvement to occur in Nevada's child welfare system. Two groups were formed to provide oversight and support PIP implementation. These are the Decision-Making Group (DMG) and the Policy Approval Review Team (PART). The DMG is composed of the heads of each of the three child welfare agencies and holds final approval authority over policies developed for statewide implementation and for inter-agency interaction. The DMG also serves as the major vehicle for the three agencies to discuss other important issues related to child welfare and develop strategies. The DMG meets monthly face-to-face and weekly by telephone.

The PART is made up of the three child welfare agencies' second-level administrators. Its purpose is to review the plans, work products, and policies developed by the benchmark task groups and to troubleshoot any barriers to the task group's work product prior to submission to the DMG. The PART meets twice monthly or more frequently as needed.

Each action step in the PIP was assigned to teams composed of subject matter experts from within the State. Generally, a lead person from each of the three state service-delivery regions (Clark County, DCFS Rural Region, and Washoe County) and a Statewide lead from the DCFS Administrative Office was assigned to collaborate on each action step.

Activities during this quarter have primarily focused on policy development and standardization, training and quality assurance/improvement.

Policy Development

A collaborative Policy Development and Approval Process was established. It calls for a charter to be established, approved by the PART and DMG, and then given to the specific policy team. Policy teams are comprised of representatives from each Regional Service Area as well as internal and external stakeholders. To date these teams have produced a body of standardized policies, in final or draft form, ranging in subject from safety assessment to caseworker visitation to supervisory review processes.

Curriculum Development and Training

Some of the curriculum developers of the State's IV-E Training Partnership participate in the policy groups. Policies are forwarded to the curriculum developers who develop new curricula or modify an existing curriculum for training. Curricula developed, and in draft or final and approved form, thus far address intake response and decision-making, risk assessment, case documentation, collaborative case management and assessment, visitation, permanency service delivery, supervisory techniques and tools, and SOAR.

Quality Assurance and Improvement

A Statewide Quality Improvement Team was established, and a QI structure was developed with the assistance of the National Resource Center for Organizational Improvement.

The following discussion highlights progress on PIP items due this quarter.

C. Safety Factors

Item 1 – Timeliness of Initiating Investigations

The State is well on its way toward putting an intake-screening instrument in place statewide by Fall 2005. The tool was developed with input from the Court Improvement Project and the National Resource Center for Child Protective Services. Currently, the tool is being field tested, and it is anticipated that across-the-State implementation will begin upon completion of statewide training, ending October 31, 2005.

Item 2 – Repeat Maltreatment

A safety assessment tool, policy governing its use, and adaptation of UNITY to accommodate reporting have been developed. Staff training is currently in process with training completion anticipated for August 2005.

Item 4 – Risk of Harm

Benchmarks achieved in Item 2 also work toward reducing risk of harm to children in Nevada. Implementation of a universal safety assessment tool establishes a State safety standard, and data gleaned from reports about assessments enables monitoring and refining of safety standards, thereby reducing the risk of harm to Nevada's children.

D. Permanency Factors

Item 6 – Stability of Foster Care Placement

To promote improved quality in foster care placements, the PIP calls for increased stability in foster placements and increased retention of foster parents. Toward this end, a consumer satisfaction survey instrument for foster parents has been designed in collaboration with Nevada's University Partners. The instrument will be field tested during the next quarter.

Item 9 – Adoption

The three child welfare agencies in the State submitted budget requests aimed at reducing foster care caseload sizes. The Nevada State Legislature funded the requests as follows:

- An increase of 15 FTE to support Rural Nevada child welfare foster care caseworker-to-child caseloads at a 1:22 ratio in FY06, 1:19 in FY07, and a 1:12 level for child protective services.
- An increase of 12 FTE to support Washoe County child welfare foster care

- caseworker-to-child caseloads at a 1:25 ratio in FY06 and 1:22 level in FY07.
- An increase of 24 FTE to support Clark County child welfare foster care caseworker-to-child caseloads at a 1:25 ratio in FY06 and 1:22 level in FY07.
- These new positions will transition in three phases – October 2005, January 2006, and April 2006.
- An increase of 6 FTE to support Washoe County foster care caseload growth.
- 1 FTE to support Clark County’s Interstate Compact on the Placement of Children caseload growth.
- 9 FTE to support Clark County’s foster care licensing caseload growth.

Item 10 – Permanency Goal of Another Planned Living Arrangement

The State requested funding for additional positions to support the Performance Based Contracting and Monitoring Unit, which oversees treatment residential care providers (aka higher levels of care) providers. Six additional full time equivalent positions were approved by the Legislature. These will enable DCFS to redesign residential services to become more individualized and to better monitor service delivery.

E. Well-Being Factors

Item 20 – Caseworker Visits with Family

A statewide policy requiring visitation with the child’s parents was reinforced with staff via information memorandum and “PIP Tips” (a monthly bulletin circulated to staff and stakeholders) distributed on March 17, 2005.

Item 22 – Physical Health of Child

Completion of Benchmarks 6.3.1 and 6.3.2 (referenced by Item 22) involving completion of a foster parent satisfaction survey to support foster parent retention promote the foster child’s health by identifying factors causing children to move from home to home.

Item 23 – Mental Health of Child

The State submitted a budget request for the addition of skilled medical professionals to DCFS’s utilization review teams aimed at meeting federal standards for necessary treatment placements. The Nevada State Legislature responded to the request by funding eight positions (6 psychiatric nurses and 2 administrative assistants) for DCFS’s utilization review teams.

The State also requested funding for psychiatric interns for the University of Nevada Medical School’s Psychiatric Program to work at DCFS child community mental health centers in the two urban areas. The request was not included in the Governor’s Recommended Budget submitted to the Legislature and was not funded.

The State requested funding to convert temporary contracts under Project WIN to permanent State positions, and this request was funded. This program provides intensive case management to foster children with severe emotional disturbance. Sixty-six temporary program staff positions were converted to permanent State positions in order to sustain a stable work force, improve continuity of care to children and their

families, and increase positive outcomes. State positions will transition in three phases – October 2005, January 2006, and April 2006.

The State's budget request for increased funds to reduce waitlists for children's mental health outpatient care, case management, and early childhood services was funded, and 20.55 new positions have been authorized for Northern and Southern Nevada child mental health facilities.

F. Systemic Factors – Quality Improvement System

Item 30 – Standards to Ensure Quality Services and Children's Safety and Health

Development of Nevada's Quality Improvement System is well under way. A supervisory review instrument has been developed and put into place. The creation of an additional supervisory checklist was rolled into this instrument and the consolidation approved by Region IX. A database to collect key elements from the supervisory review document has also been created.

A safety assessment instrument (separately addressed in Item 2) and a foster parent satisfaction survey (addressed in Item 6 and also in process) are referenced in this item as benchmarks. The supervisory review process is being developed. Work on the supervisory review also impacts and is referenced by:

- Item 2 – Repeat Maltreatment
- Item 3 – Services to Protect Children in Home and Prevent Removal
- Item 6 – Stability of Foster Care Placement
- Item 7 – Permanency Goal
- Item 13 – Visiting with Parents and Siblings
- Item 19 – Caseworker Visits with Child
- Item 20 – Caseworker Visits with Family
- Item 28 – TPR Process Conforming to ASFA
- Item 31 – Quality Improvement System That Evaluates the Quality of Services and Improvements

Item 31 – Quality Improvement System that Evaluates the Quality of Services and Improvements

A QI structure outlined in a white paper has been developed across the State, approved by the DMG, and revised based on DMG recommendations. The National Resource Center for Organizational Improvement is continuing to provide technical assistance as needed in the implementation process

A Quality Data Improvement Team has been established and data gathering via a web-based collection and reporting tool, SOAR, has begun. Staff are being trained on SOAR in all service regions of the state. SOAR will enable the State to track progress toward outcomes, and it will measure Nevada's progress on the six national standards. Through the DMG each region has data quality improvement plans in place, and the Statewide QI Committee will continue to monitor data quality improvement efforts.

The QI group has developed a case review process and instrument. The instrument is being piloted on a statewide basis at this time. The State received feedback from

Region IX on its proposed case review approach and continues to define and refine the process and instrument.

G. Systemic Factors – Training

Item 33 -- Staff Training to Carry Out Services Included in the CFSP

A training plan to instruct staff of all three child welfare agencies about the new policies, procedures, and requirements deriving from the PIP has it has been put in place, curricula have been identified, and training has been initiated. The University Training Partnership has hired eight additional staff to meet training needs, and new training space has been acquired for both UNR and UNLV. A web-based registration system was implemented, improving the efficiency of the statewide registration process. This system generates standardized training data and has the capability for production of ad hoc reports. Training has been initiated statewide, and approximately 406 staff are scheduled to attend 7 courses for an average total of 78 hours of training in a 12-month period.

Part II: Action Step Status Description

This section describes progress toward achieving the benchmarks (tasks) the State agreed to complete in order to implement the action steps included in the PIP. This quarterly report includes information on activities completed by May 31, 2005.

Action Step #	Action Step	Benchmark #	Benchmark	Due Date	Date Completed	Status	
						Completion Method	Progress/Barriers
1.1	The State will have a standardized CPS intake-screening instrument that ensures that reports of child maltreatment are accurately and timely dispositioned by tracking response timelines and developing categorized response criteria.	1.1.1	The State will Meet with the National Child Welfare Resource Center for Child Protective Services to identify and select an evidence based best practice CPS intake-screening tool for use across the State which will include criteria for screening in and out referrals and assigning response criteria. In addition, CIP representatives will participate in the tool selection and policy process	4/30/05	4/30/05	Met with National Resource Center for Child Protective Services and developed an intake screening tool with input from the CIP.	
2.2	The State will have in place a mechanism for analysis of multiple reports of maltreatment on a family	2.2.4	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.
2.3	The State will review, revise and enhance the use of a Statewide, standardized safety assessment tool	2.3.1	Develop policy to define the use of the safety assessment tool for the duration of the case including reunification. Refer to Item 1, Action Step 1.1, Benchmark 1.1.2 for the Policy Development and approval implementation process	4/30/05	3/31/04	Policy implemented	
		2.3.2	Revise and enhance safety assessment tool for use by staff	5/31/05	5/31/05	Revised and enhanced safety assessment tool with feedback from field workers and other regions.	
		2.3.3	Design specifications for new safety assessment	5/31/05	1/18/05	UNITY design specifications for new safety assessment have been completed.	UNITY design specifications were developed by IMS to modify the above UNITY screens to match the safety assessment instrument used by caseworkers.
		2.3.4	Training provided via Instructional Memorandum	5/31/05	5/18/05	In lieu of instructional memoranda, University Training Partnership held a pilot training of the safety	

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						assessment and risk assessment. This training is the first of 18 statewide training sessions on safety assessment that will be completed by August 5, 2005. ACF advised that this would take the place of the instructional memorandum required by the PIP.	
		2.3.5	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.
2.4	The State will have standardized risk assessment criteria and risk assessment tool	2.4.5	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05		Policy completed and tool developed.	Refer to 30.1.5 in process.
3.1	The State will develop a Case Management Model that incorporates best practices for: A) Assessment B) Family engagement C) Collaborative Case Planning	3.1.5	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05		Policy developed and completed. Curriculum completed.	Refer to 30.1.5 in process.
4.1	Refer to Item 2, Action Step 2.3, Benchmarks 2.3.2-2.3.6. The State will review, revise and enhance the use of a Statewide, standardized safety assessment tool	4.1.1	Refer to Item 2, Action Step 2.3	10/31/05		Completed. Refer to Item 2, Action Step 2.3.	Refer to Action Step 2.3. Benchmarks 2.3.1, 2.3.2, 2.3.3, 2.3.4 have been completed.
6.3	Create a consumer satisfaction survey for all foster parents to support retention	6.3.1	Consult with University Partners to discuss development of foster parent satisfaction survey	4/30/05	2/4/05	Meeting between University Partners to discuss development of the foster parent satisfaction survey was held.	
		6.3.2	University Partner will design survey instrument	7/31/05	2/8/05	Survey Instrument was developed and revised by UNLV Dept. of SW staff and researchers.	
6.4	The State will standardize foster and adoptive home studies through the implementation of the Structured Analysis Family Evaluation (SAFE)	6.4.4	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.
7.1	Establish a Statewide case	7.1.6	Initiate system of reinforcement.	10/31/05			Refer to 30.1.5 in process.

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	planning process to increase the appropriate use of concurrent case planning		Refer to Item 30, Action Step 30.1, Benchmark 30.1.5				
7.2	The State will strengthen policy and practice on early identification, diligent search efforts and assessment of parents, non-custodial parents, relatives and other placement resources for the purposes of placement, adoption, or other planned permanent arrangement	7.2.3	Initiate system of Supervisory Reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.
9.3	The State in conjunction with county child welfare agencies will submit budget requests to reduce foster care caseload sizes	9.3.1	Each child welfare agency will forward a budget request to be submitted for consideration in the State's budget for the 2005 legislative session	2/28/05	1/31/05	Budget request submitted.	Funding received.
9.4	The State will have a standardized policy and practice guidelines for addressing adoption with older children (14 and older) in care	9.4.4	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.
9.6	The State will have a standardized process for negotiating adoption subsidies in order to reduce subsidy processing time	9.6.3	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.
9.7	The State will develop a standardized Statewide social summary process	9.7.4	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.
10.4	The State will submit a budget request to create and hire positions to develop and monitor performance based contracts with group homes	10.4.1	The State will forward a budget request to be submitted for consideration in the State's budget for the 2005 legislative session	2/28/05	1/31/05	Budget request submitted.	Funding received.
13.1	There will be Statewide practice guidelines for visitation, to improve the quality of visits between foster children, their siblings and parent(s)	13.1.4	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.
19.1	The State will have standardized policy for caseworker visits with the child that defines the	19.1.5	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.

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	frequency of the visits to ensure the child's safety, well-being and educational needs are met						
19.2	The State will have standardized practice guidelines for caseworker visits with the child that defines the purpose and promotes quality visits to ensure the child's safety well-being and educational needs are met	19.2.5	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.
20.1	The State will have standardized policy and practice guidelines for caseworker visits with parent(s)	20.1.5	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.
20.2	The State and county child welfare agencies will distribute an information Memorandum to remind staff of current policy regarding caseworker visits with parents	20.2.1	Informational Memorandum developed by each child welfare agency and distributed	3/31/05	3/17/05	The necessary memorandum was completed, approved, and distributed to the county directors for distribution to staff on 3/17/05. The DCFS Administrator distributed it on 3/17/05 to DCFS staff. The PIP Tips on visitation was included in the distribution.	
22.3	Refer to Item 6, Action Step 6.3. Create a consumer satisfaction survey for all foster parents to support retention	22.3.1	Refer to Item 6, Action Step 6.3	4/30/06		Completed. Refer to Item 6, Action Step 6.3	Refer to Action Step 6.3. Benchmarks 6.3.1, 6.3.2 have been completed.
23.2	The State will develop a budget request for the addition of skilled medical professionals to DCFS' Utilization Review Teams to ensure Nevada meets federal Medicaid standards for medically necessary treatment placements	23.2.1	The State will forward a budget request to be submitted for consideration in the State's budget for the 2005 legislative session	2/28/05	1/31/05	Budget request submitted.	Positions funded.
23.4	The State will develop a budget request to fund psychiatric interns from the UNR School of Medicine's soon to be established Psychiatric Internship Program at DCFS' child community mental health centers in the two urban counties	23.4.1	The State will forward a budget request to be submitted for consideration in the State's budget for the 2005 legislative session	2/28/05	1/31/05	Budget request submitted.	

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23.9	The State will request to convert Project WIN temporary contracts to permanent State positions	23.9.1	The State will forward a budget request to be submitted for consideration in the State's budget for the 2005 legislative session	2/28/05	1/31/05	Budget request submitted.	Positions funded.
23.10	The State will develop a budget request for additional clinical staff to reduce waitlists for outpatient and early childhood mental health services	23.10.1	The State will forward a budget request to be submitted for consideration in the State's budget for the 2005 legislative session	2/28/05	1/31/05	Budget request submitted.	Positions funded.
23.11	The State will develop a budget request to fund additional staff to enhance the Division's Higher Level of Care Contract Management Unit. This will allow the Division to move toward performance based contracting and to better monitor service delivery	23.11.1	The State will develop a budget request for additional clinical staff to reduce waitlists for outpatient and early childhood mental health services	2/28/05	1/31/05	Budget request submitted.	Positions funded.
28.2	The State will develop standardized policy and practice guidelines for TPR/Relinquishment process	28.2.4	Initiate system of reinforcement. Refer to Item 30, Action Step 30.1, Benchmark 30.1.5	10/31/05			Refer to 30.1.5 in process.
30.1	Develop a Supervisory Review process and tool(s) to reinforce policy and practice	30.1.1	A representative group of supervisors, managers, case-managers and the quality improvement unit will meet to develop supervisory review tool(s). The supervisory review tool would be an instrument used internally by each service area to examine areas of safety, permanency and well-being. It will serve as an on-going quality improvement measure. Item areas to be covered by the tools being developed will address the following PIP item numbers: 1.1, 1.2, 2.1, 2.2, 2.3, 2.4, 3.1, 6.4, 7.1, 7.2, 9.4, 9.6, 9.7, 13.1, 19.1, 19.2, 20.1, 28.2	4/30/05	3/8/05	A supervisory review instrument was developed and approved by the Decision-Making Group	

Action Step #	Action Step	Bench- mark #	Benchmark	Due Date	Date Com- pleted	Status	
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		30.1.2	Nevada will develop a supervisory review process for areas of priority practice identified in the PIP	4/30/05	4/12/05	A written process for the supervisory review instrument was developed utilizing a policy and instructional procedures format. The policy and procedures explain all necessary information to successfully complete the supervisory review. These instructions were intended for a two-month pilot period (May and June).	The quality improvement specialists working for Clark and Washoe counties have both reviewed and accepted the written process as described in the Policy and Procedures. After the pilot phase, an updated written procedure will be written that reflects any changes.
		30.1.3	Training on supervisory tools(s) and process to be provided to all staff	7/31/05	4/13/05	Training on the Supervisory Review took place with all supervisors at the Supervisory Summit on 4/13/05 at the Atrium Suites Hotel. Training was completed by the DCFS Quality Assurance Program Specialist and Susan Kelly, Senior Associate from the Center fro the Study of Social Policy.	Training was completed on 4/13/05. Supervisors were notified that technical assistance for further training (1X1) was available through one of the quality improvement specialists either at DCFS, Washoe, or Clark counties.
30.1	Develop a Supervisory Review process and tool(s) to reinforce policy and practice	30.1.5	Supervisory review process to be implemented Statewide. Supervisory review process to include a minimum of one review for each caseworker in the unit each quarter	10/31/05		The Supervisory Review Instrument was approved by the DMG on 3/8/05. The process for a pilot demonstration of the review was approved on 4/12/05. Supervisors were trained on the tool on 4/13/05. The supervisory review process began on 5/2/05.	Reviews will continue in May and June. There will then be a series of focus groups to evaluate the instrument and process. Revisions will be made, and the instrument will be implemented per PIP 30.1.5 beginning 7/1/05 (one review per worker per unit per quarter).
30.2	Develop an abbreviated supervisory review checklist for use during the first six month of the PIP	30.2.1	Quality Improvement staff to research, develop, and implement an abbreviated Supervisory Review Checklist for approval by the Decision Making Group	4/30/05	3/8/05	A decision by the Decision-Making Group was made to combine Benchmarks 30.1.1 and 30.2.1 so that there would only be one supervisory review instrument. Both of these items were combined and the final review instrument	A supervisory review instrument was developed and approved by the Decision-Making Group. Instrument is ready for implementation upon final approval of the written process (30.1.2) also submitted to the DMG on 3/8/05.

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						was approved on 3/8/05 by the DMG.	
30.3	The State will compile and analyze supervisory review data to develop reports	30.3.1	The QI unit, in conjunction with IMS, will develop a database to collect key data elements	5/31/05	5/31/05	The Quality Improvement Office along with IMS developed a database to collect key data elements from the supervisory review instrument.	Access Database has been completed. Both IMS and the Quality Improvement Office feel that eventually the database should be UNITY-based so that key reports can be pulled more easily and so the information is more secure. The Access database will serve in the interim until such a system can be built.
30.4	Refer to Item 2, Action Step 2.3. The State will review, revise and enhance the use of a Statewide, standardized safety assessment tool	30.4.1	Refer to Item 2, Action Step 2.3	10/31/05		Completed. Refer to Item 2, Action Step 6.3	Refer to Action Step 2.3. Benchmarks 2.3.1, 2.3.2, 2.3.3, 2.3.4 have been completed.
30.6	Refer to Item 6, Action Step 6.3. Create a consumer satisfaction survey for all foster parents to support retention	30.6.1	Refer to Item 6, Action Step 6.3	4/30/06		Completed. Refer to Item 6, Action Step 6.3	Refer to Action Step 6.3. Benchmark 6.3.1, 6.3.2 have been completed.
31.1	Convene a Quality Improvement Group (consisting of UNITY, QI staff, external stakeholders) to develop and monitor the four major components of the Quality Improvement and Assurance Process: 1) Adopt Outcomes 2) Develop Case Review Process 3) Compile Data and Develop Reports 4) Analyze to Develop Corrective Action	31.1.1	The Quality Improvement Group, to include participation from internal and external stakeholders, to develop QI structure to include the following: A) Overview of purpose, organizational and functional components of an integrated QI system, structural alignments to support effective QI and partnership options to support effective QI B) Prioritized outcomes and practice standards and review indicators C) Development of two types of reviews; supervisory review process and case review process D) Establishment of a systematized process to analyze information, track and work on	4/30/05	4/22/05	The QI structure has been identified in the document entitled, "Nevada's Quality Improvement System." This document includes all elements required in Benchmark 31.1.1.	The document describing the QI structure in Nevada still needs PART approval and then DMG approval (see 31.1.4 and 31.1.5). Final completion to be submitted upon PART approval. The structure will also need to go before the QI team for recommendations and approval.

Action Step #	Action Step	Bench- mark #	Benchmark	Due Date	Date Completed	Status	
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			<p>improvements, and quarterly and annual reporting</p> <p>E) Proposed activity timeframes/schedule for program implementation and reviews</p> <p>F) Analysis of current quality improvement activities throughout the State for evaluation and possible inclusion into the Quality Improvement System.</p> <p>G) Phased implementation alternatives based on different staffing/resources availability options</p> <p>H) Establish prioritized outcomes and performance indicators consistent with federal requirements</p>				
31.1	<p>Convene a Quality Improvement Group (consisting of UNITY, QI staff, external stakeholders) to develop and monitor the four major components of the Quality Improvement and Assurance Process: 1) Adopt Outcomes 2) Develop Case Review Process 3) Compile Data and Develop Reports 4) Analyze to Develop Corrective Action</p> <p>Convene a Quality Improvement Group (consisting of UNITY, QI staff, external stakeholders) to develop and monitor the four major components of the Quality Improvement and Assurance Process: 1) Adopt Outcomes 2) Develop Case Review Process 3) Compile Data and Develop Reports 4) Analyze to Develop</p>	31.1.2	<p>QI Unit (DCFS) to establish meeting schedule, internal action plan, timeline, and obtain QI group agreement for phased development of QI system, systematized process for reviewing information and tracking improvement, and conducting quality reviews</p>	4/30/05	3/18/05	<p>This benchmark was completed through the creation of an action plan that reflects both the federal and internal timelines. It reflects all quality improvement items (30 and 31). It lists the required action steps as well as assignments associated with each benchmark.</p>	<p>Information concerning members of the QI team and information regarding the case review process and processes for measuring and monitoring progress are included in the document entitled "Nevada's Quality Improvement Framework" which is still being reviewed by the State's DMG and PART.</p>
		31.1.3	<p>QI unit will identify technical assistance and training needs to support development of the plan with the National Resource Center for Organizational Improvement</p>	3/31/05	2/10/05	<p>This benchmark was completed via meeting for additional technical assistance from NRCOI. A series of ongoing technical assistance meetings is to occur throughout the development of a QI system in Nevada.</p>	<p>Progress continues. Peter Watson from NRCOI will continue to offer support and technical assistance as QI becomes integrated in Nevada. No barriers to completion noted.</p>

Action Step #	Action Step	Benchmark #	Benchmark	Due Date	Date Completed	Status	
						Completion Method	Progress/Barriers
	Corrective Action	31.1.4	Present QI structure draft to Decision Making Group for recommendations and approval	4/30/05	5/3/05	This benchmark was completed through submitting the QI Structure (31.1.1) to the PART and DMG Team for recommendations and approval. PART approved the document and sent it on to DMG on 4/26/05; the DMG approved the document, with revisions, on 5/3/05. Recommendations need to be presented to the QI team for inclusion into the document.	This document contains both the QI structure and the case review process. The QI team will need to review as soon as possible to approve both. The next step is to make necessary revisions as made by the DMG to finalize the document.
31.1	Convene a Quality Improvement Group (consisting of UNITY, QI staff, external stakeholders) to develop and monitor the four major components of the Quality Improvement and Assurance Process: 1) Adopt Outcomes 2) Develop Case Review Process 3) Compile Data and Develop Reports 4) Analyze to Develop Corrective Action	31.1.5	Revise plan based on recommendations and obtain final approval	6/30/05	5/10/05	This benchmark was completed through submitting the QI Structure (31.1.1) to the PART and DMG Team for recommendations and approval. PART approved the document and sent it on to DMG on 4/26/05; the DMG approved the document, with revisions, on 5/3/05. Revisions were made. The DMG stated at their meeting on 5/10/05 that once revisions were made, the document may be finalized and is approved.	This document contains both the QI structure and the case review process. The QI Team will need to review as soon as possible to approve both. The next step is to produce an informational memorandum to be distributed to all internal and external stakeholders (31.1.6)
31.2	The State will gather quantitative and qualitative data for analysis	31.2.1	The State will establish a Quality Data Improvement Team to develop an action plan for ongoing data clean up in UNITY to ensure data reports are accurate	4/30/05	4/12/05	This benchmark requires the establishment of a Quality Data Improvement Team. This team was identified through its charter from the Division and approved by the DMG on 4/12/05.	The QI team of which the Quality Data Improvement Team is part has not met to specifically create a data clean-up action plan. UNITY/IMS has a data clean-up action plan but will still need to involve the county program staff to bring Action Step 31.2 into full compliance.

Action Step #	Action Step	Bench- mark #	Benchmark	Due Date	Date Completed	Status	
						Completion Method	Progress/Barriers
31.2	The State will gather quantitative and qualitative data for analysis	31.2.2	The State will purchase and implement SOAR, a web-based data collection and reporting tool that has "drill-down" capabilities. SOAR will generate web-based reports that track progress towards outcomes (including six national standards)	4/30/05	4/13/05	SOAR was purchased and implemented prior to final approval of the PIP. Training was provided to all supervisors regarding the use of SOAR. The IMS/UNITY Program Specialist demonstrated the use of SOAR and introduced its uses. Further training on SOAR will occur in each service region -- to be concluded by 11/30/05.	All FPO staff along with key child welfare agency personnel have been trained on SOAR and are already using it to look at the six national standards. Additional training on SOAR and the use of data statewide will occur by November 2005 (31.2.3).
31.3	The State will develop and implement a system of case review based on the Federal Child and Family Services on-site case review process	31.3.1	The QI group (refer to 31.1.1) will develop a case review process to include: A) Participants B) Timeframes C) Sample size D) Frequency E) Feedback mechanism for disseminating results of the review F) Identify strengths, breakdowns and practice improvements	4/30/05	5/10/05	The case review process is part of the document entitled "Nevada's Quality Improvement Framework." The case review process is contained within this document and was approved by the DMG on 5/10/05	Key elements of the case review process were approved by the DMG on 5/10/05. The detailed case review process still needs to be approved by the DMG by 7/31/05 (see 31.3.4).

Action Step #	Action Step	Bench- mark #	Benchmark	Due Date	Date Com- pleted	Status	
						Completion Method	Progress/Barriers
		31.3.2	The QI unit will develop a comprehensive case review instrument with Region IX input in accordance with CFSR outcomes	5/31/05	3/29/05	The Qualitative Case Review Instrument has been developed with the assistance of the National Resource Center for Organizational Improvement and members of the QI Team established to work on the Supervisory Review Tool. Final approval for this item has not been achieved. The instrument is currently being reviewed by the QI Team. Region IX provided initial input into the case review instrument and the NRC representative consulted with Region IX on our behalf.	Instrument developed in alliance with the Supervisory Review. It is a qualitative case review that mirrors the supervisory review, only larger in scope. QI Team and Region IX feedback as well as PART and DMG approval (see 31.3.4) is still needed for full action step completion.
31.7	Refer to Item 30, Action Step 30.1. Develop a Supervisory Review Tool(s) and Process to reinforce policy and practice	31.7.1	Refer to Item 30, Action Step 30.1	2/28/06		Completed. Refer to Item 30, Action Step 30.1.	Refer to Action Step 30.1. Benchmarks 30.1.1, 30.1.2, 30.1.3 have been completed.
33.1	The State will develop a Training infrastructure that supports the development and implementation of PIP training Items	33.1.1	Training Partnership to recruit and hire trainers	7/31/05		Identified the need for eight trainers and curriculum developers, two logistics and registration staff, and one administration support staff. All five new trainers have been hired in addition to the two existing trainers. The web registration system has been developed and will be used for PIP training.	The PIP group has been meeting bi-weekly since February as the Joint University Partnership and Training Management Team. A subgroup meets weekly regarding the web registration system. The supervisory summit is discussed in all three of these forums. Accomplishments to date: created a training plan clustering items into training topics; developed a training schedule for the next year; developed a training plan process that the counties and DCFS participated in; identified the needed training resources and work with UNR and UNLV to meet those needs; identified a classroom on campus (UNLV) that will be

Action Step #	Action Step	Bench- mark #	Benchmark	Due Date	Date Com- pleted	Status	
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							dedicated to the Nevada Partnership for Training; continuing UNR search for training space; and developed and currently testing web-based training registration.
33.2	The State will develop a Statewide Supervisory training program	33.2.1	Training development and delivery process: A) Collaboration between internal (DCFS) and external (University Partnership) stakeholders B) Develop Training Curriculum C) Train the Trainers D) Execute staff and supervisory child welfare training	6/30/05	4/13/05	Collaboration between DCFS & universities, development of training curricula, training of the trainers, staff, and supervisors have been completed	Accomplishments to date: the summit was held on 4/13/05 in Las Vegas; the DMG reviewed and approved the agenda; Susan Kelly, Senior Associate from the Center fro the Study of Social Policy, was identified as the main presenter; through the training plan process, supervisors and managers were identified as participants; and 75 supervisors and managers attended the summit.
33.3	The State will implement a strategic training roll out plan to complement PIP action items	33.3.1	See Appendix	6/30/05		Identified the need for and hired eight trainers and curriculum developers, two logistics and registration staff, and one administration support staff. The PIP training plan has been developed and coordinated with the policy teams and QI teams. The trainers are working closely with the policy teams and field experts to revise curricula and prepare for training Risk Assessment and Collaborative Case Planning.	Trainers presented to the DMG the Conducting Risk Assessment and Collaborative Case Planning Curricula. The Training Team needs clear information on what case planning will be in Nevada. Each agency has provided staff to provide, as field experts, feedback to the first two curricula. The first training, Conducting Risk Assessment (CRA), will begin on June 2, 2005. Collaborative Case Planning is scheduled to begin on June 20, 2005. The Policy Team has included the trainers in the development of the Intake Policy.