

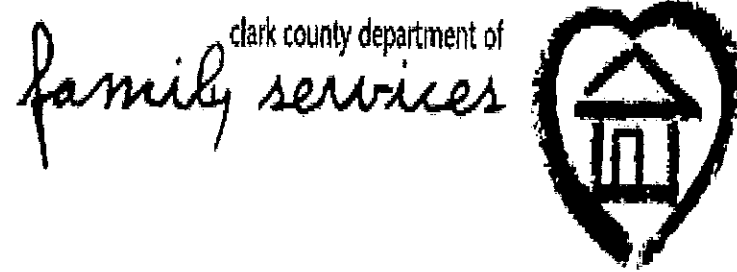


QUARTER 5

PIP 1.1.3

CLARK

COUNTY



**CLARK COUNTY CFSR
PROGRAM PERFORMANCE IMPROVEMENT
QUARTER 5 REPORT**

Jurisdiction: Clark County

Primary Strategy: 1 Strengthen and reinforce safety practices throughout the life of the case			Applicable CFSR Outcomes or Systemic Factors: Safety Outcome 1 and 2	
Goal: 1 Continue the development of Nevada's safety assessment model to include assessment of children in out-of-home care and at specific milestones throughout the life of the case			Applicable CFSR Items: 2, 4	
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	QTR Due	QTR Completed
1.1.3 Develop a training plan for the completion of the safety training for staff development on implementation of the safety assessment model including: Safety Plan Development; Linking case plan activities to identified service needs to address safety concerns; developing staff experts and mentors; develop supervisory knowledge and skills in safety consultations; and provide stakeholder orientation on Nevada's safety assessment model	DCFS, WCDSS, CCDFS Directors/designee	Copy of plan	Q5	Q5

Clark County has developed a plan to adopt the National Resource Center for Child Protective Services (NRCCPS) safety throughout the life of the case model, <http://nrccps.org>. The specific focus of the National Resource Center for Child Protective Services is to develop and integrate policies and practices that improve the prevention, reporting, assessment and treatment of child abuse and neglect.

The original Action for Child Protection Safety model was implemented in Clark County in 2007-2008. The revised model has been adopted by the State of Nevada with the Rural Counties and Washoe County implementing over the previous six months. Representatives from Clark County attended training in Nye County in September 2011. The training focused on "The Intake Assessment" and the "Nevada Initial Assessment Information Collection and Decision Making" portion of a safety throughout the life of the case model. Clark County management then participated in a State initiated review of the revised safety model presented by a NRC representative on December 6, 2011.

Clark County has completed calendaring an event wherein the NRCCPS will meet and discuss the implementation strategy for the safety throughout the life of the case model. The meeting is scheduled for March 6th, 2012 and will be an 8 hour meeting with NRCCPS representatives. The meeting agenda is found in Appendix A.

Clark County management is implementing the NRCCPS Technical Assistance Nevada based training of the revised safety model in summer and fall of 2012 with the National Resource Center for Child Protective Services doing onsite training to all staff performing work with families. There will be training that focuses on the supervisory role in safety as well as development of safety experts providing continuing educational trainings to staff and community stakeholders. The Clark County Department of Family Services training team will be continuing to train all newly hired staff on the revised safety throughout the life of the case model.

Clark County- Division of Child and Family Services (DCFS)

Safety Framework (SAFE) Implementation Meeting: Preparation and Discussion for Competency Development and Model Installation

March 6, 2012

Meeting Purpose:

- Establish and communicate a vision for implementation
- Provide input in the design of installation of intervention approach
- Develop strategic plan for implementation
- Identify and respond to barriers for implementation
- Determine methods for supporting implementation
- Establish plan to communicate with implementation purveyors

Agenda/ Meeting Objectives (9am- 4pm):

- Introductions
- Confirm objectives of meeting
- Discuss Clark Counties interest in SAFE
- Discuss Current practice
- Review current status of safety framework implementation and plans for complete installation for sustaining SAFE in Washoe and Rural Region
- Discuss stages of implementation relative to Clark interest in SAFE
- Discuss roles (State, Clark, Washoe, NRCCPS, ACTION)
- Discuss next steps and timeline



QUARTER 5

PIP 1.1.3

WASHOE

COUNTY

**Quarter 5
Report 1**
Washoe County Department of Social Services

Strategy 1: Strengthen and Reinforce Safety Practices Throughout the Life of the Case

Goal 1: Continue the development of Nevada's safety assessment model to include assessment of children in out-of-home care and at specific milestones throughout the life of the case.

1.1.3 Develop a training plan for the completion of the safety training for staff development on implementation of the safety assessment model including: Safety Plan Development; Linking case plan activities to identified service needs to address safety concerns; developing staff experts and mentors; develop supervisory knowledge and skills in safety consultations; and provide stakeholder orientation on Nevada's safety assessment model.

Washoe County Department of Social Services (WCDSS) and the Division of Child and Family Services (DCFS) collaborated to consult with the ACTION for Child Protection, the National Resource Center for Child Protection (NRCCP) to implement their Safety Assessment and Family Evaluation (SAFE) model. There are four primary components of SAFE including Intake Assessment (IA), Nevada Initial Assessment (NIA), Protective Capacity Family Assessment (PCFA); and Protective Capacity Progress Assessment (PCPA), to achieve SAFE intervention outcomes.

IA – target population identification	NIA – Problem identification	PCFA – Determine what must change	PCPA – Measuring change progress	SAFE Outcome s – Case closure
Screen in reports that indicate child maltreatment	<ul style="list-style-type: none"> Collect information related to family functioning Determine impending danger and diminished caregiver protective capacities Establish sufficient safety plans 	<ul style="list-style-type: none"> Engage caregivers to facilitate change Discuss reason for case opening Increase self-awareness re: caregiver protective capacities Revised & manage safety plans 	<ul style="list-style-type: none"> Focus on progress related to case and safety plan goals Enhance diminished caregiver capacities Safety management and least intrusive 	<ul style="list-style-type: none"> The absence of impending danger and routinely demonstrated enhanced caregiver capacities to assure a child is

				protected from danger.
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All case management staff completed training on Intake Assessment (IA), Nevada Initial Assessment (NIA), and introduction to Conditions for Return (CFR) from August to December 2011. These three processes are part of the SAFE model to assess safety throughout the life of a case. The training was conducted by ACTION. Intervention manuals, tools, and curriculum were developed to support implementation of SAFE.

Children's Services Coordinators (the Coordinator position is a management position reporting directly to the Division Director) serve as lead stewards of aspects of the model and are responsible for developing competency in staff. Otto Lynn is championing the IA and NIA process and meets weekly with a team of staff to resolve discrepancies, confirm processes, and identify barriers to successful implementation. The team is represented by agency workers, staff, and managers. Shannon McCoy and Alice LeDesma are co-leading implementation of Confirming Safe Environments (CSE) scheduled for training by May 31, 2012 (see task number 28). CSE is currently in the development stages and so a team of staff members has not been identified. Sherri Cline is the Coordinator responsible for Protective Capacity Family Assessment (PCFA) and Protective Capacity Progressive Assessment (PCPA) and is working with the three supervisors identified for the intervention model of PII on a weekly basis to develop understanding and competency related to those processes. Staff for PII were identified February 9 and as such have not begun training. The Coordinators meet on a weekly basis to discuss progress and needs of implementation of each of their responsible areas.

Three important components that support safety throughout the life of the case are Conditions for Return, Confirming Safe Environments (CSE) and supervisory consultation. These components are essential to encouraging earlier reunification and safety of children who are in placement. The target date for completing policy development for Conditions for Return is February 29, 2012 (see Work plan IA, NIA Enhancements, Attachment 1). The target date for completing policy development for CSE is April 1, 2012. The target date for completion of training supervisors on effective safety planning consultation is March 30, 2012.

WCDSS identified two important Stakeholder groups to share information regarding SAFE: legal community and the Citizens Advisory Committee for the Permanency Innovations Initiative. Two meetings of the CAC were held (October 19, 2011 and January 18, 2012), and one meeting of the identified legal community including public defenders, children's attorneys, deputy district attorneys, CASA's and the judiciary was held December 2, 2011. ACTION and WCDSS staff facilitated the discussion and training on the SAFE model and schematic representation of the model was distributed to both groups. Additionally, WCDSS presented an overview of the SAFE model and

NIA enhancements to Senior Model Court on December 19, 2011 (see Minutes, Attachment 2)

Minutes of Model Court Meeting – October 17, 2011

Present: Judge Deborah Schumacher; Kathy O’Leary, Chief Deputy Public Defender; Jeff Martin, Chief Deputy District Attorney; Jeanne Marsh, WCDSS Division Director; Mary Herzik, Family Services Manager; Kelli Vilorio, Esq., CASA Counsel; Amy Saathoff, CAAW Director of Development and Community Relations; Eric Beye, Washoe County School District; Otto Lynn, Children’s Services Coordinator; Tom Murtha, Educational Liaison; Theresa Anderson, Program Specialist; Joe Haas, Psychology Administrator for Washoe County Department of Social Services; Sheryl Overstreet; Candia Tolbert, No Child Left Behind Behavioral Services; Rachel Anderline, Court Clerk

Psychological Assessments / Parental Capacities Theresa Anderson, Dr. Joe Haas and Jeanne Marsh presented information on recent training with evaluation providers to clarify the need for the evaluations being sought. Presentation included handouts regarding different evaluations and the Agency’s intended uses for each and when they would be requested. There is also plans for Social Worker training and some has already been done via the supervisors and case staffings.

Safety Model Otto Lynn made a presentation regarding the ACF Grant and changes within the agency in compliance with the Grant. Handouts were given regarding changes to the Agency’s practices and examples provided of the Present Danger Assessment, NIA and Safety Plan Determination.

The next meeting will be Monday, November 14, 2011 – 12:00 p.m. – Courtroom 5, Third Floor, One South Sierra Street, Reno

Task Number	Task	Entity Responsible	Implementation Driver	Start Date	Completion Date	Completed	Continuous
1	Convene Intake/NIA Implementation Workgroup	NIA Workgroup	Leadership	3/1/2011	3/31/2011	X	X
2	Development of Forms for Documentation of IA; NIA; PDA;PDP CFR; Safety Plan; and CSE	NIA Workgroup	Facilitative Administration	3/1/2011	3/31/2011	X	
3	Coordinate UNITY (SACWIS) Modifications for IA and NIA	UNITY Workgroup	Decision Support/ Data System	3/1/2011	9/22/2011	X	
4	Develop Vision of SIPS with Staff	PMT	Leadership	12/1/2010	2/29/11	X	
5	Evaluation of Current Program Component (NIA Case Review; FST; Paired Teams)	NIA Workgroup	Facilitated Administration	1/1/2011	2/29/11	X	
6	Decisions and Approvals of IA/NIA enhancements are made	PMT	Leadership	4/1/2011	4/30/2011	X	
7	Assessment of Current Community Safety Service Providers	PIT/CC	Systems Intervention	2/1/2011	5/31/2011	X	X
8	Engage and Inform the Family Court to support NIA enhancements	PMT	Systems Intervention	11/1/2010	9/30/2012	X	X
9A	IA Policy review and Revision.	ACTION: Wayne, Clint, WCDSS	Facilitative Administration	1/1/2012	6/30/2012		
9B	NIA Policy review and Revision.	ACTION: Wayne, Clint, WCDSS	Facilitative Administration	7/1/2011	2/28/2012		
10A	Develop Policies to Support the Implementation of CFR	ACTION: Wayne, Clint	Competency	8/22/2011	2/28/2012		
10B	Develop Policies to Support the Implementation of CSE	ACTION: Wayne, Clint	Competency	8/22/2011	4/1/2012		
11	IA/NIA Curriculum Redesign Meeting	ACTION: Clint	Facilitative Administration	6/28/2011	6/28/2011	X	
12	Develop and Produce Curriculum for IA	ACTION	Competency	7/18/2011	7/31/2011	X	
13	Develop and Produce Curriculum for NIA	ACTION	Competency	7/25/2011	8/12/2011	X	
14	Develop and Produce Curriculum for CFR	ACTION	Competency	8/22/2011	9/9/2011	X	
15	Develop and Produce Curriculum for CSE	ACTION	Competency	8/22/2011	3/30/2012		
16	Conduct IA Training	ACTION	Competency	8/8/2011	8/12/2011	X	
17	All Supervisors attend NIA Training (Abbreviated)	ACTION	Training	8/18/2011	8/19/2011	X	
18	Conduct NIA Training; Supervisors and workers (Units) attend together.	ACTION	Training	8/22/2011	9/16/2011	X	X

Task Number	Task	Entity Responsible	Implementation Driver	Start Date	Completion Date	Completed	Continuous
19	Test UNITY Windows and Modify	UNITY staff/ Workgroup members	Decision Support/ Data System	8/15/2011	8/26/2011	X	X
20	Coordinate UNITY (SACWIS) Modifications for SIPS	UNITY Workgroup	Decision Support/ Data System	8/22/2011	6/1/2012		X
21	Training for new NIA UNITY Windows	UNITY Staff	Training	9/19/2011	9/30/2011	X	
22	Policy Roundtables (Quarterly)	PIT/Clint, Mike/NIA purveyors	Competency	10/18/2011	9/30/2012		X
23	Specification of Fidelity Criteria for IA	PIT/ACTION	Performance Criteria	10/3/2011	10/7/2011	X	
24	Specification of Fidelity Criteria for NIA	PIT/ACTION	Performance Criteria	10/10/2011	10/21/2011	X	
25	Specification of Fidelity Criteria for CFR	PIT/ACTION	Performance Criteria	10/17/2011	10/21/2011	X	
26	Specification of Fidelity Criteria for CSE	PIT/ACTION	Performance Criteria	10/24/2011	10/28/2011	X	
27	Conduct training for Conditions For Return	ACTION	Performance Criteria	10/17/2011	10/28/2011	X	
28	Conduct Training for Confirming Safe Environments	ACTION	Training	10/17/2011	5/31/2012		
29	Establish Purveyor- Consultant Groups	PIT	Leadership	10/3/2011	9/30/2012		
30	Develop a Chapter of the SIPS Intervention Manual for IA	PIT/ACTION/RYC	Competency	10/10/2011	3/15/2012		
31	Develop a Chapter of the SIPS Intervention Manual for NIA	PIT/ACTION/RYC	Competency	11/14/2011	2/28/2012		
32	Use of Intervention Manuals	PIT/ACTION/RYC	Competency	11/16/2011	4/30/2012		
33	Development of Fidelity Assessment instrument for IA & NIA (including CFR and CSE)	ACTION/RYC	Decision Support Data System	1/20/2012	2/28/2012		
34	Development of IA competency exam for Workers and Supervisors	ACTION/RYC	Facilitative Administration	10/17/2011	1/20/2012	X	
35	Development of competency exam administration system for IA	ACTION/RYC	Facilitative Administration	1/20/2012	2/28/2012		
36	Development of NIA competency exam for Workers and Supervisors	ACTION/RYC	Facilitative Administration	12/12/2011	3/15/2012		
37	Development of competency exam administration system for the NIA (including CFR and CSE)	ACTION/RYC	Facilitative Administration	3/15/2012	4/15/2012		
38	Conduct Consultative Supervision Training	ACTION	Training	11/19/2011	3/30/2012		

Task Number	Task	Entity Responsible	Implementation Driver	Start Date	Completion Date	Completed	Continuous
39	Revise CORE Curriculum to reflect IA/NIA Enhancements	ACTION	Competency	10/1/2011	1/31/2012	X	
40	IA Workers Complete Competency Exam	ACTION/RYC/WCDSS	Competency	3/1/2012	3/30/2012		
41	NIA Workers Complete Competency Exam	ACTION/RYC/WCDSS	Competency	1/23/2012	4/30/2012		
42	Supervisors Complete NIA Competency Exam	ACTION/RYC/WCDSS	Competency	1/23/2012	4/30/2012		
43	Plan and Develop Specialty Training Practicum that are identified from the NIA Competency Exams for Supervisors and Workers	PIT/ACTION/RYC	Facilitative Administration	3/5/2012	4/30/2012		
44	Conduct Scheduled Roundtables with NIA workers Focusing on Specific Case Consultation	ACTION	Facilitative Administration	11/1/2011	9/30/2012		
45	Conduct Scheduled Roundtables with Supervisors Focusing on Consultative Supervision with staff	PIT/ACTION	Competency	1/1/2012	9/30/2012		
46	Facilitate Supervisory Peer to Peer Review that Focuses on NIA Fidelity and Case Consultation	PIT/ACTION	Competency	2/1/2012	9/30/2012		
47	Develop Coaching Program for Individual Competency Development that Supervisors Implement with IA/NIA Staff	ACTION/RYC/WCDSS	Facilitative Administration	2/1/2012	9/30/2012		
48	Develop Purveyors to Establish Internal Capacity to Provide Consultation; Coaching; Mentoring	ACTION/RYC/WCDSS	Competency	10/1/2011	9/30/2012		
49	Conduct Fidelity Criteria Testing For IA	ACTION/RYC/WCDSS	Facilitative Administration	4/15/2012	6/1/2012		
50	Conduct Fidelity Criteria Testing For NIA	ACTION/RYC/WCDSS	Facilitative Administration	4/2/2012	6/30/2012		
51	Analyze Fidelity Review Results and Plan to Adapt and Modify IA	ACTION/RYC/WCDSS	Decision Support Data System	4/15/2012	6/30/2012		
52	Analyze Fidelity Review Results and Plan to Adapt and Modify NIA	ACTION/RYC/WCDSS		4/9/2012	6/30/2012		

THE SAFETY INTERVENTION AND PERMANENCY SYSTEM

NEVADA INITIAL ASSESSMENT STANDARDS

PHILOSOPHY OF NEVADA INITIAL ASSESSMENT

Nevada Initial Assessment (NIA) is the second assessment within the Safety Intervention and Permanency System (SIPS). The term and label *Nevada Initial Assessment* refers to the function that is commonly referred to as investigation or initial assessment. The NIA employs safety concepts and decision-making methods concerned with reconciling information contained within Intake Assessment reports about alleged severe maltreatment and alleged threats to child safety. The fundamental purpose of the NIA is to identify families that are in need of Ongoing Child Protective Services (CPS).

Effective performance of SIPS in general and NIA specifically is associated with a paradigm or personal view of reality that is formed by certain beliefs and assumptions. The basic tenets governing SIPS intervention and Nevada Initial Assessment are:

- Child Safety as Paramount

The mission of CPS is to assure children are protected. The NIA fundamentally is directed toward determining who CPS should serve based on the existence of threats to a child's safety and insufficient caregiver protective SIPS activities to protect against the threats. Child safety is believed to be paramount with respect to the position that no other child, caregiver, family, agency or community need, interest or concern surpasses the priority for effectively assessing and managing child safety.

- Permanency as an Integral Part of Child Safety

Permanency refers to the restoration or establishment of stable, enduring protective child living arrangements and environments. The essence of permanency is child safety. When CPS identifies children during NIA who are not safe, the question of the child's permanency automatically is in question. That question is not resolved until safety intervention concludes through treatment which reconciles about whether a child's caregivers can and will protect. The importance of permanency is emphasized here even though the application of this concept primarily occurs during ongoing treatment concerned with caregiver protective SIPS activities. It is emphasized since it exists in tandem with child safety as the primary outcomes SIPS is designed to achieve.

- Rights

Intervention that is respectful of the rights of children and caregivers is a cardinal principle in SIPS and NIA. Children and caregivers possess human and civil rights. Children and caregivers are valued and respected for their humanity and basic self-worth. Children have a right to be safe and secure, to be with their families, to be associated with their culture, to experience the least trauma or interference in their lives as is achievable. Caregivers possess rights related to privacy and due process which should be understood and appreciated in specific ways that influence intervention. Caregivers have rights related to being informed, being involved, having and possessing their children, experiencing prompt responses, confidentiality, and the least interference with their family as is necessary.

- Respect

Respect for children and caregivers is an overarching value that influences all of SIPS and is essential to effective intervention. It is a value that is demonstrated by staff communication, behavior, and interaction with children and caregivers occurring during the course of the NIA. Respect is demonstrated in conjunction with the following client interaction principles: individualization, purposeful expression of feelings, controlled emotional involvement, acceptance, self-determination, and confidentiality.

- Family System and Family Centered

The sanctity and purpose of the family unit is an underlying value that pervades SIPS intervention generally and NIA specifically. The family is viewed as consisting of those who have relationship and reside with the children and the network of individuals and relationships that are associated with the family (kin). This belief includes awareness of the significance that relationship, interdependence, and connectedness among family members have in understanding and assessing child safety and in enhancing diminished caregiver protective SIPS activities. To a large extent, the result of NIA is intended to form a full picture and description of how a family system functions.

The NIA is a family system intervention and as such it emphasizes the executive function adult caregivers perform within the family system. Family system intervention recognizes that the day-to-day case business and case decision making must involve the executives of the family by being focused upon strengthening their role within the system.

Family centeredness promotes a certain kind of intervention behavior and interpersonal skill which emphasizes the family unit as the best source for solutions, engagement, involvement in decision making, and the family network as a supportive resource.

- Least Intrusive

An elemental principle in SIPS and, therefore, NIA is associated with the reality that CPS is a government, non voluntary intervention. Even in the best of circumstances, CPS intervention represents interference in a family's life. The defining reasons that CPS intrudes into family life are: (1) to determine if children reported to the Department are in danger and (2) to protect children in impending danger while attempting to restore caregivers to their protective role and responsibility. Anything beyond those interests can be considered to be intruding beyond what is legally and ethically acceptable and should only occur with the consent of the caregivers.

Least intrusive refers to, defines, and limits NIA intervention strictly with respect to what is absolutely necessary and essential to (1) assess a child's safety; (2) implement actions, services, and controls that assure a child's safety; and (3) make a determination regarding the need for Ongoing CPS. The principle of least intrusive is expressed in casework and supervision that recognizes that intervention will only go as far as is necessary to assure protection. This practice principle is coupled with other philosophical points of view such as respect and rights.

- **Diligence**

This value is concerned with expectations and a mental orientation that results in intervention that is characterized by and operationalizes all the other beliefs and values expressed here. In practical terms, it embraces proficient and effective performance based on values and methodology consistent with "it's the right thing to do." Diligence should be apparent in all aspects of intervention with respect to thoroughness, timeliness, availability, and responsiveness.

PURPOSE OF THE NEVADA INITIAL ASSESSMENT

The purpose of the NIA is to determine who CPS will serve by assessing and reaching conclusions about caregivers who are unable or unwilling to protect their children from impending danger. This includes the assessment and management of present and impending danger, the identification of vulnerable children, and the assessment of caregivers with diminished caregiver protective SIPSacies.

The objectives of the NIA are:

- To respond in a timely manner in accordance with content contained with the Intake Assessment;
- To inform reported individuals of a community concern for the safety of their children;

- To engage caregivers in a process that provides a picture of the family and reveals whether children are in danger;
- To meet emergency needs that are apparent at the onset or during the NIA;
- To conduct a structured, thorough information collection process that includes relevant family members;
- To keep caregivers informed and appropriately involved in case decision making;
- To reach a finding regarding the existence of child maltreatment consistent with DHR policy and state statute;
- To reconcile reported allegations;
- To conduct a Nevada Initial Assessment;
- To establish a sufficient – least intrusive Safety Plan when indicated.

DECISIONS OF THE NEVADA INITIAL ASSESSMENT

The three SIPS decisions that are reached at the conclusion of the Nevada Initial Assessment are:

- Has maltreatment occurred or is maltreatment occurring?
- Is a child in this family subject to impending danger?
- Is this a family who should be served by Ongoing CPS?

If a child is concluded to be in impending danger, then the family must be transferred to Ongoing CPS. In all cases being transferred to Ongoing CPS, a safety plan must be in place since the basis for transfer is the existence of impending danger and a decision that children are unsafe.

Nevada Initial Assessment Standards

Standard 1: The NIA worker possesses knowledge of and considers Safety Intervention Concepts as the foundation for conducting NIA information collection and decision making.

Child Safety is the operating concept applied during NIA and throughout the SIPS. All assessments that form SIPS are designed to evaluate the presence of danger to children and consider caregiver protective SIPS activities. The NIA worker understands the importance for knowing and using essential Safety Concepts and practices that form SIPS and are necessary to perform effective practice and decision making. The essential Safety Intervention Concepts applied during NIA are:

- ▶ Safe and unsafe
- ▶ Present danger
- ▶ Impending danger
- ▶ Safety threshold
- ▶ Allegations of child abuse and neglect
- ▶ Present danger protective plan
- ▶ Safety intervention analysis
- ▶ Reasonable efforts
- ▶ Safety plan

Standard 2: The NIA worker communicates and behaves in ways that engage the children, caregivers, and relevant family members interpersonally in the information sharing and collection exchange.

SIPS NIA employs a family system, family-centered approach for interaction with all who are involved in the NIA information collection and decision making process. This approach incorporates essential principles:

- ▶ Respect and courtesy
- ▶ Genuineness and equity
- ▶ Prompt response
- ▶ Engagement
- ▶ The family as the primary source of information
- ▶ Support and encouragement
- ▶ Professionalism
- ▶ Enabling and promoting participation and involvement
- ▶ Providing necessary information

Engaging communication and behavior that prevail at initial contact and continue throughout the information collection process include:

- ▶ Beginning where the caregiver is;
- ▶ Respecting the civil and human rights of all involved;
- ▶ Assisting the children, caregiver, and family members to purposefully express their emotions, thoughts, and concerns;
- ▶ Viewing the family and each of its members as unique and individual with respect to their perceptions, interests, concerns, and needs;
- ▶ Reinforcing that the family and its members are the best source for producing necessary NIA information and understanding;
- ▶ Dealing with the caregivers as the authorities and executives of the family through respect and deference in regards to participation and involvement;
- ▶ Giving caregivers their right to self-determination and helping them to understand the consequences of their choices;
- ▶ Maintaining in so far as possible and as explained, privacy and confidentiality.

Engaging communication and behavior are intentional, conscious, and purposeful. Engaging communication and behavior occur as a result of the application of pertinent interviewing skills and effective interview management.

The NIA worker applies a neutral approach to the information collection and evaluation process. This means that the NIA worker's efforts to understand a family and what's going on are objective rather than subjective. There is no intention to seek positive or negative information about the family. The NIA worker's intention is to exercise an intervention that results in a balanced and accurate reflection, depiction, or representation of the family; how it operates; and caregiver performance.

Standard 3: The NIA worker possesses knowledge of and facility for using the NIA Information Collection Standard.

Effectively completing the NIA depends on successfully gathering sufficient, relevant information which reveals or is indicative of present danger, impending danger, diminished caregiver protective SIPSacities, and/or child abuse and neglect. The NIA worker exerts diligent effort to collect information from children, caregivers, family members, and collateral sources in order to reach conclusions regarding child safety and who CPS must serve.

Specific information is needed to make critical judgments about the presence of maltreatment, present and impending danger, and caregiver protective SIPSacities. To complete these judgments, the NIA

worker collects behaviorally-specific, detailed information as identified

below.

The NIA worker diligently gathers sufficient information related to each assessment area in order to support and justify NIA decision making. The SIPS - NIA Information Standards are:

► *The Extent of Abuse/Neglect*

- Specific description of the abuse/neglect – type injury or threats that occurred and to whom
- Severity of the abuse/neglect – frequency, chronicity, and effects (e.g., physical, emotional, behavioral)

► *The Circumstances that Surround the Abuse/Neglect*

- Detailed description of the incident(s) and circumstances associated with the maltreatment or that rule out maltreatment
- Caregivers' explanation of what happened, including how the child's injuries occurred
- History and duration of the maltreatment – how long the current situation has existed and whether there have been any prior incidents
- Contributing or associated factors and conditions (e.g., substance use, mental disability, domestic violence)

► *Adult Functioning*

- Physical, behavioral, cognitive, and social
- Life management, communication, and problem solving
- Mental health and substance use
- Social supports and relationships

► *General Parenting Practices*

- Parenting style and history
- Appropriateness of parent/primary caregiver expectations of child
- Sensitivity to child's needs and limitations
- Caregiver protective SIPSacities

► *Disciplinary Practices* (i.e., direction-giving, guidance, punishment)

and reward, teaching practices)

- Parent/primary caregiver intentions
- Parent/primary caregiver self-control
- Methods, flexibility, and appropriateness, including responsiveness to child's needs

► *Child Functioning* (all children in the home)

- Physical
- Emotional
- Behavioral
- Cognitive
- Social

Standard 4: The NIA worker demonstrates interpersonal skills that facilitate information collection.

While personal style is encouraged, there are two interpersonal skill sets that NIA workers use to promote involvement, encourage participation, generate information, and engage caregivers.

1. *Conversational dialoguing* is more of an orientation than specific skills. This is a way of interviewing that avoids an interrogation kind of approach in favor of a "talking together." It requires communicating in a balanced and equalitarian manner. It works because the NIA worker lowers his/her authority while seeking a common ground and interest. The person being interviewed is valued as the best source of information available. Conversational dialoguing is characterized by interest, curiosity, information sharing, empathy, support, and encouragement.
2. *Motivational Interviewing* (MI) provides specific skills that contribute to guiding the interview while encouraging participation and information sharing. The openness that is apparent in the Motivational Interviewing skill set is productive in "keeping the person talking." Additionally MI provides a natural, effective means for probing more deeply into areas of information as well as emotions.

The NIA worker understands that he/she is the most important

variable in a successful NIA. The NIA worker's effectiveness is directly associated with his/her beliefs and values and the manner in which he/she conducts interaction with children, caregivers, family members, and collateral sources. The NIA worker consciously uses himself/herself by employing interpersonal skills, yet does so in a way that feels more like a natural conversation than an inquiry.

Standard 5: The NIA worker meets face to face with children and caregivers promptly when there are indications in the Intake Assessment that children may not be safe.

The Intake Assessment results in the designation of a response time based on indications of present danger or impending danger. The decision about how soon to respond to a report is based on a safety designated timeframe, content within the intake report, supervisory consultation, and logic and reasonable judgment.

It is common sense and responsible intention that influence the need to respond promptly when information about a family indicates that a child is in danger.

The NIA worker diligently attempts to make face-to-face contact with children named in an Intake Assessment. The NIA worker understands the rationale and importance for responding according to the following:

- ▶ *Present Danger* – When a child is reported to be in present danger, an NIA worker will want to see the child within 2 hours of the report. In some cases reported information indicates that the child is under the care of a protective adult which can allow the NIA worker to respond the same day the report is received.
- ▶ *Impending Danger* – When a child is reported to be in impending danger, the NIA worker will want to see the child within 24 hours of receipt of the report. In some cases reported information indicates that the child is under the care of a protective adult, and other reported information supports or justifies a delayed response.

Standard 6: The NIA worker engages the caregivers and other family members in the information and assessment process.

The purposes of engaging a person are different for NIA than for the Protective SIPSacity Family Assessment (PCFA) and Ongoing CPS. In PCFA and Ongoing CPS, the effort is to engage individuals in a process of change. During NIA the effort is to engage family members in information sharing and the process of information collection. The NIA worker behaves and interacts in ways that encourage family members to "connect" with him/her, to join together in accepting the task to share, and provide information. In addition to the skill sets described in Standard 4, engaging children, caregivers, family members, and collateral sources in the information collection process is an interpersonal skill that combines NIA worker values, motivation, intent, and technique.

Standard 7: The NIA worker acknowledges the caregiver's civil rights in general but specifically with respect to informing the caregiver of the nature of the report and the role of CPS.

The Child Abuse Prevention and Treatment Act requires that caregivers be advised of the reason for CPS intervention. Traditionally it has been accepted that good practice includes informing caregivers and family members of the concern that has been reported to the agency about their family. This standard goes further though by expressing a general attitude and expectation about the value and worth of the caregiver and the family. This expression is carried forth through NIA worker behavior, communication, and interaction that demonstrate respect for privacy and due process as well as basic human rights. Basic human rights are concerned with being informed, being heard, acceptance of individual and cultural uniqueness, being involved, and the right to have others involved according to personal choice (such as an attorney or some other advocate).

Standard 8: The NIA worker maintains the confidentiality of the reporter while conducting the NIA information collection process.

An important value of SIPS is confidentiality. That principle also applies to safeguarding the confidentiality of the reporter. This is a long-standing practice in CPS and is required by law.

Standard 9: The NIA worker identifies Present Danger

Present danger *refers to threats of harm that exist and are encountered by the NIA worker upon entering the case situation at initial contact.*

- ▶ Present danger *is active and in process.*
- ▶ Present danger *can have immediate consequences.*
- ▶ Family conditions, situations, behaviors, emotions, attitudes, perceptions, and/or motivation within a family that exist as present danger are transparent to, easily observed, or learned by or revealed to the NIA worker.
- ▶ Present danger is *obvious, usually occurring right before the observer.*

The facts and evidence of present danger are usually being displayed in vivid and understandable ways. One often needs no more information than what is before him or her when evaluating present danger. Confirming information (from family members, collaterals, etc.) is often available to validate observations.

In SIPS, as the primary focus at initial contact, the NIA worker rules in or rules out present danger. When present danger is not apparent upon first encountering children, caregivers, other family members in the home, the NIA worker continues to be alert for any indication of present danger as interviewing and interaction with family members proceed.

In identifying present danger, the NIA worker observes the specific situation and/or behavior that represent the present danger, identifies the child who is vulnerable to the present danger, how the child is vulnerable, and what the potential effects might be on the child. The NIA worker considers all that can be understood about the present danger knowing that he or she must be prepared to manage the present danger through a present danger plan.

The NIA worker consults with a supervisor as part of identifying present danger. The consultation assists in considering all aspects of what is being observed and provides confirmation to the NIA worker about his or her judgment.

Standard 10: When Present Danger is identified during the initial contact, the NIA worker performs reasonable efforts in order to prevent placement as the Present Danger Plan.

The Adoption and Safe Families Act (ASFA) requires workers to make reasonable efforts to prevent children from being placed. Reasonable efforts are defined as all that an NIA worker does in order to keep a child safe without having to remove a child from his or her home. Reasonable efforts are not required by law to occur when emergency circumstances exist. This applies to when children are in present danger. The idea is that in emergency situations there may not be time and opportunity to expend reasonable efforts to prevent placement.

Even with this exception, the NIA worker can perform reasonable efforts to consider available options to keep a child safe without having to remove him/her. The NIA worker consults with caregivers to identify resources within the family network that may be available for the present danger plan. The NIA worker is informed of and considers safety services that may be available and accessible. The NIA worker pursues a least intrusive approach in selecting a present danger plan with placement in foster care as the most intrusive.

Standard 11: When Present Danger is identified during the initial contact, the NIA worker consults with his/her supervisor to review the observed family situation, discuss identified Present Danger, and consider the best approach for a Present Danger Plan.

SIPS supervision occurs as a dynamic interaction between a supervisor and the NIA worker. That means that in addition to more formal, scheduled supervision, the NIA worker seeks and receives supervision spontaneously available to support field practice and decision making.

The NIA worker consults with a supervisor in order to check out his/her observations and assessment of the family situation in which present danger is in question. The NIA worker seeks input and guidance about the intervention and prospective options that might be taken. The supervisor seeks to qualify what the NIA worker's understanding is and to give guidance to the NIA worker's actions and decisions.

While the need for supervision varies with worker experience and skill, it is reasonable that crucial decisions concerned with child safety and

possible separation of children from their families involve supervisory

review and approval.

Standard 12: The NIA worker involves caregivers in planning the Present Danger Plan in so far as they are able and the context permits.

When present danger exists at initial contact, a present danger plan must be established the same day. Caregivers do not have a choice about whether a present danger plan will be put in place. Caregivers can be involved in discussions about the present danger and the need for a present danger plan. That discussion can involve the caregivers in identifying what their concerns are, their interests for the plan, what they are willing to cooperate with, how they can participate, and who is available and accessible to participate in a present danger plan. The caregivers can be helped to understand that they are not responsible for the present danger plan. If the plan is an in-home strategy, the NIA worker discusses the caregivers' willingness and SIPSacity to allow the plan to be implemented as planned. If the plan is an out-of-home plan, discussion should occur about caregiver-child contact that is acceptable and how that will be managed.

Standard 13: When Present Danger is identified during the initial contact, the NIA worker arranges and implements a Present Danger Plan the same day as the initial contact.

The NIA worker understands that present danger means that the child is in danger at the time. The NIA worker knows that means that intervention must occur immediately. While taking the least intrusive approach possible, the NIA worker rules in and rules out options in conjunction with consultation with the caregivers, other family members, his or her supervisor, and others who may exist as prospective present danger plan participants.

"Arranges" means actually creating a specific plan that meets criteria for an acceptable present danger plan.

"Implements" means actually seeing and knowing that the present danger plan is operating.

In cases that involve kin or foster care placement, the NIA worker has personal contact with the adults who will be caring for the children and makes a home visit the day of placement when possible.

Standard 14: The NIA worker evaluates the Present Danger Plan within 24 hours of implementation including confirming the safety of placement homes when the Present Danger involves a placement.

The purpose of evaluating the present danger plan within 24 hours is to assure that it is working according to what was established and agreed to. It includes assessing a child's safety based on the effectiveness of the present danger plan. Personal contact with those responsible for the plan assures understanding of responsibility, acceptable alliance with the NIA worker, agreement with the need for the plan, carrying out any specifics set forth in the plan, and clarifying any aspects of the plan that may be needed. When children are placed with kin or in foster care, this includes a home visit to evaluate the safety of the placement home in accordance with ASFA requirements.

It is important and respectful to have a personal contact with caregivers too in order to check out their feelings and perceptions and to provide them with information and updates concerning the NIA.

Standard 15: The NIA worker documents the identification of Present Danger and the Present Danger within 24 hours of the establishment of the Present Danger Plan.

The significance of this action both to the family and to CPS is such that a record of what was encountered at initial contact and the resulting intervention is promptly justified in documentation. The NIA worker records what was observed as present danger and describes the child and family situation sufficiently to explain his/her conclusions.

The present danger plan is documented in detail including what actions are to be taken by whom; who is responsible for assuring the plan is implemented effectively; the suitability of the people involved; when things are to occur; what the caregiver's understanding of the plan is and how they have responded to intervention; access between caregivers and children; and how the plan will be monitored.

The NIA worker includes documentation of the supervisory consultation.

Standard 16: An NIA supervisor approves of the Present Danger Conclusion and Present Danger Plan within 24 hours of the implementation of the Present Danger Plan.

The supervisor may meet with the NIA worker to review the events and decisions occurring during the initial assessment. The supervisor reviews the NIA worker's documentation. Supervisory approval means that the supervisor agrees with the decisions made and actions taken.

Standard 17: The NIA worker oversees the Present Danger Plan through weekly personal contacts with participants in the Danger Plan including at least one face-to-face contact with the child.

The present danger plan is a stopgap measure which essentially interrupts or places the family situation, family routines, and family functioning on hold so that the NIA process can continue. The present danger plan serves two purposes:

1. The primary purpose is to control the present danger.
2. The second purpose is to keep the children safe while the NIA worker continues to collect information to further develop an understanding of the family and what is going on with the family in order to evaluate impending danger.

To assure that the present danger plan is serving these purposes, the NIA worker stays in touch with those who are responsible for carrying out the present danger plan.

These contacts can be in person, can be in people's homes, can be by telephone, and likely are in association with the NIA worker's continued NIA information collection efforts and activities. The purpose of the oversight—the weekly contacts—is to double check that the present danger plan is actively working, that those who committed to protect the child are doing so, that agreements about caregiver-child access are being carried out, that nothing associated with the present danger identified at first contact(s) is active or threatening the child, and that the child is safe.

Standard 18: The NIA worker expedites the NIA Information Collection Process when Present Danger is identified at the initial contact.

Since the NIA worker knows that even though present danger is of grave concern it is not in and of itself a conclusive indicator that a child is living in impending danger. The need to reconcile whether present danger is symptomatic, a dimension, or expression of impending danger compels the NIA worker to act swiftly to fully understand what is going on in the family. Additionally the NIA worker knows that acting expeditiously is necessary because the present danger plan exists as an intrusion into the family's life, routine, and rights. To reconcile the need for that intrusion as effectively and efficiently as possible is the preferred course of action during the NIA.

While the NIA worker balances his/her efforts among families assigned for NIA, there is a general understanding and commitment to proceed with interviewing and information collection in a conscious, active, and prompt manner. To the NIA worker, *expediting* means attempting to get back to the family after the initial contact as soon as possible to proceed with the NIA interviewing protocol (if that was disrupted during the initial contact). This could mean commencing interviews the day after the initial contact or that same week. *Expediting* means being well organized and strategic about how to proceed, including being calculated about whom to see when and where, how to SIPSture the most that need to be interviewed in the most efficient way.

Basic questions influence expediting information collection:

- ▶ Has everyone been interviewed that can contribute?
- ▶ Have variations and contradictions in information been reconciled?
- ▶ Has sufficient information been collected for each of the SIPS assessment questions (standards)?
- ▶ Has a picture of the family been formed with respect to what's going on, how the family functions generally, what the family is like?
- ▶ How well do I understand the family?
- ▶ Do I know enough to complete an informed and justifiable safety assessment?

Standard 19: The NIA worker uses an interviewing protocol to assure consistency in the approach to information collection and to maximize the amount and quality of information collected.

The NIA worker uses the NIA Information Collection/Interviewing Protocol to collect information during the SIPS NIA process. The protocol is family centered. The protocol begins with a preparation phase and continues through a series of interviews where information is collected to make the necessary NIA decisions.

The protocol reinforces the importance of supportive interaction with individuals as pertinent and product to effective information collection during the NIA.

The NIA worker employs a family-centered approach when conducting the NIA. This approach seeks to support and involve children, parents, primary caregivers, and other individuals in all aspects of CPS intervention. The NIA worker makes every effort to constructively engage children, caregivers, and other persons involved with and knowledgeable of the circumstances surrounding the information within the SIPS NIA.

► *Preparation*

1. The NIA worker prepares for conducting the NIA prior to making initial contact with children, their families, and others pertinent to the assessment. Preparation includes, but is not limited to, the following.
 - a. Reviewing all information collected during the intake process including DHR case records and CA/N files and when the situation involves reports and initial child contact after regular business hours, the case records and CA/N files must be reviewed the next working day;
 - b. Contacting reporters, as needed, to clarify vague or inconsistent aspects of the intake information or to obtain additional information needed before making initial contact;
 - c. Considering threats of serious harm to the children;
 - d. Planning location(s) and order in which interviews will be conducted;
 - e. Identifying and securing involvement of other needed

individuals (e.g., law enforcement, other DHR staff, mental health personnel); and

- f. Obtaining consultation with an NIA supervisor as needed.

► *Interview Protocol Process*

1. The NIA worker begins by interviewing the child.

The NIA worker begins the interview protocol at the location of the child who is identified within the intake report. If the location of the child is other than at the child's home, the initial contact occurs where the child is located (i.e., school, day care, hospital, relative's home). If the child is at home, the NIA worker begins the NIA by introducing the report to the parent/caregiver, explaining DHR's purpose, explaining the purpose of the NIA, explaining their rights to the parents/caregivers, and then asking to interview the child first.

The NIA worker judges whether to interview the child alone or in the company of a trusted adult depending on the location of the interview. When in the child's home, the child should be interviewed privately.

2. Following the interview with the child identified in the intake report, the NIA worker attempts to interview other children in the household if they are available.
3. In two caregiver households, the NIA worker attempts to interview the non maltreating caregiver next if the report provides such information.
4. Following these interviews, the NIA worker interviews the caregiver identified within the intake report as responsible for the child abuse/neglect or threat of serious harm.

The NIA worker conducts sufficient numbers of interviews of sufficient length and effort necessary to assure that due diligence is demonstrated and sufficient information is collected to assess threats of serious harm.

SIPS allows for deviations from the NIA Information Collection Protocol. Certain case situations may require a deviation from the information collection protocol. Deviations from the protocol can be considered with supervisory consultation and approval and, of course, are documented.

Standard 20: The NIA worker identifies immediate, emergency, unmet needs the family is experiencing and arranges for the provision of immediate emergency services.

Sometimes NIA workers encounter families that are in crisis, that are in need of emergency help. At initial contact and during the NIA when an NIA worker recognizes that a family has emergency needs, he/she collaborates with the family to fully understand what the emergency needs are and how best to address the unmet needs. Unmet needs of an emergency nature may be physical or mental health-related; concerned with housing or other basic needs; associated with transportation, utilities, or other basic financial deficiencies. Arranging and accessing services and resources to meet these kinds of needs often is necessary and facilitative with respect to successfully moving the NIA information collection along. So there is a timeliness of intervention issues in question in this standard meaning to address emergency needs in order to meet unmet need and to encourage engagement in the NIA process.

Standard 21: The NIA worker documents the information standard assessment questions.

The NIA worker collects information in six areas of family functioning in order to understand the family and in order to evaluate safety and caregiver protective SIPSacities. The six assessment areas (questions) are:

- ▶ What is the extent of maltreatment?
- ▶ What are the circumstances that surround the maltreatment?
- ▶ How does the child function?
- ▶ How do the adults (caregivers) function generally?
- ▶ What are the general parenting practices?
- ▶ What are the disciplinary practices?

The NIA worker knows that when these six areas are fully explored that a description of family function results which provides the basis and accountability for safety assessment and safety management. The NIA decisions depend on sufficient information from these assessment areas.

The NIA worker also understands that what is known based on these six areas of inquiry must be recorded and clearly expressed as the official conclusion and understanding of family functioning which forms the NIA and safety assessment.

Sufficient information as represented by acceptable documentation

justifies the NIA worker's due diligence to collect the information and is qualified by what reasonably could have been known from those diligence efforts.

Standard 22: The NIA worker analyzes NIA information in order to complete the Nevada Initial Assessment and reach NIA decisions.

The NIA worker documents each assessment area (question) demonstrating what information has been collected and is known. The NIA worker then analyzes the information, identifies conclusions related to the NIA decisions, may provide a summary of his/her general conclusions about the family, and provides conclusions from the safety evaluation. All NIA decisions can be justified by the documented information.

Standard 23: The NIA worker reaches a conclusion about child safety at the conclusion of the NIA.

Child safety is the governing concept in SIPS. That means that child safety is the focus of the NIA and that the mission of SIPS is to enhance caregiver protective SIPSactivities in order to assure child safety in families. The NIA worker understands that the single most important judgment that he/she makes is whether a child is in impending danger or is safe. Using all that he/she knows about a family, the NIA worker rigorously employs the safety assessment instrument to rule in and rule out impending danger. The NIA worker qualifies family conditions as impending danger threats by applying the safety threshold criteria. The NIA worker qualifies whether vulnerable children are subject to impending danger. The NIA worker evaluates caregiver protective SIPSactivities and considers those which are diminished. The NIA worker rules in or rules out whether a caregiver can and will be protective. The NIA worker reaches a final conclusion as to whether a child is safe or not which becomes the basis for who CPS will serve.

The NIA worker knows that the fundamental responsibility at the conclusion of the NIA is to make a judgment and determination about the existence of impending danger.

The NIA worker understands that *impending danger exists when a child lives in a state of danger in which family behaviors, attitudes, motives, emotions, and/or situations pose a specific, observable threat*

which may not always be active but can become active at any time

and can be anticipated to have severe effects on a child.

Because impending danger commonly is not necessarily obvious at the onset of CPS intervention, the NIA worker understands that it can be identified and understood upon more fully evaluating individual and family conditions and functioning which is why the safety evaluation occurs in the context of the six NIA questions, and the official safety decision is at the conclusion of the NIA.

Standard 24: The NIA worker verifies allegations of maltreatment and reaches a finding of maltreatment at the conclusion of NIA.

The NIA worker considers two assessment questions (i.e., information standards) to reach a determination about whether maltreatment has occurred or currently exists. The two questions are:

1. What is the extent of maltreatment?
2. What are the circumstances that surround the maltreatment?

The decision to verify the presence of maltreatment is justified by specific, detailed information from these two assessment areas. The decision is based on information that complies with the preponderant evidentiary standard. The NIA worker knows that this determination must be based on fact.

Standard 25: In cases where children are not safe, the NIA worker completes a Safety Planning Analysis in order to inform the development of a sufficient Safety Plan.

The NIA worker knows that safety management options occur in a continuum from in-home safety plans to combinations of in-home and out-of-home options to out-of-home safety plans.

The NIA worker understands that his/her responsibility is to think and plan flexibly in order to select the correct and most effective safety plan option. The NIA worker understands also the importance of involving the caregivers in that process.

A dominant SIPS value is that intervention should be the least intrusive necessary. This means the least interference in family life with respect to decisions, actions taken, and services provided that is necessary in order to assure a child is safe.

The NIA worker approaches managing safety by applying this value

and principle of practice and decision making. To the NIA worker this means analyzing the information he/she has collected, involving and communicating with caregivers, enlisting family members in conversations about options, and thinking creatively about what can be done to keep a child safe. The NIA worker uses the safety planning analysis to rule out safety management strategies from a least to most intrusiveness perspective.

Standard 26: The NIA worker oversees the safety plan through weekly personal contacts with participants in the safety plan including at least one face-to-face contact with children until the case is transferred to Ongoing CPS.

The NIA worker knows that a present danger plan is put in place to keep a child safe while the NIA information collection process continues. That understanding includes the anticipation that the question of a child's safety will be more thoroughly evaluated at the conclusion of the NIA. The safety evaluation occurring at the conclusion of the NIA based on thorough information about the family results in the determination as to whether a safety plan is indicated and if the family will be transferred to ongoing CPS for continuing services.

This process, which the NIA worker engineers, can result in a period of time when the NIA is drawing to a conclusion and the transfer of the family to ongoing CPS when oversight must remain with the NIA worker. Continued oversight of a safety plan by the NIA worker is necessary because the Protective Services Family Assessment (PCFA) worker is not ready to assume responsibility for safety management.

During the time between the decision to serve and the transfer to Ongoing CPS, the responsibility for managing the safety plan rests with the NIA worker. The NIA worker's responsibility for managing the safety plan includes weekly oversight which can be done through personal contacts with those who are participating in and responsible for the safety plan activities and actions.

Personal contact can occur in person, by telephone, and by email. The NIA worker understands that it is preferable to actually have a personal contact with the child weekly too—face to face being the most desirable. The purpose of the weekly contacts is to assure that the safety plan is being implemented according to plan; that those participating in the plan remain accessible, available and committed; that accessibility between caregivers and children is occurring as planned; and that the safety plan is working—the child is safe.

Standard 27: The NIA worker establishes conditions for return for safety plans that involve child placement with kin or foster care.

Often safety management requires an out-of-home safety plan. The placement may be with relatives or foster parents. The NIA worker understands that caregivers want to fully understand the reasons for placement and to be well informed about what the conditions are for their child being returned to them. At the time that a placement as all or part of the safety plan occurs, the NIA worker explains in detail his/her conclusions about impending danger, conclusions about caregiver protective SIPS activities, the process he/she went through to arrive at the conclusion that separating the child from the home is necessary, and what must exist within the child's home for the child to be returned. While the NIA worker knows that in many instances caregivers will not understand or agree with the need for an out-of-home safety plan, he/she is committed to full disclosure about these critical decisions that affect family life and caregiver authority.

The NIA worker provides to the caregivers a written statement of the conditions for return. These conditions are specific statements about exactly what circumstances and behavior must be apparent and routine in the home before the child can be returned. The NIA worker makes the written statement of conditions for return available to caregivers in both voluntary placement situations involving kin and involuntary placements in kin and foster care that are accompanied by court order. The NIA worker understands that when it is possible that it is good practice to have the conditions for return entered as part of the court order.

Standard 28: The NIA worker consults with an NIA supervisor throughout the NIA to inform the supervisor of the status of the NIA process and for guidance related to effective intervention.

Dynamic supervision is fundamental to SIPS and effective practice and decision making. The NIA worker liberally seeks out supervision in order to keep the supervisor informed of the progress of the NIA and to gain guidance and input which will positively influence NIA case practice and decision making. While weekly supervisory conferences are expected, it makes sense that unforeseen consultations occur also so that the NIA worker seeks out spontaneous kinds of input and guidance with respect to specific issues, challenges, and barriers that are being encountered.

Standard 29: The NIA worker is diligent and timely in completing the NIA.

Traditionally agencies have had timelines for completing initial interventions. This standard is not regulated by an administrative requirement but by values and good practice. The NIA worker values the rights of caregivers and respects their interest and feelings. Diligence and timeliness related to completing an NIA is influenced by what is important to the caregivers in a case. The NIA worker is concerned about how the length of time the NIA takes to complete feels to and is experienced by the caregivers and family members. Operating from the perspective of the family, the NIA worker understands the importance of expediency and being informed in a timely way. Since a child's safety is involved and since moving toward resolution of family conditions and caregiver behavior concerned with protectiveness is paramount, the NIA worker manages his/her assignments and workload in ways that attempt to reach timely completion of each NIA.

The NIA worker understands that an NIA is not complete until it has been documented and decisions have been approved.

Standard 30: The NIA worker finalizes the NIA by assuring that documentation is complete, including information standards, the Nevada Initial Assessment, Safety Planning Analysis, and the Safety Plan.

The NIA worker understands that the NIA is not officially concluded until the record has been documented. Documentation of the NIA can occur as the NIA process unfolds. The information standard can be documented as information is being collected. The safety assessment can be completed at such time as the NIA worker believes he/she possesses enough information to complete the assessment and justify the assessment through the information that has been collected. When a safety assessment results in the identification of impending danger, then the safety intervention analysis and safety plan must be done immediately so that a safety plan can be installed promptly. Other documentation can then be finalized, such as identifying the maltreatment finding and addressing other agency documentation requirements.

Standard 31: An NIA supervisor reviews and approves the completed NIA.

The final action and decision occurring in an NIA is supervisory review and approval. The NIA supervisor knows that his/her approval means that he/she agrees with how the NIA was conducted; believes that caregivers were effectively involved in so far as they were willing and able; concludes information collection efforts were rigorous and that sufficient information was collected; agrees with the NIA worker's decisions, how the decisions were reached, and understands how decisions are justified by information the NIA worker documented. The supervisory approval also establishes that the documentation is acceptable.

Standard 32: The NIA worker prepares the case for transfer to Ongoing and participates with the ongoing worker in the case transfer process.

The NIA worker understands that the NIA is a function within a larger system of intervention and that the NIA function contributes to advancing the right cases forward for remedial assistance from Ongoing CPS. The NIA worker sees him/herself as part of the larger process of intervention and knows that what he or she does contributes to the whole of intervention and to the mission of CPS.

The NIA worker understands that the work that he/she has done is not complete but remains a work in progress (unless the case is closed at the conclusion of the NIA). Because of those understandings the NIA worker prepares the case for transfer in complete and thorough ways in order to produce as seamless a transfer as possible. This includes: (a) assuring that the record is complete as set forth in previous standards and (b) readying the caregivers and family members for the transfer.

SIPS is most effective when case movement is timely and smoothly achieved as NIA workers and PCFA workers operate in tandem to transfer information and responsibility. This means these workers are committed to communication and methods for transferring responsibilities that are influenced by how the family is experiencing the process and based on what the family knows and understands. The timeline for case transfer begins when the NIA worker completes the NIA documentation and the supervisor approves the NIA and ends when the PCFA worker assumes full responsibility for the case. In between, the NIA worker and PCFA worker staff the case and complete family introductions. A week for that process to occur can feel like a long time to a family particularly when consideration includes timely case movement, readiness and motivation, and focusing on where caregivers and family members are (i.e., feelings,

attitudes, understanding) with respect to intervention overall.



QUARTER 5

PIP 1.1.3

RURAL

REGION

PIP Item 1.1.3

Develop a training plan for the completion of the safety training plan for staff development on implementation of the safety assessment model including: Safety Plan Development; linking case plan activities to identified service needs to address safety concerns; developing staff experts and mentors; develop supervisory knowledge and skills in safety consultations; and provide stakeholder orientation on Nevada's Safety Assessment for Staff development.

SAFE-New Model Trainings 2011-2012

Intake Assessment Training		
Training focused on the need to gather sufficient information at intake and to analyze that information in order to make an appropriate Intake screening decision. Training held jointly for all Washoe and DCFS staff.		
August 8-9, 2011		WCDSS
August 8-9, 2011		Redfield
August 9-10, 2011		WCDSS
August 9-10, 2011		Redfield
August 11-12, 2011		WCDSS
December 15-16, 2011		WCDSS

SAFE Model Training (Rural locations only)		
Intake and Nevada Initial Assessment (NIA) Information Collection and Decision Making: A Component in the Safety Intervention System (safety plan development included)		
August 29-September 2, 2011		Fallon
September 12-16, 2011		Elko
September 19-23, 2011		Pahrump

SAFE Model Training		
Nevada Initial Assessment (NIA) Information Collection and Decision Making: A Component in the Safety Intervention System (safety plan development included)		
August 29-September 1, 2011		Reno
September 20-23, 2011		Reno
September 27-30, 2011		Reno
October 24-27, 2011		Reno
November 7-10, 2011		Reno

DCFS Nevada Program Improvement Plan & Stakeholder Orientation to SAFE Model		
Implementing a Comprehensive Assessment Safety Intervention Process		
September 7, 2011		Nye County
September 19, 2011		Douglas County
September 20, 2011		Carson City
September 21, 2011		Fernley
September 21, 2011		Lyon County
September 26, 2011		Humboldt County
September 26, 2011		Lander County
September 27, 2011		Elko County
September 27, 2011		White Pine County

Conditions for Return		
Training focused on skill building for workers and supervisors to learn how to assess when conditions of return have been met so that children can be safely returned home while safety and case plan services continue in an effort to eliminate impending danger safety factors. Training held jointly for all Washoe and DCFS staff.		
November 29-December 1, 2011		Reno
December 6-9 & 13, 2011		Reno

Consultative Supervision		
Training focused on evaluating and managing effective safety Intervention from Intake through reunification.		
March 26-27, 2012		Reno
March 28-29, 2012		Reno
April 3-4, 2012		Reno

Confirming Safe Environment (CSE)		
CSE refers to an assessment of four categories within placement families/homes which contains indicators of a safe placement environment. The four categories are evaluated by 11 kin placement assessment questions and 10 foster placement assessment questions.		
Trainings to be completed by May 31, 2012		
TBD		TBD

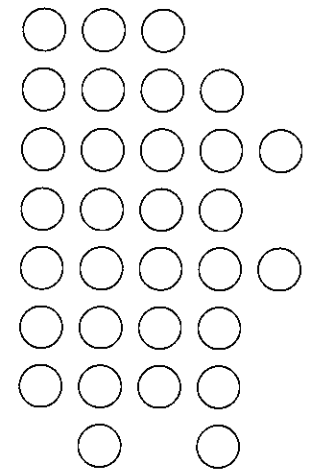
Protective Capacity Family Assessment (PCFA)		
The PCFA represents the first essential ongoing CPS intervention with families where children have been identified as unsafe. The PCFA provides ongoing workers with a structured approach for engaging and involving caregivers and children in the case planning process.		
Trainings to be completed by September 29, 2012		
July		TBD
August		TBD

Protective Capacity Program Assessment (PCPA)		
PCPA is a formal decision making point in the safety intervention process, which requires involvement from caregivers and children; Family Case Plan Service providers; and safety service providers. Purpose is to measure case plan progress toward achieving progress associated with enhancing diminished caregiver protective capacities, re-evaluating status of impending danger and analyze sufficiency of safety plans, adjust safety plans to least intrusive manner when appropriate and Re-evaluate the status of children's needs.		
Trainings to be completed by November 1, 2012		
September		
October		

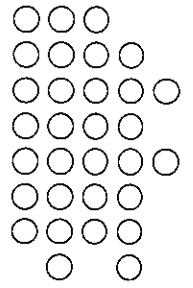
Implementation Team Meetings	
The Implementation team (IT) is comprised of CPS workers, supervisors and managers and Quality Assurance staff. Approximately 15-20 staff participate consistently. The IT meets biweekly for approx 2 hours to discuss a variety of issues pertaining to the roll out of the new SAFE model. Everyone is encouraged to bring forth agenda items for discussion and cases for peer review. Policies are reviewed, 72 hr letter for protective custody was revised to be in alignment with new SAFE practice model, case scenarios presented for discussion, trainings are debriefed, barriers to windows in UNITY are identified and problem solved and peer review of existing NIA's and safety plans occurs. This meeting has been very well received. Staff participation has exceeded my expectations.	

Nevada Division of Child and Family Services
Rural Nevada Program
Improvement Plan:

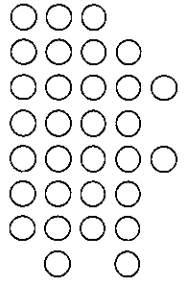
Implementing a Comprehensive
Assessment Safety Intervention
Process



Meeting Objectives General



- To provide community stakeholders an overview of the current state of child welfare practice in Nevada
- To provide an overview of the Division's plans to implement a Comprehensive Assessment Safety Intervention process
- To provide community stakeholders a forum to gain information and provide guidance to the Division as implementation plans are formulated

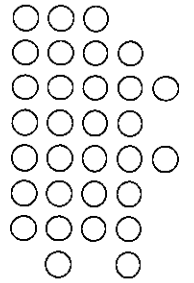


Meeting Objectives Specific

Specific:

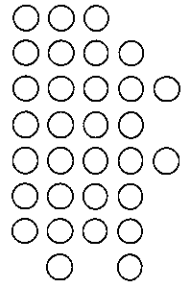
- To provide an overview of the current state of child welfare practice in Nevada
- To provide background on the development and design of the Comprehensive Assessment Safety Intervention process; and
- To provide an overview of the practice model framework; concept for change; and essential intervention components

State of Practice In Nevada



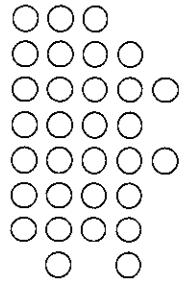
- Review of the Nevada Child and Family Services Review and Program Improvement Plan
- Review results of Case Reviews conducted by the NRC for CPS

What is the Federal Child and Family Services Review?



- The Child and Family Services Review (CFSR) ensures compliance and conformity with the requirements of Title IV-B and Title IV-E of the Social Security Act and regulations identified by the United States Department of Health and Human Services

CFSR Measures

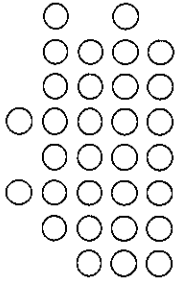


- 45 items related to Safety, Permanency and Well Being

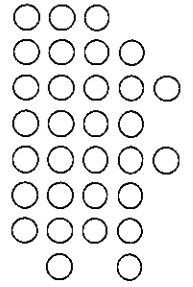
23 performance indicators which include, but are not limited to:

- Whether children under the care of the State are protected from abuse and neglect
 - Whether children are safely maintained in their own homes whenever possible and appropriate
 - Whether children have permanency and stability in their living conditions
 - Whether the continuity of family relationships and connections is preserved for children
 - Whether families have enhanced capacity to provide for their children's needs
 - Whether children receive appropriate and adequate services to meet their educational, physical, and mental health needs
- 22 systemic factors measured by the CFSR include, but are not limited to:
 - The effectiveness of the State's systems for child welfare information, case review, and quality assurance
 - Training of child welfare staff, parents, and other stakeholders
 - The array of services that support children and families
 - The agency's responsiveness to the community
 - Foster and adoptive parent licensing, recruitment, and retention

2009 CFSR Ratings Nevada



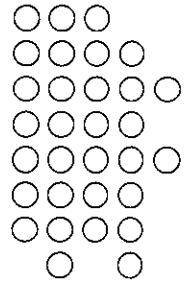
Outcomes	Percent Substantially Achieved
Safety Outcome 1	Nevada
Children are first and foremost protected from abuse and neglect	69.60%
Safety Outcome 2	
Children are safely maintained in their own home when possible and appropriate	62.50%
Permanency Outcome 1	
Children have permanency and stability in their living situations	54.20%
Permanency Outcome 2	
The continuity of family relationships and connections is preserved	54.20%
Well Being Outcome 1	
Families have enhanced capacity to provide for children's needs	38.80%
Well Being Outcome 2	
Children receive services to meet their educational needs	70.40%
Well Being Outcome 3	
Children receive services to meet their physical and mental health needs	64.40%



Safety Findings

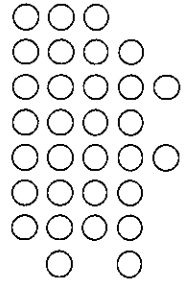
- Safety Strengths:
 - Timely response to reports (often exceeded time frames)
 - Timely face-to-face contact with children
 - Effective collaboration with law enforcement
- Safety Areas Needing Improvement:
 - Delays in the movement of reports from intake to investigation and the subsequent assignment of investigation
 - Lack of services to children remaining in the home or services which were provided did not address major safety concerns and thus did not always prevent removal
 - Lack of safety and risk assessments throughout the life of the case
 - Lack of supervisory oversight and consultation

State of Practice: Permanency Findings



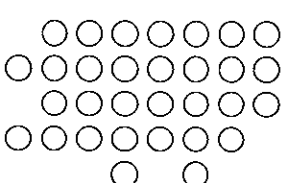
- Permanency Strengths:
 - Excellent family-centered practice
 - Keeping children in proximity to community
 - Placing siblings together
 - Placement with relatives
 - Significant decrease in the use of congregate care
 - Preserving primary connections for children
- Permanency Areas Needing Improvement:
 - Children experienced multiple placement settings
 - Lack of concerted efforts to achieve the goal of adoption in a timely manner, due in part to delays in the Termination of Parental Rights (TPR) process
 - Inappropriate and/or untimely permanency goals
 - Lack of concerted efforts towards the provision of independent living services
 - Visits between children, parents and siblings were not sufficient in frequency, quality, or both
 - Efforts made to search for extended family members as potential placements was found to be lacking as well as the concerted effort to support the child's relationship with parents while in foster care

State of Practice: Well Being Findings



- Well Being Strengths:
 - Strong efforts to assess educational needs and to advocate for educational services
 - Medical passport being utilized
 - Strong efforts to meet physical health and dental needs
- Well Being Areas Needing Improvement:
 - Lack of concerted efforts to address and/or assess the service needs of children in in-home service cases
 - Disconnect between the actual needs of the family and the actual assessment by workers
 - Lack of children and parent involvement in case planning
 - Quality and frequency of caseworker visits were of concern
 - Mental, physical and dental health care needs were not being met, particularly for children in the in-home service cases

State of Practice: Nevada Case Review



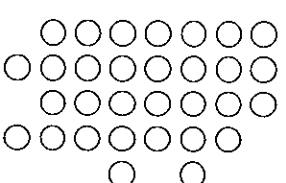
Case Sample Included:

Investigated Cases

Rural	20
Washoe	28
Clark	125

N = 197

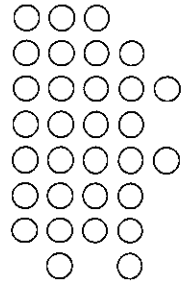
State of Practice: Case Review Findings



Identification of Present Danger at Initial Contact

- Caseworkers identified present danger in about 50% of cases reviewed
- Expert reviewers agreed with caseworker findings about 80% of the time.

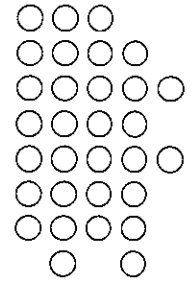
State of Practice: Case Review Findings



Taking Protective Measures

- Protective measures taken in 90% of the cases
- Documentation justified actions in 84% of the cases
- Reviewers considered the actions taken sufficient in 82% of the cases

State of Practice: Case Review Findings

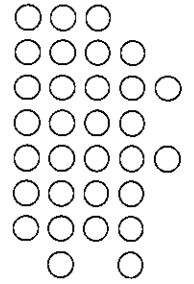


Investigation Information Sufficiency:

Circumstances Surrounding Maltreatment

- Circumstances/events Yes =84%
- Duration, progression, pattern Yes= 69%
- Caregiver attitudes Yes =66%
- Response of non-maltreating Yes =71%
- Maltreating Explanation Yes = 76%

State of Practice: Case Review Findings



Information Sufficiency:

Quality of case work effort

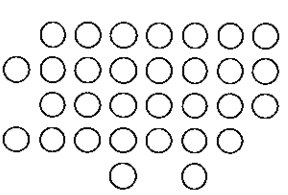
Reasonable Diligence evident Yes = 61%

Info. supports investigation
and safety decision making Yes = 59%

Nevada

Division of Child and Family Services

Intake Assessment June 2011

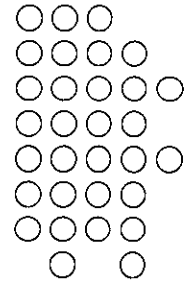


Case Sample Included:

- Cases Screened Out 157
- Differential Response 36
- Investigated 197

N = 390

Information to Support Screening Decisions



Intake Contains Sufficient Information to:

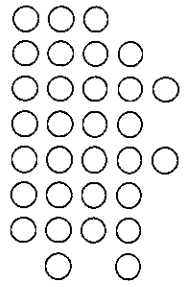
Screen In Yes = 65%

Screen Out Yes = 64%

Intake Prioritization

Correct Yes = 47%

Identification of Present Danger



Intake- Identification of Present Danger

Present Danger Correctly Identified = 33%

36 Intakes Present Danger was accurately identified

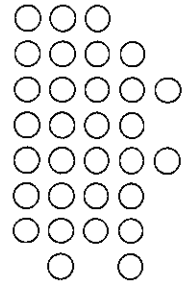
No Did not and Should Have = 38%

41 Intakes Present Danger was not identified

No Did and Should not Have = 29%

32 Intakes Present Danger was inaccurately identified

Identification of Impending Danger



Intake- Identification of Impending Danger

Impending Danger Correctly Identified = 42%

77 Intakes Impending Danger was accurately identified

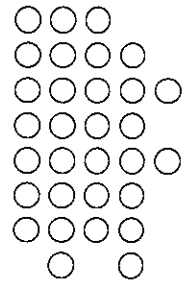
No Did not and Should Have = 38%

67 Intakes Impending Danger was not identified

No Did and Should not Have = 20%

32 Intakes Impending Danger was inaccurately identified

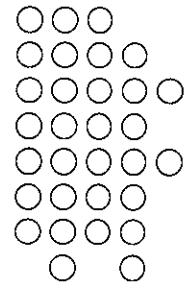
Improving Practice in Nevada



CFSR requires a Program Improvement Plan to achieve better outcomes for children and families

Case Reviews confirm the results of the CFSR and identify the need for a systemic and comprehensive assessment process

PIP Strategies and Goals



1. Strengthen and reinforce safety practices throughout the life of the case

Goal 1:

- Continue the development of Nevada's safety assessment model to include assessment of children in out of home care and at specific milestones throughout the life of the case

Goal 2:

- Reduce the number of short term emergency removals under circumstances that do not involve a child abuse/neglect allegation

2. Preserve connections and strengthen relationships

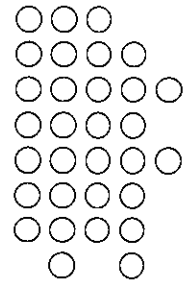
Goal 1:

- Enhance the capacity of child welfare staff to effectively engage children, youth and families in case decision making

Goal 2:

- Create a child welfare agency culture that values and supports the development of relationships between caseworkers and family members and recognizes the behavioral change process

PIP Strategies and Goals (continued)



3. Improve the timeliness and appropriateness of permanency planning across the life of the case

Goal 1:

- Improve placement stability and recruitment and retention of foster homes

Goal 2:

- Reduce the number of children in out of home care for 18 months or longer

Goal 3:

- Improve the quality of caseworker contacts with children

4. Strengthen child welfare supervision and middle management skills

Goal 1:

- Strengthen supervisory consultation practices and skills at key decision points improving safety, permanency and well-being

Goal 2:

- Develop a plan for supervisory/management training curriculum

5. Expand service options and create flexibility for services to meet the needs of children and families

Goal 1:

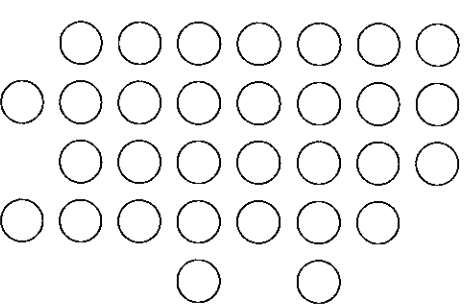
- Improve coordination and utilization of existing services and preparedness into Independent Living for older youth

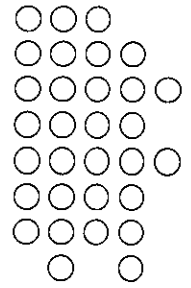
Two questions that frame the design of the development of the Comprehensive Assessment approach

What families do you primarily seek to serve?

What constitutes success?

- *What are the assessment decisions and objectives?*
- *What must the assessment process look like?*





Practice Model: Concept for Change

Based on Child Safety and Protection

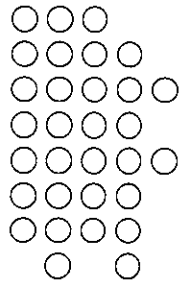
- **Impending Danger**

Threats to child safety that are not necessarily obvious or occurring at the onset of CPS intervention or in a present context but which are identified and understood upon more fully evaluating and understanding individual and family conditions and functioning and without safety intervention reasonably could lead to serious harm.

- **Caregiver Protective Capacities**

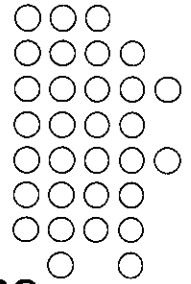
A protective capacity is a specific quality that can be observed, understood and demonstrated as a part of the way a parent thinks, feels, and acts that makes her or him protective.

Comprehensive Assessment Safety Intervention Process



- Design to effectively address child safety issues throughout CPS intervention and key decision-making points.
- Consistently applies concepts and criteria associated with impending danger and caregiver protective capacities
- Standardizes decision-making
- Practice occurs in a sequential progression
- Comprised of five integrated assessment processes: *Intake Assessment; Family Functioning Assessment; Safety Evaluation and Analysis; Protective Capacity Family Assessments; and Protective Capacity Progress Evaluation*
- Includes three intervention plans: *Present Danger Protective Plan; Safety Plan; and Individualized Case Plan*

Systematic Intervention

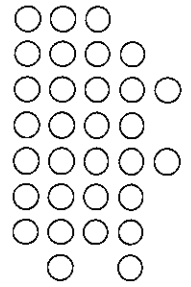


Assessment Continuum

Purpose

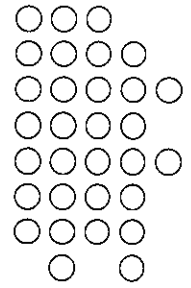
- Intake Assessment
 - Determine need to intervene and assessment
- Family Functioning Assessment (NIA)
 - Problem Identification:
 - Unsafe Child base on Impending Danger
 - Determine need for ongoing CPS
- Protective Capacity Family Assessment
 - Determine What must Change
 - Tx Goal Identification
 - Enhancing Diminished Caregiver Protective Capacities
- Protective Capacity Progress Evaluation
 - Measure Progress
 - Enhancing Caregiver Protective Capacities
 - Determining child safety

Influence on Development and Design



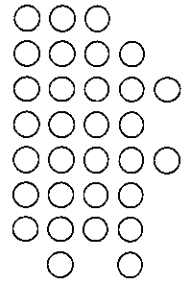
1. Federal Regulations (CAPTA; ASFA);
2. CFSR
3. Evolution of practice; consistent with state of the art
4. Operationalizes stages of change and strengths based intervention;
5. Outcome driven: Focuses on behavioral change;
6. Process must be reasonably doable, practical and a rationale intervention strategy;
7. Target CPS intervention on safety and protection;
8. Systematic intervention; and
9. Worker role and expectations are defined and precise.

South Dakota



- Implemented this Comprehensive Assessment approach ten years ago
- Rural state with small regional offices
- Significant improvement in practice outcomes
- Improved CFSR scores

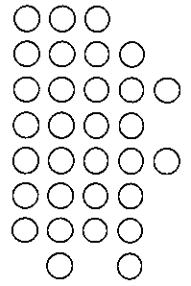
First Phase Implementation Roll Out: Preliminary Feedback



Perspective regarding PCFA influence:

- Increase in caregiver involvement in developing the case plans:
 - **72%** agreement
- Quality of Initial Assessments has improved post implementation of the PCFA:
 - **60%** agreement **24%** somewhat agree
- Increased clarity related to the purpose, goals and objectives for ongoing TX interventions:
 - **92%** agreement

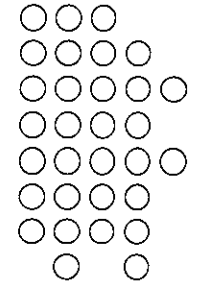
First Phase Implementation Roll Out: Preliminary Feedback



Perspective regarding PCFA influence:

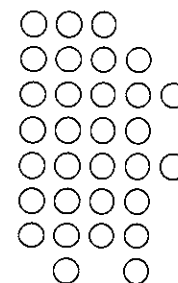
- Case plans are more individualized:
 - 84% agreement
- The use of safety concepts and impending danger helps to focus what must change and target tx strategies:
 - 96% agreement
- The PCFA is a practical approach and reasonably doable:
 - 80% agreement
- Greater emphasis and precision on addressing threats to child safety in case plans:
 - 92% agreement

South Dakota 2008 CFSR Preliminary Results



- Comprehensive Assessment Safety Intervention process (Two Years into implementation)
- Exceptional results for safety outcomes
- Highest numbers recorded for wellbeing outcome
- Referred to as the “Integrated Safety Model”; discussed as a potential new “National model”

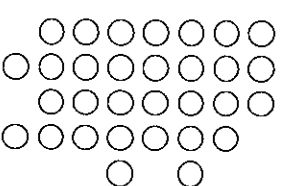
Nevada & South Dakota CFSR Comparison



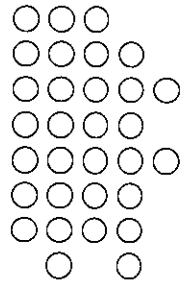
Outcomes	Percent Substantially Achieved	Percent Substantially Achieved2
	Nevada	South Dakota
Safety Outcome 1		
Children are first and foremost protected from abuse and neglect	69.60%	85.70%
Safety Outcome 2		
Children are safely maintained in their own home when possible and appropriate	62.50%	90.80%
Permanency Outcome 1		
Children have permanency and stability in their living situations	54.20%	52.50%
Permanency Outcome 2		
The continuity of family relationships and connections is preserved	54.20%	80.00%
Well Being Outcome 1		
Families have enhanced capacity to provide for children's needs	38.80%	63.10%
Well Being Outcome 2		
Children receive services to meet their educational needs	70.40%	97.40%
Well Being Outcome 3		
Children receive services to meet their physical and mental health needs	64.40%	89.70%

Next Steps

- Implement enhancements to intake information collection process
- Implement enhanced Nevada Initial Assessment Process
- Develop plans to roll out the Protective Capacity Family Assessment
- Develop plans to roll out the Protective Capacity Progress Assessment.



Stakeholder Input



- Questions ?
- Regional Strengths
- Concerns