

STATE OF NEVADA
Department of Health and Human Services
Division of Child and Family Services



Nevada
Annual Progress and Service Report
(APSR)

SFY 2012

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**NEVADA ANNUAL PROGRESS AND SERVICE REPORT SFY 2012
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SECTION I: INTRODUCTION

Nevada Demographics

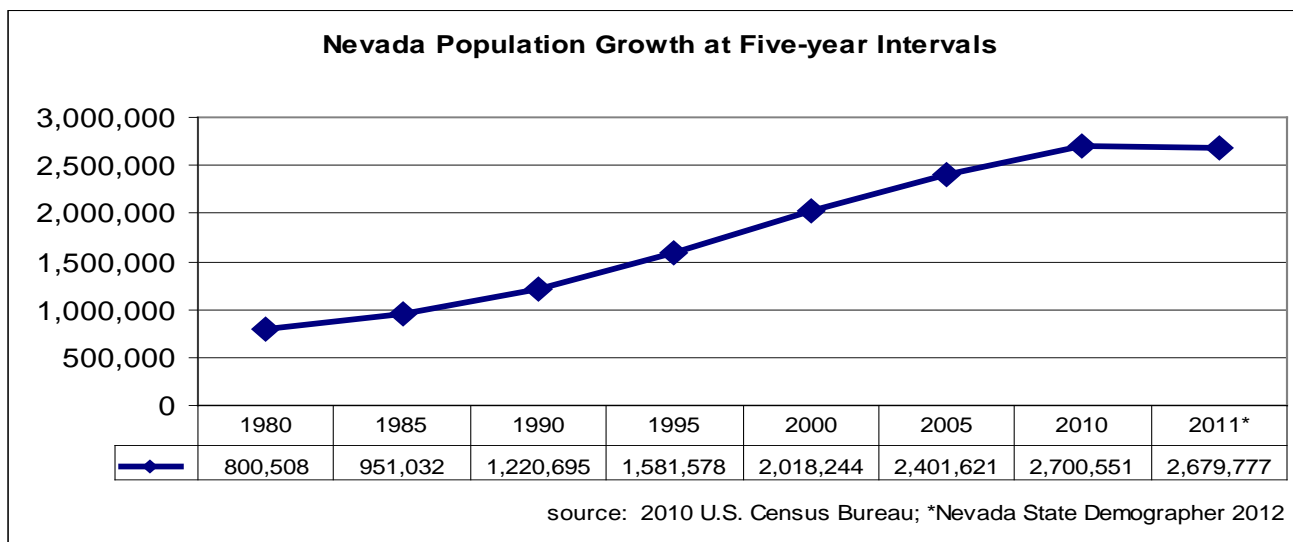
Population and Geography

Nevada is made up of an area of 110,567 square miles making it the 7th largest state geographically yet the 35th in terms of population. Eighty seven percent of the population is found in Clark County (Las Vegas/Henderson) and Washoe County (Reno/Sparks). The remaining 13% of the population is spread across 95,925 square miles.

The Nevada State Demographer has set the 2011 population for Nevada at 2,679,777 reflecting a decrease of -0.77% from 2010 to 2011. Clark County (Las Vegas/Henderson area) has a population of 1,934,871 (making it 72% of the overall state population). Washoe County (Reno/Sparks area) has the second most populous area, with 409,680 residents (15% of the overall state population). The remainder of the state is made up of 15 rural and frontier counties with a population of 335,226 or 13% of the population.

Clark County and Washoe County have seen a slight decrease in population while Rural Nevada has seen a slight increase. Clark County has decreased from 1,951,269 in 2010 (per the US Census) to 1,934,871 in 2011 (Per NV State Demographer) a decrease of 0.8%. Washoe County had a population of 421,407 in 2010 (US Census) and 409,680 in 2011 (NV State Demographer) reflecting a decrease of 2.7%. Rural Nevada's population in 2010 was 327,875 (US Census) and 335,226 in 2011 (NV State Demographer) for an increase of 2.2%.

Figure 01: Nevada Population Growth at Five-Year Intervals



Nevada's population has a varied racial background that has changed considerably over the last ten years. Data from the US Census Bureau (2010) reports that the majority of the population in 2010 was Caucasian (66.2%) down from 75.2% in 2000, followed by some other race alone 12%; African Americans (8.1%); Asian Americans (7.2%); multiracial persons (4.7%); American Indian and Alaska Native persons (1.2%) and Native Hawaiian or other Pacific Islander (.6%). The Hispanics/Latino population has increased by 81.9% over the last decade growing from 19.7 % to 26.5 % of Nevada's total population.

Economy

For years, Nevada's economy had grown at rates well in excess of national norms, regardless of the health of the national business cycle. Since the late-1990s, for instance, job growth in Nevada had averaged 3.1 percent vs. just 0.5 percent in the nation as a whole. Much the same was true for nearly every other economic indicator, including personal income and population growth.

Nevada's economy has suffered more adverse affects, as a result of the recession, than any other state, and continues to have a delayed recovery. Having the highest unemployment rate in the nation at 12%, according to the U.S. Bureau of Labor Statistics report as of April 20, 2012, Nevada's unemployment rate is 50% higher than the national average of 8%. The high unemployment rate has led to a decrease in the population as workers leave the state in search of employment. A decreasing population has led to an eroding tax base creating budgetary hardships on the government and delaying the recovery.

The Nevada State Demographer has made projections using both Moody's and REMI (Regional Economics Model, Inc.) Moody's and REMI do not show the Nevada economy recovering until 2016 at the earliest and possibly not until 2020.

Nevada's public finances have been significantly impacted by the lagging recovery.

- The Temporary Assistance for Needy Families (TANF) information reveals that in April of 2012 28,215 individuals were receiving assistance, and since April 2011 the level of assistance has decreased 5.5 percent or 1,644 fewer recipients.
- The Supplemental Nutrition Assistance Program (SNAP) formerly known as "food stamps" reveals that in April of 2012 353,983 Nevadans were participating in the program. Over-the-year the number of participants receiving assistance has increased 6.7% or 22,360 additional participating persons. Nevada's all time high was February 2012 with 354,081 participating persons.

Child Welfare Administrative Structure

Nevada uses a state-administered and county-operated structure for the management of child welfare services, except in the rural counties of the state, where the Nevada Division of Child and Family Services operate child welfare services. The Nevada Division of Child and Family Services, under the umbrella of the Nevada Department of Health and Human Services, provides oversight to child welfare and direct child welfare services.

State Agency Administering Plans

The Division of Child and Family Services (DCFS) is responsible for Children's Mental Health (in Clark and Washoe, the two largest populated counties), Youth Corrections, Child Welfare Services and Child Care Licensing. As such, the implementation and administration of the Child and Family Services Plan is the responsibility of DCFS. This includes: Title IV-E, Title IV-B, Subpart I (Child Welfare Services) and Subpart 2 (Promoting Safe and Stable Families), Child Abuse and Treatment Act (CAPTA), and the Chafee Foster Care Independence Program (CFCIP).

Protection and Permanency for Children: DCFS creates opportunities and programs that prevent and respond to issues of parental/caregiver maltreatment, mental health, and delinquency. DCFS strives to support permanency within the child's biological or primary and extended family so children may grow and develop within stable environments. DCFS also recognizes the responsibility to create and support alternative permanent environments when biological or primary families are unable or incapable of caring for their children. DCFS will collaboratively craft public policies to promote the strength and well-being of families.

Preservation of Families: DCFS supports the value that the family is the best structure to assure stability, nurturing, care, and safety of its members and communities. Services are designed to build upon family strengths, honoring the family's traditions, history, and culture.

Juvenile Justice Services for Youth: DCFS recognizes that services must balance youth rehabilitation, treatment, and

community safety. Many juvenile offenders have been victims of maltreatment and therefore accountability must be balanced by the provision of services addressing trauma, loss, substance abuse, and mental health issues. Juvenile offenders are held accountable through a comprehensive system of graduated sanctions that include commitment to state-operated juvenile facilities.

Children's Mental Health: DCFS uses a system of care model that strives to provide creative, individualized, strength-based, and culturally responsive services for families with children that experience severe emotional disturbances. A developing continuum of care focuses on meeting the needs of children and families in the least restrictive environment, including utilization of the wraparound process to coordinate effective service delivery that enables children to reside with families when possible and with the assistance of informal supports rather than dependency on government or paid providers.

Mission

DCFS, together in genuine partnership with families, communities and county governmental agencies, provide support and services to assist Nevada's children and families in reaching their full human potential.

Nevada Initiative Statement for Family Centered Practice

Child welfare agencies in Nevada believe families are the primary providers for children's needs. The safety and well-being of children is dependent upon the safety and well-being of all family members. Children, youth and families are best served when staff actively listens to them and invite participation in decision making. We support full implementation of family centered practice by engaging families in child and family teams and offering individualized services to build upon strengths and meet the identified needs of the family.

Vision

DCFS recognizes that Nevada's families are our future and families thrive when they:

1. Live in safe, permanent settings;
2. Experience a sense of sustainable emotional and physical well being; and
3. Receive support to consistently make positive choices for family and common good.

Guiding Principles

Service principles guide our work towards achieving this vision and are consistent with children and family services principles specified in federal regulations [45 CFS 1355.25(a) through 1355.25(h)]. These practice model principles are:

- Protection - Children's safety is paramount;
- Development - Children, youth, and families need consistent nurturing in a healthy environment to achieve their full human potential;
- Permanency - All children need and are entitled to enduring relationships that provide a family, stability and belonging, a sense of self that connects children to their past, present and future;
- Cultural Responsiveness - Children and families have the right to be understood within the context of their own family, traditions, history, culture, and community;
- Partnership - The entire community shares accountability for the creation of an environment that helps families raise children to reach their full potential;
- Organizational Competence - Effectively structured and managed organizations with committed, trained, skilled staff are necessary to achieve positive outcomes for children and families.
- Continuous Quality Improvement - Strategic sequencing of continuous quality improvements must occur to reach Nevada's child and family services vision; and
- Professional Competence - Children and families need a relationship with skilled and empathetic case managers who can provide ethical support, confront difficult issues, and effectively assist them towards positive change that reinforces safety, permanency, well-being, and community safety.

Purpose

DCFS is responsible for accomplishing the following purposes:

- Protecting and promoting the welfare and safety of all children, including individuals with disabilities; homeless, dependent or neglected children;
- Preventing or remedying, or assisting in the solution of problems that may result in the neglect, abuse, exploitation, or delinquency of children;
- Preventing the unnecessary separation of children from their families by identifying family problems and assisting families in resolving their problems and preventing the breakup of the family where the prevention of child removal is desirable and possible;
- Restoring to their families' children, who have been removed and may be safely returned, by the provision of services to the child and the family;
- Assuring adequate care of children away from their homes in cases where the child cannot be returned home or cannot be placed for adoption; and
- Placing children in suitable adoptive homes in cases where restoration to the biological or primary family is not possible or appropriate.



Figure 02: County Map of Nevada

Child Welfare Agencies

The organizational structure of DCFS and program delivery of child welfare services are influenced by the state size and concentration of county population. NRS 432B.325 states that in counties where population is 100,000 or more, the county shall provide protective services for children in that county and pay the cost of those services in accordance with standards adopted by the state. In 2001, the state legislature expanded the county's responsibility to include all child welfare services of child protection, foster care and adoption (NRS 432B.030 and NRS 432B.044). Figure 02 provides a map of the state with each county outlined.

Also, SB 480 was passed during the 2011 Legislature. Prior to this legislation the law required DCFS, in counties whose population is less than 100,000 (currently all counties other than Clark and Washoe counties) to provide directly or arrange for the provision of child welfare services, including protective services, foster care services and adoption services. The new legislation requires each of those counties to pay to DCFS an assessment for the provision of child protective services not to exceed the limit of legislative authorization for spending on child protective services by DCFS in each county. Furthermore,

this legislation allows a county to request an exemption from the assessment by submitting a proposal to the Governor for the county to carry out child protective services for the county. If the Governor approves the proposal, the Interim Finance Committee (IFC) must consider whether to approve the exemption. If the exemption is approved, the county is required to carry out child protective services for the county in accordance with standards adopted by DCFS, and pay for the cost of those services.

Agency Regional Coverage

The Clark County Department of Family Services (CCDFS), located in Las Vegas, provides child welfare services to all children and families in Clark County in the Southern most part of the State. Washoe County Department of Social Services (WCDSS) located in Reno, Nevada provides child welfare services directly to all children and families located in Washoe county in the northwestern part of the State, and DCFS provides child welfare services to the remaining 15

counties in the state through its Rural Region offices.

The DCFS Rural Region is separated into four districts, each providing services to multiple counties each. District 1 covers the northern part of the State with its main office based in Elko. This District provides services to Elko, Eureka, Humboldt, Lander, Lincoln and White Pine Counties. District 2 covers the western/central part of the state and is based in Carson City. This District provides services to Carson City, the State's Capitol, Douglas County, Storey County, and a portion of Lyon County. District 3 covers the eastern/central part of the state and is based out of Fallon. This office provides services to Churchill, Lyon, Pershing and Mineral Counties. District 4 covers the southern rural part of the state and is based out of Pahrump. This office provides services to Esmeralda and Nye Counties. For the most part, growth in Nevada's rural counties has been fairly stable. Elko has seen substantial growth in the past few years.

Staff and Work Load:

There are currently 543 caseworkers and 117 supervisory/management positions in child welfare filled statewide.

Clark County Department of Family Services: CCDFS currently has 413 caseworkers, 77 Supervisory/Management positions filled and 98 vacancies. CCDFS reports the following caseload ratios: Investigative caseworkers 1:12, in-home caseworkers 1:11, and permanency caseworkers 1:17. CCDFS reports a turnover rate of 65%* based on a running average of 3 separations per month (for an 11 month period) and 491 employees. Staff separations during this time period included 5 retirements, 6 dismissals, 13 lateral or promotional moves and 44 voluntary resignations.

Washoe County Department of Social Services: WCDSS currently has 79 caseworkers, 29 Supervisory/Management positions filled and 6 vacancies (positions held in abeyance). WCDSS reports the following caseload ratios: Investigative caseworkers 1:12, and permanency caseworkers 1:22. WCDSS reports there were 76 filled intake, assessment and permanency workers on May 15, 2011. A year later, May 15, 2012, 21 staff (or 27.63%) were no longer in their position. Staff separations during this time period included, 2 dismissals, 6 lateral or promotional moves and 13 voluntary resignations.

DCFS – Rural Region: DCFS currently has 51 caseworkers and 11 Supervisor/Management positions filled. There are currently 16 casework positions vacant and 1 supervisory position vacancy. The DCFS Rural Region reports the following caseload ratios: Investigative caseworkers 1:20, and permanency caseworkers 1:22. There can be a great disparity in these numbers in frontier offices. The Rural Region reports that during this time period 20 Social Work Staff were hired, and 25 Social Work staff transferred did not meet probationary requirements or were terminated to take other employment.

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

Children in Care in Nevada

For the State Fiscal Year period of July 1, 2011 through May 31, 2012; Nevada had an aggregate total of 7,435 children in care. Table 01 shows a variety of aggregate information on children in care during this time frame: how many entered and left care during this time period and how many had previous exposure to the foster care system. Compared to SFY 2011 data for the same time period (July 1 – May 31); there was an aggregate total of 7224 children in care during the same time period. Nevada's aggregate total of children in care for the same time period SFY 2011 is relatively unchanged.

Table 01: Foster Care Summary Information

| Summary | Total | Rural | Washoe | Clark |
|---|-------|-------|--------|-------|
| Total during this current time frame | 7435 | 704 | 1159 | 5572 |
| Total Entering | 2761 | 266 | 416 | 2079 |
| Entered with less than 2 placements in first year | 2293 | 224 | 358 | 1711 |
| Total with prior Foster Care Experience | 14 | 0 | 5 | 9 |
| Total Leaving Care During this time frame | 2532 | 217 | 473 | 1842 |

Source: UNITY Report CFS721 for July 1, 2011 – May 31, 2012.

In Table 02, Age groups as a percentage of the total aggregate number of children in care are relatively unchanged from SFY2011 to SFY2012. The largest aggregate cohort is 0 to 4 yrs at 44.59%, 5 to 9 yrs 25.18%, 10 to 14 yrs 19.31% and the smallest aggregate cohort is 15 to 19 yrs 10.92%.

Table 02: Age Facts of Children in Care

| Age | Total Number | Percent | Upon Entering | Percent | Upon Leaving | Percent |
|----------------|--------------|---------|---------------|---------|--------------|---------|
| 0 to 4 year | 3315 | 44.59 | 1465 | 53.06 | 1066 | 42.1 |
| 5 to 9 years | 1872 | 25.18 | 617 | 22.35 | 728 | 28.75 |
| 10 to 14 years | 1436 | 19.31 | 488 | 17.67 | 525 | 20.73 |
| 15 to 19 years | 812 | 10.92 | 191 | 6.92 | 213 | 8.41 |
| 20+ years | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 7435 | | 2761 | | 2532 | |

Source: UNITY Report CFS721 July 1, 2011 to May 31, 2012

A summary of children in foster care Table 03 shows the breakdown of children and youth by race/ethnicity in Foster Care. It is expected that there would be a similar breakdown of ethnicity in foster care as there is in the general population. However, based on a comparison of data from Nevada's SACWIS System – UNITY and information provided by the Nevada State Demographer for estimated population characteristics for children age 0-18 for 2011, there are a disproportionate number of African American children in Foster Care in Nevada. It is expected that approximately 8% of the children in care would be of African American heritage; however, currently there are 28% of children in care of this ethnicity.

Table 03: Statewide Race/Ethnicity Distribution of Children Entering Foster Care by Fiscal Year

| Race/Ethnicity | SFY | SFY | SFY | SFY | SFY | SFY | SFY | **2011 Estimated Population Children age 0- 18 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--|
| | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | |
| African American | 2150 | 2472 | 2531 | 2475 | 2246 | 2251 | 2323 | 55550 |
| American Indian/Native American (includes Eskimo or Aleut) | 148 | 177 | 184 | 209 | 217 | 205 | 216 | 8648 |
| Asian/Pacific Islander | 302 | 356 | 332 | 303 | 154 | 170 | 176 | 45974 |
| Caucasian | 5899 | 6336 | 6465 | 5859 | 5225 | 5222 | 5385 | 310936 |
| Hispanic (All Races) | 1683 | 2011 | 2170 | 2085 | 1879 | 1917 | 1880 | 256028 |
| Statewide Total*: | 8499 | 9371 | 9512 | 8846 | 7842 | 7963 | 8226 | 677,136 |

*Excludes Hispanic as these individuals are counted in other races.**Source: Nevada State Demographer
Source: UNITY Report CFS721 figures run from July 1 through May 31 for each fiscal year

Legislative Activities

Nevada's legislature meets every biennium. Nevada entered its 76th regular session in 2011. In the Spring of 2011, several bills were enacted during this 76th regular legislative session that have had an impact on child welfare and have brought about new initiatives. Table 04 lists the Bills that passed during the session that affect child welfare. Some of these have required regulation and policy development and/or revision.

Table 04: Legislative Bills enacted in 2011

| Bill | REQUESTOR/COMMITTEE | ID | SUBJECT |
|--------------|--|---------------------------------|--|
| <u>SB371</u> | Senator Cegavske | Psychotropic Medication | Makes various changes concerning the protection of children. |
| <u>AB147</u> | Assemblywoman Mastroluca | Inheritants rights | Revises provisions relating to the termination of parental rights. |
| <u>AB110</u> | Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705) | Kinship Guardian Assistance | Establishes provisions relating to assistance for certain guardians. |
| <u>AB111</u> | Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705) | Adoption Residency Requirements | Revises provisions relating to adoption. |
| <u>SB113</u> | Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705) | Disaster Response | Revises provisions relating to the care of certain children during disasters. |
| <u>SB112</u> | Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705) | Sharing of Records | Revises provisions relating to the release of certain records of children in the custody of an agency which provides child welfare services. |
| <u>AB536</u> | Legislative Committee on Child Welfare and Juvenile Justice (NRS 218E.705) | Background Checks | Revises provisions relating to background checks of certain persons who work with children. |
| <u>SB167</u> | Senator Leslie | Share report with Guardian | Revises provisions governing the confidentiality of certain reports of child welfare agencies. |
| <u>SB66</u> | Attorney General | AG Child Death Review | Authorizes the Attorney General to organize or sponsor multidisciplinary teams to review the death of a victim of domestic violence. |
| <u>SB57</u> | Attorney General | AG Custody | Revises provisions concerning missing, abducted, removed or concealed children. |
| <u>SB23</u> | Child and Family Services, Division of-Health and Human Services | Retroactive Adoption Subsidy | Clarifies the entity responsible for notifying a potential adoptive parent of the availability of adoption assistance during a private adoption. |
| <u>AB148</u> | Assemblywoman Mastroluca | Safe Haven | Revises provisions governing the delivery of a newborn child to a provider of emergency services. |
| <u>SB111</u> | Senator Settlemeyer | Austin's House | Makes various changes concerning the placement of a child into protective custody. |
| <u>AB350</u> | Assemblywoman Mastroluca | Fictive Kin | Revises provisions governing children in foster care. |
| <u>SB246</u> | Senator Leslie | Medication Training | Revises provisions concerning governmental facilities for children. |
| <u>AB154</u> | Assemblyman Frierson | Foster Care Bill of Rights | Enacts the foster care children bill of rights. |

| | | | |
|--------------|---|---|--|
| <u>SB370</u> | Senator Horsford | Placement priorities and parental incarceration parole conditions | Revises provisions governing family preservation and restoration. |
| <u>SB447</u> | Budget and Planning, Division of-Administration | Block Grant | Implements an annual capped block grant to support child welfare services. |
| <u>SB480</u> | Budget and Planning, Division of-Administration | Rural CPS Assessments | Provides for assessment of rural counties for the cost of child protective services provided by the State. |

SECTION II: GOALS, OBJECTIVES AND METHODS OF MEASURING PROGRESS

Nevada has had an established process for measuring the safety, permanency and well-being of children in the child welfare system for the past six years. This process was modeled after the federal Child and Family Services Review of state cases. However, due to consistent budget reductions over the last several years this process that was projected to be expanded to all 45 items in the next five year cycle as part of the Child and Family Services Plan (CFSP) is being truncated to accommodate for the diminished resources available.

Overall Goal

- **To ensure that the child welfare system in Nevada is meeting compliance in all Safety, Permanency, Well-Being and Systemic Outcomes as outlined in individual 45 performance indicator items.**

Overall Objectives

The overall objective of the state in its five year plan is to ensure a comprehensive ongoing review process using a variety of methods for examining compliance on Safety, Permanency, Well-Being and Systemic Performance Indicators. This is planned to be accomplished by redesigning the existing Quality Improvement Framework for Nevada to include a variety of processes. Each of the 45 performance indicators include key elements, such as statewide policy review and revision; development and monitoring of quantitative reports to address specific performance indicator questions; and the development and implementation of a qualitative process to answer those questions that cannot be measured through quantitative reporting. This includes the potential of developing targeted case reviews, stakeholder surveys, and other methods for gleaning the performance on individual items. The overall process also includes the provision for ensuring ongoing coordination and collaboration with key child welfare stakeholders to be involved in all levels of the Quality Improvement Framework process.

Progress on the individual methods outlined in Section III of the Nevada Child and Family Services Plan are included in several systemic performance indicator items and are highlighted below.

- **Coordinating and Collaborating with Stakeholders:** Throughout the quality improvement process for the State of Nevada; Family Programs Office (FPO) representatives, child welfare agency representatives and key external stakeholders have been and continue to be involved in the process. Current progress on this item is reported out on in Item 38: State Engagement in Consultation with Stakeholders and Item 40: Coordination of CFSP Services with other Federal Programs. Current stakeholder involvement has included members from a variety of areas including representatives from the judiciary, child advocates, caregivers (foster parents, adoptive parents, relative caregivers, etc.), foster youth, tribal representatives, educational representatives, medical/behavioral health representatives, differential response representatives, service providers (substance abuse, domestic violence, etc.) and other members as identified. A number of existing stakeholder groups are regularly collaborated with to ensure consistent involvement in the CFSP process.
- **Review, Revision and Development of Policies and Procedures:** The State uses a collaborative process to develop statewide policy. To accomplish the review, revision or new development of statewide policies and procedures related to Safety, Permanency, Well-Being and Systemic Performance Indicators collaborative workgroups are convened with members from DCFS, the child welfare agencies and applicable external stakeholders in accordance with federal and state laws.

Review, Revision and Development of Quantitative Reports: Nevada's Program Improvement Plan (PIP) was approved on October 21, 2010 with an implementation date beginning on December 1, 2010 (Quarter 1). PIP Strategy (4) "Strengthen Child Welfare Supervision and Middle Management Skills" addresses quantitative reporting as it relates to timeliness to permanency. A list of current reports was provided in Nevada's PIP Quarter 1 submission. Currently, a workgroup has convened to develop any identified needed reports. The developed reports will be due in the PIP Quarter 7 submission. DCFS has joined membership to Chapin Hall's Center for State Foster Care and Adoption Data. Chapin Hall at the University of Chicago has since its inception in 1985 been known as a research and policy center, focused on a mission of improving the well-being of children, youth, families, and their communities. DCFS has just recently (May 2012) been provided portal access, and is working towards training staff to ensure maximization and utilization of data centers reporting capabilities. Also, during the 2011 Legislative Session the Legislature approved DCFS's Technology Investment (TIR). The TIR will enhance the UNITY system, and help support Nevada's state and local child welfare agencies and statewide quality improvement and assurance efforts in the ability to better review, revise and develop quantitative reports.

- **Review and Improvement of Existing Stakeholder Survey Instruments/Qualitative Review Methods:** This objective covers a qualitative method for obtaining information from key stakeholders regarding specific performance indicators. A pilot of this process was conducted during the spring of 2009 during the Nevada Statewide Assessment. This process may include the review and improvement of existing stakeholder survey instruments and/or development (where needed) of new qualitative review methods for assessing system performance through the regular consultation with stakeholders key to the child welfare system in Nevada. Nevada is currently in the 7th Quarter of its Program Improvement Plan (PIP). In addition, 2011 legislative activity requires the Division to assess and develop an oversight system to include oversight of local Improvement Data, Agency Improvement Plans and Corrective Action Plans. Also, this process includes performance targets and an incentive payment structure. DCFS is currently working on an analysis and implementation of this process.
- **Review and Improvement of the existing Quality Improvement Case Review (QICR) Process:** This process has been redesigned as part of the PIP. The progress is reported in Item 31: Quality Assurance System.

Quality Improvement Loop: As mentioned, Nevada is in the 7th Quarter of the PIP and has completed 6 QICR reviews, three in Clark County, two in the DCFS Rural Region and one in Washoe County. The last two reviews required by the PIP are scheduled for August 2012 in Washoe County and for October 2012 in Clark County. The Statewide Quality Improvement Committee (SQIC) has not convened due to work involved in development and implementation of the PIP. However, Nevada is working towards a re-design of the Quality Assurance System in response to legislative action, and has requested Technical assistance (TA) from the National Resource Center for Organizational Improvement (NRCOI).

Technical Assistance

Table 05: Technical Assistance Received for State Fiscal Year 2012

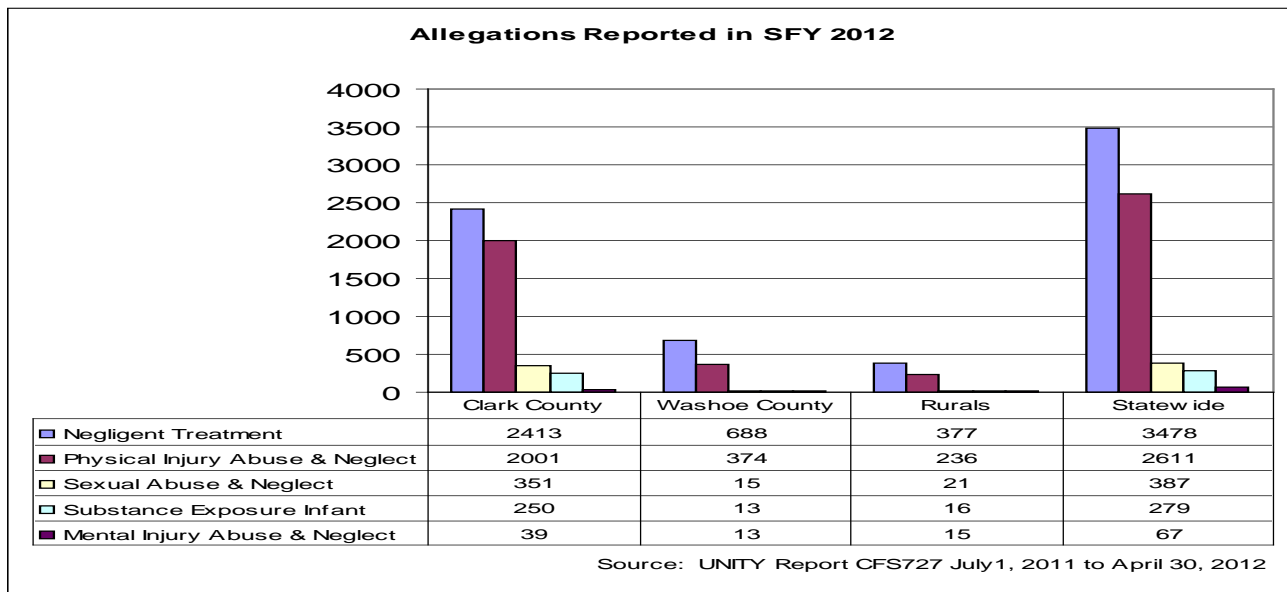
| | |
|---|---|
| TA357 Nevada Court Improvement Program Status: In progress | |
| Request/Objective: Nevada Court Improvement Program (CIP) requests technical assistance from a facilitator for up to three Community Improvement Council (CIC) meetings in each of the 8th and 5th Judicial Districts located in Clark and Nye Counties. The requested TA is in response to the Child and Family Services Review. In the DCFS Program Improvement Plan, the courts have been asked to establish workgroups and work with stakeholders to identify barriers to permanency, timely adoption, and termination of parental rights. Workgroups or "Community Improvement Councils" have proven effective in other States. | Date Requested: 12/08/2010 Direct Recipients of T/TA: Community Improvement Council members in Clark and Nye Counties and DCFS |
| TA401 Clark County In-home Services Model Status: In progress | |
| Request/Objective: Develop a new in-home services model that does not require court-ordered wardship of children; conduct facilitated discussions with staff and managers on voluntary programs and identifying which families are appropriate for the service; training on the NCFAS-G training on engagement and chronic neglect. | Date Requested: 2/15/11 Direct Recipients of T/TA: Clark County DFS |
| TA463 Nevada CIP Statewide Conference Child Safety Model Presentation Status: Complete | |
| Request/Objective: The CIP has asked NRCCPS to provide technical assistance for a plenary and a concurrent session on the Child Safety Model at the Nevada CIP Statewide Conference to be held July 21-23, 2011. During the plenary session the instructor will offer a general overview of the Child Safety Model with emphasis on a comprehensive understanding of present and impending danger and how to control the safety threats while working to strengthen families and reduce the number of children in foster care. The concurrent session following the plenary will be oriented toward educating social workers in greater detail about the revisions to the Nevada Initial Assessment. | Date Requested: 4/21/11 Direct Recipients of T/TA: The audience will include judges, attorneys, and social workers with some CASA directors/staff and tribal members |
| TA55 Program Improvement Activities and the Nevada Court System Status: In progress | |
| Request/Objective: Technical assistance to help State child welfare agencies and courts streamline the process for timely permanency for children in care or who are awaiting adoption | Date Requested: June 3, 2010 Direct Recipients of T/TA: Child welfare agency policy developers and court representatives |
| TA556 foster Care Recruitment and Retention Status: In progress | |
| Request/Objective: Develop and implement a recruitment plan specific to needs of the State's rural regions for foster and adoptive parents | Date Requested: August 15, 2011 Direct Recipients of T/TA: Rural DCFS child welfare agency |
| TA736 Safety Model Implementation Status: In progress | |
| Request/Objective: The Court Improvement Program (CIP), Rural Region DCFS (DCFS), and Washoe County Department of Social Services (WCDSS) request training and technical assistance (T/TA) from the NRCCPS and NRCLJI to educate judges, masters, attorneys, guardians ad litem (GALs), and Court Appointed Special Advocates (CASAs) regarding Nevada's safety model; provide assistance in building internal capacity of safety experts within the DCFS Rural Region; develop a process of Quality Assurance for fidelity of DCFS Intake assessments, NIA assessments, safety plans, documentation and supervisor consultation; and provide assistance with practice. | Date Requested: February 14, 2012 Direct Recipients of T/TA: CIP, Rural Region DCFS, and WCDSS |
| TA765 QA/QI Model Status: In progress | |
| Request/Objective: Develop and implement a QA/QI process or model that includes a qualitative and a quantitative component and integrates the performance-based block grant process | Date Requested: April 6, 2012 Direct Recipients of T/TA: The DCFS QA Unit |

SECTION III: SAFETY

Trends in Child Safety

There were 6,822 allegations in 2012 compared to 6,606 in 2011 for an increase of 3.3%. The order of predominance in allegations was consistent across all regions of the state. Negligent Treatment continued to be the primary source of allegations with 51% of all allegation types. Physical Injury Abuse & Neglect – 38%, Mental Injury Abuse & Neglect – 6%, Sexual Abuse & Neglect 4% and Substance Exposure Infant 1%.

Figure 03: Allegations Reported in State Fiscal Year 2012



A variety of initiatives have been reported by Clark, Washoe and the Rural Region in their efforts to improve child safety over the past year.

Clark County Initiatives

In FY 2011-2012 Clark County continues to modify and track the following initiatives:

- Safety Team Meetings: CCDFS hired 9 PTH coordinators to assist in setting up CPS Safety Team meetings (FDM model) within 48 hours of the removal of a child.
- All CPS staff engaged in training and partnering with law enforcement to enhance ability to effectively collaborate.
- The District Attorney's office facilitated a petition program to better streamline petition processes in order to effectively serve families in the court system.
- Enhanced Boys Town Family Preservation Program by providing IV-B funding to Boys Town to facilitate and develop an intensive family preservation referral model. The model was initially rolled out based on geographic location of the highest amount of child removals, but is now accessible to all of Clark County.
- Coordinated a court liaison program to reduce amount of time workers are idle waiting for court to convene on cases.
- Collaborated with detention centers to allow CPS workers access to incarcerated parents quickly and timely in order to determine placement options for children.

- Developed and implemented a new structured process for the supervisory oversight of CPS investigations. The new process requires the timely review of the Unified Nevada Information Technology (UNITY) known as Nevada's SACWIS system. The file review for each investigation at 7 and 21 days with specific guidance towards the timely quality conclusion of the investigation. This process has resulted in reductions of overdue investigations by as much as 90% since the process was implemented.

DCFS Rural Region and Washoe Initiatives

- The Rural Region, in partnership with the Washoe County Department of Social Services implemented a new practice model, SAFE, Safety Assessment Family Evaluation, with assistance from The National Resource Center for Child Protective Services and ACTION for Child Protection. A Quality Assurance review of safety assessments at the Intake stage was completed. The results were used to develop additional training and policy revisions regarding the need to gather sufficient information and complete analysis of safety threats at Intake.
- WCDSS and DCFS have also revised the Nevada Initial Assessment (NIA) to enhance the process for assessing present and impending danger by creating new safety assessments, rewriting impending danger safety threats to provide more clarity to staff, and implementing a safety decision analysis system to more effectively guide safety planning decisions. The Nevada Initial Assessment policy (0508), which drives the front end child safety practice within the Rural Region, was revised to be in line with the safety model. All staff were retrained on the enhanced model. DCFS has consistently held biweekly implementation team meetings since Oct 2011, when the new NIA was deployed in UNITY. The purpose of the implementation team meetings was to review new policy and practice recommendations, to staff difficult cases, to discuss glitches in UNITY or the new model and to do peer review of completed assessments. In addition to the policy change, a NIA Intervention Manual was created to assist workers in their practice. Staff received training in August 2011 for the Intake portion of the model with additional training on the Nevada Initial Assessment (NIA) in September 2011, with the safety model being implemented in October, 2011. Staff received further training in November 2011 on the Conditions for Return (CFR) aspect of the model. CFR 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. Supervisors received Consultative Supervision training as well as a NIA Supervisory Consultation Guide on the model in during this reporting period to enhance their ability of supervision under the model.
- Starting in June 2012 the Rural Region will begin the next phase of the model entitled Confirming Safe Environments (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 by developing the tools and policy with staff training and implementation occurring in fall 2012. The Confirming Safe Environments process, policy and tools will assist workers in determining that while the child is placed outside their home with relatives, fictive kin or in foster care placement that the environment in which they are placed is safe and appropriate for the child.
- The Rural Region has been working diligently on increasing its access to individual's criminal history through the use of the Nevada Criminal Justice Information System and the National Crime Information Center to assist in determining child safety either in their own homes during the assessment process or in out of home placements with fictive kin or relatives. Additionally, the computer systems will be used during the investigative process again ensuring not only child safety but worker safety as well. The Carson City District Office has had access to the systems for some time; however, the Fallon District Office gained access in December 2011 and the Elko District Office in March 2012.

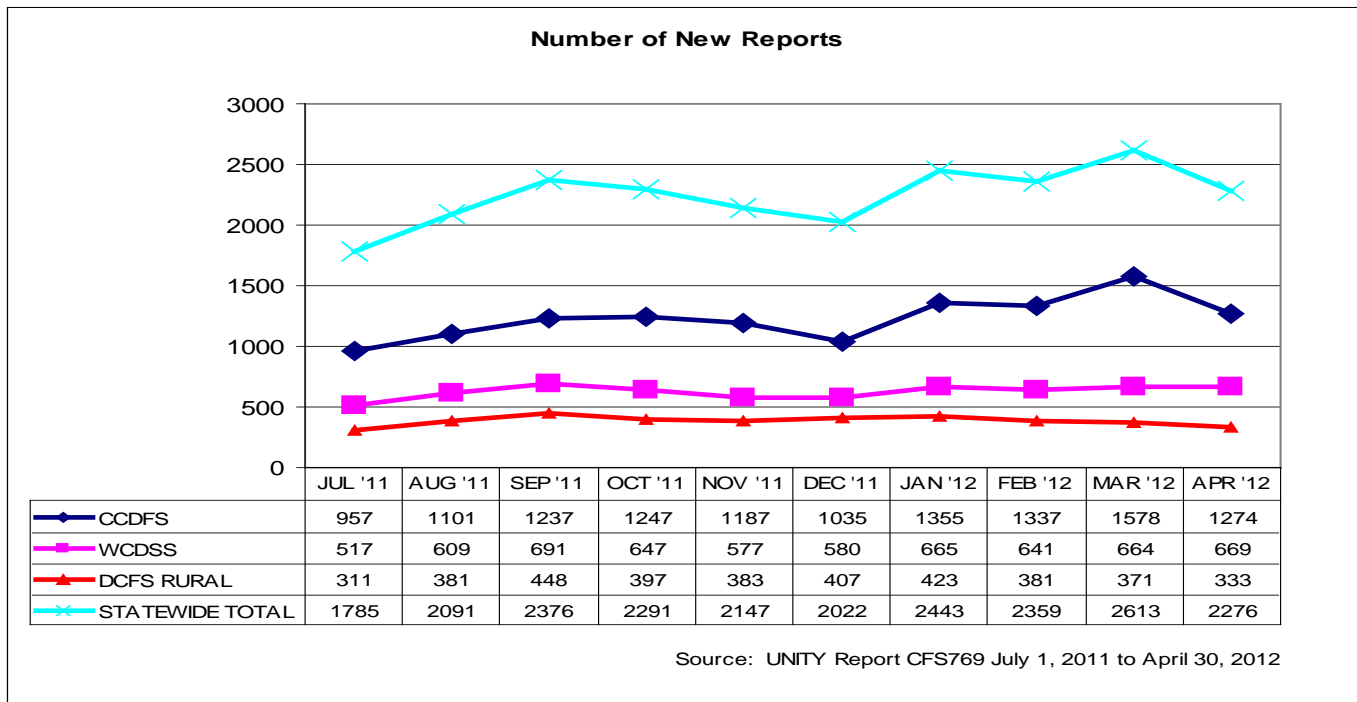
Program Areas

Reports and Investigations

A referral becomes a report upon child welfare agency determination that information received constitutes an allegation consistent with the Nevada child abuse and neglect allegation definitions. Reports are then forwarded to a supervisor or

supervisory-level designee for review and a priority response time is assigned. The following graph depicts the number of new reports from July 2011 through April 2012. There was a 14.6% increase statewide in the number of new reports over the same time period last year from 19,543 new reports in SFY 2011 to 22,403 new reports in SFY 2012. Clark County showed an increase of new reports from 11,019 to 12,308 or 11.6%. Washoe County new reports increased from 5,644 to 6,260 or 10.9% while the Rural Region showed an increase in new reports from 2,880 to 3835 or 33.1%. Figure 04 shows that a total of 22,403 new reports were received statewide since June 2011. The statewide totals shown in the graph are monthly totals.

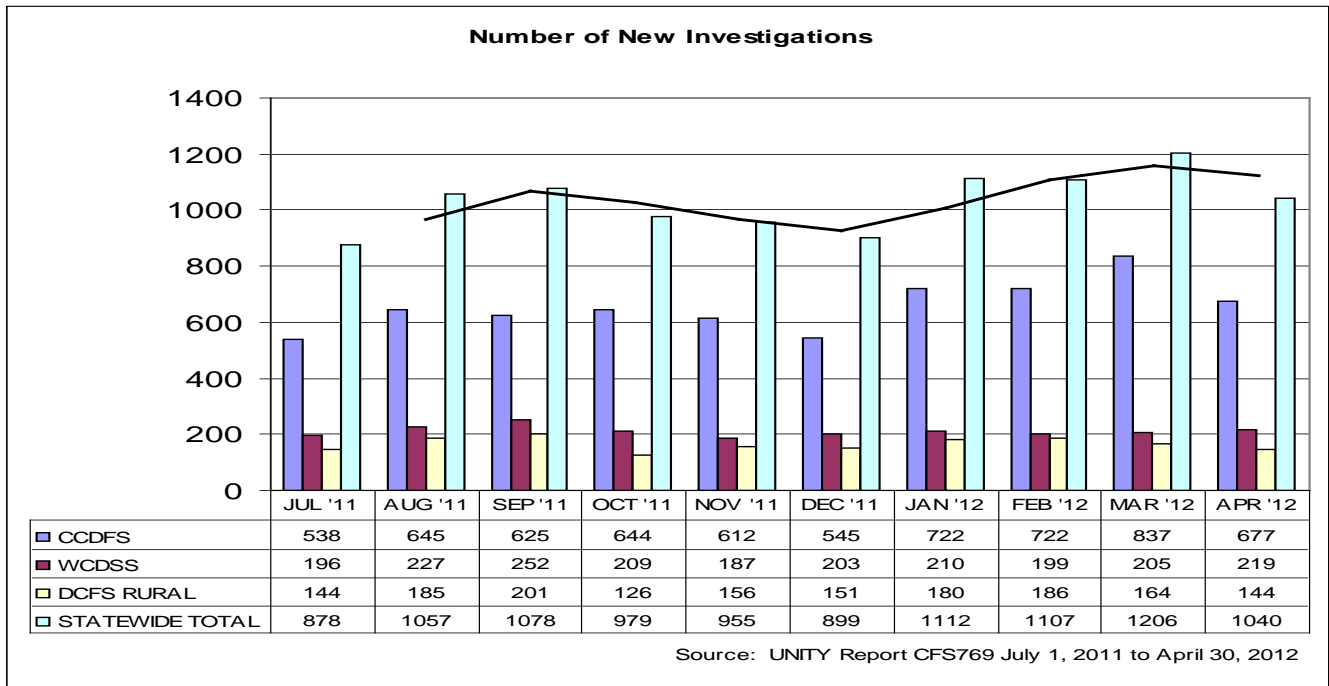
Figure 04: Number of New Reports



When a report is screened in, it is assigned for investigation by a child welfare agency per policy 0506 Intake and Priority Response. The investigation process is outlined in the 0508 and 0509 Nevada initial Assessment (NIA) Policies. The NIA policy includes the process for interaction with a family for the purpose of assessing factors or conditions that are known to contribute to the likelihood of child abuse or neglect

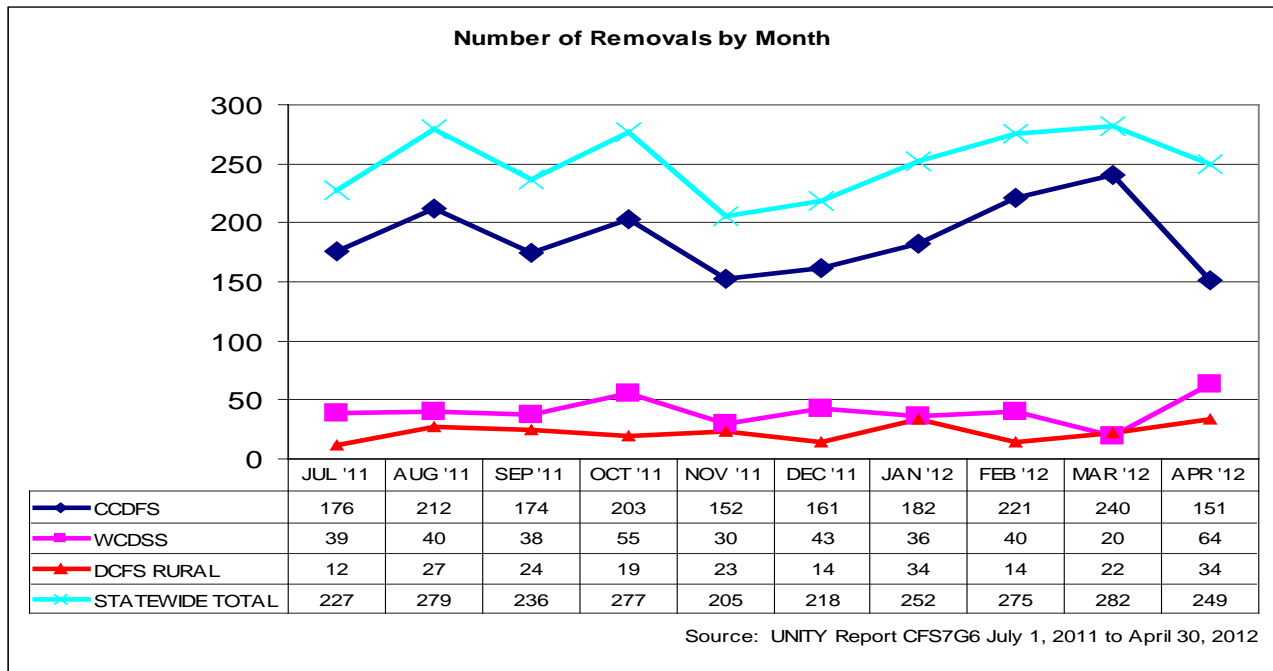
Although there was an increase of 14.6% in the number of new reports for the past fiscal year, July 2011 to April 2012, the total number of new investigations statewide has decreased 1% from 10,421 for 2011 to 10,311 for 2012. Clark County experienced a decrease of 1.5 %, Washoe County increased 0.3% and Rural Nevada decreased 1.2 %.

Figure 05: Number of New Investigations



A child is considered unsafe when present or impending danger threats exist and cannot be managed by the caregiver/family's protective capacities. If present danger cannot be mitigated with safety planning or resources the child is removed. The following graph in Figure 06 shows the number of children removed from July 2011 through April 2012. This figure demonstrates some variation over time in the number of children that have been removed statewide during the past year. In SFY 2012 to date there has been an increase of 11.7% in the number of removals statewide over SFY 2011, from 2,237 to 2,500 children. Clark County had a 15.3% increase in removals while Washoe County had a 1.2% decrease in removals. The Rural Nevada had an increase of 9.3% in removals. The number of removals statewide, as compared to the number of investigations, increased from 21.5% for SFY 2011 to 24.2% for SFY 2012.

Figure 06: Number of Total Removals



Child Fatality

In an effort to promote child safety and to prevent future deaths of children, Nevada collects information and participates in a variety of team activities to examine incidences of child abuse and neglect that result in child fatalities or near fatalities. Nevada continues to follow recommendations from the Blue Ribbon Panel reported in previous APSRs. These recommendations have resulted in numerous revisions to policies, procedures, legislative changes, quality improvement activities as well as participation from the Legislative Council Bureau (LCB) auditors in ensuring continuous monitoring and review of fatalities and near fatalities that occur statewide.

Nevada continues the work of both state and local teams that review child fatalities. The Regional Multidisciplinary Child Death Review Teams are charged with periodic review of child deaths which occur within their region. The Administrative Team is comprised of agencies which provide child welfare services, vital statistics, public health, mental health and public safety. They provide oversight for local teams and receive the reports and recommendations from local multidisciplinary teams for review. The Administrative Team meets quarterly to discuss issues to improve and enhance data and to identify where Nevada needs to make policy changes. The Executive Committee is comprised of members of each Regional Multidisciplinary Child Death Review Teams as well as other stakeholders. The Executive Committee makes funding decisions about prevention and awareness initiatives, oversees training initiatives, oversees training and development of the MDT's, compiles and distributes a statewide annual child death report, and adopts statewide protocol.

The Executive Committee and the Administrative Team to Review the Death of Children continue their work with local and statewide initiatives as a result of recommendations from the Regional Multidisciplinary Child Death Review Teams. In 2011, the State of Nevada CDR Teams in partnership with Southern Nevada Health District (SNHD) updated the A,B,C,D's of Drowning Prevention brochure to comply with the federal Virginia Graeme Baker Law, and completed translation of the updated brochure into Spanish. Additionally, production was completed for a 30-second Spanish-language public services announcement to be broadcasted through regional Spanish television stations. Other collaborations include the Protect and Immunize Nevada's Kids (PINK) Program. This program's goal is to focus on filling in the gap for information on immunizations and other health and safety topics for parents of newborn infants. Information such as CDR prevention materials on safe sleep, drug overdose, gun safety and drowning prevention are included in an information packet and provided to new parents while they are at the hospital. Cribs for Kids purchased portable cribs

through the national Crib for Kids program. They are working with two northern Nevada Women, Infants and Children (WIC) clinics. This partnership addresses the need for new moms to provide a safe sleep environment. The Office of Suicide Prevention and Crisis Call Center provided public awareness of youth suicide by improving access to the Crisis Call Center amid youth in Nevada ages 14-19 who need support with critical social and emotional issues, increasing the number of middle and high schools in Nevada that are aware of the Text Messaging Support Services program, and distributing an E-Newsletter to participating school and other stakeholders. Additionally, an E-bulletin of CDR Team prevention activities was developed by staff. The bulletin was distributed to child welfare agency's staff and other human services professionals throughout the state. Finally, CDR Team prevention materials and information about the state and local team initiatives have been included on the DCFS website. On the local level, Clark County DFS is currently in the process of developing inter-departmental informational memorandum's to establish consistency in reports and referrals regarding child fatalities and near fatalities.

In 2011, the Executive Committee provided scholarships for one member from each team to attend the Child Fatality Investigations Training in Huntsville, Alabama. Washoe opted out of this training opportunity, as one of their team members had previously attended the same training. The Training was held in December 2011. Participants learned the fundamental techniques and gained knowledge about investigating and prosecuting child fatalities. Also in April 2011, DCFS child fatality program staff attended the National Child Death Review Coordinators meeting in Atlanta, Georgia. As a result of this meeting, Nevada joined a newly formed Western States Coalition for Child Death Coordinators to review common issues in child death review, ensure conformity of case reviews, and address issues regarding consistent implementation of case reviews .

The multiple collaborations with state and local public health agencies, injury prevention and law enforcement entities, and non profit organizations have strengthened the child death review process and created an active child death review system. The partnerships that have been created, such as with the Southern Nevada Health District, Baby's Bounty, Immunize Nevada, the Office of Suicide Prevention, and Crisis Call have enabled the child death review teams to engage in multiple activities.

DCFS utilizes data provided by UNITY, local child welfare agencies, the state vital statistics department, law enforcement, medical examiners, and coroner's offices to report child fatalities for NCANDS. Data retrieved from child death review teams is not directly used for NCANDS data reporting as NRS432B.407, which is a confidentiality statute related to sharing of child fatality information, prohibits this form of data sharing. However, data reports received from the aforementioned sources do include cases reviewed by local death review teams. Since 2008, the Family Programs Office has continued to improve on child fatality and near fatality standardized data reporting systems. A newly designed database has been implemented. It was designed to track and improve on data collection related to public disclosures including case review trends in child deaths and near deaths, compliance with policies and statutes, and effectiveness of prevention activities.

Finally, Nevada has been diligent in assuring compliance with CAPTA public disclosure laws. Nevada received an A plus from an advocacy group for transparency in reporting child abuse deaths and serious injuries in 2011. This is an improvement from 2008, when Nevada received an A from the same advocacy group. When comparing public disclosure data from 2010 and 2011, the number of child fatalities decreased in 2011 by 8.7% (n = 2). However, the number of near fatalities increased in 2011 by 61% (n = 23).

Policy Development and Revision

- 0508 Nevada Initial Assessment (NIA) policy which drives the front end child safety practice was updated for WCDSS and the DCFS Rural Region.
- 0515 Child Abuse and Neglect (CANS and NCID) requirements for Prospective Foster and Adoptive Parents were updated on 10/28/2011.
- 0517 Sealing of Records which clarifies the process for sealing records located in the Central Registry was developed on 9/1/2011.

In addition to the above policies Clark County has updated sections of their CCDFS Hotline, the Investigations policies,

and multiple common policy elements that continue to be written and implemented.

CFSP Goals and Objectives for Safety

In the 2010-2014 CFSP, each performance indicator was given an overall goal and one or more objectives. Nevada's Program Improvement Plan (PIP) was approved on October 21, 2010 with an implementation date beginning on December 1, 2010 (Quarter 1). The Safety Performance items 1, 3 and 4 were identified to be measured by case reviews using a prospective baseline developed using data from December 2010 – November 2011 (first year of PIP) case reviews. Nevada has completed the baseline year and the Administration for Children and Families (ACF) has set the improvement goals using the federal method 2 prospective formulas. The baseline data was reported in November 2011. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark County and one in Washoe County. As of March 31, 2012 Nevada has met the following Safety Outcome PIP Case Review items:

Safety Outcome 2: Item 3-Services to family to prevent removal

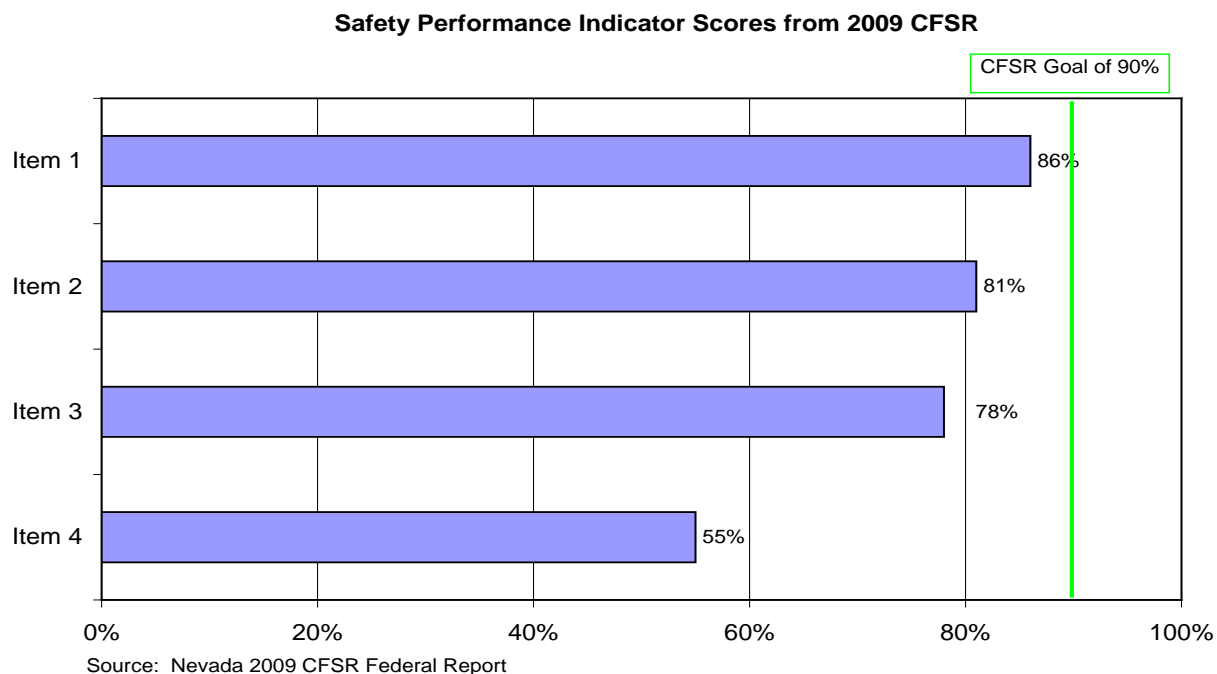
Safety Outcome 2: Item 4-Risk of Harm

Also, the PIP outlines several other Safety items and outcomes that are and will be addressed during the completion of the PIP implementation period. Specifically, Primary Strategy (1) of the PIP focuses on "Strengthening and Reinforcing Safety Practices throughout the Life of the Case" and addresses these areas of improvement. Nevada has successfully completed Primary Strategy (1) goal (2) of the PIP at this time.

Nevada has not met the National Standard for the Safety outcome of "Absence of Maltreatment of Children in Foster Care." Please see Table 08 for information on this National Standard.

Figure 07 shows a brief graph of how Nevada rated statewide in the 2009 CFSR on the individual performance indicators for safety.

Figure 07: Statewide Safety Performance Indicator Scores vs. 90% goal



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

Item 1: Timeliness of initiation investigations of reports of child maltreatment

Goal: To determine whether responses to all accepted child maltreatment reports received are initiated and face-to-face contact with the child has been made, within the timeframes established by statewide policy.

To reach this goal, the State had the objective to ensure that responses to all accepted child maltreatment reports are initiated, and face-to-face contact with the child is made within the timeframes established by statewide policy and that appropriate documentation (including reasons why timelines were not met, if applicable) is made in UNITY in 90% of cases reviewed. Table 6 below shows the CFSR 2009 data related to this item. Statewide, Nevada rated just below the overall goal of 90%, with Washoe County's review exceeding the goal. This item remains as an area needing improvement. Safety performance item 1 was identified to be measured by case reviews during the PIP implementation period using a prospective baseline developed using data from December 2010- January 2011 case reviews. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark County and one in Washoe County. As of March 31, 2012 Nevada has not met the target for this item.

Table 06: SFY 2010 Data for Item 1

| Item 1: Timeliness of initiating investigations of reports of child maltreatment. | CFSR 2009 | NV Goal | Goal Met |
|--|------------------|----------------|-----------------|
| Statewide | 86% | 90%* | No |
| Clark County | 85% | 90%* | No |
| Washoe County | 100% | 90%* | Yes |
| DCFS Rural Region | 80% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

Item 2: Repeat maltreatment

Goal: To determine if any child in the family experienced repeat maltreatment within a 6-month period.

To reach this goal, children in the child welfare system in Nevada will not have experienced an incidence of repeat maltreatment within a 6-month period in a minimum of 90% of cases. CFSR 2009 data in Table 7 shows that Nevada needs some improvement in this area. Clark County's portion of the CFSR review indicated that they were currently meeting this objective.

Table 07: SFY 2010 Data for Item 2

| Item 2: Repeat Maltreatment | CFSR 2009 | NV Goal | Goal Met |
|------------------------------------|------------------|----------------|-----------------|
| Statewide | 81% | 90%* | No |
| Clark County | 92% | 90%* | Yes |
| Washoe County | 83% | 90%* | No |
| DCFS Rural Region | 33% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

The following Table 08 presents the most recent CFSR Data Profile provided by ACF dated February 24, 2012 for Repeat Maltreatment. As depicted in the table "Absence of Maltreatment Recurrence" the standard is 94.6%. For the most recent data profile FFY 2011 Nevada does not meet this national standard and has gone from 94.5 in FFY 2012 to 93.7 in FFY 2011. However, Nevada did meet this standard in FFY 2008, but has not met this standard since that time. The National standard of 94.6% is the preferred percentage to meet for this measure.

In addition, "Absence of Child abuse and/or neglect in Foster Care (12 months)" data is provided in the same table. The national standard for this measure is 99.68%. For the most recent data profile FFY 2011 Nevada does not meet the National Standard. Nevada currently has a PIP improvement target goal of 99.64% which has been measured through federal data profiles. As of the most recent data profile on 2/24/2012 Nevada has not met this standard. The PIP identifies that Safety item 2 will be addressed during the continued PIP implementation period. Specifically, Primary Strategy (1) of the PIP focuses on "Strengthening and Reinforcing Safety Practices throughout the Life of the Case" and addresses this item for improvement.

Table 08: CFSR Data Profile Information for Repeat Maltreatment

| CHILD SAFETY PROFILE | FFY 2008 | 2008b09a | FFY2009 | FFY2010 | FY2011 | STATUS |
|--|----------|----------|---------|---------|--------|---------------------------------|
| Absence of Maltreatment Recurrence [standard: 94.6% or more; national median=93.3%,25th percentile=91.50% | 95.10 | N/A | 93.90 | 94.5 | 93.7 | National Standard achieved FY08 |
| Absence of Child Abuse and/or Neglect in Foster Care (12 months) [standard 99.68% or more; national median=99.5, 25th percentile=99.30] | 99.56 | N/A | 99.54 | 99.4 | 99.43 | Improvement goal 99.64 |

Source: CFSR data profile provided 2/24/2012

Safety Outcome 2: Children are safely maintained in their homes whenever possible

Item 3: Services to families to protect children in home and prevent removal or re-entry into foster care

Goal: To determine whether the State is making concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification.

To meet this goal, the State projected that an evaluation of case records would be needed to determine if concerted efforts were made to provide or arrange for appropriate services for the family to protect children and prevent the child's entry into foster care or re-entry into foster care after a reunification. Also, if a child was removed from the home without providing for or arranging for services, that the action was necessary to ensure the child's safety. A further objective is that the above information would be documented appropriately in UNITY in a minimum of 90% of applicable cases. Table 9 shows that Nevada as a whole was not currently meeting this goal as reported in the Nevada 2009 CFSR report. At the time of the 2009 CFSR for Clark County and the DCFS Rural Region this item was an area that needed improvement. Also, based on the CFSR 2009 data, Washoe County showed this to be an area of strength.

Table 09: SFY 2010 Data for Item 3

| Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. | CFSR 2009 | NV Goal | Goal Met |
|---|------------------|----------------|-----------------|
| Statewide | 78% | 90%* | No |
| Clark County | 60% | 90%* | No |
| Washoe County | 100% | 90%* | Yes |
| DCFS Rural Region | 77% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

Safety performance item 3 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark County and one in Washoe County. As of March 31, 2012 Nevada has met the case review performance target on this item.

Also, the PIP identified that Safety item 3 will be addressed during the PIP implementation specifically under Primary Strategy (1) of the PIP. This strategy focuses on "Strengthening and Reinforcing Safety Practices throughout the Life of the Case" and continues to address this item for improvement.

Item 4: Risk assessment and safety management

Goal: To determine whether the State is making concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

To meet this goal, there are several objectives planned in the Child and Family Services Plan. These focus on initial risk assessment, ongoing assessment of risk, and safety assessment. Safety concerns focuses providing assessments on the child's living environment (both in the home and in foster care), during visitation with family members, and in trial home visits. A further objective is to ensure that this information is appropriately documented in UNITY in 90% of cases. Data from the 2009 CFSR, as shown in Table 10 below indicated that Nevada was not currently reaching this goal at that time.

Table 10: SFY 2010 Data for Item 4

| Item 4: Risk assessment and safety management | CFSR 2009 | NV Goal | Goal Met |
|---|-----------|---------|----------|
| Statewide | 55% | 90%* | No |
| Clark County | 50% | 90%* | No |
| Washoe County | 78% | 90%* | No |
| DCFS Rural Region | 39% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

Safety performance item 4 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark County and one in Washoe County. As of March 31, 2012 Nevada has met the case review target for this item. Also, the PIP identifies that Safety item 4 is being addressed during the PIP implementation specifically under Primary Strategy (1) of the PIP which focuses on "Strengthening and Reinforcing Safety Practices throughout the Life of the Case". This further continues to address this item for improvement.

SECTION IV: PERMANENCY

Trends in Permanency

In Nevada, when a child must be removed from his/her home, the first placement option considered is relative care. Table 11 shows the number of paid and unpaid relative foster care placements by agency and statewide from September 1, 2011 through May 31, 2012.

Table 11: Paid and Unpaid Relative Foster Care

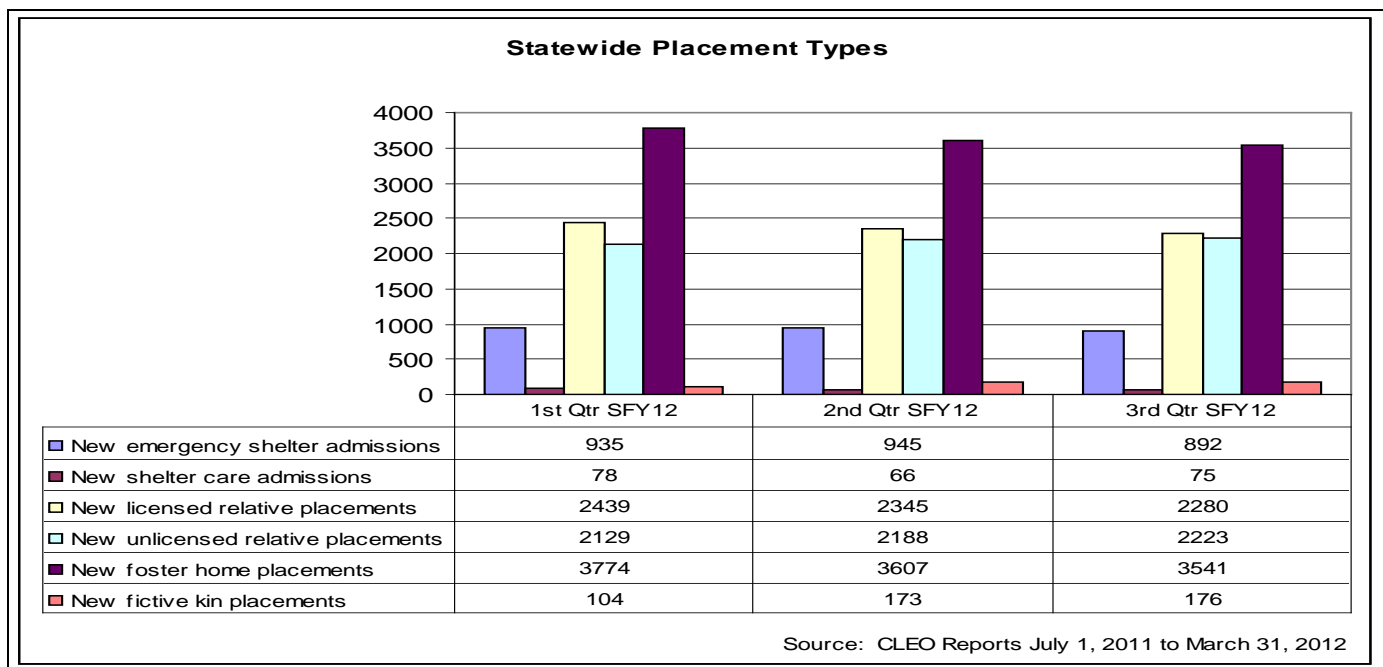
| Child Welfare Agency | | Sep '11 | Oct '11 | Nov '11 | Dec '11 | Jan '12 | Feb '12 | Mar '12 | Apr '12 |
|----------------------|----------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| Clark County | Relative Foster Care | 641 | 650 | 623 | 644 | 613 | 649 | 673 | 660 |
| | Unpaid Relative Care | 607 | 615 | 628 | 618 | 625 | 638 | 659 | 669 |
| Washoe County | Relative Foster Care | 130 | 131 | 132 | 127 | 101 | 100 | 109 | 116 |
| | Unpaid Relative Care | 31 | 29 | 26 | 24 | 15 | 14 | 14 | 16 |
| DCFS-Rural Region | Relative Foster Care | 14 | 14 | 12 | 12 | 11 | 11 | 13 | 14 |
| | Unpaid Relative Care | 86 | 87 | 81 | 80 | 90 | 87 | 81 | 90 |
| Statewide | Relative | 785 | 795 | 767 | 783 | 725 | 760 | 795 | 790 |

| | | | | | | | | | |
|--|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| | Foster Care | | | | | | | | |
| | Unpaid Relative Care | 724 | 731 | 735 | 722 | 730 | 739 | 754 | 775 |

Source: CLEO Report September 1, 2011 to April 30, 2012

Figure 08 below shows the different placement types that occurred overall in the first three quarters of SFY 2012 (fourth quarter data is not available until July 2012). In addition to being the preferred placement type, relative home placements both licensed and unlicensed, are also the most prevalent placement type in Nevada (49%). This is followed by foster home placements at 39%. New licensed relative home placements (25%) are utilized more frequently than new unlicensed relative placements (23%).

Figure 08: Statewide Placement Types



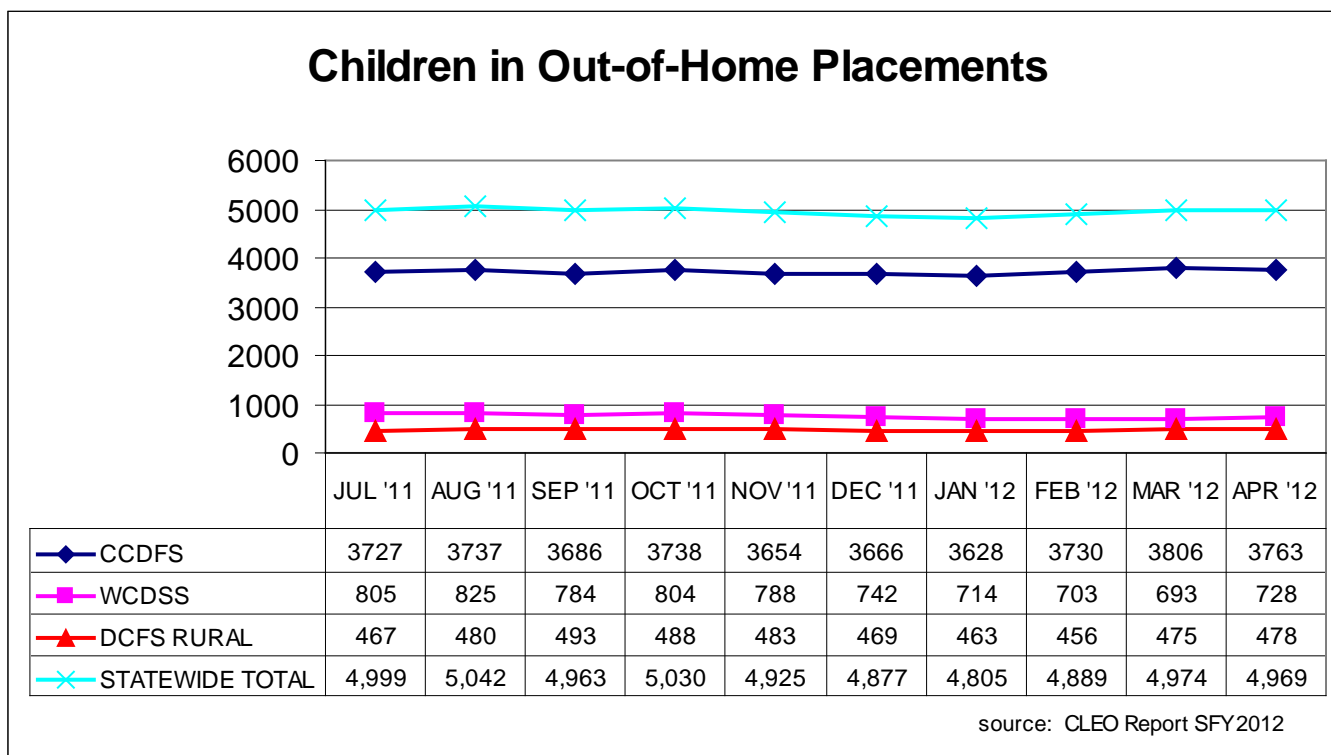
Relatives who care for their kin typically receive funds from the State in two ways. They become licensed foster care providers and receive payment through the States' child protective services agency. The State is then reimbursed for these payments through the Title IV-E program. Relatives who are unable to become a licensed relative foster family or who care for a child who has not gone through Child Protective Services (CPS) can receive a TANF child-only grant from the state's welfare agency. The State has continued to see a rise in the number of children placed with relatives, therefore the ability to support relatives financially while achieving permanency for children is something Nevada has been exploring through programs for relative and kinship care while establishing feasibility with our current budget crisis.

To assist relatives who care for children in out-of-home placements, Nevada has a Non-Needy Relative Caregiver Kinship Care Program. The Division of Welfare and Supportive Services currently administers the Kinship Care Program which went into effect on October 1, 2001. Since that time children living with a relative Non-Needy Caretaker (NNCT) may receive a Temporary Assistance for Needy Families (TANF) payment allowance which is a percentage of the State of Nevada foster care rate. NNCT is defined as relative caretakers who are not requesting assistance for themselves. In order for a relative caretaker to be eligible for this program they must be 62 or older; be a non-parent; be a non-needy caretaker; be caring for the child who is related (up to the 5th degree as described in the Division of Welfare and Supportive Services Eligibility and Payment Manual) by blood, adoption or marriage for at least six months; file for Nevada court approval of legal guardianship; comply with court imposed requirements; relative household members must have combined income below 275% of the federal poverty level; and the child must meet the age, citizenship and resource

eligibility requirements. There is an exception to the age requirement due to undue hardship and a wavier can be provided under certain circumstances. According to the Eligibility and Payments Manual provided by the Division of Welfare and Supportive Services (04/09), current payment rates for the Kinship Care Programs are \$534.00 per month for each child, age 12 years and younger; and, \$616.00 per month for each child age 13 and older. The Kinship Care Program also makes available certain other services such as legal assistance to obtain guardianship, child care, transportation for certain situations and respite care. During the 2011 Legislative Session the Legislature passed AB 110 the "Kinship Guardianship Assistance Program". Nevada is currently working on an analysis of the necessary amendments to policy and practice as well as a necessary amendment to the State of Nevada's IV-E Plan in order to submit for approval to implement the program.

Figure 09 shows the caseload sizes of caseworkers serving children in out-of-home placements from July 1, 2011 until April 31, 2012. There was an average of 4,947 children in out of home placement SFY 2012 which is a 3.0% decrease over SFY 2011 caseloads. Clark County averaged 3,713 out of home placement for a 1.7% decrease while Washoe County had 758 out of home placements for a decrease of 9.4%. The Division's Rural Region had 475 children placed in out-of-home for a decrease in caseloads of 2.8%.

Figure 09: Children in Out-of-Home Placements



Clark County Initiatives

- Clark County has developed a Reunification Report that shows all of the children placed on a trial home visit with their parents and how long they have been placed home with their parents. Supervisors review this report with their workers to discuss progress for these trial home visit cases and make recommendations to the court for case closure in a timely manner. Assistant managers also review this report with their supervisors to address those

cases where children have been on a trial home visit for 9 months or longer to assess what progress is being made to move to case closure. As a result of these reviews Clark County has reunified over 500 children with their families in 2011.

- Clark County has enhanced reports to determine how many months children are in out of home care. These reports are reviewed between worker and supervisor and supervisor and assistant managers during one to one supervision. During those meetings deadlines are set to achieve permanency. Families are also reviewed at the Assistant Manager level when a child(ren) has been removed from the home for 10 months and has not held a Reunification Child and Family Team CFT meeting, has not filed a petition for TPR, or has not made a referral for guardianship. These cases are reviewed to determine what the permanency plan is and how we are moving forward to achieve the identified permanency goal.
- To address the developmental needs of children under the age of five referrals are made to Nevada Early Intervention, Early Childhood, and Child Find when there are concerns that a child is not developmentally on target.
- Clark County DFS received a 5-year grant from the Children's Bureau to Improve Service Delivery to Youth in Foster Care beginning September 1, 2011. This project focuses on reducing teen pregnancy in foster youth and improving relational competencies for youth in foster care.
- Clark County set a benchmark for 2011 to finalize 600 adoptions, and 719 adoptions were finalized for 2011. Clark County held 2 Adoption days in November and December 2012 in collaboration with the court. For 2012 reviews have been occurring bi-monthly to ensure all youth in foster care who are legally free are assigned to the adoptions unit. Adoption reports have been developed to provide information regarding the legal status of children, how long they have been placed with the adoptive resource, and the type of placement.
- Clark County is developing a new Adoption Subsidy Unit that will conduct negotiations for Adoption subsidies and review adoption subsidy renewals.

Washoe County Department of Social Services Initiatives

- WCDSS continues with the Permanency Innovations initiative (PII). In FY 2011 WCDSS was one of six agencies awarded a multi-year demonstration project grant, Permanency Innovations Initiative (PII) through the Administration for Children and Families (ACF) to reduce the number of children in long term care. The strategy implements a Safety Intervention Permanency System (SIPS) based on two innovative intervention strategies (SAFE and Family Connections) to keep children safe and prevent them from coming into care and to improve permanency outcomes for subgroups of children that have the most serious barriers to permanency.
- WCDSS implemented a continued process of the SAFE model which includes Conditions for Return. These are specific conditions that parents can take to have children returned to their home on an out of home safety plan.
- WCDSS contracts with numerous providers, and to address the developmental needs of children under the age of five. Referrals are made to Nevada Early Intervention Services and Child Find when there are developmental concerns for children.

DCFS Rural Region Initiatives

- Casey Family Program's 2020 Strategy calls for the safe reduction of the number of children in foster care by 50% by 2020. DCFS Rural Region is working with Casey family Programs to bring permanency Round Tables to the DCFS Rural Region offices. The Round Tables will assist in identifying barriers to achieving permanency outcomes for youth who have been in care longer than two years. The Orientation and Permanency Values Training is occurring in Carson City in June 2012. The Values Training and the Round tables are scheduled for July 2012.
- In an effort to ensure quality permanency services to children in the rural region, during this reporting period process, protocol and policy trainings were presented to all DCFS Rural offices on: The Independent Living

Program, The Interstate Compact for Placement of Children (ICPC) and Psychotropic Medication. The Psychotropic Medication training includes tracking, documenting information and the nomination of the Person legally Responsible for the psychiatric care of the child.

- Rural region staff participated in strategic planning for targeted recruitment and retention of foster and adoptive parents facilitated by the National Resource Center at AdoptUSkids. This strategic planning event resulted in regional recruitment plans which are being implemented in each community.

Policy Development and Revision

Statewide Policy: Over the past year there have been new and revised policies that have been approved by the DMG and implemented statewide:

- 0204 Case Planning Policy: was updated 1/01/2012 adding additional requirements for Educational Stability and guidance on the restoration of parental rights.
- 0101 Adoption Subsidy policy was updated 2/13/2012 adding additional information concerning the definition of applicable child and IV-E Eligibility.
- 0801 Independent Living policy was updated on 2/16/12 which incorporated many new changes involving AB 350 legislation, and the new IV-E requirement that for youth age 16 and older an annual credit reports is required.
- 0701 Interstate Compact on the Placement of children (ICPC) was updated to clarify IV-E requirements.

Furthermore, Nevada's IV-E Plan has undergone many revisions as a result of review and recommendations from ACF. The Title IV-E Foster Care Eligibility policy and Title IV-E Adoption Policy which is utilized by the DCFS Eligibility Unit has had many revisions. The Adoptions Subsidy Agreements for Clark, Washoe and the DCFS Rural Region have been modified to ensure compliance with Title IV-E. A workgroup has also been formed to revise the Nevada Administrative Code to address the need for foster care licensing waivers. Nevada is currently under a Title IV-E Corrective Action Plan as it relates to judicial practices, and those issues will be addressed during the 2013 Legislative Session. ACF conducted a Title IV-E Review in March 2011 in Nevada. The result of that review was provided to Nevada during this reporting period. Nevada is working towards compliance of the recommended corrective actions

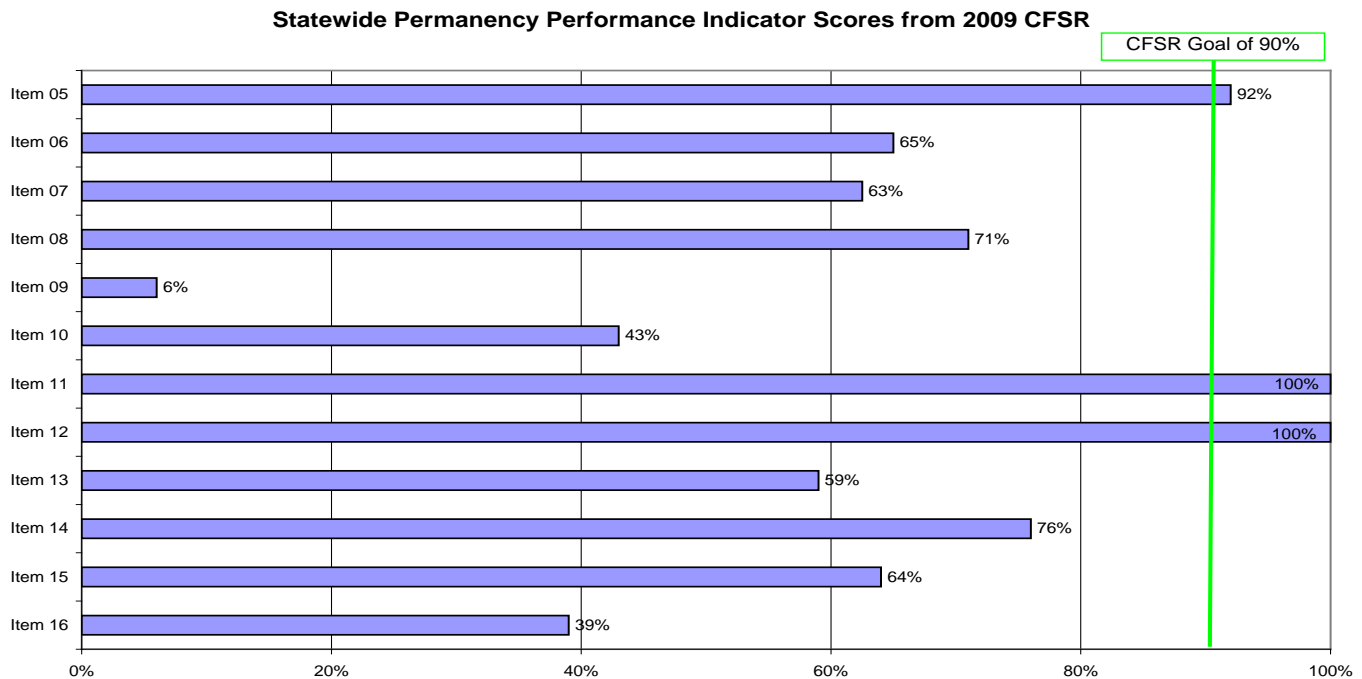
CFSP Goals and Objectives for Permanency

The Permanency Performance items 7 and 10 were identified to be measured by case reviews using a prospective baseline developed using data from November 2010 - November 2011 case reviews. The improvement targets goals were set by ACF using the federal method 2 prospective formulas. To date Nevada has conducted six PIP case reviews; two in the Rural Region, three in Clark County and one in Washoe County. As of 3/31/2012 Nevada has not met the case review target on item 7, but has met the case review target on item 10.

Also, the PIP outlines several Permanency items and outcomes that are continuing to be addressed during the PIP implementation period. Specifically, Primary Strategy (1) of the PIP focuses on "Strengthening and Reinforcing Safety Practices throughout the Life of the Case" and Primary Strategy (2) of the PIP focuses on "Preserving Connections and Strengthening Relationship". Also, Primary Strategy (3) "Improve the Timeliness and Appropriateness of Permanency Planning across the Life of the Case", and Primary Strategy (4) "Strengthen Child Welfare Supervision and Middle Management Skills" address these areas of improvement. As of March 31, 2012 Nevada has completed the PIP Primary Strategy (2) goal (2) and Primary Strategy (3) goal (1).

Figure 10 shows a brief graph of how Nevada rated statewide in the 2009 CFSSR on individual performance indicators for permanency.

Figure 10: Statewide Permanency Performance Indicator Scores vs. 90% goal



Source: Nevada CFSSR 2009 Federal Report

Permanency Outcome 1: Children have permanency and stability in their living situations

Item 5: Foster care re-entries

Goal: To assess whether children who enter foster care at a given point in time are re-entering within 12 months of a prior foster care episode.

To meet this goal, the State must make concerted efforts to prevent re-entry episodes for children who are in the foster care system and appropriately document these efforts in UNITY in a minimum of 90% of cases. Table 12 below shows that as a State, this was a strength during the 2009 CFSSR. In the most recent CFSSR review, only Washoe County fell below the required goal of 90%.

Table 12: SFY 2010 Data for Item 5

| Item 5: Foster care re-entries | CFSSR 2009 | NV Goal | Goal Met |
|--------------------------------|------------|---------|----------|
| Statewide | 92% | 90%* | Yes |
| Clark County | 100% | 90%* | Yes |
| Washoe County | 75% | 90%* | No |
| DCFS Rural Region | 100% | 90%* | Yes |

*Unless otherwise negotiated or if exceeds federal requirements

In addition to the information presented in Table 12 above, the most recent CFSSR Data Profile provided by ACF dated February 24, 2012 provides current data for Component B: Permanency of Reunification Measure C1-4: "Re-entries to foster care in less than 12 months." The component is one measure in the overall Permanency composite 1: Timeliness

and Permanency of Reunification. The national median for this measure is 15.0% and the 25th percentile is 9.9%. A lower core is preferable in this measure. Nevada scored 7.3% for the FFY 2011 indicating a continued strength in performance on this measure.

Item 6: Stability of foster care placement

Goal: *To determine if the child in foster care is in a stable placement and that any changes in placement that have occurred are in the best interest of the child and consistent with achieving the child's permanency goals.*

To meet this goal, the State must ensure that the child's placement is stable and if a placement move was necessary, that the move was made in an effort to achieve the child's case goals or meet the needs of the child. Appropriate documentation in UNITY in a minimum of 90% of applicable cases is also an important objective. Table 13 shows that this was an area needing improvement for Nevada during the 2009 CFSR, and was not a particular strength for any child welfare agency in the State. This item is measured differently using the CFSR on-site review tool, and takes into consideration if a move was in the best interest of the child and consistent with achieving the child's permanency goal. In contrast, the CFSR data profile measurement simply measures the number of moves of the child based on federal requirements. Table 14 depicts the most recent CFSR data profile provided on February 24, 2012 for Permanency Composite 4: Placement Stability.

Table 13: SFY 2010 Data for Item 6

| Item 6: Stability of foster care placement | CFSR 2009 | NV Goal | Goal Met |
|--|-----------|---------|----------|
| Statewide | 65% | 90%* | No |
| Clark County | 70% | 90%* | No |
| Washoe County | 70% | 90%* | No |
| DCFS Rural Region | 50% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

The national standard for this composite is 101.5 or higher. For FFY 2011ab Nevada has had a decrease in performance on this measure. Table 14 indicates Nevada's performance on this measure.

Table 14: CFSR Data Profile

| PLACEMENT STABILITY | FY 2009ab | FY2010ab | FY 2011ab |
|--|-----------|----------|-----------|
| Placement Stability (Standard: 101.5 or higher) | 90.1 | 93.3 | 91.4 |

Source: CFSR data profile dated 2/24/2012

The PIP identifies that Permanency Outcome (1) and Item 6 will be addressed during the PIP implementation specifically under Primary Strategy (4) of the PIP which focuses on "Strengthening Child Welfare Supervision and Middle Management Skills."

Item 7: Permanency goal for child

Goal: *To determine whether appropriate permanency goals are established for the child in a timely manner.*

To meet this goal, the objective of the State is to ensure that the child's initial permanency goal and any amendments to the child's initial permanency goal are established in a timely manner; are appropriate to the child's needs for permanency and the circumstances of the case; and that cases that meet ASFA and statewide policy criteria for termination of parental rights (TPR) have a petition filed in a timely manner (unless there is a compelling reason not to do so). Documentation continues to be critical. In Table 15 based on results of the 2009 CFSR, this performance indicator was an area needing improvement for Nevada.

Table 15: SFY 2010 Data for Item 7

| Item 7: Permanency goal for children | CFSR 2009 | NV Goal | Goal Met |
|--------------------------------------|-----------|---------|----------|
| Statewide | 62.5% | 90%* | No |
| Clark County | 55% | 90%* | No |
| Washoe County | 60% | 90%* | No |
| DCFS Rural Region | 80% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 7 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark and one in Washoe County. As of March 31, 2012 Nevada has not met the case review target on this item. Also, the PIP identifies that Permanency Outcome 1 and Item 7 will be addressed during the PIP implementation specifically under Primary Strategy (3) of the PIP which focuses on "Improving the Timeliness and Appropriateness of Permanency Planning across the life of the Case. As of March 31, 2012 Nevada has completed Primary Strategy (3) goal (1).

Table 16 below shows the number children in care between July 1, 2010 and April 30, 2012 (22 months) who had a TPR petition filed between 14 and 22 months as required by State policy, 514 Termination of Parental Rights (TPR),. The table depicts the number of children placed out of home who have not had a TPR filed in 14 months from removal and in 21 months from removal. This report does not determine whether or not there were compelling reasons not to file in those cases. This may be due to a variety of factors. However, one of the main reasons stated in the 2009 CFSR stakeholder interviews were that delays were due to increasing waits for treatment programs for parents with substance abuse problems, thus extending the requested time for reunification.

Table 16: Status of Petition to Terminate Parental Rights

| Status of Petition to TPR | Total |
|--|-------|
| Number of Children with a TPR Petition Filed Between 14 and 21 Months: | 348 |
| Number of Children placed Out of Home over 14 months without a TPR Petition Filed: | 3165 |
| Number of Children placed Out of Home over 21 Months Without a TPR Petition Filed: | 3331 |

Source: CFS7B3 July 1, 2010 – April 30, 2012

Item 8: Reunification, guardianship, or permanent placement with relatives

Goal: To determine whether concerted efforts are being made to achieve reunification, guardianship, or permanent placement with relatives in a timely manner.

To meet this goal, the State must ensure that concerted efforts are made to achieve the permanency goal of reunification, guardianship, or permanent placement with relatives in a timely manner and those efforts are appropriately documented in UNITY in a minimum of 90% of applicable cases. Table 17, based on CFSR 2009 results, shows that Washoe County is the only child welfare agency that was meeting this goal at the time of the CFSR.

Table 17: SFY 2010 Data for Item 8

| Item 8: Reunification, guardianship, or permanent placement with relatives | CFSR 2009 | NV Goal | Goal Met |
|--|-----------|---------|----------|
| Statewide | 71% | 90%* | No |
| Clark County | 50% | 90%* | No |
| Washoe County | 100% | 90%* | Yes |
| DCFS Rural Region | 83% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

In addition, the most recent CFSR Data Profile provided by ACF dated February 24, 2012 provides current data for Permanency Composite 1: Timeliness and Permanency of Reunification. The data profile indicates that in order to be in compliance with this measure, that a state must meet the standard of 122.6 or higher. Nevada has achieved the national standard for FY 2008, 2009 and 2010 on this measure. Based on the data profile for FFY 2011, the median number of months a child is in care is 5.9 months. The national median is 6.5 months and the 25th percentile is 5.4 months. Also, the PIP identifies that Permanency Outcome 1 and Item 8 continues to be addressed during the PIP implementation specifically under Primary Strategy (3) of the PIP which focuses on “Improving the Timeliness and Appropriateness of Permanency Planning across the Life of the Case. As of March 31, 2012 Nevada has completed Primary Strategy (3) goal (1).

Item 9: Adoption

Goal: *To determine whether concerted efforts are being made to achieve a finalized adoption in a timely manner.*

There is one main objective that the State has projected to achieve this goal. The State and court will ensure that concerted efforts are made to achieve the goal of finalized adoption in a timely manner and that efforts are appropriately documented in UNITY in a minimum of 90% of applicable cases. Table 18 shows Nevada’s performance on this performance indicator from the CFSR conducted in 2009. Statewide, Nevada only rated 6% out of a possible 100%. Clark County met 10% of this goal, while Washoe County and the DCFS – Rural region did not achieve any compliance.

Table 18: SFY 2010 Data for Item 9

| Item 9: Adoption | CFSR 2009 | NV Goal | Goal Met |
|-------------------|-----------|---------|----------|
| Statewide | 6% | 90%* | No |
| Clark County | 10% | 90%* | No |
| Washoe County | 0% | 90%* | No |
| DCFS Rural Region | 0% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

Timeliness of Adoptions is a Federal Permanency Composite Measure. Component A: Timeliness of Adoptions of Children discharged from Foster Care Measure C2-2: “Exits to adoption, median length of stay” is the second of two measures in Component A, and one measure in the overall Permanency composite 2: Timeliness of Adoptions. The national median for this measure is 32.4 months and the 25th percentile is 27.3 months (a lower score is preferable in this measure). The most recent data profile on this measure from the Children’s Bureau dated February 24, 2012 indicates for FY 2011ab the median months to adoption is 35.4 months which is higher than the national median.

Please note that Nevada measures the **average** months to adoption from the date of removal on UNITY report CFS732. In contrast the federal measure depicts the **median** length of stay from the date of the removal. Overall, and in contrast this graph presents higher average months to adoption than are required. Table 19 shows the results of UNITY report CFS732 – Adoptions in Less than 24 Months. This report is run each May and counts back 24 months from the date run to demonstrate the percentage of children adopted in less than 24 months. The table shows an increase in the percentage of adoptions in less than 24 months compared to the same time one year before. Currently, the percent of children adopted in less than 24 months is 20%. Nevada’s Child and Family Services Review Data Profile for FFY 2011ab indicates Nevada’s current percentage is 18.1, which is lower than the UNITY CFS732 reports. The percentage is for different timeframes but is comparatively close.

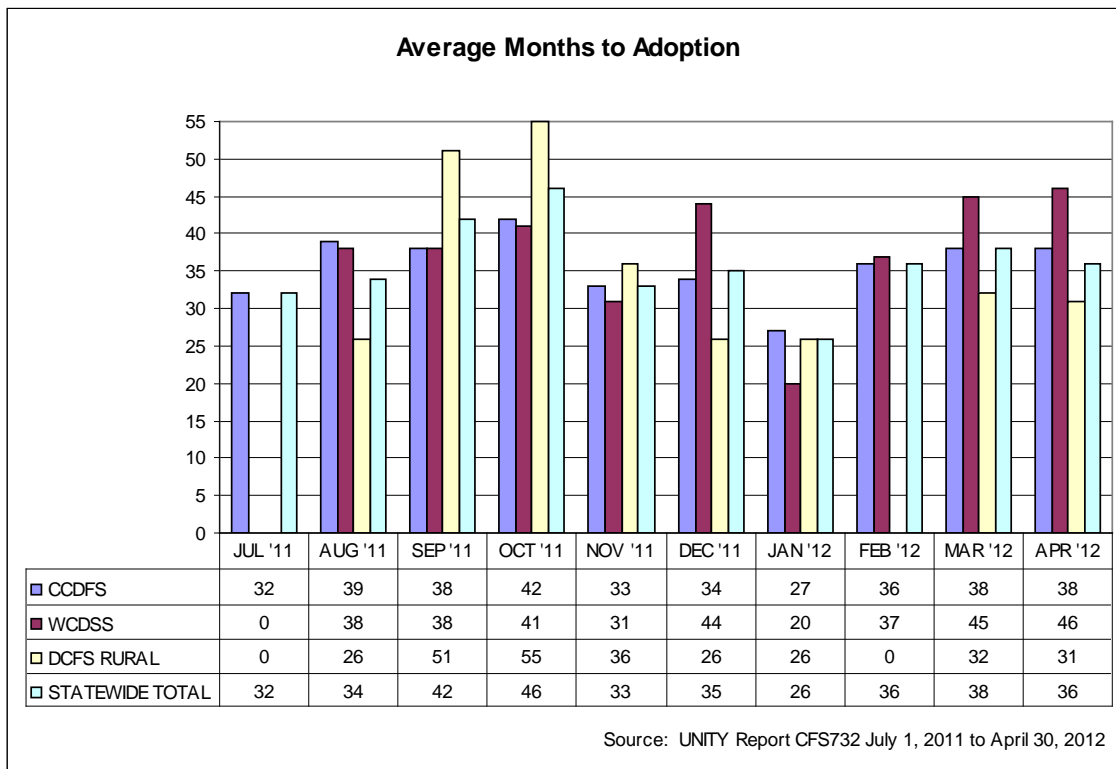
Table 19: UNITY CFS732 Report – Adoptions in Less than 24 Months

| | Adoptions with a Custody Date in UNITY | Custody to Adoption Average Months | Number Adopted in less than 24 Months | Percent Adopted in less than 24 Months |
|---|--|------------------------------------|---------------------------------------|--|
| Adoptions in Less than 24 Months <i>April 1, 2009 – April 30, 2011</i> | 617 | 41 | 91 | 15% |
| Adoptions in Less than 24 Months <i>April 1, 2010 – April 30, 2012</i> | 1,578 | 39 | 308 | 20% |

Source: UNITY Report CFS732 Data for each May looks back 24 months from the date run on May 31, 2012.

Figure 11, also based on UNITY report CFS732, depicts the average months to Adoption from July 1, 2011 through April 30, 2012. The average month to Adoption from July 1, 2011 to April 20, 2012 is 37 months. In 652 adoptions, 157 or 24% were adopted in less than 24 months. Adoption from relinquishment of parental rights is averaging 15 months, with custody to relinquishment of parental rights averaging 22 months. Finalizations of adoptions are not occurring within 24 months as required by ASFA. Some of the reasons given by stakeholders during the 2009 CFSR review were that there is a shortage of adoptive homes and that those that are in place not being secured until a child's TPR is finalized; in addition to court proceedings. This practice has led to increased time to finalize adoptions. This item continues to present as an area needing improvement in Nevada. The PIP identifies that Permanency Outcome 1 and Item 9 will be addressed during the PIP implementation specifically under Primary Strategy (3) of the PIP which focuses on "Improving the timeliness and Appropriateness of Permanency planning across the Life of the Case". This will address this item for improvement. As of March 31, 2012 Nevada has completed Primary Strategy (3) goal (1).

Figure 11: Average Months to Adoption



The most recent CFSR data profile dated February 24, 2011 provides current data for Permanency Composite 2: Timeliness of Adoptions. The national standard for this composite is 106.4 or higher. During FY 2011ab Nevada scored 113.4 exceeding the national standard for this composite.

Adoption in Nevada

The overall goal of Nevada's adoption program is to continue to provide safe and permanent homes for children whose birth parents cannot care for them. Nevada Adoption services continue to provide pre-placement and post-placement counseling to birth parents; case management; legal service to free children for adoption; recruitment, training, home study preparation for pre-adoptive families; adoption subsidy; and, post legal adoption support. The State continues to be responsible for licensing and administrative oversight of private non-profit child placing agencies in the state. DCFS currently licenses nine private adoption agencies, two of which have full Hague accreditation, and one other has indicated their intent to apply for accreditation.

The State continues to facilitate quarterly meetings with the Adoption Coalition; a forum for collaboration between public child welfare agency adoption programs and the licensed private child-placing agencies. Meetings include discussion of issues, concerns and challenges such as ICPC requirements, the impact of state and federal legislative changes (Adam Walsh Child Protection Act, Fostering Connections to Success and Increasing Adoptions Act and Nevada's Domestic Partnership Act) and the increasing number of drug and/or alcohol affected children being placed for adoption by private child-placing agencies necessitating the provision of information about adoption assistance. Coalition members have all signed confidentiality agreements since the body may also function as a multi-disciplinary team (MDT) by discussing the circumstances of specific cases; including service needs, sharing of information on community resources and information about birth parents who may be working with multiple agencies and/or accepting reimbursement of pregnancy related expenses from more than one adoptive family.

Inter-Country Adoptions: The State of Nevada had three (3) children adopted from other countries who entered State custody in SFY 2011 as a result of the disruption of an adoption. Two of these children have current plans for re-adoption, and the third child aged out of foster care, and is currently under Court Jurisdiction, a program that allows youth up to age 21 to continue to receive foster care payments as long as they are in compliance with a Transitional Living Plan..

Children in the custody of state and county child welfare agencies may be placed with relatives in other countries. Placement approval and supervision are arranged by way of a process similar to ICPC through cooperative agreements with social service agencies in the prospective relative's country of residence. Most families who adopt from other countries are served by licensed, private child-placing agencies. However, state and county child welfare agencies may serve families who adopt internationally, as they are able, contingent upon caseloads and staffing ratios. Home studies, post placement supervision, information and referral and other support services are provided.

Adoption Incentive Grant Funds: The Fostering Connections to Success and Increasing Adoptions Act of 2008 re-authorized the Adoption Incentive Grant Program for an additional five years; including updating the baseline above which incentive payment are made and doubling the incentive payment for adoption of children with special needs and older children adoptions. The state was awarded \$995,455 for FFY 2011. The state allocated the \$995,455 for FFY 2012 as follows: Annual membership dues to the Adoption Exchange Association, as well as a separate sub-grant for the Adoption Exchange to act as the state's Recruitment Response Team (RRT) for the AdoptUsKids project and in-state travel expenses for renewal and initial licensing of child placing agencies were paid from these funds. The remaining funds were used for travel to facilitate out-of-state placements and payment of court fees.

Any funds awarded from the 2011 Adoption Incentive Grant for use in SFY 2012 will be used to cover above expenses, with the remainder sub-granted to the three public child welfare agencies to facilitate in jurisdictional placements; including travel for pre-placement transitional visits, post-placement supervision, specialized assessments, respite care and privatized delivery of therapeutic services not covered by Medicaid. The grant funds will also support specialized recruitment and adoption finalization activities, including National Adoption Day as well funding contracts for the completion of social summaries and home studies to remove barriers to timely permanency through adoption.

Adoption Assistance Program: It is the policy of the agencies providing child welfare services to provide financial, medical, and social service assistance to adoptive parents; thereby encouraging and supporting the adoption of special-needs children from foster care. Statewide policy outlines the special needs eligibility criteria, application process, types of assistance available and the necessary elements of a subsidized adoption agreement. The Fostering Connections to Success and Increasing Adoptions Act of 2008 added a new IV-E Plan requirement that agencies must inform prospective adoptive parents about the Federal Income Tax credit for adoption. The Adoption Subsidy Policy has been revised to specifically require agencies to so notify prospective adoptive parents and document this in the case record. Adoption Tax Credit information, including a fact sheet developed by the North American Council on Adoptable Children (NACAC), was sent by mail to each family who adopted a special needs child(ren) within the preceding five years. The Act also phases in "de-linking" of a child's eligibility for federally funded adoption assistance payments from the outdated AFDC income requirements from 1996, thereby increasing the number of children with special needs who can be adopted with federal support. The State's IV-E Plan was amended to include these provisions. The Eligibility policy was amended to direct this change in eligibility determination as the revised adoption assistance eligibility criteria are phased through FY 2018.

Item 10: Other Planned Permanent Living Arrangement

Goal: *To determine whether the State is making concerted efforts to ensure:*

- *That the child is adequately prepared to make the transition from foster care to independent living (if it is expected that the child will remain in foster care until he or she reaches the age of majority or is emancipated).*
- *That the child, even though remaining in foster care, is in a “permanent” living arrangement with a foster parent or relative caregiver and that there is a commitment on the part of all parties involved that the child remain in that placement until he or she reaches the age of majority or is emancipated.*
- *That the child is in a long-term care facility and will remain in that facility until transition to an adult care facility.*

There are two main objectives related to this goal. The first is that the State will ensure that concerted efforts are made to provide the child with a primary or concurrent permanency goal of OPPLA with services to adequately prepare him or her for independent living when the he or she leaves foster care (at age 16 or older or for any age child with a goal of emancipation/independence) and the second is that the State will ensure that concerted efforts are made to achieve the goal of OPPLA in a timely manner by placing the child in a living arrangement that is “permanent” and the child will remain in the living arrangement until his or her discharge from foster care. Overall, these efforts must be appropriately documented in UNITY in a minimum of 90% of applicable cases.

Table 20 shows the results from the 2009 CFSR. While Washoe County individually achieved compliance on this item, the results indicate that this item is an area needing improvement for Nevada.

Table 20: SFY 2010 Data for Item 10

| Item 10: Other planned permanent living arrangement | CFSR 2009 | NV Goal | Goal Met |
|--|------------------|----------------|-----------------|
| Statewide | 43% | 90%* | No |
| Clark County | 25% | 90%* | No |
| Washoe County | 100% | 90%* | Yes |
| DCFS Rural Region | 50% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 10 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010-November 2011 case reviews. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark County and one in Washoe County. As of March 31, 2012 Nevada has met the PIP target goal for this item. Also, the PIP identifies that Permanency Outcome 1 and Item 10 will be addressed during the PIP implementation specifically under Primary Strategy (3) of the PIP which focuses on “Improving the Timeliness and Appropriateness of Permanency planning across the Life of the Case. As of March 31, 2012 Nevada has completed Primary Strategy (3) goal (1).

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

Item 11: Proximity of foster care placement

Goal: *To determine whether concerted efforts are being made to ensure that the child’s foster care placement is close enough to the parent(s) to facilitate face-to-face contact between the child and the parent(s) while the child is in foster care.*

To reach this goal, the State will ensure that the child’s current placement is close enough to his or her parents or other potential permanent caregivers to facilitate frequent face-to-face contact between the child and the parents/permanent caregivers while the child is in foster care (unless the placement is based on the child’s needs and intended to ensure that the child’s case plan goals are achieved and are in the best interest of the child) and that these efforts are appropriately documented in UNITY in a minimum of 90% of cases. Results from the 2009 CFSR, as listed in Table 21, demonstrate that Nevada was effectively meeting this goal and that at the time of the CFSR was a strength for Nevada child welfare agencies.

Table 21: SFY 2010 Data for Item 11

| Item 11: Proximity of foster care placement | CFSR 2009 | NV Goal | Goal Met |
|---|-----------|---------|----------|
| Statewide | 100% | 90%* | Yes |
| Clark County | 100% | 90%* | Yes |
| Washoe County | 100% | 90%* | Yes |
| DCFS Rural Region | 100% | 90%* | Yes |

*Unless otherwise negotiated or if exceeds federal requirements

Item 12: Placement with siblings

Goal: To determine if concerted efforts are being made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

To meet this goal, the State will ensure that the child and his or her siblings who are also in care are in the same placement (unless there is a valid reason not to do so, such as it is not in the best interest of the child) and that this information is appropriately documented in UNITY in a minimum of 90% of cases. Table 22 shows that this was another area of strength for Nevada during the CFSR. 2009 CFSR results demonstrate that 100% of cases reviewed show that each agency is exceeding this goal.

Table 22: SFY 2010 Data for Item 12

| Item 12: Placement with siblings | CFSR 2009 | NV Goal | Goal Met |
|----------------------------------|-----------|---------|----------|
| Statewide | 100% | 90%* | Yes |
| Clark County | 100% | 90%* | Yes |
| Washoe County | 100% | 90%* | Yes |
| DCFS Rural Region | 100% | 90%* | Yes |

*Unless otherwise negotiated or if exceeds federal requirements

Item 13: Visiting with parents and siblings in foster care

Goal: To determine if concerted efforts are being made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

There are several objectives that the State must reach in order to be in compliance with this goal. Overall, the State will ensure that the frequency and quality of visits (or other forms of contact if visits are not possible) between the child and his or her mother, father, and siblings are of sufficient frequency to maintain or promote the continuity of the relationship. In addition, the State must ensure that these visits including the typical pattern of visitation are appropriately documented in UNITY in a minimum of 90% of cases. In Table 23 from the 2009 CFSR show that Nevada was meeting this goal, with the exception of Washoe County.

Table 23: SFY 2010 Data for Item 13

| Item 13: Visiting with parents and siblings in foster care | CFSR 2009 | NV Goal | Goal Met |
|--|-----------|---------|----------|
| Statewide | 59% | 90%* | No |
| Clark County | 44% | 90%* | No |
| Washoe County | 100% | 90%* | Yes |
| DCFS Rural Region | 60% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

The PIP identifies that Permanency Outcome 2 and Item 13 is being addressed during the PIP implementation specifically under Primary Strategy (2) of the PIP which focuses on "Preserving Connections and Strengthening Relationships.

Item 14: Preserving connections

Goal: To determine whether concerted efforts are being made to maintain the child's connections to his or her

neighborhood, community, faith, extended family, tribe, school and friends.

Preserving connections is about identifying those aspects of culture, race, ethnicity, economic class, language, etc. that are critical for a child and his or her sense of identity and belonging. To meet this goal, the State must ensure that concerted efforts are made to identify and maintain these connections and to work towards eliminating any barriers toward this goal that might exist.

Efforts to preserve a child's connections are to be documented appropriately in UNITY in a minimum of 90% of applicable cases. Results from the 2009 CFSR report shown in Table 24 indicate that with the exception of the DCFS Rural Region, Nevada was not meeting this goal at the time of the CFSR.

Table 24: SFY 2010 Data for Item 14

| Item 14: Preserving connections | CFSR 2009 | NV Goal | Goal Met |
|---------------------------------|-----------|---------|----------|
| Statewide | 76% | 90%* | No |
| Clark County | 63% | 90%* | No |
| Washoe County | 80% | 90%* | No |
| DCFS Rural Region | 100% | 90%* | Yes |

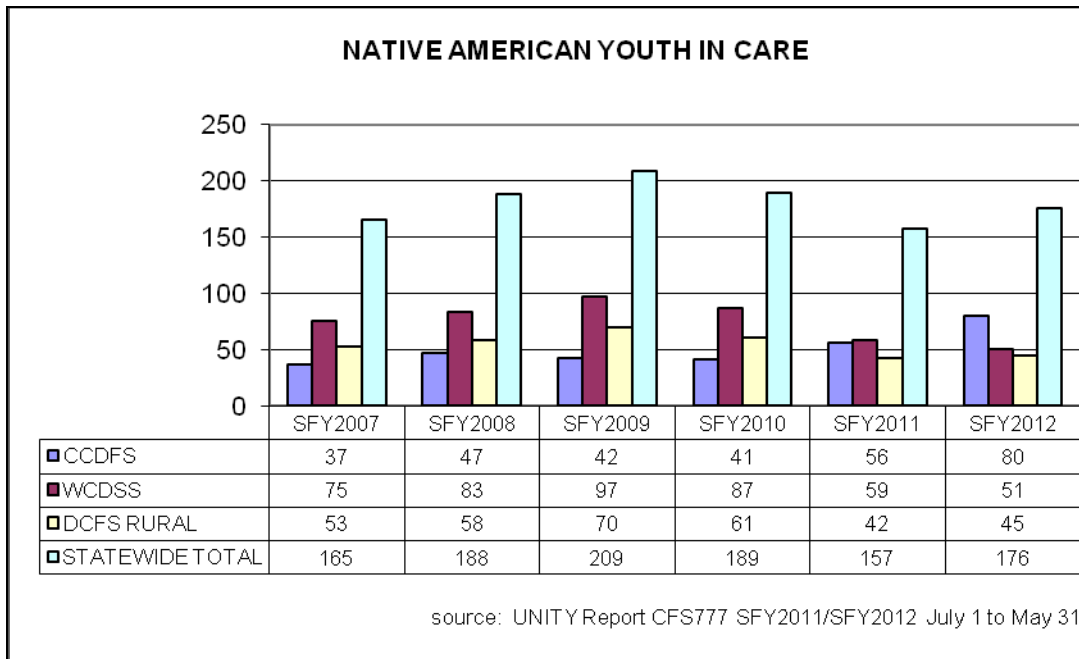
*Unless otherwise negotiated or if exceeds federal requirements

Compliance with Indian Child Welfare Act (ICWA)

- One primary objective for this item is ensuring that sufficient inquiry is conducted with the parent, child, custodian or other interested party to determine whether a child may be a member of, or eligible for membership in, a Native American Tribe. Nevada continues to strive for compliance with ICWA beginning with efforts to identify tribal affiliation and then to send proper notice in accordance with the Indian Child Welfare Act (ICWA), 25 U.S.C. §§ 1912 and NRS 432B.425, NRS 128.023 1.(a) which brings cause that the Indian child's Tribe is to be notified in writing in the manner provide in ICWA. Inquiry is made to determine whether a child is an Indian child in accordance with NRS 432B.397.
- Nevada continues to use the standardized Tribal Inquiry and Notification form that was developed in accordance with ICWA guidelines. The form and protocol are contained in the Nevada Indian Child Welfare Resource Guide, updated in May 2007. Once documentation of Native American heritage is completed and entered in the Statewide Automated Child Welfare Information System (SACWIS) for Nevada; the data can be used to create Custody Notices for mailing to affiliated Tribes and completion of ICWA requirements by the child welfare agencies in Nevada.
- The State must additionally ensure that if a child is a member of, or eligible for tribal membership, concerted efforts were made to place the child in foster care in accordance with the Indian Child Welfare Act (ICWA) placement preferences. ICWA requires that placements of Native American children and youth in foster care follow very specific preferences, starting with placement with a member of the Indian child's extended family, followed by placement with family from the child's tribe, and placement with another Indian family. Order of placement preference is followed in accordance with ICWA 25 U.S.C. §§ 1915 and NRS 432B. Nevada's regional social workers place children in collaboration with their respective Tribe and follow ICWA 25 U.S.C. §§ 1915 as American Indian extended families and American Indian foster homes are available and so forth. If no American Indian families are available; NRS 432B.390 is followed.
- The state continues to provide training and work diligently with State and Tribal workers to ensure active efforts are taken to prevent the breakup of the Indian family when a child may be place in foster care or for adoption.
- If the State determines that a child is a member or may be eligible for tribal membership the tribe must be provided timely notification of its right to intervene in any State court proceedings seeking an involuntary foster care placement or termination of parental rights. The State of Nevada recognizes and endeavors to adhere to the Indian Child Welfare Act in all proceedings involving an "Indian child." Per ICWA 25 U.S.C. §§ 1911, Tribes have exclusive jurisdiction and are notified of their right to intervene at the time of inquiry and notice which is sent as

soon as there is any indication that the child involved may be an “Indian child,” for ICWA purposes. The state of Nevada gives full faith and credit to Judicial proceedings of the Indian Tribe pursuant to NRS 432B.465. Proper Notice efforts were further developed by the Division of Child and Family Services Information Management System (IMS). IMS created the notice template for use by the regional social workers in Nevada. Each jurisdiction of the state uses the template to meet their unique requirements for each case and for generating proper notice from the UNITY database in accordance with the ICWA policies and procedures. The notices that are generated meet the requirements in the Nevada Revised Statutes and Public Law 95-608 the Indian Child Welfare Act U.S.C. §§ 1912.

Figure 12 illustrates the number of Native American youth in care for the past six State Fiscal Years, broken down by counties and state.



Lastly, the PIP identifies that Permanency Outcome 2 and Item 14 will be addressed during the PIP implementation specifically under Primary Strategy (2) of the PIP which focuses on “Preserving Connections and Strengthening Relationships.

Item 15: Relative placement

Goal: *To determine whether concerted efforts are being made to place the child with relatives when appropriate.*

Under this goal, the State has the objective to ensure that concerted efforts are made to identify, locate, and evaluate maternal and paternal relatives as potential placements for the child. In addition, the State must ensure that a placement made where a child placed with relatives is stable and appropriate to the child’s needs. All of these efforts must be appropriately documented in UNITY in a minimum of 90% of cases. Table 25 depicts the results from the CFSR in 2009.

It is anticipated that implementation of the Kinship Guardianship program will create an increase of children placed in relative placements.

Please refer to Figure 07 in the introduction to this section for the total placements made statewide.

Table 25: SFY 2010 Data for Item 15

| Item 15: Relative placement | CFSR 2009 | NV Goal | Goal Met |
|-----------------------------|-----------|---------|----------|
| Statewide | 64% | 90%* | No |
| Clark County | 53% | 90%* | No |
| Washoe County | 70% | 90%* | No |
| DCFS Rural Region | 78% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

The PIP identifies that Permanency Outcome 2 will be addressed during the PIP implementation period. Specifically, Primary Strategy (1) of the PIP focuses on “Strengthening and Reinforcing Safety Practices throughout the Life of the Case” and may improve this item if the agencies emergency analysis indicates that relatives are not actively being identified during emergency removals.

Item 16: Relationship of child in care with parents

Goal: To determine whether concerted efforts are being made to promote, support, and/or maintain positive relationship between the child in foster care and his or her mother and father or other primary caregivers(s) from whom the child had been removed through activities other than just arranging for visitation.

To meet this goal, the State must ensure that concerted efforts are made to promote, support, and otherwise maintain or strengthen a positive and nurturing relationship between the child in foster care and his or her mother and father and that these efforts are documented in UNITY in a minimum of 90% of cases. Table 26 below shows the results of the 2009 CFSR. This data indicates that with the exception of Washoe County that the State was not meeting this goal at the time of the 2009 CFSR.

Table 26: SFY 2010 Data for Item 16

| Item 16: Relationship of child in care with parents | CFSR 2009 | NV Goal | Goal Met |
|---|-----------|---------|----------|
| Statewide | 39% | 90%* | No |
| Clark County | 21% | 90%* | No |
| Washoe County | 100% | 90%* | Yes |
| DCFS Rural Region | 25% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

The PIP identifies that Permanency Outcome 2 and Item 16 is being addressed during the PIP implementation specifically under Primary Strategy (2) of the PIP which focuses on “Preserving Connections and Strengthening Relationships. This will address this item for improvement.

SECTION V: CHILD AND FAMILY WELL-BEING

Trends in Child and Family Well-Being

Initiatives

Statewide: The State is engaging and will continue to engage in a variety of initiatives, workgroups and projects during the PIP implementation period. The PIP outlines several Child and Family Well-Being items that will be addressed during the PIP implementation period. Specifically, Primary Strategy (2) of the PIP focuses on “Preserving Connections and Strengthening Relationship” and Primary Strategy (5) “Expand Service Options and Create flexibility for services to meet the needs of children and Families” address these areas of improvement.

Implementation of the new practice model, SAFE, Safety Assessment Family Evaluation is expected to reduce the amount of time children need to spend in out of home foster, relative or fictive care for young children. This will occur as a result of more effective assessment of present and impending danger, better identification of deficient caregiver protective

capacities which leads to specific identifiable conditions for return. Once “conditions for return” are met, the child can return home with necessary safety planning which will ensure their safety with case plan objective are met.

Developmental needs of children under the age of five are addressed through the requirements of CAPTA. All investigations involving a substantiation of abuse or neglect with children under the age of 3 receive a referral to Nevada Early Intervention Services (NEIS).

NEIS (Nevada Early Intervention Services) assessment services are utilized by all three child welfare agencies for infant, toddlers and preschool age children up to the age of three. If eligible a Family Support Plan is developed and in home services are implemented (occupational therapy, speech therapy, physical therapy, etc). Children over the age of three access comparable assessment and services through their local educational system. Agencies also access independent mental health professionals that accept Medicaid to serve this population as needed. DCFS Rural region also has a clinician on staff that is qualified to utilize the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DCO3). This diagnostic tool is recognized by Medicaid and could be used to access Medicaid Behavioral Health Services (Basic Skills Training and/or Psychosocial Rehabilitation) as needed. This population also has two to three (ECSII, PECFAS) Intensity of Needs Instruments to identify the appropriate amount of services needed.

Clark County Initiatives

- Clark County Continues to utilize the skills developed in the 3-5-7 training on trauma in foster care provided by Darla Henry with youth in care who have longer lengths of stay
- Clark County also has developed a process to address the use of psychotropic medication with foster children, and the psychotropic medication process training was provided to staff in February and March, 2012. Training was also provided to Treatment Agency Directors on March 15, 2012, Foster Parent Association on 3/27/12, and the Hearing Masters and DA's on May 4, 2012. Hearings have been held once a week for 4 weeks in May 2012 to appoint Persons to Be Legally Responsible for all youth on psychotropic medications who are in foster care prior to 3/1/12. Clark County is developing a process with the DA's office to request petitions for youth who will require psychiatric services in the future.

DCFS Rural Region Initiatives

- DCFS Rural Region developed a process by which the agency can gather accurate and timely information re: foster children's medical needs and ensure follow through is occurring to address those needs. A Monthly Medical History form for Foster Children and a process by which foster parents can access on the DCFS website and use to email updated medical and educational information to DCFS for entry into UNITY (SACWIS) was instituted

Policy Development and Revision

Several policies relating to child and family well-being were approved during this SFY 2012. These include policies related to Health Care Services for children in foster care, case planning, and administration of psychotropic medication.

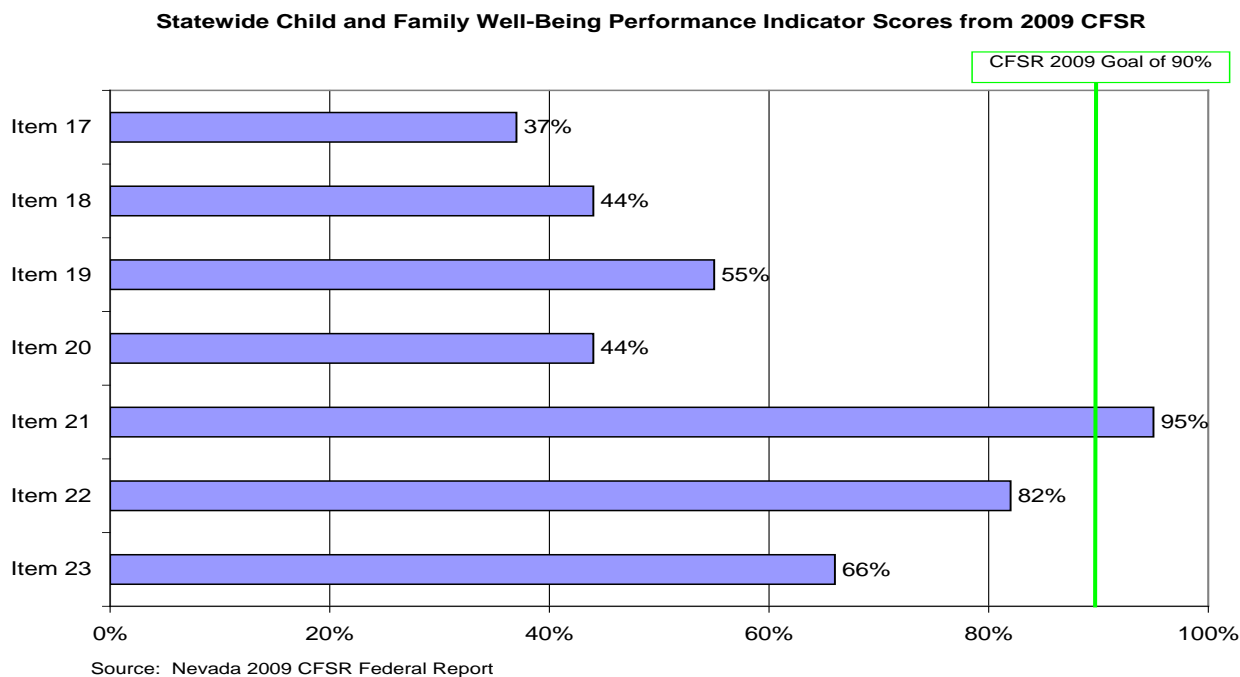
- 0207 Health Services Policy was developed 11/11/11.
- 0209 Psychiatric Care & Treatment Policy was renamed and updated from the previous policy “use of Psychotropic Medication in Child Welfare Custody Cases was approved on 12/28/2011.

CFSP Goals and Objectives for Child and Family Well-Being

In the 2010-2014 CFSP, each performance indicator was given an overall goal and one or more objectives. The Well-Being items 17, 18, 19, and 20 were identified to be measured by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark County and one in Washoe County. As of March 31, 2012 Nevada has met the PIP target for item 17 and 18. However, Nevada has not yet met the PIP target for item 19 and 20.

Also, the PIP outlines several Child and Family Well-Being items that are being addressed during the PIP implementation period. Specifically, Primary Strategy (2) of the PIP focuses on “Preserving Connections and Strengthening Relationship” and Primary Strategy (5) “Expand Services to meet the Needs of Children and Families” addresses these areas of improvement. Figure 13 shows a brief graph of how Nevada rated statewide in the 2009 CFSR on individual performance indicators for child and family well-being.

Figure 13: Child and Family Well-Being Performance Indicator Scores vs. 90% goal



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

Item 17: Needs and services of child, parents, and foster parents

Goal: *To determine whether the State is making concerted efforts to assess the needs of children, parents, and foster parents (both at the child’s entry into foster care and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family, and provide the appropriate services.*

To meet this goal, the State must ensure that concerted efforts are made to conduct formal or informal initial comprehensive assessment of the child’s and his or her parents’ and foster parents’ needs and/or ongoing assessments to provide updated information regarding the child’s needs for case planning purposes. In addition, the State must ensure that concerted efforts are made to provide appropriate services to meet the child’s and his or her parents’ and foster parents’ identified needs. The State must also ensure that that this information is appropriately documented in UNITY in a minimum of 90% of cases. Table 27 below shows the results from the 2009 CFSR conducted in Nevada.

Table 27: SFY 2010 Data for Item 17

| Item 17: Needs and services of child, parents and foster parents | CFSR 2009 | NV Goal | Goal Met |
|---|------------------|----------------|-----------------|
| Statewide | 37% | 90%* | No |
| Clark County | 27% | 90%* | No |
| Washoe County | 50% | 90%* | No |
| DCFS Rural Region | 39% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 17 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark County. As of March 31, 2012 Nevada has met the PIP target for item 17.

Also, the PIP identifies that this item will be addressed during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on “Expanding Service options and creating flexibility for services to meet the needs of children and families.”

Item 18: Child and family involvement in case planning

Goal: *To determine whether the State is making concerted efforts to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.*

To comply with this goal, the State must ensure that there are concerted efforts to actively involve the child (if developmentally appropriate) and his or her parents in case planning and that these efforts are documented in UNITY in a minimum of 90% of cases. Table 28 depicts the CFSR conducted in 2009.

Table 28: SFY 2010 Data for Item 18

| Item 18: Child and family involvement in case planning | CFSR 2009 | NV Goal | Goal Met |
|---|------------------|----------------|-----------------|
| Statewide | 44% | 90%* | No |
| Clark County | 29% | 90%* | No |
| Washoe County | 75% | 90%* | No |
| DCFS Rural Region | 35% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 18 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark County, and one in Washoe County. As of March 31, 2012 Nevada has met the PIP target for item 18.

Also, the PIP identifies that Well-Being Outcome 1 and Item 18 is being addressed during the PIP implementation specifically under Primary Strategy (2) of the PIP which focuses on “Preserving Connections and Strengthening Relationships.”

Item 19: Caseworker visits with child

Goal: *To determine whether the frequency and quality of visits between caseworkers and the child or children in the case are sufficient to ensure the safety, permanency and well-being of the child and promote the achievement of case goals.*

This goal refers to the frequency and quality of visits between the caseworker and child in care. To reach this goal, the state must ensure that the frequency and quality of visits between the caseworker and child are sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote the achievement of case goals and that these visits are appropriately documented in UNITY. Table 29 below shows the results from the 2009 CFSR.

Table 29: SFY 2010 Data for Item 19

| Item 19: Caseworker visits with child | CFSR 2009 | NV Goal | Goal Met |
|---------------------------------------|-----------|---------|----------|
| Statewide | 55% | 90%* | No |
| Clark County | 62% | 90%* | No |
| Washoe County | 67% | 90%* | No |
| DCFS Rural Region | 33% | 90%* | No |

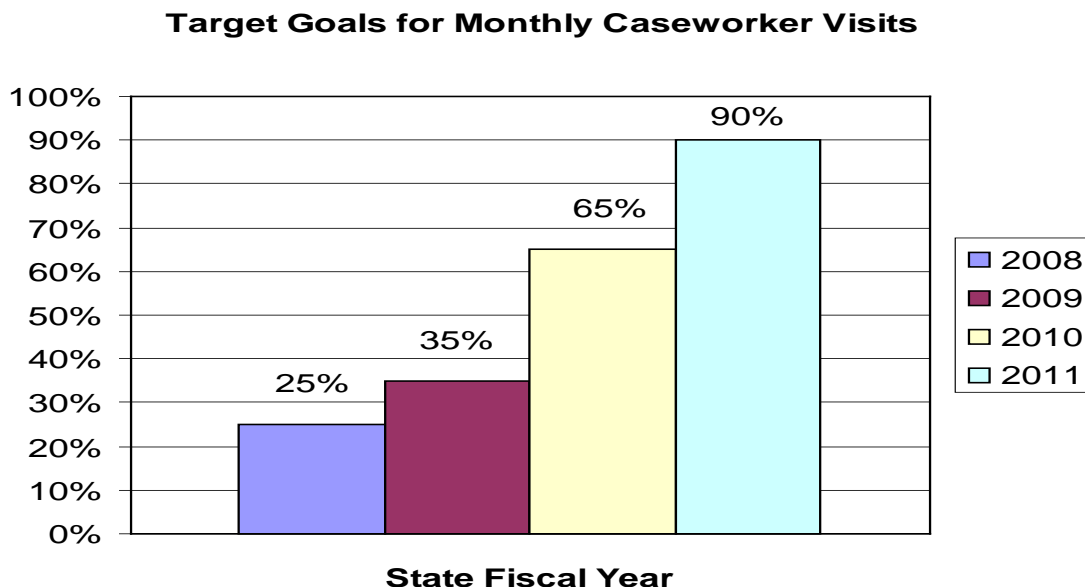
*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 19 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark County, and one in Washoe County. As of March 31, 2012 Nevada has not met the PIP target for item 19.

Also, the PIP identifies that Well-Being Outcome 1 and Item 19 is being addressed during the PIP implementation specifically under Primary Strategy (2) of the PIP which focuses on "Preserving Connections and Strengthening Relationships.

Figure 14 shows the 2007 established targets for frequency compliance based on discussions with the three child welfare agencies to produce a progressive target, by year, to achieve compliance with the required 90%. The target for 2008 was 25%; the target for 2009 was 35%; the target for 2010 was 65% and the target for 2011 was 90%. The agencies pull information monthly from UNITY down to the caseworker level to determine how well goals are being met. Based on the federal reports filed for Federal Fiscal Year 2008 and 2009, the percentage of Nevada children in foster care who were visited during **each and every** calendar month was 39.83% in FFY 2008, 49.7% in FFY 2009, 55.03% for FFY 2010 and 52.00% for FFY 2011. The Nevada goal of 25% was met and exceeded in 2008 and the goal of 35% was met and exceeded for 2009. However, Nevada has struggled to meet the FFY 2010 and FFY 2011 goal based on the previous federal methodology used during that time.

Figure 14: Target Goals for Monthly Caseworker Visits



As a result of the Child Improvement and Innovation Act or P.L 112-34 the federal methodology for measuring the frequency of caseworker visits has changed. In January 2012 ACF provided program guidance on the new methodology, and beginning with the submission of data for FFY 2012, Nevada must report caseworker visit data using the new methodology. Per the new methodology provided in program instruction (PI) ACYF-CB-PI-12-01, the new method of measurement for determining caseworker visit compliance is calculated by “taking the number of monthly visits made to children in the reporting population and dividing it by the number of such visits that would occur during the FFY if each such child were visited once per month while in care”. This number is represented as a percentage by multiplying it by 100 and rounded to the nearest whole number. The new monthly caseworker visits requirements require Nevada to meet the following performance:

- For each of FFY 2012-2014: The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 90 percent of the total number of such visits that would occur if each child were visited every month while in care.
- For FFY 2015 and each FFY thereafter: the total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 95% of the total number of such visits that would occur if each child were visited once every months while in care.
- For FFY 2012 and each FFY thereafter: At least 50 percent of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year must occur in the child’s residence.

Currently, Nevada has the capability, within the SACWIS system, to generate a data report that captures caseworker visit data. In Table 30 is data using the new federal methodology from October 1, 2011 until May 2012. While the data does not provide the entire FFY 2012 it does provide some indication of the data to date using the new methodology.

Compliance with expectation regarding case worker visits with children.

Table 30 illustrates that this continues to be an area needing improvement for Nevada. The current statewide percentage is 82% from October 2011 through May 2012. As mentioned previously the federal expectation for monthly case worker visits is 90% compliance for FFY 2012. However, compared to the previous methodology required by ACF the data does show that performance is much improved.

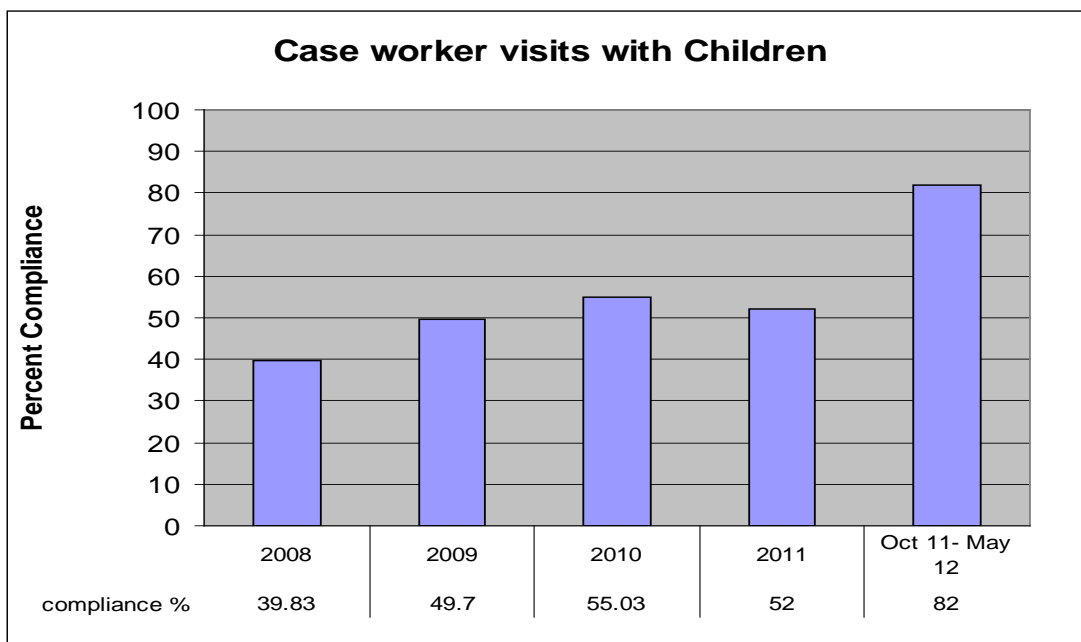
Table 30 Caseworker visits with children

| Item 19: caseworker visits with children | compliance | NV Goal | Goal met |
|---|-------------------|----------------|-----------------|
| Statewide | 82% | 90% | No |
| Clark County | 84% | 90% | No |
| Washoe County | 77% | 90% | No |
| DCFS Rural Region | 68% | 90% | No |

The expectation is that 90% of applicable children in foster care will have a face to face visit with their caseworker (or other designated worker). In SFY 2012 82% of Nevada children in foster care (who were in care for at least 1 full calendar month) were visited by their case worker.

Figure 15 shows the improvement Nevada has made since the last reporting period as well as some historical reference.

Figure 15 Caseworker visits with Children



Source: UNITY CFS7D7*Note: data from Oct 2011 to May 2012 is using the new federal methodology.

Nevada also tracks how many of the caseworker visits between the caseworker and the child occurred in the child’s place of residence. It is expected that for every monthly case visit, the visit between the child and case worker would have occurred in the child’s place of residence at least 50% of the time. Statewide policy dictates that the caseworker must visit each child on their case load at least once per month. Visits must be made face to face and in person, and at least 50% of those monthly visits must occur in the child’s place of residence. Nevada continues to meet this expectation.

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

Table 31 Caseworker visits in the child’s residence

| Item 19: visits in child’s residence | compliance | NV Goal | Goal met |
|--------------------------------------|------------|---------|----------|
| Statewide | 76% | 50% | Yes |
| Clark County | 77% | 50% | Yes |
| Washoe County | 66% | 50% | Yes |
| DCFS Rural Region | 82% | 50% | Yes |

Source: UNITY CFS7D7*Note: Data from October 2011 to May 2012 is using the new federal methodology.

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

Permanency item 19 continues to be evaluated through annual quality improvement case reviews (QICR) and in coordination with Nevada’s current Program Improvement Plan. In response to findings from the 2009 CFSR, QICR and regular review of UNITY data Nevada has initiated new efforts to improve the quality of the visit between the child and the case worker.

- Clark County has specifically focused upon increasing the child or parent engagement skills and workers ability to

assess family functioning. Approximately 175 staff participated in a two day *motivational interviewing* (MI) training that focused upon engaging clients, and developing techniques to enhance the workers ability to collect objective data and assess the information collected. This in turn will improve the quality of the relationship between the worker and the child or parent, and have positive impacts upon the quality of the caseworker visits. Motivational Interviewing is also enhanced by a new engagement training piloted in Clark County by the Nevada Partnership for training which will continue through out the next year. Engagement skills specifically as they relate to family assessment in In-Home services were reinforced through technical assistance from the NRC.

- Also, Clark County Department of Family Services collaborated with Casey Family Programs to develop and implement a *Team Decision Making* model within the agency.
- In Washoe County, beginning in August 2012, workers assigned to the Nevada Initiative to Reduce Long Term Foster Care (Permanency Innovations Initiative) will be required to conduct weekly visits to foster children. These visits will be used as a performance indicator for future evaluation of program efficacy. The Department is increasing the use of monthly data reports and consultative supervision between caseworker and line supervisor in efforts to improve the frequency and quality of visits for workers assigned to usual Permanency Services.
- The DCFS Rural Region QA Unit created and provided: *Caseworker Contacts and Effective Documentation* training to all caseworkers in March 2012 as part of Nevada’s PIP. The training included: DCFS 2009 CFSR findings, purpose of caseworker visits, necessary steps in preparation for caseworker visits and quality documentation of caseworker visits and collateral contacts. A new *Caseworker, Child, Caretaker Visits Job Aid* was created to assist workers in conducting visits with children and caretakers. The job aid helps to ensure the worker covers specific topic areas and to improve quality visits and proper documentation of case visits. Also, a caseworker monthly visit report was created for supervisor and manager use. Training was provided to staff on proper coding of caseworker visits. Staff assignments in UNITY were corrected and report parameters were adjusted. DCFS Supervisors and Managers review the monthly caseworker visit report at management meetings.

Item 20: Caseworker visits with parents

Goal: *To determine whether the frequency and quality of visits between caseworkers and the mothers and fathers of the children are sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals.*

To achieve this goal, the State must ensure that the frequency and quality of visits between the caseworker and mother and father are sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote the achievement of case goals and that these visits, including the typical pattern of visitation, are appropriately documented in UNITY in a minimum of 90% of cases. Data from the 2009 CFSR, as shown in Table 32 below indicated that Nevada was not meeting this goal.

Table 32: SFY 2010 Data for Item 20

| Item 20: Worker visits with parents | CFSR 2009 | NV Goal | Goal Met |
|-------------------------------------|-----------|---------|----------|
| Statewide | 44% | 90%* | No |
| Clark County | 27% | 90%* | No |
| Washoe County | 64% | 90%* | No |
| DCFS Rural Region | 50% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

Permanency performance item 20 was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010- November 2011 case reviews. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark County, and one in Washoe County. As of March 31, 2012 Nevada has not met the PIP target for item 20.

Also, the PIP identifies that Well-Being Outcome 1 and Item 20 will is being addressed during the PIP implementation specifically under Primary Strategy (2) of the PIP which focuses on “Preserving Connections and Strengthening Relationships.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of child

Goal: *To assess whether the State is making concerted efforts to assess children’s educational needs at the initial contact with the child and on an ongoing basis, and whether identified needs were appropriately addressed in case planning and case management activities.*

To meet this goal, the State must ensure that an assessment of the educational and/or developmental needs of each child in care according to the requirements in statewide policy is conducted and that appropriate services are provided in a minimum of 90% of cases. This is an area that is a particular strength for Nevada. In the 2009 Nevada CFSR, the State achieved a rating of 95% and all child welfare agencies rated above 90% (see Table 33). The child welfare agencies have initiated a variety of methods to ensure that the educational needs of children are met. These include educational liaisons with the schools, referrals to Nevada Early Intervention Services, and tracking of children’s progress while in the school system.

Table 33: SFY 2010 Data for Item 21

| Item 21: Educational needs of the child | CFSR 2009 | NV Goal | Goal Met |
|--|------------------|----------------|-----------------|
| Statewide | 95% | 90%* | Yes |
| Clark County | 95% | 90%* | Yes |
| Washoe County | 100% | 90%* | Yes |
| DCFS Rural Region | 92% | 90%* | Yes |

*Unless otherwise negotiated or if exceeds federal requirements

Educational Stability: In relation to educational stability 0204 Case Planning Policy was approved 11/10/2010 and updated and approved on 1/01/212 by the DMG. The policy reflects the promoting educational stability of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351 language) and additional educational requirements from Child Improvement and Innovation Act or P.L 112-34.

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

Item 22: Physical health of child

Goal: *To determine whether the State is addressing the physical health needs of the child, including dental health needs.*

- To achieve this goal, the State must ensure that child welfare agencies are conducting assessments of the physical and dental health needs of each child in care according to the requirements in statewide policy and that appropriate services are provided to meet these needs in a minimum of 90% of cases. As previously stated the statewide policy 0207 Health Services Policy was developed and approved by the DMG in November 2011.
- The PIP identifies that this item s being addressed during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on “Expanding Service options and creating flexibility for services to meet the needs of children and families.”

Table 34: SFY 2010 Data for Item 22

| Item 22: Physical health of the child | CFSR 2009 | NV Goal | Goal Met |
|---------------------------------------|-----------|---------|----------|
| Statewide | 82% | 90%* | No |
| Clark County | 78% | 90%* | No |
| Washoe County | 100% | 90%* | Yes |
| DCFS Rural Region | 67% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

Item 23: Mental/behavioral health of child

Goal: To determine whether the State is addressing the mental/behavioral health needs of the child.

- To reach this goal, the State must ensure that the child welfare agencies conduct assessments of the mental/behavioral health needs of each child in care according to the requirements in statewide policy and provide appropriate services to address these needs in a minimum of 90% of cases. The 2009 Nevada CFSR showed that statewide only 66% of cases met this goal (see Table 35). As stated previously there is a great deal of focus on the Psychiatric and Psychological care of children which includes the appropriate administration of psychotropic medications. As previously mentioned the statewide policy 0209 Psychiatric Care & Treatment Policy was approved by the DMG on 12/28/2011.

Table 35: SFY 2010 Data for Item 23

| Item 23: Mental/behavioral health of the child | CFSR 2009 | NV Goal | Goal Met |
|--|-----------|---------|----------|
| Statewide | 66% | 90%* | No |
| Clark County | 55% | 90%* | No |
| Washoe County | 100% | 90%* | Yes |
| DCFS Rural Region | 57% | 90%* | No |

*Unless otherwise negotiated or if exceeds federal requirements

The PIP identifies that this item is being addressed during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on “Expanding Service options and creating flexibility for services to meet the needs of children and families.”

SECTION VI: SYSTEMIC FACTORS

Each of the following performance indicators mirrors the 22 items from the Federal Statewide Assessment Instrument. The overall structure for each performance indicator includes the legal requirements, archival and anecdotal data, the overall goal to be reached and specific objectives for that item. In general, goals mirror the lead federal compliance question for each item. Objectives under each goal are modeled after specific data or program monitoring requested in the statewide assessment process and may include more specific compliance areas to be reached based on state statute, regulation or policy.

The PIP outlines several Systemic Factors that are being addressed during the PIP implementation period. Specifically, Primary Strategy (2) of the PIP focuses on “Preserving Connections and Strengthening Relationship” Primary Strategy (3) “Improve the Timeliness and Appropriateness of Permanency Planning across the Life of the Case”; Primary Strategy (4) “Strengthen Child welfare Supervision and middle management skills”, and Primary Strategy (5) “Expand Service Options and Create Flexibility for Services to meet the needs of Children and Families”..

In the 2009 CFSR the systemic factor overall ratings were as follows:

- Systemic Factor A: Statewide Information System
 - This factor was not in substantial conformity with a rating of 2. The one performance indicator, Item 24

was an Area Needing Improvement.

- Systemic Factor B: Case Review System
 - This factor was not in substantial conformity with a rating of 2. Item 25, 28 and 29 were areas needing improvement. Items 26 and 27 were strengths.
- Systemic Factor C: Quality Assurance System
 - This factor was in substantial conformity with a rating of 3. Item 30 and 31 were listed as strengths.
- Systemic Factor D: Staff and Provider Training
 - This factor was not in substantial conformity with a rating of 2. Item 32 and 33 were areas needing improvement and item 34 was listed as a strength.
- Systemic Factor E: Service Array and Resource Development
 - This factor was not in substantial conformity with a rating of 2. Item 35 was a strength and items 36 and 37 were areas needing improvement.
- Systemic Factor F: Agency Responsiveness to the Community
 - This factor was in substantial conformity with a rating of 3. Items 38 and 39 were strengths and item 40 was an area needing improvement.
- Systemic Factor G: Foster and Adoptive Parent Licensing, Recruitment and Retention
 - This factor was in substantial conformity with a rating of 3. Items 41, 42, 43 and 45 were listed as strengths and item 44 was listed as an area needing improvement.

Systemic Factor A: Statewide Information System

Item 24: Statewide information system

Goal: *The State will ensure that the State's SACWIS system (UNITY) has the tracking capacity that will, at minimum, readily identify the status, demographic characteristics, location and goals for the placement of entry of every child who is (or within the immediately preceding 12 months, has been) in foster care.*

The PIP identifies that this systemic factor will be addressed during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on "Expanding Service options and creating flexibility for services to meet the needs of children and families."

To meet the parameters under this goal, the State will continue to work on several objectives. The first of these is to assess the reporting capacity for system users to include program or case management areas and/or information, including, but not limited to, the status, demographics, current location and permanency goals for children in foster care. The DCFS – Information Management System (IMS) department continues to work to achieve SACWIS certification for UNITY.

UNITY currently has the capacity to provide reports to system users regarding all functions that the system supports. This includes program and case management reports covering services provided to children, their status, demographics, location, and permanency goals. Currently there are over 60 scheduled reports available to the agency and external stakeholders. Many other reports can be run on demand. Additionally, IMS supports the agency by responding to ad hoc data requests and requests for new standard reports.

There have been three separate reviews and/or audits that have examined the UNITY system within past six years. These included the Blue Ribbon Panel (BRP) for the Review of Child Deaths; the Nevada Institute for Children's Research and Policy (NICRP); and the Child and Family Services Review (CFSR). These reviews provided a number of

recommendations including:

- ✓ UNITY should generate helpful reports.
- ✓ The state's UNITY data system must be examined by a team of internal and external experts to determine the necessary changes to ensure it is user-friendly, more efficient, produces adequate hard copy documents in order to analyze the flow of the case, and produces management reports that can be used effectively as a management tool.
- ✓ UNITY was found to be problematic for staff relative to navigating the system and was found not to be a useful case management tool (based on the 2009 CFSR).

In response to the recommendations issued by the BRP, NICRP and the CFSR, DCFS contracted with Integrating Factors Incorporated (IFI) to conduct an evaluation of UNITY. Among IFI's findings were the following:

- ✓ Time spent on an appropriate level of case documentation far exceeds and is disproportionate to the time spent on client facing tasks.
- ✓ UNITY'S positioning as a case documentation tool, as opposed to a tool that drives and guides the work processes, often keeps it disconnected from the operational processes.
- ✓ Significant data entered into UNITY are not available for searching, reporting, analysis, or quality oversight.

The IFI study characterized UNITY as a data capture system that does not adequately support the business process of its users. Consequently, users only complete data entry to the minimal extent possible in order to meet the requirements of a particular task. Thus, UNITY provides insufficient business intelligence to allow for the modeling of business trends or to identify critical areas of needed improvement. To begin addressing the evaluation conducted by IFI, the DCFS requested a Technology Investment Request. The Division of Child and Family Services (DCFS) Technology Investment Request (TIR) mission is to enhance the Unified Nevada Information Technology for Youth (UNITY) system, an automated case management solution which supports Nevada's state and local child welfare agencies such that DCFS will significantly increase the service delivery and practice for the safety, permanency and well-being of Nevada's children and families. DCFS seeks to accomplish two main goals through the TIR. First is to design and implement a new presentation layer for UNITY using Web Portals that are better tailored to suit the needs of the specific functional roles performed by UNITY users. The second is to implement a Data Warehouse for use by DCFS management and other stakeholders to extract data in statistically relevant ways. On June 14, 2010 the TIR was presented to the committee and was approved. During the 2011 Legislative Session the TIR was approved, and now DCFS will be working in the next reporting period to implement the changes included in the TIR. The progress on this project will be reported in the SFY 2012 APSR.

DCFS has moved forward with the TIR project and has secured the services of QA Technologies to convert UNITY from its current Graphical User Interface (GUI) design to a web-based design as recommended in the IFI study. ACF has approved the contract between DCFS and QA Technologies, and has approved Operational SACWIS Funding for the project. The project is expected to be completed by June 30, 2013. The second goal identified in the TIR, the Data Warehouse, was disallowed by ACF as an operational SACWIS expense. The State will be exploring other options.

Another objective under this goal is for IMS to assess the accessibility of the system to staff and external stakeholders (who require access) in all areas of the state. This objective has been met as UNITY is currently available to all agency staff and external stakeholders in all areas of the State. This objective will continue to be met with the web-enablement portion of the TIR project, potentially allowing better access to external stakeholders.

A third objective was for IMS to develop a mechanism for linking the UNITY system with the Quality Improvement Case Review efforts to ensure a continuous quality assurance feedback loop, including methods for monitoring data consistency. IMS staff has been meeting since March 2010 with DCFS staff to identify and develop a mechanism for linking the UNITY system with the quality improvement case review efforts and continuous quality assurance efforts. At the initial meeting concerning UNITY automation the following four functional areas were identified in developing a Qualitative Review: Sample Selection, Sample Management, Case Review and Reports. The new QICR tool was released in January 2011. After utilizing the tool during PIP reviews some problems were identified, and currently some enhancements were requested and are being implemented. Also, a report has been developed from the PIP reviews for

data reporting to the Administration for Children and Families. During the reporting period, IMS implemented the fixes and enhancements to the Quality Improvement Case Review, as requested by the DCFS Family Program Office.

IMS in collaboration with DCFS staff continues to review and analyze current UNITY reports with the intent of developing additional reports, and or redesigning the current reports to ensure a consistent monitoring of the data that captures and tracks specific data indicators on outcomes for children and families. IMS continues to add reports as requested by the Family Program Office, district offices, and external stake holders.

A fourth objective is that IMS will assess the quality assurance mechanism for ensuring that information generated from the UNITY system is complete, accurate, and current and includes the locations of all children in care, including those in relative care, unlicensed placements, voluntary placements and unpaid placements. UNITY has many quality assurance mechanisms for helping ensure that data gets entered into UNITY correctly. Features such as drop down lists and radio buttons ensure that only proper values for some data elements are entered. Window and other edits ensure that data entered is consistent with other related data. Window edits also ensure that mandatory data elements are entered. UNITY's missing data functionality generates alerts when certain data elements have not been entered or when certain tasks have not been completed in a timely manner. These features work together to help ensure that the data stored in UNITY is accurate and current. This work has been on-going over the reporting period, and as the practice changes due to new laws and regulations, IMS implements new functionality. The implementation of web enablement will assist IMS in implementing the new requirements in UNITY. IMS continues to add features to ensure quality data as it continues to make enhancements and functionality to the system.

A fifth objective is that IMS will develop tracking systems for monitoring children in out-of-home care, including those served by Title IV-E agreements with other agencies. IMS reports that UNITY currently has functionality that allows system users to record the placement of children that have been removed from their home and placed in an out-of-home setting both by the DCFS Rural Region, CCDFS and WCDSS. Placement status of children can be viewed on-line and through reports. The ICPC subsystem of UNITY allows the tracking of children that are placed out-of-state and during this reporting period IMS has been making enhancements to the ICPC subsystem due to new requirements. UNITY continues to meet this objective.

Beginning October 1, 2010, Nevada's NYTD process was implemented, and caseworkers meet and continue to meet individually with youth shortly after their 17th birthday to complete the initial survey on-line. While the youth actually completes the survey, the caseworker is there to answer questions, etc. Nevada provides aftercare services via contract providers throughout the state. These providers will be responsible for maintaining contact with the youth once they leave care and facilitating in having the youth complete the survey shortly after their 19th and 21st birthday. By marketing the survey through Foster Club and through our network of providers, the State has accomplished the implementation of NYTD. DCFS submitted the first data file to the NYTD portal before the May 15, 2011 deadline with no errors. IMS will continue to insure that accurate data is collected by audit reports and independent living windows that enhance the workers ability to enter data. DCFS continues to successfully submit NYTD data files.

Systemic Factor B: Case Review System

Item 25: Written case plan

Goal: *The State will ensure that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions.*

To meet this goal, the State must ensure that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions in 90% of cases. Nevada Revised Statutes 432B.540, 553 and 580 require the agencies which provide child welfare services to adopt a plan for permanency in accordance with the requirements and timeframes in the Adoption and Safe Families Act of 1997 (ASFA); including

periodic review by the Court. Further, the plan must include; a description of the type, safety and appropriateness of the home or institution in which the child could be placed, including, without limitation, a statement that the home or institution would comply with the provisions of NRS 432B.3905, and a plan for ensuring that he or she would receive safe and proper care and a description of his/her needs, a description of the services to be provided to the child and to a parent to facilitate the return of the child to the custody of his parent or to ensure his/her permanent placement and the appropriateness of the services to be provided under the plan.

Nevada Administrative Code 432B.190 requires that each case have a written case plan which identifies barriers to the provision of a safe environment for the child, clarifies responsibilities of the involved persons to address those barriers, and defines the overall goals of the case and the step-by-step proposed actions of all persons to reach the goal within a specified time. Each case plan must be reviewed and signed by the supervisor of the caseworker and updated at least every 6 months. Each case plan must include identifying information, a statement of the goal, objectives and activities of the case, and the time to meet each goal, objective and activity. Case plans must be realistically related to the familial situation, safeguard the child, and help the parents to gain the confidence and capacity to care appropriately for their child, and be sufficiently flexible to allow changes in the situation and the use of the services based on a continuing reevaluation of how the child is being affected. Parents must be encouraged to participate in the development of a written agreement for services and engage in a set of processes for receiving resources.

The 0204.0 Case Planning policy was approved by the DMG on 11/10/2010 and updated and approved by DMG on 1/01/2112. The policy is based upon the existing statutory authority and regulations cited require all cases opened for service to have a written case plan. This plan must be developed through a process of engaging the family, gathering information, evaluating it with the family and eliciting goals and solutions from the family. A Child and Family Team (CFT) is to be convened for decision making about desired outcomes and determining with the family and team what activities should be performed, by whom, how, and when to achieve proposed actions. Case planning is a family centered process that focuses on family strengths and resources to assist the parents in building protective capacity and increasing family functioning.

While the legal requirements for this item are in place, the Nevada 2009 CFSR rated this item as an area needing improvement based on data from UNITY that only 53% of children had case plans. Also, during the CFSR review, reviewers determined that the agency had made diligent efforts to involve mothers in case planning in 62.5% of the applicable cases and fathers in case planning in 57% of the applicable cases.

All Child Welfare Agencies report that to ensure uniformity through out the state, caseworkers are required to use the case plan template in UNITY. Rural Region caseworkers and supervisors were trained to use the case plan and visitation windows in the fall of 2010.

Permanency performance item 18 "Child and Family Involvement in Case Planning" was identified to be measured during the PIP implementation period by case reviews using a prospective baseline developed using data from December 2010-November 2011 case reviews. To date Nevada has conducted six PIP case reviews two in the Rural Region, three in Clark County, and one in Washoe County. As of March 31, 2012 Nevada has met the PIP target for item 18.

Also, the PIP identifies that Systemic Factor (25) is addressing this item during the PIP implementation specifically under Primary Strategy 2 of the PIP which focuses on "Preserving Connections and Strengthening Relationships. This will further address improvement in this systemic factor.

Item 26: Periodic reviews

Goal: *The state will ensure that periodic reviews are conducted on the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.*

Court procedures may differ by child welfare agency regarding the scheduling and tracking of hearings, but most courts schedule the semiannual review at the dispositional hearing to ensure compliance within ASFA timelines. Clark County assigns a judge and a court master to hear child welfare cases thus increasing the time available for reviews. Washoe County has a Model Court Program where the family court judge holds a monthly model family court meeting which is comprised of administrative representatives from social services, district attorney, public defender, Washoe Legal Services, school district, CASA and judges. These meetings address ways to improve court hearings, troubleshoot problems and to develop local rules. Washoe County also has an agreement with the court that in lieu of a court hearing the agency conducts a formal case plan review meeting 90-120 days from removal. This child and family team meeting is facilitated by one of four Coordinators (Managers) in the department. In addition to child and family team members the county district attorney must be also present. Washoe County further reports that there is adequate court time and that

the court has moved to a scheduled calendar instead of a stacked calendar. Court clerks have been resourceful in scheduling extra time for cases they know will be longer.

The Nevada 2009 CFSR report rated this item as a strength.

Item 27: Permanency hearings

Goal: *The State will ensure that each child in foster care under the supervision of the state or county child welfare agency has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter.*

To meet this goal, the State is planning to review the system currently available in UNITY for monitoring that each child in foster care under the supervision of the state or county child welfare agency has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter. In addition, the State plans to develop a reporting mechanism to review the timeliness and quality of hearings for the purpose of providing a continuous quality improvement feedback loop for key stakeholders involved in the process.

Currently, Nevada Revised Statute 432B.590 mandates that the court shall hold a hearing concerning the permanent placement of a child no later than 12 months after the initial removal of the child from his home and annually thereafter, or within 30 days a finding that agency which provides child welfare services is not required to make the reasonable efforts toward reunification pursuant to NRS 432B.393.3. In compliance with ASFA, DCFS Policies 0206 Court Hearing Notification and 0514 Termination of Parental Rights (TPR) require agencies to make and finalize permanency plans by no later than 12 months after the child's removal and provide notice by certified mail to all the parties to any of the prior proceedings and parents and "any persons planning to adopt the child, relatives of the child or providers of foster care who are currently providing care to the child."

The Nevada 2009 CFSR report also rated this item as a strength.

Item 28: Termination of parental rights

Goal: *The State will ensure that a process is in place for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA).*

The PIP outlines several Systemic Factors that will be addressed during the PIP implementation period. Specifically, Primary Strategy (3) "Improve the Timeliness and Appropriateness of Permanency Planning across the Life of the Case" and goal #1 under that strategy "Reduce the number of children in out of home care for 18 months or longer and reduce barrier to adoption and TPR. This strategy and goal is addressing this area of needed improvement. The Court Improvement Project (CIP) is working collaboratively with DCFS on reducing the barriers to TPR and adoption in efforts to achieve timely permanency. CIP convened a workgroup by jurisdictions and has identified barriers and solutions to those barriers. CIP continues to implement a plan to improve permanency planning across the life of the case.

The most recent CFSR data profile provided on February 24, 2012 indicates that Exits to Adoption in less than 24 months continues to be an area of needed improvement reflecting that statewide adoptions are being finalized in only 18.1% of cases in less than 24 months. The national median is 26.8%(Table 36). The data also indicates that the median length of stay of a child before exiting to adoption is 35.4 months, and the national median is 32.4 months. There are various reasons for a delay in a child exiting to Adoption. It was indicated in the 2009 CFSR that stakeholders reported that in Clark County there were delays in filing the TPR petitions, and in the Rural Region stakeholders reported that there was a reluctance to file TPR before the court has ordered a goal of adoption. The PIP identifies that this Systemic Factor is being addressed during the PIP implementation specifically under Primary Strategy (3) of the PIP which focuses on "Improving the timeliness and Appropriateness of Permanency planning across the Life of the Case". Nevada's PIP is addressing this systemic issue.

Table: 36 Timeliness of Adoptions

| TIMELINESS OF ADOPTIONS DISCHARGED FROM FOSTER CARE Component A: | FFY 2009ab | FFY 2010ab | FFY 2011ab |
|--|--------------------|--------------------|---------------------|
| Exits to Adoption in less than 24 months(national medium 26.8%, 75th percentile=36.6%) | 16.4% | 14.6 | 18.1% |
| Exits to Adoption, median length of stay (national medium 32.4 months, 25th percentile 27.3) | Median=36.2 months | Median=36.3 months | Median=35.4% months |

Source: CFSR data profile dated 2/24/2012

Item 29: Notice of hearings and reviews to caregivers

Goal: *The State will ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.*

The PIP outlines several Systemic Factors that are being addressed during the PIP implementation period. Specifically, Primary Strategy (3) “Improve the Timeliness and Appropriateness of Permanency Planning across the Life of the Case” has been identified to address this systemic factor. The Court Improvement Project (CIP) is working collaboratively with DCFS on improving the timeliness and appropriateness of permanency planning across the life of the case. CIP convened a workgroup by jurisdictions and has identified barriers and solutions to those barriers. CIP is currently implementing a plan to improve permanency planning across the life of the case. See Page 87 for a more detailed report regarding this initiative.

To meet this goal, the State continues to work with the courts and child welfare agencies to develop a mechanism for child welfare agency reporting on the timeliness and consistency of notification for hearings for foster parents, pre-adoptive parents, and relative caregivers of children in foster care for any review or hearing held with respect to the child and will ensure that this system is effective in 90% of applicable cases. To accomplish this goal, the State must develop a mechanism for reporting on the involvement of foster parents, pre-adoptive parents, and relative caregivers of children in foster care at reviews and hearings.

NRS 432B, NAC 432B and statewide policy 0206 Court Notification mandate that proper notification of court hearings and court reviews regarding the status of a child in the custody of a child welfare agency must be provided and is necessary to ensure active involvement and participation of parents, foster parents, guardians, pre-adoptive parents, and relative caregivers in the child’s safety, permanency and well-being. While internal policies and procedures regarding court notification requirements and protocols may differ between child welfare agencies, formal written notification to the aforementioned caregivers must be supplied pursuant to NRS 432B.580 (6) (a) (b). Notice of the hearing must be given by registered or certified mail to all parties to any of the prior proceedings, and parents and any persons planning to adopt the child, relatives of the child or providers of foster care who are currently providing care to the child. If a child in protective custody is determined to be of Indian descent, the child welfare agency must notify the tribe in writing at the beginning of the proceedings. If the Indian child is eligible for membership in more than one tribe, each tribe must be notified.

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

Systemic Factor C: Quality Assurance System

Item 30: Standards ensuring quality services

Goal: *The State will ensure that standards are adequately developed and implemented to ensure that children in foster care are provided quality services that protect the safety and health of the children.*

This goal has two main objectives. The first is that the State will engage in necessary regulation development to ensure quality standards for foster care are updated according to bills passed in the 2011 legislative session. The second is that the State will develop a system for evaluating the implementation of the standards for foster care, including a mechanism

to provide feedback to key stakeholders; to ensure that children in foster care are provided quality services that protect the safety and health of the children. The second objective is dependent on the outcome of the first. Specifically, it will not be addressed until the regulations are adopted and an evaluation protocol is developed. Therefore, for this reporting period, only first objective will be addressed in Nevada's effort to reach this goal.

This item refers to quality standards. These standards for foster care fall into several categories including statute, regulation and statewide policy. These categories include child protection and foster care; licensure of foster care homes, residential facilities and foster care agencies; and out-of-state placements. To ensure child protection while in foster care, child welfare agencies must oversee and monitor the placement of children in foster homes or residential facilities pursuant to the Child Protection Statutes (NRS and NAC 432B), Foster Care Statutes (NRS and NAC 424) and statewide policies. These regulations and policies embody elements of quality service delivery, such as the consideration of cultural differences, timeliness, safety, visitation location, placement preference, scheduling of medical, dental and mental health needs. In addition, child welfare staff and child care facilities that provide services to foster children must meet personnel requirements for appropriate licensure and training to work in various positions. Fingerprinting and a criminal background checks are mandatory in the State in order to work with children (NRS 432.100). Staff must have appropriate supervision and are monitored through regular evaluation of work performance standards. The law and regulations also designate the number of children that may be placed in a foster care home or group home and the physical requirements for the home or facility. These measures are intended to ensure that quality services are provided to children in foster care by child welfare agency staff. The law and regulations designate the number of children that may be placed in a foster care home or group home.

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

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

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

The Nevada administrative code allows for waivers of licensing standards in relative and non-relative family or group homes, including waiving some safety standards in specified situations. Nevada's policy considers these foster care placements fully licensed, and title IV-E payments are claimed for the children in these placements even when the waiver is granted for a non-relative family or group home.

It was recommend that Nevada review its licensing laws and policies an put in place measures to ensure full compliance with section 471(a)(10) of the Act. A workgroup was convened to address the issue of use of waivers and after review of the IV-E review results and research into other states licensing regulations it was determined that the best course of action for Nevada was to revise regulation. This workgroup has completed a full review and update of the regulations, and the regulations are being sent to the Legislative Council Bureau for enactment.

Since the previous reporting period 2011 APSR, Nevada has implemented several policies to ensure that children in foster care are provided quality services that protect their safety, health and wellbeing.

In collaboration, the three child welfare agencies in Nevada developed and implemented oversight and monitoring policies for children in foster care that are prescribed psychotropic medications. The statewide policy, 0209 Psychiatric Care & Services was developed in response to a new Nevada law that was enacted in July 2011. In Nevada, any child in the foster care system that requires psychiatric services or is prescribed psychotropic medications must have a "person

legally responsible for the psychiatric care of a child” (PLR) appointed by the court to make all psychiatric decisions for the child, per SB 371. The requirements of this new policy are currently being implemented by all child welfare agencies. There are many duties and responsibilities required of the PLR; to include providing informed consent for psychotropic medications and consent for all psychiatric services provided to the child. It is the PLR responsibility to have a good understanding of the child overall wellbeing, medical history, mental or behavioral health needs and even how well they are doing within their education. Whenever possible, a child’s biological parent or legal guardian will be appointed by the court as the child’s PLR. If this is not possible due to extenuating circumstances, the child welfare agency will work with the parent or legal guardian to build parental capacity so that they can be appointed as the PLR.

Another child welfare policy that was developed and implemented since the last reporting period in 2011 is the 0207 Health Services policy. Again, this is a statewide, collaborative policy developed by the three child welfare agencies. This policy emphasizes specific timelines for children entering the foster care system to have their medical, dental, mental/behavioral health and developmental needs assessed and referred for treatment. Additionally, this policy follows the guidelines for EPSDT periodicity schedule as recommended by the American Academy of Pediatrics (AAP). Also included are requirements for all health information to be input into Nevada SACWIS so that a Child’s Medical Passport report can be printed out and provided to substitute caregivers and/or medical professionals as appropriate.

The 2011 Nevada Legislature also enacted AB 536, this law requires a background investigation must be conducted every 5 years after the initial investigation for all persons that work or volunteer within a facility that provides residential services to children. Investigations include CANS, local law enforcement and FBI criminal/ fingerprint based check.

NEW REQUIREMENTS FOR FOSTER PARENTS/LICENSEES 2011 Nevada Legislative Session

AB 154 (effective date 10/1/2011)

- Family foster parent must inform their foster child of their rights under the new Nevada law (AB 154). They must also provide the foster child a copy of these rights upon placement and anytime a foster child requests an additional copy.
 - A family foster parent may impose reasonable restrictions on the time, place and manner in which a child may exercise his/her rights if the restrictions are necessary to preserve the order, discipline or safety of the foster home.
- Group foster home (7-15 children) licensees must post a written copy of these foster children’s right in a conspicuous place within the group foster home.

AB 536 (effective date 7/1/2011)

- Foster parent/licensee, residents ages 18 and older* and/or employees of a foster home are required to have a complete background check every 5 years after initial licensure/approval.
- Foster parents/licensees must maintain all records surrounding background checks of caregivers, residents and employees for the entire period of time they are associated with the foster home. Records to include, but not limited to: Copy of authorization for release of background records, copy of fingerprint cards, proof that they were submitted to the appropriate authority, approval letter from the licensing authority and any other documentation which may arise out of the background check process.

* Per AB 350: Prior foster youth, age 18 to 21 who are “under the jurisdiction of the court,” are exempt from such background checks.

SB 113 (effective date 7/1/2011)

- A foster parent or licensee that operates a foster home shall develop and implement a Disaster Plan, regarding the care of foster children in the foster home, in accordance with the requirements provided to the licensee by the child welfare agency.

SB 246 (effective date 1/1/2012)

- A foster parent or licensee that operates a specialized foster home or a group foster home shall adopt a policy concerning the manner in which to:
 - Document the orders of the treating physician of a child;
 - Administer medication to a child;
 - Store, handle and dispose of medication;
 - Document the administration of medication and any errors in the administration of medication;
 - Minimize errors in the administration of medication; and
 - Address errors in the administration of medication.
- The licensee shall ensure that each employee of a specialized foster home or group foster home who will administer medication to a child at the specialized foster home or group foster home receives a copy of and understands the policy.

SB 370 (effective date 7/1/2011)

- A foster parent or licensee shall request a physician or other medical professional to provide a written explanation about the need to prescribe medication and the affect of the medication on the child.
- The foster parent or licensee shall provide the licensing authority a copy of the written explanation.

The 2009 Nevada CFSR report rated this item as strength.

Item 31: Quality assurance system

Goal: *The State will ensure that an identifiable quality assurance system is in place in the State where the services included in the Child and Family Services Plan (CFSP) are provided, and that it evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.*

To address this objective, the CFSP was developed so that each of the 23 Safety, Permanency and Well-Being Performance Indicators and 22 systemic factors has specific goals and objectives. Nevada is continuing to work towards a re-designed quality assurance system and during this reporting period has requested technical assistance from the National Resource Center for Quality Improvement (NRCOI) to assist in development of a QA system for Nevada.

As a result of the 2008 Child and Family Services Review (CFSR) and during this reporting period the State of Nevada is currently conducting case reviews as a requirement of Nevada’s Performance Improvement Plan (PIP). The PIP implementation period encompasses December 1, 2010 through November 30, 2012. The baseline data for the case reviews is prospective and has been established during the first year of the PIP implementation period ending November 30, 2011.

Methodology for the PIP QICR

The review is designed to be both a quantitative AND qualitative review of casework currently being performed by child welfare agencies in Nevada. The specific items reviewed are in accordance with the PIP agreement made between the Administration of Children and Families (ACF) the federal administration that completes the (CFSR), and the State of Nevada. Nevada has now completed the 2011 “baseline year” as of November 31, 2011. The UNITY QICR tool is modeled after the CFSR tool, and focuses on specific items for completion of the PIP. It is anticipated that future enhancements and expansion of the tool and development of other quality assurance tools will enable Nevada to conduct not only CFSR related reviews but reviews that target specific identified performance issues. To date the new QICR tool has been utilized during four PIP QICR baseline reviews, and two additional reviews have been conducted in 2012. The DCFS Rural Region and Clark County have been reviewed to date. Washoe County will be reviewed in August 2012 and a second review will be conducted in Clark County in October 2012.

The following 9 items are reviewed but may not be applicable for every case:

- **Item 1:** Timeliness of Investigations
- **Item 3:** Services to Prevent Removal/Re-entry
- **Item 4:** Risk and Safety Assessment
- **Item 7:** Permanency Goal
- **Item 10:** OPPLA
- **Item 17:** Needs and Services to Children, Parents and Foster Parents
- **Item 18:** Child and Family Involvement in Case-planning.
- **Item 19:** Caseworker Visits with Children
- **Item 20:** Caseworker Visits with Parents.

At the end of the baseline year ACF set the performance targets for the achievement of the PIP. Table 37 below illustrates the targets and Nevada's current performance as of 3/31/2012. The performance highlighted in green indicates Nevada has met the required PIP Case Review item target.

Table 37 PIP data of QICR Performance Targets

| PIP Data of QICR Performance Targets | | |
|--|---------------------------|----------------------|
| Item | Baseline PIP Targets 2011 | 2012 PIP Performance |
| Item 1 Timeliness of investigation | 80.4% | 79.1% |
| Item 3 Services to prevent removal/re-entry | 74.9% | 76.1% |
| Item 4 Risk and safety assessment | 52.5% | 54.8% |
| Item 7 Permanency goal | 62.0% | 57.1% |
| Item 10 OPPLA-permanency goal | 61.3% | 62.5% |
| Item 17 Services to child, parents & foster parents | 46.0% | 46.8% |
| Item 18 Child and family involvement in case planning | 48.2% | 54.2% |
| Item 19 Case worker visits with children | 60.5% | 54.8% |
| Item 20 Case worker visits with parents | 49.7% | 49.1% |

*Rolling four quarter data as of 3/31/2012

DATA in Quality Assurance

During the 2011 Legislative Session the Legislature approved DCFS's Technology Investment Request (TIR). The TIR will enhance the UNITY system, and help support Nevada's state and local child welfare agencies and statewide quality improvement and assurance efforts. The TIR will accomplish implementation of a new presentation layer for UNITY using Web Portals. As stated previously DCFS has moved forward with the TIR project and has secured the services of QA Technologies to convert UNITY from its current Graphical User Interface (GUI) design to a web-based design as recommended in the IFI study. ACF has approved the contract between DCFS and QA Technologies, and has approved Operational SACWIS Funding for the project. The project is expected to be completed by June 30, 2013. The second goal identified in the TIR, the Data Warehouse, was disallowed by ACF as an operational SACWIS expense.

Furthermore, during this reporting period DCFS joined membership to Chapin Hall's Center for State Foster Care and Adoption Data. Chapin Hall at the University of Chicago has since its inception in 1985 been recognized as a research and policy center focused on a mission of improving the well-being of children and youth, families, and their communities. DCFS has just recently (May 2012) been provided portal access, and is working towards training staff to ensure maximization and utilization of the reporting capabilities.

The Center for State Foster Care and Adoption Data (State Data Center) is a partnership of the American Public Human Services Association and Chapin Hall Center for Children at the University of Chicago. Nevada is anticipating that the

Center's pioneering information management tools will provide Nevada with an ability to access Nevada data via a unique longitudinal data warehouse. The ability to run Nevada permanency reports is one of the main benefits of joining the center.

Also, during the 2011 Legislative Session SB447 was passed. The purpose of this bill is to implement an annual capped block grant to support child welfare services. DCFS is required to ensure that child welfare agencies carry out corrective actions when the agencies are not in compliance with the law or with statewide plans or policies. As a part of a system of quality assurance and improvement this bill will require an agency which provides child welfare services to carry out any identified corrective actions and develop and implement corrective measures to improve performance. Furthermore, it requires each agency which provides child welfare services to submit an improvement plan to DCFS that must cover a period of 2 years and include specific performance targets for improving the services provided to children in the care of the agency. Each year the agencies will be required to submit data to the Division demonstrating the progress made toward meeting the specific performance targets. DCFS will administer a program that will award incentive payments to an agency which provides child welfare services based on improved performance targets. Lastly, DCFS will be required to prepare and submit a report concerning the improvement plans and the program for incentive payments to the Governor and the Legislature on or before January 31 of each year.

Agency Level Quality Improvement Activities:

Clark County:

Clark County utilizes ChildStats. ChildStats meetings are conducted with CPS, Permanency and in-home staff. ChildStats is a concept developed by the Administration for Children's Services (ACS) in New York City. ACS is modeled after a process used by the New York City Police Department. It includes the examination of recent cases and review of certain data elements. The ChildStats initiative has provided Clark County with an opportunity to observe successes and address practice issues department wide. Specifically, front-end data elements and randomly selected cases are reviewed at each meeting. The process provides Clark County management, CPS, Permanency and in-home Supervisory staff with an opportunity to review practice (quantitatively and qualitatively) and determine which areas need to be strengthened. The original ChildStats model includes an official independent case review by Quality Assurance staff prior to the agency meeting. Clark County has modified the case review process due to the limited number of QA staff.

In April 2012 Clark County participated in the PIP QICR with the DCFS FPO, and reviewed 17 cases as required by the Nevada Performance Improvement Plan.

DCFS Rural Region:

The DCFS Rural Region QA Unit has conducted several targeted case reviews over the past year. Examples include: 1) The DCFS QA Unit conducted targeted case reviews on one third of all investigative caseloads in the Elko District Office. The QA tool was comprised of CAPTA, NV Statute and Administrative Code requirements as well as Statewide Policy requirements. Following the review, a report for each worker was created and feedback and recommendations were provided to the Supervisor and District Office Manager. 2) Region wide all fatality and near fatality cases were reviewed by the QA unit, reviews identified noncompliance NV Statute, Administrative Code, policy and practice strengths and weaknesses. Recommendations to improve practice, implementation of new agency procedures and/or corrective actions resulted from those reviews. 3) Case reviews on probationary employees to assess strengths and deficits, 4) In June 2011, the QA unit will be conducting a case review of Quality Caseworker Visit documentation.

The QA unit also reviewed safety and case plans (to include parental involvement in case planning for a period of time identifying families who were receiving ongoing services where the children had not been removed from the parent's care to determine eligibility for the IV-E Candidacy program.

During the month of March 2012, the QA Unit provided training to DCFS caseworkers and supervisors. In June 2012, the QA Unit will conduct a review of worker's documentation of these notes to track progress being made in worker's documentation.

The Rural Region contracted with Hornsby Zeller and Associates to conduct a QA case review and systems review of the Pahrump District Office. Stakeholders and staff were interviewed re: practice and systems issues. The final report

contained recommendations for systems improvement in Pahrump, some of which including managing by data were then extrapolated to the entire Rural region. The Managers and Supervisors have met and have identified reports that will be used for data management. Requests have been made of IMS to have those reports put on a regular dissemination schedule.

Rural Region QA Unit has been reviewing NIAs, safety assessments and safety decision rationale as requested by supervisors and managers to ascertain workers understanding of the newly implemented SAFE practice model. Areas of strengths and areas needing improvement around identifying impending danger, caregiver protective capacities and child safety are noted and communicated to workers, supervisors and Managers.

The Rural Region QA Unit has also conducted case reviews of specific cases or workers that have been identified and requested by the Rural Region Manager, District Managers or Supervisors.

Rural Region QA Unit has been conducting reviews of the cases involving death or near fatality of a child and providing a comprehensive review of these cases in which there has been a death or near fatality of a child and the agency has had previous involvement with family members or if the agency conducts an investigation based on the report. Based on these reviews recommendations are made and implemented.

In February 2012 the DCFS Rural Region QA staff participated in the PIP QICR with the DCFS FPO and reviewed 14 cases as required by the Nevada Performance Improvement Plan.

Washoe County:

In Washoe County Contractors conducted review of reports taken by Intake and the Emergency Response unit. The purpose of the review was to inform the level of fidelity to the revised Intake (SAFE) model. In addition, a review was conducted by contractors and internal staff of 51 Nevada Initial Assessments (NIA) to identify the safety services being utilized by staff. The purpose was to identify any gaps or additional services needed.

Washoe County has a monthly staffing to review all assigned child fatality cases. Participant includes the Deputy District Attorney, Children's Services Coordinators, Supervisors who have child fatality social workers in their units, and the social workers who investigate child fatalities. During these meetings each case is reviewed with discussion related to the investigation, identification of commonalities to determine appropriate preventative measure to recommend to the Washoe county Child Death Review Team.

In September 2011 Washoe County participated in the PIP QICR with the DCFS FPO and reviewed 14 cases as required by the Nevada Performance Improvement Plan. Another review is scheduled for August 2012.

Systemic Factor D: Staff and Provider Training

Item 32: Initial staff training

Goal: *The State will operate a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.*

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

voiced their satisfaction with the process.

Over the past several years, Nevada has been focused on developing a strong new worker core curriculum. The Nevada New Worker Core Training curriculum was first piloted in the fall of 2008, then was finalized and has been in continuous operation since January 2009. In the past year, two sessions of New Worker Core were offered by University of Nevada Reno (UNR) in the northern part of the state and one full session and completion of the last 2 modules were offered by University of Nevada Las Vegas (UNLV) in the southern part of the State. The 10-week course consists of five weeks of in-class instruction and five weeks of pre-reading assignments and on-the-job training assignments (to be done in the weeks in-between the in-class training sessions). The training program is taught by trained University based instructors as part of the Nevada Partnership for Training. Table 38 shows the total number of individuals trained since January 2009. All participants provide feedback about trainings. One method of evaluation used is the satisfaction survey. The Semi-Annual NPT Report for SFY 2012 indicated that participant satisfaction ratings of workshop content and trainer competencies were again rated high.

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

Table 38: New Workers Completing Nevada New Worker Core Training since January 2009

| New Worker Training | Clark | Washoe | Rural | FPO | Other | Statewide |
|----------------------------|--------------|---------------|--------------|------------|--------------|------------------|
| SFY 2009 | 24 | 11 | 19 | 5 | | 59 |
| SFY 2010 | 12 | 15 | 14 | 2 | | 43 |
| SFY 2011 | 23 | 10 | 11 | 1 | 4 | 49 |
| SFY 2012 | 34 | 12 | 15 | 2 | 1 | 64 |
| TOTAL | 93 | 48 | 59 | 10 | 5 | 215 |

There are currently several components of the Nevada New Worker Core that are available online. The Nevada Partnership for Training website (www.nvpartnership4training.com) allows workers 24 hour per day, 7 day per week access to the Pre-Reading and On-the-Job Training (OJT) Activities components of Nevada New Worker Core. Each of the five modules has one of each of these components, including pre and post tests and other evaluation components to help the NPT trainers to determine student progress. All new workers attend the in-person portion and online portion of the Nevada New Worker Core upon hire. Table 39 shows the number of participants who completed the pre-reading and OJT activities in the current fiscal year. This information reflects three offerings of New Worker Core and does not include participation by those enrolled in the May 2012 deployments. Please note that staff from the Family Programs Office at the State generally has not completed OJT activities as they do not carry caseloads.

Table 39: Ongoing Online Nevada New Worker Core Courses Offered in SFY 2012

| Course Areas of Concentration | No of Trainings | Number of Participants | | | | | |
|---|------------------------|-------------------------------|---------------|--------------|------------|--------------|------------------|
| | | Clark | Washoe | Rural | FPO | Other | Statewide |
| Nevada New Worker Core Pre-Reading Modules 1 - 5 | 14 | 7 | 55 | 41 | N/A | N/A | 117 |
| Nevada New Worker Core OJT Activities Modules 1 - 5 | 14 | 5 | 56 | 41 | N/A | N/A | 116 |

A final objective for this item focuses on quality assurance for training. Specifically, through the collaboration with the Training Management Team and use of the Nevada Partnership for Training Reports System, the State will ensure the ongoing review of the Nevada New Worker Core Training to ensure that the curriculum materials are current and reflect

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

During the past year, UNR has revised New Worker Module III to reflect changes to the Nevada Initial Assessment (NIA) being implemented in Washoe County as well as Rural DCFS.

Item 33: On-going staff training

Goal: *The State will provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.*

To reach this goal, the State, through collaboration with the Training Management Team and the University Partners, was charged with developing a standard on-line introductory level curriculum series to meet the ongoing training needs of staff in the child welfare agencies at the rate of two – three courses per year (as funding allows).

During the past year, the Indian Child Welfare Act Training (ICWA) and Ethics and Liability in Child Welfare online courses were updated to reflect current best practices and legal requirements. Currently these two courses and a course on Mandated Reporters are available online at the Nevada Partnership for Training (www.nvpartnership4training.com) website. Mandated Reporter Training was also updated and expanded. The courses are available to anyone in the community on a 24 hour, 7 day per week basis. Continuing education credits are available for these on-line classes. Table 35 shows the total participation in all online courses this fiscal year by agency.

*Table 40: Ongoing Online Child Welfare Courses Offered in SFY 2012**

| Course Areas of Concentration | Clark | Washoe | DCFS | Other | Statewide |
|-------------------------------|-----------|-----------|-----------|------------|------------|
| Mandatory Reporting | 5 | 3 | 29 | 120 | 157 |
| ICWA | 1 | 0 | 2 | 19 | 22 |
| Ethics | 4 | 12 | 16 | 35 | 67 |
| Total | 10 | 15 | 47 | 174 | 246 |

*Data ending May 30, 2012

The second objective for this goal was that the State, through collaboration with the Training Management Team and the University Partners, develop a standard (in-person) specialty core curriculum series to meet the ongoing training needs of staff in the child welfare agencies at the rate of two – three courses per year (as funding allows). Currently, there are four series of Specialty Core Courses being delivered with three classes in each series (12 courses total). The following four Specialty Core Courses were developed, piloted and implemented between March and June 2010 and were offered throughout the past year:

- Recognizing and Evaluating the Impact of Substance Abuse on Child Welfare Practice and Families (Addiction 101,201 and 202)
- Recognizing and Evaluating the Impact of Mental Health on Child Welfare Practice and Families (Mental Health 101, 201 and 202)
- Recognizing and Evaluating the Impact of Domestic Violence on Child Welfare Practice and Families (Domestic Violence 101, 201, and 202)
- Recognizing and Evaluating the Impact of Sexual Trauma on Child Welfare Practice and Families (Child Sexual Abuse 101, 201, and 202)

An ongoing challenge for Nevada is a shortage of resources and the large rural areas of the state, making rural child

welfare and stakeholder participation challenging. During the past year, the University of Reno was able to pilot the use of Wimba, an online education system which allows for real time classroom participation over the internet. Through the use of both microphones and web cameras, participants are able to view and talk with the instructor as well as view and hear each other. All activities, such as breakout groups, are able to be accomplished with this technology. A total of two (2) Specialty Core Classes were presented to rural child welfare staff utilizing this technology during the past year. This technology has allowed the UNR training team to provide Specialty Core to the staff in the DCFS Rural Regions without requiring travel to a central location. Due to the success of the Wimba offerings in the rural region and at the request of rural child welfare workers, UNR also offered a Wimba presentation of Child Welfare Ethics and Liability during this past year.

A third objective under this item was that the State, through the collaboration with the Training Management Team and use of the Nevada Partnership for Training Reports System, enhances reports to ensure that all staff receive the required On-Line or Specialty Core Training within the required timeframes. In an effort to address the need for more specialized training for existing workers and remediation needed for both new and existing workers, DCFS contracted with UNLV to develop an Intermediate Core series. One of the goals of this training series is to enhance the capacity of child welfare staff to effectively engage children, youth and families in case decision making. It is the NPT's position that the New Worker Core curriculum, specifically the first two modules, is a solid basis for this type of family engagement training, and therefore the competencies of New Worker Core will help create a framework for Intermediate Core. Moreover, the family engagement principles in Nevada's New Worker Core overlap with the core principles found in the National Resource Center for Permanency and Family Connections Family Engagement Web-Based Practice Tool Kit.

Consequently, UNLV started a process with the three child welfare agencies to develop competencies for training existing staff. As part of this process, UNLV surveyed lead caseworkers, supervisors and managers regarding the competencies found in the New Worker Core curriculum to determine their relevance in the development of Intermediate Core. An electronic survey was sent to specific contacts at the three child welfare agencies in Spring 2010 for distribution within their respective organizations. There were a total of 184 responses to the survey (131 CCDFS, 31 WCDSS, and 21 DCFS-Rural). The University partner(s) analyzed the data from the survey and presented recommendations based on the findings in May 2010 to the TMT partners. Upon approval of the competencies of Intermediate Core by the TMT and DMG, curriculum and evaluation instruments were developed. The training is competency based and is delivered in stages over a 10 day/5 week period. Each stage is two days of training. Delivery of the pilot for Intermediate Core began simultaneously in the north with Washoe County and DCFS Rural Region existing staff and in the south with Clark County existing staff in February, 2011. After each of the five (5) modules of the Core, focus groups were held with those participants who attended the Intermediate Core in order to obtain feedback about the curriculum. UNLV training staff, in collaboration with UNR training staff, are currently revising the curriculum based on the suggestions from the pilot groups.

During the third and fourth quarters of SFY 2011, the two Universities developed and implemented a Child Welfare Training Needs Assessment Survey. Through this process, future training needs will be identified and prioritized for development of additional curricula. Currently, as a result of the Needs Assessment, UNLV is developing curriculum for a Children's Mental Health Specialty Core with an Emphasis on Attachment and Trauma.

Table 41 shows the total number of Specialty Core and Intermediate trainings offered and the number of participants by child welfare agency and statewide. The Specialty Core trainings will continue to be offered during the upcoming State Fiscal Year. As a result of Nevada's PIP, two additional trainings were developed and were piloted during this past year: Family Engagement and Mastering the Art of Child Welfare Supervision. More detailed information, to update the training plan, for these two trainings is provided below.

*Table 41: Ongoing Specialty Core and Intermediate Core Courses Offered in SFY2012**

| CLASS TITLE | CCDFS | WCDSS | RURAL | FPO | OTHER | TOTAL |
|---------------------------|--------------|--------------|--------------|------------|--------------|--------------|
| Intermediate Core Stage 1 | | | | | | 0 |
| Intermediate Core Stage 2 | | | | | | 0 |
| Intermediate Core Stage 3 | | | | | | 0 |
| Intermediate Core Stage 4 | | | | | | 0 |
| Intermediate Core | | | | | | 0 |

| | | | | | | |
|------------------------------------|------------|------------|-----------|-----------|------------|-------------|
| Stage 5 | | | | | | |
| NV Supervisor Mod 1 | 7 | 1 | 2 | 3 | 1 | 14 |
| NV Supervisor Mod 2 | 6 | 1 | 2 | 3 | 0 | 12 |
| NV Supervisor Mod 3 | 7 | 1 | 3 | 4 | 0 | 15 |
| NV Supervisor Mod 4 | 7 | 1 | 3 | 3 | 0 | 14 |
| NV Supervisor Mod 5 | 0 | 1 | 3 | 3 | 0 | 7 |
| NV Supervisor Mod 6 | 0 | 1 | 2 | 4 | 0 | 7 |
| | | | | | | |
| Addictions 101 | 36 | 17 | 5 | 2 | 105 | 165 |
| Addictions 201 | 7 | 74 | 2 | 1 | 80 | 164 |
| Addictions 202 | 10 | 14 | 4 | 1 | 71 | 100 |
| Child Sexual Abuse 101 | 13 | 9 | 0 | 0 | 70 | 92 |
| Child Sexual Abuse 201 | 10 | 1 | 1 | 0 | 79 | 91 |
| Child Sexual Abuse 202 | 8 | 2 | 1 | 0 | 60 | 71 |
| Domestic Violence 101 | 6 | 7 | 0 | 0 | 68 | 81 |
| Domestic Violence 201 | 14 | 6 | 0 | 0 | 77 | 93 |
| Domestic Violence 202 | 9 | 0 | 0 | 0 | 42 | 51 |
| Mental Health 101 | 15 | 16 | 4 | 0 | 85 | 120 |
| Mental Health 201 | 14 | 6 | 0 | 0 | 75 | 95 |
| Mental Health 202 | 10 | 5 | 0 | 1 | 77 | 93 |
| Ethics (Live) | 58 | 95 | 30 | 3 | 11 | 197 |
| Motivational Interviewing | 89 | 0 | 2 | 0 | 56 | 147 |
| Family Engagement (pilot 1- Clark) | 10 | 0 | 0 | 0 | 3 | 13 |
| TOTAL | 333 | 254 | 64 | 28 | 946 | 1625 |

*Data ending May, 2012

Source: NPT Web Registration System Report July 1, 2011 – May 15, 2012

New Trainings (Updates to Training Plan)

Family Engagement with an Emphasis on Engaging Non-Resident Fathers

Training objective: Increase engagement of children/youth and families in case planning and decision-making activities across the life of the case to enhance the safety, permanency and well-being of children.

This 2 day curriculum is designed to address the issues of engaging families in child welfare practice with an emphasis on the special issues associated with engaging fathers. The training addresses the following 8 competencies:

- Competency #1: The child welfare worker will recognize the importance of incorporating family engagement skills, and the need to involve fathers in the child welfare process.
- Competency #2: The child welfare worker will be able to demonstrate methods of family engagement by utilizing engagement strategies and interpersonal helping skills.
- Competency #3: The child welfare worker will be able to interpret the role of culture and socialization on male parenting practices.
- Competency #4: The child welfare worker will be able to provide case management for families/fathers within the legal boundaries provided by state law and policies.
- Competency #5: The child welfare worker can identify familial and systemic factors that challenge engagement.
- Competency #6: The child welfare worker will be able to assess how parent incarceration impacts their role in working with children and families.

- Competency #7: The child welfare worker is able to demonstrate different strategies to engage fathers in case specific situations.
- Competency #8: The child welfare worker will be able to maintain optimism and consistently work toward family, and especially father, engagement despite challenges.

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

Target Audience – Child welfare workers and child welfare supervisors statewide.

Training Provider(s) – University trainers at the University of Nevada, Reno and the University of Nevada, Las Vegas.

Training Duration – This training is on-going and short in duration (2 days of training).

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

Mastering the Art of Child Welfare Supervision

Training objective: Increase training activities for supervisors so that they can better support and enhance the practice of their staff with a goal of enhancing the safety, permanency and well-being of children.

“Mastering the Art of Child Welfare Supervision” designed for the specific training needs of the child welfare supervisors, consists of 6 individual 2 day Modules thus totaling a comprehensive 72 hours curriculum.

- Module 1: Effective Leadership: Making the Transition from Family Services Specialist to Supervisor
- Module 2: Building the Foundation for Staff Performance
- Module 3: Managing Change In The Organization
- Module 4: Building the Foundation for Unit Performance
- Module 5: Building Staff Capacity
- Module 6: Case Consultation and Supervision

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

Target Audience – Child welfare supervisors statewide.

Training Provider(s) – University trainers at the University of Nevada, Reno and the University of Nevada, Las Vegas.

Training Duration – This training encompasses 6 individual 2 day modules (12 days of total training).

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

Item 34: Foster and adoptive parent training

Goal: *The State will ensure that training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E is provided in accordance with statewide policy and federal standards.*

This item was rated as a strength in the 2009 Nevada CFSR. Unlike the Nevada Partnership for Training, foster and adoptive parent training is a child welfare agency run activity in Nevada. Since the first Nevada CFSR in 2004, the agencies have been responsible for their own foster, adoptive, and kinship parent training programs. Beginning in July 2005, each child welfare agency began using the Parent Resources for Information, Development and Education (PRIDE) Pre-Service Curriculum for all initial Foster/Adoptive Parent training. However, in the 2009 CCDFS began the implementation of the PS-MAPP curriculum, while WCDSS and the DCFS-Rural Region still use the PRIDE curriculum.

Both trainings are facilitated by agency workers and former foster/adoptive parents and both are provided in both English and Spanish. PRIDE training is covered over 29 hours, whereas PS-MAPP varies depending on the module

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

The DCFS Rural Region is in the process of developing three Specialty trainings for foster parents to include; parenting a child with a history of childhood trauma; parenting a child with reactive attachment disorder, and parenting the child with sexually reactive behaviors.

Table 42 depicts the Foster and Adoptive Parent trainings provided by all three child welfare agencies during the FFY 2012 reporting period.

Table 42: Advanced Foster and Adoptive Parent Training

Clark County Foster Parent Trainings

| Training Offered by: | Title of Training | Number of times offered | Total Hours Offered | Total Participants |
|---|-------------------|-------------------------|---------------------|--------------------|
| CCDFS Licensing | P-S MAPP | 22 | 660 | 473 |
| | Relative-Kinship | 39 | 585 | 694 |
| Total Trainings offered/Total participants | | 61 | 1245 | 1167 |

Washoe County Foster Parent Trainings

| Training Offered by: | Title of Training | Number of times offered | Total Hours Offered | Total Participants |
|------------------------|-----------------------------------|-------------------------|---------------------|--------------------|
| Cindy Adams | PCAN Part 1 | | 6 credits | 9 |
| Cindy Adams | PCAN Part 1 | 2 | 6 credits | 32 |
| Dr. Piaseki | Keeping Kids off Drugs | | 2 credits | 32 |
| Tom Murtha | Educating Children in Foter Care | 2 | 2 credits | 56 |
| Judy Shumway | Kids, Computers & Safety 1 | 4 | 2 credits | 86 |
| Judy Shumway | Kids, Computers & Safety 2 | 4 | 2 credits | 48 + pending |
| Roni Branson | Domestic Violence, How to help | | 2 credits | 26 |
| Patton & Kelly | Reducing the Risk of SIDS | 2 | 2 credits | 42 |
| Dr. Lynam | Adolescence and Drugs | | 2 credits | 48 |
| Cheri Day (PEP) | Bullying | | 2 credits | 30 |
| Denise Linaman | Managing the Holiday Season | | 2 credits | 23 |
| Jim Burdick | Sibling dynamics | | 2 credits | 29 |
| Sr. Piaseki | RX and Youth What to do | | 2 credits | 23 |
| O'Neil and Paulukaitis | Preemie babies | | 3 credits | 11 |
| En Soul Salon | Arfican American hair & skin care | 2 | 2 credits | 10 + pending |
| Andrew Bowser | Fetal Exposure Kids | | 2 credits | 29 |

| | | | | |
|---|--|-----------|-------------------------------|-----------------------|
| Dee Klyman | Shaken Baby Syndrome Drugs in our community | | 2 credits | 19 |
| Shamblin & Venzon | Drugs in our community | 1 | 2 credits | pending |
| WCDCC medical unit | Chronic disease of childhood | 2 | 2 credits | pending |
| Marynne Aaronson | Change, loss and letting go | 1 | 2 credits | pending |
| Mynor Estrada (Spanish) | Common Sense Parenting I/T | 1 | 14 credits | 10 |
| Mynor Estrada (Spanish) | Common Sense Parenting I/T | 2 | 12 credits | 20 |
| WCDSS-R&T staff trainers | PRIDE in English | 10 | 29 hours | 233 + pending |
| WCDSS-R&T staff trainers | PRIDE in Spanish | 5 | 29 hours | 106 + pending |
| SAFF | Working with birth parents: values | 1 | 2 | 12 |
| SAFF | Working with birth parents: holidays | 2 | 3 | 78 |
| SAFF | Horse therapy | 2 | 2 | 77 |
| SAFF | Arts benefit youth in care | 1 | 4 | 3 |
| SAFF | Working with birth parents | 7 | 3 | 12 |
| SAFF | 4 topic areas | 5 | 4 | 31 |
| SAFF | Education no incarceration | 3 | 3 | 40 |
| SAFF | Creating positive public relations | 1 | 3 | 4 |
| SAFF | Computers and Education | 2 | 2 | 9 |
| SAFF | Health and happiness | 8 | 1 | 42 |
| SAFF | Special needs of kids in care | 1 | 15 | 6 |
| SAFF | Reuniting families | 1 | | 120 |
| Total Trainings offered/Total participants | | 72 | 73 credits 100 hrs | 1356 + pending |

Rural Region Foster Parent Trainings

| Training Offered by: | Title of Training | Number of times offered | Total Hours Offered | Total Participants |
|----------------------|-------------------|-------------------------|---------------------|--------------------|
| Training Contractors | PRIDE TRAINING | 6/2011-Fallon | 9.5 | 6 |
| | | 6/2011-Pahrump | 27 | 6 |
| | | 7/2011-Fallon | 12.5 | 6 |
| | | 7/2011-Fallon | 27 | 13 |
| | | 7/2011-Elko | 32 | 10 |
| | | 8/2011-Fallon | 9.27 | 3 |
| | | 8/2011-Pahrump | 9 | 4 |
| | | 8/2011-Pahrump | 27 | 2 |

| | | | | |
|---|--|-----------------|-------|---------------------------|
| | | 9/2011- Fallon | 27 | 12 |
| | | 10/2011-Elko | 27 | 6 |
| | | 10/2011-Fallon | 28.50 | 8 |
| | | 10/2011-Carson | 27 | 10 |
| | | 10/2011-Elko | 8 | 6 |
| | | 10/2011-Pahrump | 27 | 6 |
| | | 11/2011-Fallon | 18 | |
| | | 12/2011-Fallon | 9.75 | |
| | | 1/2012-Fallon | 31.50 | 9 |
| | | 1/2012-Elko | 27 | 12 |
| | | 2/2012-Elko | 21 | |
| | | 2/2012-Carson | 27 | 8 |
| | | 3/2012-Fallon | 24 | 22 |
| | | 3/2012-Carson | 27 | 6 full-4 partial |
| | | 4/2012-Fallon | 20.75 | 7 |
| | | 4/2012-Elko | 27 | 6 |
| | | 5/2012-Carson | 27 | 11 |
| Total Trainings offered/Total participants | | 25 | | 179 full-4 partial |

Source: Agency Reports July 1, 2011 – May 31, 2012

Systemic Factor E: Service Array and Resource Development

Item 35: Array of services

Goal: *The State will ensure there is an array of services available that:*

- *Assess the strengths and meets the needs of children and families,*
- *Determine other service needs,*
- *Address the needs of families in addition to individual children to create a safe home environment,*
- *Enable children to remain safely with their parents when reasonable, and*
- *Help children in foster and adoptive placements achieve permanency.*

A primary objective under this item is that the State will seek out external sources of support to improve the State's service array. The Title IV B, Sub grant II advisory group meets quarterly. Prior to each funding cycle, representatives from each child welfare agency work with management to identify funding priorities. These priorities, by region, are incorporated into the Request for Proposals (RFP)/ funding announcement, and are used to evaluate proposals so that funded projects are closely aligned to agency identified service needs and priorities.

Clark County used a service array assessment process to set priorities. The Clark County Service Array Assessment process involved the development of an extensive child and family data profile as well as survey assessments of over 100 community stakeholders, 600 caseworkers, as well as 90 clients. The process was completed in early 2008 and the report of findings was finalized in March 2008. Clark County and the CAC met with stakeholders during a Summit held in September 2008 to review the findings and develop an action plan which included the action steps to address the highest priority findings of the assessment process. The "Nevada Children and Families Summit" was attended by over 120 stakeholders from Federal, state and local governments, philanthropic organizations, faith-based providers, legislators and community service providers. The assessment found gaps in the availability of family preservation and family support services. These services, which are focused on keeping families out of the child welfare system (to include family preservation services, substance abuse and mental health services), were not available at a level to meet the need.

Based on this service array assessment Clark County has determined their focus on the following 4 areas:

- 1) Medically Fragile
- 2) Social Summaries
- 3) Family Preservation
- 4) Team Decision Making (TDM)

Washoe County Department of Social Services (WCDSS) completed a comprehensive service array analysis through consultation with the National Resource Center for Organizational Improvement and Steve Preister, MSW, Ph.D., in 2009 which provided a framework for evaluating service needs for families. Through this analysis and subsequent data mining for the Permanency Innovations Initiative grant, it was determined that four primary risk characteristics were identified: caretaker substance abuse; single female caretaker household; caretaker incarceration; and inadequate housing. The data used for the analysis was retrieved through UNITY, the State SACWIS system. The Service Array assessment identified improved communication between Washoe County School District and WCDSS was needed to meet the needs of dependent youth and processes were enacted to meet this goal including monthly attendance meetings, shared office space, and monthly data reports. The Service Array found that medical services to youth placed out of the home be improved and now all youth must receive an EPSDT within 72 hours of placement which is tracked through the medical unit.

In 2009, the Division sought and received Technical Assistance from the National Resource Centers (NRC) regarding assessment of Nevada's service array, and this process was used to identify populations at greatest risk of maltreatment in the Rural Region. The issues presently identified by a consensus amongst staff who has worked in the Rural Nevada communities over the years are populations living in poverty and struggling with the following risk factors: DV, substance dependence/abuse and mental health. Despite the success of this review process, implementation of the strategies developed continues to be challenging due to economic constraints such as budget cuts and their impact on local community services. During this past year, Nevada continued to lead the nation in the number of foreclosures as well as rate of unemployment.

The Grants Management Unit (GMU) is an administrative unit within the Nevada Department of Health and Human Services, Director's Office that manages grants to local, regional, and statewide programs serving Nevadans. The GMU ensures accountability and provides technical assistance for the following programs: Children's Trust Fund, Community Services Block Grant, Family to Family Connection, Family Resource Centers (FRC), Differential Response, Fund for a Healthy Nevada, Social Services Block Grant (Title XX of the Social Security Act), and Problem Gambling Prevention and Treatment. The GMU was created in July 2003 to streamline and standardize administrative procedures and reduce administrative costs, by bringing together multiple grant programs and advisory committees.

Nevada's Children's Trust Fund (CTF) contains state and federal CBCAP funds and a majority of the CTF funds are awarded through a competitive process. The 14 programs that received CTF funding in SFY11 provided primary and secondary child abuse prevention activities that supported and strengthened families through parenting classes and a respite program. GMU grant managers provide oversight to the funded programs through review of program and fiscal reports and site visits.

The Division of Child and Family Services (DCFS), which is responsible for the CFR/PIP, and the Grants Management Unit, which receives the CBCAP funds, are both under DHHS, lead agency for the CBCAP funds. The CTF grant manager works with Title IV-B and DCFS staff to facilitate the cooperation of CTF funded programs with other community agencies that work with families, caregivers, and children involved in the child welfare system. Several FRCs receive Title IV-B funds which helps the agencies offer more comprehensive family support services.

Programs are requested to collect information on children and parents/caregivers with disabilities, but it is difficult for some programs to capture the true number of participants with disabilities because some of the participants are reluctant to disclose this information.

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

Differential Response

Table 44 Nevada Differential Response (DR) Program

| | SFY 07 2/28/07 – 6/30/07 | SFY 08 7/1/07– 6/30/08 | SFY 09 7/1/08 – 6/30/09 | SFY 10 7/1/09 – 6/30/10 | SFY 11& 12 Current Status 7/1/10 – 3/31/12 | | |
|---|--------------------------------|--------------------------------------|--|-------------------------------|--|----------------------------------|-------------------------------|
| Number of DR programs | 2 (Las Vegas) | 7 (4 Las Vegas, 2 Washoe, 1 Elko) | 12 (5 Las Vegas, 2 Washoe, 5 Rural) | | 13 (5 Las Vegas, 2 Washoe, 6 Rural) | | |
| Number of Community Based DR Staff | 4 | 16 | 23 | | 23.5 | | |
| Total number of Families Served by DR 7/1/07 – 3/31/12 4,097 | | | | | | | |
| | SFY 07 2/28/07 - 6/30/07 | SFY 08 7/1/07 - 6/30/08 | SFY 09 7/1/08 – 6/30/09 | SFY 10 7/1/09 – 6/30/10 | SFY 11 7/1/10 – 6/30/11 | SFY 12 7/1/11 – 3/31/12 | Total 2/28/07 – 3/31/12 |
| Cumulative Number of Families Referred to DR from CPS | 90 | 362 | 912 | 1,053 | 1,137 | 932 | 4,486 |
| Number of Cases returned to CPS | 16 | 66 | 147 | 76 | 44 | 40 | 389 |
| Number of cases closed | 33 | 247 | 665 | 906 | 1,135 | 818 | 3,804 |

Cases have been returned to CPS for the following reasons: Unable to locate family or family has moved, Family refused DR services or did not respond to DR communication, Child in home under the age of 5 and reported to be unsafe, New allegation of abuse or neglect, Family not in area of service

**Current Status by Program
July 1, 2011 – 3/31/12**

| Program | Budgeted DR Staff | Number of cases carried forward from SFY 11 | Number of Families Referred to DR from CPS | Number of Cases returned to CPS | Number of cases closed | Number of open DR cases |
|---|-------------------|---|--|---------------------------------|------------------------|-------------------------|
| Las Vegas – South HopeLink | 2 | 28 | 62 | 1 | 71 | 18 |
| Las Vegas – East East Valley Services FRC | 2 | 20 | 79 | 0 | 74 | 25 |
| Las Vegas Central East Valley Services FRC | 2 | 27 | 95 | 3 | 79 | 40 |
| Las Vegas – North Olive Crest FRC | 2 | 39 | 66 | 1 | 72 | 32 |
| Las Vegas-West Boys and Girls Club of LV FRC | 2 | 31 | 85 | 0 | 86 | 30 |
| Total Clark | 10 | 145 | 387 | 5 | 382 | 145 |
| Washoe FRC | 2 | 12 | 57 | 2 | 46 | 21 |
| Washoe Children's Cabinet* | 4 | 23 | 150 | 4 | 130 | 39 |
| Total Washoe | 6 | 35 | 207 | 6 | 176 | 60 |
| Elko Family Resource Center of Northeastern NV | 2 | 2 | 92 | 1 | 78 | 15 |
| Lyon, Pershing, Mineral Lyon Co. Human Services | 2.5 | 23 | 79 | 1 | 73 | 28 |

| | | | | | | |
|--|------|-----|-----|----|-----|-----|
| FRC | | | | | | |
| Churchill FRIENDS FRC | 1 | 6 | 55 | 0 | 49 | 12 |
| Carson City Ron Wood FRC | 1 | 3 | 53 | 13 | 34 | 9 |
| Douglas (RWFRC) | .5 | 0 | 30 | 3 | 16 | 11 |
| Pahrump/S. Nye NV Outreach Training FRC | .5 | 2 | 29 | 11 | 10 | 10 |
| Total Rural | 7.5 | 36 | 338 | 29 | 260 | 85 |
| Total State | 23.5 | 216 | 932 | 40 | 818 | 290 |

Jul 1, 2011-3/31/2012

*Children's Cabinet is funded by WCDSS to provide DR services. While they are not being funded by FRC state funding, they are participating in the training and other DR activities and their data will be incorporated into the evaluation information.

DCFS Grants Management Unit-Title IV B, Subpart 2

Title IV-B, Subpart 2 funding provides critical services throughout the state. Nevada uses a three year funding cycle. The Title IV-B, Subpart 2 grantees are in year of a 3 year funding cycle. The amended definitions of Family Support Services as well as Time-Limited Reunification will be included in the SFY13 Request for Proposals. During the pre-application process, informational webinars will include information about the newly allowed service definitions.

Family Preservation Services:

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

Clark County utilizes an array of prevention services to help children at risk of abuse and neglect remain safely with their families. These services include flexible funding to support families in areas such as rent, utilities, apartment deposit, bus tokens, food vouchers and other basic needs, and contract services with community agencies. Intensive case management services provide parenting classes that incorporate family strengthening techniques to strengthen the family and home to prevent removal. Substance abuse in-home services are offered as well as mental health and substance abuse assessments and treatment in a variety of settings to meet the specific needs of the family. Medical training and rehabilitative support services allow medically fragile children to remain in their home and prevent removal.

Washoe County family preservation services include strength-based treatment utilizing pro-social adaptive behavior modification techniques to teach clients to change socially and personally maladaptive behavior; individual and group counseling to assist clients and their children to adopt strategies and behaviors that sustain recovery and maintain daily functioning including conflict resolution; couples and family therapy; supportive and instructive interventions to address life management needs. Case management is available to assist families who were involved with or at-risk of becoming involved with child welfare agencies. Assessments to identify strengths and service needs of clients related to life and home management skills are available in addition to mental health assessments and services.

Family Resource Centers and rural community providers receiving IV-B funds are a primary source for pre-placement services for the DCFS Rural Region Intensive Family Services staff, which provide both clinical assessments and home-based family preservation services. Parenting classes are available in-home as well as in group settings. Case management, including home-maker skill building, is available through the rural Family Resource Centers. Mental health and substance abuse assessments are also available. Most of the funded rural providers cover large areas of rural Nevada and often travel to provide access to services for families to prevent removal.

State Rural Mental Health Clinics are responsible for providing children's mental health services in the Rural Region. The Rural Region also has four full-time Family Support Workers that are utilized similarly to the Human Services Specialist positions in Washoe County to provide additional needed support to families. Recruitment and retention of licensed social work positions is an ongoing challenge in rural Nevada. Other services utilized by the Rural Region include services

available through community based non-profit agencies to provide substance abuse counseling, domestic violence interventions, truancy, tutoring, parenting and other prevention programs for children. County welfare programs and/or other community based resources are frequently accessed for temporary housing, vouchers for clothing, food, gas, utilities, transportation and other needed services. Community coalitions exist in many rural communities in an attempt to increase availability and accessibility through coordinated efforts between public and private agencies. The State has operated Family Preservation Services (FPS) existing in nine sites throughout the state for over 11 years – Las Vegas, Mesquite, Pahrump, Elko, Fallon, Carson City, Hawthorne, Wells and Reno. Services, like other FPS programs, are brief, intensive, home-based and family centered.

Family Support Services:

Family Support services promote the well-being of children and families that increase the ability of parenting to strengthen and stabilize the family unit. The goal of Family Support Services is to increase the parents' competence and confidence in parenting so children are in a safe and stable environment.

Family Support services in Clark County include an intensive in-home parenting program that addresses parenting and home-maker issues; programs which offered activities and supervision to school-aged children in a safe environment while their parents were at work, which enabled parents to achieve and maintain better job performance in knowing that their child was in a safe environment; case management; parenting classes; budgeting classes in both English and Spanish and computer skills classes and developmental screenings.

Title IV B funded Family Support services in Washoe County include in-home family and individual counseling; mental health and substance abuse assessments; case management and linkage with supportive services; home visits; budgeting classes and goal planning.

Funding for Family Support services to sub-grantees in the Rural Region include in-home parenting as well as parenting groups; specialized parenting classes for parents of infants; first time parenting classes, mental health and substance abuse assessments and treatment; and home-maker classes. Parenting classes and in-home services for babies and toddlers 0-5 years of age are available in White Pine County, Elko County, Churchill County and Carson City. In-home services include nutrition, housekeeping and developmentally appropriate parenting for children of all ages.

Time-Limited Reunification Services:

Funded programs that provide Time-Limited Reunification services in Clark County include comprehensive assessments for both mental health and substance abuse issues for individuals, and groups as well as individual and family treatment; Safety Team meetings facilitated within 48 hours of referral from the child welfare agency; and in-home parenting training and home maker skills training. Services are available in English and Spanish.

Time-Limited Reunification services in Washoe County include mental health and substance abuse assessments and treatment; psychiatric evaluations for adults; group counseling for drug and alcohol, sessions on depression, parenting, stress, family violence, sexual and physical abuse, loss and grief and marital and couple issues; and foster parent mentoring and relationship building with biological parents to facilitate timely reunification.

Time-Limited Reunification services in the Rural Region include in-home parenting training as well as group parenting classes; infant parenting classes; first time parenting classes; and mental health and substance abuse assessments and treatment.

Adoption Promotion and Support Services:

Adoption Promotion and Support services and activities are designed to support and facilitate permanency for children in Nevada's foster care system.

Funding for Adoption Promotion and Support Services allow sub-grantees in Clark County to educate the public, community leaders, policy makers and child welfare administrators by providing informative feedback on the foster parent perspective on adoption recruitment issues to better serve the foster parent community's needs and training for mental health professionals to help them understand why treatment strategies must be different for adoptive families. Funding also supports diligent search activities which focus on identifying and locating parents and relatives who might be placement resources for children utilizing multiple resources such as Accurant, Internet sources, telephone books, Department of Motor Vehicles information and diligent search programs in other states.

Through IV-B and Adoption Incentive funding a large number of social summaries and home studies were completed in Clark County leading to adoptions being finalized in a timely manner. As a result of this activity, adoption rates have increase significantly since the last report.

Adoption Promotion and Support Services funding to sub-grantees in Washoe County and the Rural Region enhance their capability to collaborate with agencies to produce “child / family matching” events where children in foster care awaiting adoption were exposed to potential adoptive families; provision of series of training workshops for foster and adoptive parents; awareness promotion of special needs adoptive homes for children 12 years and older and sibling groups and increase interest in special needs adoption, ultimately impacting the number of finalized special needs adoptions. In collaboration with Washoe County, an agency has developed a program to build relationships between biological and foster parents with a goal of improving communication and building positive relationships between biological and foster parents to best facilitate the well-being of the children involved.

Washoe’s Adoption Program and the Clark County CAC continue to utilize trained clinical staff to support families’ adoption of children with emotional/behavioral needs. This combined with the development of a “transition” case plan is a promising practice designed to better support and prepare both foster-adoption and stranger adoptions; and to increase the success of the child’s placement.

Table 45: Title IV-B Subpart 2 Grantees by Funding Category and Region for FY 2012

| Sub-Grantee Name and Region | Family Support | Family Preservation | Time-Limited Family Reunification | Adoption Promotion/Support |
|---|----------------|---------------------|-----------------------------------|----------------------------|
| Clark | | | | |
| Adoption Exchange, Las Vegas | | | | ✓ |
| Boys Town, Las Vegas | ✓ | ✓ | ✓ | |
| Bridge Counseling, Las Vegas | | ✓ | ✓ | |
| Clark County Department of Family Services, Las Vegas | ✓ | | ✓ | ✓ |
| East Valley Family Services, Las Vegas | | ✓ | | |
| Olive Crest, Las Vegas | | | | ✓ |
| Virgin Valley FRC, Mesquite | ✓ | ✓ | | |
| Washoe | | | | |
| Children’s Cabinet, Incline Village | ✓ | | | |
| Children’s Cabinet of Reno | ✓ | ✓ | | |
| Family Counseling Services, Reno | | | ✓ | ✓ |
| Sierra Association of Foster Families, Reno | | | ✓ | ✓ |
| STEP 2, Reno | ✓ | | ✓ | |
| Washoe County FRC Coalition, Reno | ✓ | ✓ | | |
| DCFS Rural Region | | | | |
| Community Chest | ✓ | | ✓ | |
| Family Support Council, Gardnerville | | ✓ | | |
| FRC of Northeastern Nevada, Elko | ✓ | ✓ | ✓ | |
| FRIENDS FRC, Fallon | ✓ | | | |
| Hawthorne FRC, Hawthorne | ✓ | ✓ | | |
| Little People’s Head Start, Ely | ✓ | | | |
| No to Abuse, Pahrump | ✓ | ✓ | ✓ | ✓ |
| Ron Wood FRC, Carson City | ✓ | | | |
| Sierra Association of Foster Families | | | ✓ | ✓ |
| Wells FRC, Wells | ✓ | ✓ | | |

Clark County: 3,132 families, 7,693 individuals, 9,971 children, 418 persons with a disability and 2,215 single heads of household were provided the services listed below through the agencies funded in Clark County in FY 2011:

- Family Support – Parent Education, Individual and Group Parent Support Groups, In-Home Parenting Programs, Teen/Youth Support Groups, Tutoring, and Job Placement Assistance.
- Family Preservation – Parenting Classes, Home Maker Skills, Respite Care, In-Home Therapy, Family Strengthening and Modeling Techniques such as: Home Safety, Positive Discipline, Cleanliness, Child Development, Nutrition, Budgeting, School Advocacy.
 1. *Basic Needs Services* – Transportation Assistance, Utility Assistance, Clothing, Housing, Food, Rental Assistance and other Basic Needs to prevent removal of children.

- Time-Limited Reunification – Safety Team Decision Making Program, Substance Abuse Assessments, Mental Health Assessments, Home-Based Treatment in English and Spanish, Group Therapy, Individual Therapy, Couples' Therapy, Family Therapy.
- Adoption Support and Services – Home Studies, Social Assessments, Post Placement Services, Home Study Updates, Social Study Updates.

Washoe County: 4,610 families, 15,762 individuals, 8,420 children, 336 persons with a disability and 1,895 single heads of households were provided the following services during FY 2011 through the agencies funded in Washoe County:

- Family Support – Individual and Group Parent Support Groups, In-Home Parenting Programs, Mentoring, Tutoring, Youth/Teen Support Group,
- Family Preservation – Parenting Classes, Youth/Teen Support Group, Home Maker Skills, In-Home Therapy, Family Strengthening and Modeling Techniques such as: Home Safety, Positive Discipline, Cleanliness, Child Development, Nutrition, Budgeting, School Advocacy.
- 2. *Basic Needs Services* – Transportation Assistance, Utility Assistance, Clothing, Housing, Food, Rental Assistance and other Basic Needs.
- Time-Limited Reunification – Substance Abuse Assessments, Mental Health Assessments, Home-Based Treatment in English and Spanish, Group Therapy, Individual Therapy, Couples' Therapy, Family Therapy.
- Adoption Support and Services – Recruitment and Training, Home Studies, Social Assessment, Post Placement Services, Home Study Updates, Social Study Updates.

DCFS Rural Region: 467 families, 925 individuals, 738 children, 67 persons with a disability and 169 single heads of households were provided the following services during FY 2011 by agencies funded to provide services in rural Nevada:

- Family Support – Individual and Group Parent Support Groups, Parenting Classes for Teen Moms and First Time Moms, In-Home Parenting Programs, Child Development Classes, Substance Abuse Screenings, Mental Health Services, Tutoring, Domestic Violence Services and Job Placement Assistance.
- Family Preservation – Parenting Classes, Youth/Teen Support Group, Home Maker Skills, In-Home Therapy, Family Strengthening and Modeling Techniques such as: Home Safety, Positive Discipline, Cleanliness, Child Development, Nutrition, Budgeting, School Advocacy.
- 3. *Basic Needs Services* – Transportation Assistance, Utility Assistance, Clothing, Housing, Food, Rental Assistance and other Basic Needs.
- Time-Limited Reunification - Substance Abuse Assessments, Mental Health Assessments, Home-Based Treatment in English and Spanish, Group Therapy, Individual Therapy, Couples' Therapy, Family Therapy.
- Adoption Support and Services – Recruitment and Training, Foster and Adoption Home Studies.

Item 36: Service accessibility

Goal: *The State will ensure that the services in the State's Service Array are accessible to families and children in all political jurisdictions covered in the State's CFSP.*

The state's main objective under this item is to enhance service accessibility. Funding constraints and provider retention/availability present continue to present two of the most serious barriers across the state. However, despite these challenges ongoing efforts continue to increase the accessibility of services through new initiatives statewide. During the 2010 release of the most recent Title IV B, Subpart 2, Request for Proposals (RFP), each child welfare agency developed a list of priority service needs. Priority service needs, by agency, included:

- Clark County: Family preservation services, homemaker services, substance abuse assessment and treatment, mental health assessments, medical case management, domestic violence response, and home studies and social summaries;
- Washoe County: In-home family crisis stabilization services and support services, facilitators to conduct safety team meetings to facilitate timely reunification, updating home studies and social summaries, comprehensive substance abuse and mental health assessments, family counseling and substance abuse treatment, parenting groups: and
- Rural Region: In-home family crisis stabilization services, in-home mental health assessments and treatment, community based and in and in-home substance abuse assessment and services, community based and in-home parenting training, community based and in-home homemaker classes, and training and classes for potential adoptive families.

Through Title IV B, service providers across the state are funded to provide family preservation, family support, timely reunification and/or adoption support services. Representatives from the state, Washoe, Clark and Rural child welfare continued to participate during 2011 in the Title IV B advisory/workgroup established to monitor and address issues related to service provision and access. This advisory group meets quarterly to discuss service needs, barriers to access, and opportunities for improvement. Higher client utilization numbers for 2012 reflect the outcome of a new process for developing and tracking outcomes.

Several initiatives have seen ongoing progress over the last fiscal year. These focus on the Independent Living for Youth program in the DCFS Rural Region, Domestic Violence, Substance Abuse, Caseworker Visitation, Differential Response and more. These programs help to ensure that services are accessible to families, despite funding constraints. These programs are described briefly below.

- The Independent Living Program, through a combination of federal and state funding, provides support to the Family Resource Centers (FRC's) in the rural counties of the state to provide services to increase access to services for foster, or former foster, youth residing in the surrounding areas. The Family Resource Centers collaborate with local child welfare workers to promote the self-sufficiency of these youth. These service providers and child welfare staff meet monthly to discuss new legislation, current issues and any identified barriers or challenges encountered. The Independent Living Program is serving more youth statewide than in previous years. Since the previous CFSR Family Resource Centers, especially those in the rural counties, have built infrastructure, are receiving additional funding, and have expanded the array of available services.
- During the most recent legislative session (2011), legislation was passed requiring that a juvenile court refer a child to an attorney when the child is 17 years of age if child is not likely to be returned to the custody of a parent before reaching 18 years of age. The attorney will assist the child in deciding whether to remain under the jurisdiction of the court. If the child decides to stay under court jurisdiction the child welfare agency and the child enter into a transition plan with oversight by the juvenile court until the youth reaches the age of 21.
- The University of Nevada, Reno and DCFS are working together to build on-campus year around support services and explore reduced or free tuition for youth who have aged out of the child welfare system.
- In the Rural Region of Elko County, DCFS has been working with the University of Nevada, Reno School of Medicine to develop a rural telemedicine project to provide forensic sexual assault exams. Since Elko County is 5 hours away from qualified staff to conduct sexual assault exams, the ability to provide local exams will decrease trauma to the child and the risk of losing critical evidence. The exams are provided in a family friendly setting. There have been several Multidisciplinary Team trainings, Nurse Examiner SANE-P trainings, protocol development workgroups and overall coordination of the program to assist children who have been victims of sexual assault. The exam is recorded on a DVD which is then submitted as evidence.
- The Regional Partnership Grant program five year grant supports residential treatment for mothers referred by child welfare. The program allows mothers to remain with their children during the course of their residential treatment. The family receives intensive case management and therapy. All children are assessed for possible developmental and other physical issues and referred as needed. The children are also assessed for trauma and receive treatment. All mothers in the program participate in a specially designed court docket with a judge who also is a licensed Marriage and Family Counselor. After completion of the residential program, mothers participate in outpatient services for as long as needed.

- A Child Advocacy Center (CAC) was developed in Nye County. Due to the rural nature of Nye County, no physician exists within a two-hour commute of the CAC; therefore, the alternative chosen is a telemedicine link to a physician located in another part of the state to assist with the exams. The exam is then recorded on a DVD which is submitted as evidence.
- Forensic Interview Training teaches developmentally flexible and non-traumatic forensic interview protocols appropriate for children who allege sexual abuse. A series of Forensic Interview Trainings were conducted in Washoe County and throughout the rural region of the state. Attendees included State of Nevada Detectives, local law enforcement, child protection investigators, prosecutors and forensic interviewers.
- During the most recent legislative session (2011), funding was allocated from fees collected from those registering for Medical Marijuana to provide substance abuse treatment to families referred by child welfare. DCFS worked with Nevada's Substance Abuse Treatment Agency and representatives from each child welfare agency to identify needs and agencies and to build a request for proposals. Funded agencies have been providing services in Washoe, Clark and the rural regions of the state. A quarterly workgroup tracks utilization data and meets to discuss issues related to access, billing, and service provision.
- Since the previous CFSR, Washoe County embedded a domestic violence advocate into the Child Protection Unit (CPS), through federal funding, to address domestic violence issues identified during the investigation process. The Advocate can facilitate and link victims of domestic violence who are involved with the child welfare system to appropriate services and support them through their involvement with the legal system related to the domestic violence. This project was so successful that a second advocate was added in a subsequent year. This project continued in this fiscal year.
- Clark County maintains collaboration with community non-profit agencies, such as Safe House and Safe Nest, to provide services to high-risk families of domestic violence.
- Clark County has developed the Safety Team Decision Making program which prevents removal of children from their homes when there is a non-emergent safety concern or imminent placement disruption.
- During the past year, Caseworker Visitation funding was utilized to increase the frequency of monthly visitation through enhanced technology and additional caseworker hours may be utilized to increase visitation for children in the out of home placement setting.
- Adoption Incentive Funding was utilized to increase the number of social summaries and home studies completed to facilitate timely permanency for children. Family Service Specialists are utilized and act as liaisons with the Recruitment Specialists to help place families identified through child specific recruitment strategies to increase permanency.
- Differential Response in Nevada was first implemented as a pilot program in two Las Vegas Family Resource Centers beginning in February 2007. In 2008, the program was expanded to include Elko (1 location) and Washoe (2 locations) Counties and two additional centers/service areas in Clark County (total of 4 locations). The program was further expanded in 2009 to include: Carson City, Lyon County, Storey County, Churchill County and Nye County. This structure continued for Differential Response during fiscal year 2010.
- During the past year, Casey Family Programs has provided funding for a number of projects designed to address foster care related issues with the goal of safely reducing the number of children in foster care. Projects have included several key trainings and the expansion of the Differential Response Program.
 - Chapin Hall – DCFS is working with Chapin hall to build a data bridge which will greatly increase our ability to generate reports and enhance data-driven decision making.
 - Indian Child Welfare related activity – DCFS is working with Nevada's Native American tribal representatives to build Memorandums of Understanding regarding Indian Child Welfare collaboration and coordination and to provide training.
 - Step down of lower levels of care – review of rural cases for children in care for 18 months and longer. This review was helpful in identifying barriers to permanency.
- The Division's Grants Management Unit (GMU) has implemented an online reporting system that is used by providers and the Division to track performance indicators, client utilization and demographics.

- Nevada has made efforts to provide developmentally appropriate services to foster children. At this time it is projected that for FY 2013 Nevada will have approximately 839 children under the age of five that are not currently residing with an identified permanent family. UNITY is Nevada's SACWIS which contains and tracks basic demographic and individual characteristics of foster children. Some of the demographics tracked are Visually or Hearing Impaired, Physically Disabled, Emotionally Disturbed, Mental Retardation, and other diagnosed condition are a number of the identified characteristics captured in UNITY. Gender, race and ethnicity are additional demographic information that is gathered. The targeted services provided to these children to find a permanent family, and how their developmental needs are met varies across the state. DCFS rural region's experience relating to permanency efforts for this population is commonly achieved through committed relatives or with foster to adopt families within the local communities. It is rare that targeted permanency efforts extend outside the child's family or local community.
- Clark County Department of Family Services (CCDFS) is in the second year of their Diligent Recruitment and Retention Project focused on permanent families and lasting connections. This is a five year grant which includes targeted recruitment efforts in the third year. One example of these targeted efforts will be directed at the recruitment needs of sibling groups (3+) which commonly have a toddler/child between the ages of one to four as well as special health care needs which includes developmental disorders. CCDFS has implemented strength based profiles for prospective families to view the needs and attributes of children in need of permanency. In June 2012, Clark County will be going 'live' with their website containing professional photos and profile information on their children in need of permanency.

Washoe County Department of Social Services has historically been highly successful in achieving permanency for children under the age of five through their local families or the child's extended family. Recruitment for individuals within this population can also be achieved through postings on their website as well as through casual social 'mixers' in which children and prospective families are invited to an agency facilitated social gathering where face to face casual interactions occur. This is in addition to Nevada's involvement in the Nationwide Adoption Exchange which also features select children on local television called "Wednesday's Child."

- The approach that has been developed for working with infants, toddlers, and children (e.g. priorities for safety assessments, service delivery for reunification, and standards regarding the foster parent-to-child ratio): Priority to immediately open an investigation on concerns of possible abuse or neglect for a child five years of age or younger is authorized by Nevada Revised Statute [NRS 432. 260(2) a]. Placement of a child under the age of six in congregate care (emergency shelter care) outside of two explicitly identified circumstances is also prohibited by state statute [NRS432B.3905]. Statewide Intake Policy further outlines that investigations involving children five and under will automatically be prioritized with a level II response time based on vulnerability based on age. This minimum response time means the agency case worker must initiate contact with the child/family within 24 hours of receiving the report.
- There are additional state regulations that safeguard various standards for this demographic age in foster care in relation to sleeping arrangements. Once an infant is 12 months old they no longer sleep in the same room as an adult and if a child is under the age of 8 their bedroom must be on the same floor as the foster parents. [NAC 424.375(4) & (5)]. The safety threat presented to infant/toddlers by open standing water (ponds, pools, hot tubs, etc) is also addressed in state foster care regulations [NAC 424.420 (2) & (9)].
- Both reunification and foster to adopt families have access to Family Resource Center (FRC) Services in Churchill, White Pine, Carson City, Elko and Mineral counties throughout rural Nevada. Upon receipt of a referral from the child welfare agencies families received in home services inclusive of infant, toddler and children under the age of five. In collaboration with the child welfare agency the FRC provide case management and direct services to address an array of needs to include age appropriate discipline, child development, home makers skills, nutrition and age specific parenting skills. Intensity of services are based on the needs of the family, and will range from weekly to monthly until the families case plan objectives are achieved.
- NEIS (Nevada Early Intervention Services) assessment services are utilized by all three child welfare agencies for infant, toddlers and preschool age children up to the age of three. If eligible a Family Support Plan is development and in home services are implemented (occupational therapy, speech therapy, physical therapy,

etc). Children over the age of three access comparable assessment and services through the local educational system. Agencies also access independent mental health professionals that accept Medicaid to serve this population as needed. DCFS Rural also has a clinician on staff that is qualified to utilize the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DCO3). This diagnostic tool is recognized by Medicaid and could be used to access Medicaid Behavioral Health Services (Basic Skills Training and/or Psychosocial Rehabilitation) as needed. This population also has two to three (ECSII, PECFAS) Intensity of Needs Instruments to identify the appropriate amount of services needed.

- Clark County Department of Family Services has collaborated with the public health nurse program for services following the ages and stages assessment. They also utilize a medical wraparound approach called Positively Kids which provides in home services for occupation therapy (O/T), speech therapy, physical therapy (P/T) and access to specialized day care services. An alternate community provider was also identified to at no cost and outside of Medicaid that provides developmental services to this population and their families. Their families also can access Intensive Family Services during investigations or as in home services for generalized parenting, discipline and household management to ensure that parent's expectations of a child with developmental disorders are realistic.
- Washoe County has an array of over 50 contracts to ensure children and families needs are meet. Specific contracts available for children under the age of five with developmental needs include play therapy, parent-child interaction therapy, IQ assessments with a psychologist as well as access to two community providers. They also have two on staff advanced foster care trainers who are clinicians available to work with families and children in stabilizing their placements ensuring timely permanency.
- Foster parent to child ratio for this demographic age is defined in state regulation. Foster care standards limit a provider to two children under the age of 18 months or four children under the age of 5; this includes any of the providers own children, unless special approval by licensing authority is granted [NAC 424.160(4)].

The Training and Supervision of Caseworkers, Foster Parents, and other Providers with respect to this population.

Nevada's three child welfare agencies (Clark County Department of Family Services, Washoe County Department of Social Services, Division of Child and Families Services – Rural Region) in collaboration with the two Universities (University of Nevada – Reno and University of Nevada – Las Vegas) have established the Nevada Partnership for Training (NPT). New case workers case workers from all three child welfare agencies are required to complete the Worker Core Training. Part of this comprehensive training module (five in class and five in the field, alternating weeks) includes a section on developmental milestones starting at six months (infancy) and progresses to toddler, and early childhood. The curriculum also focuses specifically on language and cognitive development of children that starts at birth, progresses to infancy, toddler, early childhood and onward through age 18.

Clark County Department of Family Services also offers six additional courses available for case workers, birth parents, foster parents and/or community providers through the Nevada Partnership for Training forum. The emphasis for these six additional courses targeting this population address a multitude of needs such as, Intro to Infant & Early Childhood Mental Health; Attachment Issues of Childhood; Mood Disorders in Young Children; Anxiety, ADHD & Sensory Integration Issues In Young Children; Fetal Alcohol Spectrum Disorder and Failure to Thrive. All of these courses are offered in a classroom setting and are accessible periodically throughout the year.

DCFS rural region workers in the Pahrump (Nye County) area in Southern Nevada also have access to the above mentioned specialty courses through NPT due to their close proximity to Clark County. DCFS rural is also piloting an addition Children Mental Health course through NPT to be accessible to case workers throughout their entire agency.

DCFS rural region has the capacity to provide an in service training for case workers in identifying and screening for indicators that a child may be experiencing developmental barriers. This awareness training is aimed to enhance workers knowledge base of when to refer a child for a comprehensive assessment and facilitate access to developmentally appropriate services.

It is the responsibility of the agency case workers to address the foster parents needs and concerns during the monthly home visits. Foster Care licensing also facilitates pre-service and in service training hours in accordance with state regulations. Licensing entities will develop corrective actions plans with foster parents to ensure compliance with areas of needed improvement.

DCFS Rural has a clinical on staff qualified to train other licensed mental health professional within the three child welfare agency, private sector and partnering public agencies on the utilization of the DCO3 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. The Nevada Partnership for Training is open and accessible to the full spectrum of providers and caregivers serving children involved with child welfare.

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

Item 37: Individualizing services

Goal: *The State will ensure that the services in the State's Service Array are individualized to meet the unique needs of children and families served by the agency.*

One objective in this area is that the State, in collaboration with the Child Welfare Agencies and service array providers, will develop an ongoing process for assessing and addressing the needs of children and families within the system and providing a continuous quality improvement process for ensuring that the identified needs of these individuals are met. Several efforts have been made in this area.

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

During the past year, DCFS has been refining several UNITY screens related to service array that will provide additional information on services that children and families are referred to, including information about access/barriers such as waiting lists. These screens became operational in 2010 and some preliminary data is now available.

Several other groups are available that help Nevada to individualize services for families. For Foster and Adoptive families there are two groups, these are the Sierra Association of Foster Families (SAFF) and the Clark County Foster and Adoptive Parent Association (CCFAPA). SAFF is a non-profit organization in Washoe County comprised of caregivers whose purpose is to ensure licensed foster/adoptive families have the information, tools and support they need to provide safe, quality care to abused, neglected and otherwise dependent children for Washoe County and 15 rural counties. CCFAPA has over 200 members who actively participate in Clark County activities and receive consultation and financial support from the National Foster Parent Association.

There are 27 federally recognized tribes, bands and colonies in Nevada, including Urban Indians. The Indian Child Welfare Steering Committee provides tribal consultation on the Indian Child Welfare Act and child welfare concerns regarding Indian children. They are active in organizing trainings, and conferences all dedicated to the furtherance of jurisdictional collaboration and understanding of the Indian Child Welfare Act. Additionally, meetings have occurred to establish memorandum of understanding (MOUs) with tribes to allow the culturally appropriate placement of children onto tribal land and to promote the reduction of trauma to American Indian children during child abuse investigations. The members of the committee include a wide representation of tribes, federal and state child welfare agencies. Clark County also has an Indian Child Welfare Act (ICWA) specialist dedicated to assisting with the provision of ICWA related services and a partnership with the Moapa Tribe that ensures that there is a sound process in place for working collaboratively. These groups remained active during 2012.

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related services and a partnership with the Moapa Tribe that ensures that there is a sound process in place for working collaboratively. These groups remained active during 2012.

The Development of Youth Transition Plans for foster youth is a collaborative process with the youth, local Family Resource Center and the child welfare staff. This plan includes housing, education, financial, career development, substance abuse prevention, preventive health activities and daily living skills. This plan complements the youth's efforts to achieve self-sufficiency and assure that youth recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.

There has been an increase in utilization of the Education Training Voucher. More youth are taking advantage of these funds to obtain postsecondary education and vocational training. Along with the funds for their education, case management plays a key role in the success of the youth.

There are several entities that work with the agencies to assist in meeting direct service needs. To address the need for bi-lingual services, an Interpreter's Office for translation services is used by Clark County to enable workers to communicate effectively with the children and families that they serve; and a Language Line used by the DCFS Rural Region to provide translation services for the children and families in the rural counties throughout the state. Other examples include Memorandums of Understanding (MOUs) in place with agencies to ensure that the needs of families and children are met in a timely manner. One such MOU is with Bridge Counseling, who provides outpatient substance abuse and mental health services and who is funded to provide immediate response to referrals from this agency.

DCFS and the three child welfare agencies have several strategies to assess the effectiveness of services and programs. DCFS evaluates services in several different ways. First and foremost, the Division's quality improvement process provides for review of the services provided at each child welfare agency using the federal outcome measures. The information gained during quality improvement reviews is critical in identifying gaps and needs as well as the effectiveness of services.

The Division's Grants Management Unit (GMU) evaluates services and service needs through required annual On-Site Reviews of funded providers. At a minimum, each funded provider is reviewed annually utilizing a tool that has both a programmatic and fiscal component. These reviews identify areas needing improvement, strengths of the program, best practices and subsequent corrective action plans (if needed). Special circumstances or concerns trigger additional reviews. Current on-site review forms were revised to include new statutes and state requirements for the providers.

The Division also maintains an online data collection system which allows sub-grantees to track client utilization and outcome measures, to include data required by federal funding sources. This system is used with most federal grants by the funded providers and allows for online data entry as well as real time report generation. This system also tracks waiting lists for services at funded providers. On-line trainings are conducted every year to ensure understanding of the data collection and to discuss outcomes.

The Division's Decision Making Group (DMG) provides another mechanism to identify issues and mechanisms to address issues. These meetings include the Administrator of DCFS and the three child welfare agencies, the Child Welfare Deputy, program staff as well as invited guests. Most policies and procedures are presented to this group for approval.

Systemic Factor F: Agency Responsiveness to the Community

Item 38: State engagement in consultation with stakeholders

Goal: *In implementing the provisions of the CFSP, the State will engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and ensure that the major concerns of these representatives are included in the goals and objectives of the CFSP.*

To reach this goal, the State has several objectives. The first is that the State will provide ongoing review opportunities for key stakeholders to provide input (including the incorporation of their feedback) on the child welfare system and the components within this plan through a variety of methods (as described in Section III of this document).

DCFS continues to actively engage and collaborate with external stakeholders through partnering and participation in workgroups, focus groups, meetings, public presentations, and surveys for purposes related to achieving State Plan goals and objectives. External stakeholders provide information about program functioning, policy and practice, protocol development, share resources and information that are used in program development and planning. Each program area identifies activities and stakeholders as part of its plan and provides reports and data about how the objectives are

achieved relative to the overarching State Plan and federal child welfare outcome indicators.

During the 2009 Statewide Assessment (SWA) and Child and Family Services Review (CFSR) stakeholders, including internal stakeholders (state staff, administration and members of the child welfare agencies), and external stakeholders (CASA, law enforcement, District Attorneys, courts, etc.) were identified to participate in group presentations, focus groups, surveys and state and community level interviews. A variety of existing stakeholder groups were presented with information on the process and were given the opportunity to provide feedback and participate in the ongoing process. Table 41 shows the variety of stakeholders who were involved in since early 2009.

Table 46: Stakeholders involved in the 2009 CFSR process

| Stakeholders |
|---|
| Administrative Team to Review the Death of Children |
| CIP - Court Improvement Project |
| CJA - Children's Justice Act Task Force |
| Clark County Department of Family Services |
| Clark County Foster and Adoptive Parent Association |
| CRP - Citizens Review Panels |
| Executive Committee to Review the Death of Children |
| ICWA Steering Committee |
| Inter-Tribal Council of Nevada |
| Nevada Division of Child and Family Services – Rural Region |
| Nevada Partnership for Training |
| SAPTA (Substance Abuse Prevention and Treatment Act) |
| Sierra Association of Foster Families |
| Washoe County Department of Social Services |
| Youth Advisory Board |
| Caregivers & Youth |
| Child Welfare Agency Caseworkers and Supervisors |
| Nevada Judicial & Child Advocates |

During the 2009 Nevada CFSR stakeholder focus groups from all agencies were held in Washoe, Clark and Carson counties including a state level focus group. These stakeholders were local administrators, foster and adoptive parents, juvenile court judges, representatives from law enforcement, Supervisors and Caseworkers from the agencies, CASA representatives, tribal representatives and youth. After the 2009 CFSR the Performance Improvement Plan (PIP) kick-off meeting occurred on December 2, 2009 with a host of Stakeholders from the agencies and communities. The Statewide PIP Committee included members from DCFS Administration, each of the three child welfare agencies, the Division of Health Care Financing and Policy, the Division of Health, Children's Mental Health, Juvenile Justice, the Judiciary, the Court Improvement Project, educational representatives, foster parent associations, tribal members, CASA, Nevada Pep and more. Approximately 50 key individuals participated statewide on the Statewide Committee. Overall, nearly 100 individuals took part in this planning process across the state. These meetings continued through February 2010.

Nevada Tribal Community The State of Nevada has 27 federally recognized tribes, bands and colonies. These include Battle Mountain Band Council, Carson Colony Community Council, Dresslerville Community Council, Duck Valley Shoshone-Paiute Tribe, Duckwater Shoshone Tribe, Elko Band Council, Ely Shoshone Tribe, Fallon Paiute Shoshone Tribe, Ft. McDermitt Paiute-Shoshone Tribe, Goshute Business Council, Las Vegas Paiute Tribe, Lovelock Paiute Tribe, Moapa Band of Paiutes, Pyramid Lake Paiute Tribe, Reno-Sparks Indian Colony, South Fork Band Council, Stewart Community Council, Summit Lake Paiute Tribe, Te-Moak Tribe of Western Shoshone, Timbisha Shoshone Tribe, Walker River Paiute Tribe, Washoe Tribe of Nevada & California Wells Band Council, Winnemucca Colony Council, Woodfords Community Council, Yerington Paiute Tribe, and the Yomba Shoshone Tribe. Opportunities for consultation and collaboration have expanded to include bimonthly meetings with the Statewide CJA Task Force Indian Child Welfare Committee (CJA ICWA Committee); quarterly meetings with the Inter Tribal Counsel of Nevada (ITCN); quarterly meetings with the DHHS Tribal Liaison Committee, provision of a child welfare ICWA specialist, and various training opportunities, conventions, summits and conferences in which these groups sponsor and/or participate. The following consultations, trainings and collaborations occurred during this reporting period and have the following goals and outcomes:

Statewide CJA TF ICWA Committee

Active participation from the current membership consists of representatives from: State, Court Improvement Project (CIP), Bureau of Indian Affairs (Eastern and Western Nevada Agencies), ITCN, Nevada Urban Indians (NUI), Nevada Indian Commission (NIC), Washoe County, Clark County, State of Nevada Deputy Attorney General, and ten tribes which include Washoe Tribe, Reno-Sparks Indian Colony, Moapa, Ft. McDermitt, Yerington Paiute Tribe, Fallon Shoshone Paiute Tribe, Duckwater Shoshone Tribe, Ely Shoshone Tribe, Pyramid Lake Paiute Tribe, and Elko Band Council.

The purpose of the committee is to:

- Provide a forum for State/Tribal/County discussion, and the venue to make recommendations for systemic change to child welfare policy, procedure and practice that impact Indian children and families in Nevada. Meetings are held bi-monthly and locations are in differing locations around the state, utilizing both State and Tribal facilities;
- Confer with DCFS regarding compliance with the Indian Child Welfare Act, including: cross-jurisdictional issues, child abuse investigation, placement preference, active efforts and the tribal right to intervene in State court proceedings or transfer of proceedings;
- Work with DCFS regarding jurisdictional issues, and joint investigations; expand interagency collaboration: sharing of resources intended for culturally appropriate service provision to Indian children and families; and,
- Enhance interagency communication as support from other child serving agencies is essential to the success of an integrated system of care.

Inter Jurisdictional List Serve

The Division of Child and Family Services through a partnership with the Nevada Indian Commission continues to provide a list serve. The intent is to serve as the means to facilitate information sharing and collaboration between the State, Tribes and Counties. The email address is: NVICWA@listserv.state.nv.us. Subscribers to the list serve include administrators, tribal leaders, mental health professionals, CASA, attorneys, social workers, substance abuse counselors, victim's advocates, juvenile justice, and other interested parties.

Indian Child Welfare Specialist

The State Indian Child Welfare Specialist continues to provide technical assistance to State/Tribal/County Social Workers, coordinate and provide training on ICWA; foster State/Tribal relationships; facilitate ICW Committee; and disseminate current information regarding regulations, and federal laws that may impact American Indian children and families in Nevada. The specialist participates in case reviews, assisting state and tribal partners in the identification of appropriate actions as they regard to ICWA and serves as a key participant in the meetings between tribal and state leadership, particularly in the development of Memorandums of Understanding (MOUs). The specialist has also been called upon to serve as a technical expert in certain judicial proceedings.

Training/Information Sharing

Active efforts to prevent the breakup of an Indian family are employed at the onset of an ICWA case or at the point that child is identified as an Indian child. The Indian Child Welfare Specialist for DCFS conducts case reviews for ICWA compliance in all areas of the act and provides technical assistance to meet the threshold of higher standards of active efforts of the ICWA case. Social Workers gain competencies to employ the mandates of ICWA during the Nevada CORE Training and ICWA Training is offered to further enhance skills and is offered online as well. The Family Programs Office of DCFS provides collaborative training on Indian child welfare issues during the annual Inter-Tribal Council of Nevada's Convention.

During this reporting period SFY 2012, collaborative training has been an area of significant focus. The purpose was to develop workforce capacity to accurately apply the Indian Child Welfare Act in Nevada during child custody proceedings that involve American Indian children and their families in compliance with NRS 432B.397. The following training activities were successfully completed during this past year:

- On July 19, 2011, Gary Peterson of the National Indian Child Welfare Association (NICWA) provided training on the Indian Child Welfare Act at the Washoe County Department of Social Services in Reno to approximately 50 participants. The one day training session was designed to increase collaboration between State, Tribe, and County Social Workers, increase cultural competency, increase communication, and foster relationships between all child serving agencies in Northern Nevada.
- On November 17-18, 2011, the third Indian Child Welfare Track *Hope Looking to the Future* was held during the 46th Annual Convention of the Inter-Tribal Council of Nevada in Reno, Nevada. For the third consecutive year, DCFS was invited to collaborate with the Inter-Tribal Council of Nevada to hold a two-day training session on topics of Indian Child Welfare. The Division Administrator and Program Manager were invited to share the podium with Governor Brian Sandoval who expressed his support and encouragement for tribal activities, including those involving native children. The child welfare track featured Judge Thorne of Utah; a foster care panel which included foster care workers, parents and youth; Tiffany Short, FBI Victim's specialist; and Alan Rabideau on culturally relevant foster home recruitment strategies. DCFS staff facilitated a CPS and Foster care panel which discussed a variety of topics including recent legislation. The workshops were deemed a huge success by the commentary of the evaluations and over 75 were in attendance.
- ICWA training continues through several venues including online social worker training and through several inter-jurisdictional group trainings offered each year. The ICWA specialist provides training to partners as requested.
- From April 22 through April 25, 2012 the ICWA specialist attended the National American Indian Conference on Child Abuse and Neglect in Scottsdale Arizona. The purpose of this conference was to increase knowledge about child advocacy, community based culturally appropriate services; collaboration, ICWA compliance and data collection methods for Indian child welfare.

Jurisdictional Round Table Meetings

The purpose of the round table is to provide a forum for State/Tribal/County discussion and recommendation for change. The goal of these round tables is to increase cultural competence, increase workforce capacity for correct application of the ICWA, increase American Indian foster homes, and establish memoranda of understanding for the culturally appropriate placement of children on Tribal land.

2011 Northern Nevada Jurisdictional Round Table

- On September 27, 2011, a Regional Round Table was hosted by the Washoe Tribe in the Stewart Community. The agenda focused on culture, and appropriate methods to recruit American Indian Foster Care/Homes. A foster care panel included foster parents, youth and workers answering structured questions from the audience.

2012 Southern Nevada Jurisdictional Round Table:

- Indian Child Welfare Act Training – due to small number of registrations this training was cancelled as it was deemed non-cost effective. The Trainer of Clark County SWs has asked for the State to collaborate with her to hold training later in the year, when new workers are scheduled to be in place. Plans are being made accordingly.

2012 Eastern Nevada Jurisdictional Round Table:

- On March 13, 2012 DCFS held a regional round table at the Elko Band Administrative offices. Prior to the round table meeting; DCFS staff met with the Chairman of Elko Band and the Temoke Tribe of the Western Shoshone to discuss the development of a Memorandum of Understanding (MOU) for the culturally appropriate placement of Indian children in State custody into tribal homes on the tribal lands. Presentations focused on the structure of DCFS, culture and the process to develop and establish a MOU.

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

MOUs are being discussed to enable the cross-jurisdictional placement of AI/AN children through state recognition of licensed foster homes on Tribal land. With the assistance of the State Deputy Attorney General, the State has developed a MOU template which is in use with four different tribes:

- Yerington Paiute Tribe (YPT) This MOU has been approved by the chairman and is now is the final process of signature by leadership. Subsequent meetings will be scheduled to discuss the process for implementation and will include both tribal and State social workers from the specific area.
- Fallon Shoshone Paiute Tribe. MOU has been negotiated and is ready for final meetings. The State has scheduled a meeting with the Chairman Alvin Moyle for June 12, 2012 at 3pm.
- Pyramid Lake Paiute Tribe. A draft is being developed and the State has requested a meeting with Chairman Burke to discuss.
- Elko Band Council. Tribe has submitted their foster care standards on 12/23/2011 but they have not yet submitted their final MOU draft to DCFS for signature and approval.

Title IV-E

Only one tribe in Nevada (Washoe) has applied for a Tribal/Federal IV-E agreement. On July 26, 2012, a one day summit hosted by the Washoe tribe and facilitated by the State will present speakers from ACF, Region IX as well as NICWA to discuss Title IV-E benefits and opportunities. Governor Brian Sandoval has been invited to provide opening remarks and approximately 100 participants are expected to attend.

The 2009 Nevada CFSR report rated this item as a strength.

Item 39: Agency annual reports pursuant to CFSP

Goal: *The State will ensure that the Annual Progress and Services Report will include feedback from the ongoing consultation with the key stakeholders on services delivered pursuant to the CFSP.*

To meet this goal the State must provide ongoing review opportunities for key stakeholders to provide input (including the incorporation of their feedback) on the child welfare system and the components within this plan through a variety of methods. To meet this objective, the State engages in a variety of activities to ensure that stakeholders are more involved in the annual reporting of the CFSP. This includes consultation, collection of data or other reports from various entities and regular committees to facilitate open collaboration. Examples of our collaboration include:

- Use of the DCFS website www.dcfs.state.nv.us to facilitate the dissemination of CFSP plans, reports, policies and other documents for use to stakeholders and the general public. This contributes to the transparency of program administration and allows for public examination and input.
- Use of the Grants Management Unit in DCFS to maximize funding for service delivery. This is accomplished through a more effective service needs assessment process and data collection. After the 2004 CFSR, the GMU replaced the single Title IV-B Coordinator position and has consolidated all child welfare grants, domestic violence, and fee based programs into one fiscal unit that oversees and monitors programs and completes fiscal reports. The GMU has an established an online web-based reporting system managed by the University of Nevada, Reno. Information about programs and services, public comments and surveys are available to the public on www.odesinc.org.
- DCFS continues to collaborate with and include stakeholders from the community as well as other agencies at every level of the child welfare service delivery continuum, ranging from planning for allocation of funding to case level decision making to changes in policy, practice and reporting requirements. This collaboration and consultation with other agencies and entities expands partnerships and the sharing of available resources. It also allows for the provision of constructive feedback to the agency about programs, policies, procedures and practice that may be incorporated into the State Plan. DCFS representation includes, but is not limited to, educational/research institutions and agencies related to drug and alcohol, health, mental health, education, domestic violence, and juvenile courts, representing various counties. Examples of statewide consultation and coordination with stakeholders in implementing the provisions of the CFSP include (but are not limited to) the following committees or organizations.

1. Administrative Team to Review the Death of Children
2. CIP - Court Improvement Project

3. CJA - Children's Justice Act Task Force
4. Clark County Department of Family Services
5. Clark County Foster and Adoptive Parent Association
6. CRP - Citizens Review Panels
7. Executive Committee to Review the Death of Children
8. ICWA Steering Committee
9. Inter-Tribal Council of Nevada
10. Nevada Division of Child and Family Services – Rural Region
11. Nevada Partnership for Training
12. SAPTA (Substance Abuse Prevention and Treatment Act)
13. Sierra Association of Foster Families
14. Washoe County Department of Social Services
15. Youth Advisory Board

In addition to those activities listed in a similar objective in Item 38, DCFS also engages in several stakeholder groups as outlined in the Decision Making Process narrative in Section 1 of this document. These groups include:

- Decision Making Group made up of the DCFS Administrator and Rural Region Manager and the Directors of WCDSS and CCDFS. This group meets on the third Friday of each month.
- Training Management Team made up of the DCFS Social Services Chief III (Training Manager); Training managers from each child welfare agency, a member from Differential Response and the Training Coordinators from each of the State's two University Departments of Social Work. This group meets on the second Monday of each month with additional subcommittee workgroups meeting as often as weekly. Recommendations from this group that require DMG approval are submitted to the DMG meeting in the month following the meeting where the recommendation is made.
- Policy Approval Review Team made up of upper management from DCFS's Family Programs Office, Information Management Systems, Rural Region and Juvenile Justice Offices and upper management from CCDFS and WCDSS. Individual workgroups that develop policy include additional stakeholders as required by the subject matter. The workgroups meet as often as required to complete the necessary policy development or revision. PART meets on the first Wednesday of each month to review policy. When a policy is recommended for approval by DMG, it is placed on the DMG agenda in the month following the PART meeting where the recommendation was made to ensure that the policy is polished before it reaches the final approval process.

These teams use a variety of methods to ensure that statewide policies, training and activities related to Safety, Permanency, Well-Being, and Systemic Performance Indicators are reviewed and up-to-date. In the 2009 Nevada CFSR report, this item was rated as a strength.

Item 40: Coordination of CFSP services with other federal programs

Goal: *The State will ensure that the services identified under the CFSP are coordinated with the services or benefits of other Federal or federally assisted programs serving the same populations.*

The PIP identifies that this systemic factor will be addressed during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on "Expanding Service options and creating flexibility for services to meet the needs of children and families." To meet this goal, the State must provide ongoing opportunities for stakeholders to provide input and report on the activities engaged in by a variety of stakeholder groups to ensure that the appropriate stakeholders and other key federal programs are involved in the development of regulation, policy, training and proposed changes in practice. To do this, the State must coordinate with key Federal programs. The following is a list of advisory boards/committees/workgroups and or projects the Division utilizes when gathering information needed for the CFSP/ASPR:

16. Administrative Team to Review the Death of Children
17. CIP - Court Improvement Project

18. CJA - Children's Justice Act Task Force
19. Clark County Department of Family Services
20. Clark County Foster and Adoptive Parent Association
21. CRP - Citizens Review Panels
22. Executive Committee to Review the Death of Children
23. ICWA Steering Committee
24. Inter-Tribal Council of Nevada
25. Nevada Division of Child and Family Services – Rural Region
26. Nevada Partnership for Training
27. SAPTA (Substance Abuse Prevention and Treatment Act)
28. Sierra Association of Foster Families
29. Washoe County Department of Social Services
30. Youth Advisory Board

In addition to external stakeholder collaboration, the tribes, courts, youth and advisory committees, the findings of the quality improvement reviews and UNITY data are incorporated into the report to measure effectiveness, projected annual outcomes and targeted goals identified for the next year. The State also communicates with the child welfare agency Directors/Designees to receive child welfare agency updates for inclusion in the APSR. The Decision Making Group (DMG) is another form of communication between the state and the local child welfare agencies where CFSP discussion/activities occur. Many activities the CFSP requires are placed on the agenda throughout the year and are addressed in the monthly DMG meeting including the presentation and sharing of data reports, policy revisions, tools, checklists, instruments and any new federal requirements requiring actions the State may be required to take in order to comply with federal law.

While the State reported in the 2009 Statewide Assessment that this item was a strength for Nevada, the 2009 Nevada CFSR report indicated that this item was an area needing improvement. While more work needs to be done, the State collaborates with a variety of entities to achieve this goal. While there is much collaboration to report on; included in this report are examples from the Court Improvement Program, the Children's Trust Fund, Juvenile Justice, and the Nevada Tribal Community to demonstrate progress in this area.

Court Improvement Program: The Nevada Court Improvement Program (CIP) is a federally funded initiative designed to develop and implement data-driven, evidence-based, and outcome-focused best practices that advance meaningful and ongoing collaboration among court, child welfare agency, and other stakeholders to achieve safety, permanency, and well-being for children and families in the child welfare system in a fair and timely manner.

Nevada Court Improvement Program projects encompass a myriad of activities at the state and local level with the primary purpose to assess and improve court processes related to child abuse and neglect, and to ensure improved safety, permanence, and well-being for children. CIP funding has also been used to develop broad-based systemic reform of courts and court processes related to dependency cases.

Collaborating on Program Improvement Plan and IV-E Corrective Action Plan Initiatives

The Nevada court system has been a critical partner the last year focusing many of their efforts on our PIP and IV-E Corrective Action Plan activities. The courts assisted in the implementation of the action steps for our PIP, specifically Strategy #3, *“Improve the Timeliness and Appropriateness of Permanency Planning across the Life of the Case”*, and ensuring that court orders contain appropriate contrary to welfare, reasonable efforts to prevent removal and reasonable efforts to finalize permanency plan, including judicial determinations that reasonable efforts are not required (Nevada IV-E Corrective Action Plan (CAP) , 2(J)), references to State and Tribal law, and safety determination language.

Within Strategy #3 of our PIP, the courts were asked to identify barriers to permanency, timely adoption, and termination of parental rights. Work groups or “Community Improvement Councils” (CIC) were created to accomplish this and have proven to be so effective that the CIP used the CIC action plans upon which to build their 2012 Strategic and Funding

Plan. For example, one CIC Action Plan identified dependency mediation as a means of improving the timeliness to permanency as well as to TPR. CIP piloted the first dependency mediation program in Washoe County and plans to pilot a second dependency mediation program in Clark County. To improve the timelines to permanency and TPR both mediation programs focus on the beginning of a case and the end. The program design for the 8th Judicial District, for example plans for three mediators, one of whom will work on reducing the TPR backlog while the other two will handle cases ordered to mediation at the plea hearing. Mediation will take place within 30 days and prior to the adjudicatory hearing. Any issue in dispute may be mediated with the intent of reaching a resolution that focuses on the child's safety and best interests and bringing the family into services early in the process. The goal of mediation is to reduce the average time from petition to any form of permanency for mediated cases to eighteen (18) months or less and reduce the proportion of children who age-out of child welfare.

The need for system players to better understand the principles of child safety was mentioned in several of the action plans. CIP has contracted with the National Council of Juvenile and Family Court Judges and obtained TA from the National Resource Center to invite all the CIC's to a 1.5 day workshop. During the half day each CIC will review and learn to interpret, and how to improve their timeliness measure data. The full day will be devoted to exploring the principles of child safety and building an action plan to implement some of the principles. This action plan will be the base for their next CIC plan or adding to their current CIC action plan. CIP's intention is to institutionalize the CIC process and the action plans as part of a systemic improvement process.

CIP has been mandated to report a baseline for five timeliness measures by 2013. Since Nevada does not have a unified court system, or a statewide court management system, CIP has been working with our UNITY manager to pull these statistics out quarterly for each of the judicial districts. Initially, we are only able to provide data on four of the five timeliness measures. However UNITY is adding a screen for the date the TPR petition is filed to provide the final timeliness measure once sufficient historical data has been accumulated. The first use of these data reports will be distributed at the workshops the week of September 24, 2012 where the CICs will be taught to read and understand them.

CIP offered to provide a facilitator to guide the CIC discussions. The Eighth and the Fifth Judicial Districts requested, received, and are continuing to receive facilitation help from Judge Stephen Rubin, Pima County, Arizona via technical assistance from the National Council of Juvenile and Family Court Judges. Judge Rubin will be returning to work with these two districts again in August 2012.

CIP collaborated with DCFS on the Chapin Hall Multistate Foster Care Data Archive which has just culminated with a user webinar on May 21, 2012. The courts will be able to access their own data using this data archive. At least one district court judge was on this webinar to learn how to use the data archive.

To assist with the Title IV-E CAP court order language improvements (2(J)), CIP is contracting with the National Center for State Courts (NCSC) to create court order templates to include case-specific findings of the "contrary to welfare" and "reasonable efforts" factors and to indicate that court orders clearly indicate that the State has the responsibility for placement and care of each child for whom title IV-E payments are claimed. NCSC will work with key stakeholders from throughout the state to develop the court orders. They will also design a curriculum and communication plan, and conduct a training to ensure that these orders will be used consistently and appropriately for each of the various hearings.

Training and Conferences

On July 21-23, 2011 the Court Improvement Program's Select Committee in collaboration with their child welfare system stakeholders presented the "Focus on Kids" Conference. This conference featured innovations in programming and practice, and provided new opportunities for courts, agencies, and the legal community to improve the outcomes for children, youth and families who enter the children welfare system. Diverse and thought-provoking educational sessions focused on how to collaboratively address challenges when serving children and families involved in the child welfare system. The 126 participants included Judges, Masters, Attorneys, Public Defenders, Children's Attorneys, Social Workers, Guardian Ad Litem, CASA's, Tribal Members, and Foster care Youth. Thirty-nine percent (39%) of the participants were social workers from all three child welfare agencies and several of the Native American Tribes. The conference topics were derived from a survey sent to system stakeholders and included:

- BALANCING THE RIGHTS OF THE NON-OFFENDING PARENT, THE CHILD, AND THE PARENT FOUND TO BE ABUSIVE OR NEGLECTFUL
- ENGAGING FATHERS AND PATERNAL FAMILIES IN DEPENDENCY CASES
- THE FUNDAMENTALS OF THE INDIAN CHILD WELFARE ACT
- RECRUITMENT IS EVERYONE'S BUSINESS
- THE COMPLEX WEB OF DIFFERENTIAL REACTIONS TO PARTNERS BEING FAMILY VIOLENCE & REASONABLE EFFORTS
- REASONABLE CAUSE VERSUS PREPONDERANCE OF EVIDENCE – WHAT IS THE DIFFERENCE?"
- NAVIGATING THE INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN: TIPS FOR CHILD DEPENDENCY JUDGES, ATTORNEYS, AND CASEWORKERS
- PERMANENCY FOR OLDER YOUTH –TALKING AND LISTENING WITH HEART
- DEPENDENCY MEDIATION
- PERMANENCY FOR OLDER YOUTH
- CO-OCCURRING DISORDERS
- ENGAGING CHILDREN IN THE PROCESS
- SAFETY PLANNING IN NEVADA: REASONABLE EFFORTS TO PREVENT REMOVAL
- ADDICTIONS, WITHDRAWAL, AND TREATMENT
- EMPOWERING OUR YOUTH: A PANEL OF YOUTH DISCUSSING IMPACTS OF FOSTER CARE ON YOUTH

The work of each CIC was highlighted at a poster board session during the Conference's Welcome Reception. A best practice from each of the judicial districts was highlighted as one of Nevada's best practices and one of the CIC members spoke briefly on their practice. In some instances, the speaker was the presiding dependency judge.

To provide hands-on follow-up on particular topics presented at the CIP Conference, CIP contracted with the National Council of Juvenile and Family Court Judges to conduct a survey of the CICs to identify topics of interest and to conduct regional workshops. The topic most requested was child safety. As a result, CIP and DCFS jointly requested TA from the National Resource Center on Legal and Judicial Issues to present an exploratory on the Principles of Child Safety.

DCFS had been presenting workshops on ICPC throughout the state and asked CIP for help reaching the dependency court judges. As a result, the CIP Coordinator moderated and the DCFS ICPC Deputy Compact Administrator and a Deputy Attorney General presented on the changes in ICPC and how to obtain help on ICPC related issues during a panel discussion at the Nevada's Family Law Jurisdiction Judges Conference on March 1, 2012. This session was well attended and elicited considerable discussion.

The CIP Coordinator has become an active member of the DCFS Indian Child Welfare Committee and has been working to bring the Los Angeles County ICWA noticing computer program (SNAP, Simple Notice Application) to the child welfare agencies of Nevada. In Los Angeles it has saved \$1,249,104 in salary costs per year. SNAP sorts and organizes tribe names according to both Federal and State lists, matches bands with tribes, checks timeliness, tracks mailing, automatically stops re-noticing once a finding is made, and provides an explanation when data on forms change. After doing a cursory review of the case numbers and worker hours in Nevada, similar use of the SNAP program in Nevada has the potential of saving several hundred thousand dollars in salary.

As a follow-up to the ICWA session during the CIP Conference, in November 2011 CIP funded Judge William Thorne as the keynote speaker at the Intertribal Council of Nevada Conference. Approximately 70 people attended his speech, "Hope...Looking to the Future for our Children" which was quite insightful from both a Tribal and non-Native perspective. CIP also provided ICWA process flipcharts for distribution at the conference.

To continue the training efforts beyond the CIP Conference, at the request of DCFS, CIP provided 65 sets of the ABA "Engaging Young Children, Engaging Toddlers & Preschoolers, Engaging School-Age Children, Engaging Adolescents & Older Adolescents" bench cards that had been referenced by one of the presenters, Bob Lewis. They also ordered 2300 of Bob Lewis' post-it notepads, "What's the reason I'm still in foster care?" for caseworkers throughout the state.

CIP has invited the Administrators of DCFS, Washoe County DSS, and Clark County DFS to attend the 2012 CIP Annual Meeting the end of June. The Nevada Team will be considering how elements of the 2012 Strategic Plan may be enhanced and how the courts and agencies can collaborate on continual quality improvement of our efforts. This Annual

Meeting will provide another opportunity to build upon the cooperative alliance that has been developed among the courts and the three child welfare agencies.

The Grants Management Unit (GMU): The Grants Management Unit (GMU) is an administrative unit within the Nevada Department of Health and Human Services, Director's Office that manages grants to local, regional, and statewide programs serving Nevadans. The GMU ensures accountability and provides technical assistance for the following programs: Children's Trust Fund, Community Services Block Grant, Family to Family Connection, Family Resource Centers, Differential Response, Fund for a Healthy Nevada, Social Services Block Grant (Title XX of the Social Security Act), and Problem Gambling Prevention and Treatment. The GMU was created in July 2003 to streamline and standardize administrative procedures and reduce administrative costs, by bringing together multiple grant programs and advisory committees.

The Department of Health and Human Services (DHHS) is the lead agency for the community based child abuse prevention programs in Nevada and is leading the child maltreatment prevention activities in Nevada. The Department of Health and Human Services promotes the health and well-being of Nevadans through the delivery and facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency. Among the Divisions, Units, and programs that are part of DHHS and that contribute to the leadership of child maltreatment prevention activities are the Division of Child and Family Services, the Health Division, the Welfare and Supportive Services Division, the Head Start Collaboration office, the Early Childhood Systems office, the Division for Aging and Disability Services (Early Intervention, Part C) the Office of Suicide Prevention, and the Grants Management Unit.

The Grants Management Unit (GMU) is an administrative unit within the Department of Health and Human Services Director's Office that manages grants to local, regional, and statewide programs serving Nevadans. The GMU is responsible for the following state and federal initiatives:

The Children's Trust Fund (CTF): The fund contains state and federal monies (CBCAP funds) that are reserved for primary and secondary child maltreatment programs. Most of the CTF funds are awarded through competitive applications.

Family Resource Centers (FRC): There are 22 FRCs in Nevada that provide information, referrals, and case management to at-risk families. FRCs collaborates with local and state agencies and organizations to help individuals and families access needed services and support. Some of the FRCs have continued some programs that were provided with Family to Family Connection (F2F0 funds to support families with children birth to four years old. Funding for F2F was eliminated in the 2011 Legislature.

Differential Response (DR): The DR program is a partnership between FRCs and the three child welfare agencies in Nevada: Clark County Department of Family Services, Washoe County Department of Social Services, and the Division of Child and Family Services. Dedicated DR staff in 13 FRCs in north, south, and rural communities are first responders to Child Protective Services' reports of child neglect.

Social Services Block Grant, Title XX programs: Assists persons in achieving or maintaining self-sufficiency and/or prevents or remedies neglect, abuse, or exploitation of children and adults

Community Services Block Grant: Promotes economic self-sufficiency, family stability, and community revitalization

Fund for a Healthy Nevada – Master Tobacco Settlement funds: Grants improve health services for children and improve the health and well being for all Nevadans.

Revolving Account for Problem Gambling Treatment and Prevention: Provides funding for problem gambling treatment, prevention, and related services

The GMU works with two separate external policy groups. The Advisory Committee on Problem Gambling (ACPG) oversees the Revolving Account for Problem Gambling, and the Grants Management Advisory Committee (GMAC) provides input to the Director for the five other grant funds mentioned above, including the Children's Trust Fund. The Director of the Department of Health and Human Services appoints the following 15 members to the GMAC

- A superintendent of a county school district
- A director of a local agency providing services for abused or neglected children
- A representative of a community organization involved with children
- A representative of the Department of Juvenile Justice
- A member who possesses knowledge, skill, and experience in providing services to senior citizens
- Two members with knowledge, skill, and experience in finance or business
- A representative of the Nevada Association of Counties
- A representative of a broad-based nonprofit with knowledge, skill, and experience in community partnerships
- Two members with knowledge of services to persons or families who are disadvantaged or at risk
- A representative who possesses knowledge, skill, and experience in the provision of services relating to the cessation of the use of tobacco
- A representative who possesses knowledge, skill, and experience in the provision of services to persons with disabilities
- A representative who possesses knowledge, skill, and experience in the provision of health services to children
- A representative who is a member of the Nevada Commission on Aging

The Director will ensure that, insofar as practicable, the members whom he appoints reflect the ethnic and geographic diversity of Nevada.

The Department of Health and Human Services and the GMAC will release a Request for applications (RFA) in January 2013 for SFY14 and SFY15. Grants are awarded on a competitive basis to community-based public and private, nonprofit organizations throughout the state. Successful applicants who propose to provide programs that prevent child abuse and serve to strengthen and support families are required to participate in quarterly statewide networking meetings that are conducted via videoconferencing and when scheduled, statewide training opportunities. The assigned Program Specialist and the GMAC provide statewide direction to the network by promoting collaborative efforts and soliciting input from the community, including agencies, service providers, parents, and other interested individuals

All programs receiving money for services from the Children's Trust Fund reported collaborating, coordinating, and cooperating with other agencies and organizations in their community. These include in-kind exchanges such as staff services and facility space, referral and recruitment, and shared planning such as participating in community needs assessments and sharing program evaluation tools. All of the agencies receiving CTF funds use multiple grants and fundraising to support the services they offer. Following are examples of interagency collaboration and coordination:

Grantees providing parenting education classes collaborated with other community agencies sharing staff, space to hold classes, referrals, and class materials. The collaborative partners included Family Resource Centers, Family to Family Connection programs, county/state Child Welfare agencies, and school districts, services for the homeless, Indian tribes, family counseling services, domestic violence programs, Juvenile Probation, and drug and alcohol treatment centers.

Children's Trust Fund grantees were required to attend quarterly statewide network meetings. The meetings were sponsored by Prevent Child Abuse Nevada and were video conferenced to eight sites throughout the state. The videoconference sites were associated with the University of Nevada Cooperative Education system. Other community-based agencies and organizations that provide resources and support to families also attended these networking meetings.

Below is a short narrative that describes the plans for collaboration or coordination with several of the agencies/systems in

the upcoming year:

State Child Welfare Agency: Through the Differential Response Program conducted in 13 Family Resource Centers throughout Nevada, the collaboration with the Child Welfare agencies is strong.

Maternal and Child Health Bureau: The CBCAP state lead is a member of the Lead Team for this grant and will continue to support the Maternal, Infant and Early Childhood Home Visiting Program.

Early Childhood Comprehensive Systems (ECCS) Program: ECCS will continue be a strong collaborative partner in FFY12 as the CBCAP state lead receives all meeting notices and meeting minutes of the Nevada Early Childhood Advisory Council and attends the meetings as a guest when available.

Child Care Programs: The staffs of the statewide network of Family Resource Centers (FRC) have been trained to help clients accurately complete Child Care Assistance applications and support the clients in accessing quality child care.

Head Start and Early Head Start Programs: FRC staff will continue to provide services to the Head Start and Early Head Start programs in their communities. A grant manager in the Grants Management Unit is a member of the state Head Start State Collaboration Advisory Council.

Division of Welfare and Supportive Services (DWSS): This will continue to be a strong partnership; FRCs are “trusted partners” of DWSS and will continue to help clients accurately complete their applications for TANF, Medicaid, Energy Assistance, and SNAP.

Prevent Child Abuse Nevada: The agency that had the Nevada charter of Prevent Child Abuse America (PCAA) ceased operations in September 2010. The CBCAP lead worked closely with the agency that applied for and received a provisional charter from PCAA. We are confident that the strong partnership with PCANV and CTF will continue with PCANV coordinating quarterly networking meetings that all CTF grantees are required to attend. PCANV has and will continue to coordinate the yearly “Pinwheels for Prevention” campaign for April, child abuse prevention month.

Juvenile Justice: Another example of collaboration in the Nevada child welfare system is with juvenile justice. Following a federal compliance review in July 2006, it was found by the Children’s Bureau of the Administration on Children and Families (ACF) that the Division failed to include in the Adoption and Foster Care Analysis and Reporting System (also known as AFCARS) report, youth that receive juvenile justice services while under the agency’s responsibility for care and placement. All children in foster care under the responsibility of the State agency administering or supervising the administration of the Title IV-B Child and Family Services State plan and the Title IV-E State plan; that is, all children who are required to be provided the assurances of section 422(b)(10) of the Social Security Act (the Act) In Nevada, the juvenile correctional facilities and youth parole fall under these requirements. Because the youth served in this population are part of the IV-E agency, the Division has made efforts to ensure that youth in out of home unlocked facilities are afforded the same IV-E assurances as youth in the custody of the child welfare agency. The Division hired a Program Specialist specifically to focus on developing policy, procedure and training for staff on how to work with these youth. The program specialist has developed training guides related to SACWIS system requirements, developed procedures on required casework activities, and is assisting the Youth Parole Bureau with ensuring that engagement and casework strategies are effectively implemented. This position continues to focus on training staff and ensuring Fostering Connections mandates for older and aging out youth are met.

During this reporting period the on-going collaborative partnership that exists with Nevada child welfare and the juvenile justice system has proven to be effective in the coordination and integration of efforts and resources to better serve dual jurisdiction youth. For clarity, the dual jurisdiction youth are children and youth under the jurisdiction of the dependency (child welfare) system, placed in out-of-home care, and who come to the attention of the juvenile justice system. Out-of-home care can consist of foster care, group care, kinship care, or residential placement. In bridging this collaboration even further, the Program Specialist is the direct link in developing and providing the quality compliance protocols in effectively addressing the SACWIS system requirements; focusing on training and engaged casework strategies. Within this past year, the Program Specialist has directed team efforts to continually address the APSR and the PIP by setting statewide policy standards and protocols for implementation. As a result positive strides have been taken with respect to UNITY and the regulations set by AFCARS and the NYTD Independent Living Programs for all dual jurisdiction youth.

Table 47 includes the number of children that were transferred to State juvenile custody (committed to a juvenile correctional facility or youth parole) from child welfare (receiving services or in protective custody). These youth were known to the child welfare system prior to entering the juvenile justice system and these numbers are collected on a monthly basis via UNITY.

Table 47: Juvenile Justice Transfers:

| AGE | MALE | FEMALE | Total # Committed |
|--------------|-----------|----------|----------------------|
| 14 | 1 | 0 | 1 |
| 15 | 2 | 0 | 2 |
| 16 | 1 | 0 | 1 |
| 17 | 9 | 7 | 16 |
| 18 | 9 | 2 | 11 |
| TOTAL | 22 | 9 | 31 |

Source: UNITY Report CFS748 SFY 2012 (7/1/2011 to 5/31/2012)

Systemic Factor G: Foster and Adoptive Home Licensing, Approval and Recruitment

Item 41: Standards for foster homes and institutions

Goal: *The State will ensure that implemented standards for foster family homes and child care institutions are reasonably in accord with recommended national standards.*

For foster and adoptive homes, Nevada statutes in Chapter 424 – Foster Homes for Children provide a framework for the licensing, license renewal, inspections, investigations of foster homes and background investigations for foster care providers. Under NRS 424, the child welfare agencies have the responsibility for licensing foster homes, therefore the DCFS – Rural Region, CCDFS and WCDSS have the responsibility for licensing foster homes. This responsibility also includes monitoring and providing technical assistance to family foster and group foster homes. The purpose of licensing is to reduce the risk of harm to children in care. The licensing process determines whether the applicant can provide suitable care for children. To ensure that an acceptable level of care is maintained, licenses are renewed annually per NRS 424 with a minimum of one visit made to each licensed home. FBI checks are conducted on all applicants and household residents 18 years of age and older.

Family foster homes fall under NAC 424 regulations. The regulations incorporate definitions, general provisions, licensing and organizational requirements, requirements for qualifications and training of personnel and adult residents, requirements for initial training and ongoing annual training, specifications for facilities, ground and furnishings, and operation of foster homes, including requirements for care, treatment and discipline of foster children. NAC 424 regulations pertaining to licensing also specify standards for accessibility, facility space, immunization records, health and sanitation, menus, food preparation, nutrition, fire safety and fire drill records, staff/child ratios, safety factors including pools and outdoor equipment, and transportation of children.

For addressing standards related to child care institutions, Child Care Licensing created workgroups and amended proposed regulations to ensure Nevada’s children were in a safe and nurturing environment when placed in out-of-home care. Child care institutions (educational, shelter care and residential) fall under NAC 432A regulations. The regulations incorporate definitions, training requirements, general requirements, social workers, maintaining records and ratios. Licensing Surveyors complete quarterly, semi-annual and annual inspections (surveys) of facilities, such as facility files, indoor and outdoor deficiencies based on NRS 432A regulations. The regulations are based on fire, health, facility space, advertising, immunization of records, staff qualifications and training records, menu, food preparation, nutrition, fire drill records, staff/child ratios, safety factors including toys and outdoor equipment, transportation and discipline. Once deficiencies are noted, licensing surveyors will work with providers to come into compliance with the NRS 432A regulations. The proposed regulatory process is still in the progress working toward bringing the State of Nevada

standards closer to National Standards.

In the Nevada 2009 CFSR Report, this item was rated as strength. The number of foster homes in Nevada is increasing and the length of time to license homes is decreasing. Figure 16 illustrates the upward trend in the total number of licensed foster homes in previous years, which is a 64% percent increase from the 2006 figures. The report for SFY 2012 is not available at this time. Table 48 indicates that the average number of days required to license foster group homes has declined from the previous reporting period, and waivers have decreased. From April 30, 2011 to April 30, 2012 the average number of days to license has decreased 10.97% from an average of 82 days in SFY 2011 to an average of 73 days in SFY 2012.

Figure 16: Foster Parent Licenses – Trend Report

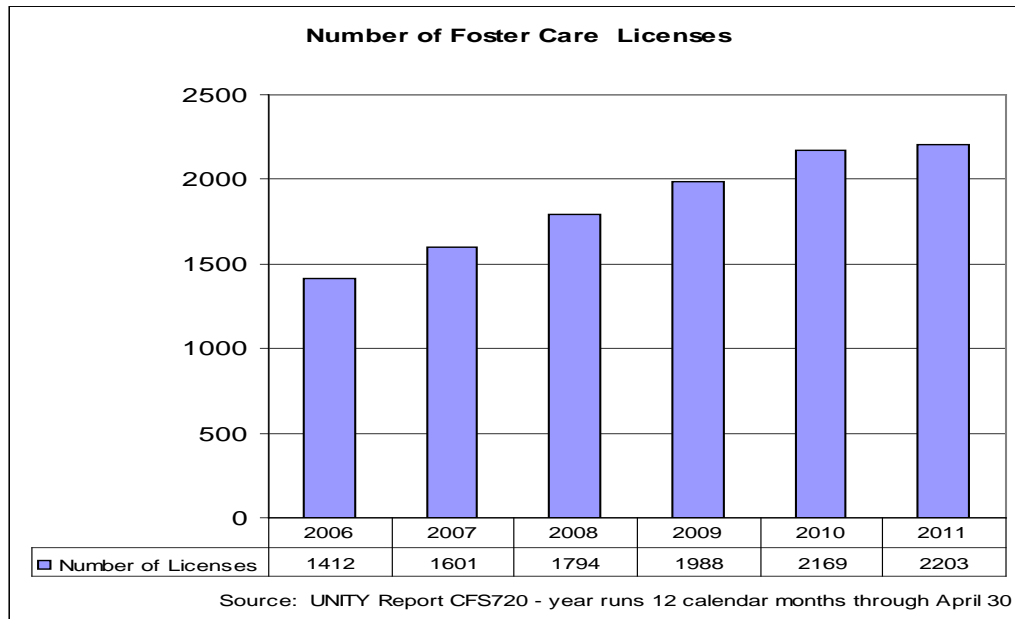


Table 48: Average Number of Days Required to License Foster Group Homes

| Average Number of Days Required to License Foster Group Homes | | | | | | |
|---|----------------------|---------------------|-------------------------|---------------------|---------|---------------------|
| Year | Number of Facilities | % Increase/Decrease | Average Days to License | % Increase/Decrease | Waivers | % Increase/Decrease |
| 2007 | 575 | | 83 | | 163 | |
| 2008 | 539 | -6.26% | 73 | -12.05% | 207 | 26.99% |
| 2009 | 596 | 10.58% | 89 | 21.92% | 220 | 6.28% |
| 2010 | 435 | -27.01% | 91 | 2.25% | 148 | -32.73% |
| 2011 | 313 | -28.05% | 82 | -9.89% | 102 | -31.08% |
| 2012 | 176 | -43.76% | 73 | -10.97% | 77 | -24.50% |
| Unity Report CFS711 May 1, 2011 to April 30, 2012 | | | | | | |

Washoe, Clark and the DCFS Rural Region is working collaboratively with the DCFS Program Office to make changes to the foster home regulations to ensure they are up to date with current law and in line with Federal Title IV-E requirements.

Item 42: Standards applied equally

Goal: *The State will ensure that the standards applied to all licensed or approved foster family homes or child care institutions receiving Title IV-E or IV-B funds are applied equally.*

To achieve this goal, the State, in collaboration with the child welfare agencies, will provide a process for ensuring the effectiveness of applying standards to all licensed or approved foster family homes or child care institutions receiving Title IV-E or IV-B funds, including IV-E review findings and agency level compliance with State standards.

As the State is responsible for the receipt and distribution of all federal IV-E or IV-B funds in the State of Nevada, it is a statutory duty of State to administer any money granted by the Federal government under title IV-E or IV-B. NRS 432A regulates and licenses all Child Care Institutions before they can receive IV-E funds. Child Care Institutions follow NRS 432A child care regulations which protect the health and safety of the children. NRS 432A regulations require every employee to receive criminal background checks and a Child Abuse and Neglect check (CANS). Institutions also have to follow the ratio between caregiver and children in order to ensure supervision is adequately being met. Institution staff is required to take 15 hours of annual training plus 90 day initial training. The State also licenses and regulates all foster homes according to NRS 424 and NAC 424 requirements. All family foster homes must meet the same licensure requirements. No distinction is made between relative and non-relative applicants.

In the 2009 Nevada CFSR, this item was reported to be a strength. The State monitors compliance with foster care licensing regulations and requirements and verifies compliance by family foster homes on an annual basis. Compliance is verified by a process of annual visits as part of the license renewal process, and the prompt investigation of any complaints or concerns relating to the operation of family foster homes. Complaints that involve the health or safety of a child are investigated immediately. All other complaints must be investigated within 10 working days. Family foster homes that do not comply with initial licensing requirements and maintain compliance as verified by annual inspections and license renewals will not receive IV-E or IV-B funds. In March 2011, ACF conducted a Title IV-E Review in Nevada, and the final report was provided during this reporting period. Washoe, Clark and the DCFS Rural Region are working collaboratively with the DCFS Program Office to make changes to the foster home regulations to ensure they are up to date with current law and in line with Federal Title IV-E requirements.

Item 43: Requirements for criminal background checks

Goal: The State will comply with Federal requirements, including Adam Walsh, for criminal background clearances related to licensing or approving foster care and adoptive placements and the State will ensure that a background check process is in place that includes provisions for addressing the safety of foster care and adoptive placements of children.

In the 2011 legislative session AB 536 was enacted. This legislation revises provisions relating to background checks of certain persons who work with children in all three areas of the Division, to include Juvenile Justice and Children's Mental Health.

AB 536 (effective date 7/1/2011)

- Foster parent/licensee, residents ages 18 and older* and/or employees of a foster home are required to have a complete background check every 5 years after initial licensure/approval.
- Foster parents/licensees must maintain all records surrounding background checks of caregivers, residents and employees for the entire period of time they are associated with the foster home. Records to include, but not limited to: Copy of authorization for release of background records, copy of fingerprint cards, proof that they were submitted to the appropriate authority, approval letter from the licensing authority and any other documentation which may arise out of the background check process.

* Per AB 350: Prior foster youth, age 18 to 21 who are "under the jurisdiction of the court," are exempt from such background checks.

This item was a strength during the 2009 CFSR.

Item 44: Diligent recruitment of foster and adoptive homes

Goal: *The State will ensure that the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State is occurring.*

The PIP identifies that this systemic factor is being addressed during the PIP implementation specifically under Primary Strategy (5) of the PIP which focuses on “Expanding Service options and creating flexibility for services to meet the needs of children and families.” To meet this goal, one objective was that the State would develop a quality improvement process to monitor child welfare agency adherence to statute, regulation and statewide policy related to the recruitment and training of foster and adoptive families, including a process to ensure ongoing agency progress toward correcting identified areas of needed improvement and that stakeholders have an opportunity to provide input on the process. Currently, the State addresses this through a reporting process from each child welfare agency which documents what efforts have been made to recruit potential foster and adoptive families, as well as identifying strengths and challenges with the recruitment process. Diligent efforts are being made to ensure that there are enough homes to meet the needs of children coming into care. The child welfare agencies have reported a variety of initiatives in relation to this goal and the above objective. These examples are outlined below.

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

Clark County was awarded the Federal Diligent Recruitment grant, and this grant is helping to increase the number of relative caregivers as part of the targeted recruitment goal. The Project Lead Team will review available resources through the grant to assist with the translation of the Relative-Kinship pre-service curriculum into Spanish.. The award of this grant has allowed for improved processes. The focus of the grant has been on Child Specific Recruitment, Targeted Recruitment, General Recruitment, Family Finding, and Foster/Adoptive Family and DFS Staff Training.

The DCFS Rural received Training and Technical Assistance from the National Resource Center for the Recruitment and Retention of Foster and Adoptive Parents at AdoptUSKids, fall of 2011. DCFS was trained in the inquiry group process and a seven step process used to identify barriers and problem solve solutions in recruitment and retention of foster and adoptive parents. Once trained by TA consultants in the process, DCFS replicated the process in additional communities. Local recruitment plans have been developed in five communities. Each local plan feeds into an overarching Recruitment and Retention Plan for the entire rural region. Attendees at the inquiry groups include community stakeholders and foster parents. A Recruitment and Retention Team was also established to examine data and information to improve the foster and adoptive parent training process. Team members include: Rural Region Manager, Social Services Managers, Social Work Supervisors, Social Services Specialist, Foster & Adoption recruiters and foster care licensing workers. The team meets monthly to review the implementation of the plans and receive status updates from each DCFS agency.

The Recruitment and Retention Plan has specific tasks identified with timelines for completion. Tasks include, but are not limited to:

- Updating the Licensing Manual to allow for relatives and fictive kin to complete licensing training requirements in 9 hours rather than the 27 hours required for nonrelatives.
- Trainers will travel to prospective Emergency relative/fictive kin residences as necessary to provide in-home training.

- The initial and renewal licensing application packets will be revised to reduce amount of paperwork required.
- DCFS is considering eliminating physical examination requirement for foster parents.
- Expedited training for foster/adoptive applicants has been established for extenuating circumstances.

The Nevada 2009 CFSR report indicated that this is an area needing improvement for Nevada.

Item 45: State use of cross-jurisdictional resources for permanent placements

Goal: *The State will ensure a process is in place for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.*

The State has continued to work towards the objectives that encourage stakeholders and partners to participate in providing input to enhance and improve processes that ensure the placement and retention of children into safe and permanent homes. The State has engaged in those activities which have proven successful in the safe, timely and permanent placement of children including national and local media campaigns, local foster care and adoption awareness activities, adoption exchanges, photo listings, and the safe and timely placement of children out of state utilizing the Interstate Compact on the Placement of Children (ICPC) Unit.

Interstate Compact on the Placement of Children (ICPC)

Through collaborative efforts with other public and private agencies, the State has been able to offer participation to stakeholders in several trainings, conferences and summits. With changes in Compact regulations and the goal of improving interstate processes, the ICPC unit has emphasized training this year. The ICPC unit developed a comprehensive training document which has been used for each training and presentation this year.

- On October 11, 2012 the Deputy Compact Administrator (DCA) and the ICPC training specialist provided training to approximately 100 Washoe County workers and management. Follow up one-on-one trainings have been provided at the County's request.
- On January 11, 2012, the ICPC DCA provided training to new workers and management in the Pahrump District office.
- On March 28, 2012, the ICPC DCA and training staff provided training to approximately 30 workers and management in the Fallon District Office.
- On November 30, 2011, the ICPC DCA along with the program manager, provided training to workers in the Elko District office. County District Attorneys and judges/court masters had also requested ICPC training and several were in attendance for this session.
- On January 23, 2012, the ICPC DCA conducted training for workers and management at the Carson City District Office. Approximately 20 staff were in attendance.
- On March 1, 2012, the ICPC DCA was invited by the Court Improvement Project to participate in the Nevada Family Jurisdiction Judges Conference. She participated in a panel discussion which allowed attendees to gain a better understanding the Interstate Compact on the Placement of Children (ICPC) and the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA), including the impact of these laws on Nevada courts.
- From May 3, 2012 through May 8, 2012, the ICPC DCA attended the annual convention of the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC). Prior to that, she was elected to sit on the Executive Committee (EC) for AAICPC as Member at Large. Her responsibilities included participating in a number of committees: ICJ/ICPC MOU Committee, Performance Improvement Committee, Regulation 4 (RTC) Committee, Regulation 12 (Private Adoption) Committee and the Training Committee. She co-chaired the Regulation 5 (Central State Compact Office) Committee. Additionally, she was invited to provide national training for member states on several subjects. Training included an introduction and review of the ICPC administrative process and the application of articles and regulations; utilization of forms; recognition of ICPC and non-ICPC cases; managing timeframes for timely placements; and, ensuring ICWA compliance in interstate placements. Participants also reviewed and discussed duties and responsibilities of ICPC staff and

how to negotiate and facilitate the courts, families and locals throughout the ICPC process. In addition, the training offered complex case analysis, systems and administrative review, and provided tools and techniques for managing an efficient ICPC office with limited staff and resources. The annual business meeting was also convened, to allow member states to participate in review and discussion of federal legislative updates, promising practices nationwide and also the review and discussion of new and revised ICPC Regulations.

The Nevada ICPC Unit continues to meet with other child welfare agencies and partners on a monthly basis with the purpose of promoting collaboration, staffing complex cases, providing training on new regulations and/or processes and providing open dialogue on any matters of mutual interest regarding ICPC process and policy. Included in these meetings are not only ICPC staff and statewide partners, but Adoption Unit staff as well as those who work with Indian Child Welfare. This continues to ensure the state operates on a consistent and uniform basis when dealing with other States and also contributes towards the rapid resolution of internal concerns and issues.

Nevada continues to make use of their SACWIS system (UNITY) to not only process ICPC cases (including new referrals, approvals and denials) but to provide tracking for a variety of reports for trends, recognition of training and staffing needs, compliance and other data collection purposes. Refinements to data collection continue including the home study report which tracks numbers and status of home studies, both incoming and outgoing as well as providing the addition of a new Quarterly Supervision report. This report allows the ICPC Unit to review timeliness of required supervision reports and provides a qualitative component as staff can ensure any potential problems with a placement are mitigated before a disruption or other placement issue might occur. Continual enhancements to the UNITY system have improved the accuracy and reliability of report data. Reports also allow the immediate location of children in any state which is critical in the event of a disaster and/or relocation of children.

The State ICPC Unit continues to maintain a 24 hour internal processing time for incoming and outgoing referrals. This internal policy, plus the enhanced ICPC UNITY screens has helped Nevada work toward compliance with the Safe and Timely Interstate Placement of Foster Children Act of 2006 which requires a state to complete and report on foster and adoptive homes studies requested by another state within 60 days. The State ICPC Unit continues to utilize an email box developed for ICPC inquiries, status checks, and/or requests for additional information. This has allowed a quicker response time for caseworkers requiring immediate information on new referrals, home study completions, approvals, denials, and status updates, placement dates for case planning purposes and/or court proceedings, as well as providing a mechanism to expedite communication to other states while making better and more efficient use of staff time.

Figure 17 reflects the number of incoming referrals and Figure 18 reflects the number of outgoing referrals that have been accepted as complete and for processing of a home study to determine if placement of a child or children is approved or denied. **Incoming referrals** are complete and accepted packets that are requesting a home study for placement of an out of state child into Nevada. **Outgoing referrals** are complete and accepted packets that are requesting a home study from another state for placement of a Nevada Child. Nevada consistently receives more requests for outgoing referrals (a child being placed into another state from Nevada) than for incoming referrals (a child being placed into Nevada from another state).

In SFY 2012 (through May 31, 2012), Nevada received a monthly average of 65 incoming referrals which reflects a decrease of nearly 18% from monthly incoming referrals for SFY 2011 through the same time frame. In SFY 2012 (through May 31, 2012), Nevada received a monthly average of 110 outgoing referrals which reflects a decrease of 7.32% from monthly outgoing referrals for SFY 2011 through the same time frame.

Of greater significance is the difference between outgoing and incoming referrals. In SFY 2012 (through May 31, 2012), Nevada received 715 incoming referrals and 1214 outgoing referrals reflecting a difference of 499. Nevada sends and receives the most number of referrals from California, followed by Oregon and Utah.

Figure 17 Incoming Referrals

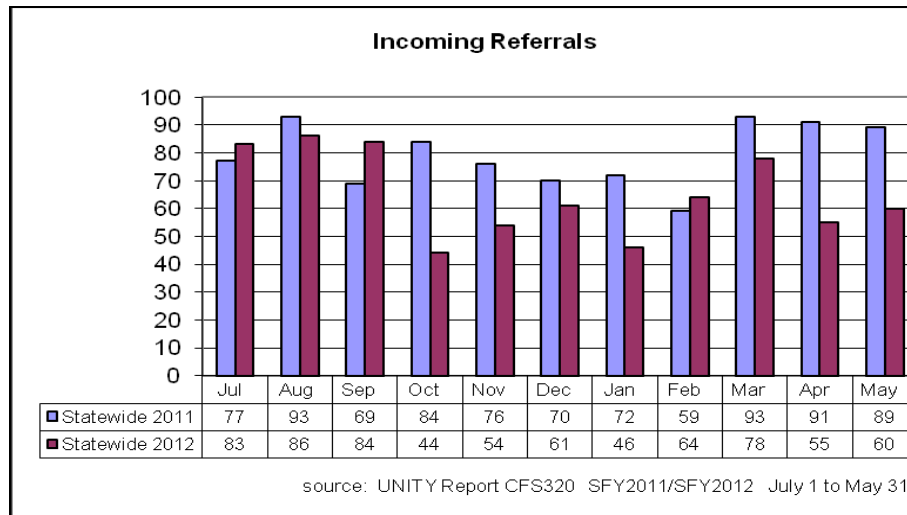


Figure 18 Outgoing Referrals

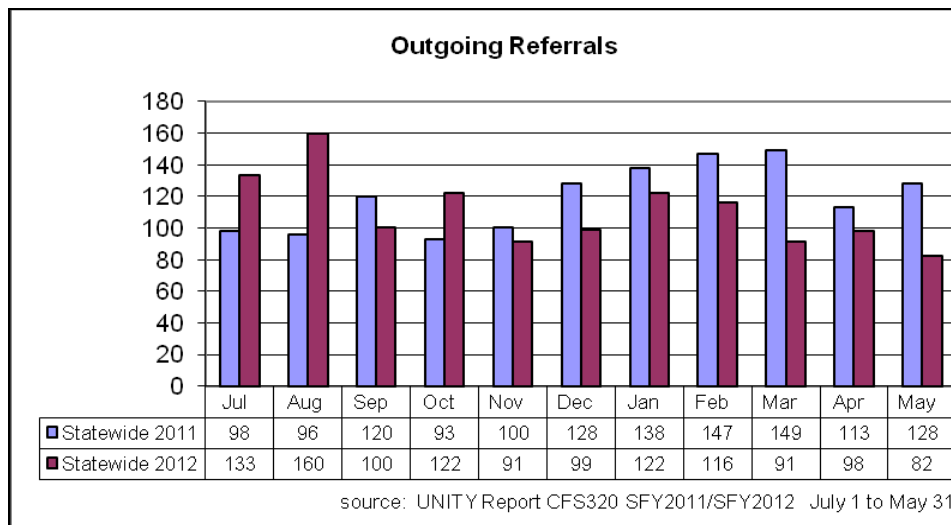


Figure 19 reflects the total number of incoming home studies that were processed in Nevada for SFY 2011 and SFY 2012, based on available data. States requesting home studies most often are California, Arizona and Utah. Figure 20 reflects the total number of out-going home studies processed in Nevada for SYF 2011 and SFY 2012.

Figure 19 Incoming Home Studies

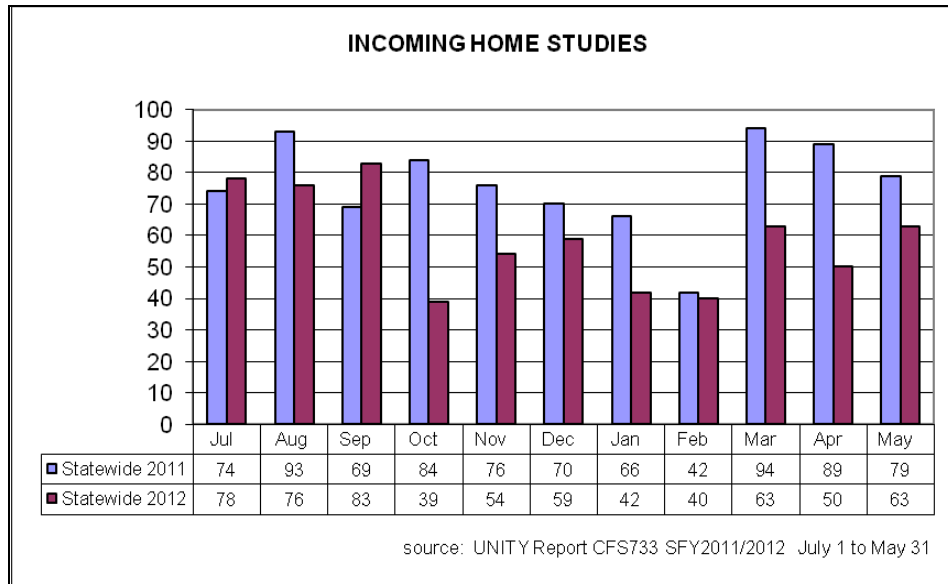
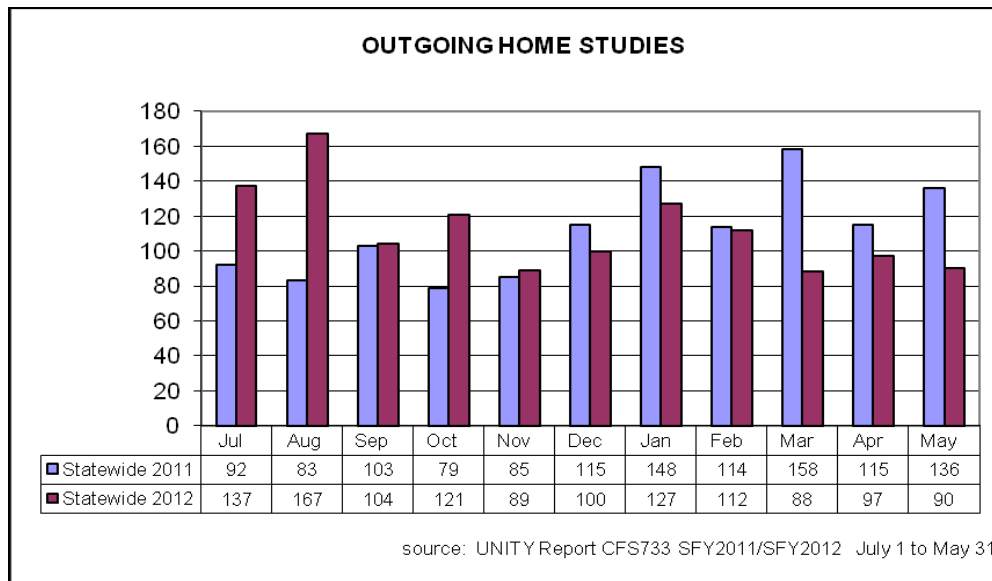


Figure 20 Outgoing Home Studies



APPENDICES

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

In the past, Nevada was required to consolidate the plan for the CAPTA State grant into the CFSP. However, a change in federal law eliminated the requirement to develop a five-year plan for CAPTA, and for FY 2011 Nevada submitted a new CAPTA state plan that will remain in effect as long as the State continues to participate in CAPTA. The following is the currently required annual reporting describing use of CAPTA funds required by Section 1089e) of CAPTA.

Substantive Changes: There are no substantive changes in state law that effect eligibility. The Nevada Legislature meets bi-annually, and will meet again in 2013.

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

- 1). Sec. 106(a)(1) Improving the intake, assessment, screening and investigation;
- 2). Sec. 106 (a) (3) Improving the case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families;
- 3) Sec. 106 (a) (4) Enhancing the general child protection system by developing, improving, and implementing risk and safety assessment tools and protocols;
- 4) Sec. 106 (a)(7) Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;

Activities and use of funds for the CAPTA State Grant for FY 2012

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

Nevada began implementing the Nevada Initial Assessment (NIA) process model in 2003. In 2009, a statewide quality assurance assessment of 200 Nevada Initial Assessment conclusions was conducted by ACTION for Child Protection in conjunction with DCFS Family Programs staff. Study results indicated there was a disconnect in staff's understanding of the existing safety model, specifically around impending danger and the role caregiver protective capacities have on existing safety threat and unsafe conditions in the home. In 2010 revisions to the NIA assessment began to occur based on the results of the 2009 study. In 2011, Washoe County and DCFS initiated a QA review of their Intake Process, in hopes of better understanding the rationale for safety decision making at the onset of the investigation. Interestingly enough, results from these 2 separate agency studies revealed both agencies were struggling with similar issues; misidentification of present and/ or impending danger at Intake and insufficient information collection to make safety decisions at Intake. In response to the Intake study results, from August – December 2011, six, 2 day trainings were offered to all staff. Training focused on gathering sufficient information at Intake and on analysis of that information in order to make appropriate safety and screening decisions at Intake. 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, 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 and the Intake Assessment and the Nevada Initial Assessment Information Collection and Decision Making portion of a safety throughout the life of the case has been implemented. 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 this model to improve intake assessment, screening and investigation of cases.

Additionally, Washoe County and DCFS, with assistance from ACTION for Child Protection and the National Resource Center for Child Protective Services have completed and finalized numerous necessary revisions to the front end of the system, which included; redesigning NIA assessment templates to address underdeveloped aspects of the model from the 2003 design which included; 1) clarifying and emphasizing development of caregiver protective

capacities' and impending danger concepts, 2) developing new parts of the model to include, Safety Plan Determination Analysis, Impending Danger Safety Planning and Conditions for Return, 3) updating Intake and NIA policy's and 4) Development of the NIA Intervention Manual for use by staff. Clark County will begin to utilize these revisions as well.

2). Sec. 106 (a) (3) Improving the case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families;

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

Clark County and DCFS have provided Motivational Interviewing training to workers as a way to improve family engagement and delivery of service provision. Despite disagreement for some Rural stakeholders who argue that service delivery should start immediately upon the initiation of the investigation, DCFS and Washoe county have adopted the philosophy, supported by the new practice model, that supports decisions about service delivery should not be made until at minimum completion of the NIA and once the Protective Family Capacity Assessment (PCFA) part of the model is developed and implemented not until after the PCFA is complete.

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. Once the case plan is completed, the Protective Capacity Progress Assessment (PCPA) will become the formal way in which case plan progress is monitored. 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. The 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 the least intrusive manner when appropriate and re-evaluate the status of the child's needs.

Supervisor training has been a huge emphasis in Nevada over the past year. All three child welfare agency supervisors were required to attend a supervisory training, Salus Training. In addition, Washoe and DCFS have provided supervisors for the second time with training on Consultative Supervision, a training focused on evaluating and managing effective safety intervention from Intake through reunification.

In addition, in response to Nevada's current PIP, each child welfare agency has addressed the need for higher quality caseworker monthly visitation and documentation expectations and will be providing quality assurance of those efforts in remaining PIP quarters.

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

In addition to the response of accomplishments that occurred in 2011 provided in question #1, the continued development of the SAFE practice model with emphasis on appropriate in-home safety planning and provision of services, with the ultimate goal of being able to mitigate safety threats without having to remove children from the home, is the commitment to completion of developing and implementing Confirming Safe Environment (CSE), as a way to ensure safety of children in out-of-home placements.

Clark County delivered the NRCCPS ACTION for Child Protection safety model to new hires January 16, 2012 through January 20, 2012. These trainings address the safety throughout the life of the case concepts focusing on safety planning in all lifecycle areas of the case, such as permanency and safety within foster care. These trainings include instruction on using the Clark County safety assessment instruments. There were other presentations of this model in April-May 2012 to case managers and supervisors. Three important components that support safety throughout the life of the case are Conditions for Return, Confirming Safe Environments (CSE) and supervisory consultation.

Development of the CSE assessment tool, completion of the CSE policy and training curriculum is scheduled for completion by Sept 1, 2012. Training is tentatively scheduled to occur in September and October of 2012.

- 4) Sec. 106 (a)(7) Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;

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

In response to training needs, trainings were developed and implemented throughout Nevada. CPS Response Training is a specialty curriculum designed to enhance workers ability around evaluating sufficiency of information necessary to substantiate allegations of abuse or neglect, crucial guiding judgments, concepts, procedures for determination, reconciling discrepancies, evaluating different types of evidence, determining credibility and decision making. Safety Practice Model Training was developed to inform and discuss the new safety model to Clark County Management for safety planning and to improve the quality of investigations and assessments. In addition to these trainings, several more are planned for the summer months for the Rural Region and 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.

Personnel

Through the use of CAPTA State Grant funds, DCFS employs a full-time-Social Services Programs Specialist. This position is necessary in order to carry out the objectives of the grant. The funds utilized included salary, fringe benefits and travel. Under the direction of the DCFS Deputy Administrator, the Social Services Program Specialist coordinates with the DCFS rural district offices, WCDSS and CCDFS to help ensure that policy and practice in child protection are consistent throughout Nevada. The Specialist also participates in planning, coordinating and evaluating child protective services provided throughout the state.

The Specialist participates in the following activities: 1) Review of federal/state legislation, development of federal/state regulations, and agency policies; 2) Provision of statewide technical assistance and/or consultation through contract or sub-grant; 3) Coordination of training pursuant to CAPTA requirements; 4) Serves as the State Liaison Officer with the Office on Child Abuse and Neglect; 5) Prepares grant applications and progress reports for the CAPTA Basic State Grant program and other related CAPTA funding; 6) Develops, coordinates and monitors CAPTA Projects; 7) Serves on agency or other committees that promote the goals of child protective services; and 8) Monitors the collection of child abuse data for the National Child Abuse and Neglect Data System (NCANDS).

Operating Expenses

Communications equipment purchased for the purposes of promoting staff and child safety were periodically reviewed for continued maintenance and possible upgrade through the use of grant funds. Grant funds supported staff telecommunications related to child protection activities including teleconferencing, video-conferencing, cell phones, and land lines. Grant funds may be used to purchase equipment, such as digital recorders, printers, scanner, computers, laptop computer, and necessary hardware, software upgrades, file cabinets and other office equipment and work materials such as journals, subscriptions, books and videos.

Maintenance of Citizen Review Panel and Statewide Child Protective Services Work Groups

Grant funds are used to support travel and per diem for panel representatives and for child welfare services representatives to participate in child protective services workgroups. Funds may also be used for a consultant/facilitator, including travel and per diem and materials, provision of technical assistance and coordination for the panel.

APPENDIX B: CFCIP & ETV

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

Goals and Eligibility

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

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

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

Scope of Services

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

In Washoe County, all Chafee and state funds are routed through Washoe County Department of Social Services (WCDSS) to the Children's Cabinet, a private, non-profit organization, to provide IL services to eligible youth who are in custody and to those youth who have left placement. The Rural Region routes both federal and state funds through Family Resource Centers (FRC) for all IL program activities for youth in care, and to those youth who have left placement. The Children's Cabinet also has limited Chafee funds to assist the Rural Region in special IL related activities. The Request for Proposals for the rural provides of Chafee and FAFFY funds for the time period July 1, 2010 to June 30, 2013

went out and three of the four rural providers remained the same, while the Fallon district funds were awarded to Lyon County Social Services.

Nevada distributes IL funds, both federal and state funds, to tribal youth through the Fallon Paiute-Shoshone Tribal Stepping Stones Shelter enabling the tribes to develop programming specific to tribal youths needs. Stepping Stones was designated to be the Chafee recipient by the Nevada tribal entities after lengthy consultation and deliberation.

DCFS created a workgroup to establish Nevada's evaluation and data collection process to be in compliance with the National Youth in Transition Database (NYTD) requirements during the last reporting period. Foster Club is the contracted provider for NYTD outreach and survey requirements. The results of the surveys are being provided to IMS by Foster Club, and are being uploaded into the state's SACWIS system. Nevada has submitted FFY 2011 and FFY 2012A NYTD files and has met data compliance for these submissions.

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

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

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

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

IL Program Objectives:

- DCFS will support Legislative activities impacting youth in foster care and or youth leaving foster care. During the 2011 76th regular session several bills were enacted that impact youth. The following are those bills enacted during the 2011 Legislative session.
- SB 154 also known as the "Foster Care Bill of Rights" was enacted during this session. This act establishes provisions which set forth certain rights of children and youth who are placed in foster homes; requiring notice of those rights to children and youth placed in foster homes, and establishes a procedure for children and youth who are placed in foster homes to report alleged violations of those rights. The "Foster Care Bill of Rights" was enrolled into Nevada law effective October 1, 2011. A Foster Child and Youth brochure was developed and a Poster during this reporting period. These documents are also available on the following website:

http://www.dcf.state.nv.us/DCFS_FosterChild.htm

- SB 350 was enacted that requires an agency which provides child welfare services to continue to provide services and monetary payments to such a child while the child remains under the jurisdiction of the court; requires the agency which provides child welfare services and such a child to enter in to a voluntary written agreement; requires the agency which provides child welfare services to develop a plan for such a child to assist the child in transitioning to independent living, and revises various provisions relating to a child placed with someone other than a parent. During this reporting period the policy 0801 "Independent Living Program" was updated to reflect this requirement, and is

posted to the DCFS website:

http://www.dcf.state.nv.us/DCFS_Policies_CW_Chapter0800.htm

- DCFS will continue to elicit assistance from the NRCYD in order to support activities/practices to assist youth in developing the skills necessary for successful transition to adulthood.
- In addition, there will be an emphasis on how to create and sustain statewide and local advisory boards to assist youth with advocacy, self-advocacy, leadership development, and program improvement efforts.
- DCFS recognizes the need for continuous training and technical assistance as follows:
 - Continue to utilize training and technical assistance from the National Resource Centers for development and implementation of IL programs statewide and Casey Family Programs;
 - Collaborate with foster care training, recruitment, and licensing to develop an IL training module for foster parents;
 - Include IL foster youth (current and former) to assist in the training of foster parents;
 - Provide statewide training to existing foster parents and care providers regarding IL services and resources;
 - Develop training for staff and supervisors regarding the identification of significant connections for youth and how to perform diligent search;
 - Train staff and supervisors to ensure that they are knowledgeable about the full array of housing options that best meet the individualized needs of youth.
 - Collaborate to enhance the coordination between IDEA and IL planning; and
 - Continue to provide statewide training to all workers, supervisors, IL partners and stakeholders regarding IL, and access to services.
- DCFS will continue to work towards building collaborative relationships with other federal agencies serving at-risk and neediest youth.
- Collaborative Development with the following:
 - Transitional Living Programs
 - Workforce Investment/Employment Training
 - Department of Education
 - Department of Labor
 - Department of Housing and Urban Development
- DCFS continues with the reporting of survey and service data that supports the National Youth in Transition Database (NYTD).

The Division of Child and Family Services has implemented the NYTD.. The State of Nevada reported Survey data for FFY 2011 and has submitted FFY 2012A, and was compliant with all reporting requirements. During the upcoming FFY 2013 survey data will be collected for the initial 17 year old cohort who will be turning 19. Nevada NYTD brochures are available on the DCFS website at: <http://www.dcf.state.nv.us/>

- ✓ DCFS continues our partnership with Foster Club for marketing and completion of up-coming surveys..
 - DCFS continues to encourage all youth to register with Foster Club and require all target population to register.
 - Marketing materials were provided by Foster Club regarding both information about their site and the importance of NYTD. Materials included, but are not limited to, training materials for child welfare staff members on the importance of NYTD.
 - Foster Club continues to maintain a system of contact with youth as they age out of care.

- ✓ DCFS' Independent Living Contract Providers statewide will be required to maintain contact with all youth who age out of care and participated in the Baseline Survey. Contract Providers currently provide all aftercare services for youth who have aged out of care and are the most appropriate means of contact.
- ✓ Contract Providers will assist in contacting all NYTD Follow-Up youth and facilitate their completion of the NYTD survey within the six month period of their 19th and 21st birthday. The survey will continue to be hosted on the Foster Club website. The I.L Specialist will be providing up-coming training to Service Providers for the first cohort surveys of those youth turning 19 during FFY 2013.

Initiatives:

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

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

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

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

In addition to policy updates, the three jurisdictions participated in the National Youth in Transition Database (NYTD) surveys. Beginning in October 2010 through September 2011, youth who turned 17 while in foster care were surveyed per NYTD. The State worked collaboratively with the three jurisdictions to ensure that all of the youth were surveyed on time and that all the NYTD requirements were met.

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

Strengths:

The DCFS – Rural Region, Washoe County DSS and Clark County DFS have each implemented their own monitoring and tracking systems for the young adults who choose to go into court jurisdiction. Since the institution of court

jurisdiction, youth who have aged out of the foster care system are receiving far more services and have more opportunities than previously. These youth are now receiving additional services, which they would not have received had they not entered into the program.

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

PROGRAM GOALS

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

Specific Agency accomplishments and or planned activities for FY 2013 in the following areas.

1. Help youth transition to self-sufficiency

Youth in foster care who reach the age of 15 must be assigned to the Independent Living (IL) program. Once a youth is referred for IL services the youth will complete the independent living skills assessment Ansell Casey Life Skills Assessment (ACLSA). Assessment of life skills development, proficiency gaps, and educational progress are conducted with input from both the youth and any significant individual with whom they may be working. As required by Nevada statewide policy all youth will complete an IL plan within 30 days following completion of the ACLSA. The IL plan includes preparation for transition to adulthood and self-sufficiency in the areas of education, employment, health management, life skills development, family and community connections, leadership development, enrichment activities and obtainment of personal documents. The youth identify areas they feel are most important in achieving self-sufficiency, and the youth work with their caseworker to develop goals accordingly.

All of the jurisdictions are helping youth transition to self-sufficiency by engaging the youth to participate in activities and classes in their local communities. In the Rural Region, DCFS collaborates with the local Family Resource Centers to engage and provide the youth independent living skills classes on a regular basis. Clark County and Washoe County each partner with local community service providers to help the youth with their transition into adulthood.

Youth attend IL classes that provide information regarding how to become self sufficient, e.g., Money Management, Nutrition, Job Readiness, How to lease an Apartment, opening a bank account, resume writing, information on utility hookup, preparation for college, etc. The Family Resource Centers and community service providers also help youth with GED preparation or tutoring.

Youth may also go on field trips out in the community to get hands on learning around these skills. For example in Clark County, they spend a day at a car dealership learning how to buy a car and financing for a car. In Carson City, there is a work experience program, youth can work in areas they are interested in pursuing and get a glimpse of what the job entails. Referral and outreach efforts link youth to developmental appropriate community agencies and resources to assist with job seeking, training and financial assistance.

Lastly, as part of "Fostering Connections" the Independent Living policy includes the federal requirement for a youth "transition plan" to be completed within the 90 days of the youth's discharge from foster care.

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

Statewide, the Chafee funds support IL programs, which provide individualized life skills trainings and workshops for foster youth to prepare them for the workforce. IL Advisors assist youth to determine job interests, necessary education or vocational training, job workshops, budgets, practicing informed decision making and other skills necessary for employment. The ETV Program fund removes barriers for foster youth to attend vocational school or trainings to further

their employment opportunities.

IL caseworkers and established community-based IL contractors ensure that youth receive training and experiential learning that consists of employment related activities; and assist youth with procuring necessary documents, completing applications, educational planning, contacting colleges and employers, learning interview skills, job searching, on-the-job social skills training, conflict management/resolution, transportation and gaining volunteer and other work related experience.

Agency staff works closely with the youth to assist them with gaining necessary knowledge to obtain employment. The independent living skills classes that are provided to the youth include sessions on resume writing and interviewing skills. Additionally, youth can request funding through their local IL service providers for assistance with obtaining employment, such as gift cards or vouchers to acquire appropriate clothing for interviews and employment, transportation and assistance in acquiring a phone number or address to ensure they maintain a contact number.

Clark County has developed partnerships with workforce connections and other non-profits agencies to provide additional employment services to youth.

Also, Clark County has developed a partnership with Project We to create Job shadowing days for youth at Zappos. This classroom with no walls approach has been well received by youth and gives them an opportunity to see a real work environment. Clark County is developing the ability for foster youth to attend the Zappos University training program that they utilize when hiring new staff. This program would prepare youth to work in any career environment.

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

Caseworkers and established community-based IL contractors encourage youth to follow through with postsecondary school application requirements and funding requests. Each jurisdiction is made aware of upcoming scholarship opportunities and dead lines to ensure that the youth have time to submit their applications. Such scholarship opportunities include the Reno Rodeo Scholarships and the Otto Huth Scholarship.

The State has also had an opportunity to provide our high school graduates and those youth who earn their GED with graduation incentives, which include lap top computers (if they do not already have one) and \$1000 in \$250 increments. The graduation incentive can further assist youth with their post-secondary training and educational goals.

IL contactors are focused on postsecondary education for youth and provide assistance in planning educational or vocational training, applying for financial aid and additional supports. This supportive environment helps more youth remain motivated to reach their educational and vocational goals. Additionally the IL provide financial assistance with services, transportation and other incidentals for obtain post-secondary education/or employment and job placement assistance.

ETV funds may be applied for in conjunction with other funding sources, including the State Fund for Former Foster Youth. The amount of a voucher shall be disregarded for the purposes of determining the recipient's eligibility for, or the amount of, any other federal or federally-supported assistance. Current programs created especially for the former foster youth provide referrals, goods, and services for this population. The ETV Program is an added component of these services. The total amount of educational assistance to a youth under the ETV Program and under other Federal and Federally supported programs shall not exceed the total cost of attendance or \$5000 per year, as defined in section 472 of the Higher Education Act of 1965. DCFS shall take appropriate steps to prevent duplication of benefits under this and other federal and federally supported programs. ETV Funds can be used for, but not limited to:

- Tuition and Fees
- Tutoring and Required Tests
- Transportation
- Books and Supplies
- Uniforms, Tools of the Trade
- Computer, Printer, Supplies
- Childcare

- Utilities and Deposits
- Meal Plan, Glasses, Adaptive Software, etc.

Vouchers are available for education and training, including postsecondary education to youth who have aged out of foster care. The youth's state or county ILP Social Worker/IL Advisor shall inform youth of the ETV program and how to apply. The State IL Specialist will inform community service providers and other state agencies, which maybe serving former foster youth of the resources available for the youth. In addition, queries by social service agencies, the foster and adoption community, high schools, vocational schools, colleges and universities concerning the ETV program shall be supplied with information and/or referrals. Youth may also access applications by contacting contracted aftercare service providers, by on-line applications, or contacting the State IL Specialist.

Outreach in development includes coordination with the admission and financial aid staff of Nevada's community colleges and universities and vocational/technical schools. All foster youth exiting care are informed of resources and services available and are encouraged to develop a support network within their community. Foster youth participating in the ETV program on their 21st birthday shall remain eligible, until they turn 23 years old, as long as they are enrolled in a postsecondary education or training program and are making satisfactory progress toward completion of that program.

Nevada Matching Funds

Nevada provides additional funding to eligible youth who have aged-out of the State foster care system. Funds may be used in conjunction to ETV funds to provide additional financial supports for the foster youth while a student. A portion of the state fund for the Assistance to Former Foster Youth Program (20%) is the match for the ETV program grant.

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

The IL program specialist is the adult advisor to the statewide Youth Advisory Board. The board meets 4 times a year via video/teleconference and twice in person. This year the YAB held elections and selected 4 new officers at the spring face to face meeting. The four offices held are President, Vice President, Secretary and Treasure/Historian. The spring face to face was held in Elko, Nevada this year.

The Court Improvement Project (CIP) is working with DCFS, and during this reporting period included a YAB member to be on the CIP Committee. CIP will be sponsoring the youth to attend the "Pathways" Conference being held in New Orleans at the end of June 2012. Also, the Statewide I.L Specialist will be attending.

In July 2012 Washoe County will host the Statewide Youth Conference with youth attending from across the state

For youth who are in out of home care, workers try to identify one community mentor i.e. teacher, CASA , fictive kin, mentors from the Big Brother and Big Sister's program, someone who the child can develop and maintain a permanent relationship with through adulthood. The youth are also encouraged to identify supportive adults in their lives for example someone from their local IL service provider or a foster parent with whom the youth may also maintain relationships with into adulthood.

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

Statewide public and private partnerships are developed to provide IL services throughout the state. Each region develops a service array unique to their community. Youth are referred to their local IL service provider at the age of 15 when they begin receiving IL services; these providers continue working with youth until they are 21 years of age.

Young adults age 18-21 receive financial and case management support through Funds to Assist Former Foster Youth (FAFFY). This program is managed by a local IL service provider to provide a safety net for young adults who have just exited care. Youth can receive a \$1000.00 stipend for graduating from high school and youth can receive assistance with move in fees and rental stipends.

With the passing of the new law through AB350 (NRS 432B.591 – NRS 432B.606, "Continuation Of Jurisdiction Of Court

Over Child Who Reaches 18 Years Of Age While In Custody Of Agency Which Provides Child Welfare Services”) our young adults receive additional financial support and case management services until they reach 21 years old. This has increased the resources and supports that surround the youth to achieve self-sufficiency.

An IL oversight committee meets monthly in Clark County to review IL programs within the region. The primary focus of the committee has been addressing the needs of foster youth transitioning from care, and the needs of former foster youth. The committee is chaired by the Director of the CCDFS and is comprised of representatives from public and private stakeholders, including the court, youth, former foster youth, and foster parents.

In Clark County the Housing Coalition meets monthly to discuss housing needs for youth ages 15 and older. The housing Coalition has created 42 licensed and unlicensed beds to support a housing continuum for youth

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

EDUCATION TRAINING VOUCHER PROGRAM (ETV)

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

DCFS supervises the ETV program and distributes ETV funds to eligible youth through a sub-grant to a community non-profit organization. The Children’s Cabinet, has been successful in improving the provision of ETV services to our youth. The Children’s Cabinet has designated one staff person to administer the funding allowing youth statewide to have one point of contact. A toll-free number is provided and the application along with program rules is provided on the Children’s Cabinet website. Brochures have been distributed statewide to all IL providers and child welfare agencies.

Information on the Educational Training Vouchers can also be found on the DCFS website and link to the IL Program.

Table 44 depicts the number of youth receiving ETV awards.

**2012 APSR
Annual Reporting of State Education and Training Vouchers Awarded**

Table 48 ETV Awards

| | Total ETVs Awarded | Number of New ETVs |
|---|---------------------------|---------------------------|
| Final Number: 2010-2011 School Year (July 1, 2010 to June 30, 2011) | 127 total awarded | 75 new recipients of ETV |
| 2011-2012 School Year* (July 1, 2011 to June 30, 2012) | 107 total awarded | 47 new recipients of ETV |

New for the 11/12 school year is a questionnaire developed by the local youth advisory counsel to receive concrete feedback from ETV participants about what they think works and what can be improved with the current ETV program. This questionnaire will be disseminated July 1, 2013 to all 11/12 school year participants and will be evaluated to better meet the needs of ETV youth.

Outreach is provided at statewide youth conferences, face to face youth advisory boards and workshops associated with scholarships and financial aid. Independent Living agencies provide reminders on deadlines and guidance on ETV application submissions.

ETV provides services statewide, provides basic case management to any youth in need which includes building budgets, finding housing and providing linkage to other financial aid needs.

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

During the 2011 Legislative Session AB 110 the “Kinship Guardianship Assistance Program” was enacted. Nevada continues to work towards implementation this program.

Services planned for youth who have obtained 16 years of age and have been adopted includes individual counseling, family counseling and referrals to community-based agencies.

Youth who achieve permanency at 16 are still eligible to receive assistance. They can access ETV funding and FAFSA funding to help achieve their educational goals and will be able to access Chafee funds until the age of 21 as additional services.

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

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

Clark County DFS has both the NYCPA and FPA with whom they communicate on transitional housing and placement needs. Clark County also holds a bi-monthly housing coalition meeting of approved housing providers who are non-licensed and discuss placement needs and agency updates. These efforts are ongoing. Also, there is a quarterly sunshine meeting known as the Independent Living Oversight Committee. The sunshine meeting provides a forum for providers, stakeholders and community members to give feedback on our transitional housing and Section 8 foster pilot program. Clark County is involved in Operation Head 2 Toe with Chafee dollars. This program supports youth career mentoring, job shadowing and job skills for youth interested in entertainment, fashion or sports industries.

Training conducted since July 1, 2011 or will occur by June 30, 2012 in support of foster parents, relative guardians, adoptive parents, workers in group homes, and case managers in understanding the issues confront adolescents preparing for Independent living.

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

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

APPENDIX C: Disaster Response Plan

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

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

Laws passed in the 2011 session (Nevada Revised Statutes (NRS) 432.410 and NRS 424.0367) not only require a licensee that operates a foster home to develop and implement a disaster plan for the care of children in their home but also require each agency which provides child welfare services to develop and implement a plan for the care of children in its custody during a disaster and provide that plan to each person or entity which has physical custody of the children. The law further requires that the child welfare agency plans should include, without limitation. A plan for:

- Providing temporary shelter to children;
- Evacuating children from the home;
- Caring for children with disabilities or who have special medical needs;
- Communicating with the persons or entities which have physical custody of the children before, during and after a disaster;
- Coordinating with other emergency management entities and juvenile courts during a disasters;
- Planning for the care of children in the custody of a child welfare agency who have been placed in a facility for the detention of children; and,
- Providing services to children to address the emotional impact of the disaster.

Pursuant to NRS 432.420 the Division must develop disaster plans that address the care of children in the custody of other agencies that provide child welfare services in the event that these agencies become overwhelmed and are unable to meet the needs of children in their custody.

Pursuant to NRS 432.420, the Division will post the Child Welfare Disaster Plan on the Division's website and will provide a plan summary to the Legislative Committee on Child Welfare and Juvenile Justice.

Based on these new laws and the need for collaboration and compliance with and between other agencies such as the Division of Emergency Management as well as counties, the Child Welfare Plan is now in revision. The State policy will be revised to reflect these new changes, once the plan has been approved.

APPENDIX D: Health Care Services Plan

Health Care Services

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

Nevada's unique demographic makeup and state administered and state/county run child welfare organizational structure creates unique challenges in coordinating identical practices statewide. The rural and frontier areas of Nevada (DCFS) have few service resources and long distances between cities, towns and communities. Clark County/Las Vegas (CCDFS) has a very large population with many service resources and Washoe County/ Reno (WCDSS) has a large population with adequate service resources. The differences between the three child welfare agencies and their capabilities are significant. Add in the ongoing economic crisis in Nevada, diminished funding, and reductions in statewide human services, the current overall situation in Nevada remains dismal.

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

| Nevada Division of Child and Family Services Health Care Services Plan FY 2012 | | |
|---|---|-----------------------------------|
| Objective | Strategies | Identified Action Steps |
| A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice; | Nevada adopted the 0207 Health Services policy in October 2011. This policy includes EPSDT intake and ongoing screening timeframe requirements. These timeframes reflect the standards of the AAP/Bright Futures periodicity schedule for ongoing screenings. | Policy effective Oct. 2011 |
| How health needs identified through screenings will be monitored and treated, | <p>Per 0207 Health Services Policy – Caseworkers must ensure that the EPSDT periodicity schedule is followed and that any of the child's medical, dental, vision, mental health or other health needs identified through the screening exam are addressed and followed-up within 30 days.</p> <p>A child's mental/behavioral health is monitored ongoing (by their caseworker, the person legally responsible (PLR) for the psychiatric care of the child if appointed, the substitute caregiver and the child's health professionals) to identify if the child shows signs of emotional trauma associated with child maltreatment or removal from their home and/or develops symptoms or behavioral</p> | Policy effective Oct. 2011 |

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

| | | |
|--|--|----------------|
| | <p>that the treatment recommendations made in the assessment, including recommendations for a psychiatric evaluation or psychotropic medication, are communicated to the child's team members.</p> <p>During mental health service provision, the Department continually monitors the treatment progress and outcomes of children receiving services to ensure that they receive mental health treatment and trauma informed care that is consistent with child welfare and mental health best practice and the requirements of state & federal law.</p> | |
| <p>Washoe County Dept of Social Services:</p> | <p>All children ages 6-18 who enter the Washoe County's congregate shelter receive a Mental Health screening by a psychologist. The Child and Adolescent Service Intensity Instrument is the primary screening tool utilized. Children who enter family foster care receive a Mental Health screening or evaluation upon request of the case worker or placement specialist.</p> | <p>Ongoing</p> |
| <p>Div. of Child and Family Services:</p> | <p>In 2008 and 2009, DCFS Children's Mental Health supervisors, managers, clinicians, as well as therapists in the community were trained in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) by the programs' developers and also completed an on-line training and participated in consultation calls. TF-CBT was developed by Judith Cohen, MD, Anthony Mannarino, PhD, and Esther Deblinger, PhD, and has been recognized by the Substance Abuse and Mental Health Services Administration as an evidence-based practice for the treatment of childhood trauma. The practice consists of several components including: psychoeducation; parenting skills; relaxation; affective expression and modulation; understanding the relationship between thoughts, feelings and behaviors; exploring cognitions concerning the trauma; processing the traumatic event and correcting unhelpful cognitions; helping the child create a narrative about the trauma that they then present to their parent; and lastly, planning for safety in the future.</p> <p>Early Childhood Mental Health staff were trained as trainers in Parent-Child</p> | <p>Ongoing</p> |

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| | <p>Interaction Therapy (PCIT). PCIT is a brief, short-term, approach proven to enhance parent-child relationships, help parents increase their child's self-reliance and social skills as well as effectively address their child's problem behaviors. Staff received a week of training from trainers in Oklahoma that involved lecture and practice with each other and then children, followed by weekly consultation calls. Staff who were trained as trainers are now training other staff members in the Early Childhood Mental Health program.</p> <p>Over the last year, DCFS Children's Mental Health staff have also been trained in utilizing play therapy techniques to assist children in working through trauma.</p> <p>In June 2012, DCFS is sponsoring a train the trainers in helping caregivers to understand and consider the impact of trauma on children in the foster care system. The trainer, Lisa Conradi, PsyD, is from the Chadwick Center for Children in San Diego which is part of the National Child Traumatic Stress Network. DCFS is collaborating with child serving agencies in Nevada to work towards creating a Trauma Informed child serving system.</p> | |
| <p>How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record;</p> | <p>Per the 0207 Health Services policy – Nevada's child welfare agencies are responsible to ensure that the medical records and/or health information of children within the foster care system are entered into the SACWIS system within 5 day of receipt of any medical/health records or other health information.</p> <p>The SACWIS system generates a Medical Passport document from the medical/health information entered for the child. The Medical Passport is to be provided to a child's substitute caregiver upon placement of the foster child. The Medical Passport is also to be provided to a child's new physicians and/or other health care providers as needed.</p> | <p>Policy effective Oct. 2011</p> |
| <p>Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;</p> | <p>Per 0207 Health Services policy – A child is to remain with their primary medical provider that was treating them prior to their entering child welfare</p> | <p>Policy effective Oct. 2011</p> |

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| | <p>custody. This ensures continuity of healthcare services to the child, as this person or facility will have the child's prior health history and records.</p> <p>When it is not possible for a child to remain with their primary medical provider, every effort must be made to have all the child's health records transferred to their new primary medical provider.</p> | |
| <p>The oversight of prescription medicines, and</p> | <p>Per 0207 Health Services policy and NRS 424 – The child's caseworker is to be aware of any medications being prescribed to a child, the reason they were prescribed and ensure all necessary consents are obtained prior to administration.</p> <p>When a foster child is prescribed a medication other than a psychotropic medication, the foster parent or substitute care provider is required by Nevada law to request from the medical professional a written explanation for both the need for the medication and the effect of the medication on the child.</p> <p>The foster parent or substitute care provider must then provide a copy of the written explanation to the child welfare agency for submission to the court during a child's review hearings.</p> | <p>Policy effective Oct. 2011</p> |
| <p><u>including protocols for the appropriate use and monitoring of psychotropic medications; and</u></p> | | <p>Ongoing</p> |
| <p>Clark County Dept of Family Services:</p> | <p>Clark County Department of Family Services in collaboration with Mojave Adult, Child & Family Services has implemented a program to monitor the use of psychotropic medications by youth in the custody of DFS in compliance with NRS 432B. 197. The monitoring process is based upon the mutual desire to improve the quality of care to foster children in an efficient and collegial manner. The medication review identifies children that meet the following criteria:</p> <ul style="list-style-type: none"> ▪ Use of psychotropic medication in a manner that has not been tested or approved by the United States Food & Drug Administration. | <p>Ongoing</p> |

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| | <ul style="list-style-type: none"> ▪ Prescribed psychotropic medication for use by a child who is less than 6 years of age ▪ The concurrent use by a child of 3 or more classes of psychotropic medication; and ▪ The concurrent use by a child of two or more psychotropic medications of the same class. <p>The DFS nursing unit is responsible for reviewing the medication consent forms, medication logs, and the Psychiatric Services Consent forms within 24 hours of receipt from the investigator/case manager. If the medications meet the criteria outlined in NRS 432B.197, a DFS nurse sends a referral for additional screening/review to Mojave Mental Health. The Mojave nurse then conducts a more extensive chart review for factors known to be associated with the over-use of psychotropic medications. In the event that there are questions regarding clinical assessment, an independent chart review is then conducted by a board-certified or board-eligible Child and Adolescent Psychiatrist. As a result of the chart reviews Mojave makes recommendations and findings which may include suggestions for additional services, tracking outcome measures, or psychiatric assessments. Mojave communicates the review recommendations & findings to the DFS nursing unit. The DFS nursing unit is then responsible for communicating the findings and recommendations to the DFS case manager, so that the person legally responsible can be duly informed. Based on the review findings and recommendations, the Person Legally Responsible may choose to continue with the current psychiatric medication or may deny further use of the psychiatric medication.</p> <p>Mojave & DFS has created a mechanism, Child Clinical Review Teams, for sharing accurate and up-to-date information related to psychotropic to clinicians, child welfare staff, and consumers. The purpose of the Child Clinical Review Teams is to ensure that the child's mental health treatment plan is adequately addressing the child's needs based on diagnosis and target symptoms.</p> | |
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| <p>Washoe County Dept of Social Services:</p> | <p>State law effective October 2011 requires the nomination and appointment of a Person Legally Responsible. WCDSS created the attached PLR Nomination Form and PLR Training, which nominees must attend to become the official Nominated PLR. Additionally, WCDSS created the Person Legally Responsible Unit comprised of two highly experienced social workers to serve as Agency PLR's when no other nominees are identified. They are supervised by the Clinical Care Management Supervisor.</p> | <p>Ongoing</p> |
| <p><i>(Comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify children's mental health and trauma-treatment needs [including a psychiatric evaluation, as necessary, to identify needs for psychotropic medication]);</i></p> | <p style="background-color: #cccccc;"></p> | <p style="background-color: #cccccc;"></p> |
| <p>Clark County Dept of Family Services:</p> | <p>Clark County Department of Family Services ensures that all children in their care receive timely mental health screening and assessments in order to identify their mental health and trauma treatment needs.</p> <p>At the time of removal, all youth entering the Emergency Reception Center receive a Mental Health Screening Tool (MHST). The MHST is used to identify urgent mental health and trauma-treatment needs.</p> <p>The Department also requires a Uniform Psychological/Psycho educational Assessments (UPPA) for all children aged six or older upon entry into foster care. The UPPA provides a developmental & clinical baseline of information for every child coming into care. It also assists the Department in identifying the necessary individualized mental health services appropriate to the child's needs. The UPPA is completed within thirty days of entry into any form of substitute care.</p> <p>Children five years and younger are referred to the State of Nevada Early Childhood Mental Health Services program for mental health assessments. Early Childhood Mental Health assists the Department in identifying the necessary individualized mental health services appropriate to the children five</p> | <p>Ongoing</p> |

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| | <p>and under. Upon receipt of the results an assessment the Department ensures that the treatment recommendations made in the assessment, including recommendations for a psychiatric evaluation or psychotropic medication, are communicated to the child's team members.</p> <p>During mental health service provision, the Department continually monitors the treatment progress and outcomes of children receiving services to ensure that they receive mental health treatment and trauma informed care that is consistent with child welfare and mental health best practice and the requirements of state & federal law.</p> | |
| Washoe County Dept of Social Services: | <p>WCDSS created a Clinical Care Management unit comprised of two licensed clinicians and a clinical supervisor in March 2011. These clinical care managers are assigned to children with severe emotional problems whose needs cannot be met in regular family foster care. The care manager is responsible for initial coordination of assessment, treatment and placement for these youth, On-going care coordination of their treatment needs is provided by the DCFS Wraparound In Nevada program.</p> | Ongoing |
| DCFS Rural Region: | <p>All custody youth are screened for mental health needs by child welfare workers. Workers have clinical staff at their disposal for consultation. Youth who are determined to need assessment services are provided with appropriate referrals. Referrals may be made to internal staff or to community professionals.</p> | Ongoing |
| <i>(Informed and shared decision-making [consent and assent]) and methods for ongoing communication between the prescriber, the child, his/her caregivers, other healthcare providers, the child welfare worker, and other key stakeholders;)</i> | | |
| Clark County Dept of Family Services: | <p>When a youth in the Department's custody requires psychotropic medication the assigned case worker nominates a person legally responsible (PLR) for the oversight of the youth's psychiatric care. DFS nominates & the Court appoints the</p> | Ongoing |

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| | <p>PLR. As a first choice, the Department nominates the birth parent as the PLR, if they are willing and able. If parental rights have been terminated or the parent is unwilling or unable to act as the PLR, the Department nominates a DFS nurse case manager. The appointed PLR provides oversight of the decision-making (consent & assent) regarding all psychiatric care for the youth. The PLR participates in the appointment sessions with the youth and their prescriber. The PLR is required to notify the DFS worker, the caregiver and other key stakeholders of all upcoming psychiatric visits. The PLR must also consent to all changes in the youth's treatment. The assigned worker is then responsible for sharing information with the youth's care givers and key stakeholders.</p> | |
| Washoe County Dept of Social Services: | The PLR is responsible for providing consent to start psychiatric services, followed by ensuring informed consent and assent is obtained and ensuring communication between the prescriber, child, caregiver and worker. | Ongoing |
| DCFS Rural Region: | <p>A policy establishing a person to be legally responsible for each youth on psychotropic medications has been established.</p> <p>The legal and systematic responsibilities are provided to this person prior to them becoming the legally responsible person. This ongoing relationship and is monitored by the child welfare worker in consultation with the clinical team.</p> | Ongoing |
| <i>Effective medication monitoring at both the client and agency level;</i> | | |
| Clark County Dept of Family Services: | Clark County Department of Family Services in collaboration with Mojave Adult, Child & Family Services has implemented a program to monitor the use of psychotropic medications by youth in the custody of DFS in compliance with NRS 432B. 197. The monitoring process is based upon the mutual desire to improve the quality of care to foster children in an efficient and collegial manner. The medication review | Ongoing |

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| | <p>identifies children that meet the following criteria:</p> <ul style="list-style-type: none"> ▪ Use of psychotropic medication in a manner that has not been tested or approved by the United States Food & Drug Administration. ▪ Prescribed psychotropic medication for use by a child who is less than 6 years of age ▪ The concurrent use by a child of 3 or more classes of psychotropic medication; and ▪ The concurrent use by a child of two or more psychotropic medications of the same class. <p>The DFS nursing unit is responsible for reviewing the medication consent forms, medication logs, and the Psychiatric Services Consent forms within 24 hours of receipt from the investigator/case manager. If the medications meet the criteria outlined in NRS 432B.197, a DFS nurse sends a referral for additional screening/review to Mojave Mental Health. The Mojave nurse then conducts a more extensive chart review for factors known to be associated with the over-use of psychotropic medications. In the event that there are questions regarding clinical assessment, an independent chart review is then conducted by a board-certified or board-eligible Child and Adolescent Psychiatrist. As a result of the chart reviews Mojave makes recommendations and findings which may include suggestions for additional services, tacking outcome measures, or psychiatric assessments.</p> <p>Mojave communicates the review recommendations & findings to the DFS nursing unit. The DFS nursing unit is then responsible for communicating the findings and recommendations to the DFS case manager, so that the person legally responsible can be duly informed. Based on the review findings and recommendations, the Person Legally Responsible may choose to continue with the current psychiatric medication or may deny further use of the psychiatric medication.</p> <p>Mojave & DFS has created a mechanism, Child Clinical Review</p> | |
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| | Teams, for sharing accurate and up-to-date information related to psychotropic to clinicians, child welfare staff, and consumers. The purpose of the Child Clinical Review Teams is to ensure that the child's mental health treatment plan is adequately addressing the child's needs based on diagnosis and target symptoms. | |
| Washoe County Dept of Social Services: | It is the PLR's responsibility to monitor medication at the child's level. PLR's are required to attend a 2 hour training which explains their role, teaches them how to perform their duties as well as the risk and benefits of psychotropic medication. It is the PLR Unit's responsibility for medication monitoring at the agency level. The PLR unit in conjunction with the Clinical Care Management Unit reviews all Psychiatric Med Consent forms on a quarterly basis. Children prescribed medication that exceeds the limits identified in statute are to be reviewed by a contract psychiatrist. | Ongoing |
| DCFS Rural Region: | Individual clients are monitored by 1:1 relationships with MD's. All medication is monitored by child welfare worker and reported in the Unity database. Medications are monitored within the database by the clinical team. | Ongoing |
| <i>(Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible Child and Adolescent Psychiatrist [at both the agency and individual case level]; and)</i> | | |
| Clark County Dept of Family Services: | Clark County Department of Family Services contracted with Mojave Adult, Child & Family Services to implement a program for monitoring the use of psychotropic medications by youth in the custody of DFS in compliance with NRS 432B. 197. The monitoring process is a collaborative process between DFS and the Mojave Mental Health Services, based upon the mutual desire to improve the quality of care to foster children in an efficient and collegial manner. The medication review identifies children that meet the following criteria: <ul style="list-style-type: none"> ▪ Use of psychotropic medication in a manner that has not been tested or approved by the United States Food & Drug Administration. | Ongoing |

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| | <ul style="list-style-type: none"> ▪ Prescribed psychotropic medication for use by a child who is less than 6 years of age ▪ The concurrent use by a child of 3 or more classes of psychotropic medication; and ▪ The concurrent use by a child of two or more psychotropic medications of the same class. <p>Mojave Adult, Child & Family Services conduct s routine clinical chart reviews for factors known to be associated with the over-use of psychotropic medications. These clinical chart reviews are facilitated by mental health experts, psychiatric APNs and/or board-certified or board-eligible Child and Adolescent Psychiatrists. Outcomes of these reviews may include suggestions for additional psychiatric services, tacking outcome measures, or the need for further psychiatric assessment.</p> | |
| Washoe County Dept of Social Services: | WCDSS has psychiatrists on contract available for consultation and second opinions. | Ongoing |
| DCFS Rural Region: | Currently the rural region is recruiting a board certified Child and Adolescent Psychiatrist. Rural clinical staff community professionals as needed. | Ongoing |
| <p><i>(Mechanisms for sharing accurate and up-to-date information related to psychotropics to clinicians, child welfare staff, and consumers. This should include both data sharing mechanisms (e.g., integrated information systems) and methods for sharing educational materials.)</i></p> | | |
| Clark County Dept of Family Services: | <p>Mojave & DFS has created a mechanism, Child Clinical Review Teams, for sharing accurate and up-to-date information related to psychotropic medications and treatment to clinicians, child welfare staff, and consumers.</p> <p>The purpose of the Child Clinical Review Teams is to ensure that the child's mental health treatment plan is adequately addressing the child's needs based on diagnosis and target symptoms.</p> <p>All parties that are responsible for the care of the child and the prescribing physician, if feasible, participate in the Child Clinical Review Team in order to discuss Mojave's review findings and recommendations.</p> | Ongoing |

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| <p>Washoe County Dept of Social Services:</p> | <p>WCDSS collaborated with the UNR School of Medicine to provide training to community psychiatrists regarding the new PLR law as well as national and county level data on the use of psychotropic medications with children in foster care. Our Department partnered with CAN- Prevent a local non-profit to provide day long training on the use of psychotropic medications with children in foster care. The PLR unit has met with individual psychiatrists and community mental health agencies to educate them about the new law. Additionally, the PLR training is held on a monthly basis.</p> | <p>Ongoing</p> |
| <p>DCFS Rural Region:</p> | <p>Data on medication is posted on a medical database that is available for staff to access. This database is accessible by caretakers.</p> | <p>Ongoing</p> |
| <p>How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children;</p> | <p>HOPS Committee acts as an ongoing committee to review the health care service plans, strategize on healthcare related issues, and provide feedback to child welfare agencies through recommendations to the child welfare agencies DMG.</p> | <ul style="list-style-type: none"> o HOPS Committee will continue to meet quarterly. o The HOPS Committee will provide ongoing planning, make plan revisions, oversee the implementation of the plan and assist in the identification of other needed health services for foster children. |
| <p>Steps to ensure that the components of the transition plan development process required under section 475(5) (H) that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met.</p> | <p>Per the statewide 0801 Youth Plan for Independent Living policy –</p> <p>Effective July 1, 2005, young adults who have “aged out” of foster care may receive Medicaid as an “Independent Foster Care Adolescent”. This includes children who were in the custody/in foster care through the Division of Child and Family services (DCFS), DCFS-Youth Parole, Clark County DFS, Washoe County DSS, tribal Social Service agencies, or in foster care in another state.</p> <p>To qualify for Medicaid in this category, an individual must:</p> <ul style="list-style-type: none"> • be under 21 years of age; • have been in foster care under the responsibility of the state at the time they turned 18 years of age; and • meet citizenship and residency requirements. <p>Young adults, who age out of foster care in Nevada, will be given the opportunity to apply through their state or county</p> | <p>Policy effective Dec. 2010</p> <p>Per the Health Care Reform Act, NV Medicaid (DHCFP) will revise their policy to allow “aged out” youth to stay on Medicaid until age 26. This will take effect on 01/01/2014.</p> |

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| | <p>caseworker when they are exiting foster care. If they choose not to apply at that time, but later decide they need assistance, they can apply at any time prior to their 21st birthday. Application for this type of Medicaid occurs through the Nevada Division of Welfare and Supportive Services (DWSS).</p> <p>The current DCFS Independent Living Policy requires that during the 90-Day Transition plan that the youth is educated regarding the importance of designating an "Agent" to make healthcare decisions, through a healthcare power of attorney, in case the youth should become incapacitated and unable to make their own health decisions. State and county child welfare agencies are obligated to provide the youth the opportunity to execute a healthcare power of attorney upon attaining age 18 when they can legally sign such a document.</p> | |
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APPENDIX E: Nevada Child Welfare Protective Services Workforce

Nevada Child Welfare Protective Services Workforce

Nevada's Child Welfare Protective Services Workforce is influenced by the organizational structure of DCFS and program delivery of child welfare. NRS 432B.325 states that in counties where population is 100,000 or more, that the county shall provide protective services for children in that county and pay the cost of those services in accordance with standards adopted by the state. CCDFS provides child welfare services to all children and families in Clark County in the Southern most part of the State. WCDSS located in Reno Nevada provides child welfare services directly to all children and families located in Washoe County in the northwestern part of the State and DCFS provides child welfare services to the remaining 15 counties in the state through its Rural Region offices. As such each child welfare agency has a Human Resource Department (Personnel) that has policies, standards and procedures for the hiring of such personnel.

As previously reported there are 543 caseworkers and 117 Supervisory/Management positions filled statewide.

Clark County Child Welfare Protective Services Workforce:

As previously reported CCDFS currently has 413 caseworkers and 77 Supervisory/Management positions filled and 98 vacancies. CCDFS reports the following caseload ratios: Investigative caseworkers 1:12, in-home caseworkers 1:11, and permanency caseworkers 1:17. Supervisor-to-Worker Ratios are as follows: 1:8 Investigation Specialty Units; 1:5 for CPS Units; 1:7 for Out-of-home Units and between 1:6 and 1:20 for Administration Units.

CCDFS reports a turnover rate of 65%* based on a running average of 3 separations per month (for an 11 month period) and 491 employees. Staff separations during this time period included 5 retirements, 6 dismissals, 13 lateral or promotional moves and 44 voluntary resignations.

Additional CCDFS Workforce Information:

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

Clark County DFS Staff are recruited through Clark County Human Resources website at www.accessclarkcountynv.gov.

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

A 4 year college degree is required to hold a caseworker position.

FSS I/II

Bachelor's Degree in one of the following areas: Social Work, Criminal Justice, Psychology, Human or Social Services, Sociology, Education or Special Education, Public or Business Administration, Behavioral Science, Counseling, Early Childhood , Health Science, Child Development, Nursing, Communications and Marketing.

Sr. FSS

Bachelor's Degree in one of the following areas: Social Work, Criminal Justice, Psychology, Human or Social Services, Sociology, Education or Special Education, Public or Business Administration, Behavioral Science, Counseling, Early Childhood , Health Science, Child Development, Nursing, Communications and Marketing.

FS Supervisor

Bachelor's Degree in one of the following areas: Social Work, Criminal Justice, Psychology, Human or Social Services, Sociology, Education or Special Education, Public or Business Administration, Behavioral Science, Counseling, Early Childhood, Health Science, Child Development, Nursing, Communications and Marketing.

Manager Family Services

Master's Degree in one of the following areas: Social Work, Criminal Justice, Psychology, Human or Social Services, Sociology, Education or Special Education, Public or Business Administration, Behavioral Science, Counseling, Early Childhood, Health Science, Child Development, Nursing, Communications and Marketing OR Bachelor's Degree and an additional two (2) years of directly related full-time professional level experience, as indicated above, may be considered as a substitute for the advanced degree.

- **Demographic information on current staff and recent hires. For example:**

Clark County DFS presently does not track certain demographic information on staff at this time. The hiring process is instituted by Clark County Central Human Resources. However, CCDFS will develop and disseminate a survey to capture the above information to all existing staff and gather the information from new workers as they begin with the agency. This tracking will be included in an excel spreadsheet that identifies workers throughout their tenure at the Department of Family Services.

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

State New Worker Core, plus the following: NV Safety (Investigations), NV Allegations, NCIC, Ethics, Policies and Procedures for identified are of work, SIDS, Protective Factors, CANS, Body Checks, Risk Assessment, Eligibility, Licensing, Adoption, Diligent Search, NV State Welfare, Clinical, Medical Consent Process, ICPC, ICWA, MEPA, Working Safe Working Smart, Car Seat, TDM/CFT, Camera Use, Court Report Writing, Court Processes, Social Summary writing, Child Development, SACWIS-UNITY training. Domestic Violence, Mental Health, Substance Abuse Addictions, Child Sex Abuse.

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

Point in Time Caseload size per worker for June 5, 2012 is as follows:

In-Home 11 cases, Permanency 17 cases, Investigation 12 cases

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

Nevada Partnership for Training holds an annual logic model meeting in which the counties all participate to determine the training focus of each State Fiscal Year. Within Clark County we employ four training staff that facilitates trainings using evidence based curriculums. There were trainings sponsored by Casey Family Programs in Team Decision Making (TDM) and Permanency Roundtables. The need for these training and business process changes were determined by data that indicates high removal rates and long lengths of stay for older youth.

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

Pre-tests and Post-tests are completed for each individual within each of the 5 New Worker Training Modules. Scheduled collaboration between trainers and supervisors of trainees during modules assists in focusing on individualized training plans.

Washoe County Child Welfare Protective Services Workforce:

As previously reported WCDSS currently has 79 caseworkers and 29 Supervisory/Management positions filled and 6 vacancies (positions held in abeyance). WCDSS reports the following caseload ratios: Investigative caseworkers 1:12, and permanency caseworkers 1:22. Supervisor-to-Worker Ratio: 1:6.

WCDSS reports there were 76 filled intake, assessment and permanency workers on May 15, 2011. A year later, May 15, 2012, 21 staff (or 27.63%) were no longer in their position. Staff separations during this time period included, 2 dismissals, 6 lateral or promotional moves and 13 voluntary resignations.

Additional WCDSS Workforce Information:

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

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

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

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

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

- WCDSS currently had one title IV-E BSW supported

- **Race/Ethnicity** - There are currently 4 males and 18 females. Two assessment workers are bilingual and bicultural. All assessment staff are Caucasian. 14 are Social Workers. (12 are SW III's, 1 SWII and 1 SWI) 9 are Case Managers II's.

- **Salaries;** Social Worker classification ranges from a minimum annual salary of \$44,700 for entry level to a maximum of \$68,931 for Journey level. Case Manager classification ranges from a minimum annual salary of \$44,740 for entry level to a maximum of \$ 62,171 for Journey Level. Social Services Supervisor ranges from \$59,612 to \$77,480.

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

Only Social Workers are eligible for the Social Services Supervisor classification and they must have three years of experience performing professional social work in the respective area of assignment. A Master's Degree in Social Work may substitute for one year of experience.

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

WCDSS has a Training Unit comprised of four full-time Senior Social Workers (Journey level) and one supervisor. Two of the senior Social Workers are in Permanency and two are in Intake and Assessment (CPS investigations). New case managers are assigned to a senior worker in the training unit for 90-180 days depending on their previous experience and their speed of development. Each trainee is assessed in pre-determined competencies in the program area before "graduating" to the other program or being assigned to a unit.

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

WCDSS reports the following caseload ratios: Investigative caseworkers 1:12, and permanency caseworkers 1:22. WCDSS reports there were 76 filled intake, assessment and permanency workers on May 15, 2011.

DCFS Rural Region Child Welfare Protection Workforce:

As previously reported the DCFS Rural Region currently has 51 caseworkers and 11 Supervisor/Management positions filled. There are currently 16 Social work positions vacant and 1 supervisory position vacancy. The DCFS Rural Region reports the following caseload ratios: Investigative caseworkers 1:20, and permanency caseworkers 1:19-22. There can be a great disparity in these numbers in frontier offices. Supervisor-to-Worker Ratios is on an average of 1:6.

The Rural Region reports that during this time period 20 Social Work Staff were hired, and 25 Social Work staff transferred did not meet probationary requirements or were terminated to take other employment.

Additional DCFS Rural Region Child Welfare Protection Workforce Information:

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

Staff is recruited on the State of Nevada Personnel website on an ongoing basis and social work positions are posted at all Universities with a Social Work Program, on Craig's List and at the University of Nevada-Reno and Las Vegas Campuses. Staff is selected through an interview process, verification of references and ability to obtain and maintain Nevada Social Work Licensure.

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

All DCFS child welfare workers and management are required to be licensed by the Nevada Social Worker Board of Examiners.

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

Educational Degrees: the number of child welfare workers with a:

- Bachelor of Soc Work (BSW): 49
- Title IV-E supported BSW : 0
- Master of Social Work (MSW): 15
- Title IV-E supported MSW;: 0
- Other Degree: 1-Bachelor of Science-Psychology and 1Bachelor of Arts-Social Science

Years of child welfare experience or other related experience working with children and families.

Twenty (20) staff has between 1-4 years of experience; twenty one (21) staff has between 5-10 years of experience and twenty four (24) staff has between 11-30 years experience working with children and families.

- **Race/Ethnicity** –The DCFS Rural Region does not currently track this information.

- **Salaries;**

For Social Worker 1's -\$39,108.24 to \$57,712.32; Social Worker 2's - \$42,553.44 to \$63,099.36; Social Worker 3's -\$ 44,411.76 to \$66,001.68; Social Work Supervisors -\$48,462.48 to \$72,223.92; Social Service Managers - \$52,847.28 to \$79,114.32

- **Position Types**

Social Workers: Intake, CPS, Permanency, Adoption, Foster Care Licensing, Social Work Supervisors, Social Service Managers

- **Training provided to new child welfare workers to ensure competencies identified New Worker CORE and the trainings mentioned under the Child Protective Services Workforce answer.**

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

The rural region has a current average caseload size of 20 cases for each CPS worker and averages 19-22 cases for substitute care, however a great disparity in these numbers exists for frontier offices operating with half their social work positions vacant; caseloads of 80 for CPS and anywhere from 26-40 for Substitute Care can and do occur.

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

In Nevada's 2009 Child and Family Services Review (CFSR), there was an identified need for the development of ongoing child welfare workforce training. As part of the development of this process, the Nevada Partnership for Training (NPT), which is a partnership between the Division of Child and Family Services (DCFS) and the Universities of Nevada Reno and Las Vegas to provide training to the child welfare workforce surveyed caseworkers, supervisors and managers regarding potential training topics to be developed and delivered in the next fiscal year. The findings of this survey serve as recommendations to leadership at the county and state level

for future training. The survey was completed in the spring of 2011 50 DCFS Child Welfare staff participated in the survey. June 2012 the NPT is piloting “Searching for Heroes: Engaging Families and Non-Resident Fathers” and this summer will pilot a new Specialty CORE series “Children’s Mental Health.”

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

In their probationary year new workers are assessed by their supervisor at the three month, seven and eleven months and the Nevada Partnership for Training (NPT) trainers provide feedback to DCFS management when they believe concepts or competencies are not understood; experienced staff is evaluated on an annual basis by their supervisor or manager.

ATTACHMENTS

ATTACHMENT A: Citizens Review Panel Report

ATTACHMENT B: Glossary of Acronyms

| | |
|--------------|--|
| AB | Assembly Bill |
| AFCARS | Adoption Foster Care Analysis and Reporting System |
| APSR | Annual Progress & Service Report |
| ASFA | Adoption and Safe Families Act |
| CANS | Child Abuse and Neglect System |
| CAPTA | Child Abuse Prevention and Treatment Act |
| CASA | Court Appointed Special Advocate |
| CBCAP | Community Based Child Abuse Prevention |
| CCDFS | Clark County Department of Family Services |
| CCFAPA | Clark County Foster and Adoptive Parent Association |
| CFCIP | Chafee Foster Care Independence Program |
| CFSP | Child and Family Service Plan |
| CFSR | Child and Family Services Review |
| CFT | Child and Family Team |
| CIP | Court Improvement Project |
| CJA – TALCIT | Children’s Justice Act Technical Assistance to Local Communities and Indian Tribes |
| CJA | Children’s Justice Act |
| CPS | Child Protective Services |
| CRP | Citizen Review Panel |
| CTF | Children’s Trust Fund |
| DCFS | Division of Child and Family Services |
| DCFS-RURAL | Division of Child and Family Services Rural Region |
| DHHS | Department of Health and Human Services |
| DMG | Decision Making Group |
| DR | Differential Response |
| ETV | Educational Training Voucher |
| FPO | Family Programs Office |
| FRC | Family Resource Center |
| GMU | Grants Management Unit |
| ICAMA | Interstate Compact on Adoption and Medical Assistance |
| ICJ | Interstate Compact for Juveniles |
| ICPC | Interstate Compact on the Placement of Children |
| ICWA | Indian Child Welfare Act |
| ILP | Independent Living Plan |
| IMS | Information Management System |
| IV-E | Title IV-E |
| MDT | Multi-Disciplinary Team |
| NAC | Nevada Administrative Code |
| NCANDS | National Child Abuse and Neglect Data System |
| NCFAS | North Carolina Family Assessment Survey |
| NPT | Nevada Partnership for Training |
| NRC | National Resource Center |
| NRS | Nevada Revised Statutes |
| NYTD | National Youth in Transition Database |
| ODES | Online Data Entry System |
| OPPLA | Other Planned Permanent Living Arrangement |
| PART | Policy Approval and Review Team |
| PIP | Program Improvement Plan |
| PRIDE | Parent Resources for Information Development and Education |
| QA | Quality Assurance |
| QI | Quality Improvement |
| QICR | Quality Improvement Case Review |
| SACWIS | Statewide Automated Child Welfare Information System |
| SAFE | Structured Analysis Family Evaluation |

| | |
|--------|---|
| SAFF | Sierra Association of Foster Families |
| SB | Senate Bill |
| SWA | Statewide Assessment |
| TALCIT | Technical Assistance to Local Communities and Indian Tribes |
| TANF | Temporary Assistance to Needy Families |
| TPR | Termination of Parental Rights |
| UNITY | Unified Nevada Information Technology for Youth |
| UNLV | University of Nevada, Las Vegas |
| UNR | University of Nevada, Reno |
| VOCA | Victims of Crime Act |
| WCDSS | Washoe County Department of Social Services |

ATTACHMENT C: Stakeholders and Groups

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

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

- Review the records of selected cases of deaths of children under 18 years of age in this State;
- Review the records of selected cases of deaths of children under 18 years of age who are residents of Nevada and who die in another state;
- Assess and analyze such cases;
- Make recommendations for improvements to laws, policies and practice;
- Support the safety of children; and
- Prevent future deaths of children.

Local teams members must include (a) a representative of any law enforcement agency that is involved with the case under review; (b) medical personnel; (c) a representative of the district attorney's office in the county where the case is under review; (d) a representative of any school that is involved with the case under review; (e) a representative of any agency which provides child welfare services that is involved with the case under review; and (f) a representative of the coroner's office; or other representatives of other organizations concerned with the death of the child as the agency which provides child welfare services deems appropriate for the review per NRS 432B.406. Local teams review child deaths and make recommendations regarding various agency laws, regulations, policies and practice, training and public education to the Administrative Team.

The Executive Committee makes decisions about funding initiatives to prevent child maltreatment and death, which may be based on recommendations from the Administrative Team. Additionally, the Executive Committee adopts statewide protocols for the review of the death of children; designates the members of the Administrative Team; oversees training and development for the regional CDR teams; and compiles and distributes a statewide annual report. Funding for the work of the Committee was also established as a result of AB 381, and is derived from a \$1 fee collected from death certificates issued by the State. The funds are intended to be used for prevention efforts and training of the local CDR teams.

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

- **Children’s Justice Act Task Force (CJA):** The CJA task force is composed of professionals with knowledge and experience related to the criminal justice system and issues of child physical abuse, child neglect, and child sexual abuse and exploitation, and child maltreatment related fatalities. The purpose and function of the CJA is to comprehensively:
 - Support, promote and initiate systematic change that will improve the investigation and prosecution of child abuse and neglect.
 - Review and evaluate Nevada’s investigative, administrative, and both civil and criminal judicial handling of cases of child abuse and neglect, particularly of child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions, such as interstate, federal-state, and state-tribal;
 - Make policy and training recommendations in each of the following categories:
 - Experimental, model, and demonstration programs for testing innovative approaches and,
 - Reform of state laws, ordinances, regulations, protocols and procedures to provide comprehensive protection for children from abuse, particularly child sexual abuse and exploitation, while ensuring fairness to all affected persons.

- **Citizen Review Panels (CRP):** Nevada’s CRP’s have been a great asset to the State and the field of child protection due to their ongoing commitment and continued involvement in Quality Improvement (QI) and training activities that benefit the child welfare system. The Statewide CRP was established in 1999 per NRS 432B.396 and has federally mandated responsibilities under Title I, Section 106, of the Child Abuse Prevention and Treatment Act (CAPTA). The Statewide CRP consists of representation from community-based organizations and professionals with backgrounds related to child protective services (CPS), child advocacy, children’s mental health, and foster parents. In essence, the CRP’s work consists of the review of internal policies and procedures within the CPS system, accomplished mainly through individual CPS case reviews. In response to meeting the federal requirement for three CRP’s based on the Basic State Grant funding increase for Nevada, both the Northern and Southern Citizens Advisory Committees (CACs) were invited into the CRP process in 2006. Approval to join as a CRP was given by the Northern CAC in late 2006 and by the Southern CAC in early 2007. During 2007 and 2008, the Statewide CRP members continued to serve as regular, external stakeholders in quarterly case reviews implemented as part of the DCFS Quality Improvement Framework. Statewide CRP recommendations for 2007 focus on CPS staff training and practices, improving the DCFS QI case review process and expansion into other areas of review such as differential response and differential response training. Northern CAC/CRP recommendations for 2008 focus on CPS caseworker unit restructuring, family involvement in the child welfare system, and differential response. Southern CAC/CRP recommendations for 2008 focus on increased funding for child welfare services, policy and procedure redesign, and CPS caseworker training.

- **Court Improvement Project (CIP):** Nevada’s CIP was formed to address changing roles of court oversight in child abuse and neglect cases brought on by federal guidelines and Nevada statutes and is supported with federal funding. CIP continues to work closely with DCFS and other stakeholders to plan and develop changes statewide that will significantly improve the handling of child welfare cases throughout the state. The monthly schedule of meetings between the Administrative Office of the Courts (AOC)/CIP and DCFS is ongoing. Issues requiring a collaborative approach are discussed and items of mutual concern are identified for strategic planning. In the last year, extensive child welfare training was made available and delivered to Judges and Attorneys statewide. In addition to trainings, a final draft of the bench book, a guide for the judiciary on child welfare proceedings has been completed and is currently under review by the judiciary, the Office of the Attorney General and the DCFS Eligibility Unit. DCFS and CIP have had monthly meetings regarding a variety of child welfare topics and children assigned to youth parole and have been exploring UNITY data reports that could be useful for judges during court proceedings. CIP also received a presentation by the Eligibility Unit and were provided with recommendations for language in court orders to maximize IVE funding opportunities.

- **Mental Health Consortia:** The 2001 Legislature, per NRS 433B.333 established a Mental Health Consortium in three jurisdictions: Clark County, Washoe County the Rural Counties, to encourage cross system referral, ongoing collaboration and accessibility to services. The functions of the Mental Health Consortia are to assess the need for behavioral health, mental health and substance abuse services for children and families in each jurisdiction; to determine how well the current system is meeting those needs, and to develop an annual plan on how the need can

be better met. This information is reported to the Legislative Committee on Children and Youth regularly. This group serves as an integral part of the service array process and facilitates the linkages between child welfare and children's mental health.

- **Nevada Partnership for Training (NPT):** The Nevada Partnership for Training is a partnership, in collaboration with the Family Programs Office, the Rural Region, Clark County Department of Family Services, Washoe County Department of Social Services, University of Nevada, Las Vegas (UNLV) and the University of Nevada, Reno (UNR). Individuals from these entities work collaboratively together to improve the child welfare training delivery system. The goal of the NPT is to assess Nevada's training delivery needs and develop and implement a comprehensive training delivery system.
- **Foster Parent Associations:** The Sierra Association of Foster Families (SAFF) a non-profit organization in Washoe County and the Clark County Foster and Adoptive Parent Association (CCFAPA) a non-profit organization in Clark County are comprised of caregivers whose purpose is to ensure licensed foster/adoptive families have the information, tools and support they need to provide safe, quality care to abused, neglected and otherwise dependent children. These organizations also provide support for the 15 rural counties. SAFF primarily serves the counties in the Northern part of the State, and CCFAPA primarily services Clark County and the community of Pahrump in Southern Nye County.
- **Out-of-State Placement Workgroup:** Members of the Out of State Placement Workgroup consist of representatives each with a specialization unique to the diagnosis and placement of Nevada youth in out of state facilities. These members include staff from Children's Mental Health, DCFS FPO, DCFS Rural Region, WCDSS, CCDFS and Juvenile Justice as well as support from management, legal and fiscal representatives as needed. Children are placed in out-of-state placements when instate services are not available to meet their needs. The Ensuring that these out of state resources are adequate and meet the standards set by the State requires inspection, review and, sometimes, revision of State policy. This workgroup makes itself available to participate in meetings and assignments that meet these objectives and tasks. The Out of State Placement Workgroup will continue to meet periodically with the goal of developing a schedule of inspections and an equitable and fiscally responsible way to divide the travel among all participants. The workgroup recognizes that, in most cases, it is preferable to keep children in their home state and to facilitate permanency in a healthy environment. The workgroup remains committed to ensuring that when out of state placement is the only alternative for a Nevada youth that the facility meets all of the requirements set forth by State and Federal requirements.
- **Youth Advisory Board (YAB):** The YAB assists foster and former foster youth to make the transition to adulthood. The YAB exists to provide exemplary leadership and empowerment opportunities for youth who have or will experience out of home care.

ATTACHMENT D: Assurances and Certification

Per the APSR Instructions, Certification and assurances submitted with the 2010-2014 CFSP, and for compliance with the Patient Protection and Affordable Care Act (the CFCIP Certification), and the CAPTA State Plan have been previously submitted. Nevada is not required to submit these again, as they have not changed since the prior submissions.

ATTACHMENT E: Financial Information