

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



## **Nevada Statewide Assessment**

**June 2009**

**Diane Comeaux, Administrator**  
Division of Child and Family Services  
4126 Technology Way 3<sup>rd</sup> Floor  
Carson City, NV 89706  
775-684-4400

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## Section I: General Information

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| <b>Name of State Agency</b>  |  |
| <b>Nevada Division of Child and Family Services</b>  |  |
| <b>Period Under Review</b>   |  |
| Onsite Review Sample Period: 4/01/08-8/31/09<br>Period of AFCARS Data: 04/01/07 – 03/31/09<br>Period of NCANDS Data: 04/01/07 – 03/31/09 |  |
| <b>State Agency Contact Person for the Statewide Assessment</b>  |  |
| <b>Name:</b>   | <b>Diane Comeaux</b>   |
| <b>Title:</b>  | <b>Administrator</b>   |
| <b>Address:</b>  | <b>4126 Technology Way, 3<sup>rd</sup> Floor<br/>Carson City, NV 89706</b>   |
| <b>Phone:</b>  | <b>775-684-4400</b>  |
| <b>Fax:</b>  | <b>775-684-4455</b>  |
| <b>E-mail:</b>   | <b><u><a href="mailto:dcomeaux@dcfs.nv.gov">dcomeaux@dcfs.nv.gov</a></u></b> |

## A. Child Welfare in Nevada

The State of Nevada, Division of Child and Family Services (DCFS or Division), within the Department of Health and Human Services (DHHS), is specifically dedicated to providing services to children and families. The Division is responsible for Children's Mental Health (in the two largest populated counties), Youth Corrections and Child Welfare Services. As such, the implementation and administration of 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) are the responsibility of the Division. DCFS has an annual operating budget of approximately \$215 million with a workforce of over 1,100 employees.

### Child Welfare Organizational Structure

Nevada is a unique state with regard to the implementation and management of child welfare. Nevada has been the fastest-growing state for 19 years in a row with an overall population increase of 2.9% between July 1, 2006 and July 1, 2007. In 2006, the population reached 2,617,610 inhabitants, with 82% of the state's population growth occurring in Clark County. Overall, Clark County (Las Vegas/Henderson area) has a population of 1,874,837, making it 71.6% of the overall state population. Washoe County (Reno/Sparks area) has the second most populous area, with 409,085 residents (15.6% of the overall state population). The Nevada rural area is vast, covering approximately 95,000 square miles, with the distance between most towns at an hour or more apart. The 15 remaining counties comprises 333,688 or 13.80% of Nevada's population.

The organizational structure of DCFS and program delivery are influenced by the state size and concentration of county population. NRS 432B.325 states that in counties where population is 100,000 or more, that the county shall provide protective services for children in that county and pay the cost of those services in accordance with standards adopted by the state. In 2001, the state legislature expanded the county's responsibility to include all child welfare services of child protection, foster care and adoption (NRS 432B.030 and NRS 432B.044). Therefore, the Clark County Department of Family Services (Clark County) and Washoe County Department of Social Services (Washoe County) provide child welfare services directly 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. *Figure 1* provides a map of the state with each county outlined. For the most part, growth in Nevada's rural counties has been fairly stable. Elko, has seen substantial growth in the past few years.

Figure 1: Map of Nevada Counties



### Legal and Regulatory Framework for Child and Family Services

DCFS and county child welfare agencies are governed by the Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC); and statewide child welfare policy. The Nevada Revised Statutes (NRS) may be found in their entirety at <http://www.leg.state.nv.us/NRS/>. Applicable chapters include NRS 62A-I (Juvenile Justice); NRS 63 (State facilities for detention of children); NRS 127 (Adoption of Children and Adults); NRS 128 (Termination of Parental Rights); NRS 424 (Foster Homes for Children); NRS 425 (Support to Dependent Children); NRS 432 (Public Services for Children); NRS 432A (Services and Facilities for Care of Children); NRS 432B (Protection of Children from Abuse and Neglect) and NRS 433B (Additional Provisions Relating to Children). The Nevada Administrative Code contains all of the permanent

regulations pertaining to State of Nevada Agencies. These were adopted under chapter 233B of the Nevada Revised Statutes. The NAC can be found at <http://www.leg.state.nv.us/NAC/>. NAC chapters include: NAC 127 (Adoption of Children); NAC 423 (Assistance to Former Foster Youth); NAC 424 (Foster Homes for Children); NAC 432 (Public Services for Children); NAC 432A (Services and Facilities for the Care of Children); and NAC 432B (Protection of Children from Abuse and Neglect).

The DCFS Family Programs Office (FPO) is responsible for ensuring that there are statewide collaborative child welfare policies that provide interpretation and procedures for accomplishing the tasks set out in the NRS or NAC. Currently, there are 17 policy chapters, available on the DCFS website at [www.dcf.state.nv.us](http://www.dcf.state.nv.us).

## Child Welfare Budgets

The significant downturn in the economy has impacted Nevada significantly. In 2009, Nevada's budget was approved by the legislature and the local child welfare agencies are in their final stages of budget cuts. Like the State, the counties are anticipating a major budgetary impact on services for children and families. Although there has been system wide cuts to programs and services across the state, the overall impact will not be known until all budgets are finalized. In addition to program cuts, all state employees will be required to take one furlough day (8 hours) per month and will be prohibited from utilizing any overtime for the next biennium.

## Children in Care

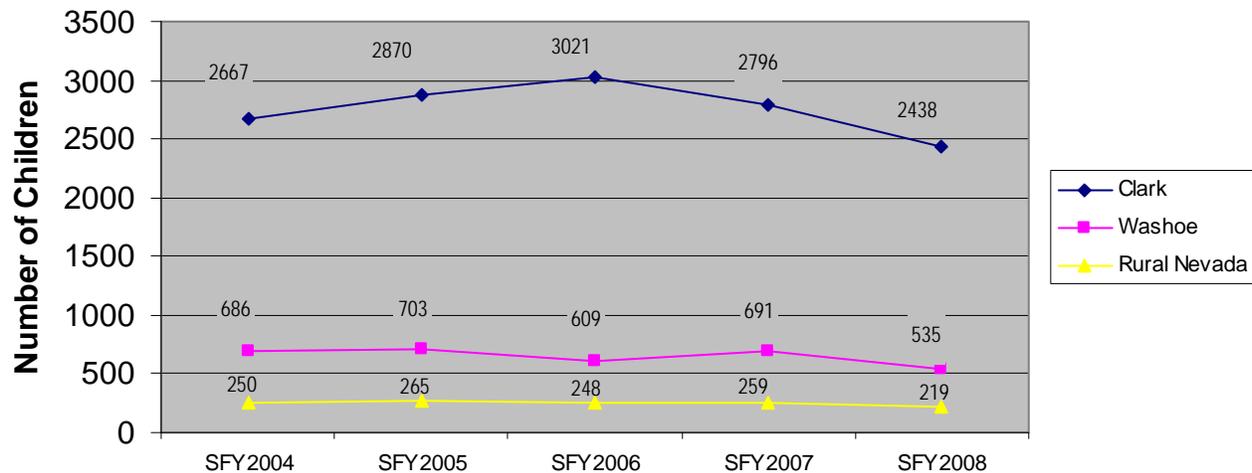
Nevada Kids Count (2008) reports that there are an estimated 295,566 families in Nevada with their own children under the age of 18 present in the home (this does not include foster families). *Table A* shows the breakdown of children and youth in Foster Care (DCFS – Report CFS721 2004-2008; Nevada Kids Count, 2008). Based a comparison of data from Nevada's SACWIS System – UNITY and information provided by the Nevada State Demographer for population characteristics for children age 0-18 in 2006, there are a disproportionate number of African American children in Foster Care in Nevada.

**Table A: Statewide race/ethnicity distribution of children entering foster care**

| Race                            | 2004         | 2005          | 2006          | 2007          | 2008          | 2006 Actual Population Children age 0-18 |
|---------------------------------|--------------|---------------|---------------|---------------|---------------|--|
|                                 | 1771         | 2150          | 2472          | 2531          | 2475          | 54,896                                   |
| African American                | 20%          | 21%           | 22%           | 22%           | 23%           | 8%                                       |
| American Indian/Native American | 141          | 148           | 177           | 184           | 209           | 9,102                                    |
|                                 | 2%           | 1%            | 2%            | 2%            | 2%            | 1%                                       |
| Asian/Pacific Islander          | 243          | 302           | 356           | 332           | 303           | 41,916                                   |
|                                 | 5%           | 5%            | 6%            | 5%            | 5%            | 13%                                      |
| Caucasian                       | 5139         | 5899          | 6336          | 6465          | 5859          | 320,873                                  |
|                                 | 59%          | 58%           | 56%           | 55%           | 54%           | 49%                                      |
| Hispanic (All Races)            | 1389         | 1683          | 2011          | 2170          | 2085          | 230,009                                  |
|                                 | 16%          | 17%           | 18%           | 19%           | 19%           | 35%                                      |
| <b>Statewide Total:</b>         | <b>8,683</b> | <b>10,182</b> | <b>11,352</b> | <b>11,682</b> | <b>10,931</b> | <b>656,796</b>                           |

*Figure 2* on the next page shows the number of children entering foster care from the previous Nevada Statewide Assessment in December 2003 through December 2008 for each child welfare agency. In 2008, 46% of children entering care were age 0 to 4; 23% were age 5 to 9; 19% were age 10 to 14; and 11% were age 15 to 19 (DCFS – Report CFS721, 2004-2008).

**Figure 2: Children Entering Foster Care**



## **B. Methodology for Completing the Statewide Assessment**

### **Process**

The DCFS Family Programs Office (FPO) was tasked with taking the Federal Statewide Assessment Instrument and breaking this document into actionable tasks to be completed by the Performance Indicator Team Leads (PI-Leads), representatives from the child welfare agencies, and additional stakeholders. Through a collaborative process these individuals or groups were responsible for answering core questions related to each performance indicator item. Completing the Nevada Statewide Assessment was accomplished through several steps, beginning in May 2008 and concluding in April 2009. These steps included the following:

1. The identification of internal (to the agencies) and external stakeholders and presentation of the statewide assessment process to key members of committees and groups;
2. The identification and analysis of existing sources of data or reports that would provide information on the child welfare system in Nevada from January 2004 through April 2009;
3. An analysis of law, regulation and state and county child welfare policy and a comparison to practice;
4. Engagement of stakeholders through written reports, focus groups and surveys;
5. Providing an ongoing dialogue for analysis of each of the 45 performance indicator items to major stakeholders, including review of data sources, analysis of data summaries and feedback on the overall process.

From late January through April 2009, Family Programs Office representatives from DCFS met approximately every week with the child welfare agency designated leads to discuss the overall performance indicator items. In April 2009, focus groups were held with each of the three agencies directors and managers to discuss the performance indicator ratings and the preliminary results of the caseworker and supervisor surveys. Ratings in the remainder of this document are based on a collaborative effort. Each item is rated as either a “strength” or an “area needing improvement” based on several factors. Each item gives consideration to the amount of progress made since the last Statewide Assessment in 2003; review results from the 2004 Nevada Child and Family Service Review; AFCARS and NCANDS results reported in Section II; results from ongoing regional Quality Improvement Case Reviews (QICR) of the 23 performance indicator items under Safety, Permanency and Well-Being; review of federal and state statute and regulation; review of statewide policy (listed in *References*) and where data reports (also listed in *References*) and survey responses indicate that Nevada has made progress, or where it is currently as a State.

Therefore, a rating of strength indicates that Nevada feels that we are primarily in compliance with the given performance indicator, however, this does not necessarily mean that the indicator has reached a level of 95%, which is the level of compliance that Nevada set for its own internal case review process. The Nevada QICR process only reviews the first 23 performance indicators, and does not measure the final 22 systemic factors. A rating of “strength” does not mean that there is not work to be done; just that Nevada feels that it is meeting minimum qualifications for that indicator. A rating of “area needing improvement” indicates that while substantial progress may have been made over the last five years, that

there are still things that need to be done before we feel comfortable giving an item a rating of “strength.” In addition, there may be cases where one or more of the child welfare agencies is meeting a given performance indicator, but one or more of the other agencies are not. In this scenario, an item may be rated as an “area needing improvement” for the state, even though one or more of the agencies are in compliance. With systemic factors, there are many “strengths” statewide, but there is still much work needing to be done.

## Reports

Several types of existing data reports were used in the statewide assessment process for Nevada. These include existing and new UNITY reports, quality improvement case review (QICR) reports, and existing data or periodical narrative reports produced by DCFS or one or more of Nevada’s child welfare agencies. These reports are listed in the references section at the end of this document. UNITY and QICR reports are described here in more detail as these are the primary types of reports used for this process.

**UNITY (SACWIS) Reports:** The Unified Nevada Information Technology for Youth (UNITY) system became Nevada’s response to the federal requirement for a Statewide Automated Child Welfare Information System (SACWIS). UNITY is a comprehensive state-wide system that supports all aspects of child and family services, working towards eliminating the barriers that have impeded efficient, economic and effective delivery of child welfare services to troubled families. It has streamlined many of the processes, which were previously paper-driven and converted them into opportunities for interaction with the computer system for the direct entry of data. Data is now captured and processed in a timelier manner and closer to the point of origin. Additionally, the UNITY system contains various on-line features, which cross-functional boundaries. Included in this category are on-line help, forms management, alerts and batch reporting. There are two different types of reports available from UNITY. On-line reports are accessed through UNITY and contain monthly reoccurring standard reports for different program areas such as Adoptions, Foster Care, Child Protective Services, Eligibility, Juvenile Justice, and Licensing. Examples of standard reports are caseload size by worker, adoption subsidies, child fatalities, open CPS investigations. These reports help the specific program areas effectively manage a caseload. The second type of report that UNITY is capable of is ad-hoc reports. An ad-hoc report is designed to capture specific information, processed at a specific time, for a specific program. Ad-hoc reports need to be requested through the UNITY Help Desk and are only run upon request. Both types of reports were used to pull data for the current statewide assessment of child welfare services.

**QICR Reports:** Nevada Quality Improvement Case Reviews are based on the Child and Family Services Review process and tool and are conducted by the Family Programs Office. The reviews reported from 2006 and 2007 use the federal review tool, with additional compliance items added for case documentation, documentation of Native American Heritage, appropriateness of case closure and supervisory oversight. These reviews were conducted quarterly (every 9 months at each of the child welfare agencies in Nevada). This resulted in an additional review for one agency every year. The case sampling used during this time was 12-14 cases, with equal numbers for in and out-of-home cases. Each child welfare agency’s sample was conducted in the same manner each year, resulting in a nearly equal number of cases reviewed in each region. In 2007, Clark County was reviewed twice, resulting in double the number of cases reviewed in this region for that year. Reviewer teams consisted of six paired teams, including one reviewer from the agency under review and one “outside” reviewer. The child welfare agency under review selects one member for each team, and the Family Programs Office Quality Improvement Unit works with the other two agencies to select one or more “outside” reviewers from these agencies to participate in the review. Once these members are identified, the remaining “outside” reviewer comes from Family Programs Office program specialists or external stakeholders (usually members of the Citizen’s Review Panel). All reviewers participate in one single-day training on how to review cases using a modified version of the federal Child and Family Services Review tool. For the 2006 and 2007 reviews, for the DCFS Rural Region, only one of the four districts was reviewed at each rural review. The reviews for 2008 followed the same protocol, but used the new CFSR tool and increased the case sample for each review to a minimum of 24 cases during each regional review. In addition, the Rural Region was reviewed as a whole (all four districts) with approximately six cases coming from each district. Percentages reported throughout this document are based on composite strength percentage scores from all four reviews conducted in a given year. The number of cases reported are those applicable cases for an item, statewide. Table B shows the number of cases examined in each review by region from 2006 through 2008. Clark County had the largest number of cases reviewed at 40.1% over three years (with four reviews occurring total), followed by Washoe County at 31.5% of cases and the Rural Region at 28.4% of cases reviewed. In addition, the number of cases reviewed each year increased by 30% between 2006 and 2007 and 34.6% between 2007 and 2008.

**Table B: Nevada Quality Improvement Case Review Sample Sizes 2006 – 2008**

|               | Clark      | Washoe     | DCFS-Rural | Statewide  |
|---------------|------------|------------|------------|------------|
| <b>2006</b>   | 14         | 14         | 12         | 40 (24.7%) |
| <b>2007</b>   | 27         | 13         | 12         | 52 (32.1%) |
| <b>2008</b>   | 24         | 24         | 22         | 70 (43.2%) |
| <b>TOTALS</b> | 65 (40.1%) | 51 (31.5%) | 46 (28.4%) | 162        |

**Instruments**

Several surveys were developed to access specific populations in the child welfare system for the Statewide Assessment. These tools included a variety of questions that represented a majority of the 45 performance indicator items, and more specifically, areas where no existing data reports could be located. Seven separate surveys with similar questions and themes were developed to access the largest range of respondents. The tables below show the surveys and the number of respondents who participated from February 2009 – April 2009. Each of the surveys was available for respondent feedback for a minimum of four weeks. In total, 805 respondents participated in the Nevada Statewide Assessment Surveys.

**Child Welfare Agency Caseworker and Supervisor Survey**

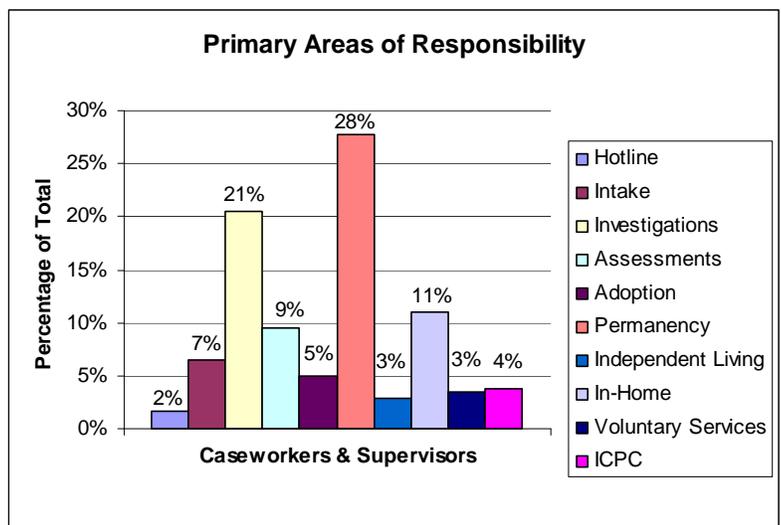
The Child Welfare Agency Caseworker and Supervisor Survey included 75 questions specific to workers and supervisors and was only available electronically. The questions asked that supervisors rate the approximate percentage of their worker’s cases that each question applied to, a rating of the barriers to the implementation of the requested information, and provided open-ended response questions. The worker portion of the survey followed the same format and questions; except that the workers were asked specifically about their own caseloads. This survey was delivered to employees of each child welfare agency through emails sent by the Agency Directors to their staff. Agency specific response rates are reported in *Table C*. Overall, there was an agency level response rate of 64.5%. Supervisors had the highest response rate, at 96.2% statewide. Caseworkers, statewide, had an overall response rate of 59.2%

**Table C: Response Rates for Child Welfare Agency Survey of Caseworkers and Supervisors**

| Agency   | N          | % of Total  | Expected   | Response Rate |
|--|------------|-------------|------------|---------------|
| Clark County Department of Family Services           | 217        | 61.3%       | 366        | <b>59%</b>    |
| Washoe County Department of Social Services          | 89         | 25.1%       | 114        | <b>78%</b>    |
| Division of Child and Family Services – Rural Region | 48         | 13.6%       | 68         | <b>71%</b>    |
| <b>Statewide</b>                                     | <b>354</b> | <b>100%</b> | <b>548</b> | <b>64.5%</b>  |

*Figure 3* shows what the respondents primary areas of responsibilities are in their current job roles. The majority of workers or supervisors that responded came from permanency and investigative units. Hotline, independent living, voluntary services and ICPC workers were the smallest. There was a broad response of workers across child welfare agencies.

**Figure 3: Primary Areas of Responsibilities reported for Child Welfare Agency Caseworkers and Supervisors**



Through the Caseworker and Supervisor Survey, respondents were asked a variety of demographic questions. Of the 354 respondents statewide, 78.5% were caseworkers and 21.5% supervisors. Workers and Supervisors with Social Work Degrees are prevalent in Washoe County and the DCFS Rural Region, with 79.7% and 87.5%, respectively, with either a Bachelors or Masters in Social Work. Clark County does not require a social worker degree or license prior to hire, so their rate of social work degrees is much lower at 30.4%. In addition, respondents statewide showed that 53.4% had been working in child welfare for five or more years, with 78.7% of these with five or more years specifically in Nevada child welfare.

In addition, based on information gathered from each of the child welfare agencies for 2008, there is a range of 10 – 21% vacancies in child welfare staff

positions. Specifically, Clark County has an annual turnover rate of 10%; Washoe County has an annual turnover rate of 16.67%; and the DCFS Rural Region has an approximate annual turnover rate of 21%. The DCFS Rural Region reports that the majority of staff left the agency to pursue other jobs or because of job dissatisfaction with most of these citing not enough pay for stress and workload; probation requirements not being met, retirement, or a transfer within the agency as reasons for leaving. In addition, the workload issues produced from the constant turnover can not be accurately captured. The caseloads carried by leaving workers shift to remaining workers. Recruiting, interviewing, hiring, training and the enormous learning curve for new workers before able to carry a full caseload all account for time and resources spent away from serving children and families. This cycle seems to repeat year after year, and each year a different district may be affected more than another.

### Caregiver & Youth Surveys

The Caregiver Survey was made available to a broad range of foster parents, adoptive parents, relative caregivers, residential care facilities, and other youth care providers. This survey included 44 questions with question formats including rating scales for performance, rating scales to determine barriers to practice, and open-ended response questions. A total of 185 caregivers responded to the survey statewide, which is approximately a 10% response rate based on the final number of 1861 mailed surveys and/or email links sent.

The Youth Survey included focused on youth age 15 and older and included 55 questions focusing on the youth’s living arrangements, school, community connections, health, independent living plans and interaction with their worker and agency. The question formats included multiple choice, rating scales, and open-ended formats. This survey included skip question protocols, as not every question would be applicable to every youth (thus shortening the overall length of the survey). A total of 42 youth responded to the survey, with an average age of 15.8 years (range 15 to 19). This is approximately a 6% response rate, based on the number of 15-18 year olds in care in 2008.

The Caregiver and Youth surveys were made available both in paper and online format. The Caregiver Survey and Youth Surveys were emailed and mailed by the Sierra Association of Foster Families (SAFF) in Reno to all foster families in the Northern and Rural areas of the state. The survey was also mailed, in collaboration with the Clark County Department of Family Services, the Sierra Association of Foster Families, and the Clark County Foster and Adoptive Parent Association (CCFAPA) to all caregivers in Clark County and the Southern Rural Offices. In addition, DCFS-FPO also emailed the survey to every residential care facility or youth care provider in Nevada. The Youth Survey was sent with the Caregiver Survey to improve response rates. This survey was also provided to the Youth Advisory Board members via email and at their quarterly meeting. These surveys are estimated to have reached approximately 1800 families or facilities with and without youth over the age of 15.

**Table D: Response Rates for Caregiver and Youth Surveys by Respondent & Region**

| <b>Agency</b>       | <b>Clark</b>     | <b>Washoe</b>   | <b>Rural Region</b> | <b>Unknown*</b> | <b>Total Surveys</b> |
|---------------------|------------------|-----------------|---------------------|-----------------|----------------------|
| Youth               | 27               | 10              | 0                   | 5               | <b>42 (18%)</b>      |
| Foster Parents      | 59               | 22              | 22                  | 5               | <b>108 (47%)</b>     |
| Adoptive Parents    | 45               | 9               | 10                  | 0               | <b>64 (28%)</b>      |
| Care Facilities     | 6                | 0               | 2                   | 0               | <b>8 (4%)</b>        |
| Relative Caregivers | 3                | 0               | 2                   | 0               | <b>5 (3%)</b>        |
| <b>Total</b>        | <b>140 (62%)</b> | <b>41 (18%)</b> | <b>36 (16%)</b>     | <b>10 (4%)</b>  | <b>227</b>           |

\*Unknown means that the respondent refused to answer this question, but did answer the remainder of the survey.

### Nevada Judicial & Child Advocate Surveys

The Nevada Judicial Survey was sent to Nevada Judges through a collaborative process with the Nevada Court Improvement Project (CIP). This survey included 57 questions in multiple-choice, rating scale and open-ended formats. This survey was available in both paper and online format. The survey was mailed and emailed to 40 judges across Nevada through the Court Improvement Project. A total of 16 judges responded to the survey statewide (40% response rate).

The Nevada Child Advocate Survey was sent to child and parent attorneys, Guardian ad Litem and Court Appointed Special Advocates (CASA) across the state. This survey had 52 questions in multiple-choice, rating scale and open-ended formats. This survey was only available online and was disseminated through a list of child attorneys by DCFS-FPO staff and to all Court Appointed Special Advocates and Guardian Ad Litem through the CASA organization in Carson City. A total of 69 child advocates responded to the survey statewide. A response rate for this item cannot be calculated due to the anonymous method of delivery and we do not know how many potential respondents that this survey eventually reached.

**Table E: Response Rates for Judges and Child Advocates by Respondent & Region**

| Agency            | Clark           | Washoe        | Rural Region    | Unknown*      | Total Surveys   |
|-------------------|-----------------|---------------|-----------------|---------------|-----------------|
| Judges            | 5               | 1             | 7               | 3             | <b>16 (19%)</b> |
| Attorneys         | 3               | 5             | 0               | 0             | <b>8 (10%)</b>  |
| Guardian ad Litem | 1               | 0             | 8               | 0             | <b>9 (11%)</b>  |
| CASA's            | 24              | 0             | 20              | 0             | <b>44 (52%)</b> |
| Other**           | 4               | 1             | 3               | 0             | <b>8 (10%)</b>  |
| <b>Total</b>      | <b>37 (44%)</b> | <b>7 (9%)</b> | <b>38 (45%)</b> | <b>3 (4%)</b> | <b>85</b>       |

\* Unknown means that the respondent refused to indicate what geographical area they served, but did answer the remainder of the survey.

\*\*Other includes District Attorneys, Legal Administrators, and Juvenile Justice Representatives

### Nevada Tribal Survey

The Nevada Tribal Survey was presented to the ICWA Steering Committee and was sent to the Nevada Tribal Listserv through the State of Nevada Indian Commission. This survey consisted of 49 questions in multiple-choice, rating scale and open-ended formats. This survey was only available online. A total of 12 tribal members responded to the survey statewide, with eight of the respondents coming from the Rural Region (which is where most of the tribal communities are located). Nevada has 27 tribal communities statewide. Respondents represented the Western Shoshone Tribe; the Ely Shoshone Tribe, the Fallon Paiute Shoshone Tribe, the Battle Mountain Band Council, the Washoe Tribe, the Moapa Band of Paiutes, the Reno-Sparks Indian Colony, and the Bureau of Indian Affairs. Three of the respondents also worked directly for Social Services for one or more of the Nevada Indian colonies. 58.3% of respondents had five or more years experience in child welfare, with 72% of these having the experience directly in Nevada.

### General Stakeholder Survey

The General Stakeholder Survey was sent via email to a list of all Nevada School District Superintendents; all Family Resource Centers (including those who offer Differential Response services); all IV-B subgrantees who provide services to families in Nevada, and additional medical, psychological/behavioral, substance abuse and other agencies or service providers throughout the State. A total of 81 individuals responded to this survey, with 70% of respondents coming from the Rural Region. In addition, 47 individuals who work for the child welfare agencies, but are not caseworkers or supervisors, provided responses on the caseworker and supervisor survey. Their responses will be tallied with this group, as many of the questions are the same. Overall, 66.3% of the respondents indicated that they were in contact at least monthly (11.3% quarterly) with the child welfare agency, indicating that they work collaboratively in the child welfare process on a regular basis.

**Table F: Response Rates for Stakeholder Survey by Respondent & Region**

| Stakeholder                 | Clark             | Washoe           | Rural Region      | Unknown       | Total Surveys     |
|-----------------------------|-------------------|------------------|-------------------|---------------|-------------------|
| Mental Health               | 5                 | 8                | 17                | 0             | <b>30 (23.4%)</b> |
| Health Care Provider        | 2                 | 2                | 5                 | 0             | <b>9 (7%)</b>     |
| Domestic Violence Program   | 0                 | 0                | 1                 | 0             | <b>1 (&lt;1%)</b> |
| Substance Abuse Program     | 1                 | 0                | 3                 | 0             | <b>4 (3.1%)</b>   |
| Parenting Program           | 1                 | 4                | 8                 | 0             | <b>13 (10.1%)</b> |
| Educational Partner         | 2                 | 4                | 24                | 0             | <b>30 (23.4%)</b> |
| Early Intervention Services | 0                 | 0                | 7                 | 0             | <b>7 (5.4%)</b>   |
| Other**                     | 24                | 3                | 5                 | 2             | <b>34 (26.5%)</b> |
| <b>Total</b>                | <b>35 (27.3%)</b> | <b>21(16.4%)</b> | <b>70 (54.6%)</b> | <b>2 (1%)</b> | <b>128</b>        |

\* Unknown means that the respondent refused to indicate what geographical area they served, but did answer the remainder of the survey.

\*\*Other includes Administration – unspecified, Law Enforcement, Community Program – unspecified, & other agency positions

### Stakeholder Presentations & Focus Groups

Stakeholders, including internal stakeholders – state staff and administration, and external stakeholders – members of the child welfare agencies and individuals and groups that contribute to the child welfare system in Nevada were identified to participate in group presentations and child welfare agency management focus groups. These stakeholders were invited to participate in the process through a variety of mediums, including the before mentioned surveys, focus groups, existing stakeholder meetings, review of drafts of individual performance indicator final reports, etc. During May 2008 – March 2009 a variety of existing stakeholder groups were presented with information on the Statewide Assessment. *Table G*

shows the groups participated in presentations and provided feedback directly through their regular meeting formats:

**Table G: Stakeholder Presentations and Focus Groups**

| <b>Stakeholders</b>   |
|---|
| 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  |

Information gleaned from these groups is reported out in the individual performance indicator reports in Sections III & IV of this document. Each of the child welfare agencies had the opportunity to comment, whether verbally through regular discussion meetings, through specific requests for information, or through review of individual performance indicator items. In each item, there are examples given throughout the item for individual agencies. Agencies did not necessarily comment on every section, or provide specific examples for each section. The Family Programs Office staff incorporated all information provided. Agencies were additionally given opportunities to comment on the overall ratings of each item through the management focus groups conducted in April and May 2009. These comments were given careful consideration when choosing the final rating for an item.

# Section II: Safety and Permanency Data

## Nevada Child and Family Services Review Data Profile: December 1, 2008

| CHILD SAFETY PROFILE  | 12-Month Period Ending 03/31/2007<br>(06B07A) (Not Submitted) |   |                                 |   |                                |   | Fiscal Year 2007ab |      |                                 |      |                                   |       | 12-Month Period Ending 03/31/2008 (07B08A) |      |                                 |      |                                |       |
|---|---|---|---------------------------------|---|--------------------------------|---|--------------------|------|---------------------------------|------|-----------------------------------|-------|--|------|---------------------------------|------|--------------------------------|-------|
|   | Reports   | % | Duplic.<br>Childn. <sup>2</sup> | % | Unique<br>Childn. <sup>2</sup> | % | Reports            | %    | Duplic.<br>Childn. <sup>2</sup> | %    | Unique<br>Childn. <sup>2</sup>    | %     | Reports                                    | %    | Duplic.<br>Childn. <sup>2</sup> | %    | Unique<br>Childn. <sup>2</sup> | %     |
| <b>I. Total CA/N Reports Disposed<sup>1</sup></b>   |   |   |                                 |   |                                |   | 16,382             |      | 34,129                          |      | 28,114                            |       | 16,012                                     |      | 33,375                          |      | 27,761                         |       |
| <b>II. Disposition of CA/N Reports<sup>3</sup></b>  |   |   |                                 |   |                                |   |                    |      |                                 |      |                                   |       |  |      |                                 |      |                                |       |
| Substantiated & Indicated   |   |   |                                 |   |                                |   | 3,063              | 18.7 | 5,410                           | 15.9 | 5,035                             | 17.9  | 2,970                                      | 18.6 | 5,182                           | 15.5 | 4,839                          | 17.4  |
| Unsubstantiated   |   |   |                                 |   |                                |   | 12,952             | 79.1 | 22,632                          | 66.3 | 18,611                            | 66.2  | 12,596                                     | 78.7 | 22,035                          | 66.0 | 18,199                         | 65.6  |
| Other   |   |   |                                 |   |                                |   | 367                | 2.2  | 6,087                           | 17.8 | 4,468                             | 15.9  | 446  | 2.8  | 6,158                           | 18.5 | 4,723                          | 17.0  |
| <b>III. Child Victim Cases Opened for Post-Investigation Services<sup>4</sup></b>   |   |   |                                 |   |                                |   |                    |      | 5,299                           | 97.9 | 4,927                             | 97.9  |  |      | 5,104                           | 98.5 | 4,764                          | 98.5  |
| <b>IV. Child Victims Entering Care Based on CA/N Report<sup>5</sup></b>   |   |   |                                 |   |                                |   |                    |      | 2,738                           | 50.6 | 2,489                             | 49.4  |  |      | 2,706                           | 52.2 | 2,500                          | 51.7  |
| <b>V. Child Fatalities Resulting from Maltreatment<sup>6</sup></b>  |   |   |                                 |   |                                |   |                    |      |                                 |      | 17 <sup>A</sup>                   | 0.3   |  |      |                                 |      | 17                             | 0.4   |
| STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY   |   |   |                                 |   |                                |   |                    |      |                                 |      |                                   |       |  |      |                                 |      |                                |       |
| <b>VI. Absence of Maltreatment Recurrence<sup>7</sup></b><br>[Standard: 94.6% or more;<br>national median = 93.3%, 25 <sup>th</sup><br>percentile = 91.50%]                                 |   |   |                                 |   |                                |   |                    |      |                                 |      | 2,365<br>of<br>2,520              | 93.8  |  |      |                                 |      | 2,368<br>of<br>2,530           | 93.6  |
| <b>VII. Absence of Child Abuse and/or Neglect in Foster Care<sup>8</sup></b><br>(12 months)<br>[standard 99.68% or more;<br>national median = 99.5, 25 <sup>th</sup><br>percentile = 99.30] |   |   |                                 |   |                                |   |                    |      |                                 |      | 8,621 <sup>B</sup><br>of<br>8,649 | 99.68 |  |      |                                 |      | 8,558<br>of<br>8,592           | 99.60 |

## Nevada Child and Family Services Review Data Profile: December 1, 2008

| Additional Safety Measures For Information Only (no standards are associated with these):  |   |   |                              |   |                             |   |                    |   |                              |   |                             |              |  |   |                              |   |                             |              |      |
|--|---|---|------------------------------|---|-----------------------------|---|--------------------|---|------------------------------|---|-----------------------------|--------------|--|---|------------------------------|---|-----------------------------|--------------|------|
|  | 12-Month Period Ending 03/31/2007 (06B07A)<br>(Not Submitted) |   |                              |   |                             |   | Fiscal Year 2007ab |   |                              |   |                             |              | 12-Month Period Ending 03/31/2008 (07B08A) |   |                              |   |                             |              |      |
|  | Hours   |   |                              |   | Unique Childn. <sup>2</sup> | % | Hours              |   |                              |   | Unique Childn. <sup>2</sup> | %            | Hours                                      |   |                              |   | Unique Childn. <sup>2</sup> | %            |      |
| <b>VIII. Median Time to Investigation in Hours (Child File)<sup>9</sup></b>  |   |   |                              |   |                             |   | >24 but <48        |   |                              |   |                             |              | >24 but <48                                |   |                              |   |                             |              |      |
| <b>IX . Mean Time to Investigation in Hours (Child File)<sup>10</sup></b>  |   |   |                              |   |                             |   | 38.8               |   |                              |   |                             |              | 38   |   |                              |   |                             |              |      |
| <b>X. Mean Time to Investigation in Hours (Agency File)<sup>11</sup></b>   |   |   |                              |   |                             |   | 32.8               |   |                              |   |                             |              |  |   |                              |   |                             |              |      |
| <b>XI. Children Maltreated by Parents While in Foster Care.<sup>12</sup></b>   |   |   |                              |   |                             |   |                    |   |                              |   |                             | 214 of 8,649 | 2.47                                       |   |                              |   |                             | 161 of 8,592 | 1.87 |
| <b>CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)</b> |   |   |                              |   |                             |   |                    |   |                              |   |                             |              |  |   |                              |   |                             |              |      |
|  | 12-Month Period Ending 03/31/2007 (06B07A)<br>(Not Submitted) |   |                              |   |                             |   | Fiscal Year 2007ab |   |                              |   |                             |              | 12-Month Period Ending 03/31/2008 (07B08A) |   |                              |   |                             |              |      |
|  | Reports   | % | Duplic. Childn. <sup>2</sup> | % | Unique Childn. <sup>2</sup> | % | Reports            | % | Duplic. Childn. <sup>2</sup> | % | Unique Childn. <sup>2</sup> | %            | Reports                                    | % | Duplic. Childn. <sup>2</sup> | % | Unique Childn. <sup>2</sup> | %            |      |
| <b>XII. Recurrence of Maltreatment<sup>13</sup><br/>[Standard: 6.1% or less]</b>   |   |   |                              |   |                             |   |                    |   |                              |   |                             | 155 of 2,520 | 6.2  |   |                              |   |                             | 162 of 2,530 | 6.4  |
| <b>XIII. Incidence of Child Abuse and/or Neglect in Foster Care<sup>14</sup> (9 months)<br/>[standard 0.57% or less]</b>   |   |   |                              |   |                             |   |                    |   |                              |   |                             | 19 of 7,740  | 0.25                                       |   |                              |   |                             | 22 of 7,638  | 0.29 |

## Nevada Child and Family Services Review Data Profile: December 1, 2008

| NCANDS data completeness information for the CFSR   |   |                    |  |
|---|---|--------------------|--|
| Description of Data Tests   | 12-Month Period<br>Ending 03/31/2007<br>(06B07A) (Not<br>Submitted) | Fiscal Year 2007ab | 12-Month Period<br>Ending 03/31/2008<br>(07B08A) |
| <b>Percent of duplicate victims in the submission</b> [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]  |   | 6.91               | 6.50   |
| <b>Percent of victims with perpetrator reported</b> [File must have at least 95% to reasonably calculate maltreatment in foster care]*  |   | 100                | 100  |
| <b>Percent of perpetrators with relationship to victim reported</b> [File must have at least 95%]*  |   | 95.90              | 99.30  |
| <b>Percent of records with investigation start date reported</b> [Needed to compute mean and median time to investigation]  |   | 61.50              | 61.90  |
| <b>Average time to investigation in the Agency file</b> [PART measure]  |   | Reported           | N/A  |
| <b>Percent of records with AFCARS ID reported in the Child File</b> [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child <b>does not have to be in foster care to have this ID</b> ] |   | 100                | 100  |

\*States should strive to reach 100% in order to have maximum confidence in the absence of maltreatment in foster care measure.

### FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

| Disposition Category | Safety Profile Disposition                       | NCANDS Maltreatment Level Codes Included   |
|----------------------|--|--|
| A                    | Substantiated or Indicated (Maltreatment Victim) | "Substantiated," "Indicated," and "Alternative Response Disposition Victim"  |
| B                    | Unsubstantiated                                  | "Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"   |
| C                    | Other  | "Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing" |

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

## Nevada Child and Family Services Review Data Profile: December 1, 2008

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.
5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”).
8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”). A child is counted as not having

## Nevada Child and Family Services Review Data Profile: December 1, 2008

been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
12. The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

### Additional Footnotes

In FFY2007, NV reported 4 additional child fatalities in the Agency File.

NV has confirmed the increase in the number of victims maltreated by foster care providers in FFY2007 compared to FFY2006.

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| POINT-IN-TIME PERMANENCY PROFILE  | 12-Month Period Ending<br>03/31/2007 (06B07A) |                         | Federal FY 2007ab |                         | 12-Month Period Ending 03/31/2008 (07B08A) |                         |
|---|---|-------------------------|-------------------|-------------------------|--|-------------------------|
|   | # of Children                                 | % of Children           | # of Children     | % of Children           | # of Children                              | % of Children           |
| <b>I. Foster Care Population Flow</b>   |   |                         |                   |                         |  |                         |
| Children in foster care on first day of year <sup>1</sup>   | 4,814   |                         | 5,008             |                         | 4,964                                      |                         |
| Admissions during year  | 3,703   |                         | 3,641             |                         | 3,628                                      |                         |
| Discharges during year  | 3,577   |                         | 3,641             |                         | 3,536                                      |                         |
| Children discharging from FC in fewer than 8 days (These cases are excluded from length of stay calculations in the composite measures) | 634   | 17.7% of the discharges | 639               | 17.6% of the discharges | 653  | 18.5% of the discharges |
| Children in care on last day of year  | 4,940   |                         | 5,008             |                         | 5,056                                      |                         |
| Net change during year  | 126   |                         | 0                 |                         | 92   |                         |
| <b>II. Placement Types for Children in Care</b>   |   |                         |                   |                         |  |                         |
| Pre-Adoptive Homes  | 52  | 1.1                     | 40                | 0.8                     | 35   | 0.7                     |
| Foster Family Homes (Relative)  | 1,511   | 30.6                    | 1,559             | 31.1                    | 1,507                                      | 29.8                    |
| Foster Family Homes (Non-Relative)  | 1,867   | 37.8                    | 2,095             | 41.8                    | 2,085                                      | 41.2                    |
| Group Homes   | 205   | 4.1                     | 148               | 3.0                     | 160  | 3.2                     |
| Institutions  | 263   | 5.3                     | 252               | 5.0                     | 292  | 5.8                     |
| Supervised Independent Living   | 48  | 1.0                     | 42                | 0.8                     | 39   | 0.8                     |
| Runaway   | 115   | 2.3                     | 104               | 2.1                     | 120  | 2.4                     |
| Trial Home Visit  | 860   | 17.4                    | 753               | 15.0                    | 811  | 16.0                    |
| Missing Placement Information   | 19  | 0.4                     | 15                | 0.3                     | 7  | 0.1                     |
| Not Applicable (Placement in subsequent year)   | 0   | 0.0                     | 0                 | 0.0                     | 0  | 0.0                     |
| <b>III. Permanency Goals for Children in Care</b>   |   |                         |                   |                         |  |                         |
| Reunification   | 2,118   | 42.9                    | 2,257             | 45.1                    | 2,442                                      | 48.3                    |
| Live with Other Relatives   | 426   | 8.6                     | 367               | 7.3                     | 302  | 6.0                     |
| Adoption  | 1,735   | 35.1                    | 1,817             | 36.3                    | 1,762                                      | 34.8                    |
| Long Term Foster Care   | 168   | 3.4                     | 165               | 3.3                     | 158  | 3.1                     |
| Emancipation  | 384   | 7.8                     | 345               | 6.9                     | 326  | 6.4                     |
| Guardianship  | 31  | 0.6                     | 30                | 0.6                     | 22   | 0.4                     |
| Case Plan Goal Not Established  | 29  | 0.6                     | 22                | 0.4                     | 17   | 0.3                     |
| Missing Goal Information  | 49  | 1.0                     | 5                 | 0.1                     | 27   | 0.5                     |

## Nevada Child and Family Services Review Data Profile: December 1, 2008

| POINT-IN-TIME PERMANENCY PROFILE   | 12-Month Period Ending<br>03/31/2007 (06B07A) |                            | Federal FY 2007ab        |                            | 12-Month Period Ending<br>03/31/2008 (07B08A) |                            |
|--|---|----------------------------|--------------------------|----------------------------|---|----------------------------|
|  | # of Children                                 | % of Children              | # of Children            | % of Children              | # of Children                                 | % of Children              |
| <b>IV. Number of Placement Settings in Current Episode</b>   |   |                            |                          |                            |   |                            |
| One  | 1,223   | 24.8                       | 1,171                    | 23.4                       | 1,213   | 24.0                       |
| Two  | 1,337   | 27.1                       | 1,387                    | 27.7                       | 1,342   | 26.5                       |
| Three  | 771   | 15.6                       | 816                      | 16.3                       | 822   | 16.3                       |
| Four   | 497   | 10.1                       | 499                      | 10.0                       | 503   | 9.9                        |
| Five   | 324   | 6.6                        | 319                      | 6.4                        | 350   | 6.9                        |
| Six or more  | 709   | 14.4                       | 768                      | 15.3                       | 785   | 15.5                       |
| Missing placement settings   | 79  | 1.6                        | 48                       | 1.0                        | 41  | 0.8                        |
| <b>V. Number of Removal Episodes</b>   |   |                            |                          |                            |   |                            |
| One  | 3,998   | 80.9                       | 4,032                    | 80.5                       | 4,038   | 79.9                       |
| Two  | 778   | 15.7                       | 784                      | 15.7                       | 810   | 16.0                       |
| Three  | 143   | 2.9                        | 163                      | 3.3                        | 175   | 3.5                        |
| Four   | 18  | 0.4                        | 24                       | 0.5                        | 27  | 0.5                        |
| Five   | 2   | 0.0                        | 2                        | 0.0                        | 2   | 0.0                        |
| Six or more  | 1   | 0.0                        | 3                        | 0.1                        | 4   | 0.1                        |
| Missing removal episodes   | 0   | 0.0                        | 0                        | 0.0                        | 0   | 0.0                        |
| <b>VI. Number of children in care 17 of the most recent 22 months<sup>2</sup> (percent based on cases with sufficient information for computation)</b> |   |                            |                          |                            |   |                            |
|  | 664   | 29.7                       | 722                      | 30.4                       | 878   | 33.0                       |
| <b>VII. Median Length of Stay in Foster Care (of children in care on last day of FY)</b>   |   |                            |                          |                            |   |                            |
|  | 12.9  |                            | 13.3                     |                            | 14.4  |                            |
| <b>VIII. Length of Time to Achieve Perm. Goal</b>  |   |                            |                          |                            |   |                            |
|  | # of Children Discharged                      | Median Months to Discharge | # of Children Discharged | Median Months to Discharge | # of Children Discharged                      | Median Months to Discharge |
| Reunification  | 2,344   | 5.9                        | 2,427                    | 6.0                        | 2,414   | 5.9                        |
| Adoption   | 478   | 31.9                       | 449                      | 33.5                       | 412   | 36.4                       |
| Guardianship   | 452   | 13.3                       | 477                      | 12.6                       | 404   | 12.7                       |
| Other  | 296   | 32.3                       | 284                      | 26.9                       | 305   | 25.5                       |
| Missing Discharge Reason (footnote 3, page 16)   | 0   | --                         | 0                        | --                         | 0   | --                         |
| Total discharges (excluding those w/ problematic dates)  | 3,570   | 11.6                       | 3,637                    | 11.6                       | 3,535   | 11.4                       |
| Dates are problematic (footnote 4, page 16)  | 7   | N/A                        | 4                        | N/A                        | 1   | N/A                        |

## Nevada Child and Family Services Review Data Profile: December 1, 2008

| Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4  |   |                        |   |
|--|---|------------------------|---|
|  | 12-Month Period<br>Ending<br>03/31/2007<br>(06B07A) | Federal FY<br>2007ab   | 12-Month Period<br>Ending<br>03/31/2008<br>(07B08A) |
| IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher].<br>Scaled Scores for this composite incorporate two components   | State Score =<br>150.8                              | State Score =<br>153.9 | State Score =<br>152.8                              |
| National Ranking of State Composite Scores (see footnote A on page 12 for details)   | 1 of 47   | 1 of 47                | 1 of 47   |
| Component A: Timeliness of Reunification<br>The timeliness component is composed of three timeliness individual measures.  |   |                        |   |
| Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 <sup>th</sup> percentile = 75.2%]  | 87.4%   | 87.7%                  | 88.0%   |
| Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 <sup>th</sup> Percentile = 5.4 months (lower score is preferable in this measure <sup>B</sup> )] | Median = 2.1<br>months                              | Median = 1.9<br>months | Median = 1.7<br>months                              |
| Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75 <sup>th</sup> Percentile = 48.4%]  | 39.2%   | 36.6%                  | 37.1%   |
| Component B: Permanency of Reunification The permanency component has one measure.   |   |                        |   |
| Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25 <sup>th</sup> Percentile = 9.9% (lower score is preferable in this measure)]  | 9.1%  | 7.9%                   | 8.7%  |

## Nevada Child and Family Services Review Data Profile: December 1, 2008

|  | 12-Month Period<br>Ending 03/31/2007<br>(06B07A) | Federal FY<br>2007ab | 12-Month Period<br>Ending 03/31/2008<br>(07B08A) |
|--|--|----------------------|--|
| X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].<br>Scaled Scores for this composite incorporate three components.  | State Score = 100.6                              | State Score = 95.2   | State Score = 83.1                               |
| National Ranking of State Composite Scores (see footnote A on page 12 for details)   | 20 of 47   | 25 of 47             | 31 of 47   |
| Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.  |  |                      |  |
| Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [national median = 26.8%, 75 <sup>th</sup> Percentile = 36.6%]   | 29.5%  | 29.0%                | 20.9%  |
| Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [national median = 32.4 months, 25 <sup>th</sup> Percentile = 27.3 months(lower score is preferable in this measure)]  | Median = 31.9 months                             | Median = 33.5 months | Median = 36.4 months                             |
| Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.   |  |                      |  |
| Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [national median = 20.2%, 75 <sup>th</sup> Percentile = 22.7%]   | 23.3%  | 21.7%                | 21.2%  |
| Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [national median = 8.8%, 75 <sup>th</sup> Percentile = 10.9%] | 13.3%  | 12.7%                | 11.6%  |
| Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.   |  |                      |  |
| Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75 <sup>th</sup> Percentile = 53.7%]   | 41.3%  | 39.5%                | 36.6%  |

## Nevada Child and Family Services Review Data Profile: December 1, 2008

|   | 12-Month Period Ending<br>03/31/2007 (06B07A) | Federal FY 2007ab   | 12-Month Period<br>Ending 03/31/2008<br>(07B08A) |
|---|---|---------------------|--|
| XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher].<br>Scaled Scores for this composite incorporate two components   | State Score = 121.8                           | State Score = 121.7 | State Score = 120.0                              |
| National Ranking of State Composite Scores (see footnote A on page 12 for details)  | 16 of 51                                      | 16 of 51            | 18 of 51   |
| Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.  |   |                     |  |
| Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75 <sup>th</sup> Percentile = 29.1%]   | 32.0%   | 32.2%               | 30.6%  |
| Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75 <sup>th</sup> Percentile = 98.0%] | 96.2%   | 95.3%               | 95.1%  |
| Component B: Growing up in foster care. This component has one measure.   |   |                     |  |
| Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 <sup>th</sup> birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25 <sup>th</sup> Percentile = 37.5% (lower score is preferable)]  | 48.7%   | 48.2%               | 48.2%  |
|   |   |                     |  |

## Nevada Child and Family Services Review Data Profile: December 1, 2008

|   | 12-Month Period<br>Ending 03/31/2007<br>(06B07A) | Federal FY 2007ab  | 12-Month Period<br>Ending 03/31/2008<br>(07B08A) |
|---|--|--------------------|--|
| XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher].<br>Scaled score for this composite incorporates no components but three individual measures (below)  | State Score = 83.0                               | State Score = 82.5 | State Score = 82.6                               |
| National Ranking of State Composite Scores (see footnote A on page 12 for details)  | 39 of 51   | 39 of 51           | 39 of 51   |
| Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75 <sup>th</sup> Percentile = 86.0%] | 80.4%  | 79.4%              | 78.4%  |
| Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75 <sup>th</sup> Percentile = 65.4%]  | 48.7%  | 50.9%              | 51.4%  |
| Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75 <sup>th</sup> Percentile = 41.8%]                               | 24.4%  | 22.5%              | 23.8%  |
|   |  |                    |  |

### Special Footnotes for Composite Measures:

- A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, "1 of 47" would indicate this State performed higher than all the States in 2004.
- B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75<sup>th</sup> percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25<sup>th</sup> percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

## Nevada Child and Family Services Review Data Profile: December 1, 2008

| PERMANENCY PROFILE<br><i>FIRST-TIME ENTRY COHORT GROUP</i>   | 12-Month Period Ending<br>03/31/2007 (06B07A) |               | Federal FY 2007ab |               | 12-Month Period Ending<br>03/31/2008 (07B08A) |               |
|--|---|---------------|-------------------|---------------|---|---------------|
|  | # of Children                                 | % of Children | # of Children     | % of Children | # of Children                                 | % of Children |
| <b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months) | 1,580   | 80.7          | 1,491             | 87.2          | 1,609   | 82.9          |
| <b>II. Most Recent Placement Types</b>   |   |               |                   |               |   |               |
| Pre-Adoptive Homes   | 1   | 0.1           | 1                 | 0.1           | 0   | 0.0           |
| Foster Family Homes (Relative)   | 476   | 30.1          | 393               | 26.4          | 427   | 26.5          |
| Foster Family Homes (Non-Relative)   | 401   | 25.4          | 422               | 28.3          | 401   | 24.9          |
| Group Homes  | 43  | 2.7           | 61                | 4.1           | 73  | 4.5           |
| Institutions   | 276   | 17.5          | 239               | 16.0          | 304   | 18.9          |
| Supervised Independent Living  | 3   | 0.2           | 3                 | 0.2           | 9   | 0.6           |
| <b>Runaway</b>   | 16  | 1.0           | 29                | 1.9           | 21  | 1.3           |
| <b>Trial Home Visit</b>  | 346   | 21.9          | 326               | 21.9          | 369   | 22.9          |
| <b>Missing Placement Information</b>   | 18  | 1.1           | 17                | 1.1           | 5   | 0.3           |
| <b>Not Applicable (Placement in subsequent yr)</b>   | 0   | 0.0           | 0                 | 0.0           | 0   | 0.0           |
| <b>III. Most Recent Permanency Goal</b>  |   |               |                   |               |   |               |
| Reunification  | 702   | 44.4          | 691               | 46.3          | 796   | 49.5          |
| Live with Other Relatives  | 141   | 8.9           | 116               | 7.8           | 99  | 6.2           |
| Adoption   | 255   | 16.1          | 232               | 15.6          | 218   | 13.5          |
| Long-Term Foster Care  | 20  | 1.3           | 19                | 1.3           | 26  | 1.6           |
| Emancipation   | 25  | 1.6           | 42                | 2.8           | 25  | 1.6           |
| Guardianship   | 13  | 0.8           | 6                 | 0.4           | 3   | 0.2           |
| <b>Case Plan Goal Not Established</b>  | 0   | 0.0           | 116               | 7.8           | 107   | 6.7           |
| <b>Missing Goal Information</b>  | 424   | 26.8          | 269               | 18.0          | 335   | 20.8          |
| <b>IV. Number of Placement Settings in Current Episode</b>   |   |               |                   |               |   |               |
| One  | 720   | 45.6          | 686               | 46.0          | 776   | 48.2          |
| Two  | 491   | 31.1          | 410               | 27.5          | 455   | 28.3          |
| Three  | 191   | 12.1          | 171               | 11.5          | 199   | 12.4          |
| Four   | 85  | 5.4           | 99                | 6.6           | 84  | 5.2           |
| Five   | 32  | 2.0           | 28                | 1.9           | 41  | 2.5           |
| Six or more  | 28  | 1.8           | 32                | 2.1           | 24  | 1.5           |
| Missing placement settings   | 33  | 2.1           | 65                | 4.4           | 30  | 1.9           |

## Nevada Child and Family Services Review Data Profile: December 1, 2008

| PERMANENCY PROFILE<br><i>FIRST-TIME ENTRY COHORT GROUP (continued)</i> | 12-Month Period Ending<br>03/31/2007 (06B07A) |               | Federal FY 2007ab |               | 12-Month Period Ending<br>03/31/2008 (07B08A) |               |
|--|---|---------------|-------------------|---------------|---|---------------|
|  | # of Children                                 | % of Children | # of Children     | % of Children | # of Children                                 | % of Children |
| V. Reason for Discharge  |   |               |                   |               |   |               |
| Reunification/Relative Placement                                       | 580   | 86.4          | 544               | 85.3          | 621   | 86.5          |
| Adoption   | 4   | 0.6           | 1                 | 0.2           | 0   | 0.0           |
| Guardianship   | 58  | 8.6           | 69                | 10.8          | 49  | 6.8           |
| Other  | 29  | 4.3           | 24                | 3.8           | 48  | 6.7           |
| Unknown (missing discharge reason or N/A)                              | 0   | 0.0           | 0                 | 0.0           | 0   | 0.0           |
|  | Number of Months                              |               | Number of Months  |               | Number of Months                              |               |
| VI. Median Length of Stay in Foster Care                               | 7.6   |               | 7.2               |               | not yet determinable                          |               |

| AFCARS Data Completeness and Quality Information (2% or more is a warning sign):                                    |   |                                  |                   |                                     |   |                                     |
|---|---|----------------------------------|-------------------|-------------------------------------|---|-------------------------------------|
|   | 12-Month Period Ending 03/31/2007<br>(06B07A) |                                  | Federal FY 2007ab |                                     | 12-Month Period Ending 03/31/2008<br>(07B08A) |                                     |
|   | N   | As a % of Exits Reported         | N                 | As a % of Exits Reported            | N   | As a % of Exits Reported            |
| File contains children who appear to have been in care less than 24 hours   | 7   | 0.2 %                            | 2                 | 0.1 %                               | 1   | 0.0 %                               |
| File contains children who appear to have exited before they entered  | 0   | 0.0 %                            | 2                 | 0.0 %                               | 0   | 0.0 %                               |
| Missing dates of latest removal   | 0   | 0.0 %                            | 0                 | 0.0 %                               | 0   | 0.0 %                               |
| File contains "Dropped Cases" between report periods with no indication as to discharge                             | 4   | 0.1 %                            | 1                 | 0.0 %                               | 7   | 0.2 %                               |
| Missing discharge reasons   | 0   | 0.0 %                            | 0                 | 0.0 %                               | 0   | 0.0 %                               |
|   | N   | As a % of adoption exits         | N                 | As a % of adoption exits            | N   | As a % of adoption exits            |
| File submitted lacks data on Termination of Parental Rights for finalized adoptions                                 | 8   | 1.7 %                            | 8                 | 1.8 %                               | 6   | 1.5 %                               |
| Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity). | 7   | 1.5% fewer in the adoption file. | 4                 | 0.9% fewer in the foster care file. | 2   | 0.5% fewer in the foster care file. |
|   | N   | Percent of cases in file         | N                 | Percent of cases in file            | N   | Percent of cases in file            |
| File submitted lacks count of number of placement settings in episode for each child                                | 79  | 1.6 %                            | 48                | 1.0 %                               | 41  | 0.8 %                               |

\* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files. This *unofficial* count of adoptions is only used for CFSSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.

## Nevada Child and Family Services Review Data Profile: December 1, 2008

**Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:**

|   | 12-Month Period Ending<br>03/31/2007 (06B07A) |                       | Federal FY 2007ab |                       | 12-Month Period Ending<br>03/31/2008 (07B08A) |                       |
|---|---|-----------------------|-------------------|-----------------------|---|-----------------------|
|   | # of Children                                 | % of Children         | # of Children     | % of Children         | # of Children                                 | % of Children         |
| IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more] | 1,656   | 70.5                  | 1,637             | 67.4                  | 1,659   | 68.7                  |
| X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]   | 141   | 29.5                  | 130               | 29.0                  | 86  | 20.9                  |
| XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]                              | 3,444   | 80.1                  | 3,395             | 79.5                  | 3,312   | 79.3                  |
| XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]   | 221   | 6.0 (83.4% new entry) | 234               | 6.4 (84.9% new entry) | 219   | 6.0 (82.1% new entry) |

## Nevada Child and Family Services Review Data Profile: December 1, 2008

### Footnotes to Data Elements in the Permanency Profile

<sup>1</sup>The 06b07a, FY 07 , and 07b08a counts of children in care at the start of the year exclude 31 , 39 , and 29 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

<sup>2</sup>We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

<sup>3</sup>This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

<sup>4</sup>The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

<sup>5</sup>This First-Time Entry Cohort median length of stay was 7.6 in 06b07a. This includes 7 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 7.6.

<sup>6</sup>This First-Time Entry Cohort median length of stay was 7.2 in FY 07. This includes 2 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 7.2.

<sup>7</sup>This First-Time Entry Cohort median length of stay is Not Yet Determinable for 07b08a. This includes 1 child who entered and exited on the same day (they had a zero length of stay). If this child was excluded, the median length of stay would still be Not Yet Determinable. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

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## Nevada Child and Family Services Review Data Profile: December 1, 2008

| PERMANENCY PROFILE<br><i>FIRST-TIME ENTRY COHORT GROUP</i>   | 12-Month Period Ending<br>03/31/2007 (06B07A) |               | Federal FY 2007ab |               | 12-Month Period Ending<br>03/31/2008 (07B08A) |               |
|--|---|---------------|-------------------|---------------|---|---------------|
|  | # of Children                                 | % of Children | # of Children     | % of Children | # of Children                                 | % of Children |
| <b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months) | 1,580   | 80.7          | 1,491             | 87.2          | 1,609   | 82.9          |
| <b>II. Most Recent Placement Types</b>   |   |               |                   |               |   |               |
| Pre-Adoptive Homes   | 1   | 0.1           | 1                 | 0.1           | 0   | 0.0           |
| Foster Family Homes (Relative)   | 476   | 30.1          | 393               | 26.4          | 427   | 26.5          |
| Foster Family Homes (Non-Relative)   | 401   | 25.4          | 422               | 28.3          | 401   | 24.9          |
| Group Homes  | 43  | 2.7           | 61                | 4.1           | 73  | 4.5           |
| Institutions   | 276   | 17.5          | 239               | 16.0          | 304   | 18.9          |
| Supervised Independent Living  | 3   | 0.2           | 3                 | 0.2           | 9   | 0.6           |
| <b>Runaway</b>   | 16  | 1.0           | 29                | 1.9           | 21  | 1.3           |
| <b>Trial Home Visit</b>  | 346   | 21.9          | 326               | 21.9          | 369   | 22.9          |
| <b>Missing Placement Information</b>   | 18  | 1.1           | 17                | 1.1           | 5   | 0.3           |
| <b>Not Applicable (Placement in subsequent yr)</b>   | 0   | 0.0           | 0                 | 0.0           | 0   | 0.0           |
| <b>III. Most Recent Permanency Goal</b>  |   |               |                   |               |   |               |
| Reunification  | 702   | 44.4          | 691               | 46.3          | 796   | 49.5          |
| Live with Other Relatives  | 141   | 8.9           | 116               | 7.8           | 99  | 6.2           |
| Adoption   | 255   | 16.1          | 232               | 15.6          | 218   | 13.5          |
| Long-Term Foster Care  | 20  | 1.3           | 19                | 1.3           | 26  | 1.6           |
| Emancipation   | 25  | 1.6           | 42                | 2.8           | 25  | 1.6           |
| Guardianship   | 13  | 0.8           | 6                 | 0.4           | 3   | 0.2           |
| <b>Case Plan Goal Not Established</b>  | 0   | 0.0           | 116               | 7.8           | 107   | 6.7           |
| <b>Missing Goal Information</b>  | 424   | 26.8          | 269               | 18.0          | 335   | 20.8          |
| <b>IV. Number of Placement Settings in Current Episode</b>   |   |               |                   |               |   |               |
| One  | 720   | 45.6          | 686               | 46.0          | 776   | 48.2          |
| Two  | 491   | 31.1          | 410               | 27.5          | 455   | 28.3          |
| Three  | 191   | 12.1          | 171               | 11.5          | 199   | 12.4          |
| Four   | 85  | 5.4           | 99                | 6.6           | 84  | 5.2           |
| Five   | 32  | 2.0           | 28                | 1.9           | 41  | 2.5           |
| Six or more  | 28  | 1.8           | 32                | 2.1           | 24  | 1.5           |
| Missing placement settings   | 33  | 2.1           | 65                | 4.4           | 30  | 1.9           |

## Nevada Child and Family Services Review Data Profile: December 1, 2008

| PERMANENCY PROFILE<br><i>FIRST-TIME ENTRY COHORT GROUP (continued)</i> | 12-Month Period Ending<br>03/31/2007 (06B07A) |               | Federal FY 2007ab |               | 12-Month Period Ending<br>03/31/2008 (07B08A) |               |
|--|---|---------------|-------------------|---------------|---|---------------|
|  | # of Children                                 | % of Children | # of Children     | % of Children | # of Children                                 | % of Children |
| V. Reason for Discharge  |   |               |                   |               |   |               |
| Reunification/Relative Placement                                       | 580   | 86.4          | 544               | 85.3          | 621   | 86.5          |
| Adoption   | 4   | 0.6           | 1                 | 0.2           | 0   | 0.0           |
| Guardianship   | 58  | 8.6           | 69                | 10.8          | 49  | 6.8           |
| Other  | 29  | 4.3           | 24                | 3.8           | 48  | 6.7           |
| Unknown (missing discharge reason or N/A)                              | 0   | 0.0           | 0                 | 0.0           | 0   | 0.0           |
|  | Number of Months                              |               | Number of Months  |               | Number of Months                              |               |
| VI. Median Length of Stay in Foster Care                               | 7.6   |               | 7.2               |               | not yet determinable                          |               |

| AFCARS Data Completeness and Quality Information (2% or more is a warning sign):                                    |   |                                  |                   |                                     |   |                                     |
|---|---|----------------------------------|-------------------|-------------------------------------|---|-------------------------------------|
|   | 12-Month Period Ending 03/31/2007<br>(06B07A) |                                  | Federal FY 2007ab |                                     | 12-Month Period Ending 03/31/2008<br>(07B08A) |                                     |
|   | N   | As a % of Exits Reported         | N                 | As a % of Exits Reported            | N   | As a % of Exits Reported            |
| File contains children who appear to have been in care less than 24 hours   | 7   | 0.2 %                            | 2                 | 0.1 %                               | 1   | 0.0 %                               |
| File contains children who appear to have exited before they entered  | 0   | 0.0 %                            | 2                 | 0.0 %                               | 0   | 0.0 %                               |
| Missing dates of latest removal   | 0   | 0.0 %                            | 0                 | 0.0 %                               | 0   | 0.0 %                               |
| File contains "Dropped Cases" between report periods with no indication as to discharge                             | 4   | 0.1 %                            | 1                 | 0.0 %                               | 7   | 0.2 %                               |
| Missing discharge reasons   | 0   | 0.0 %                            | 0                 | 0.0 %                               | 0   | 0.0 %                               |
|   | N   | As a % of adoption exits         | N                 | As a % of adoption exits            | N   | As a % of adoption exits            |
| File submitted lacks data on Termination of Parental Rights for finalized adoptions                                 | 8   | 1.7 %                            | 8                 | 1.8 %                               | 6   | 1.5 %                               |
| Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity). | 7   | 1.5% fewer in the adoption file. | 4                 | 0.9% fewer in the foster care file. | 2   | 0.5% fewer in the foster care file. |
|   | N   | Percent of cases in file         | N                 | Percent of cases in file            | N   | Percent of cases in file            |
| File submitted lacks count of number of placement settings in episode for each child                                | 79  | 1.6 %                            | 48                | 1.0 %                               | 41  | 0.8 %                               |

\* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files. This *unofficial* count of adoptions is only used for CFSSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.

## Nevada Child and Family Services Review Data Profile: December 1, 2008

**Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:**

|   | 12-Month Period Ending<br>03/31/2007 (06B07A) |                       | Federal FY 2007ab |                       | 12-Month Period Ending<br>03/31/2008 (07B08A) |                       |
|---|---|-----------------------|-------------------|-----------------------|---|-----------------------|
|   | # of Children                                 | % of Children         | # of Children     | % of Children         | # of Children                                 | % of Children         |
| IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more] | 1,656   | 70.5                  | 1,637             | 67.4                  | 1,659   | 68.7                  |
| X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]   | 141   | 29.5                  | 130               | 29.0                  | 86  | 20.9                  |
| XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]                              | 3,444   | 80.1                  | 3,395             | 79.5                  | 3,312   | 79.3                  |
| XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]   | 221   | 6.0 (83.4% new entry) | 234               | 6.4 (84.9% new entry) | 219   | 6.0 (82.1% new entry) |

# Nevada Child and Family Services Review Data Profile: December 1, 2008

## FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

<sup>1</sup>The 06b07a, FY 07, and 07b08a counts of children in care at the start of the year exclude 31, 39, and 29 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

<sup>2</sup>We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

<sup>3</sup>This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

<sup>4</sup>The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

<sup>5</sup>This First-Time Entry Cohort median length of stay was 7.6 in 06b07a. This includes 7 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 7.6.

<sup>6</sup>This First-Time Entry Cohort median length of stay was 7.2 in FY 07. This includes 2 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 7.2.

<sup>7</sup>This First-Time Entry Cohort median length of stay is Not Yet Determinable for 07b08a. This includes 1 child who entered and exited on the same day (they had a zero length of stay). If this child was excluded, the median length of stay would still be Not Yet Determinable. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

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## Section III: Narrative Assessment of Child and Family Outcomes

### *Safety I: Children are First and Foremost, Protected from Abuse and Neglect*

#### **Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment**

*How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?*

##### **Statute, Regulation, and Policy:**

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

Statewide Intake and Nevada Initial Assessment policies have standardized Child Protective Services (CPS) Intake procedures and investigations statewide. The intake policy requires upon receipt of a referral and prior to disposition of the report, the intake worker must complete a thorough data search in the UNITY system to locate and review prior allegations or reports of child maltreatment in Nevada. Nevada also implemented an Information Collection Standard (IOC). The IOC refers to six critical areas that are used for assessing and analyzing family strengths, risk of maltreatment and child safety. Intake decision-making is influenced by the information obtained from a reporting party. Structuring intake information collection contributes to more efficient practice and has resulted in a better quality of information upon which staff base screening and urgency response decisions.

Nevada Supervisors or their agency designees, (or lead workers, based on child welfare agency preference) must review reports received by the child welfare agency regardless of the screening recommendation made by the intake worker. In addition, Washoe County requires that a manager review and approve an Information Only (I/O) screening recommendation by a supervisor if the report involves young children and the case circumstances include both domestic violence and methamphetamines. The manager determines if an investigation will be conducted even if the initial report did not contain a clear allegation of abuse or neglect. Although Washoe County has established this additional procedure, it has not been adopted statewide.

Statewide collaborative policy 0506 Intake sets parameters for child welfare agency response times which are dependent upon the vulnerability of the child, the level of safety (present and Impending Danger) as indicated in the report. Present and/or impending danger is the essential safety standard(s) that is used to determine how urgently an investigation needs to be initiated as indicated below:

- Priority 1: Present Danger, initiate face-to-face contact by an urban child welfare agency within 3 hours; however Rural priority 1 requires that the child welfare agency initiate face to face contact within 6 hours (when the location of the family is more than 50 miles from the nearest worker).
- Priority 2: Impending Danger; initiate face-to-face contact by child welfare agency within 24 hours.
- Priority 3: Maltreatment Indicated, but no safety threats identified; initiate face-to-face contact by the child welfare agency within 72 hours. NAC 432B.155 does permit for investigations to be initiated by telephone or a review of a case record, however if case initiation occurs in that manner, a face-to-face meeting with the child and family must be attempted on the next business day and on each successive business day until the supervisor determines that a resolution has been achieved. "Business day" means Monday through Friday, excluding state and federal holidays.

In addition in Clark County if an investigation remains open beyond 45 days children must be seen once every fourteen days by the assigned CPS worker until the investigation is closed.

##### **Statewide Data:**

During the CFSR in 2004, this item was initially given an overall rating of "Area Needing Improvement" based on the finding that Nevada's child welfare agencies were not consistent with regard to initiating investigations of child maltreatment reports or establishing face to face contact with the child subject of the report in accordance with state established timeframes or within reasonable timeframes. Subsequent case reviews results shown in Table 1 below indicate an increase in percentage of cases rated as a "strength". In addition, the 07B08A data profile shows the mean time to investigation in hours as 38 hours.

**Table 1.1: Statewide Quality Improvement Review Data**

| Item 1:   | CFSR 2004       | QICR 2006       | QICR 2007     | QICR 2008       |
|---|-----------------|-----------------|---------------|-----------------|
| Timeliness of initiating investigations of reports of child maltreatment. | 69.6%<br>(n=27) | 69.7%<br>(n=37) | 92%<br>(n=50) | 83.4%<br>(n=47) |

Nevada's negotiated PIP goal for Item 1 was 90%. The CFSR rated the state at 69.6% and the first round of case review data indicated a similar finding. During the case reviews in 2007, which was the established non-overlapping PIP year, the data compiled during that time frame would determine whether the state had met the negotiated PIP goals. The Initial submission indicated a 68.1% rating, however upon further evaluation of the case reviews completed in 2007, it was determined that the difference in state policy response times resulted in the skewed data. Thirty six cases were reviewed and out of the thirty six, thirty four (92%) had the investigation initiated within the appropriate timeframe allowed by state policy related to priority levels. Following the non-overlapping PIP period and comparing 2007 data to 2008, there has been a decrease, which may be attributed to the particular sample pulled, the revised case review tool and/or the sample used for the DCFS Rural Region. Prior to 2008, a specific district within the Rural Region was chosen and reviewed each year, resulting in a 90% or above outcome for the DCFS, Rural Region two years in a row. In 2008 all the districts within the Rural Region were combined and a representative sample was pulled which included cases from each district. While Clark County has not achieved the timeliness goal for this item it should be noted that they made significant strides toward the goal, moving from 50% in 2006 and 2007 to 77.8 % in 2008. It should also be noted that Washoe County met the timeliness goal in 2007 and exceeded the goal in 2008. Washoe County has four bilingual human service specialists (case aides) who provide Spanish interpretation and available to respond with English speaking case workers during the investigative process. It is unclear if this capacity has had any impact on Washoe's timeliness, but does have the potential to do so.

**Table 1.2: Agency Date on Item 1**

| Statewide Quality Improvement Review Data            | QICR 2006       | QICR 2007       | QICR 2008       |
|--|-----------------|-----------------|-----------------|
| Clark County Department of Family Services           | 50.0%<br>(n=14) | 44.2%<br>(n=24) | 77.8%<br>(n=14) |
| Washoe County Department of Social Services          | 69.2%<br>(n=13) | 92.3%<br>(n=13) | 94.7%<br>(n=18) |
| Division of Child and Family Services - Rural Region | 90.0%<br>(n=10) | 91.7%<br>(n=12) | 75.0%<br>(n=15) |

In addition, in the 2009 Statewide Assessment survey results 80% of judges are aware of child welfare policy requirements for conducting investigations.

**Major Changes:**

Prior to the last statewide assessment Nevada did not have a standard process for responding to reports of harm across the state. Intake/Investigation policies did not specify priority response codes or response time frames for intake calls or investigations. Intake decisions made in relation to reports of harm varied amongst the child welfare agencies. Since the PIP, significant statewide changes have been made to standardize intake and investigation procedures across Nevada.

A statewide collaborative Intake policy (0506) was developed and implemented in August 2005. The Intake policy was updated/revised and re-approved by the DMG in September 2007. The Intake process is a standardized application of procedures for collecting consistent information to respond to reports of child abuse and/or neglect in a timely manner. During the Intake interview with the reporting party, six standardized questions are woven into the intake gathering process and lay the foundation for assessing safety and begin to inform the worker of family functioning dynamics. In addition the Intake policy addresses procedures for handling; situations where similar allegations and reports are received on the same family during the same time frame, situations where additional allegations are made or found during the investigation and intake procedures for responding to a report of harm that has a history of multiple reports made regarding one family.

Currently, all child welfare agencies in the state have an emergency response system in place. Washoe County implemented an Emergency Response Unit in 2005. Social workers respond to reports of abuse and neglect from the office until 10pm Monday through Friday. The weekend office shift is from noon to 10:00 pm. In addition, WASHOE COUNTY has a contract with the local Crisis Call Center/Child Abuse Hot Line to receive reports during non office hours and an on-call social worker is contacted by the call center via pager and responds to the field if a placement is needed. Local hospitals and police also have the pager number.

Clark County's Emergency Response Team was implemented subsequent to the CFSR. Hours of operation have been expanded to 24 hours a day, 7 days a week. An emergency response checklist has also been implemented. Since the implementation of the Emergency Response team, Clark County has seen a significant decrease in the number of

removals by law enforcement. In addition Clark County has an investigative team that specializes in families with children that are 5 and under and a 24 hour response child fatality team.

Within DCFS each district in the Rural Region has a worker on-call after hours and on weekends. Workers either carry a pager or cell phone. Some districts provide the local law enforcement agency with a schedule of the workers and their phone numbers. Most after hour calls come through the local enforcement agency. Foster parents are also given the on call pager numbers.

In addition, the state engaged in a year long process of analysis, discussion and negotiation of newly defined child abuse and neglect allegation definitions. The purpose of this exercise was to assist Intake workers in accurately identifying situations that genuinely threaten children's safety. In June 2008, those definitions were adopted statewide and integrated into the UNITY allegation Intake screens.

### **Major Strengths:**

The most significant strength in this area is the development and implementation of statewide intake policies and procedures in use by the child welfare agencies in Nevada. Consistency of report content and quality has improved as a result of the common framework for intake decision-making is utilized to evaluate the information obtained from a reporting party and response times are base upon best practice standards insuring a more timely response. Child protective services response trainings have also been offered to caseworkers statewide over the last few years.

Statewide, each child welfare agency has a system in place for providing child protective services coverage 24 hours a day, 7 days a week, inclusive of holidays through a collaboration between the agency, law enforcement and other entities such as the Crisis Call Center. This enhanced collaboration reduces the number of unnecessary emergency placements throughout the state. The Family Programs Office at DCFS has been working over the past year to implement an improved reporting method. One component of this method is to regularly track numbers of untimely investigations by jurisdiction, analyze reasons and trends in that data in hopes of improving outcomes overall, child welfare agencies in Nevada have made considerable efforts and excellent progress toward improving Nevada's data over the past two years. Nevada has also made significant progress regarding timeliness of initiating investigations going from 69.5 % in 2004 to 82.5% in 2008. Clark County practice has evolved since the previous CFSR to include caseworker specialized units that are trained accordingly in hotline, intake, CPS investigations, differential response, permanency and adoptions. Units utilize Safety Assessments, Risk Assessments, the North Carolina Family Assessment Scale (NCFAS), Child and Family Team Decision making. In Clark County there is a Spanish-speaking interpretation line available to all citizens to call into for assistance with language barriers.

### **Major Barriers:**

Due to the size of the geographical area that the Rural Region covers, travel time to initiate an investigation can be a challenge. The Rural Region District Offices cover large areas of Nevada and it can take up to four hours to reach an area where a report has been made. Some DCFS offices are only staffed with one social worker so response times are affected by the availability of staff. Law Enforcement Officers often serve as first responders to reports of child maltreatment based on the location of the report. Locating bilingual social workers is also a challenge for the Rural Region. Not all offices have a bilingual worker so often social workers rely on law enforcement or community partners for translation assistance or will access contracted Language Line Services (LLS) for an interpreter. Additionally, because the Rural Region provides services to 15 counties, workers must be well versed in each of the communities in which their office provides services.

Additional barriers to meeting this item include, but are not limited to, constant turnover which creates frequent and sometimes long vacancies and high workloads; and rapid population growth. Clark County has experienced rapid growth as a community. This poses the problem of government lag time to build infrastructure and provide funding to match the growth pace and impacting staff to community population ratios. In addition, Las Vegas has a population that is often transient without established families within the community.

In addition, the agencies find that UNITY can be a barrier when it comes to timeliness, as it does not show minutes or hours in it's time calculations, rather it reports only days. Without time stamping, it is difficult to tell anything that has to do with hours (e.g. 3 hours).

### **Summary:**

Currently there is not a statewide report that measures the state's progress on timeliness to initiating the investigation. However, a request to develop such report has been made. Data on this item will be reported to the Deputy Administrator and the child welfare agency Directors on a quarterly basis as a part of continuous monitoring and quality assurance.

Nevada has made significant improvement in the development and implementation of statewide policies and procedures improving the consistency and timeliness of initial investigations across all Nevada jurisdictions. Nevada, when measured by the Federal standards, which expect timely face to face contacts, will always have difficulty achieving a strength rating

because of NAC 432B.155 which allows for investigations to be initiated by telephone or a review of a case records, rather than requiring a face-to-face visit on first contact. The Administrative Code also mandates in these situations that a face-to-face meeting must be attempted on the next business day and each successive business day until face to face contact occurs or until the supervisor of the case manager determines resolution has been achieved.

Based on QICR review data over the last five years and on the 07B08A data profile, which shows mean time to investigation in hours as 38 hours, this item as measured against the Federal expectation, continues to be an **Area Needing Improvement**. However, overall, Nevada has made significant process since 2004 toward improving timely responses to child maltreatment reports statewide.

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## **Item 2: Repeat Maltreatment**

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*How effective is the agency in reducing the recurrence of maltreatment of children?*

### **Statute, Regulation, and Policy:**

Nevada statute requires the child welfare agency to determine whether there is reasonable cause to believe any child has been abused or neglected, to determine the immediate and long term risk to the child if he remains in the same environment and sets forth options if a determination is made that the child needs protection but is not in imminent danger from abuse or neglect.

NAC 432B.150 requires that evaluations or investigations are conducted in such a manner as to determine how the child is being affected by the situation and whether the child is: currently safe, at risk of abuse or neglect, or threatened with harm and whether the child and his parents should receive child welfare services or whether the family should be referred to an agency which provides family assessment services. Caseworkers are to consider the circumstances of the entire family and assess the protective needs of all the children in the family during the investigation.

There are several statewide policies that pertain to this item. The NIA is a methodical, investigative process for interacting with a family for the purpose of identifying negative factors or conditions that are known to contribute to the likelihood of maltreatment, as well as determine the strengths and/or protective capacities that can help mitigate risk and safety threats. The NIA utilizes the Information Collection Standard (ICS), which refers to six critical areas of casework-family study that must be understood in order to effectively assess child safety. The six areas are: 1) surrounding circumstances accompanying the maltreatment. 2) child functioning on a daily basis; 3) adult functioning with respect to daily life management and general adaptation (including mental health functioning and substance usage); 4) disciplinary approaches used by the parent; 5) overall, typical, pervasive parenting practices; and 6) the extent of maltreatment. The interviewing of family members and collateral parties outlined in the Interview Protocol was designed to ensure that sufficient information is obtained to fully assess parental functioning and protective capacities. The assessment process results in a conclusion regarding the existence of present and/or impending danger. The NIA is used for all investigations. Information gathered from the tool should result in more individualized case plans that are tailored to each family's unique situation.

The Risk Assessment identifies the level of future risk of maltreatment. A statewide collaborative policy on Risk Assessment was developed and implemented requiring the use of a standardized risk assessment tool that includes family violence and substance abuse components. The tool is designed to be used at the completion of the investigation. The final risk level is meant to guide the decision to close an investigation or to provide ongoing services to the family. In the instance of a family with a risk score of high or very high, the investigation should be opened for services and only closed with supervisory approval. Investigations of families with moderate or low risk scores can be closed, but should be opened and provided services if any safety threats are identified.

Finally, the Differential Response (DR) Program was piloted in Washoe, Clark and Elko Counties in 2007 and expanded statewide in 2008-2009. Policy was developed that outlines the process for referral to Differential Response programs from child welfare agencies, it dictates type of cases that can be referred and timeframes for the DR agency to both respond and complete their family assessment. Reports assigned to a DR program are limited to Priority 3 reports in the following categories: educational neglect, environmental neglect, physical neglect, medical neglect and improper supervision.

### **Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Area Needing Improvement" based on the finding that both the data profile and case reviews indicate the state is not effective in preventing recurrence of child maltreatment within a 6-month period. 2004 CFSR findings also indicated that Nevada was not consistent in providing services to children and families to ensure children's safety while they remain in the home or at addressing risk of harm to children by monitoring case progress through ongoing safety and risk assessments at case milestones. Subsequent case reviews results shown in Table 2 indicate a large increase in percentage of cases scored as a "strength", with a slight decline in the review done in 2008. In addition, absence of repeat maltreatment occurred at a rate of 93.6% in the 2008 Data

Profile.

**Table 2.2: Statewide Quality Improvement Review Data**

| Item 2:             | CFSR 2004     | QICR 2006       | QICR 2007     | QICR 2008       |
|---------------------|---------------|-----------------|---------------|-----------------|
| Repeat Maltreatment | 43%<br>(n=44) | 94.4%<br>(n=40) | 96%<br>(n=52) | 87.5%<br>(n=41) |

**Major Changes:**

As a result of the PIP, the state developed and implemented several statewide collaborative policies which include the Nevada Initial Assessment (NIA), Safety Assessment, Risk Assessment and Substantiation policy. The implementation of these policies standardized the way investigations occur throughout the state.

Nevada has continued to work diligently for the last 2 years developing our safety model. During that time extensive training in the NIA and safety concepts has occurred in addition to QICR activities to assess practice statewide. Due to concerns about field level application of the model that arose from QICR reviews, in September 2008 the state contracted with Action for Child Protection to do a review of 178 cases, specifically targeting the Nevada Initial Assessment (NIA) and safety assessment practices. The review resulted in recommendations for changes to the policy and the tool. The state has begun the process to establish an additional contract with Action for Child Protection to make the necessary revisions. The staff at Action for Child Protection will assist Family Programs Office staff in developing changes for the existing NIA and safety assessment policy and development of UNITY tools to enable documentation that fits and supports casework practice. Action for Child Protection will also focus efforts on capacity building in Nevada by developing purveyors who are experts in the safety practice model. The goal is to develop internal child welfare agency-experts with the Nevada Initial Assessment and Safety Assessment to lessen the need for outside and additional resources/support.

**Major Strengths:**

Nevada's ability to assess the needs of children and families and to insure there are appropriate services provided to reduce risk and enhance parental capacity has grown significantly over the last two years. Like any case work practice Nevada recognizes the need to continue to train and reinforce practice expectations to insure field staff possess the knowledge, skills and abilities to serve families involved with child welfare.

In August 2008, Washoe County initiated a "Paired Teams" approach to improve the continuity of services for children and families served by child welfare. Under this model investigative case workers and permanency case workers are paired in a unit with a common supervisor. The supervisor maintains oversight of the case throughout the time the agency is engaged with the family. The permanency case worker begins to work with the family earlier in the investigative process allowing for case planning and service delivery to occur prior to the end of the assessment. Washoe County has direct service staff and contractors that can offer a wide array of services including, basic family support services, assessment, parenting, counseling and family preservation.

In the DCFS Rural Region, services that are provided to families include, but are not limited to, Intensive Family Services (IFS) which operates under the brief solution oriented model and provides crises intervention and family counseling. IFS services may be dependent on the location of the family, caseload and if an IFS worker is stationed in the District. Family Support Services provide parenting instruction and life skills counseling. There are only four Family Support workers throughout the Rural Region. Wraparound in Nevada (WIN) Services provide case management services to children who are diagnosed with Severe Emotional Disturbance (SED). WIN workers focus on strengths of families to move them forward towards independence and self sufficiency. WIN also ensures that professionals and community services work together seamlessly. Additionally, WIN helps families reestablish community supports i.e. extended family, friends and the faith community to promote independence and meet the families needs. The WIN program is supervised by DCFS Children's Mental Health, with designated placement prevention funds to families that meet the eligibility criteria. Placement Prevention Funds include the Rural Region providing financial assistance to families for basic needs and treatment needs, Nevada Early Intervention Services (NEIS) serve any child under the age of 3 years old that experiences maltreatment is referred to NEIS. NEIS assesses the child's level of development and can provide developmental services to the family, if the child is eligible and case management.

The collaborative policies referenced above in the changes section are believed, in conjunction with this section assist in Nevada strengthening this item and have contributed toward overall progress in this area.

**Major Barriers:**

Nevada's statewide collaborative Substantiation policy needs to be revised. Evidence based substantiation definitions of maltreatment are needed to improve the consistency of field decisions.

A more effective and time efficient way to document multiple reports that are made on the same family during an open investigation needs to be implemented. Currently NAC 432B.140 requires additional reports in UNITY be made of any

subsequent incidents reported, however this creates duplication of reports in UNITY and results in duplication of UNITY windows which need to be completed in order to close that investigation.

Resources are scarce in rural Nevada and Clark County. Often there are long waiting lists for substance abuse treatment and mental health services and many rural communities do not have mental health services within a reasonable distance, nor do they have public transportation. A real issue related to this item is timely access to services and the service array. In Clark, it is expected that implementation of the North Carolina Family Assessment Scale (NCFAS) will lead to more comprehensive assessments.

The current fiscal budget crisis has had a negative impact on Clark County and the rural child welfare agency's ability to provide in-home services to families due to lack of funding and lack of enough community resources. The current budget crisis may impact Washoe's ability to continue the full continuum of services as currently outlined.

Currently not all child welfare agencies and/or courts in Nevada have an infrastructure to provide either voluntary or court mandated in-home services for children at imminent risk of removal, absent preventative services. Voluntary in-home service cases exist sporadically throughout the state, however the practice is not consistent and in some cases, county District Attorneys (DA), who represent the interest of the community at large, disagree with the child welfare agencies recommendations.

Lack of infrastructure results in a fragmented system of service that does not necessarily address those children who live with impending danger threats daily. Those children are sometimes at very high, high or moderate risk of future maltreatment, yet the child welfare agencies ability to intervene and provide services that would mitigate the threats is limited or denied because parents refuse services and DA's or courts do not support the need for intervention if removal criteria has not been met. As a result, many Nevada families have long histories with child welfare agencies and many Nevada children continue to be at high or moderate risk of repeat maltreatment.

#### **Summary:**

Based on information presented and supported by statewide data collected over the last five years, this item is rated as, an **Area Needing Improvement**. Despite Nevada's overall rating, it should be noted that Nevada has improved dramatically with regards to this item over the last five years. In the last CFPSR Nevada had a strength rating for recurrence of maltreatment of 43%. In 2008 the rate improved to 87.4%, and while Nevada has made great strides towards meeting this goal, continued effort is needed to achieve and sustain it.

## ***Safety II: Children are Safely Maintained in Their Own Homes Whenever Possible and Appropriate***

### **Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.**

*How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?*

#### **Statute, Regulation, and Policy:**

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

Nevada is operating in accordance with NAC 432B.160 and policy 0509 Nevada Initial Assessment (NIA) which establishes a methodical investigative process for interacting with a family for the purpose of identifying negative factors or conditions that are known to contribute to the likelihood of the maltreatment, as well as determine the strengths and/or protective capacities that can assist in mitigating risk and safety threats. Pursuant to NAC 432B.150, the assessment process results in a conclusion regarding the existence of present and/or impending danger. Assessments of risk and safety must be made at the appropriate case milestones in accordance with NAC 432B.180. Those decisions include the provision of child welfare services for the child, from intake through case closure. The assessment must be future-oriented rather than based solely on the child's injuries or current condition. Risk assessments identify the level of risk for future maltreatment.

Pursuant to NAC 432B.185 the safety assessment is the systematic collection of information about threatening family conditions and current, significant, and clearly observable threats to the safety of a child. The purpose of assessing safety is to determine whether a child is likely to be in present or imminent danger of serious physical or other type of harm that may require a protective intervention. The purpose of developing a safety plan is to insure the immediate protection of a

child while safety threats are being addressed.

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

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

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of “Area Needing Improvement” based on the finding that of 20% of the cases-reviewers determined that the agency had not made diligent efforts to provide the services necessary to maintain children safely in their own home. Results from subsequent case reviews conducted in the three years following show a steady increase in the percentage of scores rated as a “strength”. These scores are listed in Table 3.1. In addition, 62.5% of judges felt that the child welfare agency was effective in referring for or providing services, when appropriate to prevent the removal of children from their homes.

**Table 3.1: Statewide Quality Improvement Review Data**

| Item 3:  | CFSR 2004       | QICR 2006       | QICR 2007        | QICR 2008       |
|--|-----------------|-----------------|------------------|-----------------|
| Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. | 80.0%<br>(n=48) | 87.8%<br>(n=33) | 92.85%<br>(n=52) | 93.2%<br>(n=63) |

Data from the surveys conducted for the current Statewide Assessment in Table 3.2 below show that there are many services needed to help ensure that children remain safely in their homes. Respondents from the Tribal, Judicial, Stakeholder, Child Advocate and Caregiver Surveys are represented in this table. The importance of each service (on a scale of 1 – 5, with 5 being “Very Important”) is presented in descending rank order, with the most important service listed first.

**Table 3.2: 2009 Survey Responses Child Advocate, Judicial, Stakeholder and Caregiver Surveys**

| Importance of Services to Ensuring that Children Remain Safely in their Homes | N   | Min | Max | Sum  | Mean | SD*  |
|---|-----|-----|-----|------|------|------|
| Substance Abuse Treatment for the Parents                                     | 303 | 1   | 5   | 1450 | 4.79 | 0.70 |
| Mental Health Treatment for the Parents                                       | 298 | 1   | 6   | 1393 | 4.67 | 0.79 |
| Anger Management Classes for the Parents                                      | 295 | 1   | 6   | 1357 | 4.60 | 0.83 |
| Mental Health Treatment for the Child   | 293 | 1   | 5   | 1343 | 4.58 | 0.85 |
| Behavioral Services   | 292 | 1   | 5   | 1309 | 4.48 | 0.85 |
| Domestic Violence Prevention  | 297 | 1   | 5   | 1327 | 4.47 | 0.90 |
| Parenting Classes   | 299 | 1   | 5   | 1334 | 4.46 | 0.92 |
| Medical Care (Child and Parent)   | 300 | 1   | 5   | 1338 | 4.46 | 0.89 |
| Educational Services for Children with Learning and Related Disabilities      | 297 | 1   | 6   | 1316 | 4.43 | 0.91 |
| Medicaid Providers  | 296 | 1   | 5   | 1289 | 4.35 | 0.92 |
| Substance Abuse Treatment for the Child                                       | 276 | 1   | 6   | 1189 | 4.31 | 1.20 |
| Family Preservation   | 293 | 1   | 6   | 1249 | 4.26 | 1.06 |
| Child Care Assistance   | 290 | 1   | 6   | 1204 | 4.15 | 1.06 |
| Developmental Services  | 281 | 1   | 6   | 1143 | 4.07 | 1.03 |
| Low Income Housing  | 286 | 1   | 5   | 1156 | 4.04 | 1.13 |
| Dental Services   | 291 | 1   | 6   | 1174 | 4.03 | 1.06 |
| Transportation  | 299 | 1   | 5   | 1178 | 3.94 | 1.13 |
| Income Assistance   | 294 | 1   | 6   | 1154 | 3.93 | 1.12 |
| Parent Aid Services   | 275 | 1   | 6   | 1058 | 3.85 | 1.10 |
| Homemaker Services  | 274 | 1   | 6   | 960  | 3.50 | 1.24 |

Table 3.3 shows the responses of caseworkers and supervisors, reflecting the number of cases each of the services impacted the most. Substance Abuse Treatment for Parents is the top service reflected in both sets of surveys. The next top five services impacting the majority of cases for children in care are different from those listed as the most important

by stakeholders of all types. Overall, 68.8% of judges reported that the most important service need in their district was mental health treatment for the parents, followed by 43.8% reporting that substance abuse treatment for the parents was the most important need.

**Table 3.3: 2009 Survey Responses Caseworker and Supervisor Survey**

| Importance of Services to Ensuring that Children Remain Safely in their Homes | N   | No Cases 0% | Minority of Cases 20-40% | Majority of Cases 60-100% |
|---|-----|-------------|--------------------------|---------------------------|
| Substance Abuse Treatment for Parents   | 295 | 2.7         | 12.6                     | 84.8                      |
| Parenting Classes   | 295 | 4.1         | 24.4                     | 71.5                      |
| Low Income Housing  | 289 | 4.5         | 25.9                     | 69.6                      |
| Medicaid Providers  | 289 | 5.5         | 29.7                     | 64.8                      |
| Income Assistance   | 290 | 6.6         | 29                       | 64.5                      |
| Medical Care (Child and Parent)   | 293 | 4.1         | 33.5                     | 62.5                      |
| Mental Health Treatment for the Parents                                       | 290 | 4.1         | 34.8                     | 61.1                      |
| Behavioral Services   | 289 | 3.8         | 37.4                     | 58.8                      |
| Transportation  | 293 | 5.5         | 37.5                     | 57.1                      |
| Child Care Assistance   | 295 | 5.4         | 39.3                     | 55.3                      |
| Anger Management Classes for Parents  | 290 | 5.9         | 44.9                     | 49.4                      |
| Family Preservation   | 294 | 7.5         | 43.1                     | 49.4                      |
| Domestic Violence Prevention  | 289 | 5.9         | 45.7                     | 48.5                      |
| Educational Services for Children with Learning and Related Disabilities      | 293 | 6.8         | 49.8                     | 43.3                      |
| Mental Health Treatment for the Child   | 287 | 5.9         | 50.9                     | 43.2                      |
| Dental Services   | 287 | 12.9        | 47                       | 40                        |
| Developmental Services  | 291 | 7.6         | 59.8                     | 32.7                      |
| Parent Aid Services   | 293 | 20.1        | 53.3                     | 26.7                      |
| Homemaker Services  | 290 | 23.1        | 50.7                     | 26.2                      |
| Substance Abuse Treatment for the Child                                       | 280 | 53.6        | 42.2                     | 4.3                       |

**Major Changes:**

Nevada has developed and implemented significant changes to the family assessment process which will lead to improved safety outcomes and strengthen the State's ability to insure services are provided to keep children safe at home. The NIA will help staff to determine the strengths and protective capacities of caregivers that can help mitigate risk and safety threats. The assessment process results in a conclusion regarding the existence of present or impending danger. The conceptual framework for the NIA and Safety policies were adopted with assistance from the NRCCPS and were trained by, ACTION For Child Protection. The training titled *CPS Investigation – A Social-Child Safety Intervention* was funded utilizing CAPTA funds. The revised Safety Assessment and NIA were implemented in UNITY (SACWIS) on 01/27/2008. Since the implementation of the new policy, 25 classes were offered, training 824 individuals (including nearly 100% of caseworkers) on the three day, CPS Investigation (NIA) / Safety Assessment trainings provided by ACTION for Child Protection. In addition, Clark County provided an additional 10 sessions, training 234 CLARK COUNTY workers.

The Risk Assessment policy 0511 was implemented on December 13, 2007. Use of the tool was acquired from the Children's Research Center. Training on the risk tool was provided in December, prior to its implementation of the tool. Risk Assessment Training, was offered 7 times throughout the state training 200 workers from all 3 child welfare agencies (resulting in nearly 1/3 of the workforce being trained).

In 2008, the National Resource Center for Organizational Improvement (NRCOI) finalized their new service array assessment process, which is more closely aligned with the CFSR Process. The new process continues to assess service availability/capacity, gaps and evaluate the needs of children and families within the community. Planning meetings have been held and members for the initial Community Service Array Steering Committee have been identified. The first on-site meeting with the NRCOI and Washoe County was held in August 2008. The focus of this meeting was creating and implementing a resource and capacity development plan and accessing the capacity of a jurisdiction's service array. The committee is meeting regularly and discussing how to engage stakeholders, enhance relationships across the child welfare spectrum, address practice at the casework and system levels, and provide a mechanism through which a child welfare agency can continually assess and enhance its capacity to address the needs of children and families.

The State provides Family Preservation Services or Intensive Family Services programs which are characterized by high intensity immediately accessible treatment and ancillary services for at-risk children and families. The goals of these

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 nine regions.

Differential Response (DR) Policy 0503 procedures, approved and implemented on 12/19/2006, which establishes the procedures used when reports alleging child neglect are reviewed by staff at the child welfare agency and a determination has been that the report does not rise above a priority three, however based on the information provided at Intake it appears that the family is likely to benefit from early intervention through an assessment and services provided.

In 2004, Clark County Department of Family Services implemented a strategic initiative called Safe Futures, designed to improve the safety, permanency, and well-being of children and families at risk of maltreatment in Clark County. The following eight infrastructure elements were identified as crucial to the success of the Safe Futures initiative: Staffing; Practice Approach; Training; Management Data and Quality Assurance Systems; Policies and Procedures; Management Plan; Service Array; and Strategic Community Alliances.

**Major Strengths:**

Nevada now has in place an assessment process which is utilized by all child welfare staff to assess the needs of children and families and to guide the services provided for those families. This is a significant improvement and strengthening of Nevada’s child welfare practices. As a result of the collective efforts of staff from all of the child welfare agencies we have seen some increase in staff resources to provide family support service and other in home services.

The DCFS Rural Region has a Placement Prevention Fund through Title XX which allows financial assistance to families where removal from the home can be avoided with some financial assistance. Washoe County provides ongoing voluntary case management services in effort to prevent removal. In addition, para-professional positions are utilized to assist families in meeting their basic needs such as how to utilize community resources.

**Major Barriers:**

One of the major barriers that Nevada is experiencing is the number of recurring investigations. Cases are being assessed for future risk. If the future risk score is high or medium but the current allegation is unsubstantiated, the case is usually closed due to lack of services in the area, available staff, or lack of funding resources. Due to recent budget cuts, funding has been reduced to supply needed services. Waiting lists have been created by some providers due to capacity limits. In addition, services are difficult to find for families who live in rural areas. In some of the rural areas, the closest provider for a service could be four hours away which would make services difficult for a family to access. In addition to the barriers mentioned above, the lack of affordable housing and Nevada’s increase in unemployment rate may directly impact a family’s ability to remain stable.

Table 3.3 shows which barriers impacted caseworkers’ cases relating to the provision of services to child welfare families most frequently. Barriers are listed in descending order, with the highest percentage of cases listed first.

**Table 3.3: Barriers to the Provision of Services to Child Welfare Families – Caseworker & Supervisor Survey**

| <b>Barriers to Provision of Services to Child Welfare Families</b>               | <b>N</b> | <b>No Cases 0%</b> | <b>Minority of Cases 20-40%</b> | <b>Majority of Cases 60-100%</b> |
|--|----------|--------------------|---------------------------------|----------------------------------|
| Financial resources of the family  | 293      | 4.8                | 29.7                            | 65.6                             |
| Waiting list   | 294      | 5.4                | 38.4                            | 56.1                             |
| Complex family needs make it difficult for the family to follow through          | 292      | 4.1                | 43.5                            | 52.4                             |
| Services needed but not available in the community                               | 285      | 10.2               | 38.8                            | 51.3                             |
| Transportation   | 294      | 4.8                | 46.2                            | 48.9                             |
| Application Process for service is cumbersome                                    | 293      | 6.8                | 49.8                            | 43.4                             |
| Lack of feedback to the caseworker from the provider                             | 287      | 10.1               | 58.8                            | 31                               |
| Lack of responsiveness on the part of the service provider to the family’s needs | 288      | 13.9               | 56.6                            | 29.5                             |

Table 3.4 shows the barriers most frequently listed by stakeholders as part of the 2009 Surveys. Barriers are listed in descending order, with the highest mean listed first.

**Table 3.4: 2009 Survey Results – Judicial, Stakeholder, Tribal, Child Advocate, and Caregiver**

| <b>Item 3 - Barriers to the Provision of Services</b>                            | <b>N</b> | <b>Min</b> | <b>Max</b> | <b>Mean</b> | <b>SD*</b> |
|--|----------|------------|------------|-------------|------------|
| Caseload Size  | 282      | 1          | 5          | 4.35        | 1.02       |
| Caseload Growth  | 274      | 1          | 5          | 4.30        | 1.03       |
| Waiting list   | 268      | 1          | 5          | 4.15        | 1.08       |
| Services needed but not available in the community                               | 286      | 1          | 5          | 4.14        | 1.23       |
| Financial resources of the family  | 299      | 1          | 5          | 4.04        | 1.07       |
| Complex family needs make it difficult for the family to follow through.         | 281      | 1          | 5          | 3.98        | 1.06       |
| Lack of responsiveness on the part of the service provider to the family's needs | 275      | 1          | 5          | 3.81        | 1.21       |
| Application process for service is cumbersome                                    | 265      | 1          | 5          | 3.80        | 1.14       |
| Transportation   | 290      | 1          | 5          | 3.68        | 1.18       |

\*SD means Standard Deviation

### **Summary:**

The relevant data indicates that Nevada has made significant progress in services to family to protect children in the home and prevent removal or re-entry into foster care. Changes to state statutes, adoption of new policies and practice guidelines, additional training for supervisors and staff, implementation of Differential Response, and development of new functionality in UNITY, have all contributed to the improvement in agency effectiveness. These efforts have resulted in a significant and consistent increase in QICR scores for this item. However, there are still difficulties statewide finding services for families, therefore, the State believes that this item should be rated as an **Area Needing Improvement**.

## **Item 4: Risk Assessment and Safety Management**

*How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?*

### **Statute, Regulation, and Policy:**

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

If an agency assigns the report for investigation, a safety assessment is required to be completed upon the initial face-to-face contact with the alleged child victim pursuant to NAC 432B.185. Policy 0510 defines the purpose of assessing safety is to determine whether a child is likely to be in immediate or imminent danger of serious physical or other type of harm that may require a protective intervention. In addition, NAC 432B.185 requires the development of a safety plan to ensure the immediate protection of a child while safety threats are being addressed. A Safety Assessment is required to be completed at case milestones as outlined in NAC 432B.185.

Assessments of risk must also be made at the appropriate case milestones in accordance with NAC 432B.180 and Policy 0511 Risk Assessment, which states that an assessment of risk to a child must be conducted and considered as part of each significant decision made in a child welfare case. The assessment must be future-oriented rather than based solely on the child's injuries or current condition. Risk assessment identifies the level of risk for future maltreatment. Policies 0509 Nevada Initial Assessment and 0503 Differential Response are also applicable to this item.

All cases open for services must have a written collaborative case plan per policy 0204 Case Planning which is developed based on the needs identified in the Safety and Risk Assessments, defines the overall goals of the case and the step-by-step proposed actions for all parties to take to reach the goals within a specified time period. When the case plan has been successfully completed pursuant to NAC 432B.310, services must be terminated once an assessment of safety and risk of future harm to a child have been completed determining; the child is safe, the risk of future harm to the child is minimal; and the parent is protecting the child.

### **Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Area Needing Improvement" based on the finding that in 67% of the applicable cases, reviewers determined that the agency had not made diligent efforts to address the risk of harm to the child. One key concern was that cases were being closed without conducting a safety assessment when there was substantial evidence that risk issues had not been addressed. Subsequent case reviews conducted by the

State since that time indicate an increase in the number of cases rated as a “strength”.

**Table 4.1: Statewide Quality Improvement Review Data**

| Item 4:                               | CFSR 2004       | QICR 2006        | QICR 2007        | QICR 2008       |
|---------------------------------------|-----------------|------------------|------------------|-----------------|
| Risk assessment and safety management | 67.0%<br>(n=24) | 67.84%<br>(n=40) | 86.93%<br>(n=52) | 79.7%<br>(n=62) |

The data in the Table 4.2 shows that Washoe County was the only agency which had an increase in its scores each year from the previous year. Both Clark County and the DCFS Rural Region had a decrease from 2007 to 2008. One explanation for the decrease in the QICR results from 2007 to 2008 was a change in the case review process. In 2006 and 2007, only 12 cases each year were reviewed in each agency. In 2008, 24 cases were reviewed in each agency.

**Table 4.2: Agency Specific Data on Item 4**

| <b>Statewide Quality Improvement Review Data</b><br>Item 4: Risk assessment and safety management | QICR 2006       | QICR 2007        | QICR 2008       |
|---|-----------------|------------------|-----------------|
| Clark County Dept. of Family Services   | 75.0%<br>(n=14) | 91.7%<br>(n=27)  | 62.5%<br>(n=24) |
| Washoe County Dept. of Social Services  | 71.4%<br>(n=14) | 92.3%<br>(n=13)  | 94.7%<br>(n=23) |
| Division of Child and Family Services – Rural Region  | 57.1%<br>(n=12) | 81.85%<br>(n=12) | 75.0%<br>(n=15) |

Feedback was requested from the child welfare agencies on reasons as to why the QICR 2008 had decreased from one year to the next. The response given by Clark County indicated that during the timeframe under review there were many changes in policy occurring. Transitions in policy and staffing patterns were not stable. There were brand new staff, staff in training, staff shortages, supervisors were engaged in training and were unavailable. Moreover, the data entry into the SACWIS slowed and not effectively caught up. Also, Clark had not implemented voluntary in-home services at time of review. In addition, the new allegation of plausible risk of physical injury was an overused category, which is difficult to substantiate, and over use of this allegation creates a higher risk assessment for families but it is possible that this allegation creating risk would not require services if unsubstantiated. Finally, policy supports case transfers to in-home of only substantiated cases for voluntary in-home; high risk does not always support substantiation per our substantiation policy so agency services not available. There are limited non-Clark County agency resources to refer high-risk families.

In the 2009 Statewide Assessment Surveys Caseworkers and Supervisors additionally reported that workers use the Nevada Initial Assessment in the 60-100% of their cases 50.5% of the time, and 16% of the minority of cases (20-40%). The Safety Assessment is reported to be used in 60-100% of cases 84.9% of the time, and Risk Assessment is used in the majority of cases 64.7% of the time. The largest barriers affecting the majority of cases to using these assessments as reported by caseworkers and supervisors include caseload size (53.1%) and caseload growth (52.3%). Inadequate training and issues with the tool itself are also reported to be an issue in a minority of cases (43.9%).

In addition, judges and child advocates indicated that they were somewhat aware of policy requirements for conducting safety assessments; specifically, 53.3% of judges and 59.7% of child advocates. In addition, 63.6% of child advocates, 68.8% of judges, and 63.9% of stakeholders indicated that in their perception, child welfare agencies are somewhat to moderately effective in identifying and assessing safety and risk of harm issues at key decision making points throughout the case. Further, 78.6% of judges who responded to the survey indicated that caseworkers’ court action requests for removal and placement are appropriately based on assessments of safety. Finally, 86.7% of judges indicate that they use the results of the safety assessment for their determination in removing the child.

In the 2009 agency survey, caseworkers and supervisors reported that out of 300 responses, 92 had cases where the child felt unsafe while in care (30.7%). Of these, they indicated that it was another teen or child that made the child in care feel unsafe in a majority of cases this occurred 30.4% of the time, followed by foster parents (28.8%) and other adults (20%). Table 4.3 below shows the use of assessments in casework practice.

**Table 4.3: 2009 Survey of Caseworkers and Supervisors - Use of Assessments in Casework Practice**

| Assessment                    | N   | No Cases<br>0% | Minority of<br>Cases<br>20-40% | Majority of<br>Cases<br>60-100% |
|-------------------------------|-----|----------------|--------------------------------|---------------------------------|
| NIA-Nevada Initial Assessment | 269 | 33.5           | 16                             | 50.5                            |
| Safety Assessment             | 291 | 7.9            | 7.2                            | 84.9                            |
| Risk Assessment               | 274 | 20.1           | 15.3                           | 64.7                            |
| Other Assessment              | 171 | 41.5           | 12.3                           | 46.2                            |

**Major Changes:**

Nevada has made major progress in the development of policies, procedures and tools which are specifically focused on the assessing and managing safety and risk factors for all children served by the child welfare system. These have been described in prior sections of this assessment and are briefly restated here:

- The NIA is an assessment process used to identify negative factors or conditions that are known to contribute to the likelihood of child maltreatment, as well as to determine the strengths and/or protective capacities of caregivers that can help mitigate risk and safety threats.
- The conceptual framework for the NIA and Safety policy was adopted with assistance from The National Resource Center for Child Protective Services.
- Training was provided by, ACTION For Child Protection. The training titled *CPS Investigation – A Social-Child Safety Intervention* was funded utilizing CAPTA funds.
- The revised Safety Assessment and CPS Investigation (NIA) were implemented in UNITY (SACWIS) on 01/27/2008.

In 2008, the National Resource Center for Organizational Improvement (NRCOI) and Washoe County initiated the service array assessment process. Planning meetings have been held and members for the initial Community Service Array Steering Committee have been identified. The first on-site meeting with the NRCOI and Washoe County was held in August 2008. The focus of this meeting was creating and implementing a resource and capacity development plan. The committee is meeting regularly and discussing how to engage stakeholders, enhance relationships across the child welfare spectrum, address practice at the casework and system levels, and provide a mechanism through which a jurisdiction at the local level can continually assess and enhance its capacity to address the needs of children and families.

The State provides Family Preservation Services programs which 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 nine regions. Differential Response (DR) Policy 0503 and the 2004 implementation of the Clark County Safe Futures initiative also apply to this item. The Differential Response policy states that the DR referral does not rise to the level of an allegation, which would mean it would be a screen out. Clark County staff states that reports must rise to the level of an allegation to qualify for DR. It is determined that the family would benefit from an assessment rather than an investigation and the family is offered this as an option. If the family does not accept the assessment option, CPS is notified and re-reviews for investigation. Also in Clark County if an investigation remains open beyond 45 days the assigned CPS worker must see the children once every 14 days until the investigation is closed.

**Major Strengths:**

Washoe County utilizes an internal multi-disciplinary team called the Foster Care Stability group. An immediate referral to Washoe County "Foster Care Stability Group" is required whenever there are signs of instability or potential disruption in a foster home. Team members are assigned for foster care support and identification of services needed for the foster home.

The Child Fatality Unit at the Family Programs Office tracks child fatality and public disclosures of information. Case reviews on child deaths provide important information on how to increase safety in the child welfare agencies. A joint report of the Children's Advocacy Institute and First Star published in April 2008 compares the child death and near death disclosure laws and policies of all 50 states and the District of Columbia and ranks them from "A+" for the best, most transparent policies to "F" for the most secretive or non-existent policies. Nevada received an "A+" scoring 95 out of 100 points based on specific criteria outlined in this report. Nevada tied New Hampshire in receiving the highest score of all 50 states.

## Major Barriers:

One of the major barriers that the state is experiencing is the number of cases that are being closed as unsubstantiated but continue to have significant risk factors that are not addressed or resolved before case closure. Cases are being assessed for future risk but if the current allegation is unsubstantiated, the case is usually closed. Nevada lacks many of the basic levels of community support services that might help families after involvement with the child welfare system. If the Risk Assessment indicates there is a Medium or High Risk of possible future abuse/neglect, the family should be able to access supportive services on a voluntary basis. The level of service should be determined based on the assessment of future risk of harm for the child. Clark County Reports that additional barriers include that sometimes courts will throw out cases if there is no home removal, therefore they don't provide services to high risk cases without a removal.

Currently agencies lack the staff resources to routinely serve the moderate risk level families and in some cases have limited ability to serve high risk families where children are deemed to be safe.

According to the DCFS Rural Region, resources are scarce in rural Nevada, and often times there is a long waiting list for services. Many rural communities have limited services/resources and do not have public transportation available. The DCFS Rural Region provides services to geographical areas considered to be frontier, which can be up to a four hour drive from a Rural Region office.

The 2009 Statewide Assessment surveys asked questions regarding barriers to assessing safety and risk. More than 50% of Caseworkers and Supervisors reported that caseload size and growth impact the majority of their cases. Table 4.4 provides information on a variety of barriers.

**Table 4.4: 2009 Survey of Caseworkers and Supervisors – Barriers to Assessing Safety and Risk**

| Barriers to Assessing Safety and Risk | N   | No Cases<br>0% | Minority of<br>Cases<br>20-40% | Majority of<br>Cases<br>60-100% |
|---------------------------------------|-----|----------------|--------------------------------|---------------------------------|
| Caseload size                         | 292 | 19.9           | 27.1                           | 53.1                            |
| Caseload Growth                       | 289 | 19             | 28.7                           | 52.3                            |
| Inadequate Training                   | 287 | 35.9           | 43.9                           | 20.3                            |
| Navigating or Familiarity with UNITY  | 288 | 46.2           | 42.7                           | 11.1                            |
| Issues with the tool itself           | 287 | 42.9           | 43.9                           | 13.2                            |
| Lack of supervisory oversight         | 287 | 57.8           | 32.4                           | 9.7                             |

Table 4.5 shows Judges and Child Advocates perceptions of barriers child welfare agencies experience in the assessment of safety and risk. Budgetary restrictions were listed as the strongest barriers, followed by caseload growth and caseload size.

**Table 4.5: 2009 Survey Results – Judicial & Child Advocate**

| Item 4: Barriers to Assessing Safety and Risk | N  | Min | Max | Mean | SD*  |
|---|----|-----|-----|------|------|
| Budgetary Restrictions                        | 57 | 1   | 5   | 4.37 | 1.11 |
| Caseload Growth                               | 56 | 2   | 5   | 4.18 | 1.10 |
| Caseload Size                                 | 60 | 1   | 5   | 4.05 | 1.44 |
| Lack of Supervisory Oversight                 | 54 | 1   | 5   | 3.80 | 1.19 |
| Inadequate Training                           | 54 | 1   | 5   | 3.76 | 1.20 |

\*SD means Standard Deviation

## Summary:

The data indicates that Nevada has made significant progress in reducing the risk of harm to children, including those in foster care and those who receive services in their own home. Changes to state statutes, adoption of new policies and practice guidelines, additional training for supervisors and staff, and development of new functionality in UNITY, have all contributed to the improvement in agency effectiveness. These efforts have resulted in a significant and consistent increase in QICR scores for this item. Therefore, the State believes that this item should be rated as **Strength**.

# Permanency I: Children Have Permanency and Stability in Their Living Situations

## Item 5: Foster care re-entries

How effective is the agency in preventing multiple entries of children into foster care?

### Statute, Regulation, and Policy:

Nevada statutes and regulations state that one of the key objectives of the DCFS is to plan and coordinate the provision of services for the support of families, in order to maintain the integrity of families and ensure that children are not unnecessarily removed from their homes (NRS 432.011(2)(b)). This includes providing counseling, training, involvement of parents in case planning, and other services to families, even if a report of abuse or neglect is received but it is determined that an investigation is not warranted at the time (NRS 432B.393).

Nevada statute also requires an agency which provides child welfare services to make reasonable efforts to preserve and reunify the family of a child before the placement of the child in foster care, to prevent or eliminate the need for removal from the home. Regulations require caseworkers to identify and utilize the family's strengths and resources (NAC 432B.200), and to provide services designed to strengthen parental capacity to care for the children (NAC 432B.210).

DCFS Policy regarding Case Planning (0204) reiterates these same requirements in greater detail, providing guidance to staff in how to accomplish the goals of the statutory and regulatory framework. Child welfare agencies in Nevada have adopted a practice of maintaining legal custody of the child for up to six months after the child has been physically reunified. This practice is designed to ensure that parents are continuing to utilize the available services outlined above and to provide post-reunification services, including intensive family preservation services, when problems arise.

### Statewide Data:

During the CFSR in 2004, this item was given an overall rating of "Strength" based on the finding that in 98 percent of the applicable cases, children entering foster care during the period under review were not entering within 12 months of a prior foster care episode, and the data from the State Data Profile indicated that Nevada's re-entry rate of 6.9 percent exceeds the national standard of 8.6 percent or less. Stakeholders commenting on this item during the previous CFSR expressed the opinion that re-entry into foster care is relatively rare. They attributed this to the practice of the child welfare agency maintaining legal custody of the child for up to six months after the child has been physically reunified.

Subsequent reviews conducted by the state in 2006 – 2008 show a consistent increase in the percentage of strength scores. These are listed in Table 5 below. In addition, the current data profile (12/01/2008) reflects the State's scaled composite score for Permanency Composite 1 is 152.8, which exceeds the national standard of 122.6. The Component B, measure C(1)-4 score for Re-entries to foster care in less than 12 months is 8.7%. This measure is one of the instances where a lower score is preferable, and Nevada has scored below the national median (15.0%) and the 25<sup>th</sup> percentile (9.9%).

**Table 5.1: Statewide Quality Improvement Review Data**

| Item 5:                | CFSR 2004     | QICR 2006       | QICR 2007      | QICR 2008      |
|------------------------|---------------|-----------------|----------------|----------------|
| Foster care re-entries | 98%<br>(n=24) | 88.9%<br>(n=14) | 100%<br>(n=15) | 100%<br>(n=28) |

In the 2009 Judicial Survey, 71.4% of judges indicate that they have a process for knowing the number and circumstances of previous removals for a child when ruling on a placement.

### Major Changes:

There has been an emphasis on concurrent planning in Nevada since the 2004 CFSR. Concurrent Planning Practice Guidelines were developed in 2007 as part of the statewide collaborative policy on case planning. The *Nevada's Guide for Concurrent Planning*, also developed in 2007, is a tool to identify whether a child and his or her parents will benefit from concurrent planning. The *Guide* is intended to be used with all children in out-of-home placements following the family assessment.

Development of Child and Family Team Practice Guidelines in 2007 has also had a positive effect on the results for this item. A Child and Family Team (CFT) meeting is the gathering of family members, fictive kin, friends, and other invested stakeholders who join together to strengthen a family and provide a protection and care plan for the child to achieve child safety, permanency and well-being. Washoe County has expanded their Family Preservation unit. Family Preservation services (5 clinicians and a supervisor) uses a clinically-oriented approach utilizing the least intrusive, solution focused interventions. Washoe County has formed a "Visitation Workgroup" to review and submit recommendations to improve visitation between children and families. More frequent, quality visitation will enhance parental capacity and provide a better transition of children from foster care to parental care and thus reduce foster care re-entry.

### **Major Strengths:**

All child welfare agencies within Nevada have successfully maintained a low rate of foster care re-entry. One of the major contributing factors is the practice of the child welfare agency maintaining legal custody of the child for up to 6 months after the child has been placed at home on a trial home visit. This practice is designed to ensure that parents are continuing to utilize the available services outlined above and to provide post-reunification services, including intensive family preservation services, when problems arise. Clark County has improved significantly from the baseline score established in 2006. One of the factors which success in this area is attributed to is the SAMHSA grant for Seriously Emotionally Disturbed (SED) children which provided funds for wrap-around services. Washoe County, in addition to having the court determine when custody should be legally returned to the parents, also works to prevent re-entry into foster care by requiring a re-assessment of the situation and prior approval from a unit supervisor before a child is returned home.

### **Major Barriers:**

The practice of the child welfare agency maintaining legal custody of the child for up to 6 months after the child has been physically reunified, which has been a major factor in preventing re-entry, has also led to cases being kept open for extended periods of time. This has resulted in even larger caseloads for many caseworkers across the state, particularly in offices that have been understaffed due to issues with staff turnover. Additionally, in the Rural Region there is limited access directly by DCFS-Rural Region employees to conduct criminal background checks on relatives or fictive kin. Currently, there is only one terminal and two staff who have access to complete a criminal background check through the Nevada Criminal Justice Information System (NCJIS). Local law enforcement is used to run checks. Some other issues that present barriers include families who become involved in the child welfare system due to substance abuse and often the reunification plan does not take into account recovery stages including relapse, relapse prevention and in home safety plans should a relapse occur. In addition there can be a reduction of available services from foster care to home that can impact the children's transition (i.e., behavioral health, medications). This is especially true if the family does not qualify for Medicaid.

### **Summary:**

The relevant data, including both the current and previous Data Profiles, reflected that Nevada exceeds the national standards for permanency and for foster care re-entries. Combining this finding with the improvement and consistent high scores on the QICR data results, and the overall rating as a Strength on the 2004 CFSR, it is our position that the State continues to be effective in preventing multiple entries of children into foster care and that this area should remain a **Strength**.

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## **Item 6: Stability of foster care placement**

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*How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?*

### **Statute, Regulation, and Policy:**

Nevada Statute and Administrative Code supports the placement stability of children in foster care by requiring child welfare agencies to assess the individual needs of the child, and to place that child in the least restrictive environment that is consistent with the identified needs. Relatives are the first placement option considered for all children placed in out-of-home care. Child welfare agencies are also required to place siblings together when possible. Policy requires that the agency provides the foster care provider with appropriate information about the child's family, medical, and behavioral history, as well as discussing the child's plan for permanency and any needs prior to placement. The purpose of sharing such information is to identify and provide for the most appropriate matched foster home (NRS 424.038(1), NAC 424.465). NAC further requires that information about the child's situation and needs are to be continually shared by the child welfare agency and the foster care providers in a timely manner; thereby ensuring that the child's needs are continually addressed with appropriate services, including a requirement of the agency to provide a program of respite for the foster providers (NAC 424.810, NAC 424.805). NAC supports placement stability by requiring that a foster provider provide the agency with 10 working days' notice of any request for the removal of the child from that home unless: they have a contrary agreement or if there are immediate and unanticipated safety issues, giving the agency time to respond to issues that may have caused the instability (NAC 424.478).

Placement stability is further supported by NRS, NAC and statewide policy by encouraging child welfare agencies to attain permanency in a timely fashion. State laws and regulations require that the agencies adopt a plan for the permanent placement of the child. This plan is to be monitored by the court at the time the youth is placed in foster care and annually thereafter. The plan for permanent placement or case plan is to include a statement addressing goals and objectives; a description of the home or institution the child is placed; and a description of the safety and appropriateness of the

placement, so to ensure proper care and accomplishment of case plan goals; and that a description of the manner in which the agency ensures services are provided to the child and foster parents, which address the needs of the child. The agencies are further required to document all progress towards permanency; and in the event that a termination of parental rights requires the agency to identify and document the obstacles to permanent placement of the child and specific steps to find a stable and permanent home (NRS 432B.553, NAC 432B.400, NAC 432B.2625, Policy 0204).

Other statewide policies require caseworkers to visit children in foster care once every month and directs a portion of this monthly visit by the case workers to assess the child's adjustment to the placement and the stability of the placement; the case workers are to meet with the foster care provider and discuss the service needs of the child or provider, that may support the placement (Policy 0205). Lastly, statewide policy supports foster care placement stability by directing agencies to utilize a Child and Family Team approach to the engagement, teaming, assessment, planning, intervening, tracking and adapting of services to achieve the well-being, permanency, and stability of children and families (Policy 0203).

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Area Needing Improvement" based on the finding that only 62.5% of the cases reviewed had fewer than two placements or were currently in a stable setting. The Quality Improvement Case Reviews have shown a considerable increase in the percentage of cases that would be rated as a "strength", however since the first round of the CFSR these results have fluctuated. These results are reported in Table 6.1.

**Table 6.1: Statewide Quality Improvement Review Data**

| Item 6:                            | CFSR 2004       | QICR 2006       | QICR 2007       | QICR 2008       |
|------------------------------------|-----------------|-----------------|-----------------|-----------------|
| Stability of foster care placement | 62.5%<br>(n=24) | 94.4%<br>(n=27) | 85.0%<br>(n=33) | 92.2%<br>(n=33) |

As indicated in Table 6.2, Nevada's SOAR data has also indicated a statewide increase in the placement stability. SOAR reports were found to be inconsistent with the QICR data in regard to how different child welfare agencies are rated over the last 5 years. This inconsistency can be best explained by a solely quantitative measure of the SOAR reports and the qualitative measure of the QICR, as SOAR data does not capture whether or not placement moves are in the best interest of the youth or if they were planned moves that related to establishing permanency for the child.

**Table 6.2 SOAR Data (as reported in QICR reports)**

|                     | CFSR 2004 | QICR 2006 | QICR 2007 | QICR 2008 |
|---------------------|-----------|-----------|-----------|-----------|
| Placement Stability | ≥74.9%    | no data   | 75.43%    | 76.96%    |

The Nevada CFSR Data Profile indicates a slight decrease in the state score from the 12-month period ending 03/31/2007 and the score for the 12-month period ending 03/31/2008. Again the data captured in the CFSR Data Profile, like SOAR data, is solely quantitative and while it is consistent with the SOAR data, it is inconsistent with QICR data. Despite these inconsistencies, overall, the Data Profile, SOAR data, and the QICR results all show and increase in cases that would be rated a "strength" since the CFSR reviews in 2004.

In the 2009 Statewide Assessment Surveys, 51.2% Caseworkers and Supervisors report that children have had more than one placement after being removed from their homes in a minority (20-40%) of cases. In addition, 60.3% of child advocates, 66.7% of judges, 65.1% of caregivers and 47.7% of stakeholders indicate that in their perception, child welfare agencies are somewhat to moderately effective in providing placement stability for children in foster care (minimizing placement changes).

**Major Changes:**

In response to the PIP Nevada developed numerous statewide policies and standardized a practice model; the Case Management Practice Model in 2005, the Caseworker Contact with Children, Parents and Caregivers in 2008. Nevada developed a foster parent satisfaction survey in 2006; standardize home studies in 2005; submitted an instructional memo to agencies for review of statues regarding the notification of foster parents with regards to the service needs of children in 2005. Also, in response to the PIP, Nevada implemented the Statewide Policy 0204 Case Planning and the Concurrent Case Planning Guide in 2007, to ensure children in foster care experienced timely permanency and therefore placement stability. Clark County addressed the licensing of the Child Haven emergency shelter and has taken systematic steps to ensure that shelter care is not used inappropriately or for extended periods of time. By 2006 each agency developed placement decision-making strategies beyond the primary case worker, including criteria to guide placement decisions to ensure a range of placement options are considered so as to match children with the most appropriate foster home; and initiated a Quality Improvement system to analyze placement moves in 2005. Each child welfare agency created plans to

strengthen regional recruitment and training of foster/adoptive parents in 2006.

**Major Strengths:**

Marked improvements to placement stability may be linked to many promising practices implemented by the child welfare agencies. Clark County implemented the “Safe Futures” Initiative and as it is related to this item, they have drastically reduced the number of children and youth admitted to the Child Haven Shelter with the initiation of a placement receiving team on the Child Haven campus, which has been highly successful in placing children into foster homes and avoiding an admission into congregate care. Their placement process was re-designed with technical assistance from Casey Family Programs utilizing best practices to match children with foster homes. Clark County obtained a Federal Systems of Care Grant which was instrumental in developing their Child and Family Team model which brought client centered practice to the placement decision-making process and also assisted in developing kinship care programs and caregiver support services. Clark County has also supported the development of the Clark County Foster Parent and Adoptive Parent Association (CCFAPA), supporting the association’s effort in offering training of foster parents. Clark County formed the Community Advisory Board, a joint foster parent and agency workgroup, which meets monthly to address caregiver concerns and issues. The caregiver support services uses foster parent liaisons; these liaisons respond to 10-day notices and other foster home disruptions, they call and facilitate CFT meetings in an effort to support the placement and avoid disruptions and placement moves.

In addition, Washoe County implemented their Treatment Services Team; this team reviews and approves requests for treatment home placements to make the best possible match. Washoe County also utilizes Foster Care Liaisons, who maintain a close relationship with the foster parents to assist in making the best foster home placement match and instructs caseworkers to visit the youth within one week of placement. Washoe County also implemented the Foster Care Stability Group, a group comprised of Administration, Licensing, Foster Family Support, Treatment Services Team and Clinical Response unit, which meets in response to a potential placement disruption and will review and approve any placement moves related to instability in a placement prior to a child being moved.

DCFS Rural Region uses the monthly meeting of the Supervisory Review Committee to discuss children in care beginning at three months and to track and review all case information until permanency has been achieved. Through this process every child’s case is reviewed quarterly.

Through out Washoe County and the Rural Region, The Sierra Association of Foster Families provides a number of supports to foster parents. These services include providing foster parent mentors to new foster families, advanced training, foster parent and youth support groups, and educational programs.

**Major Barriers:**

Washoe County and the Rural Region report a consistent barrier to placement stability is an inadequate number and array of foster homes. This lack of foster homes has resulted in situations where foster placements may be made outside their community and make it difficult to find homes that match the individual needs of children. Washoe County also indicated that high case loads that impact caseworker’s ability to support foster care providers and that many foster care providers have an inability to understand and manage the behaviors of children who have suffered the trauma of abuse and neglect. The Rural Region indicates that their region lacks foster parents that are able to handle children requiring a higher level of care. Clark County reported that a unique barrier to placement stability is that the gambling industry of Las Vegas promulgates a large number of cases of temporary abandonment of children and a subsequent heavy level of law enforcement removal and the transient nature of the city promotes a need for many short term placements. Table 6.3 shows the results of the survey of caseworkers and supervisors on the barriers that impact the majority of their cases. Respondents indicated (43.2%) that lack of placement choices was the barrier that impacted the majority of their cases over other choices given.

**Table 6.3: 2009 Caseworker and Supervisor Survey**

| Barriers to Placement Stability      | N   | No Cases<br>0% | Minority of<br>Cases<br>20-40% | Majority of<br>Cases<br>60-100% |
|--------------------------------------|-----|----------------|--------------------------------|---------------------------------|
| Caseload size                        | 246 | 39             | 30.9                           | 30.1                            |
| Caseload growth                      | 242 | 41.3           | 31                             | 27.7                            |
| Inadequate training                  | 243 | 57.2           | 32.1                           | 10.7                            |
| Navigating or familiarity with UNITY | 240 | 72.1           | 22.9                           | 5.1                             |
| Lack of placement choices            | 250 | 21.6           | 35.2                           | 43.2                            |
| Lack of supervisory oversight        | 238 | 67.2           | 26                             | 6.7                             |

Table 6.4 shows the barriers identified by child advocates, judges, caregivers, general stakeholders and tribal members as impacting the child welfare agency's effectiveness in completing timely and appropriate placements for children. Judges felt that budgetary restricts were the most likely barrier, followed by all stakeholders listing caseload growth and caseload size as the most likely barriers.

**Table 6.4: 2009 Survey – Child Advocates, Caregivers, Judicial, Stakeholders and Tribal**

| <b>Item 6 - Barriers to Completing Timely and Appropriate Placements</b> | <b>N</b> | <b>Min</b> | <b>Max</b> | <b>Mean</b> | <b>SD*</b> |
|--|----------|------------|------------|-------------|------------|
| Budgetary restrictions   | 9        | 5          | 5          | 5.00        | 0.00       |
| Caseload growth  | 255      | 1          | 5          | 4.06        | 1.16       |
| Caseload size  | 263      | 1          | 5          | 4.06        | 1.25       |
| Lack of placement options  | 239      | 1          | 5          | 3.95        | 1.31       |
| Inadequate training  | 237      | 1          | 5          | 3.48        | 1.31       |
| Familiarity with local placement resources                               | 107      | 1          | 5          | 3.41        | 1.31       |
| Lack of collaboration between the Agency and me or my facility           | 202      | 1          | 5          | 3.41        | 1.46       |
| Lack of supervisory oversight  | 230      | 1          | 5          | 3.30        | 1.40       |

\*SD means Standard Deviation

Caseworkers and Supervisors surveyed indicated (see Table 6.3 below) that for the majority of their cases, lack of placement options (43.1%), followed by caseload size (41.9%) and caseload growth (40%) were the biggest barriers.

**Table 6.3: 2009 Caseworker and Supervisor Survey**

| <b>Barriers to Timely and Appropriate Placements</b> | <b>N</b> | <b>No Cases<br/>0%</b> | <b>Minority of<br/>Cases<br/>20-40%</b> | <b>Majority of<br/>Cases<br/>60-100%</b> |
|--|----------|------------------------|---|--|
| Caseload size  | 265      | 29.4                   | 28.7                                    | 41.9                                     |
| Caseload growth                                      | 260      | 30                     | 30                                      | 40                                       |
| Inadequate Training                                  | 262      | 53.4                   | 34                                      | 12.6                                     |
| Navigating or Familiarity with UNITY                 | 263      | 60.8                   | 28.9                                    | 10.3                                     |
| Lack of placement options                            | 267      | 21                     | 36                                      | 43.1                                     |
| Lack of Supervisory oversight                        | 259      | 64.9                   | 27                                      | 8.1                                      |
| Sibling group  | 267      | 22.8                   | 44.6                                    | 32.6                                     |

**Summary:**

The relevant data indicates that Nevada has made significant progress in achieving higher levels of stability in foster care placements. The creation of standardized statewide policies and practice guidelines, targeted recruitment and training of foster parents, the development of placement decision-making teams to best match children to foster homes, the reduction of the use of congregate care and child welfare agency efforts to support, prevent and maintain placement disruptions have led to some of these marked improvements. These efforts have resulted in higher QICR, SOAR and Composite scores for this item. However, this item still needs work, therefore, the State believes that this item should be rated as an **Area Needing Improvement**.

**Item 7: Permanency goal for children**

*How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?*

**Statute, Regulation, and Policy:**

NRS 432B.393, .540, .553, .580 and .590 require the agencies that provide child welfare services to adopt a plan for permanency in accordance with the requirements and timeframes in the Adoption and Safe Families Act of 1997 (ASFA); including periodic case review by the Courts. NAC 423B.013, .1364, .1366, .160, .180, .185, .190, .200, .210, .240, .261, .2625 and .263 provide the authority and requirements for assessing the child's safety needs, child and family strengths, needs and risk factors to determine the most appropriate permanency goal(s).

The statewide 0204 Case Planning policy, based upon the existing statutory authority and regulations cited, was

developed by a statewide team to fulfill Action Step 7.1 in the state's Program Improvement Plan (PIP). Steps required to determine the most appropriate permanency goal for a particular child include; a collective assessment process beginning with solution focused and strength based engagement and partnering with the family, an immediate diligent search for possible non-custodial parents, relatives or fictive kin, who are able to commit to permanency or to providing emotional support/relationship for the child, a determination of the applicability of Indian Child Welfare Act, and use of the Concurrent Planning Guide to identify indicators suggesting the likelihood of early reunification or suggesting the need for concurrent planning.

The 0509 Nevada Initial Assessment (NIA), 0511 Risk Assessment and 0510 Safety Assessment policies guide the collection of information used to determine the appropriate case plan goal(s) and the services needed to support achievement. The ASFA policy specifically directs development of an appropriate and comprehensive case plan to address the safe return of the child to the family when a child cannot remain safely in their home during crisis period. Diligent Search Process and Relative Placement Decisions directs the identifying, locating and contacting of relatives regarding their interest in providing a temporary or permanent placement for or adopting a child prior to or when the child is placed in substitute care.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of an "Area Needing Improvement" based on the finding that in 29% of the applicable cases, reviewers determined that the child welfare agency had not established an appropriate goal for the child in a timely manner. However, in subsequent reviews conducted by the state, Nevada has shown a steady increase in performance as shown in Table 7.1.

**Table 7.1: Statewide Quality Improvement Review Data**

| Item 7:                      | CFSR 2004     | QICR 2006       | QICR 2007       | QICR 2008       |
|------------------------------|---------------|-----------------|-----------------|-----------------|
| Permanency goal for children | 71%<br>(n=24) | 83.3%<br>(n=18) | 92.9%<br>(n=20) | 94.6%<br>(n=34) |

The State's performance on permanency data profile element III and first-time entry cohort profile data element III concerning placement goals for children in care demonstrate that the majority of children in both instances have a permanency goal of reunification (51% and 55.1%, respectively in FFY 2007). The second most prevalent goal is that of adoption, with 27.8% and 5.9% respectively.

Results of the 2009 Statewide Assessment surveys indicate that 100% of judges surveyed are aware of child welfare policy requirements regarding permanency and that 60% of judges frequently agree with the child welfare agencies recommendation in making case goal decisions for children in foster care whenever the family's circumstances change. In addition, 57.1% of judges feel that the child welfare agency is somewhat effective in concurrent planning efforts. Caseworkers and supervisors report that the concurrent planning guide is used to determine the need for concurrent planning in the majority (60-100%) of cases 42.1% of the time; that cases include a concurrent planning goal when one is warranted 74.5% of the time; and that the concurrent plan is implemented at the same time as the primary goal 64.6% of the time. Focus groups with the managers in child welfare do not agree with this finding and suggest that concurrent planning is occurring at a much lesser rate.

**Major Changes:**

The 0204 Case Planning policy was developed in response to PIP Action Steps 3.1, 7.1, 8.1, 17.2, 20.4 and 25.2, which requires a thorough assessment process be used to identify the appropriate permanency goal(s). Assessment Process Policy and Practice Guidelines, also developed in achievement of PIP Action Step 3.1, require agencies to assess and address the following areas of functioning: the reason for intervention and/or conditions giving rise to the abuse/neglect or the parent/child conflict, and the effects on the child, family or community; safety; child's physical and mental health, emotional and behavioral well-being, attachments and bonding, developmental history and milestones; the family strengths and goals; family social support system; family environment and overall functioning, including physical environment of the housing/neighborhood, family composition, stability, stresses; parents' attachment to and relationship with the child and other family members; parenting skills, discipline methods and caretaker capacity and ability; environmental stresses (domestic violence, substance abuse, disabilities, others); employment and self sufficiency needs; physical and mental health; current services family is receiving; and history of overcoming setbacks and challenges.

Every case plan must document the permanency goal and the projected date for achieving the goal. Permanency goals are, in ascending order of preference: reunification with removal caretaker or non-custodial parent; adoption by a relative; adoption by a non-relative; legal guardianship by a relative; legal guardianship by a non-relative; permanent placement with a fit and willing relative; and Another Planned Permanent Living Arrangement (APPLA) when compelling reasons have been documented to the court that neither reunification, adoption or legal guardianship is an option. The training component to the above PIP items included training modules with instruction on family assessment and collaborative case planning for all workers identified by their respective agencies. State monitoring of performance on this item is

accomplished through quality improvement case reviews, quarterly supervisory reviews and regular review of UNITY data reports by FPO staff.

**Major Strengths:**

Since the prior CFSR, the state has established a solid foundation for the timely establishment of permanency goals that included policy development, implementation and training. All three child welfare agencies collaborated on policy and training curricula designed to implement the change in practice supported by the data. In addition, Clark County Department of Family Services’ “Safe Futures” Plan included implementation of the North Carolina Family Assessment Scale (NCFAS) for comprehensive family assessment, establishment of appropriate permanency goal(s) and case plan completed by the in-home or foster care worker. The court must approve the permanency goal and review its continued appropriateness at the periodic and permanency review hearings. In Washoe County APPLA plans are staffed at regular intervals with supervisors and safety assessments at case milestones also help to determine whether reunification or a relative placement is feasible as the child matures. Treatment progress is assessed to determine if child or family functioning has improved, safety factors are resolved or safety planning has become possible, a child is no longer vulnerable to the factors that led to removal and placement, or the child has become open to an alternative plan.

DCFS Rural Region uses the monthly meeting of the Supervisory Review Committee to discuss children in care beginning at three months and to track and review all case information until permanency has been achieved. Through this process every child’s case is reviewed quarterly.

Nevada’s 2008 Title IVE review findings further suggests that the State has made significant progress in establishing permanency plans and goals for children. The requirement for a judicial determination of reasonable efforts to finalize permanency was met in 79 of the 80 cases reviewed. The practice of seeking judicial determinations to finalize the permanency plan at 6-month rather than 12-month intervals, particularly in Clark County cases, was seen as strength as it not only ensures compliance with eligibility requirements, but enhances judicial oversight to promote timely permanency for children in the child welfare system. Further, the language contained in these court orders was clear and explicit.

**Major Barriers:**

Use of Child and Family Teams (CFT) was fully implemented after unit-by-unit training across the state in September 2006. A barrier to the successful use of a CFT is caseload size and the ability to accommodate the schedules of all participants, as well as the availability of a full range of services in the community to meet the identified needs and enable children to achieve permanency.

Additionally, concurrent planning is a barrier. The Case Planning Policy, including the requirement of a concurrent planning determination, was developed and approved in June 2005 to fulfill Action Step 7.1 in the state’s Program Improvement Plan (PIP). Although covered in PIP training, concurrent planning is not consistently understood and/or used by staff in all three agencies. Concurrent goals are usually identified, but the Concurrent Planning Guide is not routinely used to determine which cases would benefit and both plans are not always worked “concurrently.” In addition, Judges in Washoe County are especially hesitant to allow implementation of a concurrent goal in addition to reunification, even when the ASFA timeframes have been exceeded. Some courts refuse to consider termination of parental rights (TPR) unless the child is already in an identified adoptive placement. Finally, agencies lack a sufficient number of resource families who understand the importance of working with, and supporting birth families, while committing to provide a permanent home if it becomes necessary. Caseworkers and Supervisors indicate that none of the barrier choices surveyed impacted a significant number of their cases. The results of this survey question is listed in Table 7.2 below.

**Table 7.2: 2009 Caseworker and Supervisor Survey**

| <b>Barriers to Concurrent Planning</b>          | <b>N</b> | <b>No Cases<br/>0%</b> | <b>Minority of<br/>Cases<br/>20-40%</b> | <b>Majority of<br/>Cases<br/>60-100%</b> |
|---|----------|------------------------|---|--|
| Caseload size                                   | 201      | 58.2                   | 17.9                                    | 24                                       |
| Caseload growth                                 | 198      | 62.6                   | 16.6                                    | 20.8                                     |
| Inadequate training                             | 199      | 61.3                   | 26.6                                    | 12                                       |
| Navigating or Familiarity with UNITY            | 196      | 79.6                   | 15.9                                    | 4.6                                      |
| Lack of supervisory oversight                   | 195      | 75.9                   | 18.5                                    | 5.6                                      |
| Lack of concurrent planning (flexible) families | 197      | 51.3                   | 27.4                                    | 21.3                                     |

Additional survey results indicated that 81.8% of judges feel that there are barriers to achieving timely permanency for children in foster care. Judges and child advocates reported that the largest barriers, in their opinion, to achieving concurrent planning are caseload size, caseload growth and budgetary restrictions.

**Table 7.2: 2009 Survey – Judicial & Child Advocate**

| <b>Item 7 - Barriers to Concurrent Planning</b> | <b>N</b> | <b>Min</b> | <b>Max</b> | <b>Mean</b> | <b>SD*</b> |
|---|----------|------------|------------|-------------|------------|
| Caseload size                                   | 48       | 1          | 5          | 4.44        | 0.90       |
| Caseload growth                                 | 45       | 1          | 5          | 4.24        | 1.05       |
| Inadequate training                             | 45       | 1          | 5          | 3.89        | 1.11       |
| Lack of supervisory oversight                   | 40       | 1          | 5          | 4.05        | 0.99       |
| Budgetary Restrictions                          | 45       | 1          | 5          | 4.20        | 0.94       |

\*SD means Standard Deviation

**Summary:**

Agencies have demonstrated significant practice improvement in determination of the appropriate permanency goal(s) for children on a timely basis when they enter foster care, as evidenced by the steady upward trend in quality improvement results, therefore this item should be rated as **Strength**.

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

*How effective is the agency in helping children in foster care return safely to their families when appropriate?*

**Statute, Regulation, and Policy:**

NRS 432B.390 specifically mandates that relatives of the child within the third degree of consanguinity be given preference for placement over an unrelated caregiver, when removal from the parents' home is necessary for the child's safety (effective July 1, 2009, Senate Bill 342 from the 2009 Legislative Session, gives preference to relative placements within the fifth degree of consanguinity). NRS 432B.393 requires agencies to make reasonable efforts to prevent a child's removal from the parents' home, or if removal is necessary, reasonable efforts to make their safe return possible. NRS 432B.540 requires that if the agency believes it is necessary to remove the child from the physical custody of his/her parents, it must submit a plan designed to achieve placement of the child in a safe setting as near to the residence of his/her parent as is possible and consistent with the best interests and special needs of the child. NAC 432B.190, 200, 210 and 220 each place emphasis on the ways in which the agency is to engage the family and their natural, informal supports such as extended family, fictive kin, close friends, members of their faith community, teachers, etc. to keep the child safe while committing to the long-term support of the child and family.

In addition, 0509 Nevada Initial Assessment (NIA), 0510 Safety Assessment and 0511 Risk Assessment policies guide the collection of information used to determine the appropriate case plan goal(s), identify the strengths (including protective capacity) of the family and the services needed to support achievement of a goal of reunification. The 0501 Adoption and Safe Families Act 1997 (ASFA): Reasonable Efforts to Maintain Child in Home policy specifically directs that "reasonable efforts" must be made to prevent the removal of children from their homes and, whenever, possible, to reunify children placed in foster care with their families. Reasonable efforts must be determined on a case-by-case basis and the child's health and safety must be of paramount concern. 1001 Diligent Search Process and Placement Decisions policy directs the identifying, locating and contacting of relatives regarding their interest in providing a temporary or permanent placement for or adopting a child prior to or when the child is placed in substitute care.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Area Needing Improvement" based on the finding that in 42% of the applicable cases, reviewers determined that the child welfare agency had not made concerted efforts to attain the goal of reunification in a timely manner. However, during the three following years, reviews conducted by the state have shown a steady increase in the number of cases scored as a "strength".

**Table 8.1: Statewide Quality Improvement Review Data**

| Item 8:  | CFSR 2004     | QICR 2006       | QICR 2007       | QICR 2008       |
|--|---------------|-----------------|-----------------|-----------------|
| Reunification, guardianship, or permanent placement with relatives | 58%<br>(n=19) | 75.6%<br>(n=13) | 91.7%<br>(n=24) | 97.1%<br>(n=31) |

The 2009 Statewide Assessment surveys show that caseworkers and supervisors that out of 280 respondents statewide, 87.9% felt that caseworkers gave preference to relative caregivers, when appropriate, in 60-100% of their cases. In addition, judges felt that the courts and the agencies were effective (50% Effective, 50% Somewhat Effective) in working

together to achieve permanency goals of reunification, guardianship or permanent placement with relatives.

### **Major Changes:**

In addition to 0204 Case Planning Policy, 0501 ASFA: Reasonable Efforts to Maintain Child in Home policy was developed in response to PIP Benchmark 33.5.1, requiring services and efforts conducted by the agencies to effect the safe reunification of the child and family if temporary out-of-home placement is necessary to ensure the immediate safety of the child. The 0509 Nevada Initial Assessment (NIA), 0511 Risk Assessment and 0510 Safety Assessment policies guide the collection of information used to determine the appropriate case plan goal(s), identify the strengths (including protective capacity) of the family and the services needed to support achievement of a goal of reunification. PIP training and subsequent new worker training has focused on family centered practice and collaborative planning to determine the appropriate case plan goal(s), using identified strengths of the family and focusing on the services needed to support achievement of a goal of reunification. Practice in this area is monitored and reinforced through QI activities and regular monitoring of UNITY (SACWIS) reports.

In addition, during the 2009 Legislative Session, SB 342 was heard. This bill will go into effect July 1, 2009 and gives preference to relative placements within the fifth degree of consanguinity.

### **Strengths:**

Policies and procedures have been developed to provide a good foundation for comprehensive assessment of children and families' strengths and needs, which drive the case planning process as well as identify services needed to keep children safe and support parents in achieving their goal of reunification. Agencies are required to ensure equal efforts are made to locate fathers and/or non-custodial parents. It further requires fathers (including putative), non-custodial parents, paternal and maternal relatives, and/or fictive kin, to be considered for appropriateness and safety by the Child and Family Team (CFT) prior to placing a child in a foster home. Once a non-custodial parent is found, they must be contacted within five working days to discuss interest as a placement option and/or provision of emotional support for their child(ren). Clark County is additionally in the process of completing internal child welfare agency policies and procedures to be implemented in June 2009.

The Rural Region offers the following services, where available, to families to help facilitate children returning home safely to their families; Intensive Family Services (IFS), Family Support Worker Services, Wraparound in Nevada (WIN) and Clinical Resource Services. Additionally, workers collaborate with community partners (i.e. mental health, welfare, family resource centers) to assist with returning children to their families' home safely. The Rural Region uses the monthly meeting of the Supervisory Review Committee to discuss children in care beginning at three months and to track and review all case information until permanency has been achieved. Through this process every child's case is reviewed quarterly.

Washoe County also offers home-based Family Preservation Services and Human Services Support Specialists to assist with high risk families through direct services in addition to a Casey Family Programs Breakthrough Series on Collaborative Timely Permanency through Reunification. Casey is sponsoring a seven member team comprised of agency and court personnel to recommend practice changes and implement strategies to improve the timeliness of reunification. Washoe County has been operating one of the nation's first Family Drug Court Programs for more than ten years. The Family Drug Court Program, a family-based program open to parents whose children have been placed into the child welfare system by social services due to child abuse and/or neglect related to substance abuse, continues to be a successful program in Washoe County. Each participant attends court bi-monthly for a minimum of one year. The Family Drug Court Program has two provider agencies that provide a continuum of services, both inpatient and outpatient and has the capacity to serve a total of 40 families for a 15 month period.

### **Major Barriers:**

Population growth, staffing shortages and staff turnover impact the staff's time and ability to pursue timely reunification, specifically the ability to engage and motivate parents to fully participate in their case plan. In addition, ensuring access to critical services that support the reunification goal can be a challenge across Nevada. The agencies have identified an increased need for services for Spanish speaking families across the State. In addition, many families come into the child welfare system due to substance abuse issues and the length of the parent's treatment conflicts with the timeframes for initiating termination of parental rights. As a result, the system is required to file for TPR prior to reunification being considered for the family. Finally, limited availability of community resources to support family reunification continues to be a challenge in some of the rural counties. In addition, judges indicated through their survey that budgetary restrictions (73.3%) was the most prevalent barrier to agencies being able to achieve timely permanency goals of reunification, guardianship or permanent placement with relatives; followed by caseload size (60%) and caseload growth (40%). Judges (69.2%) also indicated that they have not noticed any significant changes in performance or practice with the child welfare agency caseworkers that have resulted in the support of the goal of reunification of children with their parents and 61.5% indicate that there have not been significant changes related to supporting the goal of guardianship or permanent placement with other relatives either.

**Summary:**

The steady upward trend in QI results would suggest that agencies have demonstrated significant practice improvement in helping children in foster care return safely to their families when appropriate. Therefore, this item is rated as a **Strength**.

## Item 9: Adoption

*How effective is the agency in achieving timely adoption when that is appropriate for a child?*

**Statute, Regulation, and Policy:**

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

Although there is nothing in policy that repeats these requirements, 0204 Case Planning and 0103 Adoption of Children 12 Years and Older policies are explicit that adoption is the preferred permanency goal when it is determined that a child cannot be reunited with his or her birth family. Legal adoption is preferred because it offers the highest level of physical, legal and emotional safety and security for each child within a family relationship. 1001 Diligent Search Process and Placement Decisions policy directs agencies to begin search activities and identification of family members during the initial contact with the family and requires they be initiated no later than at the time the Safety Plan is completed. Once a non-custodial parent or relative is found, they must be contacted within five working days to discuss interest as a placement option and/or emotional support for the child. 0514 Termination of Parental Rights (TPR) policy requires the agency to make and finalize permanency plans by no later than 12 months after the child's removal. ASFA requires that adoption proceedings be completed within 24 months of the child's entry into foster care and requires that permanency-planning decisions involving adoption be made timely, are consistent with state and federal time frames, and consider the best interest of the child. At the end of the 14th month of the child's stay in substitute care the worker must calculate the time from the date the child entered foster care, trial home visits of up to six months, and runaways are not counted in calculating the 14 months. If the child has been in out-of-home placement for 14 of the most recent 20 months, the petition to terminate parental rights must be filed by the end of the 14th month. 0103 Adoption of Children 12 Years and Older Policy instructs agency workers to introduce to youth the need for permanent connections with caring adults and the concept of adoption; and take advantage of all opportunities during visits and collateral contacts, to engage older children in conversations about this important permanency planning requirement.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Area Needing Improvement" based on the finding that in 67 percent of the applicable cases, reviewers determined that the State had not made concerted efforts to achieve an adoption in a timely manner. Additional data from Nevada's Solutions for Online Activity Reporting (SOAR) reporting system also reflect that the state has achieved the goal of a composite score of 106.4 or higher for Adoption measures in every quarter since December 2007.

In addition, Table 9 shows that subsequent case reviews conducted by the state have shown a steady increase in the number of cases scored as a "strength".

**Table 9.2: Statewide Quality Improvement Review Data**

| Item 9:  | CFSR 2004    | QICR 2006      | QICR 2007       | QICR 2008     |
|----------|--------------|----------------|-----------------|---------------|
| Adoption | 33%<br>(n=6) | 88.9%<br>(n=7) | 91.7%<br>(n=10) | 100%<br>(n=7) |

However, the State's performance on permanency data profile shows a decline in the percentage of adoptions finalized within 24 months of removal from 29.5% in the 12 months ending 03/31/2007 to 20.9% in the 12 month period ending 03/31/2008. Concurrently, the median length of stay in foster care from the latest removal from home to the date of discharge to adoption increased from 31.9 months from removal to a finalized adoption the 12 months ending 03/31/2007, to 36.4 months in the 12 month period ending 03/31/2008.

**Major Changes:**

PIP Action Step 9.5 required each agency to develop and submit recruitment and training plans for adoptive families based on the demographics of waiting children, accomplished through targeted and general recruitment strategies involving businesses, schools, hospitals, government agencies and the faith community. 0101 Adoption Subsidy policy, developed in response to PIP Action Step 9.6 established a standardized process for responding to adoption subsidy requests; including negotiating with prospective adoptive families and timely processing of applications, with the goal of reducing the time required to complete the approval process, thereby expediting permanency for children with an identified adoptive family. Practice in this area is monitored and reinforced through QI activities and regular monitoring of SOAR and other UNITY reports.

A new policy was developed and implemented in response to the PIP to assist in facilitating ongoing collection of information for social summaries of children in foster care; to provide an accurate and comprehensive description of the child, including special needs and medical history. A dual licensure home study is being used statewide, which allows families to be approved for both foster care and adoption. This eliminates the need for a separate home study when/if a foster family chooses to adopt a child in their care, thereby expediting the process. Refinements have been made to UNITY to track children with a permanency goal of adoption. The objective is to pinpoint those who do not have an identified pre-adoptive placement so that active recruitment can begin as soon as possible. The Rural Region began utilizing Disability Associates to expedite application for social security benefits on behalf of children awaiting adoption. Funds awarded from the Adoption Incentive Grant are used to facilitate inter-agency 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 used in Clark County also support specialized recruitment and adoption finalization activities, including National Adoption Day, as well as contracts with additional social workers to complete home studies and compile documentation necessary for social summaries and timely filing of termination of parental rights (TPR) petitions to eliminate barriers to adoption of children who have been waiting for adoptive homes prior to implementation of the above policies.

**Major Strengths:**

In addition to the PIP requirements, national initiatives, including the Collaboration to AdoptUsKids, focused attention and resources on adoption of children from foster care. PIP training introduced the new policies and stressed Nevada Revised Statutes (NRS) 432B.580 and .590 mandates of court review of the progress toward achievement of the permanency goal at a minimum of six month intervals.

Promising practices in Washoe County include a new adoption and foster recruitment campaign launched in May 2008 in consultation with the Glenn Marketing Group. This campaign was created after extensive research and the results are a highly visible, "branded" outreach to the community with the tagline "Have a Heart." A multifaceted media plan is in place that includes billboard, radio, direct mail, print and television public service/commercial ads along with the Have a Heart program on local television which replaced the long running Wednesday's Child segment. Also, the implementation of "paired teams" in August 2008, involves assignment of an adoption worker to provide consultation and assistance to permanency workers in preparing children and families for the adoption process.

The Rural Region uses the monthly meeting of the Supervisory Review Committee to discuss children in care beginning at three months and to track and review all case information until permanency has been achieved. Through this process every child's case is reviewed quarterly. In addition, the Rural Region has a special needs adoption recruiter, based in the Carson City District Office that is responsible for identifying placements for all children with a plan of adoption in custody. Families are recruited in Nevada and other states. Biographies for unmatched children are posted on internet adoption sites. Various community activities to recruit adoptive families are held on an ongoing basis. Foster and adoptive parents attend PRIDE training prior to licensure and placement of children.

**Major Barriers:**

Recruitment of families willing and able to commit to the adoption of special needs children from foster care continues to be a challenge, multiplied in rural counties where families must travel long distances to attend training, as does the lack of post adoption services. High caseloads for permanency case workers can impact the timely identification and preparation of cases that should be transferred to the Adoption staff. This can result in unnecessary delays in moving the case forward to adoption stage. In addition, local counsel in some areas of the state contributes to delays in filing of termination of parental rights (TPR) petitions. Workers find the social summary forms in UNITY difficult and time consuming to navigate, however, the state's Information Management Systems (IMS) unit is currently working with program staff to further streamline this process, by creating a report in UNITY which will capture all social summary information that has been entered to date. This will eliminate the need for workers to complete the current UNITY forms, by collecting the information from other screens. Nevada also has limited post adoption support services available beyond the adoption subsidy.

## Summary:

Quality improvement case review results from limited samples of applicable cases show that the state is making concerted efforts to achieve timely adoptions. SOAR data supports the conclusion that the state is meeting the overall goal; however, the State's data profile shows an increase in the number of months to adoption. It is our conclusion that based on this information that this item should be rated as an **Area Needing Improvement**.

## Item 10: Another planned permanent living arrangement

*How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?*

### Statute, Regulation, and Policy:

Nevada statute and policy require that a written case plan be developed for children with this permanency goal and that the plan includes programs and services designed to assist older youth to transition out of care. NRS 432B.553 requires a plan for the permanent placement of children. NAC 432B.410 requires child welfare services must ensure that each child in foster care is eligible for services related to independent living has a written plan for his transitional independent living based on the assessment of his skills. Statewide policy 0801 Youth Plan for Independent Living was developed to address the needs of youth who were likely to remain in care until their 18<sup>th</sup> birthday and prepare them for the transition into adulthood. This policy requires agencies which provide child welfare services to establish self-sufficiency goals for youth beginning at age 15, regardless of their level of functioning or independence. This is implemented in concurrence with all permanency planning to include, but not limited to, reunification, guardianship, adoption and another planned permanent living arrangement. All youth must be actively involved in his or her independent living planning. The planning process must be youth focused and driven with emphasis on the youth's expressed interests, needs and priorities. In addition, the new statewide policy requires that all older youth have a case plan that included services and programs based on their individualized needs. In addition to a case plan, every youth 15 ½ and older has an independent living plan completed. This plan identifies the youth's needs and goals for the youth to work towards independence. The plans are reviewed regularly at the child and family team meetings to discuss progress and to continue to address the youth's needs. The workers work with the youth's placement including group homes to identify ways in which the youth can be successful in reaching their goals and addressing their needs. Although a youth may have a permanency goal of another planned permanent living arrangement, workers continuously review this permanency goal and continue to work with youth in identifying other options outside the foster care system (i.e. adoption, guardianship, mentor families).

### Statewide Data:

During the CFSR in 2004, this item was assigned an overall rating of "Area Needing Improvement" because one of the two applicable cases reviewed scored 50%. The reviewers determined that the agency had not made concerted efforts to assist the child in attaining his goals related to another planned permanent living arrangements. Stakeholders interviewed during the last statewide assessment in December 2003 believed that older children were receiving independent living services in most areas of the State. However some stakeholders voiced concern regarding the inconsistent quality of the services and whether or not the youth were able to receive them. Since this review, the State has made a concerted effort to monitor the quantity and quality of services provided through the QICR process and has begun to develop UNITY windows to track data for youth in this category. The Fund to Assist Former Foster Youth (FAFFY) has enabled the State to develop and expand independent living services to youth. Reviews conducted in the years following the past CFSR have shown a steady increase in the number of cases scored as a "strength" as shown in Table 10.1.

**Table 10.1: Statewide Quality Improvement Review Data**

| Item 10:                                     | CFSR 2004    | QICR 2006    | QICR 2007     | QICR 2008     |
|--|--------------|--------------|---------------|---------------|
| Another planned permanent living arrangement | 50%<br>(n=2) | 50%<br>(n=2) | 100%<br>(n=3) | 100%<br>(n=3) |

2009 Statewide Assessment survey data related to this item shows that 71.4% of judges and 66.7% of child advocates feel that agencies are somewhat effective in making timely decisions for cases with the permanency goal of APPLA. In addition, 83.3% of judges and 64.9% of child advocates additionally feel that the agencies provide adequate documentation of compelling reasons for choosing APPLA as a permanency goal.

A total of 84.6% of judges surveyed report that they receive an independent living plan. In addition, 87.5% of youth responding to the statewide assessment survey indicated that they participated in developing their independent living plan and 80% of youth felt that they had a voice in determining their permanency goal. 64.7% Caseworkers and Supervisors surveyed indicated that they had children age 15 ½ or older in only a minority of their cases (20-40% of cases). Of these, 34% indicated that most of their cases had an independent living plan developed.

### **Major Changes:**

Since the last CFSR the State developed policy 0801, Youth Plan for Independent Living to standardized transitional plans for youth. The plans are individualized and youth driven to meet specialized needs of the youth. The State also revised the Memorandum of Understanding with the Division of Mental Health and Developmental Services to provide additional support to youth with mental health and developmental disabilities. In addition, the State created the Medicaid Age-Out of Foster Care Program for young adults leaving the foster care system. The program provides medical coverage to youth until age 21. Youth who have not completed their high school education can voluntarily agree to remain in care after age 18. In response to the PIP, youth advisory councils have been established throughout the State to assist youth in developing self sufficiency and leadership skills for transitioning into adulthood. In 2007, the Nevada Youth Advisory Board was organized with the assistance of the National Resource Center for Youth Development (NRCYD) to provide a forum for foster and former foster youth to have a voice in matters that affect and impact them. Local councils have been created in Clark County, Washoe and there are efforts underway to organize local councils in the Rural Region.

In Washoe County youth with the permanency goal of APPLA are assigned an attorney through the Washoe Legal Services, a non-profit organization, to represent their interests. Cases are reviewed internally by the manager and social worker every 9 months to review permanency efforts, identify barriers and find solutions for permanency. Semi-annual court reviews prompt workers to review more permanent options with youth and their care providers. Clark County has increased development of the Independent Living Unit with goals of emancipation by emphasizing independent living services and through the collaboration with community stakeholders. The Annie E. Casey Foundation assisted in the re-design of Independent Living services. There has been an increased effort to recruit homes for adolescent youth and developed a plan to retain the homes once established. During the National Standards Review timeframe for AFCARS, Clark County had 3.2% of the children with the goal of long-term foster care.

### **Major Strengths:**

The child welfare agencies strive to identify permanent living arrangements for children in foster care, including those that may have APPLA as a permanency goal. For example, in Washoe County, many APPLA cases are managed through the use of child and family teams. The team of people surrounding the youth is consistently reviewing more permanent options. In the Rural Region, these cases are reviewed quarterly at the Supervisor Review Committee to discuss the youth's stability in placement and the barriers in finding permanent living situations. Each child welfare program provider must report on a monthly basis the independent services received by the youth. This information is used to evaluate the programs effectiveness in meeting the needs of youth. The new ILP window revision in UNITY will capture data on the types of independent living services youth are accessing.

A number of youth with APPLA as a permanency goal are eligible to receive services from Wraparound in Nevada (WIN). WIN is an intensive case management model operated by the DCFS to support youth and families with complex needs. The model is grounded in System of Care values and principles. Potential placement disruptions to an APPLA plan are reviewed by the Foster Care Stability team in an effort to provide additional resources to maintain the youth's placement if it is safe to do so. WASHOE COUNTY utilizes an internal multi-disciplinary team called the Foster Care Stability group. An immediate referral to the group is required whenever there are signs of instability or potential disruption in a foster home.

### **Major Barriers:**

There have been no specific barriers identified relating to this item, however, in the Rural Region providing independent living services to youth in isolated areas presents a considerable challenge. The State is exploring other means to improve the service delivery of independent living services to youth in the rural communities by contracting and collaborating with four Family Resource Centers (FRC's) located in the larger communities. The State and Casey Family Programs are presently collaborating on organizing youth councils in the rural area to engage foster youth and assist them in developing self sufficiency and leaderships skills. In addition, judges and child advocates surveyed reported that caseload size (58.3% judges and 53.3% child advocates) and budgetary restrictions (50% judges and 42.2% child advocates) being the largest barriers to timely decisions, followed by inadequate training (48.8% child advocates). Caseworkers and supervisors surveyed did not indicate that these areas were largely barriers, as they impacted 40% of their caseload or less. Table 18.2 below shows the most influential barriers to meeting APPLA requirements, in Judges and child advocate opinion. Budgetary Restrictions, followed by caseload growth and lack of supervisory oversight were the most strongly reported barriers.

**Table 18.2: 2009 Survey – Judicial & Child Advocate**

| <b>Item 10 - Barriers to Meeting APPLA</b> | <b>N</b> | <b>Min</b> | <b>Max</b> | <b>Mean</b> | <b>SD*</b> |
|--|----------|------------|------------|-------------|------------|
| Budgetary Restrictions                     | 43       | 1          | 5          | 3.93        | 1.42       |
| Caseload growth                            | 42       | 1          | 5          | 3.86        | 1.28       |
| Lack of supervisory oversight              | 36       | 1          | 5          | 3.72        | 1.23       |
| Caseload size                              | 46       | 1          | 5          | 3.70        | 1.62       |
| Inadequate training                        | 40       | 1          | 5          | 3.58        | 1.22       |

\*SD means Standard Deviation

**Summary:**

This item has rated consistently as Strength with a statewide score of 100% in the small number of applicable cases reviewed. Older youth in Nevada continues to access a wide range of independent living services funded through Chafee, Education and Training Vouchers (ETV), A Fund to Assist Former Foster Youth (FAFFY), the Aging Out of Foster Care Medicaid Program, the Millennium Scholarship, and the Otto Huth Scholarship Trust Fund, are available to youth aging out of foster care. These funding sources have assisted many youth to make the transition to greater independence and adulthood. It is our belief that with the implementation of new policy and demonstrated stronger practice that this item should be rated as a **Strength**.

**Permanency II: The Continuity of Family Relationships and Connections are Preserved for Children**

**Item 11: Proximity of foster care placement**

*How effective is the agency in placing foster children close to their birth parents or their own communities or counties?*

**Statute, Regulation, and Policy:**

NAC 432B.400 requires that placements for children in foster care will be made in the best interest of the child, with particular consideration given to the safest, least restrictive familial environment available. This statute further states that if the child’s goal is reunification with his or her family, then particular consideration will be given to a placement that is in close proximity to the home of the parent of the child. If the placement requires that a child be placed in a family foster home or institution for child care that is located a substantial distance from or in a different state than where the family of the child resides, then there must be clear documentation of the reasons why such a placement would be in the child’s best interests. In addition, the proximity of the child’s school (where he or she is enrolled at the time that he was placed in foster care) may also be a factor in the selection of the placement. Statewide 1003 Kinship Care policy states that whenever possible, children need to be placed with relatives or someone with whom they have a significant and positive connection. The policy emphasizes the importance of seeking and supporting kinship placement, as well the preservation of familial bonds by making clear that our preferred practice is to minimize the impact of separation from parents and the familiar environment, taking into account community, church and schools, as well as family. First preference is given to adult relatives, over non-related care providers, for the placement of children in Nevada.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of “Strength” based on the finding that of the 20 cases reviewed, 100% demonstrated that the children were placed in close proximity to their parent’s home or in the home of a relative unless not doing so was in the best interest of the child. Other reasons for not placing the child with a close relative included no relative caregivers or family foster homes in close proximity to the birth parents were available or that an alternative placement, such as a residential treatment facility, or other placement was determined to be appropriate based on the best interest of the child. This item has consistently scored high in case reviews conducted by the state.

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

| Item 11:                           | CFSR 2004      | QICR 2006      | QICR 2007       | QICR 2008      |
|------------------------------------|----------------|----------------|-----------------|----------------|
| Proximity of foster care placement | 100%<br>(n=20) | 100%<br>(n=18) | 80.5%<br>(n=26) | 100%<br>(n=35) |

On the 2009 Statewide Assessment surveys, caseworkers and supervisors indicated that a child is placed in the same community or neighborhood in roughly 20%-40% of cases (54.6%) and in a majority of cases (24.6%). In addition, children tend to go to the same school in a minority of cases (49.6%), rather than in the majority of cases (23.5%).

### **Major Changes:**

The state has been fairly consistent in maintaining a strong compliance to placing children close to their birth parents or with other relatives. This was not an item identified on the PIP or for any specific Agency Improvement Plans, legislative changes or policy change.

A statewide committee meets weekly to review and make recommendations for any possible out of state treatment facility placement. Members of the committee are representatives from the Division of Child and Family Services including mental health, Departments of Juvenile Justice and Family Services, and Nevada Youth Parole & Probation. For Clark County children, the committee sends its recommendations to the primary Clark County Case Manager who shares the findings with the Child and Family Team members.

### **Major Strengths:**

Based on the data the State's case review process, Nevada is maintaining performance standards in placing children in close proximity to their birth parents. The State, through both legislation and policy, has made it a priority that children should be with their families whenever it is in their best interests. The first priority for placement options is with relatives. Should a relative placement not be available, then the second priority would be to locate a family foster home in the same community as the birth parent(s). This is reflected to all child welfare workers in training and supervision. By stressing the priority of family relationships, the State has been able to maintain strong performance on this item.

The Rural Region uses the monthly meeting of the Supervisory Review Committee to discuss children in care beginning at three months and to track and review all case information, including foster care placements, until permanency has been achieved. Through this process every child's case is reviewed quarterly.

### **Major Barriers:**

The State has placed a priority on maintaining family relationships with the best placement for children being with a relative caregiver. As a result, many children may be placed with extended family members in other communities or states. When this is not possible, non-relative foster homes are required. All child welfare agencies have expanded their family foster home recruitment efforts due to the growing number of children having to be removed from their birth families. In the rural areas of the state, there is a lack of licensed foster homes. This is a barrier to placing children within their community of origin. Added to that, the challenge encountered when available homes have age or gender restrictions or lack of bed availability. Generally, the Rural Region lacks sufficient placement availability for teens in their community of origin so they are placed in licensed foster homes further from their communities and families.

A barrier seen statewide is the location of services to meet the needs of the children in care. The population of children who have behavioral health care needs in Clark County makes up approximately 10% of the total children placed in out of home foster care. Of this 10%, a small number of children (approx 20-30) have frequent placement disruptions for various reasons such as chronic runaway behavior, appropriate and/or timely provision of behavioral health care by agency providers, or a level of adequate supervision for the child's well-being needs by an agency-provider foster home. As a result, these children may not be able to be placed in close proximity to their families.

### **Summary:**

Statewide, Nevada continues to show this area as a **Strength** as evidenced by our practice of placing children removed from their birth families in close proximity to their family. The only time a youth is not placed near their birth family is when the needs of the child indicate that it is not in their best interest with placement in treatment being one of the most prevalent justifications. The State has directed, both in Statute and in Policy, that children be placed with an appropriate adult family member prior to placement in a family foster home, if at all possible. However, if no family placement is available or appropriate, the next step is to find a family foster home near where the child lived prior to removal in order to maintain not only the family relationship but also continuity of community attachment.

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## **Item 12: Placement with Siblings.**

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*How effective is the agency in keeping brothers and sisters together in foster care?*

### **Statute, Regulation, and Policy:**

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

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of “Strength” based on the finding that 87% of children placed were found to be placed with siblings unless it was found to not be in the child’s best interest to do so. During stakeholder interviews conducted during the last CFSR there was concern that many sibling groups were being placed in a shelter setting rather than in appropriate family foster homes. Reviews conducted by the state in the subsequent three years showed a consistent increase in the number of cases rated as a “strength”.

**Table 12.1: Statewide Quality Improvement Review Data**

| Item 12:                | CFSR 2004     | QICR 2006       | QICR 2007      | QICR 2008      |
|-------------------------|---------------|-----------------|----------------|----------------|
| Placement with siblings | 87%<br>(n=15) | 85.7%<br>(n=14) | 100%<br>(n=17) | 100%<br>(n=15) |

The state has been successful in placing siblings together when determined to be in the best interest of the child. In the past two years, the QICR reviews have shown 100% of cases reviewed achieved Item 12 when rated on placing siblings together. On the 2009 Statewide Assessment youth survey, 67% of youth reported that they had one or more siblings, however, these youth reported that only 34% had siblings living with them in the same placement.

**Major Changes:**

In 2007, Assembly Bill 147 (NRS 432B.3905) was enacted which prohibited child welfare agencies from taking a child into protective custody and placed into a child care institution under the age of 3 (effective 2008) and under the age of 6 (effective 2009) unless the placement had at least one of the following three requirements 1.) Appropriate foster care is not available at the time of placement in the county in which the child resides, 2.) The child requires medical services and such medical services could not be provided at any other placement and 3.) The placement is necessary to avoid separating siblings.

In response to this legislation, a statewide work group was formed and a protocol was developed and implemented January 1, 2008 for the 3 year old age group and revised January 1, 2009 for the 6 year old age group. A tracking system has been implemented and is monitored monthly to ensure compliance with the statute. Clark County additionally engaged in revising their own policies and practices to address this item. Quarterly audits and investigations of Clark County’s Child Haven facility, formerly an unlicensed shelter institution, led to major changes within the facility. Now as a licensed child care facility, it is no longer the placement of first choice within the agency and strict guidelines have been implemented in how the facility operates. While at the time of the 2004 CFSR Child Haven was not being monitored by any agency other than self-monitoring from Clark County, DCFS now licenses and monitors the facility’s compliance with State Statutes and Regulations (NRS 432A and NAC 432A) in relation to child care licensing standards. Child Haven was issued their initial license January 1, 2008 and was provided an annual license January 1, 2009.

**Major Strengths:**

In the past two years, the State has improved practice related to this item. The concerns of stakeholders during the 2004 CFSR has been addressed and eliminated by oversight provided by the State regarding the licensing and compliance to state and federal regulations for child care institutions.

Clark County has found a unique way to provide for a child with special needs and maintain them in placement with their siblings. For children whose needs are better served through placement with an agency provider whose family foster homes are therapeutic, then Clark County may place the child in need of a higher level of care as a Nevada Medicaid approved placement (First Health) and include their siblings in this placement through a collaborative agreement. The siblings who may not need the higher level of care placement, but who would qualify and benefit from other services are also provided the additional services as identified. This allows CLARK COUNTY To maintain large sibling groups in a family foster home with agency support to enhance the stabilization of the placement for all the children in the group. The commitment of legislators, state policy administrators, and caseworkers to provide services and practices which are in the best interest of the children served is demonstrated by the continued commitment to place siblings together and continues to be a strength for the state.

The Rural Region uses the monthly meeting of the Supervisory Review Committee to discuss children in care beginning at three months and to track and review all case information, including sibling placements, until permanency has been achieved. Through this process every child’s case is reviewed quarterly.

**Major Barriers:**

Lack of foster homes either willing to take sibling groups or able to take sibling groups due to age and number of children in the placement restrictions, or due to licensing restrictions, are barriers to this item. This is especially true in the rural areas. Placing special needs children with siblings is also an issue. Additionally, many siblings have different fathers or mothers making placement with relatives more complicated. The agencies experience increased challenges for larger sibling group placements, especially when there are five or more children in the group.

In Clark County, for children under 6 years of age, there is a waiting list for the assessment of mental or behavioral health care needs from DCFS Early Childhood Mental Health Services. The inability to assess these needs prior to placement impact the placement selection process. Placement in a regular family foster care home of large sibling groups has increased due to a targeted recruitment strategy. However, the age span of some of the larger sibling groups may go from infant to teens. These sibling constellations of 5, 6, 7 or more children present a variety of challenges in finding a common long-term placement. In addition, the placement specialist must call each individual home and present the sibling group. This is a time-consuming method as there are often multiple sibling groups in need of placement.

**Summary:**

This item was previously rated as a strength and continues to maintain high ratings in internal QICR reviews. In order to strengthen the State’s commitment to place siblings together and state legislators enacted AB 147 (NRS 432B.3905) which continued to support the placement of siblings together. Despite the challenge that placing large sibling groups continues to represent, Nevada is making a concerted effort to maintain siblings in the same placement, as such, this item should continue to be rated as a **Strength**.

**Item 13: Visiting with parents and siblings in foster care**

*How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?*

**Statute, Regulation, and Policy:**

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

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

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of “Area Needing Improvement” based on the finding that in 29% of the applicable cases, reviewers determined that the agency had not made concerted efforts to ensure that visitation between parents and children and between siblings was of sufficient frequency to meet the needs of the child. Subsequent case reviews conducted by the state have shown a consistent increase in scores over time.

**Table 13.1: Statewide Quality Improvement Review Data**

| Item 13:  | CFSR 2004     | QICR 2006       | QICR 2007       | QICR 2008       |
|---|---------------|-----------------|-----------------|-----------------|
| Visiting with parents and siblings in foster care | 71%<br>(n=21) | 64.4%<br>(n=19) | 82.2%<br>(n=19) | 87.8%<br>(n=28) |

The data reflects an upward trend in scoring for this item in all three child welfare agencies. Statewide QICR data for this item reflects a 23% increase from the baseline QICR score, established in 2006, through the 2008 data. The rural agencies scored slightly lower than urban areas, yet still increased the QICR score in both 2007 and 2008, for a total 20 percent increase for this item over the past two years. The data for this item indicates that the policy requirements implemented since the last statewide assessment are being reflected in practice. QICR results related to this item have shown an increase in performance in each jurisdiction and statewide since the baseline established in 2006. This increase reflects the statutory changes enacted by AB 42 (2005) and by the collaborative statewide practice guidelines for visitation implemented as part of the Case Planning Policy (2007).

In addition, respondents on the 2009 Statewide Assessment Caseworker and Supervisor survey reported that children in care visit with their mothers in the majority of cases 76.3% of the time, and with their fathers (in the majority of cases) 64%

of the time. Caseworkers and supervisors further report that children in care visit with their siblings in the majority of cases 89% of the time. In addition, 26.7% of youth responding to the youth survey reported that they never communicated or visited with their siblings, with 33% reporting that they visited once a month or more.

### **Major Changes:**

A Collaborative Policy was developed in 2007 for Visitation Practice Guidelines to outline requirements for the quality and frequency of visits between children, siblings, and parents. Visitation frequency timeframes are based upon developmental and age factors of the child, in order to meet the child's developmental needs and maintain family connections. Suggested visitation schedules range from two to five weekly visits of at least 60 minutes for infants, two to four weekly visits of 60 to 90 minutes for toddlers and preschool children, one to two weekly visits of one to three hours for elementary school age children, and at least one visit per week of one to three hours for teens. DCFS policy 0205.0 Caseworker Contact with Children, Parents and Caregivers

New windows were created in UNITY in 2007 to record the details of court-ordered visitation plans and to document visitation. In 2005, statewide training was developed and provided to educate supervisors and staff of the revisions to statute and regulations regarding visitation requirements. Clark County opened a Family Visitation Center in February 2008. The new visitation center is open seven days a week, including holidays, from 8 a.m. to 8 p.m. The center is staffed full time and has vehicles for available for transportation in an effort to provide flexibility and support to parents and their children during visitation activities. The Family Visitation Center is designed to promote meaningful visitation between children and their caregivers in a safe, child- and family-friendly setting that is conducive to assessing parent-child interaction. Recently, Washoe County has formed a "Visitation Workgroup" to review and submit recommendations to improve visitation between children and families. The workgroup is focusing on 1) Systematic improvements to assist workers in scheduling, location and transportation issues related to visitation to increase frequency; and 2) Improving the structure of visitation to enhance the quality of visitation to include parenting tips, modeling behavior, building mentoring relationships between parents and foster parents. If this training was before the new policy implementation it makes little sense to include it here.

### **Major Strengths:**

Stronger policy and increased opportunities for family visitation in Nevada's urban areas have promoted increased visitation for parents and siblings of children in care. The Family Peace Center, an ongoing visitation program, operated by the 2nd Judicial District Court in Washoe County with the initial assistance of Court Improvement Project funding and ongoing funding from the Department of Social Services offers three tracks of visitations. These visitations are scheduled for families involved with the child welfare system and those tracks are full all of the time. The visitation programs offers extended hours by scheduling tracks in the evening and on the weekend making it more convenient for families to utilize. As a result of the success in the 2nd District, a similar effort was begun in the 9<sup>th</sup> Judicial District called the Safe Families Visiting Program. Over the last 4 years, Washoe County has developed visitation work groups to consider ways to increase quality visitation, ways to review on-site visitation, and to seek off-site visitation options.

### **Major Barriers:**

High caseloads, particularly in areas where offices are understaffed, have a negative impact on this item. Caseworkers are required to take the lead in establishing visitation plans, facilitating visitation, and often transporting one or more family members to an appropriate location. This process becomes especially complicated when siblings are placed separately due to one sibling's need for a higher level of care. Stakeholders have also reported that because foster parents are often licensed for 6-8 children, with individual needs and visitation plans, transportation and scheduling can be a challenge. Rural child welfare agencies attributed challenges in this area to the fact that when children are placed in a location involving greater distances between their parents and/or siblings, transportation for visitation often becomes an issue, with social workers often having to transport both parents and children for visitation. Stakeholders and agency staff alike have identified lack of transportation assistance services as an issue.

### **Summary:**

The relevant data indicates that Nevada has made significant progress in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care. Changes to state statutes, adoption of new policies and practice guidelines, additional training for supervisors and staff, development of new functionality in UNITY, and child welfare agency efforts to provide visitation programs have all contributed to the improvement in agency effectiveness. These efforts have resulted in a significant and consistent increase in QICR scores for this item. Therefore, the State believes that this item should be rated as a **Strength**.

## Item 14: Preserving connections

*How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?*

### Statute, Regulation, and Policy:

NRS 432B.390 requires that priority be given to family members for placement of children who are removed from their birth families unless doing so would not be in the best interest of the child. DCFS policy (1001 Diligent Search, 1003 Kinship Care, and 1004 Structured Analysis Family Analysis) requires workers to complete a diligent search for any possible adult family member within the third degree of consanguinity to the child. Once located, those identified family members are assessed for appropriateness in much the same manner as regular family foster care providers. Policies 0203 Case Management Practice Model, 0204 Case Planning Policy and Concurrent Planning Guide, and 0205 Caseworker Contact with Children, Parents and Caregivers provide for best practice design regarding competencies and skills required to implement the standardization of the practice model and improve safety, permanency and well being outcomes for children and families. Finally, state policy 0504 Indian Child Welfare Act (ICWA) prioritizes the recognition of a child being an Indian child and assures that the child's tribe be contacted immediately when an Indian child is taken into custody. The Tribe then becomes an active participant in any further proceedings regarding the child.

### Statewide Data:

During the CFSR in 2004, this item was given an overall rating of "Strength" in 79% of the 24 cases reviewed based on the finding that the state preserved family connections in 70.8% of the cases, preserved the child's connections with school, community, and friends in 29.2% of the cases, preserved the child's connections with religion and ethnic/racial heritage in 16.7% of the cases, and preserved the child's connections with former foster parents in 8.3% of the cases during the period under review. Some stakeholders during this CFSR did show concern regarding the number of times youth change schools during the time they are in foster care which they thought was disruptive to connections as well as achieving educational goals. Subsequent QICR reviews have shown a steady increase in performance on this item, with a 17.9% increase from the last CFSR. The increased compliance since the last review may be due primarily to the enhancement of existing child welfare policies, the standardization of practice guidelines, new caseworker training, and quality improvement efforts that included case and supervisory reviews.

**Table 14.1: Statewide Quality Improvement Review Data**

| Item 14:               | CFSR 2004     | QICR 2006       | QICR 2007     | QICR 2008       |
|------------------------|---------------|-----------------|---------------|-----------------|
| Preserving connections | 79%<br>(n=24) | 83.3%<br>(n=18) | 95%<br>(n=20) | 97.3%<br>(n=33) |

Respondents to the 2009 Statewide Assessment surveys indicate that children are having their important connections preserved. Caseworkers and supervisors report that children are involved in culturally relevant activities in the majority of cases 76.3% of the time. General stakeholders feel that this is only present 46.3% of the time. Child advocates agree that the agency is effective in preserving cultural connections (55%) or extended family connections (67.4%), but that traditions are harder to preserve (57%). General stakeholders feel that extended family connections are maintained (87.1%). In addition, implementation of the Indian Child Welfare Act (ICWA) and documentation of discussing Native American Heritage of children in Nevada has been an important indicator for Nevada over the past four years. Results of the 2009 surveys indicate that 86.7% of judges perceive that the child welfare agency appropriately documents a child's Native American Heritage. In addition, 76.7% caseworkers and supervisors report that workers discuss each child's potential Native American Heritage with birth parents or relatives in a majority of cases and 87% report that it is documented in the majority of case files.

### Major Changes:

During the 2007 Nevada Legislative Session, the State passed NAC 392.040 which established the Program of School Choice for Children in Foster Care to be administered by the Department of Education; authorizes legal guardian or custodian of certain children in foster care to apply to the Department of Education to participate in the program. The Statute permits foster children to enroll in a public school other than the school child is zoned to attend. This then will allow a child to be placed in a foster home, be it relative or non-relative, in a separate school district but be able to continue to attend school in their home district. This process allows the child to maintain connections with his or her original community, social activities, and friends.

In addition, staff training has emphasized the need to maintain connections for youth both during PIP training and within the Nevada New Worker Common Core Training. Further, an online child welfare caseworker Indian Child Welfare Act (ICWA) training will be released in the Summer of 2009. These educational programs for staff help to ensure that workers will promote ongoing connections for youth in the system.

## Major Strengths:

Both Clark County and Washoe County have special units whose function is to locate appropriate placements for youth. CLARK COUNTY Receiving and Placement Services involve parents in the placement selection whenever possible. This includes consideration of such issues as: identification of potential relative caregivers or tribal affiliations, religious practice, dietary restrictions, and language spoken in the family. Washoe County has a parent locator unit to utilize to find missing parents or relatives. They are accessed at the beginning of the case and through out the case if necessary. Family Solution Team meetings are held at 72 hours of removal and provide another opportunity to re-visit relatives, school needs, faith, and friends. These activities help to ensure that children maintain connections to their community, social activities, family and friends.

## Major Barriers:

Two main barriers to maintaining connections include those times when a child is not able to remain in his/her community due to lack of foster homes or the child needs additional services not available within their community. When this occurs, the child welfare agencies make every attempt to preserve the child's connections and strive to return that child to their community as quickly as possible. This is demonstrated by the increase in compliance to this item in the case reviews for 2007 and 2008.

2009 survey results indicate that 78.5% of judges feel that there are barriers to child welfare agencies implementing ICWA in Nevada. Further, 71.4% of judges feel that there are barriers to implementing ICWA for Nevada Tribes. Tribal members indicated that inadequate training, familiarity with the tribe and lack of collaboration between the agency and tribe were the most likely barriers to the child welfare agency meeting ICWA requirements as listed in Table 14.2 below.

**Table 14.2: 2009 Survey - Tribal**

| Item 14 - Barriers to Meeting ICWA Requirements    | N | Min | Max | Mean | SD*  |
|--|---|-----|-----|------|------|
| Inadequate training                                | 6 | 4   | 5   | 4.83 | 0.41 |
| Familiarity with the tribe                         | 6 | 2   | 5   | 4.50 | 1.22 |
| Lack of collaboration between the Agency and Tribe | 6 | 1   | 5   | 4.33 | 1.63 |
| Lack of supervisory oversight                      | 4 | 2   | 5   | 4.25 | 1.50 |
| Caseload size                                      | 6 | 1   | 5   | 3.33 | 1.63 |
| Budgetary Restrictions                             | 5 | 1   | 5   | 3.20 | 2.05 |
| Caseload growth                                    | 6 | 1   | 5   | 2.83 | 1.83 |

\*SD means Standard Deviation

## Summary:

The State has made a concerted effort to demonstrate a strength in maintaining connections to neighborhoods, community, faith, family, tribe, school, and friends. This has been demonstrated by the consistent improvement in compliance to this item during case reviews and revisions to state statutes and policies. Based on the case review information, Nevada would rate this item as a **Strength**.

## Item 15: Relative Placement

*How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?*

### Statute, Regulation, and Policy:

NRS 432B.390 requires that priority be given to family members for placement of children who are removed from their birth families unless doing so would not be in the best interest of the children. DCFS Policy (1001 Diligent Search, 1003 Kinship Care, and 1004 Structured Analysis Family Analysis) requires workers to complete a diligent search for any possible adult family member within the third degree of consanguinity to the child. Once located, those identified family members are assessed for appropriateness in much the same manner as regular family foster care providers. SB 342, from the 2009 Legislative Session will expand the diligent search process to give preference to relative placements within the fifth degree of consanguinity. This will go into effect on July 1, 2009.

Clark County Department of Family Services policy differs from statewide policy 1004 Structured Analysis Family Evaluation (SAFE) regarding the specific child welfare agency practice of using the SAFE tool as a part of the licensing process. For Clark County, the staff person responsible for completing the SAFE is a Licensing Representative instead of a Caseworker. Washoe County has a parent locator unit comprised of two full-time staff to find missing parents or relatives. They are accessed at the beginning of the case and through out the case if necessary. The unit also supports DNA testing of putative parents.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of “Area Needing Improvement” based on the finding that showed even though the percentage of cases reviewed that were applicable to this item met standards in two of the three agencies and concerted efforts were made to locate maternal relatives as placement options, paternal relatives were not sought as possible placement options. The State placed an emphasis on diligent search in locating family members, paternal as well as maternal, to be placement options for children under their care. This indicated a gain in performance and practice over the previous Statewide Assessment data. However, when looking at the QICR data for annual aggregates, there was a significant increase in compliance in 2006, a decline in 2007 and an increase again in 2008.

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

| Item 15:           | CFSR 2004     | QICR 2006       | QICR 2007       | QICR 2008       |
|--------------------|---------------|-----------------|-----------------|-----------------|
| Relative placement | 77%<br>(n=22) | 94.1%<br>(n=18) | 71.1%<br>(n=20) | 91.5%<br>(n=29) |

Overall placement data for State Fiscal Year 2008 showed 25.81% (n=2206) of children in foster care were in relative placements. Interstate Compact on the Placement of Children (ICPC) youth placed out of state reflects a similar percentage of relative placements in SFY 2008 (29% during the 1<sup>st</sup> quarter of SFY 2008 and 25% during the 4<sup>th</sup> quarter of SFY 2008).

2009 Statewide Assessment survey data indicates that 86.7% of judges feel that the child welfare agency conducts diligent searches for maternal relatives and uses them as placements, and 80% of judges feel that diligent searches are conducted and placement resources used for paternal relatives. In addition, 61% of caseworkers and supervisors report that diligent searches for the absent birth parent are conducted in a majority of their cases. In addition, 59.2% report that that searches for maternal relatives are conducted in the majority of cases and 52.5% report that diligent searches for paternal relatives are conducted in the majority of cases.

**Major Changes:**

There was considerable emphasis within training placed on this area during the PIP. One specific course, Diligent Search Process and Placement Decisions, addressed this issue directly and 376 workers attended (roughly one-half of workers). Several other courses, such as Permanency Service Delivery and Intake Response and Decision Making Process, also discussed the priority of relative placements. All new workers receive specific training on the importance of relative placement with the Nevada New Worker Common Core Training. The State revised statutes to specifically say that priority was to be given to relative placements unless it was not in the best interest of the child. Three specific DCFS policies were created and later revised during the period under review to address placing a priority on relative placements: DCFS Policy 1001 Diligent Search Process & Placement Decisions, Policy 1003 Kinship Care to identify that family placements are the first priority of any placement for a child or children, and Policy 1004 Structured Analysis Family Evaluation which promoted a formalized foster and adoptive home study and assessment process that minimizes placement moves for children, and minimizes delays in assessment for families. This instrument is intended to be used for family based foster care, non-parental ICPC, relative care and adoptions. It is important to note what is stated in Policy 1001 Diligent Search: The agency must focus on the best interest of the child and treat all persons with respect. Relatives are important to a child’s sense of identity and belonging, and should be the placement of preference if the non-custodial parent is not a placement option. Before a child is placed into foster care, reasonable efforts must have been made to locate and notify an absent parent/relative in order to prevent a foster care placement. When foster care is necessary, diligent search must be continuously conducted to minimize placement moves and focus on permanency plans for the child. Foster care should always be viewed as a temporary resource only. All child welfare agencies within the state have placed an emphasis on relative placements.

**Major Strengths:**

Overall the state has shown consistent improvement in this area. Statewide training and the emphasis the state has placed on relative placements has proven to be a major strength for the state. PIP Training addressed this area with a specific course, Diligent Search Process and Placement Decisions which showed 376 workers attended. The Nevada New Worker Common Core Curriculum emphasizes the priority towards relative placements and emphasizes searching for not only maternal relatives but paternal relatives as well. In Washoe County the Family Solutions Team meetings is resulting in the identification of more relatives from both sides of the family earlier in the case and is reducing the number of children placed in the emergency shelter.

**Major Barriers:**

Relative placements are sometimes unable to meet licensing regulations because of a variety of circumstances including: housing conditions, previous child abuse/neglect allegations and or criminal history. Such issues can slow the placement

decision making process while the agencies assess the potential for issuing waivers for specific regulations. With data showing that, on average, the State places approximately 25% of their foster youth in relative placements, and 34.27% of foster youth placed in non-relative foster homes. The remaining % of foster youth are in other placements such as group homes, institutions, Independent Living placements, on trial home visits, and finally runaways. The rationale for why there are more youth in non-relative placements may be from no family being willing or appropriate to providing foster care or that the needs of the child require a higher level of placement

**Summary:**

The State has made a concerted effort to demonstrate a **Strength** in prioritizing relative placements when removal from their birth family becomes inevitable. The data has shown an increase of 12.7% compliance from the 2004 CFSR. On average, 25% of youth removed from their families are in relative placement. Through development and revisions of statutes and policy and enhanced training to child welfare staff, the state has and continues to strive in providing best practice in regard to this area.

**Item 16: Relationship of child in care with parents**

*How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?*

**Statute, Regulation, and Policy:**

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

State Policy 1001 emphasizes the need to preserve the parent-child relationship by requiring diligent search for non-custodial parents when there is a need for a child to be removed from their home and the 0204 Case Planning policy refers to the structured, solution-based process of considering all of the information gathered through the needs assessment process to develop a strength-based case plan while working towards family reunification at the same time, implementing an alternative permanency plan. In addition, Washoe County Section 24 Visitation (4/1/02) policy addresses visitation between parents and child, frequency and quality of contacts, supervision of first visits after child placement, contacts and staffing with emergency shelter to ensure information sharing about child/parent contact and needs. Section 9 (Adoption Manual) (6/06) Placement Review Team Policy references an internal multi-disciplinary team who reviews sibling separation and visitation.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating “Area Needing Improvement” based on the finding that reviews determined that the agency did not promote parental involvement with the child or attempt to strengthen the parent-child relationship through visitation or participation in other activities. However, subsequent reviews conducted by the state have shown a consistent increase in the number of cases scored as a “strength”, with a 50.8% increase in number of cases scored as a “strength” from the previous CFSR to 2008.

**Table 16.1: Statewide Quality Improvement Review Data**

| Item 16:                                   | CFSR 2004     | QICR 2006       | QICR 2007     | QICR 2008       |
|--|---------------|-----------------|---------------|-----------------|
| Relationship of child in care with parents | 43%<br>(n=23) | 76.5%<br>(n=17) | 80%<br>(n=20) | 91.2%<br>(n=32) |

Annual QICR review data showed a steady increase in performance statewide on this item, with a 50.8% increase in number of cases scored as a strength from the previous CFSR to 2008.

**Major Changes:**

There was considerable emphasis within training placed on this area during the PIP. Several courses, such as Permanency Service Delivery and Intake Response and Decision Making Process, discussed the need to not only

encourage but assist in maintaining the parent-child relationship during placement. In December 2008, Clark County implemented the NCFAS to better assess the relationship between parents and children so that concerns could be more adequately addressed. Other changes in Clark County included the recent implementation of visitation safety checks to take a closer look at safety concerns around visitation and how they move toward unsupervised visits; recently implemented In-home program supporting keeping children in the home as opposed to removing them; and the recently implemented family finding project with youth eligible for IL to assist them in re-connecting with parents and relatives.

A major change in this area has been the implementation of visitation programs in Clark and Washoe Counties. Beginning in the winter of 2008, Clark County began its visitation program. This allowed for continuous supervised (if necessary) visits between child and birth parents in safe environment. The visitation program is located on the Child Haven campus. Implementation of the Clark County visitation center has increased the amount of time parents can spend with their children. In addition, Washoe County has developed a specific visitation plan which is a part of the family's Case Plan and Service agreement and is a working document, identifying specifics of contact, place and frequency of visits, phone contacts, and visitation guidelines, which caseworkers can update with families as necessary. The agency utilizes para-professional positions called Human Services Support Specialist staff (HSSS) that are available to monitor and mentor parent and sibling visitations when supervision is needed, expanded visitation rooms located on site to provide visitation for families when safety is a concern, and has a contract with the Family Peace Center which provides supervised visitation time slots for families when safety is a concern. Washoe County also provides resource referral and utilizes both Medicaid and contract providers to help meet family needs, to encourage family stability and to support positive visitation. Parental capacity evaluations are completed by psychologists when there are concerns about the parent child interaction. The psychologist assesses the parent's relationship with the child and ability to parent. The evaluation includes observation of parent-child interaction as part of the assessment process. Washoe County encourages parental involvement in all children's medical, dental, mental health and educational appointments.

#### **Major Strengths:**

The emphasis that has been placed on maintaining the parent-child relationship through worker training initiatives along with the emphasis placed on the facilitation of family visits has greatly increased the state's compliance in this area. Further, the visitation centers at both Clark County and Washoe County have assisted those agencies in providing a positive environment for such visitations.

#### **Major Barriers:**

Issues that affect this area include a variety of factors. Transportation for families can be a barrier if a visit is on-site or at the visitation center. Visitation program hours, though extensive can still be limiting. There may not enough time provided for visits – typically they are one hour, once per week and this is not always sufficient time for bonding. Non-compliant foster parents (i.e., foster parents who do not want to engage with the birth parents) is also a factor, as are high caseloads. Washoe County reports that the average wait list for CPS families referred to the Family Peace Center is 16 days and that families served by this agency could benefit from expanded time. There are approximately 40 supervised visits that occur at this facility monthly, with most families scheduled for one weekly visit.

#### **Summary:**

The State has made a concerted effort toward achieving a **Strength** in this area, especially in promoting the parent-child relationship as seen with the consistent increase in compliance to this item during the case reviews since the 2004 CFSR. In addition, both Clark County and Washoe County have created a visitation center which assists in facilitating visitation by providing a safe, common location in which all visits can occur. Training of agency staff has also added to the improved compliance as it has stressed the importance in maintaining the parent-child relationship and moving toward reunification.

## ***Well-Being I: Families Have Enhanced Capacity to Provide for their Children's Needs***

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### **Item 17: Needs and services of child, parents, and foster parents.**

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*How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?*

#### **Statute, Regulation, and Policy:**

NRS 432B.190 and .550 requires child welfare agencies to provide services to preserve families, prevent placement of children if possible, and if not possible provide a plan describing those services that would facilitate safe return of the

child. NAC 432B.190, .200, and .240 requires agencies to provide case planning and agreements with parents using strengths and resources in planning, and requires the agency to provide a range of services to preserve the family. NAC 432B.400, .405 and .410 requires the agency to provide case planning and services to children in foster care and their parents. NAC 432B.1362, .1364 and .1366 provide provisions for provider agreements of child welfare services and assurances of conducting timely assessments to ensure adequate provision of services.

Several state policies are applicable to this item. Policy 0203 Case Management Practice Model was developed as a principle based framework for frontline practice. Policy 0509 Nevada Initial Assessment was developed to provide better initial assessments, and 0204 Case Planning Policy and 0205 Caseworker Contacts with Children, Parents and Caregivers were developed to clarify case planning and frequency of contacts required with children, parents and caregivers. Policy 0801 Independent Living Policy was developed to ensure youth age 15 and older in foster care receives adequate case planning and services for transition to adulthood and 0503 Differential Response policy was developed to standardized procedures for a pilot to initiate use of family assessment rather than investigations on certain child abuse cases. Finally, policy 1004 Structured Analysis Family Evaluation (SAFE) Assessment covers the assessment of the appropriateness of potential foster families, licensed relatives and adoptive families.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of “Area Needing Improvement” based on the finding that in 49% of the cases reviewed it was determined that the child welfare agency had not adequately assessed and/or addressed the service needs of children, parents, and fosters parents. This item obtained a “strength” in only 51% of cases reviewed. In the 2004 CFSR findings a key concern pertained to the lack of assessment and service provision to fathers. The father’s needs were not assessed in 35% of the applicable cases; services were not provided to the father to address identified needs in 47% of applicable cases. The case reviews conducted since the previous CFSR have shown improved performance from 2006-2008, with a 30.3% increase in cases rated as a “strength”.

**Table 17.1: Statewide Quality Improvement Review Data**

| Item 17:  | CFSR 2004     | QICR 2006     | QICR 2007       | QICR 2008       |
|---|---------------|---------------|-----------------|-----------------|
| Needs and services of child, parents and foster parents | 51%<br>(n=49) | 70%<br>(n=40) | 92.4%<br>(n=52) | 85.3%<br>(n=57) |

In addition, in the statewide assessment surveys conducted with stakeholders in the spring of 2009, judges were asked if the child welfare agency had increased their ability to meet the needs of children and families over the last five years. A total of 72.7% of judges indicated that this was true. Caseworkers and Supervisors were asked about meeting the needs of children and families as well. These respondents felt that in the majority of their cases that caregivers are a good match for the child (79.3%); that caregivers teach their foster children things that may be useful to them when they live on their own (68.3%); that caregivers have rules that are fair and consistent (81.2%); and that caregivers are honest and open with workers about the child’s needs (79.5%).

**Major Changes:**

Performance Improvement Plan (PIP) action steps were created to address the deficiencies in item 17. From the PIP, Nevada developed several assessment tools, like the NIA the Safety Assessment and the Risk Assessments to aid in appropriately assessing children and family needs (PIP 17.1). The PIP also addressed the need for a case planning process (PIP 17.2). Nevada implemented the case planning policy and the concurrent planning guide to provide a process for families to engage in planning for permanency for children. In order for caseworkers to monitor progress of the case plan, policy 0205 Caseworker Contact was developed in 2007. This policy requires caseworkers to engage in monthly contact with children and their families. These visits must focus clearly on case planning and service delivery and be documented in case notes. In addition, Decision Making Group (DMG), made up of the DCFS Administrator and Rural Region Manager and the Directors of Clark County and Washoe County, approved the use of the NCFAS as a means of assessing the needs of families. Clark County implemented this in January 2009. Washoe County and the Rural Region are currently having their new staff train on the tool in preparation for implementation in the near future. Licenses for both the NCFAS-G (General Scale) and R (Reunification Scale) have been purchased for these agencies in preparation for implementation.

**Major Strengths:**

A major strength for this item is the continued improvement on this item as a result of the Quality Improvement Case Reviews (QICR) as shown by the yearly results on this item, and this can be attributed to policy changes since the 2004 CFSR. Furthermore, all child welfare agencies in Nevada utilize Child and Family Team (CFT) meetings which are a family centered approach and a model of practice that is strength based and solution focused. In addition, all three agencies have Youth Advisory Councils. Three representatives from the three Regional Youth Advisory Councils including a tribal member are members of the Statewide Youth Advisory Board. This is a forum in which foster youth can voice their concerns so that better services are provided to them, and is a strength related to practices towards

improvement in Independent Living. In January 2009 Clark County implemented the NCFAS G + R Scales to provide a more structured and comprehensive assessment of families for case planning. Rural Region Clinical Services provides clinical assessments of children which could include mental health assessments, developmental assessments, early needs assessments, Severe Emotional Disturbance (SED) assessments, and risk of harm assessments. Also, recently a partnership has been established between the Rural Region and the Family Resource Centers in a collaborative effort to provide independent living services to youth. Washoe County contracts with an Independent Living Specialist that is available for consultation and help with case plan development.

**Major Barriers:**

Clark County reports a high number of children on case loads, lack of training for permanency workers on proper engagement of non-compliant families, and a lack of quality assessment tools as barriers. In order to address some of the workload issues, beginning in November 2008 many units began utilizing Family Support Workers. These positions are to provide additional help to permanency workers. Also, the responsibilities of retention workers have been expanded to help more families in need. In February 2009 a training named *Safety through the Life of a Case* was provided for all permanency workers. Also, Clark County’s 2008 Service Array Needs Assessment Report noted recurring factors affecting the outcomes of item 17. Clark County reported the number one factor impacting the ability to access services was the lack of available services relative to the demand, and this is linked to population growth. Often families are placed on waiting lists before receiving services. The second largest factor impacting the ability to access services was the lack of information about service availability, suggesting the need for a central repository where those who need services can be matched with service providers.

The Rural Region is challenged by the limited services that are available in the communities and the lack of public transportation available. The Rural Region provides services to geographical areas considered to be frontier, which can be up to a five hour drive from a Rural Region Office, and a significant distance from most service providers.

2009 Statewide Assessment Surveys asked stakeholders questions regarding the perceived barriers for the child welfare agency in assessing and meeting child and family needs. These questions were included in the Caregiver, Stakeholder and Tribal surveys. Overall, as shown in Tables 17.2 and 17.3 below, these individuals indicated that caseload size, caseload growth, and budgetary restrictions were the most likely barriers to effectively assessing and meeting the needs of children and families in the child welfare system. Tribal members also indicated that lack of familiarity with the tribe was another barrier to effectively meeting the needs of tribal children and families.

**Table 17.2: 2009 Survey – Caregivers, Stakeholders and Tribal**

| <b>Item 17 - Barriers to Assessing Child and Family Needs</b> | <b>N</b> | <b>Min</b> | <b>Max</b> | <b>Mean</b> | <b>SD*</b> |
|---|----------|------------|------------|-------------|------------|
| Caseload size   | 191      | 1          | 5          | 4.17        | 1.20       |
| Caseload growth   | 186      | 1          | 5          | 4.10        | 1.21       |
| Budgetary Restrictions  | 171      | 1          | 5          | 3.99        | 1.31       |
| Familiarity with the tribe                                    | 42       | 1          | 5          | 3.60        | 1.01       |
| Lack of collaboration between the agency and my home/facility | 183      | 1          | 5          | 3.52        | 1.36       |
| Inadequate training   | 174      | 1          | 5          | 3.52        | 1.31       |
| Lack of supervisory oversight                                 | 167      | 1          | 5          | 3.38        | 1.34       |

\*SD means Standard Deviation

**Table 17.3: 2009 Survey – Caregivers, Stakeholders and Tribal**

| <b>Item 17 - Barriers to Meeting Child and Family Needs</b>   | <b>N</b> | <b>Min</b> | <b>Max</b> | <b>Mean</b> | <b>SD*</b> |
|---|----------|------------|------------|-------------|------------|
| Caseload size   | 178      | 1          | 5          | 4.19        | 1.18       |
| Caseload growth   | 166      | 1          | 5          | 4.14        | 1.20       |
| Budgetary Restrictions  | 162      | 1          | 5          | 4.07        | 1.25       |
| Familiarity with the tribe                                    | 38       | 1          | 5          | 3.63        | 1.10       |
| Lack of collaboration between the Agency and my home/facility | 171      | 1          | 5          | 3.52        | 1.37       |
| Inadequate training   | 154      | 1          | 5          | 3.49        | 1.34       |
| Lack of supervisory oversight                                 | 155      | 1          | 5          | 3.32        | 1.37       |

\*SD means Standard Deviation

## Summary:

While improvement has been noted on this measure it continues to be an **Area Needing Improvement**.

## Item 18: Child and Family Involvement in Case Planning

*How effective is the agency in involving parents and children in the case planning process?*

### Statute, Regulation, and Policy:

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

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

### Statewide Data:

During the CFSR in 2004, this item was given an overall rating of "Area Needing Improvement" based on the finding that in 53% of the cases, reviewers determined that the agency had not made diligent efforts to involve parents and/or children in the case planning process. A key concern pertained to the lack of involvement of children in case planning. In the reviews following the last CFSR, the state has shown an increase in scores, however, there have been fluctuations between the cases reviewed from year to year.

**Table 18.1: Statewide Quality Improvement Review Data**

| Item 18:                                      | CFSR 2004     | QICR 2006       | QICR 2007       | QICR 2008       |
|---|---------------|-----------------|-----------------|-----------------|
| Child and family involvement in case planning | 47%<br>(n=49) | 71.9%<br>(n=38) | 84.6%<br>(n=50) | 81.6%<br>(n=55) |

The QICR results for the past three years show varied percentages of cases rated as strengths. Overall, from the CFSR in 2004 to the reviews in 2008, there is a 31.4% increase in the number of cases rated as a strength. The differences in the scores may be due to a variety of factors, including the number of times an agency was reviewed in a given year to the number of cases selected in a sample. Specifically, Clark County showed steady improvement beginning with a 2006 baseline of 57.1% of applicable cases rated a strength, and ending with 87.5% of applicable cases rated a "strength," in the most recent review conducted in August 2008. Washoe County improved dramatically from a baseline score in September 2006 of 78.6% of applicable cases rated as strength to 92.3% of applicable cases were rated as strength in June 2007, then in the most recent review conducted in September 2008 slipped slightly to 91.3% of applicable cases to be rated as strength on this item. The Rural Region results varied the most; however, this may be attributed, at least in part, to conducting reviews of individual district offices in 2006 and 2007. A review conducted in the Elko District Office established the 2006 baseline for this item at 80% of applicable cases rated as a strength, the second review in October 2007, conducted in the Fallon District Office rated 100% of applicable cases rated as strength, and in the composite

2009 Statewide Assessment survey data indicates that 73.3% of judges have the perception that case plans are jointly developed with parents. Caseworkers and Supervisors report that 77.8% develop the case plan jointly with parents in the majority of their cases, and 32.7% indicate that foster parents are included in the case planning process. If including the child is age appropriate, 45.4% of workers and supervisors indicate that this occurs in the majority of cases.

### Major Changes:

The state contracted with a consultant to conduct Child and Family Team (CFT) training and facilitation, unit-by-unit, across all three agencies. The CFT is defined in policy as a team that is comprised of family members, friends, foster

parents, legal custodians, community specialists and other interested people identified by the family and agency who join together to empower, motivate and strengthen a family, and collaboratively develop a plan of care and protection to achieve child safety, child permanency, and child and family well-being. Families are to be encouraged to include natural, informal supports such as extended family, fictive kin, close friends, members from their faith community, teachers, etc. The intent is to have child and family team members who are committed to long-term support of the child and family. Foster parents, mental health professionals, CASA and other interested stakeholders are usually included.

Policy requires that a CFT be convened and an initial permanency case plan be developed and finalized within 45 days after a child's removal from the home and signed by the parent(s). If the agency is unable to locate the parent(s), or the parent is not able or willing to participate in the development of the case plan, it is to be so documented in the plan. Clark County reports that the new policy and procedures to be implemented in July 2009 require more contact earlier and ongoing contact with parents, service providers, and other collaterals to enhance success in case planning and that diligent search is assisting in locating absent parents.

**Major Strengths:**

Statewide Diligent Search Policy (1001) requires the agency workers to engage the family to identify potential placement resources for child with non-custodial parent, maternal or paternal relatives, fictive kin or other significant persons. Use of the Diligent Search Resource Handbook guides search activities, and identification of family members required to begin with the initial contact with the family, and must be initiated no later than at the time the Safety Plan is completed.

Promising practices in Clark County include; utilization of the NCFAS-G and R for conducting family assessments beginning in January 2009; standardization of the process for holding the CFT's required for children of all ages who have been placed in protective custody within 48 hours of placement, highlighting the necessary engagement skills for working with absent or non-compliant parents and requiring foster care workers to have at least four visits with families within 15 days of case opening so that adequate assessments can be performed and families can be engaged. By April 2009, foster care workers began participating in CPS cases earlier to eliminate the need to rely on CPS workers to provide case plan information.

In August 2008, Washoe County instituted a family engagement initiative called Family Solutions Team meetings. Family Solutions Team (FST), lead by a trained, skilled facilitator, utilizes a family team decision making meeting preferably within 72 hours of an initial child protection investigation for children at risk of removal or placed in emergency shelter care. The Rural Region of DCFS utilizes phone and video conferencing to facilitate more family involvement in case planning.

**Major Barriers:**

The most challenging aspect of including families and children in case planning is CFT scheduling. It is sometimes difficult to get all needed members to be available at the same time. In addition to scheduling, caseworkers have varying skill levels when it comes to genuinely engaging parents in the case work process, especially when parents aren't as willing to accept child welfare agency involvement. There has been a lot of progress over the past few years to strengthen these skills, however further training and refinement is needed to effectively engage parents.

In the 2009 Statewide Assessment surveys, child advocates, caregivers, judges and tribal members were asked to indicate which items were most likely to be barriers to appropriate case planning. These results are reported in Table 18.2 below. Individuals responding to these surveys indicated that caseload size and caseload growth were the most likely barriers to achieving appropriate and timely case plans for children in care.

**Table 18.2: 2009 Survey – Child Advocate, Caregiver, Judicial and Tribal**

| <b>Item 18 - Barriers to Appropriate Case Planning</b> | <b>N</b> | <b>Min</b> | <b>Max</b> | <b>Mean</b> | <b>SD*</b> |
|--|----------|------------|------------|-------------|------------|
| Caseload size  | 185      | 1          | 5          | 3.86        | 1.46       |
| Caseload growth  | 174      | 1          | 5          | 3.83        | 1.37       |
| Familiarity with the child's culture                   | 43       | 1          | 5          | 3.65        | 1.17       |
| Lack of placement options within the child's culture   | 172      | 1          | 5          | 3.52        | 1.40       |
| Inadequate training                                    | 170      | 1          | 5          | 3.39        | 1.41       |
| Lack of collaboration between the Agency and Tribes    | 130      | 1          | 5          | 3.22        | 1.58       |
| Lack of supervisory oversight                          | 160      | 1          | 5          | 3.09        | 1.47       |

\*SD means Standard Deviation

**Summary:**

Although all three agencies have shown improvement on this measure since the first CFSR, QICR data for the state as whole is inconsistent in demonstrating the agencies' effectiveness in involving parents and children in the case planning process, there fore this item remains as an **Area Needing Improvement**.

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## Item 19: Caseworker Visits with Child

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*How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?*

### **Statute, Regulation, and Policy:**

Nevada is operating in accordance with 45 CFR 1355.20 which requires that children in foster care or children under the placement and care responsibility of the state agency who are placed away from their parents or guardians must have contact by their caseworker every calendar month. This provision also applies to in-home cases. Statewide policy 0205 Caseworker Contact with Children, Parents and Caregivers requires a minimum of face-to-face contact with a child must occur at least once a calendar month. For cases where the child is placed in foster care, the contact must take place in the child's residence (51% or more). During all types of contacts, the caseworker must spend at least a portion of each time alone with the child and at least a portion of the time alone with the caregiver/foster parent, if requested. Documentation of the contact must be entered into UNITY within 5 days of the contact. Children placed in out-of-state institutions are subject to have a standardized policy for caseworkers visits with the child that defines the frequency of visits to ensure the child's safety, well-being and educational needs are met. On September 2006, the Federal government created the Child and Family Services Act of 2006. This act required the Caseworker Contact Policy to be revised to include a description of standards for the content and frequency of caseworker visits for children in foster care. The act requires a minimum of one monthly visit between the caseworker and child must focus on case planning and service delivery. The State, in a collaborative effort with the child welfare agencies, revised the current Caseworker Contacts with Children, Parents and Caregivers policy to reflect the Children and Safe Families Act and implemented policy on June 20, 2008.

### *Monthly Caseworker Visits:*

DCFS is dispersing the caseworker visitation funds to the three child welfare agencies to fund additional positions to expand caseworker visitation capacity, fund overtime for caseworkers to increase the number of children visited, complete appropriate paperwork in a timely manner and to purchase needed equipment to facilitate caseworker visits and documentation. In response to recent federal legislation P.L. ACYF-CB-07-08, the Information Management System (IMS) staff has developed a monthly report which tracks caseworker visitation as well as visit location based on the federal requirements listed. The new Federal guidelines were used to determine the monthly visitation and in-placement visitation compliance rates and include the following provisions:

- Children who have been in custody for a full calendar month during the report period are included in the compliance calculations "Custody Visit Months" and "In-Placement Visit Months" are calculated and displayed.
- Children who have more than one foster care episode, whether under same Person ID or not, are included only once in the report. They are displayed in the report under the organizational unit that handled the most recent custody during the report period.
- Children who are placed out of state are included in the population.
- The report now displays the number of visits by any Nevada worker.
- The report shows the monthly visitation and in-placement visitation compliance percentage goals.

This report has established a baseline and DCFS continues to monitor compliance monthly and has added caseworker visitation to the DMG agenda monthly to discuss strategies to share the information with the agencies and increase compliance. This monitoring schedule will allow the state and the jurisdictions to assess whether the state as a whole is improving monthly in order to meet the federal compliance rate of 90% by 2011. Discussions with the three child welfare agencies produced the following progressive targets, by year, to achieve compliance with the required 90% in 2011: The target for 2008 was 25%; the target for 2009 was 35%; the target for 2010 will be 65% and the target for 2011 will be 90%.

To achieve the targets set, several projects have been implemented. A current Casey Family Project implemented to improve timely reunification has Washoe County tracking caseworker-parent contacts, parent-child contacts, and sibling contacts. Washoe County has also funded hand held recording devices and digital pens to help caseworkers ensure timely input of case contact documentation into UNITY. Recently Washoe County formed a "Visitation Workgroup" to review and submit recommendations to improve visitation between children and families. The workgroup is focusing on 1) Systematic improvements to assist workers in scheduling, location and transportation issues related to visitation to increase frequency; and 2) Improving the structure of visitation to enhance the quality of visitation to include parenting tips, modeling behavior, building mentoring relationships between parents and foster parents. Washoe County has Title IV-B Visitation Grant monies to pay overtime for monthly child contacts in their placement location. In addition, a Caseworker-Child Contact report is reviewed monthly with supervisors and managers to identify trends, barriers and solutions.

Clark County opened a Family Visitation Center in February 2008. The new visitation center is open seven days a week,

including holidays, from 8 a.m. to 8 p.m. The center is staffed full time and has vehicles available for transportation in an effort to provide flexibility and support to parents and their children during visitation activities. The Family Visitation Center is designed to promote meaningful visitation between children and their caregivers in a safe, child- and family-friendly setting that is conducive to assessing parent-child interaction.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of “Area Needing Improvement” based on the finding that in 45% of the cases, reviewers determined that caseworker visits with children were not of sufficient frequency and/or quality to ensure children’s safety and promote attainment of case goals. In addition, according to the 2003 Statewide Assessment, information from surveys of foster parents across the state showed discrepant results depending upon areas surveyed. Foster parents from the rural areas reported more contacts with caseworkers than did foster parents in Clark and Washoe counties. According to the surveys done at that time the rate of caseworkers who did monthly face-to-face meetings with families in rural counties was 70%, is nearly double the rate in Clark (36%) and Washoe (38%). Caseworkers also reported the frequency of contact most often occurred monthly (24.3%) followed by nearly equal rates of weekly or biweekly (approximately 20%). 56% of the caseworkers surveyed in 2003 conducted face-to-face visits with the children on their caseloads monthly or less frequently.

Case reviews conducted statewide since the last CFSR have shown substantial improvement in caseworker visits, with a 25.5% increase in number of cases rated as a “strength”. These results are shown in Table 19.1.

**Table 19.1: Statewide Quality Improvement Review Data**

| Item 19:                     | CFSR 2004       | QICR 2006        | QICR 2007        | QICR 2008       |
|------------------------------|-----------------|------------------|------------------|-----------------|
| Caseworker visits with child | 55.0%<br>(n=49) | 70.14%<br>(n=39) | 80.08%<br>(n=52) | 81.9%<br>(n=58) |

Reports of monthly contacts by caseworkers from May of 2007 through December of 2008 are shown in table 19.2 below. This table indicates that Nevada has exceeded its 2008 Target Goal of 25% with the data available. There has been at least a 23% increase over the 2008 targeted goal. For the first two months of 2009, Nevada exceeded its goal of 35% by 43%.

**Table 19.2: Statewide Monthly Caseworker Contact Report 05/07 – 05/09**

| Month/Year | Overall Monthly Contact Compliance Goal >90% | Overall In Placement Compliance Rate Goal >50% |
|------------|--|--|
| 05/09      | 80.93%                                       | 67.68%   |
| 04/09      | 78.96%                                       | 73.12%   |
| 03/09      | 80.76%                                       | 69.06%   |
| 02/09      | 78.24%                                       | 69.54%   |
| 01/09      | 78.54%                                       | 69.45%   |
| 12/08      | 78.87%                                       | 72.05%   |
| 11/08      | 78.29%                                       | 67.20%   |
| 10/08      | 76.26%                                       | 68%  |
| 09/08      | 70%  | 67%  |
| 08/08      | Data Unavailable                             | Report Being Developed                         |
| 07/08      | Data Unavailable                             | Report Being Developed                         |
| 06/08      | 68%  | 70%  |
| 05/08      | 62%  | 68%  |
| 04/08      | Data Unavailable                             | Report Being Developed                         |
| 03/08      | Data Unavailable                             | Report Being Developed                         |
| 02/08      | 65%  | 67%  |
| 01/08      | 55%  | 68%  |
| 12/07      | 55%  | 66%  |
| 11/07      | 48%  | 62%  |
| 10/07      | 47%  | 59%  |
| 09/07      | 58%  | 58%  |
| 08/07      | 59%  | 60%  |
| 07/07      | 65%  | 62%  |
| 06/07      | 66%  | 65%  |
| 05/07      | 67%  | 59%  |

In addition, the 2009 Statewide Assessment survey data indicates that 92.9% of judges have the perception that case workers are conducting face-to-face visits in accordance with the requirements for foster care. Caseworkers and

Supervisors report that in the majority of cases (60-100%) that workers talk on the phone with the child at least once per month in 43.7% of the time and that a face-to-face contact occurs in the child's home 90.9% of the time.

### **Major Changes:**

The State has developed and implemented a standardized policy for case workers visits with the child that defines the frequency and quality of contacts to ensure the child's safety, well-being and educational needs are met. The State, in a collaborative effort, met with the National Resource Center for Family Centered Practice and Permanency Planning to discuss visitation policies and national child welfare caseworker visitation purpose and frequency standards. This was completed on 03/30/2005. Now, all visitations are recorded in UNITY Case Notes. This information then populates into the Caseworker Contact Report. Recently Washoe County has formed a Visitation Workgroup to review and submit recommendations to improve visitation between children and families. The workgroup is focusing on 1) Systematic improvements to assist workers in scheduling, location and transportation issues related to visitation to increase frequency; and 2) Improving the structure of visitation to enhance the quality of visitation to include parenting tips, modeling behavior, building mentoring relationships between parents and foster parents.

### **Major Strengths:**

The State has revised the Caseworker Contact with Children Policy and outlined key elements frequency and composition of the contact. Emphasis was placed on case planning with the parent which allows a venue for the parent to be part of the decision making process for permanency of the child. In response to recent federal legislation P.L.ACYF-CB-07-08, the Information Management System (IMS) staff has developed the Monthly Compliance Report which tracks caseworker contact compliance and location of the contact based on the federal requirements. The state continues to monitor compliance monthly and has added caseworker contact reports to the DMG agenda to share the information with the agencies and increase compliance. This monitoring schedule will allow the state and the agencies to assess whether the state as a whole is improving monthly in order to meet the federal compliance rate of 90% by 2011. In addition to state policy, Clark County indicated that during the summer of 2008, a separation of in-home from out-of-home units occurred as well as the ceasing of blended caseloads (CPS and Permanency) for caseworkers. Clark County has an internal policy requiring caseworkers to have contact with children on a biweekly basis for in-home cases. Clark County has also introduced new policy and procedures which will call for five case worker contacts with the child within the first 14 days if the child has been placed outside of the parents/caretakers home. Finally, Clark County has formed workgroups to address the implementation of visitation quality standards.

Washoe County has identified numerous strengths which help facilitate caseworker contacts with children. In Family Drug Court cases, caseworkers have at least two face-to-face contacts with children per month. A current Casey Family Project was implemented to improve timely reunification has Washoe County tracking caseworker-parent contacts, parent-child contacts, and sibling contacts. Washoe County has also funded hand held recording devices and digital pens to help caseworkers ensure timely input of case contact documentation into UNITY. In addition, the Caseworker-Child Contact report is reviewed monthly with supervisors and managers to identify trends, barriers and solutions. Recently, Washoe County in conjunction with Model Court developed a subcommittee to address visitation issues.

### **Major Barriers:**

Caseload size is a barrier for all three child welfare agencies in Nevada. Another major issue that Clark County identified is the high rate of turnover of caseworkers and a lack of qualified applicants to fill those vacancies. There has been a continued effort in training but because of the lack of licensed caseworkers, their learning curve is high. Clark County also identified non-compliance with parents as a barrier. Non-compliance includes unknown location of parents, uncooperative with sharing information about self and children, parents in jail, parents may have substance abuse issues which result in missing meetings and appointments, not completing their case plan, and some parents have legal representation which advises the parent not to speak to the caseworker.

In addition, the Rural Region, reports challenges to monthly contact include geographical distances from agency offices to foster families and families receiving in-home services. Further, due to case load size, time management to visit families and coordinating visits through a secondary caseworker when the child is placed far from their community because they need a higher level of care is an issue. In addition, contacts or attempted contacts to engage with absent parents remain inconsistent.

The 2009 Statewide Assessment survey of caseworkers and supervisors asked about a variety of possible barriers to achieving face-to-face visits with a child each month. As listed in Table 19.3 below, caseworkers and supervisors indicated that caseload size (51.2%) and caseload growth (45.4%) impacted the majority of their cases as the most likely barriers to achieving face-to-face visits. Being unable to reach the family or placement resource was listed as a barrier in a minority of cases (45.1%).

**Table 19.3: 2009 Caseworker and Supervisor Survey Results**

| Barriers to Workers' Achieving Face-to-Face Visits with Child each Month | N   | No Cases<br>0% | Minority of<br>Cases<br>20-40% | Majority of<br>Cases<br>60-100% |
|--|-----|----------------|--------------------------------|---------------------------------|
| Caseload size  | 221 | 32.6           | 16.3                           | 51.2                            |
| Caseload growth  | 214 | 38.3           | 16.3                           | 45.4                            |
| Inadequate training  | 213 | 81.7           | 13.6                           | 4.6                             |
| Navigating or familiarity with UNITY                                     | 213 | 83.6           | 10.8                           | 5.5                             |
| Unable to reach family/placement resource to set up visit                | 213 | 39             | 45.1                           | 15.9                            |
| Lack of supervisory oversight  | 212 | 80.7           | 14.2                           | 5.3                             |
| Distance/Time from office to placement location                          | 216 | 48.1           | 31                             | 20.8                            |

**Summary:**

The relevant data indicates that Nevada has made significant progress in how effective agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes. Changes to state statutes, adoption of new policies and practice guidelines, additional training for supervisors and staff, and development of new functionality in UNITY, have all contributed to the improvement in agency effectiveness. These efforts have resulted in a significant and consistent increase in QICR scores for this item. The State would rate this item as an **Area Needing Improvement**, although significant progress had been made.

**Item 20: Worker Visits with Parents**

*How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?*

**Statute, Regulation, and Policy:**

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

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Area Needing Improvement" based on the finding that the child welfare agencies were not consistent in efforts to establish sufficient face-to-face contact between agency case workers and parents on their caseloads. The overall rating for the CFSR for this item was 46%. During the 2003 Nevada Statewide Assessment of Child Welfare, for the most recent three months of case activity, case readers identified the frequency with which agency staff met with families in its care. Of the nine foster care cases and 38 in-home cases with complete data for this item, one-third of the foster care cases and 37% of the in-home cases showed at least one visit per month within the three week review period. The balance of parents whose children were in foster care and 50% of those children remained in the home had been seen only once during the three-month period. In response to the CFSR the state's PIP goal was 60%.

Based on QICR reviews conducted since the last CFSR, Nevada has shown a 30.3% increase in items rated as strength for this item from the 2004 review to 2008. The state overall in 2008 increased by 18.3% over the PIP negotiated goal. This means that more parents have taken an active role in case planning and permanency for their families. It also indicates that the agencies that provide child welfare services are spending more time getting families involved with achieving the goals outlined in a case plan. In addition, 87.6% of caseworkers and supervisors surveyed in 2009 reported that in the majority of cases foster parents or relative caregivers are visited at least once per month at the foster care residence.

**Table 20.1: Statewide Quality Improvement Review Data**

| Item 20:                   | CFSR 2004       | QICR 2006       | QICR 2007        | QICR 2008       |
|----------------------------|-----------------|-----------------|------------------|-----------------|
| Worker visits with parents | 46.0%<br>(n=48) | 67.9%<br>(n=38) | 74.35%<br>(n=51) | 79.7%<br>(n=50) |

### **Major Changes:**

In response to the PIP, the State had a goal indicating there would be the development and implementation of a standardized policy for caseworker's visits with the child that defines the frequency of visits to ensure the child's safety; well-being and educational needs are met. The state in a collaborative effort met with the National Resource Center for Family Centered Practice and Permanency Planning to discuss visitation policies and child welfare caseworker visitation purpose and frequency standards. This was completed on March 30, 2005. The State of Nevada Family Programs Office in a collaborative effort with three child welfare agencies revised current policy and implemented it on June 20, 2008 to update child activities. Even though the revised policy did not change the requirements for caseworker visits with parents, the policy did define the frequency and location of visits. This may explain another reason for the steady increase in worker visits with children. Clark County is attempting to monitor this through new management reports and their new local policy requires face to face contact with parents (except after TPR). The new Clark County policy and procedures to be implemented in July 2009 requires more frequent face-to-face contact with parents particularly at beginning of case and then continuously throughout life of case. In addition, the requirement of monthly efforts to locate absent parents by contacting relatives will be in new policies and procedures.

### **Major Strengths:**

Washoe County has identified numerous strengths which help facilitate caseworker contacts with parents. In Family Drug Court cases, caseworkers have at least two face to face contacts with parents per month. A current Casey Family Project was implemented to improve timely reunification has Washoe County tracking caseworker-parent contacts, parent-child contacts, and sibling contacts. Washoe County has also funded hand held recording devices and digital pens to help caseworkers ensure timely input of case contact documentation into UNITY. In August 2008, Washoe County instituted a family engagement initiative called Family Solutions Team meetings (FST). FST utilizes a family team decision making meetings within 72 hours of an initial investigation in which a skilled facilitator leads the meeting and uses the strengths of the family to develop a safe plan for the family.

### **Major Barriers:**

The DCFS Rural Region have stated that challenges to monthly contact include geographical distances from agency offices to foster families and families receiving in-home services; case load size which can make it difficult to manage time to visit families and coordinating visits through a secondary caseworker when the child is placed far from their community because they need a higher level of care. In addition, contacts or attempted contacts to engage with absent parents remain inconsistent.

Caseload size has also been a reoccurring problem for Clark County. The average case load is approximately 36 – 40 children and Clark County has been actively trying to get caseloads down to 21 children. However, such large case loads prevent regular face-to-face contact and aid to late entry or incorrect information of case note contacts into UNITY. SACWIS does not allow one case note for contact with parent and child; rather separate case notes must be entered.

There has been a continued issue of high turnover of case workers and a lack of qualified applicants to fill those vacancies. There has been a continued effort in training but because of the lack of experience new workers have, their learning curve is quite high. Another issue that arises from a lack of qualified caseworkers is an inability for staff to help each other in making contacts. Often when one worker is out on leave or is sick another worker must assist in making contacts and this is compromised without enough staff. Clark County also identified non-compliance with parents as a barrier. Other non-compliance issues include: The unknown location of parents; parents being uncooperative with sharing information about themselves and their children; parents being in jail (either at a distance from the child, or out-of-state); parents may have substance abuse issues which result in missing meetings and appointments; parents not completing their case plan, and some parents have legal representation which advises the parent not to speak to the caseworker. Wherever possible, phone contacts are arranged for visits, but travel presents a problem due to increased budget restrictions.

### **Summary:**

The relevant data indicates that Nevada has made significant progress in how effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services. Adoption of new policies and practice guidelines, additional training for supervisors and staff, have all contributed to the improvement in agency effectiveness. These efforts have resulted in a significant and consistent increase in QICR scores for this item. Although progress has been made in terms of policy and staff training, the State is still dealing with deficits in staffing, documentation and consistency in parental visits and as such, this is still an **Area Needing Improvement** for Nevada.

## **Well-Being II: Children Receive Appropriate Services to Meet Their Educational Needs**

### **Item 21: Educational Needs of the Child**

*How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?*

#### **Statute, Regulation, and Policy:**

NRS requires that in custody cases a report be made in writing by the child welfare agency concerning the child's record in school. Statute further requires that the agency exercise diligence and care in arranging appropriate and available services for the children (NRS 432B.540). The Program of School Choice for Children in Foster Care authorizes the legal guardians or custodians of certain children who are in foster care to apply to the Department of Education to participate in the program which allows such children to choose the school of their choice or remain at the school they were attending prior to being removed from their caretaker (NRS 392.040).

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

Statewide policy 0601 Documentation, instructs case workers to assess children and their families upon initial contact and continue to assess them through the life of the case; such assessments should include the educational needs of children in both in-home and out-of-home care. Policy 0509 Nevada Initial Assessment also directed agencies to complete in-depth assessments from the initial contact that focus on the emotional, behavioral and needs of children. Policy 0204 Case Planning requires that in custody cases the child's plan is to be developed in collaboration with the family and other members of the Child and Family Team (CFT), within required timeframes and have required elements including the child's educational needs. Finally, policy 0205 Caseworker Contact requires that caseworkers visit the child or youth and caregiver at a minimum of once per month and during those visits discussed the educational progress and needs.

In addition to complying with statewide policy the urban child welfare agencies have policies specific to their individual agency. While Clark County did not develop any policies that specifically relate to the educational needs of children their policy does include specific instructions as to how case workers are to assess and monitor that the needs of children are met. These new policies include specific timelines for case workers to visit children and youth in their schools, have contact with educational personnel, and collect and document educational records and progress in the case file and UNITY. Section 4.14 of the Washoe County Department of Social Services Program Requirements for Foster Homes requires children and youth to be enrolled by their foster parent within one school day of placement. The foster parents are responsible to ensure the child's attendance and provide school supplies and are to notify the social worker of any communications from the school and refer any other of the child's educational needs to the social worker. Washoe County foster parents or the biological parents must consent to an Individualized Educational Plan (IEP) if needed; when the biological parent is not available the foster parent will act as the surrogate parent and is to work with the school district on the child's IEP. Washoe County recently worked with the School Superintendent's Office to rewrite the interagency operating protocol and jointly provided training to School District and agency staff on the revised protocol.

#### **Statewide Data:**

During the 2004 CFSR, this item was received a rating of "Area Needing Improvement." The previous statewide assessment indicated that 42% of the 89 applicable cases considered the child's educational needs and had appropriate services to meet those needs. There was a disparity between in and out-of-home cases in that only 7% of the in-home cases were rated as a "strength" compared to the 92% of out-of-home cases. In the CFSR 70.4% of the 27 applicable cases were found to be a "strength". 17 of the 27 applicable cases reviewed in the CFSR were out-of-home. The item was rated as strength in 87.5% of DCFS cases, 83.4% in Washoe County, and 53.9% of Clark County cases reviewed.

As seen in Table 21, the 2008 Quality Improvement Case Review (QICR) results for Item 21 showed a 16.9% increase from the 2004 Child and Family Service Reviews. A slight drop in the 2007 QICR results could be attributed to only the Fallon office being reviewed for DCFS (rather than all four districts) and two case reviews of Clark County yielding

different results in 2007. In March 2007 Clark County had only 50% of the cases reviewed rate a “strength”, however in December, 88.9% of their cases rated a “strength”. Overall there has been a lower level in the difference between in-home and out-of-home cases ratings than those that were noted in the 2003 statewide assessment, indicating improved outcomes for in-home cases.

**Table 21.1: Statewide Quality Improvement Review Data**

| Item 21:                       | CFSR 2004       | QICR 2006       | QICR 2007       | QICR 2008       |
|--------------------------------|-----------------|-----------------|-----------------|-----------------|
| Educational needs of the child | 70.4%<br>(n=27) | 73.9%<br>(n=34) | 68.1%<br>(n=32) | 85.3%<br>(n=33) |

**Major Changes:**

Marked improvements can be linked to the implementation of the PIP. Multiple statewide policies have been implemented in accordance of the PIP, they include: the development of a comprehensive assessment process and educational records checklist, case planning policy, documentation policy, and a caseworker contact policy with visitation guidelines; that address the identification of educational needs. Training to target the collection and documentation of educational records were implemented through the PIP as well. Over the course of the last five years, these policies have gone through revisions to ensure that they are in line with current law and accepted best practice. In addition to policy, NRS 392.040 was enacted into statute in the 2007, establishing the Program of School Choice for Children in Foster Care.

In response to the CFSR in 2005 client case plans were standardized as templates in the UNITY system, these templates include areas that address school age children’s current grade level, academic performance, and identify if there is currently an Individual Education Plan (IEP). According to policy case plans are implemented within 45 days and updated in a CFT meeting every 90 days, as well as submitted to the court for review at both the six-month review hearing and the annual permanency hearing. Prior to the case plan being submitted to the court for review they are reviewed and signed by a supervisor. Case plans are also disseminated to the appropriate parties including the biological family, foster/adoptive parents, the child’s attorney/guardian ad litem, Court Appointed Special Advocates (CASA), and other key Child and Family Team members as it applies to the specific case. In addition, Clark County’s Policy and Procedure Redesign Initiative, created a number of best practices. Clark County implemented their in-home policies in December of 2008 and their out of home policies the spring of 2009.

**Major Strengths:**

The QICR reviews have shown a considerable increase of in the percentage of cases found to be in substantial conformity. As a result of the PIP many statewide collaborative policies were developed and implemented throughout the state creating uniform standards for the assessment of educational needs, collection of educational records and documentation of the assessment and educational records, creation of a case planning process to meet any identified needs and a caseworker contact policy monitor services are provided. Requisites that new cases have an assessment completed within 45 days form the assignment of the case constitutes a promising practice. In addition, Clark County is demonstrating additional promising practices through their Policy Redesign Initiative. In order to improve educational outcomes for children in foster care the School District and Washoe County renegotiated an interagency agreement and since the CFSR have hired an Educational Liaison that works with the Family Court, school district, foster parents and agency staff when issues arise. The liaison and school district personnel have weekly contact to assist case workers in obtaining educational records and resolving concerns about children in foster care. Clark County has reported that graduation rates have been steadily increasing by 10% each year since 2007 and that collaboration with the Urban League to serve youth age 12-14 to achieve educational goals and outcomes have increased. They also report collaborating with workforce Investment Board (WIB) to assist youth 17 & older to achieve educational goals.

While accessing educational records is a barrier for parts of the State, Washoe County does report that they have developed a protocol with the Washoe County School District that has greatly improved communication between the two agencies. They also try to get consent from parents when accessing a child’s records. If the parent is unable to be located, the agency will submit a request for information at least 10 days in advance and the school district will send a notice regarding the request to the parent’s last known address. Sometimes, Washoe County will receive court orders to access educational records as well as assigning a liaison to the case. In addition, Washoe reports that they received a grant in collaboration with the Family Court in 2005 from the Walter S. Johnson Foundation to fund an educational liaison. This position is now funded by Washoe County exclusively, due to budge cuts in the court. In addition, other foster parents and CASA’s act as surrogates.

**Major Barriers:**

Throughout the state the child welfare agencies indicated that a major barrier to the assessment and appropriate educational services to youth are that there is a lack of resources and qualified staff to assess the children and youths’ educational needs and therefore there are typically long waiting lists and a delay in the assessment time. All three of the agencies also report that they rely primarily on the school district to provide educational assessments and often that there

is some form of waiting period to receive such services. Other uniform barriers are that school districts are often not cooperative in their communication with caseworkers or release of information based on their interpretation of the Family Education Rights and Privacy Act. The school districts report that their primary responsibility is to answer to the biological parents or custodian, therefore caseworkers often report having to go through the biological parent or the foster parent to obtain information creating a challenges keeping informed and maintaining their records. For example, Caseworkers often do not receive report cards from foster parents and online access to school records is not available to caseworkers. Caseworkers do not always attend the parent-teacher conferences and the IEP staffing as needed. In addition, while the Program of School Choice for Foster Children is a promising practice the bill does not support transportation to the school of choice. This creates a barrier for foster families choosing to access this program.

#### **Summary:**

The relevant data indicates that Nevada has made significant progress addressing the educational needs of both foster children and children receiving services in their homes. Numerous changes in statute, regulation, policy and practice guidelines regarding both the initial assessment and periodic monitoring of children's educational needs and services have led to a positive change in both in and out-of-home cases. QICR data indicates a significant increase in performance since the last CFSR. However, focus groups held with each of the child welfare agencies indicate that there is still much work to be done in this area. Therefore this item is being rated as an **Area Needing Improvement**.

## ***Well-Being Outcome II: Children Receive Appropriate Services to Meet Their Physical and Mental Health Needs***

### **Item 22: Physical health of the Child**

*How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

#### **Statute, Regulation, and Policy:**

In keeping with the federal statutory framework, Nevada statutes state that one of the key purposes for DCFS is to plan and coordinate the provision of services for the support of families, including providing counseling, training, or other services to families. NAC 432B.400 further addresses the requirements of the child welfare agency to have a case plan that includes plans for the coordination and provision of services to children and families who need assistance relating to the care, welfare, mental and physical health of children. State policy supports these mandates by outlining processes to ensure that physical, developmental and mental health needs of custodial children are identified and diagnosed through the use of standardized, periodic screenings. The purpose of these screenings is to ensure that all non-custodial children's caregivers are aware of early preventative, diagnostic screening and treatment services available in their service area. The screenings facilitate the identification of physical, emotional or developmental needs and risks as early as possible and to link children to needed diagnostic and treatment services through the use of Nevada's Healthy Kids Program periodicity schedule as set forth by the American Academy of Pediatrics. Screenings include, but are not limited to the following:

- **Comprehensive Health and Development/ Behavioral History** - A comprehensive family medical and mental health history, patient medical and mental health history, immunization history, developmental/ behavioral, and nutritional history provided by the child's caregiver or directly from an adolescent when appropriate.
- **Developmental/Behavioral Assessment** – An assessment of developmental and behavioral status that is completed at each visit by observation interview, history and appropriate physical examination. The developmental assessment should include a range of activities to determine whether or not the child has reached an appropriate level of development for age.
- **Comprehensive Unclothed Physical Exam** – An exam that must be performed at each screening visit and must be conducting using observation, palpation, auscultation and other appropriate techniques and must include all body parts and systems in accordance with the Medicaid Services Manual, Section 1503. This examination should include screening for congenital abnormalities and responses to voices and other external stimuli.
- **Immunizations** – The child's immunization status must be reviewed at each screening visit and administered in accordance with the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines.
- **Laboratory Procedures** – Age appropriate laboratory procedures including blood lead level assessment appropriate to age, risk, urinalysis, TST, Sickle-cell, hemoglobin or hematocrit and other tests ad procedures that are age appropriate and medically necessary, such as Pap smears.
- **Health Education** – Means the guidance, including anticipatory, offered to assist in understanding what to expect in terms of a child's development and to provide information about the benefits of healthy lifestyles and practices as well

as accident and disease prevention.

- **Vision Screening** – A screening to detect potentially blinding diseases and visual impairments such as congenital abnormalities and malformations, eye diseases, color blindness and refractive errors. The screening should include distance visual acuity, color perception and ocular alignment tests and should be given initially by age 3.
- **Hearing screening** – A screening to detect sensorial and conductive hearing loss, congenital abnormalities, noise-induced hearing loss, central auditory problems, or a history of conditions that may increase the risk for potential hearing loss. The examination must include information about the child’s response to voice and other auditory stimuli speech and language development, and specific factors or health problems that place a child at risk for hearing loss.
- **Dental Screening-** An oral inspection for a child at any age. Tooth eruption caries, bottle tooth decay, developmental anomalies, malocclusion, pathological conditions or dental injuries should be noted. The oral inspection is not a substitute for a complete dental screening examination provided by a dentist. An initial dental referral should be provided on any child age 3 or older.

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

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of “Area Needing Improvement” based on the finding that in 18% of the applicable cases, reviewers determined that the agency had not adequately addressed the health needs of children. In the previous CFSR this item was rated as a “strength” in 82% of the applicable cases. This item was rated as a “strength” when reviewers determined that children’s health needs were routinely assessed and services were provided as needed and as an “area needing improvement” when reviewers determined that there was clear evidence of health related needs that were not being addressed by the agency. Subsequent reviews, shown in table 22.1, conducted by the state have shown fluctuating scores, and an overall decrease from the 2004 CFSR to the last QICR review in 2008.

**Table 22.1: Statewide Quality Improvement Review Data**

| Item 22:                     | CFSR 2004     | QICR 2006       | QICR 2007       | QICR 2008       |
|------------------------------|---------------|-----------------|-----------------|-----------------|
| Physical health of the child | 82%<br>(n=38) | 71.8%<br>(n=38) | 90.3%<br>(n=49) | 78.9%<br>(n=35) |

Nevada has shown a slight increase in performance on cases rated as a “strength” for this item by 5.5% from 2004 to 2008, but there is not a consistent increase in scores. WASHOE COUNTY showed the most improvement on this item, beginning with a baseline in 2006 of 64.3% rated as a “strength” and concluding with 100.0% rated as a “strength” in the most recent review conducted September 2008. This reflects an increase of 35.7% from the baseline score in 2006. CLARK COUNTY baseline score in June 2006 was 50.0% rated as a “strength”, a decline from the previous CFSR. Two reviews conducted in 2007 for Clark County resulted in an overall strength percentage of 67.3%. The most recent review, conducted in August 2008 reflected a “strength” score of 84.6%. This is a 21.4% increase over the baseline established in 2006. The DCFS Rural Region established a baseline score of 70% that was a result of the review conducted in the Elko District Office in the Rural Region. The second review in October 2007, conducted in the Fallon District Office found 88.9% rated as a “strength”, and the composite review of the Rural Region conducted in October 2008 resulted in a drop in score, finding 77.8% rated as a “strength.” It is important to note that the October review for the Rural Region included all districts as opposed to the first two reviews that included only one district each. Also noteworthy is the sample size for all reviews, which doubled in size with the 2008 review.

**Major Changes:**

Changes have been made at several different systemic and policy levels that address the physical health needs of children in foster care. The requirement to obtain an Early Preventive Diagnostic Screening and Treatment (EPDST) was included in State policy in May 2006 and updated in policy in November 2008. This was, in part, in response to PIP Action steps 21.1., 22.1.1 and 1.1. which requires the review and revision of policy in order to ensure that the physical health is assessed for all children placed in foster care. PIP Action Steps also prompted the development of standardized policies and protocol for documentation of medical services received by foster children. Collaboration between Medicaid and DCFS has continued throughout this CFSR period in an effort to improve access to services. Medicaid implemented a strategic approach to increase the number of participating dentists who, through Medicaid managed care plans, were willing and able to establish larger dental networks. Since July 1, 2005, the number of participating Medicaid dentists has increased by 192%. In addition to these efforts, jurisdictions have taken steps to expand both medical and dental services to children. This has included partnerships with Nevada Health Centers, providing dental and medical mobile services to facilities and adding medical professionals to state departments as fiscally practical. A growth in the number of IV-B sub

grantees recipients has resulted in the ability for expansion and enhancement of medical and dental services and programs. Improvement goals in this area included enhancements to the State's SACWIS system (UNITY) to design specifications for recording physical health information in UNITY. Additionally, new requirements in the UNITY system tracks the medical services provided to children in care (referred to as Medical Passport).

### **Major Strengths:**

Since the prior CFSR period, the State has made progress toward improving medical and dental services to children in foster care. The implementation of the quality improvement process has brought this area to the forefront for agencies and has required attention through quarterly reports on the efforts taken for correction and improvement. Policy development and revision has also ensured that all agencies are providing required EPSDT and are consistent in the timeframes for continuing health and dental assessments. Individual child welfare agencies within the state have reported several strengths in this area. Clark County provides a full time medical clinic with 2 pediatricians, which allows full medical services. The Clark County Medical Case Management unit creates a Medical Passport packet for every child going into a new placement. The packet includes: Unity Medical Passport Report, Immunization records, Medicaid verification, Medical Feedback Form, Medication Log Form, Referrals for EPSDT for caregiver, Medical records. The passport packet is also taking steps to encourage continuity of care by including information of the child's medical home. Additional promising practices include Medical Wraparound, which is a grant-funded service providing an intensive medical wraparound program for children with higher-level medical needs placed in home, relative or foster care. Victims of Crime Act (VOCA) funding have been used to provide medical case management in all foster homes and in home cases that remain open to DFS in Clark County. Dental health care needs are often met through the agency and/or the University of Nevada Dental School.

Washoe County has a full time pediatrician who joined the staff at the beginning of 2008. Along with the Advanced Practitioner of Nursing, this pediatrician provides the forensic evaluations in partnership with the caseworkers as they are proceeding in an investigation and the initial medical assessment for children entering group shelter facilities. They also remain available to do medical screenings for children who enter foster care directly. The Physician and Nurse Practitioner have begun to present a session during foster parent training to provide information and insights on many of the common health care challenges foster parents might face. This provides information for foster parents as well as someone they can seek out for assistance if they face health care related issues in the future. Case management activities that meet medical and physical health needs of children include the medical passport, scheduling routine medical and dental appointments, assisting with transportation to appointments, assisting families with obtaining medical records and birth certificates and assisting with Medicaid. Caseworkers and other support specialists continue to assess physical and dental health needs during monthly visits and through regular discussions at Child and Family Team (CFT) meetings. In Washoe County, workers attend medical appointments of children residing in the congregate shelter, Kids Kottage.

### **Major Barriers:**

Challenges remain for the State in the evaluation and provision of these services to children, particularly for meeting the physical health needs. While the access to dental care has increased since the last CFSR, the number of medical professionals who are willing to accept Medicaid is still insufficient to meet the State's needs. Issues that affect this item include non-compliant foster and birth parents. Non-compliance includes lack of follow-up and lack of communication to the child welfare agency. This is especially prevalent with birth parents (or in-home cases). Additionally problematic is the lack of insurance many of parents / children have, specifically the in-home cases. Nevada does have Nevada Checkup (NV Checkup) for uninsured children but it only provides basic care. While all medically fragile children (in foster care) including out of state have a nurse case manager assigned to them in some agencies, services are limited to hospitals that take Medicaid. An additional issue is the lack of specialized medical treatment such as pediatric neurologists, oncology and endocrinologists that will accept Medicaid.

Washoe County identified several barriers including a lack of clarity as to who is ultimately responsible to ensure that foster children receive an EPSDT (worker or foster parent) and referral follow-ups; the fact that EPSDT information is not entered into UNITY; oversight and accountability is primarily provided by the supervisor and court review of the case plan which includes information about the child's physical health needs; and workers cite accessibility of providers and high caseloads for difficulty in meeting children's medical and dental health needs. Establishing a "medical home" for children in foster care so that there is continuity in meeting their medical needs is challenging, as many foster parents prefer to use physicians for whom they are familiar and who will see all of their children. An additional challenge is services in rural Nevada that, if available, are often located too far away to be possible for families to utilize. The current state of economy affects families and providers equally.

Clark County additionally reports that getting records of services provided and getting the information reported in SACWIS in a timely manner is a barrier. Caregivers being compliant and the cooperation of community providers is not always forthcoming. Providers must report updates to medical case management unit and then is updated through them rather

than the passport being updated by caseworkers into UNITY.

Caregivers, stakeholders and tribal members surveyed in the 2009 Statewide Assessment surveys were asked to indicate their perception of the biggest barriers for the child welfare agency in assessing and meeting the physical, dental and mental health care needs of children in care. Caseload size and budgetary restricts were indicated to be the most likely barriers as shown in Table 22.2 below.

**Table 22.2: 2009 Surveys – Caregivers, Stakeholders and Tribal Members**

| <b>Items 22 &amp; 23 - Barriers to Assessing/Meeting Physical, Dental and Mental Health Needs</b> | <b>N</b> | <b>Min</b> | <b>Max</b> | <b>Mean</b> | <b>SD*</b> |
|---|----------|------------|------------|-------------|------------|
| Caseload size   | 182      | 1          | 5          | 3.86        | 1.40       |
| Budgetary Restrictions  | 171      | 1          | 5          | 3.83        | 1.45       |
| Lack of providers who accept Medicaid   | 179      | 1          | 5          | 3.75        | 1.51       |
| Caseload growth   | 176      | 1          | 5          | 3.74        | 1.41       |
| Lack of Familiarity with the Tribe  | 36       | 1          | 5          | 3.42        | 1.25       |
| Lack of collaboration between the Agency and my home/facility                                     | 174      | 1          | 5          | 3.27        | 1.47       |
| Inadequate training   | 156      | 1          | 5          | 3.22        | 1.43       |
| Lack of supervisory oversight   | 153      | 1          | 5          | 3.18        | 1.38       |

\*SD means Standard Deviation

**Summary:**

Existing data sources, specifically those results from QI reviews, indicate that agencies continue to improve from baseline scores established in 2006. While efforts continue towards developing a recruitment plan for more Medicaid physicians and while agencies continue to work towards compliance with policy, the State does not demonstrate an overall strength in this area. Additionally, the financial impact of travel, accessibility and lack of service providers pervades all child welfare agencies and makes this an item that continues to be an **Area Needing Improvement**.

**Item 23: Mental/behavioral health of the child**

*How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

**Statute, Regulation, and Policy:**

In keeping with the federal statutory framework, Nevada statutes state that one of the key purposes for DCFS to plan and coordinate the provision of services for the support of families to maintain the integrity of families and ensure that children are not unnecessarily removed from their home. This includes providing counseling, training, or other services to families, even if a report of abuse or neglect is received, but it is determined that an investigation is not warranted at the time. NRS 432.011 further addresses the coordination and provision of services to children and families who need assistance relating to the care, welfare and mental health of children. The statewide Case Planning Policy is specific in its discussion of the initial child and family assessment relative to needs including mental and behavioral health. In addition, statewide policy 0207 Early Preventative Diagnostic Screening and Referral requires a standardized screening of a child’s mental and behavioral health history.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of “Area Needing Improvement” based on the finding that in 38 percent of the applicable cases, reviewers determined that the agency had not made concerted efforts to address the mental health needs of children. While item ratings did not differ as a function of case type, they did vary across CFSR sites. The item was rated as a “strength” in 74% of Clark County cases, compared to 50% of Carson City cases and 43% of Washoe County cases. The key concern identified pertained to a lack of mental health assessments in situations in which an assessment was warranted.

Statewide, this item showed an improvement over the CFSR 2004 score of 62%. Washoe County showed the most improvement on this item, beginning with a baseline score of 72.7% established by the QI review done in 2006. The most recent QI review (September 2008) for Washoe County resulted in 100% strength for this item. Clark County reported a baseline score of 81.8% strength in 2006. Two reviews conducted in 2007 both resulted in an increase in Strength percentage to 90%. The most recent review (August 2008) resulted in a slight decline. The Rural Region established a baseline score of 90% strength because of a review conducted in the Elko District Office. The second review in October 2007 was conducted in the Fallon District Office and resulted in a 100% strength rating for this item. The composite

review of the Rural Region conducted in October 2008 resulted in a decrease in strength rating to 80%. It is important to note that the October 2008 review for the Rural Region included all districts as opposed to the first two reviews, conducted in one district only. Also noteworthy is the sample size for all reviews, which was doubled for the 2008 reviews.

**Table 23.1: Statewide Quality Improvement Review Data**

| Item 23:                              | CFSR 2004     | QICR 2006       | QICR 2007     | QICR 2008       |
|---------------------------------------|---------------|-----------------|---------------|-----------------|
| Mental/behavioral health of the child | 62%<br>(n=34) | 81.5%<br>(n=35) | 95%<br>(n=30) | 84.8%<br>(n=27) |

In addition, judges surveyed in the 2009 Statewide Assessment surveys indicated that the majority of caseworkers either are adequately (46.2%) or somewhat adequately (46.2%) identified, assessed and addressed the mental and behavioral health care needs of children receiving in-home services.

**Major Changes:**

Changes have been made at systemic and policy levels that address the mental and behavioral health needs of children in foster care. In response to PIP Action Item 23.7, the DCFS Case Planning Policy and the DCFS Case Management Policy both refer to the Systems of Care that has at its core, the goal to provide creative, individualized, strength-based, and culturally responsive services for families with children that experience severe emotional disturbances. The Caseworker Contact Policy is also an important way to assess safety, plan for permanency and ensure that all of the child’s needs are being met, regardless of placement (i.e., with parent, relative, foster home, treatment homes).

Collaboration between Nevada Medicaid and DCFS has continued throughout this CFSR period in an effort to improve access and quality of services to meet the mental and behavioral health needs of children. A Behavioral Health Redesign was implemented in an effort to redesign children’s behavioral health services and increase accessibility and availability of services. Medicaid’s plan was submitted to CMS and negotiations are on going regarding services and rates. In the 2001 Special Session, the Nevada Legislature added NRS 433B.333 to establish a Mental Health consortium in three jurisdictions: Clark County, Washoe County, and the Rural Region (15 counties). Since the last CFSR reporting period, the consortium has expanded from the original plan and currently includes a comprehensive list of goals and objectives designed to meet the continuing needs for behavioral health, mental health and substance abuse services for children 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. Several consortium goals relate directly to training. One aim is the awareness and understanding of children’s behavioral health issues through collaborative statewide cross training for all stakeholders. Training goals also include the implementation of System of Care (SOC) training for both direct service and supervision staff. The Division of Mental Health and Developmental Services (MHDS) provide services to Severely Emotionally Disabled (SED) children and adolescents who are in rural area through the operation of its Rural Clinics satellite offices. DCFS, Rural Regional administration works closely with MHDS to provide effective children’s mental health services. DCFS collaborates with MHDS through the Children’s Mental Health Consortium as well as through joint participation with the DCFS/MHDS Commission. Two state-operated, community-based clinics, Southern Nevada Child and Adolescent Services (SNCAS) in Clark County and Northern Nevada Child and Adolescents Services (NNCAS) in Washoe County continue to provide early childhood services, outpatient and case management services, day treatment programs, residential treatment services, and crisis residential services. Services in southern Nevada have included expansion of early childhood mental health services as well as Wrap Around in Nevada (WIN), which has expanded outreach activities resulting in exceeding their targeted goal of serving 348 families in 2007

In response to PIP Action Item 23.3 and 23.4, the University of Nevada Reno (UNR) Child Psychiatry Internship program is funded through the end of the 2009/2010 academic year. The State of Nevada, DCFS, and the UNR, School of Medicine continues to discuss and support funding for the internship program beyond the 2009/2010 academic year that will be dependent upon the current state legislative session and proposed state budget. DCFS received a 5-year grant under ACF’s “Targeted Grants to Increase the Well-Being of and to improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse”. The grant targets mothers in Clark County who are abusing methamphetamine and who are involved with Clark County and seeks to expand service array and capacity by expediting access to treatment for mothers and their children through a family preservation substance abuse program which allows mothers to access treatment with their children. A qualitative case review process has been developed and implemented with the first reviews that established baseline scores, conducted in 2006. The instrument being utilized is modeled after the federal tool and the subsequent process was developed with input from all agencies providing child welfare services. The case review process includes an item under Well-Being Outcome 2 that evaluates the reviewed agency’s efforts to address the mental and behavioral health needs of children. If this item is included as an area needing improvement, agencies are required to include it on an Agency Improvement Plan (AIP) and address specific steps toward the correction and improvement of this item.

## **Major Strengths:**

Since the prior CFSR period, the State has made progress towards improving the accessibility and quality of mental and behavioral health services to children. The implementation of the quality improvement process has brought this area to the forefront for agencies and has required attention to this item through quarterly reports on the efforts taken for correction and improvement. Collaboration between agencies and stakeholders as well as continued efforts by Medicaid to expand the provider list has also been responsible for the gradual improvement over the last five-year period. Clark County is able to provide a proactive system of mental health assessment and care and has; effective August 1, 2008 began using the Uniform Psychological/Psychoeducational Assessment. Additionally, family preservation workers are all licensed clinical workers and are able to offer services to those children with mental or behavioral health issues who were moving back home for reunification. Future plans include the merging of family preservation and clinical services, additional assessment tools, improved visitation programs, and increased training for parents.

Washoe County has contracts with numerous community providers of mental health, substance abuse counseling, drug testing, domestic violence counseling, psychological evaluations and other services that workers can access to support families and prevent removal. Additionally, Washoe County has a unit 3 clinicians, 1 psychologist and a supervisor of licensed clinical professionals who provide targeted training to foster parents with children who have special needs or emotional/behavior problems. Wraparound In Nevada (WIN) an intensive case management models that provides support to youth and families with complex needs. The program is operated by the State of Nevada DCFS. The WIN program in Reno is co-located with Washoe County and as a result is a valued resource for children in foster care with serious emotional and behavioral issues.

Rural Region Clinical Services provide clinical assessments of children which could include comprehensive mental health assessments, developmental assessments, early needs assessments, Severe Emotional Disturbance (SED) assessments, and risk of harm assessments. Assessments via video have expanded access for rural youth and families.

## **Major Barriers:**

Challenges remain for the State in the evaluation and provision of these services to children. While the access and quality of mental and behavior health services has increased since the last CFSR, the number of medical and clinical professionals who are willing to accept Medicaid is still insufficient to meet the State's needs. Resource issues that affect this item include a lack of qualified licensed mental health professionals; a lack of community based services beyond hospitalizations and outpatient care; long waitlists for residential treatment centers (RTC) and any intensive outpatient care; a lack of specialized practitioners for such disorders like reactive attachment disorder, sex abuse cases, and play therapists. Another area of limited availability is the lack of clinicians to serve children under six and inpatient substance abuse programs. This lack of providers is also reflected in the growing numbers of youth placed in out of state residential treatment centers since the last 2004 CFSR. These centers offer a higher level of care which Nevada can provide.

In November 2008, a major redesign of the way treatment homes are funded occurred. The Federal Center for Medicaid and Medicare Services determined that a daily rate was not allowable. Providers are now required to bill in 15 minute increments for rehabilitative mental health services (RMHS) which now have very restrictive caps on each type of service. This has resulted in providers hoarding RMHS hours and social workers having to mediate conflicts between providers particularly with providers of day treatment services. In addition, to receiving reimbursement for RMHS services the treatment home providers also receive a daily specialized room and board rate which the State increased in response to the elimination of the daily treatment home rate.

Another practice issue is the lack of continuity and communication between entities (i.e., between hospital and Clark County or Clark County and RTC). An additional challenge is that private and public mental/behavioral health services in rural Nevada that, if available, are often located too far away to be possible for families to utilize or have extensive wait lists, and Rural Region Clinical Services are not available in every office in the region. The current state of economy affects families and providers equally. Clark County also reports that unclear guidelines regarding who within the clinical service providers is responsible for the child's treatment and activities within treatment plan is a barrier. There are multiple providers (WIN, Children's Clinical Services-CCS, and higher-level-of-care treatment agencies, involved in the life of a child with mental health needs but none of the parties assume clinical case management responsibility of the child's treatment. There is no specific clinician who is responsible for ensuring the child's progress in treatment and ensuring quality care.

As reported in Item 22, caregivers, stakeholders and tribal members surveyed in the 2009 Statewide Assessment surveys were asked to indicate their perception of the biggest barriers for the child welfare agency in assessing and meeting the physical, dental and mental health care needs of children in care. Caseload size and budgetary restricts were indicated to be the most likely barriers as shown in Table 22.2 above.

## Summary:

Existing data sources, specifically those results from QI reviews, indicate that agencies continue to improve from baseline scores established in 2006. While efforts continue towards developing a recruitment plan for more Medicaid providers and while agencies continue to work towards compliance with policy and best practices, the State does not demonstrate an overall strength in this area. During the period under review, accessing clinical services within some state agencies was limited to referrals only. Clinicians did not provide assessments or treatments. Additionally, the financial impact of travel, accessibility and lack of service providers pervades all child welfare agencies and makes this item an **Area Needing Improvement**.

## Section IV: Systemic Factors

### A. Statewide Information System

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#### Item 24: Statewide Information System

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*Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?*

#### **Statute, Regulation, and Policy:**

UNITY follows the Statewide Automated Child Welfare Information System (SACWIS) requirements set forth by Public Law 103-66, which was authorized by Congress in 1993 to help states meet data collection and reporting requirements of the Social Security Act. UNITY, Nevada's automated system is the statewide solution for Child Welfare data collection. All information regarding foster care is entered into UNITY including, basic demographics, placements, addresses of placements, tracking of goals and legal status, adoptions, ICPC cases, independent living, and IV-E eligibility. In compliance with federal requirements, UNITY collects the data required to submit AFCARS and NCANDS within the required timeframes. Statewide policy 0601 Documentation requires that all applicable data (referenced in specific policies throughout this document) be entered within the timeframes required by policy.

#### **Statewide Data:**

In the 2004 CFSR, this item was rated as "Strength" because Nevada's statewide information system, UNITY, could identify the status, demographics, location, and goals for children in foster care. The effectiveness of UNITY can be measured to date by Nevada's decreasing error rates on internal data reports as well as increased element compliancy rates (based on Federal utilities) on successive period submissions of Nevada's AFCARS and NCANDS data files. IMS runs audit reports for all functional areas on a monthly basis. These reports are distributed to supervisors. The reports serve two functions: 1) clean up the data and 2) allows the supervisors the ability of accessing staffs knowledge of UNITY. The Missing Data Window notifies staff and staff's supervisor of data that is missing on cases and sends them to the appropriate window to enter the data.

UNITY has the capacity to track to the child level all programs, case management, status, demographics, current location and permanency goals for children in foster care. Staff has the ability to search for children online, access reports through UNITY by program area, jurisdiction and location. The State generates reports for Intake Management, Eligibility, Case and Resource Management, Court Reports, Financial Management and Administrative reports. The reports are accessible from UNITY through the DCFS website. The reports utilized by management measure conformity to policy and outcome measures. The reports are accurate and can be generated at any time for any time period. Over 200 reports have been developed in order to track information in UNITY. All jurisdictions have access to these reports and if there is a new report needed staff request new reports following the business process established by IMS. Additionally, IMS provides ad hoc reporting service. IMS responds to an average of two ad hoc requests a week. Agency staff, legislators, and external entities have the ability to request data either directly or indirectly through the DCFS help desk. IMS staff prioritizes these requests. The data is utilized by Child Welfare staff statewide. They are used for planning, supervision, conformity to federal and state policy and outcome measures. Reports are also generated for management in identifying staff that are struggling with the UNITY system.

DCFS has made the system available to State staff as well as to its county-administered counterparts in Washoe and Clark counties, Differential Response unit and Attorney Generals Office. The UNITY application and its data are protected at three discrete levels of authorization: workstation, application and database management system. Customers Users are assigned security levels based on their need to input, read, update or modify information. Each user through the State has a registered log-in code which ensures easy individual access to the system commensurate with his/her approved security clearance.

## Major Changes:

Table 24.1 denotes the major enhancements made to UNITY since the last review.

**Table 24.1: Major enhancements in UNITY**

| Date of Release | PIP Requirements              | SACWIS Requirements                |
|-----------------|-------------------------------|------------------------------------|
| June 2007       | Concurrent Case Plans         |                                    |
| September 2007  | Visitation Functionality, NIA |                                    |
| December 2007   | Medical/Exam Information      |                                    |
| January 2008    | Safety Assessments            |                                    |
| October 2008    |                               | Supervisory Review, Trust Accounts |
| January 2009    |                               | IV-E Foster Care Eligibility, ICPC |
| April 2009      | Service Array                 |                                    |

## Major Strengths:

The Division's efforts at quality assurance are evidenced in the production of data clean up reports and the Missing Data Window accessed through UNITY. The reports serve to measure the State's efforts toward meeting the federal outcome measures on safety, permanence and well-being as well as the State's policy requirements. The data analysis is one important element in the State's ongoing program improvement efforts, because it identifies those regions and districts that need to improve.

UNITY allows staff to record detailed case and child specific information from the point of intake through to the conclusion of the investigation process and from the point of case opening for service, no matter if in-home or out-of-home services are provided, through to case closure. Case Managers use UNITY to document case actions, key events, decisions, services, case status, child location and placement changes. For children placed in foster care, UNITY provides a mechanism for the case manager to produce documentation needed for court appointments. UNITY will generate and store dependency, termination of parental rights, adoption and guardianship documents and reports routinely submitted to the court for review and approval.

With the implementation of the Service Array windows in April 2009 the ability to document information on children served by other agencies has greatly improved.

Since the last review, the DCFS Information Management Systems (IMS) unit, responsible for maintaining UNITY, has begun working more closely with the DCFS Family Program Office (FPO), responsible for oversight and setting policy. Additionally, a recent organizational change at IMS has paired technical and business experts with assignments in specific functional areas. This allows each paired team to develop more expertise in its assigned area of responsibility. It also allows the user community to have better access to the specific technical individuals responsible for supporting its business requirements.

The IMS unit is re-writing the SACWIS system to more closely follow the practice. Some of the items implemented to date are the Automated Eligibility, Service Array and ICPC. The IMS unit has been re-organized into functional work teams. These teams will become the subject matter experts and will work closely with their program staff counterparts to build a system that compliments the business process and assists the program staff supporting the children and families of Nevada. It is the practice to make the screens as user friendly as possible so the data is readily available to extract and report.

## Major Barriers:

The State has three separate agencies that perform child welfare functions and Clark and Washoe Counties have their own policies and practices that complicate the implementation of new functionality. Many of these differences are due to demographic issues. The agencies collaborate with IMS on designing and redesigning UNITY. In this time of economic crises financial resources are also a major barrier, which limits our ability to expand and enhance the system.

## Summary:

UNITY currently rates as a **Strength** because we can identify status, demographic characteristics, location and goals for the placement of children in foster care. The system tracks children in care statewide and is utilized by each of the three child welfare agencies to capture all required AFCARS and NCANDS data, and additional program data related to the implementation of state policy. Additionally IV-E Eligibility is automated, outside services provided are reported, and safety and outcomes are collected in UNITY. In addition, the system is consistently upgraded to meet the needs of the users.

## **B. Case Review System**

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### **Item 25: Written Case Plan.**

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*Does the State provide a process that ensures 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?*

#### **Statute, Regulation, and Policy:**

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.

0204.0 Case Planning Policy, based upon the existing statutory authority and regulations cited requires 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.

#### **Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Area Needing Improvement" based on the finding that case plans were not routinely developed jointly with the child's parents, were too generic, did not address the needs of the child, were not completed in a timely manner and that parents and children were involved in case planning in only 47 percent of the cases reviewed. Although there is no specific data report has been developed to support how well the process has been implemented by each agency, or the state as a whole, the State has provided a comprehensive process requiring that each child has a written case plan, developed jointly with the child, when appropriate, and the child's parent(s) and that includes the required provisions. Training has been provided to all three child welfare agencies on assessment, case planning practices and CFT facilitation.

A review of several different UNITY reports indicate that as of June 2008 (for SFY 09), approximately 53% of children had case plans. However, this is a rough estimate, and a formal report will need to be developed to determine if this percentage is correct. In the 2009 surveys conducted, 86.7% of judges indicate that case plans are submitted within 60 days of removal. 78.7% Caseworkers and supervisors report that case plans are submitted within 60 days of removal in the majority of cases (60-100%). This item will require further examination.

#### **Major Changes:**

0204.0 Case Planning Policy was developed by a statewide team to fulfill Action Step 7.1 in the PIP. The process currently in place requires the case plan to be signed by the parents, the caseworker, the child (if age appropriate) and family team members assigned to complete an objective or to support the family in achieving an objective, within 45 days of removal. An expert consultant conducted Child and Family Team (CFT) training and facilitation, unit-by-unit, across all three agencies. Plans must include the permanency goal (and concurrent goal, if determined by the concurrent planning guide to be needed, for each child; family behaviors, characteristics, and/or conditions that must change so that the family can provide for the children's safety and well-being while remaining in the home, or so that the children can be safely returned to the family.; needed services and/or activities to help bring about necessary change(s); how the children's well-

being issues (e.g., medical/dental care, education) will be addressed while in out-of-home care; and a family visitation plan, including the frequency of, supervision requirements for, participants in, and location of visits between children in out-of-home care and their parent(s).

In the event a parent is not available or refuses to participate in case planning, the CFT (foster parents, extended relatives, other providers and child, if age appropriate) must still be formed and a plan developed. In all cases, every effort should be made and continue to be made to involve parents in the case planning process. The plan must also be approved and signed by the assigned supervisor. The caseworker provides a copy of the plan to the parents and members of the CFT and places the original in the case file. A copy must also be attached to all court reports and appropriate UNITY screens completed.

The plan is to be reviewed with the CFT every 90 days or when a significant event has occurred that requires modification of the plan. Supervisors track this information using UNITY. Providers' progress reports need to be collected prior to a team meeting. Review of the plan should reinforce progress, identify solutions to challenges and, if necessary, make modifications to the plan.

**Major Strengths:**

Promising practices in Clark County include: beginning in April 2009, primary responsibility for the case will be transferred to the permanency case manager/supervisor at the transitional CFT meeting, while responsibility for any outstanding investigative activity, documentation, and required testimony at any Evidentiary Hearing remains with the CPS investigator/supervisor, aimed at reducing reliance on CPS workers to provide case plan information. Implementation of the NCFAS-G and R, beginning in January 2009, affords a more structured method of family assessment to drive individualized case planning.

The DCFS Rural Region utilizes video or telephone conferencing to facilitate absent parent(s) inclusion with the case planning process if they reside out of the area. Workers schedule the CFT case planning meetings around parent's schedules to ensure that they are able to participate.

**Major Barriers:**

As with Item 18, the most challenging aspect of engaging families and children in case planning is the difficulty of getting all of the CFT members together quickly, given everyone's busy schedules. Although all case plans must contain the same required elements, there is still much variation in the preferred formatting and additional information required among court jurisdictions. This results in more time and effort on the part of case workers to document and satisfy the mandates of each individual court.

The 2009 Caseworker and Supervisor survey asked workers and supervisors to indicate in what percentage of cases any of the barriers listed in Table 25.1 were barriers to implementing case plans within 60 days. Birth parents' involvement seemed to have the most impact on cases overall, with 70.8% impacting at least some cases. This was followed by caseload size and caseload growth having an impact on at least some cases in a worker's caseload.

**Table 25.1: 2009 Caseworker and Supervisor Survey**

| <b>Barriers to Implementing Case Plans within 60 Days</b> | <b>N</b> | <b>No Cases<br/>0%</b> | <b>Minority of<br/>Cases<br/>20-40%</b> | <b>Majority of<br/>Cases<br/>60-100%</b> |
|---|----------|------------------------|---|--|
| Caseload size   | 225      | 42.2                   | 19.1                                    | 38.6                                     |
| Caseload growth   | 222      | 43.7                   | 22.6                                    | 33.8                                     |
| Inadequate training                                       | 219      | 71.2                   | 20                                      | 8.7                                      |
| Navigating or familiarity with UNITY                      | 222      | 77                     | 17.6                                    | 5.5                                      |
| Birth parents are not involved                            | 223      | 29.1                   | 35.4                                    | 35.4                                     |
| Foster parents are not involved                           | 217      | 57.6                   | 29.5                                    | 12.9                                     |
| The child is not involved if 15 ½ or older                | 216      | 66.7                   | 23.6                                    | 9.7                                      |
| Lack of supervisory oversight                             | 212      | 78.3                   | 16.5                                    | 5.2                                      |

**Summary:**

This item should clearly be rated a **Strength**, as the State has provided a clear and comprehensive process for ensuring each child has a written case plan. This plan is developed jointly with the child, when appropriate, and the child's parent(s), and includes the required provisions.

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## **Item 26: Periodic Reviews**

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*Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?*

### **Statute, Regulation, and Policy:**

Nevada Revised Statute 432B.580 mandates the court to conduct a hearing at least semiannually and within 90 days after a request by a party to any of the prior hearings. The court may also enter an order directing that the placement be reviewed by a panel of at least 3 persons appointed by the judge (NRS 432B.585). The contents of the hearing must include evaluations and assessments of progress in carrying out the case plan goals for the child in care (NAC 432B.420) and address ASFA requirements on reasonable efforts. DCFS Policy 0206, Court Hearing Notification, further ensures that foster parents and other care providers are afforded the right to be heard in review hearings with respect to children in their care and to offer information about the services received by the child and family.

### **Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of Strength based on the finding that Nevada statute requires semiannual review hearings to be held at least every 6 months. The CFSR found that these hearings are routinely held in accordance within statutory timeframes. Nevada's CIP Final Re-Assessment Report of 2005 indicated that there had been no major changes in performance and practice regarding the semiannual review of the status of children, no less frequently than once every six months, either by a court or by administrative review.

Washoe County reports that it is currently assessing the effectiveness of its 90-120 day child and family team meetings facilitated by an agency coordinator, as there is a concern that these meetings are not as productive as intended. Currently, the meetings are agency driven and there is no formal report to the court regarding progress in the case. Washoe County is not convinced that the CFT's have effectively moved cases toward permanency. They further report that there is a tracking system in place for supervisors to access regarding review hearings. They also report that the 90-120 day CFT has minimal family participation; that is, the parents attend, but the focus is more agency driven. Washoe County has initiated a Family Solutions Team (FST) process to get families involved earlier in the case (within 72 hours if a child has been removed from their home). Although these meetings are facilitated by the agency staff or contractors, the approach to the meeting is family-focused. Washoe County plans to develop a similar model for the CFT's due to the success of the FST meetings. They track review hearings and are currently reviewing the CFT process to make program improvements. In addition, there are monthly model court meetings to address concerns and barriers.

Clark County reports that they have approximately 44% of children with cases open longer than 18 months. Given this information, it would seem that these hearings are not effective in moving children toward permanency. Out-of-Home Supervisors attend every permanency review with their staff and they review every court report prior to the hearing. The level of participation for parents in Clark County is average, as they do have a lot of absent parents who do not attend the hearings. They have made the court aware of the difficulties they are having in this area. For example, they have addressed the concerns directly with the presiding judge and District Attorney's office. Clark County was recently selected as a Model Court Site, so they are expecting that improvements will come shortly.

Clark County reports that they are "average" in the area of involving and engaging parents in the process. Washoe County reports that parents do participate in hearings, and that there are procedures in place to have telephonic participation if necessary.

### **Major Changes:**

This item was rated as a strength in the 2004 CSFR and there were no related PIP items. Since that time, there have been no changes to State law or regulation regarding the semiannual review.

### **Major Strengths:**

In the previous statewide assessment it was determined that semiannual reviews by the court were conducted within statutory timeframes and that the law provides for more frequent review on a case-by-case basis. Court procedures may differ by jurisdiction 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 has assigned 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.

### **Major Barriers:**

Washoe County reports that they have court continuances, and sometimes this delays the review process. For example, sometimes a public defender is appointed only days before a hearing and therefore requests a continuance to be able to meet with their clients. Clark County also reports that they regularly have defense attorney's request continuances. They are working with the courts to institute a "no continuances" policy.

Clark County reports that the time spent in court is a barrier. Their workers spend hours waiting in court, and while their cases do move quickly, the calendar is full.

Judges surveyed as part of the 2009 statewide assessment surveys identified the following barriers for scheduling periodic reviews for children, birth parents, foster and adoptive parents and tribal members' participation in hearings: Scheduling issues, worker caseloads, the number of cases and time, and court and agency staff availability.

### **Summary:**

Item 26, semiannual or periodic case review, is a **Strength** in Nevada's court system. The process for the periodic review by the court of a child in placement is embedded within State statute, regulation and agency policy. Some jurisdictions within the State exceed this standard by conducting a status review of children in care as frequently as three months.

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## **Item 27: Permanency Hearings.**

*Does the State provide a process that ensures that each child in foster care under the supervision of the State 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?*

### **Statute, Regulation, and Policy:**

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."

### **Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Strength" based on the finding that Nevada statute requires permanency hearings every 12 months and the CFSR found that these hearings are routinely held in accordance with statutory timeframes. The state's Adoption and Foster Care Analysis and Reporting System (AFCARS) data, submitted for the period ending September 30, 2008, indicate continued strength in this measure. On Data Element #5, less than 1.4% of cases did not have entries indicating that a Permanency Review hearing was held within 12 months of a child's entry into foster care. It should be noted that the state began reporting on children in Youth Parole custody who were in out-of-home placement during this time period, but a mechanism for conducting Permanency Review hearings of these cases had not yet been put in place.

In addition, several related items were explored in the 2009 Statewide Assessment Surveys. Survey data indicates that 46.7% of judges feel that they have difficulty in finding a guardian ad litem (GAL) for a child when a petition has been filed indicating that a child is in need of protection. Caseworkers and Supervisors report that birth parents are involved in permanency cases 78.1% of the time. Further, 53.9% report that foster parents are involved; 48.6% report that pre-adoptive parents are involved; and 52.1% report that children are involved in the majority of their cases. Table 27.1 below shows the stakeholder perception (caregiver, child advocate and tribal members) of the percentage of participation by children, birth parents, foster parents, adoptive parents and tribal members (this on the tribal survey only).

**Table 27.1: 2009 Survey Results – Caregiver, Child Advocate and Tribal**

| Individual Participation at Hearings: | Do Not Attend Hearings | Attend Hearings but Do Not Provide Comments | Attend Hearings and Provide Some Comments | Attend Hearings and Are Active Participants |
|---------------------------------------|------------------------|---|---|---|
| Children                              | 42.6%<br>(n=67)        | 18.4%<br>(n=29)                             | 26.7%<br>(n=42)                           | 12.1%<br>(n=19)                             |
| Birth Parents                         | 23.6%<br>(n=36)        | 10.5%<br>(n=16)                             | 41.4%<br>(n=63)                           | 24.3%<br>(n=37)                             |
| Foster Parents                        | 18.4%<br>(n=30)        | 15.9%<br>(n=26)                             | 37.4%<br>(n=61)                           | 28.2%<br>(n=46)                             |
| Pre-Adoptive Parents                  | 22.4%<br>(n=28)        | 15.2%<br>(n=19)                             | 28%<br>(n=35)                             | 34.4%<br>(n=43)                             |
| Tribal Representatives                | 50%<br>(n=3)           | 16.6%<br>(n=1)                              | 33.3%<br>(n=2)                            | –   |

**Major Changes:**

Since this item was rated as Strength in the last CFSR, there was no PIP activity directly related to this item. The 0206.0 Court Hearing Notification and 0514.0 Termination of Parental Rights (TPR) policies noted above were developed in response to the PIP to standardize and reinforce timely filing of TPR petitions and notification of hearings to caregivers. The Court Improvement Project (CIP) has focused resources and energy toward education of Judges on the critical nature of achieving timely permanence for children, instituting ways to track the progress of child welfare cases and ensure that hearings occur within the timeframes mandated by ASFA.

**Major Strengths:**

The previous statewide assessment findings indicated that 12-month permanency hearings were held within statutory timeframes and that in a number of jurisdictions, particularly in rural counties, permanency hearings or status checks were held on a more frequent basis to address plan barriers and promote more timely permanency. Although protocols and procedures differ by court jurisdiction as to the scheduling and tracking of permanency review hearings, most courts schedule the permanency review hearing at the six month periodic review to ensure compliance with the Adoption and Safe Families Act of 1997 (ASFA). AFCARS reports are used to monitor compliance with the requirement for Permanency Hearings. Clark County has indicated that local reports are also being developed to monitor this item.

**Major Barriers:**

No barriers were identified by the child welfare agencies which preclude permanency hearings being held every 12 months and these hearings continue to occur in accordance with statutory timeframes. However, judges and child advocates were asked about Guardian ad Litem (GAL's) and Court Appointed Special Advocates (CASA). 2009 survey results indicate that while most judges (53.3%) do not feel that they have difficulty finding a guardian ad litem (GAL) for children when a petition has been filed indicating a child is in need of protections, they do indicate that there are some barriers that impact the process. The two largest barriers identified are lack of qualified GAL's (61.5% of judges) and the inability to financially compensate them (61.5% of judges). Judges also indicate that additional barriers, such as, no recruitment efforts occurring in the community (46.2%), followed by lack of training and lack of retention (30.8% each). Table 27.2 shows that when combined with the child advocate survey results, that these barriers are consistently reported.

**Table 27.2: 2009 Surveys – Judicial and Child Advocates**

| Item 27 – Barriers to Identifying GAL's           | N  | Min | Max | Mean | SD*  |
|---|----|-----|-----|------|------|
| Lack of retention GAL's                           | 31 | 1   | 5   | 3.45 | 1.67 |
| Inability to financially compensate GAL's         | 37 | 1   | 5   | 3.22 | 1.64 |
| Lack of qualified GAL's                           | 39 | 1   | 5   | 2.82 | 1.83 |
| No recruitment efforts occurring in the community | 37 | 1   | 5   | 2.43 | 1.54 |
| Lack of training for GAL's                        | 33 | 1   | 5   | 2.39 | 1.60 |

\*SD means Standard Deviation

In addition, child advocates were asked about barriers to identifying CASA's for work in the child welfare system. Table 27.3 shows that the child advocates (made up of GAL's, CASA's and child attorneys) reported that lack of qualified CASA's was the most prevalent barrier.

**Table 27.3: 2009 Surveys –Child Advocates**

| <b>Item 27 - Barriers to Identifying CASA's</b>   | <b>N</b> | <b>Min</b> | <b>Max</b> | <b>Mean</b> | <b>SD*</b> |
|---|----------|------------|------------|-------------|------------|
| Lack of qualified CASA's                          | 37       | 1          | 5          | 3.51        | 1.74       |
| Lack of retention CASA's                          | 34       | 1          | 5          | 2.91        | 1.73       |
| No recruitment efforts occurring in the community | 37       | 1          | 5          | 2.30        | 1.51       |
| Lack of training for CASA's                       | 38       | 1          | 5          | 1.79        | 1.14       |

\*SD means Standard Deviation

Judges on the 2009 Judicial Survey indicated that there are several barriers related to determining the needs of the family at each hearing. These include: District Attorney preparedness for case milestones (27.7%); family attendance at hearings (22.2%); caseworker preparedness for testimony (16.6%); and caseworker contact, appropriate treatment plans, and court letters including progress (11.1% each).

**Summary:**

This item continues to be a **Strength** since Nevada statute and statewide policies establish a process that ensures that each child in foster care under the supervision of the State 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.

**Item 28: Termination of Parental Rights.**

*Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?*

**Statute, Regulation, and Policy:**

NRS 432B.590 mandates that no later than 12 months after the initial removal of the child from his/her home and annually thereafter, a hearing shall be held concerning the permanent placement of the child. At the hearing the court reviews the plan for permanent placement of the child and determines whether the reasonable efforts required have been made. If the child has been placed outside of his home for 14 months of any 20 consecutive months, the best interests of the child must be presumed to be served by the termination of parental rights and documentation of the plan to TPR is included in the permanency plan. The court is required to use its best efforts to ensure that the procedures required in TPR are completed within 6 months from that date. NRS 432B.630 requires action be taken to terminate parental rights on a newborn child who is delivered to a provider of emergency services, absent parent contact with the child welfare agency. The NRS also identifies those circumstances in which the agency is not required to make reasonable efforts for reunification and addresses the issue of compelling reasons when it would not be in the child's best interest to file for TPR. Compelling reasons must be detailed in the case plan and reports to the court. Examples of compelling reasons outlined in the DCFS 0514 Termination of Parental Rights policy.

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

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

**Statewide Data:**

During the last CFSSR this item was rated as an "Area Needing Improvement". Although Nevada had a statutory requirement for TPR that was more restrictive than the federal requirement, the CFSSR found that Nevada was not consistent in its efforts to achieve permanency for children in a timely manner. Focus groups with legal and court personnel indicated at the last CFSSR that barriers to timely TPR hearings identified; the reluctance of some courts to seek TPR unless an adoptive home had already been identified. In addition, a January 2003 survey of Washoe County cases

found the reasons for delayed TPR hearings included difficulties in coordination of legal professional and court calendars, and agency delays in completing required TPR forms. Clark County stakeholders noted that even though the agency had a TPR specialist there are still significant delays in achieving TPR. These delays were attributed to (1) a shortage of attorneys to file for TPR and (2) a lack of timeliness of agency staff in preparing paperwork needed to file TPR. Clark County stakeholders also noted that the judge often denied a TPR petition because of “lack of reasonable efforts” on the part of the agency to reunify the family. In comparison, stakeholders in Washoe County and Carson City expressed the opinion that TPR is being filed in a timely manner, although Washoe County stakeholders reported that the court frequently makes findings of compelling reasons why not to file for termination. Statewide stakeholders also noted that achieving TPR is hampered by the lack of consistent legal representation for the parties involved, noting that the District Attorney’s Office is insufficiently staffed, and that frequently, parents are not appointed counsel and children do not always have a Guardian ad Litem. Clark County stakeholders noted that they are using some Court Improvement Program dollars to increase legal representation for parents.

Based on Unity data report titled, Custody 14 to 21 Months, from 02/01/07 through 11/30/08, it appears that Washoe County successfully completed TPR on both parents in 50% of all cases within 25 months. Clark County successfully completed TPR on both parents within 24 months and the DCFS Rural Region successfully completed TPR on both parents in approximately 35% of cases within 30 months or less.

**Table 28: Data from Data Profile**

|   | Federal FY 2006ab | 12 month period Ending 03/31/2007 (06B07A) | Federal FY 2007ab | 12 Month Period Ending 03/31/2008 (07BO8A) | National Median | Nevada’s Percentile |
|---|-------------------|--|-------------------|--|-----------------|---------------------|
| C2-3 Children in care 17 plus months, adopted by the end of the year          | 24.3%             | 23.3%                                      | 21.7%             | 21.2%                                      | 20.5%           | 22.7%               |
| C2-4: Children in care 17 plus months achieving legal freedom within 6 months | 14.7%             | 13.3%                                      | 12.7%             | 11.6%                                      | 8.8%            | 10.9%               |

While the data over the last two years indicates a decrease in both these percentages, Nevada still ranked in the 75<sup>th</sup> percentile for both of these measures. 2009 survey results indicate that 78.6% of judges monitor child welfare agency progress on the federal rule requiring the process of terminating parental rights within the required timeframes. In addition, 71.4% of judges surveyed indicate that they set reviews in advance for the filing of termination of parental rights when a child is in foster care for 15 of 22 months, unless there is a compelling reason not to file.

**Major Changes:**

Changes that have occurred since the 2004 CFSR include the implementation of a collaborative statewide Termination of Parental Rights Policy (0514). This policy directs child welfare agencies to initiate procedures to terminate parental rights to free a child for adoption as soon as adoption is identified as the permanency goal and determined to be in the child’s best interest. The policy also requires the child welfare agency to make and finalize alternate permanency plans by no later than 12 months after the child’s removal. Over the past two years the Court Improvement Project (CIP) has taken a multifaceted approach to improving outcomes for children in child dependency cases. This approach includes educating judges and attorneys about their roles in child dependency cases, ASFA regulations, contributing grant money in support of expanded CASA programs, advocacy and outreach around the need for more Pro Bono attorney’s to representation children, CASA training, special projects and in supporting a pilot program in Clark County designed to “front load” decision making regarding placement, visitation and services in child abuse and neglect cases. In December 2007, CIP in conjunction with the National Council of Juvenile and Family Court Judges and The National Child Welfare Center on Legal and Judicial Issues sponsored, *Focus on the Kids*, a Judicial and Legal Conference in Las Vegas, Nevada. The conference included judges, masters, attorneys and law students, more than 120 attendees participated.

In addition to providing numerous training opportunities to various types of legal representatives, CIP was instrumental in the development of the Nevada Legal Handbook for Child Welfare Cases that could be utilized by other stake holders. The handbook contains guidelines and timelines, including state and federal provisions such as ASFA & ICWA requirements as well as other child welfare information.

**Major Strengths:**

Since the last CFSR, the state has developed a report which identifies children who have been in out of home care for 14 out of the last 21 months. The data is identified by court jurisdiction and is drilled down to identify specific children in response to feedback the state received from the judiciary. In the upcoming year this report will be shared with CIP and

judges at quarterly meetings.

In the Rural Region, supervisors monitor their social worker's placement caseload, frequently staffing those cases of children who have been in out of home placement for 15 months or more. The Rural Region has implemented monthly meetings of the Supervisory Review Committee to discuss children in care beginning at three months and to track and review all case information, including addressing barriers to permanency, until permanency has been achieved. Through this process every child's case is reviewed quarterly.

**Major Barriers:**

In the Rural Region the biggest barrier to TPR occurs when a parent appeals a TPR ruling. This appeal process delays the finalization of a child's permanency goal until adjudicated. A child's legal status will remain uncertain until decided upon by the Nevada Supreme Court.

**Summary:**

Based on information provided in the data profile Nevada falls in the 75<sup>th</sup> percentile on both these measures. This indicates a **Strength** in achieving TPR and permanency within 24 months of removal.

**Item 29: Notice of hearings and reviews to caregivers**

*Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?*

**Statute, Regulation and Policy:**

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.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Area Needing Improvement" based on the finding that Nevada statute does not clearly specify who is responsible for notice of hearings. Despite the efforts of the child welfare agencies, foster parent focus group participants reported at that time that notification was not occurring on a regular basis. As part of the PIP, the UNLV School of Social Work undertook an extensive survey of foster parents between May 2005 and January 2006, to determine their attitudes and level of satisfaction toward Nevada's child welfare system. The survey was a statewide study of open and closed foster homes. The data collection instrument was developed based upon a review of the literature and other states' surveys; additional ideas were incorporated into the instrument as a result of its pretest, and feedback from state and local child welfare agencies, including foster parent associations. The major method of data collection was through telephone interviews. Of 466 homes identified, 281 foster parents agreed to participate; responses were obtained from 226 respondents, representing an 80% response rate. The findings of this report were intended to provide state and local agencies with feedback in identifying their strengths and ways in which improvements could be made in making foster care an effective and viable option for children in need.

**Table 29.1 – Foster Parent Satisfaction**

| The court system and my child welfare agency inform me in plenty of time about court dates for my foster children so that I may participate. | # of foster parent and other substitute caregiver responses | %      |
|--|---|--------|
| Strongly Agree   | 64  | 31.9 % |
| Agree  | 35  | 17.3 % |
| Somewhat Agree   | 35  | 17.3 % |
| Somewhat Disagree  | 29  | 14.4 % |
| Disagree   | 21  | 10.4 % |
| Strongly Disagree  | 18  | 8.9 %  |

During the months of January through December 2007, DCFS chartered and convened a State of Nevada Child Welfare Multidisciplinary Team for the purposes of working with Clark County to improve the protection of children and the child welfare system. Findings related to child placement issues came from interviews with 40 foster parents, relatives, non-relatives and providers. The interviews were conducted in order to identify areas in training, licensing, and case management practices where changes or improvements maybe needed to improve the process and to support/retain foster parents. Of the 40 foster parents, 72% received notification of court hearings. Respondents cited concerns such as their inability to keep other scheduled appointments as a result of untimely court notices that were usually received within one hour and/or one day prior to the hearing. 55% of the foster parents interviewed felt the pre-service training prepared them to care for children placed in their home. 82% expressed the need for additional training to better support the needs of children in their care.

The following recommendations were provided by the respondents:

- Require documentation in the appropriate UNITY screen that foster, pre-adoptive parents and other substitute caregivers of children in care were notified of case review court hearings.
- Enforce and monitor staff compliance with the Court Hearing Notification Policy.
- Provide advanced and ongoing training that defines the foster parent role, duties and responsibilities in court proceedings and in case planning as determined by Clark County.
- Policy and procedure for providing advanced notice of court hearings to foster parents and guidelines regarding the foster child's attendance and participation in court proceedings.
- Develop and implement strategies to routinely share policy information with foster parents.
- Include foster parents when developing or making changes in child welfare policies.
- Develop and distribute an informational guide or handbook containing procedures foster parents are expected to follow while caring for children in care.

#### **Major Changes:**

Since the PIP, DCFS teamed with local child welfare agencies, foster parents, CIP and various other stakeholders in developing comprehensive standards for child welfare court cases. Collaborative meetings were held to identify barriers and discuss strategies i.e., family involvement in case planning, court review of caseworker visits, role of judges in allowing foster, pre-adoptive parents, and relatives to have an opportunity to be heard in court and notification of hearings. Nevada Bench Book for Child Abuse and Neglect Cases and Related Matters was developed and include instructions for notice. At time of a preliminary protective hearing (and all subsequent hearings), a notice of time and place of hearing must be given to a parent or other persons responsible for the child's welfare by personal service of a written notice, orally or by posting a written notice on the door of the parent's residence. A copy of the notice must be mailed to the last known address within 24 hours after the child is placed in protective custody, pursuant to NRS.432B.470. Additionally, each child welfare agency has developed internal policies that are supported by statues and statewide policies and the foster parent training has been enhanced to include the court hearing process and the role of foster parent and other substitute caregivers.

#### **Strengths:**

Nevada has always encouraged foster parents to participate in court hearings as well as child and family team meetings. In general, it has always been the responsibility of the caseworker along with the presiding judiciary, to notify parents, foster parents and other substitute caregivers. The documentation of hearing notifications must be kept in both the hard copy file (in the form of registered or certified mail proof of delivery) and in the SACWIS/Nevada UNITY system. As evidenced by DCFS periodic case reviews, caseworkers are documenting communication of hearing notices. Judges are often invited to participate in foster parent trainings held by child welfare agencies and local Foster Parent Associations.

Washoe County has an internal agency policy titled, Caregiver and Court Action Policy that requires caseworkers to provide notice within 20 days of the hearing or as soon as the information is known. In addition, to a telephone call, the caseworker completes a "Request for Affidavit of Mailing" worksheet to notify the current and prior placement providers and future adoptive parents.

#### **Barriers:**

State review data on notice to foster parents indicate that there is inconsistency across the State in the degree to which this standard is adhered. While Nevada's UNITY system does provide for caseworker documentation in the "Notification (CFS094)" window, it does not require documentation. Nor does it allow for the caseworker to enter demographics regarding persons notified and date of notification for data collection/case review purposes. Caseworkers do not routinely post information in the windows provided. In most cases, the caseworker and the presiding judiciary endow with notice verbally and the communication is documented in the agency file case notes accordingly. The obstacles remain between timeliness of notice and actual participation in the court hearing process.

## Summary:

It is clear that the responsibility of notice of hearings and reviews is a shared responsibility between the child welfare agencies and their local family court judiciary. Deliberate efforts have been made to inform foster parents, adoptive parents, relatives and other substitute caregivers through training and participation in policy team discussions. They are also an integral part of Child and family Team meetings. Statewide policy 0206 Court Notification has been revised to include greater specificity regarding notice of hearings and case worker documentation mandates. Inconsistencies remain the same for each child welfare agency. Nevada will continue to pursue active involvement of parents, foster parents and other substitute caregivers, in all hearings and reviews. This is an **Area Needing Improvement**.

## C. Quality Assurance System

### Item 30: Standards ensuring quality services

*Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?*

#### Statute, Regulation and Policy:

Nevada has developed and implemented standards in statute, regulation and policy to ensure that children in foster care are placed in appropriately licensed homes or residential facilities, and that qualified service providers are selected for delivery of necessary services to children and their families.

**Child Protection and Foster Care:** Child welfare agencies 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, such as the case management model, out-of-home placement, Structured Analysis Family Evaluation (SAFE) policy, and case planning policy, that outline requirements for quality standards. The SAFE policy provides for child and family assessment to determine needs, and the case planning policy clarifies the case planning process and provides guidelines for service assessment and delivery, including concurrent planning to explore and ensure future service delivery in accordance with the case plan. 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. 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. These measures are intended to ensure that quality services are provided to children in foster care by child welfare agency staff.

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.

**Foster Care Licensure of Homes and Residential Facilities:** DCFS has comprehensive standards concerning foster home licensure and congregate care. These standards are contained in the Nevada Revised Statutes (Chapters 424, 432A, 432B), Nevada Administrative Code (Chapters 424, 432A, 432B), and the Foster Home Licensing Manual. Foster Care statute and regulations (NRS 424, NAC 424) that directly impact foster children's health and safety relate to evaluating the potential foster parents and their family members for income and employment, reference checks, Nevada Central Registry on Child Abuse and Neglect Clearance, sworn statement pertaining to criminal convictions, and a criminal history record check, and fingerprinting. The law and regulations designate the number of children that may be placed in a foster care home or group home. Potential foster parent(s) who meet minimum requirements and pursue licensure, must have mandatory training and ongoing training on an annual basis. Specialized training is available for special needs children. In 2007 the State Legislature added requirements in NRS 424 to ensure training of group or foster home employees within 30 days of employment. The licensing agency monitors training requirements which are intended to improve the quality of care given to foster children by foster homes. The regulations also outline physical requirements for the home or facility, including, but not limited to, the following: living space, doors, windows, grounds, sleeping accommodations, heating and cooling and electrical equipment, fire prevention equipment, and pool safety. The licensing agency monitors the home environment on a regular basis and may make unscheduled home visits at any time. Regulations also require notification by the foster care provider of changes in the home that may impact the child and

child's safety or health.

The standards for placement in a facility outside of the State of Nevada are established and monitored by the Out-of-State Placement Committee. Monthly visitation and monitoring by the local child welfare agency are required and an annual rigorous on-site facility review must be conducted by DCFS.

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. The 2007 Legislative Session changed NRS 432A.024-.0245 to clarify the definition of a "child care facility" and "child care institution" to ensure appropriate licensure of all child care facilities. Child Protection statutes and regulations (NRS 432B) provide for the investigation of child abuse and neglect, assessment of safety and risk, removal and the placement of a child in foster care as needed. The 2007 Legislative Session added a new provision (NRS 432B.3905) aimed at protecting children under the age of three from being placed in residential care. The 2007 Legislature also created a new Child Welfare Specialist position within the State Legislative Counsel Bureau which has the authority to visit any child placement facility within the State to review and assess operations, case records, and conduct interviews with children and staff as needed. The purpose of the position is to protect and monitor child safety and children's civil rights in such facilities and to provide recommendations for improvement in reports to the Legislature.

**Service Providers:** Contracts made with providers for delivery of child welfare services must comply with the agreement to hire qualified personnel required in accordance with the FPO Grants Management Unit Grants Manual and Technical Guidelines. Such personnel must meet professional State licensure requirements as indicated for the type of service and discipline, and must pass a criminal background and Child Abuse and Neglect Central Registry check, as well as fingerprinting required by State Statute. All contracts must meet federal and State requirements, such as provision of non-discriminatory practices. Contract performance is monitored and audited by the Grants Management Unit (GMU). Customer satisfaction surveys are also provided to the customers for feedback about services to assess and improve delivery.

#### **Statewide Data:**

The 2004 Final CSFR Report rated this item as an "Area Needing Improvement" because the CFSR found a lack of statewide standards to ensure consistency in practice to protect the safety and health of children. At that time, concerns were expressed by Clark County stakeholders that the primary shelter facility, Child Haven, in Clark County was not licensed and did not comply with licensing standards established for foster family homes and child care institutions. Additional concerns were expressed about high caseloads (50-55 cases per worker), and staff turnover that could not ensure consistency of services and practice. Case reviews further indicated that some infants and very young children were placed in Child Haven for extended periods of time. However, there have been significant changes to child welfare practice since 2004 that will ensure the provision of quality services to children in foster care. These changes are a result of the PIP and implementation of new and/or revised standards contained in policies and procedures. The PIP required changes to improve the QI supervisory review process and licensure of the Clark County Child Haven child care facility. There were also changes that improved service provider contracting and reporting methods to ensure ongoing quality performance. In addition, service provider contracting and reporting methods were improved through the establishment of the Grants Management Unit to ensure ongoing quality performance. The GMU has consolidated all child welfare grants, domestic violence, and fee based programs into one fiscal unit that oversees contracting requirements that include standards of service.

#### **Major Changes:**

There have been significant changes to child welfare practice since 2004 that will ensure the provision of quality services to children in foster care. These changes are a result of the PIP and implementation of new and/or revised standards contained in policies and procedures. The PIP required changes to improve the QI supervisory review process and licensure of the Clark County Child Haven child care facility. There were also changes that improved service provider contracting and reporting methods to ensure ongoing quality performance.

The first PIP item was the development of a QI Supervisory Review Tool and protocol that requires the continuous review of a sample case from each caseworker's caseload on a regular basis. This practice helps supervisors to identify and align practice with policy/procedure and to recommend appropriate worker training. There were several related key policies/law that were developed and implemented as shown in the following table that supervisors review to ensure provision of quality services:

The second PIP item relates to the licensure of emergency shelter care centers. The 2007 Legislative Session changed NRS 323A.024-.025 to clarify the definition of a "child care facility" and "child care institution." This new requirement was in response to the last 2004 CSFR finding and concerns that Clark County Department of Family Services managed an emergency child care facility, Child Haven, that was not technically under the purview of any licensing entity. Prior to licensure, and to address concerns about child care management and placement, the Clark County Child Haven facility

entered into a Memoranda of Understanding with DCFS in July 2007 to provide an ongoing onsite daily review of child care and facility operations by a State Child Welfare Multidisciplinary Team (SCWMDT). This MOU included an ongoing compliance audit of randomly selected cases of children placed in Child Haven, a child placement review team that conducted an ongoing critical review of child placement criteria and practices, an ongoing child care licensing and facility review, and an ongoing institutional child abuse investigation team review. Child Haven was licensed in December of 2007 and the SCWMDT activities ceased.

Service provider contracting and reporting methods were improved through the establishment of the Grants Management Unit to ensure ongoing quality performance. The GMU has consolidated all child welfare grants, domestic violence, and fee based programs into one fiscal unit that oversees contracting requirements that include standards of service.

### **Major Strengths:**

The major strengths in improving the provision of quality services to children in foster care include the following: The child welfare agencies have developed QI units to conduct case reviews and oversee the use of the supervisory review tool to measure compliance with policy and procedures; the child welfare agencies are participating in ongoing training; Statewide licensure and monitoring of all child care facilities is in place; and State and county workgroup(s) regularly meet for a collaborative review and development of standards to ensure provision of quality services to children in foster care. Additionally, Clark County has developed and implemented processes to measure practice that include – instructional memo on case contacts, Performance Management Reports that target and track specific casework practice, placement disruption analyses for UNITY enhancements, internal tracking mechanism for early identification of adoption cases, Child Haven ongoing placement review and visitation, and expansion of placement team's work hours.

### **Major Barriers:**

Barriers to the development or provision of standards ensuring quality services for foster children are the limitations set by budgetary constraints for staff recruitment and retention, and the purchase of services from available service providers. Resources and service availability are influenced by funding and availability of professional service providers in each region. Clark and Washoe Counties have more funding from local taxes and have a larger population pool from which to draw professional staff and service providers. The Rural Region lacks additional funding from county based sources and generally has problems with recruitment and retention of professional staff. Professional services, such as mental health, are being reduced or eliminated in Rural Nevada as a result of the State budget deficit.

### **Summary:**

Item 30 is rated as a **Strength** because there are an array of standards in place that address provision of quality services to children in foster care. These standards begin with the child welfare agency staff and include licensing requirements for the foster home provider - the physical environment of the home or facility, the staff required to deliver services - and provisions for contract service providers. There are monitoring provisions at each level of case management and there are quality improvement reviews completed by supervisors, the agency and State QI Review Teams. These requirements are intended to monitor and to improve services to keep children in care safe and healthy.

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## **Item 31: Quality Assurance System.**

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*Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?*

### **Statute, Regulation, and Policy:**

Nevada Revised Statutes 432B.180 requires DCFS to develop audit teams to evaluate and determine whether all child welfare services provided throughout the State are in compliance with federal or State statute, regulations or policies. When a child welfare agency is not in compliance with statewide standards, the Division must require corrective action that may include an agency improvement plan and/or fiscal sanctions. The quality improvement case review process is detailed in Nevada Administrative Code 432B.030 and the Quality Improvement Framework.

### **Statewide Data:**

The 2004 CSFR rated this systemic factor as an "Area Needing Improvement" because the State did not have a formal statewide quality assurance system. Nevada Quality Improvement Case Reviews are based on the Child and Family Services Review process and tool and are conducted by the Family Programs Office. The reviews reported from 2006 and 2007 use the federal review tool from the first round CSFR, with additional compliance items added for case documentation, documentation of Native American heritage, appropriateness of case closure and supervisory oversight. These reviews were conducted quarterly (every 9 months at each of the child welfare agencies in Nevada). This resulted

in an additional review for one agency every year. The case sampling used during this time was 12-14 cases, with equal numbers for in and out-of-home cases. Each child welfare agency's sample was conducted in the same manner each year, resulting in a nearly equal number of cases reviewed in each region. In 2007, Clark County was reviewed twice, resulting in double the number of cases reviewed in this region for that year. Reviewer teams consisted of six paired teams, including one reviewer from the agency under review and one "outside" reviewer. For the 2006 and 2007 reviews, for the DCFS Rural Region, only one of the four districts was reviewed at each rural review. The reviews for 2008 followed the same protocol, but used the second round CFSR tool and increased the case sample for each review to a minimum of 24 cases during each regional review. In addition, the Rural Region was reviewed as a whole (all four districts) with approximately six cases coming from each district. Percentages reported as "QICR" results in the first 23 performance indicators are based on composite strength percentage scores from all four reviews conducted in a given year. The number of cases reported are those applicable cases for an item, statewide. Table 31 shows the number of cases examined in each review by region from 2006 through 2008. Clark County had the largest number of cases reviewed at 40.1% over three years (with four reviews occurring total), followed by Washoe County at 31.5% of cases and the Rural Region at 28.4% of cases reviewed. In addition, the number of cases reviewed each year increased by 30% between 2006 and 2007 and 34.6% between 2007 and 2008.

**Table 31: Nevada Quality Improvement Case Review Sample Sizes 2006 – 2008**

|               | Clark      | Washoe     | DCFS-Rural | Statewide  |
|---------------|------------|------------|------------|------------|
| <b>2006</b>   | 14         | 14         | 12         | 40 (24.7%) |
| <b>2007</b>   | 27         | 13         | 12         | 52 (32.1%) |
| <b>2008</b>   | 24         | 24         | 22         | 70 (43.2%) |
| <b>TOTALS</b> | 65 (40.1%) | 51 (31.5%) | 46 (28.4%) | 162        |

**Major Changes:**

Since the last Statewide Assessment and CFSR, the Family Programs Office has formalized a comprehensive Quality Improvement Case Review System that evaluates the quality of services, identifies and analyzes the strengths and needs of the service delivery system. This was accomplished as part of the PIP through 8 action items that included the establishment of a statewide QI team, purchase and training on the Solutions for Online Activity (SOAR) data collection system, development of a case review process based on the CFSR instrument and the formalization of the QI Framework policy, testing and analysis of the process, review by a policy team and formalization of QI unit functions and roles, the development of Agency Improvement Plans (AIP) that will be monitored by the Decision Making Group, and a separate item for Clark County to address specific internal issues for improving compliance. The QI case review is a collaborative process involving the 3 child welfare agencies with the DCFS-FPO and invites stakeholders from other disciplines to participate. Participants are asked to commit a full work week to the conduct the case review and attend the exit conference. The reviews are scheduled on a rotating 9 month schedule beginning with 2005, but this was recently changed to an annual review in 2008. The reviewers use a standardized instrument modeled after the Federal CFSR instrument. The following reviews have been completed.

- Clark County was reviewed in October 2005, June 2006, March 2007, December 2007, and August 2008.
- Washoe County was reviewed in December 2005, September 2006, June 2007, and September 2008.
- The Rural Region was reviewed March 2006 (Carson City District 2), December 2006 (Elko/District 1), September 2007 (Fallon/District 3), and October 2008 (combined all four Rural Districts).

The child welfare agency QI results which are found to be an area in need of improvement, may be included in an AIP. The AIP is a mechanism for improving a child welfare agency's response to assessing performance outcomes across the continuum of child welfare services. The AIP is constructed to identify the causative factors and improvement processes that are needed to implement a corrective action agency wide. The long-range outcome process should show a continual improvement in the delivery of child welfare services. The DCFS Program Evaluation and Data Unit that was developed prior to the last CFSR, was absorbed into the IMS Unit because UNITY staff are involved in data collection and evaluation. The program evaluation function was expanded to include DCFS-FPO staff and several new QI positions were obtained during the 2007 Legislative Session to support statewide oversight responsibilities. All three child welfare agencies continue to have QI staff dedicated to the quality improvement process. These child welfare agencies and the Nevada Partnership for Training are members of the Statewide Quality Improvement Committee (SQIC) chaired by the FPO QI Unit Manager. They meet on a quarterly basis to review the QI process, instrument, policy and practice, evaluate program performance and measures, and set the scheduling of regional case reviews. Clark County also has developed a Quality Council Board that involves county stakeholders in their internal review process. UNITY has better capability to compile various reports based on AFCARS and NCANDS data and on specific UNITY screens. These reports support

UNITY utilization efforts and will allow caseworkers and supervisors to check for the presence and accuracy of the case level data necessary to determine compliance with the mandatory federal outcomes and state requirements. Clark County completed conversion from their Family Tracks data collection system to UNITY system by 2005. The QI system continues to work with the Nevada Partnership for Training that is comprised of the University of Nevada, both the Reno and Las Vegas campuses, and the University of Denver. The university partnership develops curriculum based on policy, procedure/practice, and trains child welfare staff.

#### **Major Strengths:**

A major strength of the Nevada QI system is the ability and capacity to comprehensively assess outcomes and systemic factors across the continuum of child welfare services through the ongoing data development and design teams at UNITY/IMS. The UNITY system is able to design programs and forms that capture requisite data as needed. In addition, DCFS-FPO and child welfare agencies have expanded staff to complete QI activities. Ongoing Stakeholder involvement strengthens the QI system and includes representatives from entities such as the Court Improvement Project and the Citizen's Review Panels which include representatives from local county administrations, service providers, CJA Task Force with membership from parents/parent groups - Nevada Parents Engaging Parents (PEP), mental health, health, law enforcement, judges, CASA, parents and parent groups, foster parents and youth, and representatives from tribal human social services. Clark County also has a special data application called COGNOS that can generate reports from the UNITY system data for use by supervisors and staff.

#### **Major Barriers:**

Economic issues and severe budget cuts are major barriers to the successful implementation of the QI system. Child welfare agencies face decreasing funding for services and programs aimed at mitigating child abuse and neglect and usually have increased caseloads and decreased staffing which result in larger workloads. When staffing is not sufficient to meet workload needs, quality of service may be impaired and will be reflected in the QI case reviews. Since the formal QI system was established, there is an increasing need for expertise in the area of data analysis, research and interpretation. Communication and dissemination of QI findings will be a challenge to staff and to the community without expert interpretation. Another barrier is maintaining continued involvement from community partners and stakeholders over an extended length of time because of the time involved in the case review, intensity of the review process - the experience may not be sufficiently rewarding.

#### **Summary:**

This item currently rates as a **Strength** because there is substantial evidence that an operational QI system is in place and case reviews are being conducted on a regular basis. There is a DMG approved process and policy, a Statewide QI Team, and an ongoing QI Case review Schedule.

### ***D. Staff and Provider Training***

#### **Item 32: Initial Staff Training**

*Is the State operating 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?*

#### **Statute, Regulation, and Policy:**

NRS 432B.195, 432B.397, and NAC 432B.090 require the state to provide a full staff development and training program which includes a minimum of 40 hours of training related to the principles and practices of child welfare services, including specific training related to the Indian Child Welfare Act (ICWA). The State has used Training Technical Guidelines in lieu of statewide policy to outline training procedures. New policy under review will require all new child welfare staff to complete the Nevada New Worker Common Core within the first 12 months of employment and specifies the competencies and best practices that are provided within the curriculum.

The Family Programs Office has a contract with each of the two in-state Universities for the SFY's 2010 – 2012. Part of the 2010 contract is to develop a three year training plan with annual updates to address the needs of initial worker training in Nevada. In addition, new policies are being developed to address the training protocol for new workers. The Nevada New Worker Core Training is complete and has been in operation since January 2009. A minimum of eight sessions of the 10 week training curriculum will be offered per year (4 sessions in Las Vegas and 4 sessions in Reno). 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 in-class training). The training program is taught by trained University based instructors as part of the Nevada Partnership for Training.

## Statewide Data:

During the CFSR in 2004, this item was given an overall rating of “Strength” based on the finding that the state provided a new child welfare curriculum statewide which included shadowing and mentoring components along with classroom training. While stakeholders, at that time, felt the curriculum was positive, they felt that the mentoring component needed to be strengthened and include other training components such as concurrent planning, risk and safety assessments, and working with courts. They also were concerned that some new workers were assigned and managing caseloads before they completed the Core Training.

**Table 32: New workers completing Core Training since the 2004 CFSR**

| <b>New Worker Training Data</b> | <b>Clark</b> | <b>Washoe</b> | <b>Rural</b> | <b>FPO</b> | <b>Statewide</b> |
|---------------------------------|--------------|---------------|--------------|------------|------------------|
| SFY 2006                        | 41           | 6             | 11           | 1          | 59               |
| SFY 2007                        | 57*          | 13            | 16           | 1          | 87               |
| SFY 2008                        | 112*         | 10            | 2            | 2          | 136              |
| <b>TOTAL</b>                    | <b>240</b>   | <b>29</b>     | <b>29</b>    | <b>2</b>   | <b>282</b>       |

\*Indicates data from both the agency run Academy and State run Pilot Core Training

In 2008, a new initial training curriculum, the Nevada New Worker Core, was piloted. This curriculum was a collaborative redesign of the New York New Worker Core curriculum.

## Major Changes:

After the 2004 CFSR, PIP training was the major emphasis of all worker training, including new workers. Areas of concentration included in the PIP training were case management, assessment, practice, documentation, permanency, mental health and conferences/other trainings. The basics that were not being covered in the various PIP trainings were being provided to new workers by both Washoe County and Clark County Training Units. Unfortunately, New Rural Region new workers were not receiving training other than what was being provided for the PIP. However, in late 2006, the DMG began looking at the previous New Worker Academy and the concerns expressed by stakeholders during the 2004 CSFR and determined that there needed to be a new curriculum developed. The State's intention was focused on development of a Nevada – specific new worker training curriculum that would move toward competency and performance development and based on best practices. The New York New Worker Common Core Curriculum was chosen and the University of Denver Butler Institute for Families hired to work along with the two Nevada state universities, the agencies and the state on creating the Nevada New Worker Common Core Curriculum.

The Nevada Partnership for Training (NPT), established in the 1990's, expanded with the creation of the Training Management Team (TMT) shortly after the 2004 CFSR. The NPT and the TMT, made up of representatives of the DCFS Family Programs Office (FPO), UNLV and UNR Schools of Social Work, and each of the State's child welfare agencies, is a collaborative and comprehensive training partnership designed to support the development of a Nevada child welfare training infrastructure and an intensive, quality training and professional development system. In order to create the Nevada New Worker Core Curriculum, curriculum designers and evaluators from the University of Denver were invited to join the TMT in order to collaborate on the overall statewide training system and to particularly oversee the creation of the New Worker Core Academy. Having agency representatives actively involved in the TMT assisted in allowing for specific agency needs to be addressed. When procedures in one county differed from another county, those conflicts were identified and clarified in the curriculum.

As a result of the development of the new curriculum, new worker training was significantly decreased during SFY 2007 - 2008. As a result, Clark County, which represents approximately 70% of the child welfare system in the state, created their own training unit in 2007 and temporarily provided initial training for new workers in their agency. Washoe County also created a training unit that provided for identified needs of staff but not necessarily pre-service training. However they did provide training for new workers on certain key elements of child welfare competencies such as Safety Training, Child Welfare Law and Regulation, Court Report Writing, and Case Documentation. Both Clark County and Washoe County training units remain in place in order to support the Statewide New Worker Core Training and provide additional, agency specific training to all employees.

The Nevada New Worker Common Core Training Curriculum was piloted in both the northern and southern areas of the state in SFY 2008 and rolled out statewide in January, 2009. Included as an integral part of the curriculum is the emphasis on the State's vision, values, practice model and expected outcomes of child safety, permanency, and well-being. During each pilot, not only new workers but also agency training supervisors, FPO staff, and university faculty participated in order to review both the curriculum content and the training presentation. Feedback was provided to the TMT and curriculum developers for revisions. An experiential, On-the-Job training component was created to be completed after each of the five classroom modules in order to strengthen the mentoring process and to allow for a broader transfer of learning from classroom to practice. Evaluation components have been established throughout the process which will

gauge not only the competency development of each individual staff member but also of the curriculum as a whole.

It is important to note that DCFS did not receive state funds specifically for training until SFY 2008. In the past, the state match for Title IV-E funding came directly from the Universities. With this change in funding, additional resources are available to DCFS in order to improve the training system within the state. This in turn will be reflected in practice throughout the state and will become more uniform and consistent within the three agencies.

#### **Major Strengths:**

Having additional state funding for the training system provides the opportunity to expand and update the system as new legislation and best practices change nationally. Using the New York New Worker Common Core as a basis for the creation of the Nevada New Worker Common Core curriculum was also a strength as this curriculum is recognized as best practice. Further, the collaboration found in the NPT and TMT has become a strength in the overall training system for the state. Contracting with the Butler Institute for Families at the University of Denver has also proven to be a strength due to expertise they have been able to provide to the process. It is important to mention that the DCFS Rural Region requires all caseworkers to be licensed by the Board of Examiners for Social Worker prior to employment. Washoe County gives preference to BSW and MSW candidates for hire however; no longer requires new case workers to possess a Nevada Social Worker License, they do recognize those who are licensed by placing them in a specific Social Worker classification and provide additional compensation. Non-licensed staff who have degrees in other human service arenas are placed in Case Manager positions and receive additional supervision and oversight.

#### **Major Barriers:**

While a recommendation during the 2004 CFSSR was for workers to complete training prior to being assigned caseloads, this has been difficult to obtain due to the nature or makeup of staffing in the Rural Region and Washoe County. Because of the lack of availability of Core Training when new workers are hired and problems in filling vacancies in some areas, caseload sizes, and in some cases the limited number of caseworkers available in some areas, these workers must be assigned caseloads as soon as they are hired. While the State strongly recommends a limited number of cases be assigned to new workers until they complete Core Training, it is difficult to implement. Clark County is the only agency which maintains this standard.

#### **Summary:**

As the new initial caseworker training has just been piloted and has not yet reached full functionality, this item will be rated as an **Area Needing Improvement**. Since the 2004 CFSSR, the state has allocated funding to DCFS specifically for training and has created the TMT. The TMT collaborates on the entire training system within the state and has been very active in creating the Nevada New Worker Common Core curriculum. This new curriculum was built on the framework of the New York New Worker Core which had gained best practice status and was modified in order to meet the specific needs of Nevada. This ten week, five-module program has been approved for 143 hours of continuing education units by the Nevada Board of Examiners for Social Workers and includes experiential, OJT activities. It is anticipated that within the near future, this area will meet the necessary standards required.

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### **Item 33: Ongoing Staff Training.**

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*Does the State 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?*

#### **Statute, Regulation, and Policy:**

State Statute requires employees to be responsible for their basic professional training needs and must complete a minimum of 30 hours continuing education every two years, which is consistent with the licensure requirements for Social Workers (NRS 432B.195, 432B.397, 432B.175, NAC 284.482, 284.498, 424.270, 432A.680 and 432B.090). The state and local child welfare agencies insure that child welfare staff receives the specialized training required to be proficient in child welfare practice. While DCFS has one general training policy, new policy is under development based on Statewide Training Technical Guidelines Manual. New policy will require each unit supervisor to develop an individual training plan with their staff which identifies the training needs of the overall unit. The training plan and identified needs are utilized by the Manager to develop an overall agency training plan which is submitted to the State on an annual basis. The State Family Programs Office (FPO) will utilize the agency training plans/needs to create the State's Annual Training Plan. Currently DCFS is in the process of implementing significant changes to the State's training system and a specific Training Plan for SFY 2010 – 2012 (corresponding with the University Training Contracts) is in the process of being developed. Currently, training needs are identified through the Training Management Team, which is made up of the Family Programs Office Training Manager and Specialist, Child Welfare Agency representatives and representatives from the University partners.

The Family Programs Office has a contract with each of the two in-state Universities for the SFY's 2010 – 2012. Part of the 2010 contract is to develop a three year training plan with annual updates to address the needs of ongoing worker training in Nevada. In addition, new policies are being developed to address the training protocol for all workers. Included in the ongoing training plan for workers and supervisors will be on-line coursework through the Nevada Partnership for Training Website and in-person coursework through specialty core courses to be developed beginning in the Fall of 2009. This plan will be made available as soon as it is complete.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of “Area Needing Improvement” based on the finding that the State was not providing enough ongoing training to address the skills and knowledge needed for staff to perform their duties. Further noted was a lack of specific supervisory training in child welfare practice. Finally, it was noted that there was little to no administrative support for ongoing training. Because much of the Program Improvement Plan required training in specific aspects of child welfare practice, many of the training programs and opportunities conducted from 2004 through 2007 were required by the PIP. Below is a chart showing the number of specific child welfare courses based on areas of concentration offered by DCFS and the number of participants from each agency or office who participated in these courses.

**Table 33.1: Ongoing Child Welfare Courses Offered from 2004 - 2007**

| Course Areas of Concentration | No. of Trainings | Number of Participants |             |             |            |             |             |
|-------------------------------|------------------|------------------------|-------------|-------------|------------|-------------|-------------|
|                               |                  | Clark                  | Washoe      | DCFS Rural  | FPO        | Other*      | Statewide   |
| Case Management               | 4                | 351                    | 218         | 132         | 10         | 52          | 763         |
| Assessment                    | 17               | 681                    | 326         | 263         | 40         | 788         | 2098        |
| Practice                      | 36               | 1110                   | 480         | 419         | 41         | 1225        | 3275        |
| Documentation                 | 9                | 658                    | 230         | 142         | 14         | 154         | 1198        |
| Permanency                    | 6                | 306                    | 130         | 128         | 8          | 151         | 723         |
| Mental Health                 | 16               | 62                     | 60          | 89          | 19         | 788         | 1021        |
| Conference/other              | 5                | 35                     | 16          | 26          | 9          | 199         | 285         |
| <b>TOTAL</b>                  | <b>93</b>        | <b>3203</b>            | <b>1460</b> | <b>1199</b> | <b>141</b> | <b>3357</b> | <b>9363</b> |

\*Data from 2004-2005 did not breakdown attendance by agency

Supervisor training was especially noted as a weakness in the 2004 CFSR and as a result a strong emphasis was placed on providing specific supervisor training in SFY 2006. While the DCFS Rural Region supervisors participated in monthly learning labs from January through August 2006, the agency managers and supervisors determined that ongoing training would be conducted internally and based on the needs of the individual supervisor. In SFY 2007 and 2008, Clark County instituted monthly supervisor learning labs. Washoe County contracted with Action for Child Protection in 2008 to provide supervisor training focused primarily on providing supervision regarding the interface between the Safety Assessment and the Nevada Initial Assessment as well as general supervision. Because both Clark County and Washoe County have their own training units these two agencies provided much of the ongoing staff training within their own agency and are not necessarily reflected in the data provided above. In 2007, the Nevada Legislature mandated a performance audit of the State's child welfare agencies and DCFS then contracted with the Nevada Institute for Children's Research and Policy, the University of Nevada, Las Vegas School of Social Work and the Boyd School of Law to conduct such an audit. As a result of their findings, a recommendation for the improvement of the training system to be more comprehensive and available to all workers was identified as a priority. Specific recommendations for the creation of more online training to assist in this improvement area were noted.

A total of six stakeholder surveys were conducted in the spring of 2009. These surveys asked child advocates (legal representatives, CASA or Guardian ad Litem, caregivers (foster parents, adoptive parents, etc.), Judicial members, general stakeholders, tribal representatives, caseworkers and supervisors about how much each of the following topics were needed to improve agency caseworkers' abilities to work effectively with families. The topics are sorted in order of strength, highest to lowest average score.

**Table 33.2: 2009 Survey Results Regarding Courses Needed by Child Welfare Case Workers**

| <b>Training Topic Title</b>  | <b>N</b> | <b>Min</b> | <b>Max</b> | <b>Mean</b> | <b>SD*</b> |
|--|----------|------------|------------|-------------|------------|
| Safety Assessment**  | 51       | 1          | 5          | 3.82        | 1.28       |
| Recognizing disabilities in children and parents and impact to the case planning process | 482      | 1          | 5          | 3.75        | 1.30       |
| Signs and Symptoms of Mental Health  | 485      | 1          | 5          | 3.61        | 1.37       |
| Signs and Symptoms of Substance Abuse  | 486      | 1          | 5          | 3.53        | 1.40       |
| Signs and Symptoms of Domestic Violence  | 473      | 1          | 5          | 3.52        | 1.42       |
| Preparing documentation and testimony for court proceedings                              | 461      | 1          | 5          | 3.41        | 1.38       |
| Signs and Symptoms of Child Abuse and Neglect  | 485      | 1          | 5          | 3.40        | 1.44       |
| Case Planning  | 481      | 1          | 5          | 3.39        | 1.40       |
| Understanding Federal Performance Indicators for Child Welfare                           | 438      | 1          | 5          | 3.39        | 1.29       |
| Foster Care  | 477      | 1          | 5          | 3.32        | 1.37       |
| Risk Assessment  | 477      | 1          | 5          | 3.29        | 1.42       |
| Investigation  | 471      | 1          | 5          | 3.29        | 1.42       |
| Facilitating Child and Family Team Meetings  | 483      | 1          | 5          | 3.24        | 1.40       |
| Adoption   | 470      | 1          | 5          | 3.19        | 1.37       |
| Parental Rights and Protections  | 469      | 1          | 5          | 3.18        | 1.28       |
| Intake Decision Making   | 474      | 1          | 5          | 3.05        | 1.45       |
| NIA Documentation  | 374      | 1          | 5          | 3.03        | 1.42       |

\*SD is Standard Deviation

\*\*Safety Assessment was only asked on two of the six surveys, thus resulting in a smaller number of overall responses.

### Major Changes:

Since 2004, there has been a substantial change in not only State Statues but in administrative supports for ongoing staff training. This was a key activity identified in the Program Improvement Plan (PIP) for the State. As most PIP items required specific child welfare training components, the state worked in collaboration with the National Resource Centers, the Casey Family Foundation, and the two State Universities (UNLV and UNR) in providing much of the statewide training programs. It is important to note that DCFS did not receive state funds specifically for training until SFY 2008. In the past, the state match for Title IV-E funding came directly from the Universities. With this change in funding, additional resources were available to DCFS in order to improve the training system within the state. As a result, new policies are being created based on previous procedure guidelines. This in turn will be reflected in practice throughout the state and will become more uniform and consistent within the three agencies. The Nevada Partnership for Training (NPT) began in 1991 as a partnership between DCFS and the Schools of Social Work at the University of Nevada, Reno (UNR) and the University of Nevada, Las Vegas. In 2004, DCFS created the Training Management Team (TMT) to oversee all training needs for child welfare within the state. Made up of representatives from all public child welfare agencies, UNR, UNLV, and the DCFS FPO, this group reviews all training projects for the state including making decisions and recommendations about curricula, the training system delivery, and policy. In 2005, FPO contracted with Ridgewood Associates of Tucson, Arizona to develop and manage a web-based training registration and online child welfare training system specifically for the State of Nevada. This website, <http://www.nvpartnership4training.com>, has provided a mechanism to provide all child welfare staff to locate and register for available child welfare specific training, a mechanism to monitor what trainings are being provided within the state and the attendance to trainings. It also provides for online training courses to be provided at an individual's own convenience and without taking time away from work or traveling. The first online course available on the training website was Mandated Reporter Training and was created to teach the basics of Nevada's Mandated Child Abuse and Neglect Reporting Law and how to make a report. Both Indian Child Welfare Act (ICWA) and Ethics courses will be available online in early 2009. Under development is a course on Multi-ethnic Placement Act (MEPA). There has been a concerted effort to have the Board of Examiners for Social Workers approval for these training in order to assist licensed social workers obtain required continuing education units. Clark County and Washoe County have established agency specific training units to assist in providing training to workers specific to their agency. Both agencies utilize the NPT website for training announcements, registrations, and completion documentation.

### Major Strengths:

Improvements to the statewide training system have been a priority in the State of Nevada. While the PIP was the impetus for the restructuring of the state's training system, the value of this process has been overwhelmingly successful. As a result of the PIP, the state has enacted new legislation to support the statewide training initiative, created new policies which structure the state's child welfare training system, created the state's child welfare training website, and increased collaboration between all training partners within the state. Receiving training and assistance from the National

Resource Centers and the Casey Family Foundation along with contracting with the University of Denver Butler Institute for Families has greatly expanded the knowledge and skill levels of all workers in the state. Finally, the use of proven curricula which promotes best practices has expanded the resource availability for training opportunities. The State also provides for an Educational Stipend Program Partnerships with the University of Nevada, Las Vegas (UNLV) and Reno (UNR) Schools of Social Work for both BSW and MSW candidates. Rural students can also participate in this program through a collaboration with the University of Nevada, Reno and Great Basin College in Elko. Current workers throughout the state are encouraged to participate in these degree programs and all three agencies provide opportunities for field experience. During the period under review, 44 students were awarded stipends through UNLV and UNR.

### **Major Barriers:**

As identified by the performance audit conducted in 2007 and 2008, distance to travel to trainings for those working in the frontier and rural areas of the state and the fact that many of the rural offices are small and may have only one or two workers creates a major barrier for workers to attend training. By adding online training courses and CEU's from the Board of Examiners for Social Workers, training opportunities would be greatly expanded which would remove the need for both travel and time away from work for those workers in the rural areas. The state also provides video conference training as necessary to other areas of the state. While this isn't the best method of training, when distance and time are barriers, it does provide a mechanism to expand knowledge. Currently budget cuts have also created a barrier to providing expansion of the training opportunities, especially the expansion of the online training opportunities.

Another barrier identified was the hiring of stipend students from UNLV. While Clark County provides for field placement opportunities for stipend students, their percentage of hiring these students upon graduation is only 8%. Their explanation for this practice is their policy of merit based hiring and that those with more experience are hired first. In other words, there is no preference in hiring for these students even though they have worked within the agency for three to nine months. The State currently is evaluating the stipend program between the State, UNLV, and Clark County to determine if accommodations can be made for stipend students when they graduate from their programs or to require stipend students to seek work in the other agencies rather than Clark County.

A final barrier that recently was created due to the economic conditions within the country is funding options to expand opportunities for supervisor specific training. While the larger county agencies have created supervisor training labs or other training opportunities for their supervisors, as a whole the state has not been able to address this specific area to the extent that was recommended in the 2004 CFSR.

### **Summary:**

The state has not been able to offer an established specialty core – or advanced coursework – to state workers for the last two years due to the ongoing emphasis on developing and piloting the Nevada New Worker Core initial training. For this reason, this item is being rated as an **Area Needing Improvement**.

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## **Item 34: Foster and Adoptive Parent Training.**

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*Does the State provide 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?*

### **Statute, Regulation, and Policy:**

Legislation was enacted in 2007 which required DCFS to coordinate with and assist each agency which provides child welfare services in recruiting, training and licensing providers of family foster care. This includes non-profit or community-based organizations as well as public child welfare providers. The requirements for training vary, based on the type of placement. Family foster care providers, including kinship and adoptive homes, are required at minimum to receive 8 hours of initial training and 4 hours annually thereafter. (NRS 424.020 & .017; NAC 127.485; and NAC 424.270). Current statewide policy 1301 Family Foster Care Recruitment and Training requires 20 hours prior to placement and 20 hours after placement, including CPR for any home with standing water (pool, hot tub, etc). Treatment Foster Care (NAC 424.670 & .675) requires 40 hours of initial training and 20 hours annually. Group homes require initial training on specific topics within 30 days, and 30 hours annually (NRS 424.0365; NRS 432B.175 & .195; and NAC 424.670). Child Care Facilities require 9 hours within 90 days of hire and 3 hours in child development and 3 hours in child care within 12 months of hire, followed by 15 hours annually (NRS 432A.077; NAC 432A.323 & 326).

### **Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Strength" based on the finding that while statute required 8 hours pre-service training and 4 hours annual training thereafter, the agencies actually provided between 18 and 27 hours pre-service training. The use of a nationally recognized curriculum, presented in both English and Spanish, and facilitated by a trainer from the agency and co-trainer who was a current or former foster or adoptive parent was

further rationale for the rating. It is important to note that the 2004 CFSR only looked at foster parent training and did not reflect any information regarding treatment or group homes or child care providers.

Since the 2004 CFSR, the agencies have been responsible for their own foster, adoptive, and kinship parent training programs. As a result of the PIP, 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 as of July 1, 2005. The training is facilitated by agency workers and former foster/adoptive parents and provided in both English and Spanish. PRIDE training, which is 29 hours in Washoe County and the Rural Region and 24 hours in Clark County, is provided to all interested individuals prior to beginning the licensing process. Depending on the agency, PRIDE training may be provided monthly or quarterly. Relative caregivers must complete a minimum of 9 hours of PRIDE training prior to placement in Washoe County and the Rural Region and 12 hours in Clark County. Participants who complete the PRIDE program are requested to complete an evaluation survey to evaluate their experience. This information is sent to the State for tracking purposes. In 2008 & the first quarter of 2009, 396 foster parents responded to a satisfaction survey regarding the PRIDE curriculum and additional foster parent training coursework. 36.9% of respondents were from Clark County, 38.6% were from Washoe County and 24.5% were from the Rural Region. Overall, 79.3% (n=388) of participants found the training program to be clear and understandable and 87.1% (n=388) found the materials to be useful to them in their role as a caregiver.

Advanced training was recognized as a response to Item 29 in the PIP. Beginning in 2008, Clark County has worked closely with the Clark County Foster and Adoptive Parent Association (CCFAPA) in providing advanced trainings. During 2008, CCFAPA provided seven (7) one-hour trainings. Washoe County and the Rural Region works closely with the Sierra Association of Foster Families (SAFF) in the coordination of training opportunities for their areas. The ongoing training offered by this agency has resulted in expanded hours of training being made available to foster parents in Washoe County. There was also a SAFF support program in Clark County from 2006 through 2008, but not as much training are offered in this area by this agency. Total training hours offered is listed in Table 34.1.

**Table 34.1: Total Advanced Training Hours**

| SFY  | Clark County | Washoe County | Rural Counties | Statewide |
|------|--------------|---------------|----------------|-----------|
| 2004 | 0            | 99            | 59             | 2162      |
| 2005 | 0            | 222           | 17             | 2244      |
| 2006 | 40           | 1,916         | 228            | 4,190     |
| 2007 | 438          | 4,710         | 638            | 7,793     |
| 2008 | 88           | 5,704         | 417            | 8,217     |

Table 34.2 lists Child Care Training Data since the 2004 CFSR (from the Nevada Registry). Provider types are not broken down in the following data. Participants reflected below include those who work in day care centers (majority), group homes, or foster parents.

**Table 34.2: Child Care Training Hours**

| SFY  | Number of Training Opportunities Offered | Number of Participants | Total Number of Hours Offered (Rounded) |
|------|--|------------------------|---|
| 2004 | 1,335                                    | 17,732                 | 3,774                                   |
| 2005 | 3,194                                    | 33,511                 | 8,820                                   |
| 2006 | 3,762                                    | 35,243                 | 9,633                                   |
| 2007 | 3,846                                    | 41,098                 | 9,854                                   |
| 2008 | 2,672                                    | 22,056                 | 7,478                                   |

2008-2009 Foster Parent Training Surveys were completed by 27.2% Relative Caregivers, 10.9 % of Adoptive resource families, 48.9% of Foster Parents and 14.1% of Special needs Foster Parents. The results indicated that in 189 of 218 responses, 86.7% believed that the PRIDE Training was excellent. Overall, 95.7% or 135 of 141 responses believed the information presented in the PRIDE training has given them the tools to be an effective foster or special needs adoptive parent.

**Major Changes:**

In addition to the ongoing training offered by the child welfare agencies and community partners, the individual child welfare agencies have engaged in work toward enhancing this program area. For example, Clark County is in the process of transitioning to Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting (PS-MAPP). They have received the initial Training of Trainers and will be piloting the curriculum in March, 2009. The other agencies are also interested in PS-MAPP but due to financial constraints, are unable to make the transition at this time. In 2008, Washoe County initiated a new advanced training program where trainers provide foster home based training to

address issues specific to the child(ren) in the individual home. Finally, in the Rural Region, Foster Care Licensing-Staff provide the Pre-Service training in communities in close proximity to Carson City and Fallon and contract for training to be provided in-Pahrump, Elko, Ely, Winnemucca, and Lovelock.

**Major Strengths:**

The strength of the current curriculum and the fact that the agencies use the same curriculum has resulted in better trained foster parents. The involvement of the agencies in providing more advanced training opportunities for foster parents has also added to the competencies of our foster parents. Recommending that relative care givers attend training and become licensed has increased competencies for that population as well. The partnerships that have been created between the Foster Parent Associations and the child welfare agencies are also viewed as a strength. SAFF and CCFAPA not only offer support to foster parents, be they traditional, treatment, relative, or adoptive, by being available when someone has a question or problem, they also provide training on various subjects that are of interest to their membership. Their work supplements what the child welfare agencies are able to provide.

**Major Barriers:**

One criticism of the PRIDE curriculum is that it does not provide for verification of skills and knowledge. The only method for the agencies to verify that skills and knowledge have been learned and applied is from observing the foster parents once a child has been placed in their home. Financial constraints contribute to the Nevada’s inability to implement more advanced foster parent training statewide. In addition, as most training occurs in the urban centers of the state, rural foster parents have difficulty obtaining advanced training opportunities.

**Summary:**

New foster care training curriculum has been explored and utilized as needs for foster parents grow. Further review of new curricula continues and is being implemented as funding becomes available. Advanced training for foster, treatment, adoptive, and relative foster parents has increased during the past five years and the two foster parent associations have increased their collaboration and partnerships with the child welfare agencies. Child care and group home staff training and monitoring has improved based on revisions to state statutes. Using web-based training registration systems for both foster parents and facilities provides for better oversight by the state. Therefore, Nevada feels that this item should remain as a **Strength**.

## ***E. Service Array and Resource Development***

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### **Item 35: Array of Services**

*Does the State have in place an array of services that assess the strengths and meets the needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?*

**Statute, Regulation, and Policy:**

NRS 432.011(a) (Division: Purposes; duties) states that the purposes of the Division of Child and Family Services include ensuring that a sufficient range of services is available to provide care and treatment to children and families in the least restrictive setting appropriate to their needs. Policy 1101, Service Array Assessment, summarizes the service array assessment process and required related documentation. NRS 432.017 Account to Assist Persons Formerly in Foster Care creates an account to be used to assist persons who attained the age of 18 years while children in foster care in Nevada to make the transition from foster care to economic self-sufficiency.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of “Area Needing Improvement” due to service gaps identified during the review (especially in mental health and substance abuse services). Stakeholders also reported that gaps existed in the availability of physical and dental services related to a shortage of providers willing to accept Medicaid payments.

Since the previous CFSR, Clark County has initiated and completed their Service Array Assessment. 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.

Washoe County is in the midst of their assessment. In 2005-2006 the Rural Region contracted with a consultant group to conduct a workforce assessment which included some service array assessment components. Stakeholders from 7 rural communities participated in the survey process (Fallon, Elko, Pahrump, Lovelock/Winnemucca, Tonopah, Carson and Ely).

As part of the PIP process, during the initial phase of the Clark County Service Array Assessment, Clark County developed a “short list” of critical and immediate service needs. Once identified, the State was able to re-direct some IV-B funding to be used to contract for services to address these identified service gaps, which were most related to family preservation and support. Additionally, the Division revised their allocation formula to be more closely aligned with population distribution: 70% Clark County, 20% Washoe County and 10% Rural Region. Clark County DFS also receives some Victims of Crime Act Funding to address immediate needs of child abuse victims in Clark County.

The NRC revised their assessment process to be more closely aligned with the CFSR in early 2008 and this revised assessment process is currently under way in Washoe County Department of Social Services (Washoe County). Washoe County has opted to assess service array as related to the three Well-Being Outcomes. Once completed, the Rural Region will begin their process, after having observed and participated in the Washoe County process. Completion of each child welfare agency’s assessment process includes the creation of an action plan to address priority findings which will be tracked by the State through quarterly progress reports completed by each child welfare agency.

The first quarterly Clark County Service Array Progress Report, completed in January 2009, identifies several potential strategies to decrease service gaps in the county and to engage stakeholders in serving Clark County’s children and families. One of the potential strategies identified, the “Neighborhood Revitalization Pilot”, proposes identifying which zip codes have the highest rates of child abuse and/or neglect removals and poverty/crime rates and mapping resources to identify service gaps and mobilize resources or using a “patch approach” to focus efforts on leveraging existing community assets to make significant changes quickly related to awareness, access and array of available services. Other potential strategies include: legislative advocacy, development of a web-based system that streamlines service provider and client information, and refinement of service provider engagement strategies. The report also includes a summary of Clark County Department of Family Services upcoming Request for Proposals for Family Preservation and Support Services and Safety Team Decision Making (STDM) which has been funded through Casey Family Programs.

### **Major Changes:**

**Service Array Self-Assessment:** Since the previous CFSR, Clark County has initiated and completed their Service Array Assessment. Washoe County is in the midst of their assessment. In 2005-2006 DCFS’ Rural Region contracted with a consultant group to conduct a workforce assessment which included some service array assessment components. Stakeholders from 7 rural communities participated in the survey process (Fallon, Elko, Pahrump, Lovelock/Winnemucca, Tonopah, Carson and Ely).

In fall 2007, Clark County Department of Family Services (Clark County) initiated their Service Array Assessment process. Central to Clark County’s assessment was the Clark County Citizens’ Advisory Committee (CAC) which served as the steering committee. 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.

As part of the PIP process, during the initial phase of the Clark County Service Array Assessment, Clark County developed a “short list” of critical and immediate service needs. Once identified, the State was able to re-direct some IV-B funding to be used to contract for services to address these identified service gaps, which were most related to family preservation and support. Additionally, the Division revised their allocation formula to be more closely aligned with population distribution: 70% Clark County, 20% Washoe County and 10% Rural Region. Clark County DFS also receives some Victims of Crime Act Funding to address immediate needs of child abuse victims in Clark County.

The NRC revised their assessment process to be more closely aligned with the CFSR in early 2008 and this revised

assessment process is currently under way in Washoe County. Washoe County has opted to assess service array as related to the three Well-Being Outcomes. Once completed, the Rural Region will begin their process, after having observed and participated in the Washoe County process. Completion of each child welfare agency's assessment process includes the creation of an action plan to address priority findings which will be tracked by the State through quarterly progress reports completed by each child welfare agency.

The first quarterly Clark County Service Array Progress Report, completed in January 2009, identifies several potential strategies to decrease service gaps in the county and to engage stakeholders in serving Clark County's children and families. One of the potential strategies identified, the "Neighborhood Revitalization Pilot", proposes identifying which zip codes have the highest rates of child abuse and/or neglect removals and poverty/crime rates and mapping resources to identify service gaps and mobilize resources or using a "patch approach" to focus efforts on leveraging existing community assets to make significant changes quickly related to awareness, access and array of available services. Other potential strategies include: legislative advocacy, development of a web-based system that streamlines service provider and client information, and refinement of service provider engagement strategies. The report also includes a summary of Clark County Department of Family Services upcoming Request for Proposals for Family Preservation and Support Services and Safety Team Decision Making (STDM) which has been funded through Casey Family Programs.

Wraparound in Nevada (WIN) is an intensive case management model adopted by Nevada to provide support to youth and families with complex needs. During the past year (state fiscal year 2008) WIN served 348 families. Core values guide the Wraparound process. These values include persistent commitment to families and/or youth through the use of the child and family teaming process until permanency is achieved. This approach promotes family and youth voice and choice while assuring safety to individuals and the community. The strengths, needs and culture of each family and/or youth are explored in order to create a culturally competent, individualized plan.

WIN partners with families and/or youth, system partners and various agencies in the community in order to strategically identify and maximize available resources toward the permanency goal. In addition, WIN, with the cooperation of the family and youth, identifies and pursues potential informal and natural supports to assist with the building of a successful long-term support team that the family and/or youth can depend on once our formal systems leave their lives. This may include extended family members and people in the community with whom the family and/or youth has a close, trusting relationship.

Since 2007, the State has been receiving funding Casey Family Programs for a number of projects designed to improve safety and positive outcomes for children and families. Casey funding has supported a number of initiatives such as: review of IV-E processes by Sequoia Consulting to maximize funding, case review of use of the Nevada Initial Assessment (Safety Intervention Analysis) with recommendations about enhancement of the Safety Intervention Analysis process or the Nevada Initial Assessment (NIA), and review of UNITY functionality by Integrating Factors with recommendations regarding enhancements of the system.

**Services For Children To Remain At Home Safely:** Clark County has an array of policies and procedures designed to place and maintain children in safe environments including: NCIC processes which allow the CLARK COUNTY immediate access to the FBI's fingerprint database; consulting contract with Walter McDonald and Associates to conduct an assessment of Family Preservation services at Clark County; Instructional Memorandum for Child Contact Documentation which requires that all children, parents, and out of home caregivers are seen in person by a Clark County caseworker each month and that documentation of monthly face to face contacts ensures that children are living in a safe environment; and the implementation of the Planned Placement Team which is responsible for ensuring that children and out of home care providers are matched well.

Clark County promising practices include the Safety Through the Life of a Case program which assists with increasing safety for children in out of home placements. Another Clark County promising practice is the Child and Family Team (CFT) Process Re-Engineering which is tied to Clark County's new policies and procedures. The new CFT policies will assist with monitoring and ensuring safety for children in placement as the required frequency of CFT's has increased. Clark County's Medical Wrap Around Project, designed to provide parents and out of home caregivers with the skills and knowledge to care for children with higher levels of medical needs, has demonstrated some very good outcomes. For example, 92.5% of children receiving wraparound services since November 2007 have been safely maintained in placements without disruption or re-hospitalization.

Washoe County provides voluntary services for families whose children are at risk of removal. Paraprofessionals teach living life skills groups, child management/parenting, resource education and child safety to parents involved with the department. Additionally, Washoe County began a family engagement initiative in August 2008 called Family Solutions Team Meetings (FST). The FST process utilizes a family team decision making meeting, within 72 hours of an initial child protection investigation for children at risk of removal or being placed in emergency shelter care. FST's can be held up to 10 days from an initial investigation. A trained and experienced facilitator leads the FST meeting and maintains a safe environment by acting as a neutral team member. The facilitator's responsibilities include assisting team members to focus the family's strengths to develop a safety plan for the child. The FST is a springboard for initial case planning,

referrals and next steps. Families are encouraged to invite relatives and informal supports, such as friends, teachers, members of their faith community, and others who might provide support to the family. Washoe County also has a unit of clinicians who provide a clinically oriented approach to providing home-based services to maintain children safely in the home.

One of the service gaps identified by Clark County is the availability of services designed to enable children to remain home safely. However, Clark County has developed some key partnerships as well as policies and procedures to address needs in this areas. Clark County has developed a Family Preservation program that is staffed with case workers whose primary function is to work with children and families in an effort to keep children safely at home with their parents. A contract with the Assistance League of Southern California was implemented to provide community based services for children and families that are at high risk for child abuse and neglect. The contract is designed to provide services for families at risk for future child maltreatment in addition to strengthening the buffering capacity of protective factors and provide funding to community based agencies that help families and communities build the capacity to manage stressors before they escalate into problems.

Clark County promising practices related to safely maintaining children in their home include: the Medical Wraparound Program (see above) as well as Clark County's initiative to separate in-home and out-of-home case management services. This separation of case management services will enable case managers to specialize and to provide more concentrated services to the children and families assigned to their caseloads.

The DR program, designed to assist and handle home safety calls that involve children that do not rise to the level of requiring a response from a child welfare case manager, allows families to obtain needed linkages to services and to access services to enable children to remain home safely (described below in strengths section also).

**Helping Children in Foster Care and Adoptive Homes Achieve Timely Permanency and Supporting Adoptive Families After Placement and Finalization:** The following Clark County DFS initiatives assist children in foster care and adoptive homes achieve timely permanency. The CFT Process Re-engineering initiative increases the frequency of CFT's thereby facilitating timely permanency through enhanced assessment and monitoring. Casey Family Programs has conducted a mapping project and assessment of adoption services at Clark County. Clark County requires all Permanency supervisors to meet with each case manager individually to review their caseload. Clark County has in place a contract with a community provider to conduct social summaries to ensure that completion of social summaries is not a barrier for timely processing of adoptions. To facilitate timely permanency, Terminations of Parent Rights (TPR's) and Social Summaries are tracked by Adoption supervisory and management staff.

Clark County promising practices related to timely permanency include implementation of dual licensure for Foster and Adoptive homes. Dual licensure will facilitate more timely movement through the adoption process for foster homes. Additionally, Clark County is also collaborating with Casey Family Programs to facilitate an assessment of Clark County's adoption process.

Although the Adoption Exchange and the Nevada Children's Center provide post-adoption support services to adoptive families, overall, there is gap in available post-adoption support services. Clark County and several community providers, provide pre-adoption services. Clark County assigns an adoption worker to adoption cases to facilitate the process, paperwork and subsidy negotiation, medical wraparound services if needed, and facilitates Behavioral and Medical rate setting to assist adoptive families with children who need ongoing care or treatment.

In Washoe County, Casey Family Programs is sponsoring a 7 member team comprised of agency and court personnel to make changes and implement strategies to improve the timeliness of reunification. In addition to a unit of adoption social workers the department has one licensed social worker certified in mediation that is dedicated to AAP establishment and referring families to post adoption serves.

**Helping Youth Transition to Independent Living:** Clark County partnered with Casey Family Programs to develop an action plan to modify and improve Clark County's Independent Living Program. The process included gathering information from internal and external stakeholders to assess which services provided to youth in foster care had gaps in availability. In March 2007 Clark County had only one Independent Living worker and approximately 400 youth ages 15 and older in foster care. In November 2007 Clark County hired five additional Youth Support Workers and a supervisor to address service needs. In March 2008 Clark County also hired a Management Analyst to develop a quality assurance process for the Independent Living Program. In December 2007 and also in January 2008, Casey Family Programs brought ELEVATE, a youth council from Iowa, to share their strategies for how they developed their youth councils. This resulted in the creation of 4 chapters of FAAYT, Foster and Adopted Youth Together, in Clark County. Each chapter currently has 15 to 20 youth who attend monthly meetings to provide support to each other and to discuss related issues. Developing a service array for youth leaving foster care or homeless youth in Clark County is challenging. In 2007, Clark County partnered with Casey Family Programs, the National Alliance for Homeless Youth, Lighthouse Services and the Southern Regional Planning Committee to bring together all of the community housing resources to develop a strategic plan for development of housing opportunities for youth ages 16 to 24 in Clark County. The resulting plan will ensure ongoing collaboration and identification of resources and will also enhance housing opportunities for youth. As a direct

result of this collaboration, Clark County has developed a partnership with the Las Vegas Housing Authority which has resulted in the availability of additional Section 8 Vouchers for former foster youth. Designed in conjunction with Casey Family Programs, Operation Head to Toe will promote increased career and self-awareness among youth through the youth's interest in sports, fashion and entertainment. A Clark County community service provider has been contracted with by Clark County to provide self-sufficiency skills training to foster youth in the areas of: interpersonal skills, money management, career preparation, interviewing skills, nutrition, meal preparation, effective communication, coping techniques, and anger management.

Washoe County contracts with the Children's Cabinet, a non-profit organization, to support youth in care and those who age out of care with independent living educational classes. Since the integration of Independent Living (IL) workers into the new Washoe County paired teams unit, the department has contracted with an IL specialist to provide support and resources to workers who have teens on their caseload. The specialist also ensures that youth have IL transition plans.

NRS 432.017 Account to Assist Persons Formerly in Foster Care, created an account to be used to assist persons who attained the age of 18 years while children in foster care in Nevada to make the transition from foster care to economic self-sufficiency. This funding source has assisted many youth to make the transition to greater independence and adulthood. The Educational Voucher Program which funds youth to attend secondary educational or vocational training programs, in conjunction with the Otto Huth program which funds former foster youth to attend college, have enhanced educational opportunities for youth aging out of care.

### **Major Strengths:**

The State has increased services array through the implementation of Differential Response (DR), which was first implemented as a pilot program in 2007 at two Las Vegas Family Resource Centers. Differential Response procedures are used when reports alleging child abuse or neglect are reviewed and a determination has been made by the child welfare agency that the family is likely to benefit from early intervention through an assessment of the family for appropriate services that considers their unique strengths, risks and individual needs, rather than the more intrusive traditional investigative approach. Such family assessments are completed by the Community Based Service Provider with which the agency has entered into a Memorandum of Understanding (MOU). In November 2008 the program was expanded. Currently, there is one location in Elko, 2 locations in Washoe County, and four locations in Clark County. The differential response program is explained more fully in item 36.

The array of substance abuse treatment services has also been increased through the Regional Partnership Grant (RPG), a five year grant designed to expand treatment options for mothers involved with the child welfare system with methamphetamine abuse. The program allows the mothers to access intensive in-patient substance abuse treatment while remaining with their children. The program was designed to be a 12-18 month program with step-down programming to enhance positive outcomes. In addition, Caseworker Visitation funding has been utilized to increase the frequency of monthly visitation through enhanced technology and/or additional hours for caseworker visitation. Further, Adoption Incentive Funding has been utilized to increase the number of social summaries and home studies completed to facilitate timely permanency for children.

With assistance from the National Resource Center for Organizational Improvement, Nevada's three child welfare agencies have been engaging in the assessment of local service arrays. As outlined above Clark County has completed their assessment and is now working their action plan. Washoe County is currently underway with their service array assessment. At the March 2009 meeting, three workgroups presented their findings and are now in the process of developing program improvement action plans.

Despite ongoing challenges in identifying, recruiting and retaining qualified service providers in the rural counties of Nevada and achieving an adequate capacity of family preservation and support services in Southern Nevada, there have been some positive enhancements to the service array as well as some promising practices which have been implemented and are described above.

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 regular review of the services provided at each jurisdiction using the federal outcome measures and review tool. Each jurisdiction is reviewed during the year using the federal review tool by a team of reviewers which includes State staff, community stakeholders and staff from all of the child welfare agencies. This information is critical in identifying gaps and needs as well as the effectiveness of services. More frequent Targeted Reviews are conducted throughout the year to assess specific aspects of program/service effectiveness. These are conducted by State staff and often involve reviews of specific UNITY screens or reports.

During the past 12 months, partly in response to state legislation emphasizing State oversight responsibilities, a comprehensive Oversight Methodology was developed that outlines oversight for each aspect of each program area (including: quality improvement/assurance; adoption, foster care, training, child care licensure, independent living,

safety/risk assessment, etc.). The Oversight Methodology uses existing and new UNITY reports to identify issues and areas needing additional action. For each component of each program area a specific schedule and mechanism of reporting has been identified. During the past year program staff, in collaboration with UNITY staff, have refined and revised reports to facilitate this process.

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.

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.

In Nevada, IV B funds are subgranted to community based providers in Washoe, Clark and the Rural Region to provide Family Support, Family Preservation, Adoption Support Services and services aimed at increasing Timely Reunification.

DCFS is implementing a several new UNITY screens related to service array that will provide additional information on services that children and families are referred to, including information about access. These screens should be operational in late spring 2009.

Although previous attempts to support community based providers to implement adoption support services in Washoe County have not been successful, the Sierra Association of Foster Families has recently submitted a proposal requesting to provide adoption support services in Northern Nevada. They are a well-established agency that has provided services in both Washoe County and rural counties for several years.

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.

#### **Major Barriers:**

Sub-grantees receiving federal funding from the Grants Management Unit at DCFS are required to track and report waiting list information. In fall 2008, four of the twenty-two service providers funded through Title IV-B reported having waiting lists for services. Two providers had waiting lists for parenting classes, one for in-home counseling and the fourth provider had a waiting list for their after-school program.

The recruitment and retention of qualified service providers in the rural counties of Nevada continues to be a challenge for Nevada. Additionally, Clark County's rapid growth has outpaced the availability of services. With the recent economic downturn, available funding for services has also decreased.

In addition, there is a lack of substance abuse services across the state. Specifically, there are not enough treatment programs for as many people who need the services.

#### **Summary:**

The recession has impacted services and programs available to families. Both Washoe and Clark are going to take a 75% reduction in TANF funds, many local non profit providers are experiencing reductions and some are shutting doors. The combined impact of the increased demand and reduced availability will create a challenge for child welfare agencies to maintain the service array. Although many activities have occurred to increase the service array in Nevada, this item is still rated as an **Area Needing Improvement**.

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### ***Item 36: Service Accessibility***

*Are the services in the State Service Array accessible to families and children in all political jurisdictions covered in the State's CFSP?*

#### **Statute, Regulation, and Policy:**

NRS 432.011(a) (Division: Purposes; duties) states that the purposes of the Division of Child and Family Services include ensuring that a sufficient range of services is available to provide care and treatment to children and families in the least restrictive setting appropriate to their needs. In addition, statewide policy 1101, Service Array Assessment, summarizes the service array assessment process and required related documentation.

#### **Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of an “Area Needing Improvement” based on the finding that not all services are readily available in all areas of the state. Services were found to be especially limited in the rural counties of the state. As outlined in Item 35, Clark County has completed and begun reporting on a comprehensive needs assessment designed to evaluate service capacity and the needs of Clark County children and families. The Clark County Department of Family Services - Service Array Assessment was a 9 month process that included over 120 stakeholders from federal, state and local government, service providers, faith based organizations, and legislators. Clark County indicated that the findings presented them with a fundamental philosophical decision to create a system that strengthens and preserves families during times of crisis or establish a means of removing or relocating children who are subject to abuse and neglect as services and programs designed to assist Clark County families were found to have inadequate capacity. The final report findings were unveiled at a community-wide meeting co-sponsored by the Clark County Citizens Advisory Council (CAC) entitled the “Nevada Children and Families Summit: Families Raising Healthy Hopeful Children” in September 2008. Stakeholders rated all of the top 10 services as having an accessibility rating of 70% or higher, these included: Case management services (94%); health care services for children (93%); dental care services (89%); transportation assistance (83%); educational services (82%); emergency or cash assistance (76%); early childhood education (75%); child advocacy programs (74%); clothing assistance (73%); and food assistance (70%). Washoe County is in the process of completing their service array assessment, and the Rural Region will begin this process in the near future. As there is still work to be done in this area and the extent of that work will not be known until the needs assessments are completed in the other two child welfare agencies.

### **Major Changes:**

In late 2008, the Independent Living Program transferred funding for rural service provision to four rural Family Resource Centers (FRC’s). These FRC’s are located in Elko, Pahrump, Carson City and Fallon. Each FRC agreed to provide services to youth residing in the surrounding areas to increase access to services. Since the previous CFSR Family Resource Centers, especially those in the rural counties, have built infrastructure and are also receiving additional funding and have expanded the array of available services. This change has increased the accessibility of services for youth in the rural counties of Nevada.

During PIP implementation, one of the action steps included identification of Clark County’s immediate child welfare service needs. Homemaker and Family Preservation services were identified in the top immediate service needs. Once identified, funding was made available to Clark County to contract with local service providers to provide these services, thereby increasing access.

Prior to the release of the most recent Title IV B, Subpart 2, Request for Proposals (RFP) each child welfare agency was surveyed regarding their immediate priority service needs. Priority service needs, by agency, included:

- Clark County: family preservation services, homemaker services, substance abuse assessment and treatment, mental health assessments, domestic violence response, and home studies and social summaries;
- Washoe County: family counseling and substance abuse treatment; and
- Rural Region: mental health assessments and treatment and in-home family preservation services.

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.

Treatment options, for mothers involved with child welfare and who are abusing methamphetamines in Clark County, have increased through the Regional Partnership Grant (described in item 35 and 40).

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.

During the past two years, 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 an assessment of UNITY with the goal of making system changes to enhance the ease of documentation for workers, several key trainings, consultation on increasing the State’s penetration rate to maximize IV E funding, and the expansion of the Differential Response Program.

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. During the past year, this system has been expanded to track provider services that have a waiting list.

### **Major Strengths:**

Since the last CFSR, several service enhancements have been initiated which have enhanced the service array. In 2008, Nevada began the Service Array assessment process. Clark County has completed their first assessment and is working on the implementation plan. Washoe County's assessment is underway and the Rural Region will begin the process after the Washoe process is completed.

### **Major Barriers:**

Funding constraints and provider retention/availability present two of the most serious barriers across the state. However, despite these challenges there continues to be ongoing efforts to increase the accessibility of services through new initiatives statewide. In addition, lack of available substance abuse services statewide also impacts this performance item. However, the DCFS Grants Management Unit has recently applied for a grant in Clark County that would fund substance abuse and related wrap around services (i.e. nutrition, vocational rehab, anger management, couples therapy, HIV/STD testing, etc.) for families who presented with a caregiver who was assessed to need outpatient substance abuse treatment. This application is pending.

### **Summary:**

Through the introduction of new initiatives designed to enhance the continuum of available services and the initiation of the Service Array assessment process, Nevada has demonstrated a commitment to increasing the accessibility of services statewide and although many activities have occurred to increase the service array in Nevada, this item will still be rated as an **Area Needing Improvement**.

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## **Item 37: Individualizing Services**

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*Can the services in the State Service Array be individualized to meet the unique needs of children and families served by the agency?*

### **Statute, Regulation, and Policy:**

NRS 432.011 states that DCFS is to ensure that a sufficient range of services are available to provide care and treatment to children and families in the least restrictive setting appropriate to their needs. In addition, statewide policy 1101, Service Array Assessment summarizes the service array assessment process and required related documentation.

### **Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Area Needing Improvement" based on the perceived ineffectiveness of the State in meeting the unique needs of children and families due to a shortage of providers willing to accept Medicaid payments as well as inadequate availability of mental health, substance abuse and bi-lingual services. Several initiatives have been implemented either through the PIP or since the last review that promote the unique needs of children and families. Some of the collaborative relationships/initiatives described in Items 38 and 40 enhance the provision of individualized services (such as Differential Response, the RPG Partnership Grant services, etc). During the PIP, two important policies were developed by the State in conjunction with the three child welfare agencies. The Case Planning Policy and the Concurrent Planning Policy both enhance the individualization of services to children and families. In addition, the Youth Advisory Board (YAB) has been formed to assist foster and former foster youth to make the transition to adulthood. The purpose of the organization 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.

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.

For placements, there are several groups that individualize services, examples of these include the Out-of-State Placement Workgroup and the Indian Child Welfare Steering Committee. The Out-of-State Placement Workgroup was formed to provide oversight to the out-of-state onsite facility reviews and to review and approve policy and procedures. Members include Children's Mental Health, DCFS-FPO, the Rural Region, Washoe County, Clark County, Juvenile Justice, and legal and fiscal representatives. The Indian Child Welfare Steering Committee provides tribal consultation on the Indian Child Welfare Act and child welfare concerns regarding Indian children. There are four federally recognized tribes (Northern and Southern Paiute, Washoe, Shoshone) and 23 tribal entities and organizations in Nevada, including Urban Indians. The members include a wide representative of tribes, federal and state child welfare agencies. In

addition, 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.

There are several entities that work with the agencies to assist in meeting direct service needs. For example, for bilingual services there is an Interpreter's Office for translation services that Clark County uses 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.

### **Major Changes:**

Several initiatives have been implemented either through the PIP or since the last review that promote the unique needs of children and families. Some of the collaborative relationships/initiatives described in Items 38 and 40 enhance the provision of individualized services (such as Differential Response, the RPG Partnership Grant services, etc).

During the PIP, two important policies were developed by the State in conjunction with the three child welfare agencies. The Case Planning Policy and the Concurrent Planning Policy both enhance the individualization of services to children and families.

The Youth Advisory Board (YAB) assists foster and former foster youth to make the transition to adulthood. The purpose of the organization is to provide exemplary leadership and empowerment opportunities for youth who have or will experience out of home care. The board was developed as part of the PIP and started meeting in January 2007.

Washoe County YAB has collaborated with Children's Cabinet to provide increased services to children aging out of foster care.

The Sierra Association of Foster Families (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. The Clark County Foster and Adoptive Parent Association (CCFAP) has over 200 members who actively participate in CLARK COUNTY activities and receive consultation and financial support from the National Foster Parent Association.

The Out-of-State Placement Workgroup was formed to provide oversight to the out-of-state onsite facility reviews and to review and approve policy and procedures. Members include Children's Mental Health, DCFS-FPO, the Rural Region, Washoe County, Clark County, and Juvenile Justice, and legal and fiscal representatives.

The Indian Child Welfare Steering Committee provides tribal consultation on the Indian Child Welfare Act and child welfare concerns regarding Indian children. There are four federally recognized tribes (Northern and Southern Paiute, Washoe, Shoshone) and 23 tribal entities and organizations in Nevada, including Urban Indians. The members include a wide representative of tribes, federal and state child welfare agencies.

Clark County has an Indian Child Welfare Act (ICWA) specialist dedicated to assisting with the provision of ICWA related services. Clark County also has a partnership with the Moapa Tribe that ensures that there is a sound process in place for working collaboratively. They use the Interpreter's Office for translation services to enable workers to communicate effectively with the children and families that they serve. DCFS' Rural Region uses Language Line to provide translation services for the children and families in the rural counties of the state.

Clark County has several 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 Clark County.

The Nevada Partnership for Training (NPT), a tri-university partnership, in collaboration with DCFS-FPO and the Rural Region, Clark County, Washoe County, University of Denver, (UD), University of Nevada, Las Vegas (UNLV) and the University of Nevada, Reno (UNR), collaboratively work together to improve the child welfare training delivery system. This training emphasizes the need to address the unique needs of children and families through the Nevada New Worker Core training.

### **Major Strengths:**

The following two initiatives in Clark County are promising practices: through an MOU with the local housing authority, a certain number of Section 8 (HUD) housing vouchers are reserved for Clark County former foster youth; grants specific to serving the Gay, Lesbian, Bisexual, Transgendered, and Questioning (GLBTQ) are being secured to provide for the specific needs of these children and families.

Since the last CFSR, there has been a significant amount of activity and focus on the enhancement of services to address

the unique needs of families and children served.

**Major Barriers:**

Ongoing challenges include: reductions in the availability of funding, service provider recruitment and retention (especially in the rural counties of the state), and staff recruitment and retention (especially in the rural counties of the state).

**Summary:**

Although there have been many efforts and initiatives implemented since the last review this item is still rated as an **Area Needing Improvement**.

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

### **Item 38: State Engagement in Consultation with Stakeholders**

*In implementing the provisions of the CFSP, does the State 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 include the major concerns of these representatives in the goals and objectives of the CFSP?*

**Statute, Regulation, and Policy:**

NRS 432.0305 and NRS 432B require the Division to observe and study the changing nature and extent of the need for child welfare services and to cooperate with the Federal government in adopting and completing state plans which will assist DCFS to provide services for children and families. This is accomplished through the coordination and collaboration with other public and private agencies and entities in developing the five-year Child and Family Services Plan and ongoing annual updates required by Title IV-B. The Division collaborates with a variety of entities in this process.

**Statewide Data:**

During the 2004 CFSR, this item was rated as a “strength” because it was shown to be in substantial conformity. 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. These activities are part of the monitoring process established by the Family Programs Office to monitor specific child welfare programs. 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.

2009 Surveys conducted for the statewide assessment asked stakeholders for a variety of information to improve collaboration throughout the state. Judges and child advocates were asked if they could benefit from a liaison between the court and the child welfare agency that would serve the purpose of training the judiciary on child welfare policies and procedures. 100% of respondents indicated that this would be a benefit. Judges and child advocates were also asked if they would benefit from training on Federal Policies and Procedures. Again, 100% of the judicial responders indicated that this would be a benefit.

**Major Changes:**

The DCFS website has been expanded to facilitate the dissemination of CFSP plans, reports and draft documents for feedback from external stakeholders. This change contributes to the transparency of program administration and allows for public examination and input. Another effective change has been the establishment of a Grants Management Unit to maximize funding for service delivery. This is accomplished through a more effective service needs assessment process and data collection. The GMU has 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 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.

**Major Strengths:**

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:

- **Youth:** The Youth Advisory Board (YAB) assists foster and former foster youth to make the transition to adulthood. The purpose of the organization is to provide exemplary leadership and empowerment opportunities for youth who have or will experience out of home care. The board was developed as part of the PIP and started meeting in January 2007. Washoe County YAB has collaborated with Children's Cabinet to provide increased services to children aging out of foster care.
- **Foster Care:** The Sierra Association of Foster Families (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 the Rural Region. The Clark County Foster and Adoptive Parent Association (CCFAPA) has over 200 members who actively participate in Clark County activities and receive consultation and financial support from the National Foster Parent Association.
- **The Out-of-State Placement Workgroup:** was formed to provide oversight to the out-of-state onsite facility reviews and to review and approve policy and procedures. Members include Children's Mental Health, DCFS-FPO, the Rural Region, Clark County, Washoe County, and Juvenile Justice, and legal and fiscal representatives.
- **Indian Child Welfare:** The Indian Child Welfare Steering Committee provides tribal consultation on the Indian Child Welfare Act and child welfare concerns regarding Indian children. There are four federally recognized tribes (Northern and Southern Paiute, Washoe, Shoshone) and 23 tribal entities and organizations in Nevada, including Urban Indians. The members include a wide representative of tribes, federal and state child welfare agencies.
- **Citizen Groups:** There are 3 Citizen Review Panels in Nevada - the Statewide Citizen Review Panel, the Southern Nevada Citizen Advisory Committee and the Northern Nevada Citizen Advisory Committee whose members are geographically diverse with representatives from both metropolitan and rural counties in all parts of Nevada and includes child advocates, parent leaders, tribal members and leaders, children's mental health managers, county counsels, foster parents, foster youth, social workers, community-based service providers and child welfare agencies. The Yet to Be Named Group is a new group in Clark County that resulted from the child welfare Service Array Needs Assessment that is focused on developing a healthy community. It is comprised of representatives from community service providers, philanthropy, business, government, faith organizations.
- **Investigation/Prosecution:** The Nevada Court Improvement Project (CIP) includes judges from all 8 court districts and participates in developing and improving child welfare court processes and procedures. The Nevada Children's Justice Act Task Force, whose members include representatives from the Las Vegas Metro Police Department, children's attorney (Washoe County), Nevada State Attorney General's Office, Statewide office for Court Appointed Special Advocates (CASA), judicial - civil and criminal representatives, health (Washoe County Health District), mental health, child welfare jurisdictional agencies including the Bureau of Indian Affairs and parent groups (Nevada Parents Engaging Parents), work on improving prosecution and child abuse investigation. The CJA Subcommittee on Technical Assistance to Local Communities and Indian Communities works with tribes and child welfare agencies on jurisdictional issues.
- **Child Fatality:** The Child Death Review (CDR) process consists of the Administrative Team and the Executive Committee to Review the Death of Children whose members represent administrators of child welfare agencies, and agencies responsible for vital statistics, public health, mental health and public safety and local child death review multidisciplinary teams. These statewide committees work on public education and prevention of child fatalities.
- **Mental Health:** There are 3 Mental Health Consortia - Clark County, Washoe County and the Rural Region Counties, who provide information and work on improving mental health programs, policies and procedures.
- **Training:** The Nevada Partnership for Training (NPT), a tri-university partnership, in collaboration with DCFS-FPO, the Rural Region, Clark County, Washoe County, University of Denver, (UD), University of Nevada, Las Vegas (UNLV) and the University of Nevada, Reno (UNR), collaboratively work together to improve the child welfare training delivery system.

#### **Major Barriers:**

The budget cuts to various agencies and programs present barriers to consultation and communication efforts through the reduction of travel and decreased meeting capabilities. DCFS has expanded the use of video/teleconferencing to facilitate collaboration and consultation and uses the Internet to share and review materials. Meetings conducted through these mediums tend to take longer in reaching consensus.

**Summary:**

The 2004 CFSR and subsequent PIP served as a catalyst to the formation of a wide range of groups that came together with the energy and intent to improve the child welfare system. There are now local level groups as well as statewide groups that are actively participating in child welfare related advocacy, programming and partnerships. Item 38 continues to rate as a **Strength** because DCFS continues to collaborate and partner with other agencies and community entities to share and expand resources that promote the safety and protection of children.

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**Item 39: Agency Annual Reports Pursuant to the CFSP.**

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*Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?*

**Statute, Regulation, and Policy:**

The state is in compliance with the requirements to submit a Five Year Child and Family Services Plan (CFSP) as well as the activities, accomplishments and future initiatives which are submitted annually in the Annual Progress and Services Report (APSR) in accordance with the title IV-B, subparts 1 and 2 and Section 477 of Title IV-E of the Social Security Act, CAPTA, and Federal regulations at 45 CFR Part 1357. Nevada has remained in compliance each year with these requirements and has received approval on all plans and reports since the requirement was established in 2005. The initial CFSP was implemented in 2005 and was then revised on February 28, 2007 to include ten new action steps and 73 benchmarks targeted at improving child welfare practice and systemic issues within the state. These action steps and benchmarks were incorporated into the PIP with a 90 day completion date remaining under the PIP period. The PIP items that required more than 90 days to formally complete were embedded into the CFSP and then reported in the APSR.

**Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Strength" based on the information gathered during CFSR interviews which indicated the State is responsive to input from the community in developing the goals and objectives of the CFSP. Nevada was found to be in substantial conformity due to the 2004 CFSR determining that DCFS engaged many stakeholders in the process of developing the CFSP and in preparing the annual reports of progress. In addition, this CFSR found multiple examples of State efforts to coordinate services with other Federal or Federally-funded programs. The 2003, the Statewide Assessment indicated DCFS and Nevada Tribes held a series of Tribal Symposiums beginning in 1999, which have included the Tribal Chairmen, tribal social work supervisors, Intertribal Council, Indian Commission, Urban Indian Association, and Nevada ICWA Association.

**Major Changes:**

During the previous statewide assessment and ending in 2006, a IV-B Steering Committee was formed which served as a mechanism to provide recommendations to address the needs of children and families, provide ongoing input into the development of the CFSP, and reviewed accomplishments and outcomes for the annual APSR. This committee was eliminated due to the vast number of advisory boards and stakeholder participation the Division already was facilitating and engaging in with external partners and the child welfare agencies. The Division found that many of the participants on the IV-B steering committee were also either active members on other advisory boards or internal mechanisms were currently in place to receive the needed feedback from the child welfare agencies. The following is a list of advisory boards/committees/workgroups and or projects the Division utilizes when gathering information needed for the CFSP/ASPR:

- 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

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. DCFS 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 APSR discussion/activities occur. The DMG is a cross-child welfare agency decision making body for child welfare policy and practice comprised of the child welfare agency Directors and the state's Administrator. Many activities the APSR 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. DCFS utilizes the Regional Office Representative to ensure that the information provided in the APSR adequately addresses the requirements and activities identified and a final draft is submitted to the Regional Office Representative for review and comment prior to June 30, 2008 to receive additional feedback or recommended changes. All APSR submissions have been approved to this date.

### **Major Strengths:**

Some major initiatives have resulted from either the requirements set forth in the APSR such as the Disaster Response Plan completed in 2007 and the policy revision and data reporting in response to the monthly Caseworker Contact requirement. In 2008, the state began to incorporate sections on new initiatives, promising practices, streamlining activities and access to information by external stakeholders/public into the APSR. This allowed Nevada an opportunity to not only report on goals and objectives identified in the CFSP or related PIP items, but also to highlight on activities the state has implemented to support overall changes within the child welfare system that directly impact the delivery of services to children and families. Another area that has increased community responsiveness was the onset of the Blue Ribbon Panel. In 2002 Nevada under-reported three child fatalities due to maltreatment to the Administration for Children and Families (ACF). Several articles on child abuse and neglect and child fatalities appeared in Las Vegas newspapers and on television and came to the attention of the DCFS as well as ACF. In an effort to understand the discrepancy between the reported data in 2002 and the actual information available publicly, the state initiated several actions. In January, 2005, Clark County and Washoe County voluntarily began providing courtesy death notifications to DCFS. In May 2005, an MOU was entered into between the child welfare agencies and DCFS to formalize the notification process. Due to the fact that the number of notifications received in a six month period exceeded the entire number reported in 2002, the DCFS Administrator immediately initiated a data analysis project. It was determined by DHHS that a Blue Ribbon Panel, consisting of Stakeholders invested in improving the welfare of children, would be appointed to receive the report by national experts. The Blue Ribbon Panel was convened to provide a forum to publicly accept and review the child fatality report prepared by the national experts as well as provide expertise in their areas of specialization, such as mental health, legal, medical, advocacy, law enforcement, academic training and political thought. In addition, the Panel was convened to help the state with tasks moving forward, such as help write new legislation, assist with corrective action planning and interagency collaboration, oversee the external review process by the independent expert panel, help shape the recommendations from the national experts and help the state address challenges in the public perception about accountability and openness. Finally, the Panel was convened to assist the state to build or regain the public's confidence in the State and County systems by conducting the entire process in a public forum. In addition to the above mentioned strengths, the feedback received and the collaboration the state has with all of the listed advisory groups and external partners is invaluable to not only the APSR updates, but also in providing external partners with information, updates on progress, participation in child welfare reviews and increasing the child welfare's transparency with external partners, agencies and the public.

Clark County is committed to not only engaging community stakeholders in the development and planning of agency goals and strategic plans but also actively seeks to incorporate their feedback in continuous agency improvements and system reform efforts. In fact, the Clark County Citizen's Advisory Committee (CAC) is a formal structure that ensures stakeholder input, monitoring and accountability of Clark County. Washoe also has an advisory board and is going through the process of doing a services array assessment that includes a broad range of community stakeholders.

### **Major Barriers:**

The state has not had difficulty completing this requirement for the past five years. However, it takes a significant amount of staff time to participate/facilitate meetings, conduct follow up and compile the needed information on an annual basis. With the projected budget cuts to state programs, Nevada may discover this requirement to be a challenge if staff positions are eliminated or the state continues to see an increase in staff position vacancies.

**Summary:**

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. Partnerships with the entire community share accountability for the creation of an environment that helps families raise children to reach their full potential. Since the previous statewide assessment and completed program improvement plan benchmarks the state as a whole have made significant progress in collaborating with external partners and entities. Nevada continues to rate this item as **Strength**.

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**Item 40: Coordination of CFSP Services with Other Federal Programs**

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*Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?*

**Statute, Regulation, and Policy:**

The state is in compliance with the requirements to submit the CFSP, as well as the activities, accomplishments and future initiatives which are submitted annually in the APSR in accordance with the title IV-B, subparts 1 and 2 and Section 477 of Title IV-E of the Social Security Act, CAPTA, and Federal regulations at 45 CFR Part 1357. Nevada has remained in compliance each year with these requirements and has received approval on all plans and reports since the requirement was established in 2005. The initial CFSP was implemented in 2005 and was then revised on February 28, 2007 to include ten new action steps and 73 benchmarks targeted at improving child welfare practice and systemic issues within the state. These action steps and benchmarks were incorporated into the PIP with a 90 day completion date remaining under the PIP period. The PIP items that required more than 90 days to formally complete were embedded into the CFSP and then reported in the APSR.

**Statewide Data:**

During the CFSP in 2004, this item was given an overall rating of "Strength" based on the finding that there were numerous collaborative relationships identified at both the State and the local Child Welfare Agency level. Collaborative relationships that were cited during the previous CFSP included: Collaboration with regional mental health consortiums, independent living advisory councils, Medicaid's Behavioral Health Reform Workgroups, regional respite care initiatives, as well as the Washoe and Clark County Citizen Advisory Groups. Since the last CFSP, there have been several new collaborative initiatives such as Differential Response, the Regional Partnership Grant, an Out-of-State Placement Workgroup, the Children's Behavioral Health Consortium, and the Youth Advisory Boards. Additionally, there are several ongoing collaborations such as: the Child Death Review Group, the Citizen's Review Panel (North and South), the Children's Justice Act (CJA) Task Force, and the Court Improvement Project (CIP). These new collaborative initiatives are described in detail in the 2009 Nevada Statewide Assessment.

During the 2006-07 legislative session, children's mental health services came under sharp criticism for ineffectively serving Nevada's foster care children diagnosed with Serious Emotional Disturbance (SED). The criticism centered on the fact that children in the child welfare agencies' custody moved to access services rather than having services come to them. These "contracted" residential services were referred to as "higher levels of care" as reimbursement to providers was based on the level of care provided. A white paper called "Transforming Children's Mental Health Treatment Services in Nevada" outlined the barriers and action steps to improving children's mental health services. A behavioral health redesign was implemented in January 2006 which re-structured how residential providers were reimbursed by eliminating "levels of care" and creating a daily rate with add-on rehabilitative mental health services; to allow services to be "wrapped" around a youth in hopes of increasing placement stability and decreasing moves. The re-design also created the ability for licensed clinical social workers and marriage and family therapists to be eligible to become Medicaid providers. The re-design did increase the number of outpatient providers and a provided for a small increase in residential providers occurred. It was hoped that the re-design would decrease the number of children sent to out of state residential treatment centers; however, the impact has yet to be seen. The federal Center for Medicare and Medicaid Services (CMS) determined that the daily rate identified during the re-design was not allowable. Therefore on November 1, 2008 the reimbursement structure for residential providers was changed again. The determination of CMS that a daily rate was not allowable under Medicaid has resulted in cost shifting to the state. The state DCFS, in collaboration with the county child welfare agencies and the Nevada Youth Care Providers (the association representing treatment home providers) and with the support of the executive and legislative branch funds have been identified for a "specialized daily rate" for residential treatment homes in addition to a room and board rate.

In November 2007, Clark County in partnership with Positively Kids and Area Health Education Center (AHEC) secured grant funding to provide medical wraparound case management services to children with open Clark County cases who have higher medical needs. This project targets medically fragile/needs children from birth to five years of age who are at risk for removal from their home, placement in congregate care/emergency shelter care or placement disruption. The

project provides a comprehensive program of intensive medical case management; training for caregivers, Clark County staff and social service providers and in-home skilled care or respite services for caregivers of children with special medical needs. The project's primary goal is to maintain these children in their home or in a stable, alternate placement. This program has partner agreements in place and services are associated with specific outcomes that are monitored regularly.

### **Major Changes:**

There are several new collaborative initiatives such as Differential Response, the Regional Partnership Grant, an Out-of-State Placement Workgroup, the Children's Behavioral Health Consortium, the Youth Advisory Boards. Additionally, there are several ongoing collaborations such as: the Child Death Review Group, the Citizen's Review Panel (North and South), the Children's Justice Act (CJA) Task Force, and the Court Improvement Project (CIP).

Differential Response (DR) is a public-private partnership between the State of Nevada Child and Family Services, Washoe and Clark County child welfare agencies and community Family Resource Centers (FRC's). 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 *Nevada Differential Response Pilot Project Interim Report* (Institute of Applied Research, November 2008) indicated that in the period from February 2007 through September 2008 6.6 percent of child maltreatment reports in pilot areas were referred to the Family Resource Centers for a Differential Response assessment. The largest percentage of reports screened for a DR response (37%) involved families with basic needs, followed by educational needs (22%), lack of supervision (16%), medical neglect (9%), and various family problems (16%). The average age of children in DR cases was 10.2 years of age compared with 6.3 years of age in reports that were investigated. Through September 30<sup>th</sup>, 2008, 681 families were referred to DR from Child Protective Services (CPS), 124 were returned to CPS, 433 cases were closed, and 124 remained open. Cases were 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, or the family was not in area of service.

The Regional Partnership Grant (RPG), a 5 year grant designed to expand treatment options in Clark County for mothers involved with the child welfare system with methamphetamine abuse and their children. The program allows the mothers to access intensive in-patient substance abuse treatment without being separated from their children. During the first year of the program, 10 mothers have successfully engaged in long-term treatment. A total of 26 children have received services and resided with their mothers during treatment. The program was designed to be a 12-18 month treatment program with step-down options to enhance positive outcomes. The first program completion occurred in November 2008. Year 1 data indicates that majority of the women admitted to the program were unemployed (100%), homeless (66.7%) and were 30 years of age or younger (72.3%).

Regional child death review (CDR) teams are organized and operational in Nevada based on Nevada Revised Statutes (NRS) chapter 432B, sections 403 through 409. There are six regional CDR teams in the state: The Clark County and Washoe County Teams review child deaths in the two major urban areas of Las Vegas and Reno, respectively. In the Rural Region each county has a team that is convened following a child death for review.

Two statewide groups provide coordination and oversight for the review of child deaths in Nevada: 1) the Administrative Team and 2) the Executive Committee to Review the Death of Children. Membership for the Administrative Team is consistent with NRS 432B.408, and includes administrators of agencies which provide child welfare services, and agencies responsible for vital statistics, public health, mental health and public safety. Membership for the Executive Committee is consistent with NRS 432B.409, and includes representatives from the regional CDR teams, vital statistics, law enforcement, public health, and the Office of the Attorney General. The Administrative Team reviews reports and recommendations from the regional CDR teams and makes decisions regarding recommendations for improvements to laws, policies, and practices related to the prevention of child death. The Executive Committee makes decisions about funding initiatives to prevent child death, which may be based on recommendations from the Administrative Team and annual child death data analysis. Additionally, the Executive Committee adopts statewide protocols for the review of the death of children; oversees training and development for the regional CDR teams; and compiles and distributes the Statewide Annual Child Death Report.

The Nevada Children's Justice Act (CJA) Task Force operates as a committee organized under the Nevada Division of Child and Family Services (DCFS), based on requirements for states that receive grants under Section 107 of the Child Abuse Prevention and Treatment Act (CAPTA). Consistent with the requirements of CAPTA, the CJA Task Force works to assist the State of Nevada in developing, establishing, and operating programs designed to improve:

1. The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim.
2. The handling of cases of suspected child abuse or neglect related fatalities.

3. The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation.
4. The handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect.

The above purposes outlined for grants to states for programs relating to the handling, investigation, and prosecution of child abuse and neglect cases serve as the primary goals of the Nevada CJA Task Force. Based on the CAPTA State Study requirement, the Task Force develops a triennial plan consistent with the federal grant cycles, which includes specific objectives toward the accomplishment of the CAPTA goals. Membership for the Nevada CJA Task Force is also consistent with the requirements of CAPTA, and includes the following:

1. Individuals representing the law enforcement community;
2. Judges and attorneys involved in both civil and criminal court proceedings related to child abuse and neglect (including individuals involved with the defense as well as the prosecution of such cases);
3. Child advocates, including both attorneys for children and, where such programs are in operation, court appointed special advocates;
4. Health and mental health professionals;
5. Individuals representing child protective service agencies;
6. Individuals experienced in working with children with disabilities; and
7. Representatives of parents' groups.

The Statewide Nevada Citizen Review Panel (CRP) was established in 1999 under Nevada Revised Statutes (NRS) 432B.396 and has federally mandated responsibilities under Title I, Section 106, of the Child Abuse Prevention and Treatment Act (CAPTA). The Statewide Panel consists of members appointed by the Administrator of the Division of Child and Family Services (DCFS), whose designee also serves on the Panel. The group includes representation from community-based organizations and professionals with backgrounds related to child protective services (CPS), child advocacy, children's mental health, and foster parenting. The Panel has the following primary mission:

*To ensure the protection and safety of children through an evaluation of the Child Abuse Prevention and Treatment Act State Plan by examining State and local agencies' policies and procedures and specific cases where appropriate.*

The Statewide Panel works toward fulfilling the following three primary goals:

1. Reviews the State's implementation of previous CRP recommendations.
2. Participates in ongoing Quality Improvement (QI) case reviews.
3. Considers and implements new areas of subject review within the CAPTA Assurances, Section 106.

In essence, the Statewide Panel's work consists of the review of internal policies and procedures within the CPS system, accomplished mainly through individual CPS case reviews. Each year, the Statewide Panel's findings are summarized in an Annual Report submitted to the federal government as part of the CAPTA requirements.

Nevada's Youth Advisory Board (YAB) is a statewide organization of youth, ages 15-21, who have experienced foster care. The board was organized in April 2007 during a statewide meeting facilitated through the National Resource Center. At the 2007 meeting the board adopted a name, developed a mission statement, established bylaws, elected officers and set both short and long term goals. The purpose of the Statewide YAB is to gather and disseminate information, communicate with organizations and agencies regarding youth oriented issues and problems affecting foster and former foster youth. Most importantly, it is a youth voice for self-advocacy. The Statewide YAB is made up of representatives from the three regions and the tribes. Each regional YAB has 4 youth representative seats.

The Court Improvement Project (CIP) is a collaborative initiative between the Administrative Office of the Courts, Judicial staff, DCFS and local child welfare agencies. Nevada's Court Improvement Program (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 works closely judicial representatives, attorneys, CASA representatives, the Division and other stakeholders to plan and develop changes statewide that will significantly improve the handling of child welfare cases throughout the state.

The main focus and objectives of CIP for the last year were:

1. Reconstitute the Court Improvement Project Select Committee (CIP) as an Advisory Committee and designate other standing committees around Child Safety, Permanency and Well Being;
2. Improve the quality of representation for all parties in dependency proceedings;
3. Implement a statewide strategy to provide for engagement of the courts and legal representatives in the Child and Family Service Review (CFSR) and Title IV-E (eligibility) review processes; and

4. Increase public awareness about child abuse and the rights of children and families in dependency proceedings, all through various outreach strategies.

CIP as well as DCFS continue to share common goals related to safety, permanency and well-being as well as the lack of legal council. Child abuse and neglect issues are one of the Court's highest priorities for the previous and upcoming year. The monthly schedule of meetings between AOC/CIP and DCFS is ongoing. Issues requiring a collaborative approach are discussed and items of mutual concern are identified for strategic planning. These are placed on the agenda at each CIP meeting is the PIP and the CIP Communication Plan which allows each entity the opportunity to exchange ideas or provide status updates.

Ongoing collaborative initiatives with Nevada's Native American tribes include an annual symposium to enhance culturally sensitive trauma-informed practice and its application to children and families as well as engage the tribes and provide an opportunity to share information about emerging best practice and trauma, national native programs, and activities between the tribes and the State and counties related to ICWA. The tribal activities and engagement between the state and the tribes is included each year in the APSR.

The Nevada Partnership for Training (NPT) is a tri-university partnership, in collaboration with DCFS-FPO, the Rural Region, Clark County, Washoe County, University of Denver, (DU), University of Nevada, Las Vegas (UNLV) and the University of Nevada, Reno (UNR) who collaboratively work 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. Nevada's training plan is included in all APSR submissions.

During the 2006-07 legislative session, children's mental health services came under sharp criticism for ineffectively serving Nevada's foster care children diagnosed with Serious Emotional Disturbance (SED). The criticism centered on the fact that children in the child welfare agencies' custody moved to access services rather than having services come to them. These "contracted" residential services were referred to as "higher levels of care" as reimbursement to providers was based on the level of care provided. A white paper called "Transforming Children's Mental Health Treatment Services in Nevada" outlined the barriers and action steps to improving children's mental health services. A behavioral health redesign was implemented in January 2006 which re-structured how residential providers were reimbursed by eliminating "levels of care" and creating a daily rate with add-on rehabilitative mental health services; to allow services to be "wrapped" around a youth in hopes of increasing placement stability and helped in decreasing moves. The re-design also created the ability for licensed clinical social workers and marriage and family therapists to be eligible to become Medicaid providers.

The re-design did increase the number of outpatient providers and a small increase in residential providers occurred. It was hoped that the re-design would decrease the number of children sent to out of state residential treatment centers; however, the impact has yet to be seen. The federal Center for Medicare and Medicaid Services (CMS) determined that the daily rate identified during the re-design was not allowable. Therefore, on November 1, 2008 the reimbursement structure for residential providers was changed again. The determination of CMS that a daily rate was not allowable under Medicaid has resulted in cost shifting to the state. The state DCFS, in collaboration with the county child welfare agencies and the Nevada Youth Care Providers (the association representing treatment home providers) and with the support of the executive and legislative branch funds have been identified for a "specialized daily rate" for residential treatment homes in addition to a room and board rate.

In November 2007, Clark County in partnership with Positively Kids and Area Health Education Center (AHEC) secured grant funding to provide medical wraparound case management services to children with open DFS cases who have higher medical needs. This project targets medically fragile/needs children from birth to five years of age who are at risk for removal from their home, placement in congregate care/emergency shelter care or placement disruption. The project provides a comprehensive program of intensive medical case management; training for caregivers, Clark County staff and social service providers and in-home skilled care or respite services for caregivers of children with special medical needs. The project's primary goal is to maintain these children in their home or in a stable, alternate placement. This program has partner agreements in place and services are associated with specific outcomes that are monitored regularly.

#### **Major Strengths:**

The State has in place several types of measures of effectiveness which are detailed in Items 31 and 35.

#### **Major Barriers:**

Despite agency and State budgetary constraints, there continues to be a strong commitment to collaboration and building partnerships. However, there are still global coordination issues in information sharing between larger state departments and stakeholders across the state.

## Summary:

Despite numerous ongoing as well as new collaborative initiatives, this area needs work in terms of collaboration and coordination between state service departments and stakeholders across the state. Due to the work we feel still needs to be done, this item is rated as an Area Needing Improvement.

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

### Item 41: Standards for Foster Homes and Institutions

*Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?*

#### Statute, Regulation, and Policy:

**Child Care Institutions:** When Nevada's Child Care licensing standards were compared to National Standards (Stepping Stones, Caring For Our Child, 2<sup>nd</sup> edition) in 2004, only 5 of the 209 standards were fully being met. The Bureau of Services for Child Care 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.

**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. Child Welfare Agencies include the DCFS Rural Region, Washoe County Department of Social Services, and Clark County Department of Family Services. 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.

#### Statewide Data:

During the CFSSR in 2004, this item was given an overall rating of "Strength" based on the finding that the State had established standards for foster family homes and child care institutions. In order meet more National Standards the Bureau of Services for Child Care created workgroups and amended proposed 432A regulations to ensure Nevada's children were in a safe and nurturing environment when placed in out-of-home care. The proposed regulatory process is still in the progress working toward bringing the State of Nevada standards closer to National Standards. Stakeholders commenting on this item were in general agreement that DCFS and the local counties have implemented appropriate standards for foster family homes and child care institutions. Stakeholders reported that re-licensing occurs annually and is done in a timely manner. The following table illustrates the upward trend in the total number of licensed foster homes in the previous three years, which is a 27 percent increase from the 2006 figures.

**Table 41.1: Increase in Total Foster Care Licenses**

| Increase in Total Foster Care Licenses            | April 2006 | April 2007 | April 2008 |
|---|------------|------------|------------|
| Total number of licensed foster homes (2008 APSR) | 1412       | 1601       | 1794       |

The following table indicates that the average number of days required to license foster and group homes has declined steadily, while the number of waivers has steadily increased.

**Table 41.2: Average Number of Days Required to License Foster and Group Homes**

| Year  | Number of Facilities | Average days to license | Waivers |
|-------|----------------------|-------------------------|---------|
| 2006  | 521                  | 91                      | 116     |
| 2007  | 575                  | 83                      | 163     |
| 2008  | 539                  | 73                      | 207     |
| Total | 1155                 | 247                     | 486     |

**Major Changes:**

The Bureau of Services for Child Care began the proposed regulatory process in response to a required ten year review in accordance with NRS 233B.050(e) that requires an agency to review its regulations “at least every 10 years to determine whether they should be amended or repealed and shall report to the Legislature. When Nevada’s Child Care licensing standards were compared to National Standards (Stepping Stones, Caring For Our Child, 2<sup>nd</sup> edition) in 2004, only 5 of the 209 standards were fully being met. The Bureau of Services for Child Care created workgroups and amended proposed 432A regulations to ensure Nevada’s children were in a safe and nurturing environment when placed in Out-of-home care. The Bureau of Services for Child Care only took oversight over institution beginning October 2007 because a bill was passed in the Legislative Session to have the State license all Institutions.

In 2005 the SAFE instrument was adopted for use as the standardized Licensing Home Study to be used by all child welfare agencies throughout the State of Nevada. The instrument is used for both foster care and adoption home studies.

**Major Strengths:**

The Bureau of Services for Child Care created workgroups and amended proposed 432A regulations to ensure Nevada’s children were in a safe and nurturing environment when placed in out-of-home care. This process lasted more than 4 years and with the collaborative approach with external stakeholders, the proposed regulations were passed by the Board for Child Care on November 7, 2008. This process has been time consuming; however we continue to take series of steps to apply these standards.

A workgroup was created in 2007 to draft revised NAC 424 regulations for foster homes, with a specific emphasis on group homes and treatment programs, and implementation of changes required by the Adam Walsh Child Protection and Safety Act of 2006. Regulations were proposed in 2008 and are pending implementation.

**Major Barriers:**

The Bureau of Services for Child Care will not be able to implement 432A proposed regulations because the regulatory process is time consuming and incorporates a great deal of support from the public through workgroups, workshops and adoption hearings. The Bureau would also like to implement separate child care institutions regulations and additions and/or changes to current regulations. The Bureau is also taking over the City of Las Vegas licensing program which will lead to revising our budget for more staff requests that have been made.

Similarly, proposed foster care regulations in NAC 424 are a work in progress, but the regulatory process is time consuming, due to the major efforts undertaken to obtain stakeholder input from across the state, and the nature of the process to promulgate new regulations, which includes reviews by the Legislature and the Attorney General.

**Summary:**

Item 41 should continue to be rated as a **Strength** because the State has implemented standards for foster family homes and child care institutions that are in accord with recommended national standards, and continues to review and revise regulations in this area to maintain compliance with national standards. The relevant data and feedback from stakeholders indicate that standards are appropriate, and that the ongoing process of revising standards contributes to agency effectiveness. We are continuously improving this area as demonstrated by the ongoing examination and revision of regulations and through expected work to be completed as a result of Nevada’s 2009 legislative activities.

**Item 42: Standards Applied Equally**

*Are the standards applied to all licensed or approved foster family homes or child care institutions receiving Title IV-E or IV-B funds?*

**Statute, Regulation, and Policy:**

DCFS 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 DCFS 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 432A child care regulations which protect the health and safety of the children. 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.

DCFS 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. DCFS 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.

#### **Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Strength" based on the finding that licensing standards are applied consistently to foster family homes or child care institutions receiving title IV-E or IV-B funds. Quarterly, semi-annual and annual inspection reports indicate that institutions are continuing to become licensed and comply with 432A regulations. The State licenses 8 institutions and all of them fall under the Bureau's licensing entity per a statute that was passed during the 2007 legislative session. Stakeholders commenting on this item expressed the opinion that licensure requirements are the same for relatives and non-relatives. The increase in total foster care licenses and average number of days required to license foster and group homes are reported in Item 41.

#### **Major Changes:**

When Nevada's Child Care licensing standards were compared to National Standards in 2004, only 5 of the 209 standards were fully being met. The Bureau of Services for Child Care 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. Currently the Bureau of Services for Child Care continues to be involved in the proposed regulatory process and continue to take steps towards applying this entire standard consistently.

A workgroup was created in 2007 to draft revised NAC 424 regulations for foster homes, with a specific emphasis on group homes and treatment programs, and implementation of changes required by the Adam Walsh Child Protection and Safety Act of 2006. Regulations were proposed in 2008 and are pending implementation.

The Bureau of Services for Child Care created workgroups and amended proposed 432A regulations to ensure Nevada's children were in a safe and nurturing environment when placed in out-of-home care. This process lasted more than 4 years and with the collaborative approach with external stakeholders, the proposed regulations were passed by the Board for Child Care on November 7, 2008 pending a legislative commission meeting. This process has been time consuming; however we continue to take series of steps to apply these standards.

#### **Major Strengths:**

The Bureau of Services for Child Care created workgroups and amended proposed 432A regulations to ensure Nevada's children were in a safe and nurturing environment when placed in out-of-home care. This process lasted more than 4 years and with the collaborative approach with external stakeholders, the proposed regulations were passed by the Board for Child Care on November 7, 2008. This process has been time consuming; however we continue to take series of steps to apply these standards. In addition, the 2008 Title IVE Review found that all of IVE payments were made to appropriately licensed families and facilities.

#### **Major Barriers:**

The Bureau of Services for Child Care has not been able to fully implement 432A proposed regulations because it is a time consuming process which incorporates a great deal of support by the public through workgroups, workshops, adoption hearings and legislative commission meetings. The Bureau is closer to completion in order to adopt regulations to better serve the community. Implementing separate child care institutions regulations and additions and/or changes to current regulations will be next steps in the proposed regulatory process however will be time consuming to complete. The Bureau is also taking over the City of Las Vegas licensing program which will lead to revising our budget for more staff requests that have been made.

Similarly, proposed foster care regulations in NAC 424 are a work in progress, but the regulatory process is time consuming, due to the major efforts undertaken to obtain stakeholder input from across the state, and the nature of the process to promulgate new regulations, which includes reviews by the Legislature and the Attorney General.

**Summary:**

This item will continue to be rated as a **Strength** because the standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds. Compliance with all foster care and child care regulations is ensured by periodic and regular visits as part of the licensing process. In addition, the state has engaged in regular and committed work to revise develop regulations for children in out of home care to ensure that the state is in compliance with the Adam Walsh Child Protection and Safety Act of 2006, and to upgrade the standards for child care facilities and group and treatment homes statewide.

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**Item 43: Requirements for Criminal Background Checks**

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*Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements of children?*

**Statute, Regulation, and Policy:**

NRS 424.031 states that the licensing authority shall obtain background and personal history for each applicant applying for a foster care license and all prospective employees of that applicant and residents of the foster home who are age 18 years of age or older in order to determine whether the person investigated has been arrested for or convicted of any crime. NRS 424.039 states that the licensing authority is authorized to conduct preliminary Federal Bureau of Investigations name-based background checks or adult residents of foster homes in which a child will be placed in an emergency situation. The person investigated is to supply fingerprints for further investigation. NAC 424.680 deals with criminal history verification for anyone employed as staff or a director of a group treatment home or anyone applying to be a foster parent. Nevada law requires child welfare agencies to insure that criminal history investigations are conducted pursuant to requirements under NAC 424 and NAC 127 and will notify and request separate waivers as warranted due to information obtained through updated criminal background investigations or substantiated allegations of abuse or neglect pursuant to NRS 432 B. In addition, the state has approved policy 0515.0 Child Abuse and Neglect (CANS) and NCID Requirements for Prospective Foster and Adoptive Parents in response to the Adam Walsh Act of 2006 and sets forth procedures for conducting and responding to CANS checks; conducting and establishing statewide standards for authorizing placement of children with caregivers who have undergone an NCID and CANS check. No applicant is issued a license until the criminal background checks have been completed although children may be placed in relative homes prior to the results of the FBI background check being received by the agency. The state also adheres to policy requirements set forth in 1002.0 Waivers – Foster Care & Adoption policy which defines the DCFS waiver authority and the waiver process for applicants/licenseses to the foster care and adoption programs.

**Statewide Data:**

In 2004, the CFSR rated this item as a “Strength” because Nevada completes criminal records checks in foster and adoptive homes before placing children in the home. According to the 2003 Statewide Assessment, DCFS regulations included requirements for local law enforcement criminal background checks, annual child abuse and neglect checks, home safety inspections, home studies, reference checks, and complaint investigations. Fingerprints are forwarded to State’s Central Registry for Statewide and FBI background checks and 432B.391 allows name check for emergency relative placements. Stakeholders commenting on this item for the onsite CFSR in 2004 reported that criminal background checks are routine for all members of foster families and for anyone 18 years of age or older who is staying with the family or moving in. However, Clark County stakeholders in 2004 noted that because it may take 6 months to get the FBI check back, licenses often are granted prior to receiving the FBI information (but only after local clearance has been done).

Since the last CFSR, the state has continued to comply with state and federal requirements as required. In addition to the policy development in response to Adam Walsh, a bill (AB 76) was submitted and was approved in the 2009 legislative session. The legislative submission and policy development were completed within the last six months in order to meet the requirements of the federal law. Included in the policy is a procedural guideline for the local child welfare agencies regarding specific timeframes for completing checks requested by other states and procedures to follow when other states are not responding to Nevada requests. The state has developed an email address for state’s to contact Nevada to request an Adam Walsh check and the applicable forms are easily accessible on the Division’s website. Within Nevada, there is a 24 hour response time to provide the results to the requested state.

**Major Changes:**

Since the last CFSR, the state has continued to comply with state and federal requirements as required. In addition to the policy development in response to Adam Walsh, a bill (AB 76) was submitted and is currently being heard in the 2009 legislative session to enforce the Adam Walsh requirements through law. The legislative submission and policy

development were completed within the last 6 months in order to meet the requirements of the federal law. Included in the policy is a procedural guideline for the local child welfare agencies regarding specific timeframes for completing checks requested by other states and procedures to follow when other states are not responding to Nevada requests. The state has developed an email address for state's to contact Nevada to request an Adam Walsh check and the applicable forms are easily accessible on the Division's website. Within Nevada, there is a 24 hour response time to provide the results to the requested state.

### **Major Strengths:**

All background checks and CANS are monitored through the application process. A final approval of placement through foster care licensing, private adoptions and ICPC only occurs after background checks and CANS results are received and have been determined to be clear. All staff employed by a child care facility is required to sign a consent and release form, be fingerprinted and undergo a criminal record review. It is required that fingerprinting be completed and submitted within three working days after date of hire and three days of presence in the facility and every 6 years thereafter. Staff will be issued a clearance letter in order to work within a child care facility. All child welfare agencies adhere to all state and federal regulations with regard to background checks for caregivers however each has more specific procedures consistent with the business processes within their community.

Clark County has implemented policies which list the requirements for the various types of placements and the types of background check requirements needed depending on the potential caregiver identified. Relative caregivers complete a background check at the time of emergency placement and again at the time of licensure. Unlicensed caregivers (and all residents in the home age 18 years and older) complete a background check at the time of application. Clark County may waive on a case by case basis a specific requirement of the Nevada regulations for foster care based on NAC 424 and NAC 127. Clark County has also developed a framework outlining the Department's licensing program including accepting applications from private agencies/sole proprietor's to allow them to conduct all of the licensing activities required for the operation of Family Foster or Group Foster Home(s). Background checks must be conducted as outlined above for all new and current staff. Additional policies include the Denied License Initial Application or Renewal outlines reasons for denial and the License Renewal Requirements states that any new member of the household age 18 years and older must have a fingerprint based background check. In Home Services is a new policy and was not in effect during the period under review, but enhances the practices and procedures that were in place during that time frame. The Placement policy indicates that all members of a relative home over the age of 18 are required to have a background check prior to placement. Fictive kin placements are only authorized per Court order and all adults over the age of 18 are required to obtain a fingerprint based background check prior to placement. Placement in Substitute Care is a new Clark County policy and was not in effect during the period under review, but enhances the practices and procedures that were in place during that time frame. The policy authorizes child welfare agencies to conduct fingerprint background checks of adult resident(s) in a home when the agency plans to place a child with an unlicensed relative in an emergency situation. Additionally the policy deals with placement for fictive kin caregivers and states that these types of placements are not authorized prior to the Dispositional Hearing, unless ordered by the Court. Clark County has three types of background checks: CPS (Emergency Placements) - Purpose Code X background checks are conducted for children in need of an immediate placement. These results are received immediately and are conducted prior to placement in these situations. Planned Placement – Fingerprint based background checks are conducted. Results are expedited and typically received in a short amount of time in these situations. No placements are made prior to receipt of results for these cases. Licensing – Fingerprint based background checks are conducted as described above and the range of time for receipt of these results is two weeks to two months

Washoe County obtains fingerprints through the use of LiveScan technology which allows timely return of FBI and Statewide results. Results are received typically within 3-4 weeks with the use of LiveScan. Washoe County also does Purpose Code X background checks for immediate placements. These are primarily used for placements with relatives and administratively approved fictive kin. The Department also conducts CANS checks, if there is a substantiated history of abuse/neglect for relatives being considered for placement, there must be approval from the Director or his designee. The department conducts law enforcement background checks for residences applicants have lived within the past ten years through releases of information. Results must be received before a license is issued. Not sure if this is the case? Additionally, if someone has been licensed in another state the Department seeks information regarding their foster care licensing experience in that state. When law enforcement checks reveal legal history (for both misdemeanor and felony convictions) that would require a waiver the licensing unit seeks dispositional records regarding the legal charge and/or conviction from the local jurisdiction. The Department complies with requirements of Adam Walsh. If a child is placed in a relative placement and it is later discovered that the family is unable to meet licensing standards, the worker and supervisor must present to the Director to grant a waiver or demonstrate a compelling argument that the placement is in the child's best interest. Only the Director has the ability to grant the waiver of approve the placement. The Department conducts annual checks of local law enforcement records and re-fingerprint every three years on licensed individuals, non-primaries (typically shift staff) and boarders. In the Rural Region, approvals to waive negative results are signed by the Licensing Supervisor, Social Services Manager III with final approval by the Social Services Manager V prior to

licensing a home. In cases where a child is already in the home the same procedure would apply prior to a license being issued. If the home has been licensed, the home is placed on "hold" so no other placements can take place until the approval is signed by the Social Services Manager V. The appeal process for all cases is a letter in writing from the applicant or individual asking for a review by the Administrator or the designee of the Administrator. Such denials are not subject to the appeal process.

#### **Major Barriers:**

Some of the most common barriers are the length of time it takes to receive the NCID results, taking some up to 90 days, which delays the placement of children. In addition, there is no timeframe required in the Adam Walsh Act on when a state has to respond to the requesting state. This is a huge barrier since states are able to respond within their own time frames. In addition seven (7) states are currently charging fees for the Adam Walsh checks. This was an unexpected cost to a federal requirement. This has a significant impact on our local child welfare agencies. It is sometimes difficult to obtain fingerprints for X Code results within the 15 day timeline required by Federal law. NAC requires five references for each licensed applicant which can sometimes be a barrier.

#### **Summary:**

Based on the information stated above Nevada would rate this item a **Strength** as the state has continued to adhere to federal and state law and has submitted legislation and/or developed policies in response to new federal mandates.

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### **Item 44: Diligent Recruitment of Foster and Adoptive Homes**

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*Does the State have in place a process for ensuring 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?*

#### **Statute, Regulation, and Policy:**

The Multi-Ethnic Placement Act of 1994 (P.L 103-382) was amended in 1997 by the Removal of Barriers to Interethnic Adoption (P.L 104-188) which requires diligent recruitment of Foster and Adoptive Homes. This act established a new Title IV-E state plan requirement that prohibits states or private agencies that receive federal funds from delaying placement on the basis of race, color, or national origin of the child or the foster or adoptive parent. NRS 127.010 – NRS 127.1895 governs the adoption of children. NRS 424.010-424.220 governs the licensing of foster homes. Statewide Policy 1301 directs child welfare services to develop strategic recruitment efforts in compliance with the Multiethnic Placement Act. Also, in 2005 policy 1004 Structured Analysis Family Evaluation became effective and provided all child welfare agencies throughout the state with a standardized Licensing/Adoptive Home Study. In 2007, SB 399 was enacted, which required DCFS to coordinate with and assist each agency which provides child welfare services in recruiting, training and licensing providers of family foster care as defined in NRS 424.017.

#### **Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Area Needing Improvement" based on the finding that there was a need to recruit more Hispanic and Spanish speaking families, more therapeutic homes, and more foster and adoptive families for older youth. Since this time, statewide efforts to recruit foster families has resulted in 645 initial foster care licenses being issued in SFY 2008 (as of June 15, 20007). Nevada illustrates an upward trend of total number of foster care licenses statewide, increasing 12% from April 2007 to April 2008. In Clark County there has been an increase in foster parents by 9.97% as of June 15, 2008. In addition, Washoe County has continuously assessed the demographic data of their Resource Families and Children. The data indicates a general stability within the foster family community and a continued close correlation to the ethnic and cultural diversity of foster children. There continues to be a steady, though slow, increase in the percentage of foster parents of Hispanic descent with an increase of approximately 1% in the last fiscal year.

Data gathered from UNITY suggests a diverse population of children entering care from 1/1/08-12/31/08. The 2003 Statewide Assessment indicated that in Clark County 7% of children entering care were Hispanic, and 23% of children entering care were African American. Currently, in Clark County Unity data suggest from 1/1/08-12/31/08 an increase in Hispanic children entering care at 24% and an increase in African American children entering care at 34%. Washoe County's recruitment plan data is consistent with Unity data in that from 1/1/08-12/31/08 approximately 24% of children entering care in Washoe County were Hispanic. In the Rural Region Unity data suggest that from 1/1/08-12/31/08, 74% of children entering care were Caucasian and 12% were Hispanic. Statewide Unity data from 1/1/08-12/31/08 suggest that 2% of children entering care were American Indian, 2% were Asian and 1% were Native Hawaiian and other Pacific Islander (NHPI).

Table 44.1 shows the ethnicity of children statewide who are coming into care. Based on the information below, there are a disproportionate number of African American children in care, as compared to the actual population of children in Nevada.

**Table 44.1: Statewide race/ethnicity distribution of children entering foster care**

| Race                            | 2004         | 2005          | 2006          | 2007          | 2008          | 2006 Actual Population Children age 0-18 |
|---------------------------------|--------------|---------------|---------------|---------------|---------------|--|
| African American                | 1771         | 2150          | 2472          | 2531          | 2475          | 54,896                                   |
| American Indian/Native American | 20%          | 21%           | 22%           | 22%           | 23%           | 8%                                       |
| Asian/Pacific Islander          | 141          | 148           | 177           | 184           | 209           | 9,102                                    |
|                                 | 2%           | 1%            | 2%            | 2%            | 2%            | 1%                                       |
|                                 | 243          | 302           | 356           | 332           | 303           | 41,916                                   |
|                                 | 5%           | 5%            | 6%            | 5%            | 5%            | 13%                                      |
| Caucasian                       | 5139         | 5899          | 6336          | 6465          | 5859          | 320,873                                  |
|                                 | 59%          | 58%           | 56%           | 55%           | 54%           | 49%                                      |
| Hispanic (All Races)            | 1389         | 1683          | 2011          | 2170          | 2085          | 230,009                                  |
|                                 | 16%          | 17%           | 18%           | 19%           | 19%           | 35%                                      |
| <b>Statewide Total:</b>         | <b>8,683</b> | <b>10,182</b> | <b>11,352</b> | <b>11,682</b> | <b>10,931</b> | <b>656,796</b>                           |

**Major Changes:**

In 2007, SB 399 was enacted, which required DCFS to coordinate with and assist each agency which provides child welfare services in recruiting, training and licensing providers of family foster care as defined in NRS 424.017. The bill requires DCFS to coordinate and assist a nonprofit or community-based organization in recruiting and training providers. Statewide pre-service foster parent training is being taught using the Parent Resources for Information, Development and Education (PRIDE). The Spanish language version of the curriculum is taught (or translation services are provided) in all agencies providing child welfare services. Statewide there are three full-time trainers as well as five experienced foster and/or adoptive parent co-trainers. In SFY 2008 (as of June 15, 2008) there have been eight English language trainings and three Spanish language trainings Statewide. Since December 2008, Clark County has decided to adopt a new foster parent training curriculum, and will now be using PS-MAPP instead of PRIDE.

In 2005 the SAFE instrument was adopted for use as the standardized Licensing Home Study to be used by all child welfare agencies throughout the State of Nevada. The instrument is used for both foster care and adoption home studies.

The licensing authority submits a foster care licensing report to the State on a monthly basis. The report includes, without limitation, the number of: pending and denied applications, waivers granted or denied, licenses revoked or suspended, initial licenses, the number of licensed family and foster homes, the number of beds available, and homes closing. This information is gathered to assist with determining if the state is establishing procedures and requirements for the licensure of family foster homes and group foster homes and if the state is making concerted and appropriate efforts in recruiting families. In addition to this report, each jurisdiction reports on foster home and adoptive recruitment efforts through a monthly summary created by the placement team's recruitment activities.

The adoption section on the DCFS website now includes frequently asked question, ability to download required forms, adoption assistance information, and interstate vs. international adoptions, fees for adoption, birth parents rights, registry information, adoption support information, suggested readings, licensed adoption agencies and contact information.

**Major Strengths:**

Statewide all Child Welfare agencies recognize there is a need for an adequate pool of families capable of promoting each child's development and case goals. Recruitment plans for the Regions provide general, targeted and child specific recruitment strategies. Child Welfare agencies conduct recruitment activates through general media, radio, television and print. Information is disseminated to targeted community groups through religious and community organizations. Recruitment activities include the Heart Gallery; Adoption Parties; Adoption Profile Parties for interested families; KLAS – TV 8 Wednesday's Child; web/photo listings and features in newspaper articles and the Foster Families Today magazine. Statewide these efforts to recruit foster families have resulted in 12% more foster care licenses being issued in SFY 2008 (as of June 15, 2007). The retention of Foster parents is very important and each agency plans activities and events that publicly support and honor foster parents.

Clark County "Safe Futures" was developed to provide a set of strategic initiatives for improving the safety, permanency and well-being of children and families at risk of child maltreatment. The "Safe Futures" document stated Clark County DCFS would implement a recruitment plan for foster care. Beginning in January 2007, Clark County implemented a foster

parent recruitment plan that focused on recruitment of foster parents through targeted and general recruitment strategies. Currently Clark County has foster care recruiters who specialize in the areas of: Business; Schools, hospitals and government agencies; and the Faith community. Additionally, there is an adoption recruiter who focuses on child specific recruitment, and child specific recruiters funded through grants with the Dave Thomas Foundation for Adoption.

Washoe County has engaged the Washoe County Public Information Office for assistance with writing and distributing public service announcements. WCDS has also completed monthly advertising in LaVoz, a Spanish language newspaper, as well as written articles and submitted photographs of each foster care graduate. Washoe County estimates that 70% of the attendees of the Spanish language foster care class come forward due to reading about the program in LaVoz. A strong pastoral leadership board comprised of three Pastors has assisted in developing collaboration with churches to provide mentorship to foster children through Big Brothers/Big Sisters, support to aging out youth through opportunities with the Children's Cabinet, a non-profit child serving agency, and an increase in foster and respite foster families.

Nevada is a member of, and utilizes the services of the Rocky Mountain Adoption Exchange. Since July 1, 2007 the Exchange has served 314 children; the majority of whom are over the age of eight, of minority heritage and/or members of sibling groups. The State participates in the collaboration to AdoptUsKids to recruit families and support inter-jurisdictional placement efforts. The local office of the Adoption Exchange serves as Nevada's Recruitment Response Team, to provide an immediate response to interested families and to support/retain their interest pending completion of the application and training process.

The Rural Region Foster Care Licensing staff recruits for foster and adoptive parents. A yearly recruitment and training plan is created that details recruitment efforts throughout the Rural Region. Public service announcements, public access television, print media, recruitment booths at community events, such as farmers markets, health fairs, and presentations to religious organizations and service groups are examples of recruitment opportunities in rural Nevada.

The Rural Region has a special needs adoption recruiter, based in the Carson City District Office that is responsible for identifying placements for all children with a plan of adoption in the custody. Families are recruited in Nevada and other states. Biographies for unmatched children are posted on internet adoption sites. Various community activities to recruit adoptive families are held on an ongoing basis. Foster and adoptive parents attend PRIDE training prior to licensure and placement of children.

The Rural region recruitment and training staff provides direct services to communities in close proximity to Carson City and Fallon, while supervising a contract that provides services to the outlying areas; including Pahrump, Elko, Ely Winnemucca and Lovelock. Training is offered monthly, on a rotating basis, in communities across the state; with each location being served at least quarterly. A plan is in place to increase training delivery by state staff and discontinue the use of contractors to provide pre-service training.

The Sierra Association of Foster Parent (SAFF) and the Clark Count Foster and Adoptive Parent Association (CCFAPA) are very active in Nevada. SAFF has provided advanced trainings and support groups for Rural and Northern Nevada, and held the 2008 Regional Child Welfare Conference "Fostering the Future". CCFAPA provides monthly trainings to foster families in Clark County.

#### **Major Barriers:**

Nevada is one of the nation's fastest-growing states, with a population increase of 2.9 percent between July 1, 2006, and July 1, 2007 according to estimates by the U.S. Census Bureau. Since the 2004 CFSR the state has not only grown in population but has expanded in the diversity of its population as it relates to race and ethnicity. The ever changing population requires ever changing and aggressive recruitment strategies to produce a pool of foster and adoptive parents that match the needs of those children that enter care. One of the largest barriers for this item, despite the diligence shown by the agencies is that there is still a lack of available placement resources. This is especially the case in Clark County, although they have engaged in strong recruitment efforts of African American and Latino families. In addition, the Rural Region has no Spanish speaking trainers available to reach Hispanic families who might wish to become foster parents. These families must go to Washoe County to receive the necessary training in their own language. Statewide, there are not enough resources, and the numbers are not growing significantly.

#### **Summary:**

The State does have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of child for whom foster and adoptive homes are needed. Regions are aggressive in recruitment and retention activities, and in strategies to recruit for sibling groups, teens and other populations. Trainings are provided in Spanish and English in the larger counties, and recruitment efforts have increased the pool of licensed foster parents 12% from April 07 to April 08. Foster and Adoptive parents are satisfied with PRIDE training and feel it has given them the tools to be an effective foster or special needs adoptive parent. However, despite the gains that have been made in this area, this continues to be an **Area Needing Improvement** for Nevada.

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## **Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements**

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*Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?*

### **Statute, Regulation, and Policy:**

The State follows the federal requirements in accordance with P.L. 109-239, P.L. 109-248, 42 U.S.C. 670-679(b), the statutory requirements captured in NRS 127.330, NRS 432B.435, NRS 424.033 and the regulatory requirements in NAC 127.235. In addition to federal and state laws, the State's Interstate Compact for the Placement of Children (ICPC) Central Office also has a Structured Analysis Family Evaluation (SAFE) policy which serves as the primary means of evaluating and assessing the appropriateness of potential family foster care and licensed relative and adoptive families. ICPC Central Office has also developed and implemented an internal policy related to the processing of referrals in and out-of-state, including timelines, responsibilities and operating procedures to further ensure that children are placed in safe and suitable homes in a timely manner.

### **Statewide Data:**

During the CFSR in 2004, this item was given an overall rating of "Strength" indicating there were processes in place for the effective use of cross-jurisdictional resources to facilitate adoptive or permanent placements for waiting children. However, the 2003 statewide assessment noted some complex ICPC issues that were barriers to placements and time consuming, and there are problems that arise when other States are unwilling or unprepared to provide services for children adopted from Nevada. In the spring of 2008, an assessment was conducted by Joanne Brown, JD, MSW, an independent consultant contracted by the Court Improvement Program, to identify any legal barriers that prevent timely judicial decisions regarding interstate placements. Overall, Judges across the state expressed frustration with the ICPC and what they regard as the limited accountability it provides for out of state placements. Attorneys likewise were frustrated with inadequate provisions for continued contact with their clients, the absence of an appeal process for placement denials and the unexplained delays in the completion of home studies. Below is a summary of the assessment's findings: Many of the comments made by the courts and lawyers largely reflect a historical way of activities within the ICPC system and their concerns about systemic weakness which has been a key area of focus for the ICPC Central Office. Although the majority of restructuring has been completed, the courts may only recently be observing some of the impact the new system is having on families and hopefully overtime, solve some of the barriers to the ICPC process. The following are key findings from the assessment, some of which ICPC Central Office has already accomplished:

- There should be a national, standard home study or home assessment form.

Currently, Washoe County and the Rural Region are utilizing and plan to continue using the SAFE home study. In June 2009, Clark County will implement the PS-MAPP that includes a home study within the curriculum. Washoe County and the Rural Region will continue to utilize the SAFE home study. The statewide SAFE policy will be revised to allow the child welfare agencies some flexibility in the type of tool used, while still establishing some basic criteria on what components are required in order to assess a home for potential placement. Redundancies

- The timeliness of other state's home study results is not dependable.

Although Nevada does not have the authority over other states, the Central Office ICPC Unit has a 24 hour internal processing time and most referrals (if states will allow) are sent electronically which greatly reduces time spent in the mail, providing the receiving state additional time to complete the home study. To assist in communication with local child welfare agencies, an email box was developed for ICPC inquiries, status checks and/or requests. This allows a quicker turn around time for caseworkers who are in need of new referrals, home study completions, approvals, denials, status updates, forwarding communication to the other states as well as placement dates for case planning purposes and/or court proceedings. The ICPC Central Office should be provided with adequate staff support and clear delineation of duties.

The 2009 legislative session did not have any requests to enhance programs with staff in any area within the Division due to budgetary restraints. Private adoptions should not be given priority in the processing of ICPC application by the ICPC Central Office. In June 2008 all private adoptions were reassigned to the Adoption Specialist rather than the ICPC Deputy Compact Administrator. This has allowed the ICPC staff one less placement type to process, freeing up their time to process all other placement types.

### **Timely Home Studies Reporting & Data**

The Safe and Timely Interstate Placement of Foster Children Act of 2006 requires a state to complete and report on foster and adoptive homes studies requested by another state within 60 days. An exception to the 60-day requirement is provided (but only until 9/30/2008) if the State's failure to complete the home study within 60 days is due to circumstances beyond the State's control. This exception gives the State 15 more days to complete and report on the home study.

In FY 2007 and FY 2008, Nevada did not have a way of tracking home studies, their due dates, when a State needed an extension or why the extension was requested. In August 2008 ICPC forms 100A and 100B were automated within Nevada's SACWIS system, UNITY. From that automation Nevada was able to add functionality to UNITY in order to track 30 and 60 day home studies and when overdue on March 2009. Table 45.1 below shows the number and percent of home studies that met the time requirements from January 2009 – June 2009. This information is now able to be reported monthly.

**Table 45.1: Incoming number and percent of home studies that have met time requirements**

| ICPC              | 01/09      | 02/09       | 03/09       | 04/09       | 05/09       | 06/09       |
|-------------------|------------|-------------|-------------|-------------|-------------|-------------|
| CLARK COUNTY      | 45         | 45          | 69          | 40          | 39          | 53          |
| WASHOE COUNTY     | 3          | 21          | 12          | 4           | 5           | 9           |
| DCFS RURAL        | 44         | 38          | 53          | 33          | 49          | 65          |
| <b>TOTAL</b>      | <b>92</b>  | <b>104</b>  | <b>134</b>  | <b>77</b>   | <b>93</b>   | <b>127</b>  |
| <b>Percentage</b> | <b>90%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b> |

**Major Changes:**

In 2007, ICPC Central Office had a 75% decrease in staff due to budget cuts. In response to the reduction in staff, the State requested and began receiving technical assistance from Sarah Webster, NRCOI to change policies and procedures that would more efficiently streamline the unit to allow information and responses to be provided quicker and placements to occur more timely given the decrease in staff and the increase in referrals processed through the Unit since the previous CFSR. The first step was to develop a policy establishing internal procedures to be able to efficiently respond to all fifty states, the District of Columbia and the U.S. Virgin Islands and define responsibilities for those involved in placing the child. The policy includes step by step instructions regarding the processing of information to facilitate a timely completion of the interstate placement of children. The technical assistance occurred for 14 months and as of January 2009, the reorganization of the ICPC Unit has resulted in new and accessible website information and the development of comprehensive checklists for all placement types which are being utilized and submitted to ICPC Central Office Unit with the referral packets. This provides the child welfare agencies with the Compact requirements needed to submit an ICPC referral. All ICPC cases are scanned and submitted electronically to expedite the amount of time cases reach the receiving state from mailing delays or time consumed by holidays and/or weekends. Unfortunately, not all states are currently accepting electronic referrals. The email box that was created also assists in communicating with other states. One staff member is assigned to this task and has a 24 hour response time expected. This allows Central Office professional staff to review, process requests, enter UNITY information and assist with the reviewing and forwarding of ICPC activities. UNITY has had significant changes to entering ICPC data with three deployments thus far. The enhancements include expediting the entry of new referrals, pre-populating windows to decrease staff time with data entry, sending alerts when youth are within six months of exiting care, recording placement disruptions, expirations of home study approval alerts, due dates for priority home studies (Regulation 7's), standard home studies, and reminders when quarterly supervisory reports are due. This collaborative effort has been an ongoing activity to support the collection of ICPC data as well as provide baseline data for program development/oversight and quality improvement activities. Some rewording/explanation needed.

**Major Strengths:**

The ICPC Unit has been undergoing reorganization throughout this past year and continues to analyze and implement changes to provide timely support to the child welfare agencies and assist in streamlining cases. Child welfare agencies receive information on initiating ICPC referrals and other procedures quicker, the review and approval of paperwork occurs more timely to encourage decreasing the amount of time children wait for placements.

In addition to the streamlining activities within the state, the Central Office ICPC Unit entered into an inter-local agreement with the Yerington Paiute Tribe. The Inter-local agreement with the Yerington Paiute Tribe is a three year agreement for the placement of children in the Rite Of Passage (ROP) residential facility located on tribal land. This agreement is in recognition of sovereign status of the Tribe and the desire of the parties to effectuate placement of children on lands of the Tribe in compliance with the ICPC. All ROP cases are processed similar to other types of ICPC placements with the same priority level and ongoing communication continues to occur to support timely placement of children and compliance with compact requirements and the inter-local agreement. Staff statewide follows the guidelines listed in the compact and any statewide policies. All internal policies, procedures, and agreements are in line with State policies; however some child welfare agency policies are more comprehensive and specific with regard to the business processes and the needs of that community. Clark County indicated they have a very good working relationship with Central Office and with most other child welfare agencies for the placement of children. Clark County indicated they follow all guidelines outlined in the sections above, which mandate certain deadlines. These mandates and requirements to meet specified timelines are very clear and make for a more effective working relationship such as monthly face to face contact with children and home

study completion timelines per policy. Clark County currently has a protocol for issuing waivers for home studies. This protocol provides clear guidelines for supervising staff and allows the agency to be consistent with justifying why (in some cases) certain placements are in the child's best interests.

### **Major Barriers:**

The State needs to continue to increase its collaboration with the child welfare agencies. Overall, the State has many new ICPC staff and with time, working relationships between the State and the child welfare agencies will improve which will strengthen relationships in order to facilitate negotiations increase coordination with other states in order to achieve permanency for children who live in other states. Often, the agencies have to rely heavily on other states to complete certain tasks that can only be achieved on their end and as a result, this often delays permanency for children.

Clark County has a unit designated for ICPC placements on all incoming cases. Washoe County has one designated position assigned to incoming placements and DCFS Rural Region does not have a specific position identified for ICPC cases coming into the state. In the Rural Region, any caseworker, depending upon the geographical location, may be assigned to conduct a home study for an ICPC placement. This additional responsibility is assigned regardless of caseload size.

Washoe County has the barrier of only having one staff member assigned and although in Clark County there is an assigned unit, 70% of the referrals are in Clark County therefore the county has at times faced a similar barrier of not enough staff to perform the necessary tasks of ICPC. Two out of the three child welfare agencies utilize the SAFE assessment which is a great tool for assessing relative and fictive kin placement of children, though it does not appear to be the best model for assessing parents, especially the parents that the children were originally removed from. In Washoe County, the agency holds the parents to the same standards as relative caregivers and foster parents. Parents with substantiated history of abuse and neglect are ineligible for having their children placed with them under this standard. Washoe County also does not provide supervision of visitation or reunification services, nor do they allow parents to cohabitate within the home of relative caretaker or visit in the relative's home. Should a state choose to reunify a parent with a child, the case is closed and supervision stopped. Clark County is not authorized to share fingerprint results with other states. This often leads to a great deal of back and forth as our counterparts in other states appear to be unaware of the restrictions associated with NCIC. Clark's understanding is that NCIC applies to other states as well; however there seems to be a certain level of disconnection and misunderstanding with regard to rules and regulations at certain points in the process. In addition, it is often difficult to achieve permanency for children who live in other states. Nevada's children rely heavily on the other states completion of certain tasks that can only be achieved on their end and as a result, this often delays permanency for children.

### **Summary:**

The Central Office ICPC Unit has focused its attention on providing safe, timely and appropriate placements for children placed in and outside of Nevada by launching the overall assessment and implementing a comprehensive reorganization and restructuring of the ICPC office. Due to the overhaul of the ICPC unit and all the activities that have occurred, Nevada would rate this area as **Strength**. There have been many improvements to the unit in response to staff reductions, federal requirements, an increase in referrals and budget shortfalls. Since the UNITY system is more adequately designed to provide support to staff in entering cases and the deployment of data functionality to provide report distribution for QI purposes, Nevada hopes that the implementation of these new processes will create enough systemic change in regards to ICPC cases to place children timely and achieve permanency quicker.

## Section V. State Assessment of Strengths and Needs

S = Strength

ANI = Area Needing Improvement

|  |     |
|--|-----|
| <b>Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect (Items 1-2)</b>  |     |
| <b>Item 1: Timeliness of Initiating Investigations of Reports of child Maltreatment</b><br>Question: How timely is the agency in initiating investigations of reports of child maltreatment?   | ANI |
| <b>Item 2: Repeat Maltreatment</b><br>Question: How effective is the agency in preventing the recurrence of maltreatment?  | ANI |
| <b>Safety Outcome 2: Children are safety maintained in their homes whenever possible (Items 3-4)</b>   |     |
| <b>Item 3: Services to Families to Protect Children in home and Prevent Removal or Re-entry into Foster Care</b><br>Question: How effective is the agency in providing services, when appropriate, to prevent removing children from their home?   | ANI |
| <b>Item 4: Risk Assessment and Safety Management</b><br>Question: How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?  | S   |
| <b>Permanency Outcome 1: Children have permanency and stability in their living situations (Items 5-10)</b>  |     |
| <b>Item 5: Foster Care Re-Entries</b><br>Question: How effective is the agency in preventing multiple entries of children into foster care?  | S   |
| <b>Item 6: Stability of Foster Care Placement</b><br>Question: How effective is the agency in providing placement stability for children in foster care that is, minimizing placement changes for children in foster care)?  | ANI |
| <b>Item 7: Permanency Goal for Child</b><br>Question: How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?  | S   |
| <b>Item 8: Reunification, Guardianship, or Permanent Placement with Relatives</b><br>Question: How effective is the agency in helping children achieve, in a timely manner, permanency goals of reunification, guardianship, or permanent placement with relatives?  | S   |
| <b>Item 9: Adoption</b><br>Question: How effective is the agency in achieving timely (within 24 months or less) adoption when that is appropriate for a child?   | ANI |
| <b>Item 10: Other Planned Permanent Living Arrangement</b><br>Question: How effective is the agency in establishing timely planned permanent living arrangements for children in foster care who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives?             | S   |
| <b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. (Items 11-16)</b>   |     |
| <b>Item 11: Proximity of Foster Care Placement</b><br>Question: How effective is the agency in placing foster children close to their parents or their own communities or counties?  | S   |
| <b>Item 12: Placement with siblings</b><br>Question: How effective is the agency in keeping brothers and sisters together in foster care?  | S   |
| <b>Item 13: Visiting With Parents and Siblings in Foster Care</b><br>Question: How effective is the agency in planning and facilitating visiting of children in foster care with their parents? How effective is the agency in planning and facilitating visiting among siblings placed separately in foster care? | S   |
| <b>Item 14: Preserving Connections</b><br>Question: How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?  | S   |
| <b>Item 15: Relative Placement</b><br>Question: How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?   | S   |
| <b>Item 16: Relationship of child in Care with Parents</b><br>Question: How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?  | S   |
| <b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs. (Items 17-20)</b>  |     |
| <b>Item 17: Needs and Services of Child, Parents, Foster Parents</b><br>Question: How effective is the agency generally in assessing and providing services to meet the needs of children, parents, and foster parents?  | ANI |
| <b>Item 18: Child and Family Involvement in Case Planning</b><br>Question: How effective is the agency in involving parents and children in the case planning process?   | ANI |
| <b>Item 19: Caseworker Visits with Child</b><br>Question: How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?  | ANI |
| <b>Item 20: Caseworker visits with Parents</b><br>Question: How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?  | ANI |

|   |     |
|---|-----|
| <b>Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. (Item 21)</b>   |     |
| <b>Item 21: Educational needs of child</b><br>Question: How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?   | ANI |
| <b>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. (Items 22-23)</b>   |     |
| <b>Item 22: Physical Health of the Child</b><br>Question: How effective is the agency in identifying and addressing the physical health and medical needs, including dental needs, of children receiving in-home and foster care services?  | ANI |
| <b>Item 23: Mental/Behavioral Health of the Child</b><br>Question: How effective is the agency in identifying assessing, and addressing the behavioral, emotional, and mental health needs of children receiving in-home and foster care services?  | ANI |
| <b>A: Statewide Information System (Item 24)</b>  |     |
| <b>Item 24: Statewide information System</b><br>Question: How effective is the State's statewide information system in readily identifying the legal status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?   | S   |
| <b>B: Case Review System (Items 25-29)</b>  |     |
| <b>Item 25: Written Case Plan</b><br>Question: How effective is the State in ensuring that each child has a timely written case plan this is developed jointly with the child's parents?  | S   |
| <b>Item 26: Periodic Reviews</b><br>Question: How effective is the State in conducting the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?   | S   |
| <b>Item 27: Permanency Hearings</b><br>Question: How effective is the State in ensuring that each child in foster care has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months?  | S   |
| <b>Item 28: Termination of Parental Rights</b><br>Question: How effective is the State in filing for termination of parental rights (TPR) when a child is in foster care for 15 of 22 months unless there is a compelling reason not to file, in accordance with the provision of the Adoption and Safe Families Act?   | S   |
| <b>Item 29: Notice of Hearing and reviews to Caregivers</b><br>Question: How effective is the State in ensuring that foster parents, pre-adoptive parents, and relative caregivers of children in foster care receive notice of reviews or hearings held with respect to the children in their care, and have an opportunity to be heard?                                       | ANI |
| <b>C: Quality Assurance System (Items 30-31)</b>  |     |
| <b>Item 30: Standards Ensuring Quality Services</b><br>Question: How effective has the State been in developing and implementing standards to ensure that children in foster care are provided quality services that protect their safety and health?   | S   |
| <b>Item 31: Quality Assurance System</b><br>Question: How effective is the State in operating an identifiable quality assurance system that evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measure?   | S   |
| <b>D: Staff and Provider Training (Items 32-34)</b>   |     |
| <b>Item 32: Initial Staff Training</b><br>Question: How effective is the State in providing and ensuring completion of adequate initial training for all staff who provide child welfare services?  | ANI |
| <b>Item 33: Ongoing Staff Training</b><br>Question: How effective is the State in providing and ensuring completion of adequate ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties?   | ANI |
| <b>Item 34: Foster and Adoptive Parent Training</b><br>Question: How effective is the State in providing and ensuring completion of adequate training for current or prospective foster parents, including relative caregivers, adoptive parents, and staff of State licensed or approved facilities, that addresses the skills and knowledge needed to carry out their duties? | S   |
| <b>E: Service Array and Resource Development (Items 35-37)</b>  |     |
| <b>Item 35: Array of Services</b><br>Question: How effective is the State's array of services in meeting the needs of the children and families it serves, including in-home and foster care cases?   | ANI |
| <b>Item 36: Service Accessibility</b><br>Question: To what extent are services accessible to families and children in all jurisdictions in the State?   | ANI |
| <b>Item 37: Individuating Services</b><br>Question: How effective does the State individualize, or tailor, services to meet the unique needs of children and families?  | ANI |

| <b>F: Agency Responsiveness to the Community (Items 38-40)</b>   |     |
|--|-----|
| <p><b>Item 38: State Engagement in Consultation with Stakeholders</b><br/>           Question: How effectively does the State engage in ongoing consultation with tribal representatives, consumer, service providers, foster care providers, the juvenile court, and other public and private child-and family serving agencies in order to include these stakeholders' major concerns in its State plan?</p> | S   |
| <p><b>Item 39: Agency Annual Reports Pursuant to CFSP</b><br/>           Question: How effectively does the agency develop, in consultation with the individuals or organizations identified in item 38, annual reports of progress and services delivered pursuant to the State's Child and Family Services Plan?</p>   | S   |
| <p><b>Item 40: Coordination of CFSP Services with other Federal Programs</b><br/>           Question: How effectively does the State coordinate its services or benefits with the services or benefits of other Federal or federally assisted programs serving the same population?</p>  | ANI |

| <b>G: Foster and Adoptive Home Licensing, Approval and Recruitment (Items 41-45)</b>  |     |
|---|-----|
| <p><b>Item 41: Standards for Foster Homes and Institutions</b><br/>           Question: How effectively has the State implemented licensing or approval standards for foster family homes and child care institutions that ensure the safety and health of children in foster care?</p>   | S   |
| <p><b>Item 42: Standards Applied Equally</b><br/>           Question: How effective is the State in applying its foster care standards to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?</p>   | S   |
| <p><b>Item 43: Requirements for Criminal Background Checks</b><br/>           Question: How effective is the State in conducting criminal background clearances on prospective foster and adoptive parents before licensing or approving them to care for children?</p>   | S   |
| <p><b>Item 44: Diligent Recruitment of foster and Adoptive Homes</b><br/>           Question: How effectively has the State implemented a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children needing foster and adoptive homes?</p> | ANI |
| <p><b>Item 45: State Use of Cross-jurisdictional Resources for Permanent Placements</b><br/>           Question: How effectively does the State seek out and use families who live in other jurisdictions (for example, out of State) to facilitate timely adoptive or permanent placements for waiting children?</p>             | S   |

# Appendices

## ***A. Names and Affiliations of Individuals Participating in the Statewide Assessment Process***

### **DIVISION OF CHILD AND FAMILY SERVICES**

Diane Comeaux, Administrator  
Patricia Hedgecoth, Rural Region Manager  
Amber Howell, Acting Deputy Administrator  
Reesha Powell, Social Work Supervisor 2  
Cynthia Freeman, Social Services Chief III  
Dorothy Edwards, Clinical Program Planner I  
Melissa Faul, Bureau Chief I  
Marjorie Walker, Social Services Specialist III  
Nancy O'Neill, Social Services Specialist III  
Emma Byrd, Social Services Specialist III  
Betsey Crumrine, Social Services Specialist III  
Jeffrey Radecki, Social Services Specialist III  
Shannon Foster, Social Services Specialist III  
Daniel Redler, Social Services Specialist III  
Ian Tong, Social Services Specialist III  
Darlene Duncan, Social Services Specialist II  
Debora Flowers, Social Services Specialist II  
Jan Fragale, Social Services Specialist II  
Sharon James, Social Services Specialist II  
Trina Hofbauer, Social Services Specialist II  
Karla Navarro, Management Analyst  
Pam Gentry, Professional Trainee

### **WASHOE COUNTY DEPARTMENT OF FAMILY SERVICES**

Kevin Schiller, Director  
Theresa Anderson, Family Specialist

### **CLARK COUNTY DEPARTMENT OF FAMILY SERVICES**

Tom Morton, Director  
Carolyn Bidwell, Family Services Manager QA/QI

### **EXTERNAL STAKEHOLDERS**

Administrative Team to Review the Death of Children  
Executive Team to Review the Death of Children  
Mike Capello Contractor, Division of Child and Family Services  
Andrew Zeiser, Contractor, Division of Child and Family Services  
Sheryl Overstreet Court Improvement Project Coordinator  
Robin Sweet Administrative Office of the Courts  
Bill Fowler, Director, Nevada CASA Association  
Nevada Judiciary  
Attorneys  
Guardian Ad Litem (GAL's)  
Candy Hunter, Chair Children's Justice Act Task Force  
Phil Lankford, Southern Nevada Association of Foster Families  
Joseph Galata, Executive Director, Sierra Association of Foster Families  
ICWA Steering Committee  
Nevada Partnership for Training  
SAPTA  
Youth Advisory Board  
Citizen Review Panels  
Inter-Tribal Council of Nevada

## **B. Glossary of Acronyms**

|              |  |
|--------------|--|
| AAICPC       | Association of Administrators of the Interstate Compact on the Placement of Children |
| AB           | Assembly Bill  |
| AFCARS       | Adoption Foster Care Analysis and Reporting System                                   |
| AI           | Adoption Incentive   |
| AIP          | Agency Improvement Plan  |
| APHSA        | American Public Human Services Association   |
| APPLA        | Another Planned Permanent Living Arrangement   |
| APSR         | Annual Progress & Service Report   |
| ASFA         | Adoption and Safe Families Act   |
| ASPR         | Annual Services Progress Report  |
| ATC          | Adolescent Treatment Center  |
| BADA         | Bureau of Alcohol and Drug Abuse   |
| CADRE        | Citizen's Alliance for Disability Rights and Education                               |
| CANS         | Child Abuse and Neglect  |
| 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  |
| CHINS        | Child in Need of Supervision   |
| CIP          | Court Improvement Project  |
| CJA – TALCIT | Children's Justice Act Technical Assistance to Local Communities and Indian Tribes   |
| CJA          | Children's Justice Act   |
| CMHBG        | Community Mental Health Block Grant  |
| CMHS         | Community Mental Health Services   |
| CPS          | Child Protective Services  |
| CRB          | Children's Resources Bureau  |
| CRP          | Citizen Review Panel   |
| CRT          | Community Resource Teams   |
| CSY          | Collaboratively Served Youth   |
| CTF          | Children's Trust Fund  |
| CWAF         | Child Welfare Action Form  |
| CWS          | Child Welfare System   |
| CYF          | Children Youth and Families Interim Legislative Committee                            |
| DAWN         | Data Warehouse of Nevada   |
| DCFS         | Division of Child and Family Services  |
| DCFS-RURAL   | Division of Child and Family Services Rural Region                                   |
| DHHS         | Department of Health and Human Services  |
| DHR          | Department of Human Resources  |
| DMG          | Decision Making Group  |
| DOE          | Department of Education  |
| DRS          | Differential Response System   |
| DWTC         | Desert Willow Treatment Center   |
| EBP          | Evidence Based Programs  |
| EIP          | Evidence Informed Programs   |
| ETV          | Educational Training Voucher   |
| F2F          | Family to Family Connection  |
| FASS         | Family Assessment and Services System  |
| FCAAN        | Foster Care and Adoption Association of Nevada                                       |
| FLH          | Family Learning Homes  |
| FPO          | Family Programs Office   |

|               |   |
|---------------|---|
| FRC           | Family Resource Center  |
| FVPSA         | Family Violence Prevention and Services Act                           |
| GMU           | Grants Management Unit  |
| HCFAP         | Health Care Finance and Policy  |
| HSSS          | Human Services Support Specialist                                     |
| 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  |
| IFS           | Intensive Family Services   |
| ILP           | Independent Living Plan   |
| IMS           | Information Management System   |
| IV-B/2        | Title IV-B, Subpart 2   |
| IV-E          | Title IV-E  |
| JJ Commission | Juvenile Justice Commission   |
| JJWSG         | Juvenile Justice Work Study Group                                     |
| KIN           | Kinship in Nevada Project   |
| MDT           | Multi-Disciplinary Team   |
| MEPA/IEPA     | Multi-Ethnic Placement Act/Inter-Ethnic Placement Act                 |
| MH            | Mental Health   |
| MHBG          | Mental Health Block Grant   |
| MHDS          | Mental Health and Developmental Services                              |
| MHPAC         | Mental Health Planning and Advisory Council                           |
| NAC           | Nevada Administrative Code  |
| NACo          | The National Association of Counties                                  |
| NCANDS        | National Child Abuse and Neglect Data System                          |
| NCANS         | Nevada Child Abuse and Neglect System                                 |
| NCC           | Neighborhood Care Center  |
| NCCMT         | Neighborhood Care Center Management Team                              |
| NCFAS         | North Carolina Family Assessment Survey                               |
| NCWRCOI       | National Child Welfare Resource Center for Organizational Improvement |
| NEATS         | Nevada Employee Action and Timekeeping System                         |
| NEBS          | Nevada Executive Budget   |
| NITC          | Nevada Inter-Tribal Council   |
| NNCAS         | Northern Nevada Child and Adolescent Services                         |
| NPT           | Nevada Partnership for Training                                       |
| NRC           | National Resource Center  |
| NRS           | Nevada Revised Statutes   |
| NVCC          | Nevada Children's Center  |
| NWD           | Nevada Welfare Division   |
| NYTC          | Nevada Youth Training Center  |
| NYTD          | National Youth in Transition Database                                 |
| ODES          | Online Data Entry System  |
| OJJDP         | Office of Juvenile Justice and Delinquency Prevention                 |
| PART          | Policy Approval and Review Team                                       |
| PEP           | Parents Encouraging Parents   |
| PINS          | Person in Need of Supervision   |
| PIP           | Program Improvement Plan  |
| PRIDE         | Parent Resources for Information Development and Education            |
| QA            | Quality Assurance   |
| QI            | Quality Improvement   |
| QICR          | Quality Improvement Case Review                                       |
| QSR           | Quality Supervisory Review  |
| SACWIS        | Statewide Automated Child Welfare Information System                  |
| SAFE          | Structured Analysis Family Evaluation                                 |
| SAFF          | Sierra Association of Foster Families                                 |
| SAMHSA        | Substance Abuse Mental Health Services Administration                 |
| SAPTA         | Substance Abuse Prevention and Treatment Act                          |
| SB            | Senate Bill   |

|        |   |
|--------|---|
| SED    | Severe Emotional Disturbance                                |
| SGB    | Statewide Governing Board                                   |
| SIG    | State Infrastructure Grant                                  |
| SMT    | System Management Team                                      |
| SNCAS  | Southern Nevada Child and Adolescent Services               |
| SOAR   | Systems Online Activity Reporting                           |
| SOC    | System of Care Principles                                   |
| 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                 |
| WIN    | Wrap-Around In Nevada                                       |

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