

## **Progress Summary from 2003 Legislative Session**

### **Centralized Child Protective Services Intake**

Funding was provided for one Social Worker III position to pilot a centralized Child Protective Services (CPS) intake process for all incoming calls for Carson, Douglas, Lyon and Storey counties.

In December 2003, the Carson City Division of Child and Family Services (DCFS) Office hired a social worker to respond to all of the intake calls received from 8:00 am to 5:00 pm for the Carson City, Douglas County, and Storey County areas. This was a “pilot “ project and has been very beneficial to the agency. It has enhanced standardization of the intake function for all reports on abuse and neglect within this area. More collateral information has been obtained and a more thorough assessment of the report has been achieved.

Prior to the Intake position, all social work staff within the agency rotated the responsibility of answering the calls and inputting the report into the Information Management System. Since implementing centralized intake, the other social workers have had increased time in their schedules to attend to the safety, permanency and well-being needs of the children on their caseloads.

In February 2004, the intake social worker began responding to the intake calls from the Silver Springs and Yerington DCFS Offices, remote sites under the Carson City Office. Again, since implementing centralized intake, reports are more standardized, information obtained on the first call is more thorough, and the social workers in those offices have had more time to manage their cases.

### **Systems Advocate Unit (formerly known as Ombudsman Unit)**

The Nevada State Legislature established the Systems Advocate Unit in 2003 to help the Department of Human Resources and the DCFS resolve concerns about the protection of children who are receiving services from DCFS and support progress towards better outcomes. The purpose of the Systems Advocate Unit is to respond to complaints from consumers, service providers, elected officials, stakeholders and interested citizens to ensure that the Division provides proper services. The mission of the Systems Advocate Unit is to investigate consumer complaints regarding DCFS and assist in:

- Achieving fair resolution
- Promoting changes that will improve the quality of services provided to the children and families of Nevada
- Building bridges to create positive alliances with the children, youth and their families

In fiscal year 2004, the Systems Advocate Unit responded to requests for information on issues including, but not limited to, CPS investigations, service array, reunification and permanency, ICPC issues, provider concerns, foster care licensing and adoption.

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

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

In this role, the Hearing Officer is an impartial fact-finder for DCFS. The hearing officer is an individual who has not been directly involved in the investigation or initial determination of the action in questions. It is the hearing officer's responsibility to:

- Notify the parties regarding the date, time and place of the hearing;
- Receive verbal testimony and documentary evidence from the client and agency representatives;
- Make a complete record of the hearing proceedings;
- Control the hearing and exclude irrelevant information;
- Make a decision on the evidence presented; and
- Notify the parties of the decision and the right to seek judicial review.

**Funding for the State operation of the 96-bed Summit View Youth Correctional Center located in Las Vegas.**

Summit View Youth Correctional Center (SVYCC) reopened to accept youth in January 2004 in North Las Vegas. SVYCC is a 96-bed structurally secure, maximum-security residential facility designed to segregate serious and violent juvenile offenders from lower level offenders; serving youth between the ages of 12-18. The ramp-up of beds reached 72 in Sept 2004 and has continued at that level during the first and second quarter of FY05. When operating at full capacity for a full fiscal year, the per bed cost is estimated at \$149, based upon FY 05.

Final 24-bed ramp-up to ninety-six beds was scheduled for December 2004. However, reduced funding from the Juvenile Accountability Grant has delayed the final ramp-up until the end of the 3<sup>rd</sup> quarter of the state fiscal year 2005. The facility was budgeted to receive \$292,365 from the Juvenile Accountability Grant. This grant has been reduced at the federal level to \$495,700 in federal fiscal year 2004. Therefore, the amount available for transfer to the Summit View budget is reduced to \$99,140. A total of eighty-six positions were approved for Summit View. Based upon the revised ramp-up schedule of offender population, sixty-three of the approved positions are filled.

**Juvenile Facilities – Staff to Youth Ratio**

Twenty new positions for the Caliente Youth Center (CYC) and twenty-four positions for the Nevada Youth Training Center (NYTC) were funded to implement staffing standards based upon

recommendations the Division received from the Civil Rights Division of the US Department of Justice.

Recognizing the importance of meeting the programming needs of the youth, direct care staff were trained and are in the process of implementing Cognitive Restructuring Techniques, treatment planning and transitional care follow-up upon release of youth from CYC. The CYC has worked diligently to fill open positions, including Mental Health Counselors. While it has been challenging to recruit, hire, and retain staff to fill the Mental Health Counselor and Group Supervisor positions at CYC, steps toward achieving full staff have continued. The Center, along with the Lincoln County School District, operates school programs that offer required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities. Included in the services provided to the youth at CYC is on-site medical care, provided by contracted nursing staff and a local physician. Post Orders and Strategic Emergency Plans were developed and implemented.

The NYTC has been successful at the recruitment of a full complement of professional Mental Health Counselors. Federal Reviewers reported significant improvement toward reaching the goals outlined in the Memorandum of Understanding with the Center, with the reviewers noting they have seen many “remarkable” cultural changes and many “amazing” improvements. The Center continues to recruit for the difficult to fill psychologist position, and are currently negotiating a contract for psychological services in the interim. The center operates school programs that offer required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities; with an active sports program. On-site medical and mental health services are made available to the youth at the Nevada Youth Training Center. Post Orders, Strategic Emergency Plans and Facility Policies are currently being reviewed.

### **Psychiatric Consultation and Medication**

Funding for enhanced psychiatric consultations and medication services were allocated for Youth Correctional Services, and committed youth at Caliente Youth Center, Nevada Youth Training Center, and Summit View Youth Correctional Center.

All three institutions are utilizing the enhanced funding for psychiatric consultations and medication costs for youth committed by the courts. A challenge in service delivery was created by the tragic and untimely death of the psychiatrist who was providing services to the Caliente Youth Center. Presently, all three facilities have contracted psychiatric services.

### **AB 94: Assistance for Former Foster Youth**

Broadly, AB94 funds may be used to assist any youth in attaining self-sufficiency as planning for, transitioning from, or has transitioned from the Nevada foster care system or Indian Tribal foster care system and is up to 21 years in age. As regulation states, the monies may be used to provide goods and services, including, without limitation, job training, housing assistance, case management and medical assistance. Counties are encouraged to use these funds flexibly and in an individualized manner to ensure that youth transitioning from foster care have the opportunity to reach their highest potential.

During the Child and Family Services Review, AB94 was cited as a unique and invaluable legislative initiative increasing child and family services when most states are reducing allocations for such services.

Washoe County Department of Social Services, Clark County Family Services, and JOIN (Job Opportunities in Nevada, Inc.) for the Rural Region were awarded the first grant of AB 94 funds February 1, 2003 through June 30, 2004 with awards based on projected yearly population of “aging-out” foster youth per region. Approximately 100 youth are aging out of foster care annually with the majority living in Clark County. Service providers are contracted by Washoe and Clark counties; Nevada Partnership for Homeless Youth in the South, The Children’s Cabinet in the North, to administer the goods and services to former foster youth in these areas, and JOIN administering the program for the Rural Region. Local JOIN offices in Carson City, Elko and Fallon collaborate with DCFS caseworkers and ILP advisors to locate former foster youth in the Rural Region, as most youth move away from rural areas when released from care. The second grant was initiated and awarded July 1, 2004 through June 30, 2005.

All regions have developed a plan and procedure for youth to access these funds through regional Independent Living Oversight Committees. There is flexibility in the use of these funds to allow for unexpected but needed assistance. Foster youth and foster parents are advised of available assistance before the youth’s release from care. There is ongoing recruitment to former foster youth in all regions to assist to return these youth for needed assistance that was formerly not available. Outreach activities include: brochures, flyers, newsletters, public service announcements, presentations to community organizations, staff meetings at Neighborhood Care Centers, Foster Parent Support Group meetings, meetings with school counselors and from one youth to another.

The Division of Child and Family Services requested technical guidance for the statewide Independent Living Program and Former Foster Youth Assistance Program through the National Resource Center of The Department of Health and Human Services, from the University of Oklahoma. A two-day workshop, Creating Positive Futures, was held in Las Vegas during Dec. 3-4, 2003. Attendance was free of charge and continuing education credits (CEUs) were available to social workers. The National Resources Center’s expertise in best practice for Independent Living for foster youth services is valuable in increasing workers knowledge of former foster youth needs and enhancing current recruitment and outreach techniques to former foster youth.

### **AVATAR Information System**

DCFS received funding of approximately \$1.7 million in the 2003-2005 biennium to replace the billing and data collection systems at both Northern Nevada Child and Adolescent Services and Southern Nevada Child and Adolescent Services. On July 1 2004, Southern and Northern Child and Adolescent Services implemented a new computer system known as AVATAR. The first phase of implementation involved practice management applications designed to process billing for division wide mental health treatment and serve as a statewide database. The program is the product of a company called Creative Socio Medics that has been in operation for 35 years and operates in 26 states.

Prior to AVATAR, billing and data collections were vastly different across the Northern and Southern Regions. The southern computer system referred to as AIMS was being discontinued by its parent company that had been purchased by Creative Socio Medics. In the north, data and billing were accounted for by two smaller computerized systems that could not communicate with each other or other systems. In addition, Health Insurance Portability and Accountability Act (HIPAA) laws require a state of the art system to process electronic billing claims. A renewed division focus on data and quality assurance made a statewide data base a must.

The practice management application has been implemented and will be maintained under the direction of Information Management Services. Interfaces between UNITY and AVATAR are in the development phases as well as ways to draw down information on kids that are in both systems.

The implementation of AVATAR is a product of statewide collaboration between treatment services staff over the last two years. As of July 1, 2004 all existing treatment clients were input into the new system. AVATAR came in on time and under budget, which is no small feat in the computer system business.

The second phase of implementation involves the clinical workstation application. The clinician workstation application is an electronic medical records system, which creates, and stores assessments notes and treatment plan reviews. This portion of the system has been implemented in Northern Nevada and is used by service delivery staff for case management activities in the Reno locations.

The Governor's 2005-2007 Executive Budget recommends \$906,584 in additional State General Funds to allow DCFS to implement the clinician workstation application in the South.

### **Wraparound In Nevada**

DCFS' nationally recognized "promising practice" program, Wraparound in Nevada (WIN), provides intensive mental health case management for child welfare system-involved children with severe emotional disorders. DCFS' established two WIN goals: (1) expand WIN to serve a maximum of 500 children, youth and families per day by March 1, 2005, and (2) target WIN to serve special populations, such as youth aging out of the foster care system, children placed in Desert Willow Treatment Center, and children in county-level shelter care.

The WIN Program has expanded service delivery to a total of **450 families**; 94 in Northern Nevada, 55 in Rural Nevada, and 295 in Southern Nevada.

WIN case managers have been strategically assigned: (1) Washoe County Department of Social Services has two case managers who work directly with the Independent Living Unit (16 youth currently being served), (2) DCFS Rural Region has WIN case managers who work directly with ten youth transitioning from foster care, (3) two WIN case managers are stationed to work with children/youth placed at Washoe County Emergency Shelter ("Kids Kottage") with twelve children, (4) three to five WIN case managers are assigned to Desert Willow Treatment Center (DWTC) and Oasis Homes in Las Vegas to address the need of every child to receive appropriate care, coordination and transitional planning. Two WIN offices are now located within DWTC.

### **A.B. 381 Child Death Review**

Assembly Bill (AB) 381, passed by the 2003 Nevada State Legislature, allowed for the implementation of significant changes in the Child Death Review (CDR) process (NRS 432B.403-.409).

Implementation included the establishment of two new statewide oversight committees: 1) the Administrative Team and 2) the Executive Committee to Review the Death of Children. The Administrative Team reviews reports and recommendations from the regional CDR teams and makes decisions regarding recommendations for improvements to laws, policies, and practices. The Executive Committee, in turn, makes decisions about funding the recommendations from the

Administrative Team. 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 a statewide annual report.

The joint committees have met several times to develop strategic planning to address the training of teams and public education needs. The teams identified the following areas to be addressed: 1) Co-sleeping (when a parent shares the bed with a child), 2) Teen Suicide Prevention, 3) Shaken Baby Syndrome, and 4) Auto Safety (children left in hot cars).

The joint committees have developed training strategies for: web-based data collection tool introduced in 2005, multidisciplinary team trainings, and public education awareness training. Training will cover the child death review process, data collection process and child safety.

In February 2005, a Public Education Campaign with the Nevada Broadcasters Association will begin that will include Noncommercial Sustaining Announcements (NCSA) for radio and television slots, as well as distribution of bi-lingual brochures and pamphlets.

### **Status of the 2004 Legislative Audit**

In June 2004, the Legislative Auditor issued a report on the Division of Child and Family Services. This audit focused on the billing processes for children's behavioral health services

The auditors concluded that because of numerous billing issues, DCFS did not bill for about \$6.2 million over the past two years.

- \$4.7 million in unbilled costs (for not billing full cost reimbursement)
- \$1.3 million for residential rehabilitation
- \$200,000 non billed services

The Auditors made 10 recommendations ranging from working with Medicaid to seek approval of fees based on full cost reimbursement, requesting retroactive rate adjustment from Medicaid for the cost of services provided to developing written policies and procedures. The Division of Child and Family Services accepted all 10 recommendations.

Four recommendations relate to the Division's billing Medicaid and private insurers for the cost of services to increase revenue for both Northern and Southern Nevada Child and Adolescent Services.

- Work with Medicaid Representatives to seek approval of fees for children's behavioral services based on cost.
- Request retroactive rate adjustment from Medicaid for the cost of services provided in the last 2 years.
- Develop written policies and procedures on setting fees at NNCAS and SNCAS
- Bill private insurers for the cost of services provided

### **Status:**

- Currently the Medicaid State Plan does not provide for full cost reimbursement to a public entity for psychiatric inpatient services. DCFS is working with the Division of Health Care Financing and Policy (HCFP) to request a State Plan Amendment (SPA) to allow for full cost reimbursement for Desert Willow inpatient services. The goal is

to get the SPA to the federal Center for Medicaid Services (CMS) prior to June 30, 2005 with an effective date of April 1, 2005.

- Rates studies have been completed for both NNCAS and SNCAS for SFY2003, 2004 and 2005, and have been submitted to HCFP for review and approval.
- The cost allocation methodologies utilized in the rates study have been documented and submitted to HCFP in support of the rates study.
- Because DCFS receives funding from multiple federal funding sources, a revenue analysis must be done for SFY2003, 2004 and 2005 to ensure that Medicaid is not being billed for services already supported by other federal programs. DCFS is working with HCFP to obtain data necessary to complete this analysis.
- In July 2004, DCFS implemented a statewide billing system. The AVATAR system allowed DCFS to standardize business processes statewide. DCFS contracted for the development of new policies and procedures, which includes procedures for setting fees, billing for services, and monitoring for compliance.
- Funding was included in the new Statewide Infrastructure Grant (SIG) for DCFS to hire national experts in integrated financing for behavioral health systems to work with the funding and finance group to design the assessments of current spending and to provide information on the choices, advantages and disadvantages of different financing strategies. A work group will begin with a review of the current proposal for the Medicaid behavioral health redesign with recommendations on how this redesign will address currently assessed needs and recommendations
- Both SNCAS and NNCAS increased the rates billed to private insurers effective May 1, 2004.

Three recommendations relate to billing improvements for outpatient services at SNCAS.

- Develop written procedures to ensure therapists submit all service records timely.
- Bill for outpatient therapy and case management services provided to clients in residential treatment homes.
- Periodic sample review of bills to ensure the system is operating as intended.

**Status:**

- The Deputy Administrator for the Southern Region developed a temporary policy to address the timely submittal of all service records. Once the clinician workstation application of the AVATAR system is rolled-out (scheduled for SFY05), the billings will be linked to the medical records, eliminating the need for service records submittal.
- The Division immediately implemented the recommendation to bill for outpatient therapy and case managements services for clients in the residential treatment homes. This may, however need to be revisited. Costs may be more appropriately included in residential treatment homes rates, as opposed to being billed separately.
- A policy has been drafted requiring the Administrative Services Officer at SNCAS to conduct an internal review monthly. This review consists of a representative sample of each type of billing. The samples will be tested for completeness, accuracy, rates and prices. The results of each month's review will be sent to the Division's Internal Auditor for review. Additionally, on a quarterly basis, the Division's Internal Auditor will conduct an independent review of billings and other procedures as may be necessary.

The final three recommendations relate to strengthening controls over billing and recording revenues at SNCAS.

- Record payments received into the billing system to enable tracking of accounts receivable.
- Reconcile collections to deposits and amounts recorded in the billing system to ensure monies received are deposited and recorded properly
- Develop comprehensive written procedures for the billing of children's behavioral services.

**Status:**

- The accounts receivable process has been automated in the new billing system for all accounts receivable. The billing function in the AIMS system did not allow for accurate accounts receivable. SNCAS staff were manually tracking accounts receivable for insurance billings and all Desert Willow services. This manual process was extremely labor intensive with redundant entry.
- The Division immediately implemented a process to reconcile collections to deposits.