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Administrative Services

\$906,584 for the completion of the Clinician Workstations component of the AVATAR system upgrade.

In July, 2004 the Division of Child and Family Services began using the Avatar medical record and HIPAA electronic billing software to support mental health services delivered to children in Nevada. We began processing successful HIPAA billing and payment receipt transactions in October, 2004. The phased approach to this implementation put billing processes in the lead and brought on the electronic medical record function during calendar year 2005. By the end of that year over 300 mental health and fiscal support staff was trained and contributing to the new electronic medical record and electronic billing and payment posting system. We also successfully completed a real-time interface with the MHDS Pharmacy prescription fulfillment system to support our inpatient facilities in Las Vegas and Sparks. System instability issues were resolved with upgrades to the vendor's middleware [software that enables web-based access] and improvement in our system backup and recovery processes.

During calendar year 2006, DCFS completed work on a major system upgrade and end-user re-training effort. We also responded successfully to changes dictated by the Division of Health Care Financing and Policy [DHCFP] and federal HIPAA transaction requirements. These changes included re-structuring of services delivered, service rate changes and new practitioner registration standards. DCFS receives weekly payment transactions from First Health and has created a solid working relationship with DHCFP/First Health technical and program support personnel. The DCFS Avatar system contains over 100 custom reports and several new user-requested data entry options [windows] created in-house. DCFS technical staff has developed the ability to combine data from Avatar and data from UNITY (Child Welfare/SACWIS system) into a single Oracle database for reporting on Nevada's Children.

Children's Mental/ Behavioral Health Services

20.55 FTE to reduce waitlists for outpatient, case management, and early childhood services in Northern and Southern Nevada.

Expansion of Wraparound in Nevada (WIN) and the conversion of 66 temporary program staff to permanent state positions in order to sustain a stable work force, improve continuity of care to children and their families, and increase positive outcomes. State positions will transition in three phases – October 2005, January 2006 and April 2006.

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Juvenile Services

23 FTE for Direct Care Staff-to-Youth Ratios at Nevada's two rural juvenile facilities to meet American Correctional Association Standards of daytime 1:8 and nighttime 1:16 supervision of youth.

The hiring of 13 additional Direct Care staff at the Nevada Youth Training Center and 10 additional Direct Care staff at the Caliente Youth Center has enabled both facilities to maintain staff to youth ratios that meet best practice standards. The enhancements have had significant impact on reducing disruptive behaviors, incidents of use of force and the use of room confinement. The impact of increased staffing was positively noted by the Department of Justice during a recent visit. Although recruitment has been difficult, all new positions were filled during the biennium.

Special Education Teacher at Nevada Youth Training Center

Hiring of this position has enabled the Nevada Youth Training Center to meet or exceed the Department of Education student to Special Education endorsed Teacher to student ratio of 22:1. This position has also allowed for additional resource classes to assist students academic progress. The Special Education Teacher position was filled on 09/19/05.

Training Officers/Quality Assurance Specialists for both rural juvenile facilities

The addition of the Training Officer/ Quality Assurance Specialist position at the Nevada Youth Training Center and the Caliente Youth Center has facilitated the completion of the 160 hour Academy Training for all direct care staff hired prior to implementation of the Academy, and all new direct care staff during their first year of hire. As well as providing required training for all staff, the Training Officer has played a vital role in the Quality Assurance component at both facilities. In coordination with the Assistant Superintendents and under the direction of the Superintendents, investigations are completed relative to critical incidents and recommendations are made according to specific findings.

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Preservation, Child
Protection and
Permanency Services

An increase of 15 FTE to support Rural Nevada Child Welfare Foster Care Caseworker-to-Child Caseloads at a 1:22 in FY06 and 1:19 in FY07 level and 1:12 level for Child Protective Services.

Of the 15 FTE, the 2 Administrative Assistant II and 1 Social Work Supervisor II positions are filled. The 1 Social Services Manager Pahrump position is in the process of interviewing. Of the remaining 11 Social Worker III positions, 7 are filled, 1 has been transferred to Central Office until July 1, 2007 and 3 remain vacant (Elko, Silver Springs, Fallon).

PCN	STATUS	WORKSTATION	CLASSIFICATION	EFFECTIVE DATE
119	FILLED	SILVER SPRINGS	AAII	10-01-05
118	FILLED	PAHRUMP	AAII	10-01-05
117	VACANT	PAHRUMP	SS MGR 3	10-01-05
116	FILLED	SILVER SPRINGS	SWS2	10-01-05
106	VACANT	CENTRAL OFFICE	SW3	10-01-05
105	FILLED	WINNEMUCCA	SW3	10-01-05
108	VACANT	SILVER SPRINGS	SW3	10-01-05
107	FILLED	PAHRUMP	SW3	10-01-05
111	FILLED	SILVER SPRINGS	SW3	01-01-06
109	FILLED	PAHRUMP	SW3	01-01-06
110	FILLED	PAHRUMP	SW3	01-01-06
113	FILLED	CARSON	SW3	04-01-06
112	VACANT	FALLON	SW3	04-01-06
114	FILLED	PAHRUMP	SW3	07-01-06
115	VACANT	ELKO	SW3	07-01-06

Program Improvement Plan Update

A. Introduction

Nevada's Child and Family Services PIP was approved by the Administration for Children and Families (ACF),

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Region IX, effective March 1, 2005. Three quarterly reports were submitted in calendar 2005, and an additional three quarterly reports have been submitted thus far in 2006. Two quarters remain in this PIP cycle which ends February 28, 2007. To date, ACF has declared ten goals, sixty-seven action steps, and 189 benchmarks to have been completed and twenty-six ongoing benchmarks to have been completed for the period. Seven benchmarks were deleted through negotiation with ACF.

In September 2006, ACF recommended the addition of new action steps and benchmarks. DCFS submitted a modified PIP which included the addition of ten new action steps and seventy-three benchmarks. These received ACF approval in mid-October.

B. Background

In Nevada three agencies provide child welfare services on non-tribal lands. The State Division of Child and Family Services is the oversight agency for county-operated child welfare services delivered across the State, and it directly administers child welfare services to Nevada's fifteen rural counties. Clark County Department of Family Services provides child welfare services to Southern Nevada's Clark County. Washoe County Department of Social Services serves Northern Nevada's Washoe County.

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

The PART is made up of the three child welfare agencies' second-level administrators. Its purpose is to review the plans, work products, and policies developed by the benchmark task groups and to troubleshoot any barriers to the task group's work product prior to submission to the DMG. The PART initially maintained a twice-monthly meeting schedule but now meets on an as-needed basis.

Each action step in the PIP and CAP was assigned to teams composed of subject matter experts from within the

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State. Generally, a lead person from each of the three state service-delivery regions (Clark County, DCFS Rural Region, and Washoe County) and a Statewide lead from the DCFS Administrative Office were assigned to collaborate on each action step. Additional stakeholders were included on teams when the benchmark involved their area of interest. In matters involving the courts teams were organized consisting of a DCFS administrator and a representative of the Court Improvement Project (CIP).

Analysis of Progress Toward PIP Target Improvement Goals

Overview

Activities have been focused on

- *Policy development and standardization,*
- *Quality assurance,*
- *Supervisory reviews,*
- *Collaboration with the courts and other State agencies,*
- *Supervisory training,*
- *Training,*
- *Stability of foster care placement,*
- *Adoption,*
- *Permanency goal of another planned living arrangement,*
- *Mental Health*
- *UNITY*
- *Youth*
- *PIP Communication Plan*
- *Collaboration with ACF toward addition of action steps and benchmarks*

Policy and Procedures Development

A collaborative Policy Development and Approval Process was established calling for creation of a charter for each policy team, approval by the PART and DMG, and delivery to the policy team. Policy teams are composed of subject matter representatives from each regional service area as well as internal and external stakeholders. After review of State statutes and federal requirements, the team develops draft policy which is submitted to the PART

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for review and possible revision. The DMG then reviews and adopts or revises the policy.

PIP policy teams continues to work on statewide policies and produced a body of standardized DMG-approved policies addressing the following subjects:

- *caseworker visits with the child, parents, siblings and foster parents;*
- *diligent search and assessment of absent biological fathers and other relatives;*
- *independent living relating to youth 15 ½ years and older;*
- *independent living transition plans;*
- *addressing adoption with children age 14 and above;*
- *adoption subsidy negotiation;*
- *the social summary process;*
- *TPR and relinquishments; and*
- *documenting educational and medical services.*

All three service regions (Clark and Washoe counties and the DCFS Rural Region) updated revisions to their regional recruitment plans for bilingual foster / adoptive parents.

Quality Assurance and Improvement

The qualitative component of Nevada's Quality Improvement process was fully implemented by the close of first quarter 2006. On-site case reviews have been conducted in the two urban counties and two rural region offices. The supervisory review tool continues to be utilized, and data from it was compiled into a statewide report of findings and recommendations for improvement. In addition, the Quality Improvement Unit generates recommendations for improvement in accordance with the continuous quality improvement model.

Supervisory Reviews

The Quality Improvement Office compiled supervisory review data from each child welfare unit and office. Preliminary data was collated for Clark County and the Rural Region. At the end of 2005, Washoe County's data was in the process of being collated. Analysis of the preliminary data suggested several trends:

- *More training is necessary for supervisors regarding justifications for the overall rating to be more*

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complete.

- *Changes in the instrument need to provide additional instructions and more concise definitions.*
- *The QI Team must ensure that in conducting a review only file materials from the period under review are referenced.*

The final report was presented to the DMG on January 31, 2006 and details how each office performed on the various items from the instrument. The report also included recommendations to improve overall performance in the key areas being measured in the review.

Benchmarks utilizing supervisory reviews as a method of measurement were deleted from the PIP as the result of discussions with ACF in April 2006 because it was determined that the supervisory review as a method of measurement did not apply.

Collaboration with the Courts and Other State Agencies

AOC/CIP: The State continued its collaboration with the courts via a series of continuing inter-agency meetings and with the formation of multidisciplinary workgroups to examine and recommend any needed revisions to court processes involving permanency planning, termination of parental rights and legal representation, and court oversight. During Winter 2006 the workgroups' recommendations were provided to the CIP Advisory Committee which presented them to the CIP Select Committee. The Select Committee is now part of the Judicial Council and includes the Chief Justice of the Nevada Supreme Court. His support and participation has been a valuable adjunct to this process.

The monthly schedule of meetings between AOC/CIP and DCFS continues, and issues requiring a collaborative approach are discussed and items of mutual concern identified. CIP continues to maintain the PIP as a standing item on its quarterly agenda in addition to the CIP Communication Plan. Collaboration regarding judicial training related to child welfare and domestic violence was most recently discussed as well as the ongoing development of a judges' "bench book" which includes child welfare topics.

MHDS: Progress in collaborating with the Division of Mental Health and Developmental Services (MHDS) on a revised memorandum of understanding (MOU) was delayed in 2005 after the MHDS representative representing children's disabilities retired. Subsequently, the Statewide Collaboratively Served Youth Committee (CSY) held monthly meetings and identified issues to be addressed in order to begin the work of writing a comprehensive

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MOU between DCFS (including Washoe and Clark counties) and MHDS. These issues included funding, full participation of adult mental health in the development of the MOU, cross-agency training, Clark's and Washoe's involvement as full partners in the MOU, and articulation of respective agency missions.

The CSY recognized the need for members to consult with their agencies regarding collaborative budget building in the coming legislative biennium. Because of complications related to revising budgets for the biennium legislative session meant that execution of the MOU would be delayed. In May 2006, ACF granted deferral of the due date for benchmarks around this issue to January 31, 2007. The agencies have continued to operate under the existing MOU.

Medicaid: In October 2006, ACF approved the State's plan to monitor the behavioral health redesign through the Behavioral Redesign Steering Committee and to report on progress annually in the APSR.

UNSOM: DCFS holds quarterly meetings with the University of Nevada School of Medicine (UNSOM) toward establishing a child psychiatry internship program in Nevada. (Funding for this position was not included in the 2005-2007 Governor's Recommended Budget submitted to the Nevada Legislature and was not funded.) The first of these meetings was held in May, and potential projects for the CMHS block grant were discussed. A sub-grant to help fund the psychiatric fellowship was developed, and two psychiatric fellows commenced employment July 1, 2006.

Ongoing progress in establishing a child psychiatry internship program in Nevada will be reported annually in the APSR.

Supervisory Training

Supervisory training utilizing a jurisdictional model to develop learning labs for Washoe County and Clark County jurisdictions was initiated during the third quarter of 2006. This approach had been piloted in the Rural Region. The process involves a self-assessment of workers, supervisors, and managers as well as a determination of training needs and collaborative development of "Learning Labs" which focused on prioritized topic areas. Feedback will be provided to individuals and supervisors, and a comprehensive written report detailing agency strengths and weaknesses was provided to each agency's administrator. It is anticipated that these series of learning labs will be completed in eight months.

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Training

Training provided thus far in 2006 has included training on

- *intake policies and procedures,*
- *dealing with multiple reports of abuse and neglect,*
- *substantiation of reports of maltreatment,*
- *case closure policies and procedures,*
- *case planning process including concurrent case planning,*
- *visitation policies relating to caseworker visits with child, parents, siblings, and foster parents,*
- *diligent search (web-based training),*
- *roles and responsibilities relating to court (advanced training for foster parents),*
- *adoption of older children,*
- *adoption subsidy negotiation process,*
- *social summary process, and*
- *independent living transition plans.*

New worker training was offered through the Child Welfare Academy in June 2006. Additionally, DCFS provided make-up training for staff who missed training sessions and for newly-hired staff. For newly-hired staff, these classes supplemented training provided through the Child Welfare Academy. The make-up / supplementary classes consisted of:

- *Conducting Risk Assessment*
- *Collaborative Case Management and Ongoing Assessment*
- *Permanency Services Delivery*
- *Visitation to Promote Placement Stability and Permanency*
- *Intake Response, Decision-Making, and Case Closure.*

Training staff have also worked closely with each public child welfare agency to provide remediation for workers who did not pass the post-tests following Conducting Risk Assessment and/or Case Management courses.

All of the training delivery has been jurisdiction-focused. The standardized training curricula, as designed, provide a consistent framework with established competencies for all jurisdictions, yet allow for the enhancement

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of policy and curriculum to meet each agency's unique needs due to jurisdictional differences. In addition, local legal counsel have co-trained on specific court-related content such as reporting procedures and testimony.

Stability of Foster Care Placement

A survey of foster parents was completed and the data analyzed by the State's university partners. A report published in February 2006 identified global areas of strength and weakness in the foster care program across the State and individually in each service region. The State and each region are now utilizing this information to formulate strategies for increasing foster parent retention. The State requested and received ACF approval to report progress on retention efforts in the Annual Progress and Services Report (APSR).

Adoption

During the first three quarters of 2006, issues involving adoption were fortified. These included developing policies, protocols, and training on diligent search, adoption of older children, adoption subsidy negotiation process, and the social summary process. In addition, regional recruitment plans were revised in collaboration with Adoption Exchange staff and focused on improving plans based upon demographics of children in care in each region.

Permanency Goal of Another Planned Living Arrangement

The State requested funding for additional positions to support the Performance Based Contracting and Monitoring Unit, which oversaw treatment residential care providers (aka higher levels of care) providers. Six additional FTEs were approved by the 2005 Legislature. In January 2006 as the result of an Attorney General's opinion that retaining this function within DCFS constituted a conflict of interest, responsibility for oversight of higher levels of care passed to the Division of Health Care Financing and Policy. The six FTE positions assigned to DCFS were re-deployed to recruitment, training, and quality assurance of treatment homes. The Action Step dealing with the DCFS role in the Utilization Review process was deleted from the PIP with ACF approval.

Mental Health of Child

Mental health issues include funding, full participation of adult mental health in the development of an MOU with MHDS and Clark and Washoe County's involvement as full partners in the MOU, cross-agency training,

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articulation of respective agency missions and recruiting new Medicaid providers.

The CSY Committee created a workgroup, with representation from all regions and all committee stakeholders, to draft the MOU.

DCFS attends monthly meetings with Nevada Medicaid (HCFP) and several other stakeholders. SAMSA SIG staff coordinated statewide training events regarding the behavioral health redesign and new Utilization Management process. The Provider Support Team focuses on recruitment of new providers (treatment homes and non-residential rehab services) and development of training to build capacity to serve children in Nevada. This team created a recruitment brochure and has traveled with it to national children's mental health training events in Orlando, Florida and Pittsburgh Pennsylvania.

In an effort to increase mental health providers for DCFS clients, DCFS formed a workforce development group that includes representatives from across DCFS programs. This group developed strategies to streamline the hiring process and make it “user-friendly” for more applicants. Beginning September 5, 2006, the Department of Personnel will accept on-line employment applications. This system allows potential employees to apply for job openings on-line, store applicant profile information, and submit applications electronically.

DCFS will conduct a salary comparison to submit to the State DHHS and to State Personnel for consideration toward increased salaries for mental health professionals.

Additionally, DCFS and UNSOM developed a collaborative psychiatric residency program that exposes psychiatry students to work (8 hours per week) in a child welfare treatment facility and options for employment with DCFS.

CSY member agencies agreed to “collaborative budget building” for the coming legislative biennium. The result of these consultations will provide direction to each agency’s administration for the purpose of insuring funding.

UNITY

During the fourth quarter, Nevada put in place standardized policy and practice guidelines for caseworker visits with the child, parents, siblings, and foster parents. Methods for tracking caseworker visits were identified and the UNITY system was modified to accommodate this need.

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In the sixth quarter UNITY was modified to reflect improved case management practices by collecting information on assessment, family engagement, and case planning.

Specifications to incorporate concurrent case planning format into UNITY were developed, as was UNITY documentation of children's educational and medical records

Youth

In December 2005 a group of Independent Living internal and external stakeholders met with the National Resource Center on Youth Development (NRCYD) to develop a preliminary plan to develop youth advisory boards in Nevada. During this meeting, concerns regarding the geographical distance as well as disproportionate representation in larger counties surfaced. It was suggested by the NRCYD facilitators that Nevada stakeholders develop a plan to address these concerns prior to attempting the organization of the boards.

Additionally, the Independent Living Specialist was vacant for several months and was filled only in March 2006. As a result of the geographic and staff challenges, DCFS requested and received approval of modifications to the PIP dealing with the development of youth advisory boards. Under the new plan, a youth advisory board will be developed in a pilot area by January 31, 2007, and will be reported on in the APSR.

PIP Communication Plan

Numerous community meetings were held throughout the State to inform community members and external stakeholders of PIP progress and current status and to elicit feedback. Participants in the Rural Region were offered the opportunity to develop strategic action plans based on community-identified needs.

Suggestions Statewide to improve practice and service delivery included:

- *Add professional and support staff to assist families, to lessen incidence of "crisis mode" in professional staff, and to give professional staff more time to work directly with birth and foster families.*
- *Implement strategies to promote increased flexibility in scheduling time and place for child-family visits.*
- *Increase availability of specialists offering services through Medicaid.*
- *Augment support to youth receiving Independent Living Program services.*
- *Keep large sibling groups together via increased funding and recruitment efforts.*

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- *Increase number of African American foster and adoptive homes.*
- *Improve preparation of children for adoption.*
- *Through training and other preparation, improve foster parents' ability to facilitate services and transitions between children and birth families.*

The PIP Communication Plan Committee made the following recommendations:

- *Increase community awareness and promote stakeholder involvement.*
 - *Post flyers for PIP presentations and related meetings at family resource centers and other stakeholder locations.*
 - *Conduct presentations with UNR/UNLV child welfare classes.*
 - *Attend and participate in Sierra Association of Foster Families meetings and trainings and include foster care licensing in the distribution list for invitations.*
 - *Invite representatives from the faith community to external PIP stakeholder meetings.*
- *Improve responsiveness and communication to the community by providing a global e-mail address for citizens to request information, make recommendations, and provide feedback.*

Requests for Addition of Action Steps

In collaboration with ACF, in September 2005 DCFS developed ten new action steps consisting of 73 benchmarks and submitted these to ACF with the sixth quarter report for approval. Approval with revisions was granted on October 20, 2006.

The new action steps address issues involving:

- *establishment of differential response systems,*
- *establishment of round-the-clock child protection response systems,*
- *revision of safety and risk criteria and tools,*
- *analysis of placement moves within Child Haven,*
- *Clark County's foster care recruitment plan and foster parent training,*
- *agency improvement plans Statewide,*
- *development of strategies for improved safety, permanency, and well-being of children in Clark County,*
- *training for all child welfare agencies on those ASFA provisions calling for reasonable efforts to prevent*

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- children's removal from their homes of origin,*
- *development of relationships with community partners toward improving the service array in Clark County,*
- *and identification of strategies for funding family preservation and family support services in Clark County.*

Child Abuse Prevention and Treatment Act (CAPTA) Corrective Action Plan (CAP).

A. Introduction

The CAP was submitted to ACF on March 2005 and received final approval effective September 12, 2005. The first quarterly report on the CAP was submitted December 30, 2005, and accompanied the third PIP quarterly report. Three additional reports have been submitted in calendar 2006.

B. CAPTA CAP Activities

In the first quarter training related to UNITY documentation of child fatalities and near fatalities was completed via informational memo and each jurisdiction provided roster information on training they provided within their individual jurisdictions.

In April 2006 Howard Davidson, Director, ABA Center on Children and the Law, 2006 provided technical assistance to analyze existing Nevada law, practice related to that law, and the development of statutory language, regulations or policies needed to achieve compliance with CAPTA.

During the fourth quarter statute, regulation, policy, and other report recommendations were reviewed and discussed and justification developed. A bill draft request was completed using this information. Statute language was developed and included in the BDR. The BDR was submitted to DHHS and approved for submission to the Governor's Office and LCB.

C. Child Fatality Policy Update

The State's Child Fatality Policy provided to ACF in the December 2005 report has been reviewed both by ACF

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and by the Nevada State Attorney General's Office. A draft policy incorporating both ACF and AG recommendations is included for ACF review with this document.

D. Action Planning for the Clark County Child Death Review Recommendations

An "Independent Child Death Review Panel For Clark County" was convened in March 2006 and a "Report of Findings and Recommendations Child Deaths 2001-2004" compiled in April 2006. This report was presented to the Director of DHHS, and a Blue Ribbon Panel was appointed by the Director. In response to the report, the State met with all agencies involved in the "Report of Findings and Recommendations Child Deaths 2001-2004" by developing an "Action Plan for the Clark County Child Death Review Recommendations". The State has the responsibility of monitoring the action plan and reporting and posting this information on the DCFS web site.

E. Blue Ribbon Panel for Clark County and Child Fatality Policy Update

The effect of the Blue Ribbon Panel Action Plan time frames on the CAPTA Corrective Action Plan was to reinforce the development of state statute through the Bill Draft Request (BDR) process. Recommendations from the CAPTA Corrective Action Plan regarding public disclosure of child fatality and near fatality and recommendations from the Blue Ribbon Panel on Child Death were combined into one BDR. The time frame in the CAPTA Corrective Action Plan was matched to the Blue Ribbon Panel on Child Death recommended dates of completion of the BDR and submission to the DHHS. Next steps are to work with the Legislative Counsel Bureau before the Legislative Session begins to ensure that the BDR language captures the intent of the recommendations.

Although the Blue Ribbon Panel on Child Death in Clark County will end December 31, 2006, there is an ongoing implementation plan contained in the CAPTA Corrective Action Plan to ensure that if the legislation is passed, there will be appropriate training provided to child welfare staff and a subsequent plan to review the Nevada Administrative Code and make corresponding adjustments with statute as needed.

Child Death Review Activities

Introduction

In 2002, Nevada reported three child fatalities due to maltreatment to the Federal child welfare oversight agency, the Administration for Children and Families (ACF). Several articles on child abuse and neglect and child

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fatalities appeared in Las Vegas newspapers and on television and came to the attention of the Division of Child and Family Services (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 Department of Family Services (CCDFS) and Washoe County Department of Social Services (WCDSS) voluntarily began providing courtesy death notifications to DCFS. In May 2005, a Memorandum of Understanding (MOU) was entered into between the counties 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.

Data Analysis Project

While attempting to develop an accurate list of child fatalities, DCFS recognized that information currently available from Unified Nevada Information Technology for Youth (UNITY) did not accurately reflect the number of children who died with open child protective services cases. In order to obtain comprehensive information on child fatalities, DCFS initiated an analysis of data in Clark County, the largest jurisdiction with the highest number of child fatalities.

Initial results of the data analysis project confirmed that Nevada has been under-reporting child fatalities. The project revealed, for example, untimely or lack of data input, data inaccuracies, questionable unsubstantiation decisions and the need for the development and implementation of an Agency Improvement Plan (AIP) for CCDFS, the agency responsible for child welfare services in Clark County, as one method to improve reporting quality and field practice

The data analysis project also enabled DCFS to definitively identify children who have had involvement with the child protective services/welfare system who have died and to develop specific recommendations aimed at decreasing the number of fatalities of child welfare system involved children.

As a result of the data analysis project, the need for additional analysis was determined. DCFS identified the case review process to be the most productive method of analysis and, therefore, issued a Request for Qualifications (RFQ) and developed an external formal case review process.

Request For Qualifications

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The State accepted applications for Program Specialists for Child Death Review under the RFQ process as authorized under Nevada Revised Statutes 432B.405 and .406 up until January 18, 2006 from all interested and qualified persons. The purpose of the RFQ was to develop a roster of national and State recognized and credentialed experts who were familiar with child fatalities and willing to participate on the child welfare multidisciplinary panel to review selected child death cases that have been previewed by DCFS.

External Formal Case Review

An external formal case review of child fatalities in Clark County was conducted by a multidisciplinary panel of experts, who assessed and provided an objective analysis of selected cases. This panel consisted of national and state recognized and credentialed experts who were familiar with child fatalities and included representatives from law enforcement, pediatrics, legal, children's advocacy, child welfare, and coroner/medical examiner.

The analysis conducted by the experts identified systemic trends and areas needing improvement including recommendations to support the safety of children and prevention of child fatalities through resource allocation realignment; improvement in data collection and quality improvement systems; re-evaluation of laws, policies/procedures, and practices; and training and public education needs. The panel reviewed CCDFS child fatality cases selected by DCFS that met the criteria for mandatory review as outlined in NRS 432B.405(1)(b). The panel analyzed the case reviews and developed a report of findings and recommendations for all three jurisdictions in the state.

Blue Ribbon Panel

It was determined by the Department of Health and Human Services (DHHS) that a Blue Ribbon Panel, consisting of Nevadans invested in improving the welfare of children, would be appointed to receive the report and monitor systemic action generated in response to the report.

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, 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 in order to move forward, such as development of new legislation, corrective action planning and facilitation of interagency cooperation; provide oversight for an external review process by an independent expert panel; to help the state in addressing challenges in public perception about accountability and openness.

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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 January, the Blue Ribbon Panel completed a report of their activities, including findings and recommendations which was submitted to DHHS.