



CITIZEN REVIEW PANELS

ANNUAL REPORT

for calendar year

2009

submitted by

Nevada Statewide Citizen Review Panel
Northern Citizens Advisory Committee

and

Southern Citizens Advisory Committee

to

The Nevada Division of Child and Family Services

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
PANEL ACTIVITIES	5
STATEWIDE PANEL	5
NORTHERN CAC	5
SOUTHERN CAC	5
2009 RECOMMENDATIONS.....	7
FOLLOW-UP ON 2008 CRP RECOMMENDATIONS.....	13
MEETING DATES AND ACTIVITIES	18
APPENDIX A: OVERVIEW OF THE NEVADA CITIZEN REVIEW PANELS	19
FEDERAL REQUIREMENTS.....	19
STATE REQUIREMENTS	19
STATEWIDE CITIZEN REVIEW PANEL.....	20
NORTHERN AND SOUTHERN CACS.....	21
APPENDIX B: OVERVIEW OF THE STATE CHILD WELFARE SYSTEM.....	23
STATEWIDE INTEGRATION OF CHILD WELFARE.....	23
SUBSTITUTE CARE – FOSTER CARE	25
APPENDIX C: PANEL MEMBERS	28
STATEWIDE CRP MEMBERS	28
ADVISORY STAFF	28
NORTHERN CAC MEMBERS	29
SOUTHERN CAC MEMBERS.....	30

EXECUTIVE SUMMARY

The Nevada Statewide 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 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 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 Statewide Panel works toward fulfilling the following three primary goals:

1. Reviews the State's implementation of previous CRP recommendations.
2. Participates in ongoing policy and procedure reviews, and targeted 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, along with individual CPS case reviews. Each year, the Statewide Panel's findings are summarized in an Annual Report (this document) submitted to the federal government as part of the CAPTA requirements.

Nevada's second and third CRPs have been active since 2007. Two existing oversight groups focused on child welfare, the Northern and Southern Citizens Advisory Committees (CACs), were invited into the CRP process in late 2006. These groups have begun to examine specific areas of focus defined for CRPs by CAPTA, and contribute to recommendations included in the Annual Report.

Primary Panel goals for 2009 included work in the following areas:

- Implementation of the Nevada Initial Assessment (NIA) including safety and risk assessments and timeliness of investigations.
- Training and implementation for the Child and Family Team (CFT) approach.
- Targeted case review of CPS referrals for CAPTA-required developmental assessments of children age three or under with substantiated abuse and neglect or a positive drug screen.
- Policy and procedure review of visitation practices in the northern, southern, and rural regions.

During 2009, the Statewide Panel's targeted case reviews and policy and procedure reviews resulted from specific requests made by the Nevada Children's Justice Act (CJA) Task Force. These requests result from two objectives that are part of the Task Force's 2009 – 2011 triennial workplan:

- **CJA Objective 6:** Ensure that DCFS completes changes to the UNITY system to track referrals made to NEIS for developmental assessments, and implements a system of data cross-checks between UNITY and NEIS to ensure consistent referral by CPS caseworkers and follow-up by NEIS staff. Conduct targeted case reviews by the Nevada Citizen Review Panel (CRP) to determine if CAPTA-required referrals are made by CPS in compliance with policy, and if screening and treatment is completed by NEIS and/or private providers.
- **CJA Objective 8:** Promote developmentally appropriate visitation with parents, siblings, and other relatives through targeted case reviews of existing practices by the Nevada Citizen Review Panel (CRP).

This work marks an important collaboration between the two groups, which both have mandated duties under CAPTA.

Statewide Panel recommendations for 2009 focus on CPS staff practices, referrals for developmental assessments, visitation, and UNITY data system changes. Additionally, the Statewide Panel received responses from DCFS based on its 2008 recommendations, which are summarized in this report. Updates on the activities of the Northern and Southern CACs are also included in this report.

PANEL ACTIVITIES

Statewide Panel

The Statewide Panel is directly involved in the DCFS Quality Improvement (QI) system and its members serve as external stakeholders in a targeted case review process that allows them to focus on specific factors of CPS cases that fall within the CRP's primary areas of review. Additionally, the Panel engages in regular work to review regional and statewide policies, procedures, and practices to ensure the protection and safety of children within the child welfare system. Areas of focus and specific work are detailed above in the Executive Summary.

Northern CAC¹

The expansion of the Washoe County Department of Social Services (WCDSS) Advisory Board in 2008 was particularly helpful during calendar year 2009, with the members serving on three different subcommittees to assess the array of services in Washoe County that serve children and families involved in the child welfare system. WCDSS received assistance from the National Resource Center for Organizational Improvement (NRCOI) to develop a comprehensive self-assessment and provided leadership and oversight of the project. Three well-being outcomes were the subject of the assessment and subgroups were formed around each:

1. Families have enhanced capacity to provide for their children's needs
2. Children receive appropriate services to meet their educational needs
3. Children receive adequate services to meet their physical and mental health needs

Strategies were developed from each subgroup and WCDSS will report on progress to the Advisory Board during calendar year 2010.

Southern CAC²

During 2009, the Clark County CAC engaged in several initiatives as follows:

Policy and Procedure Re-Design: The Clark County Department of Family Services (CCDFS) began an extensive overhaul of its policies and procedures in 2008. The Clark CAC has been a very involved partner in this process. The CAC chair, Jacqueline Harris, served on the Executive Committee of the Policy and Procedure Re-design. In addition, CCDFS staff provided the CAC

¹ Marsh, J. (2010). *Washoe County Citizens Advisory Committee (CAC) 2009 Update*. Reno: Washoe County Department of Social Services.

² Harris, J. and Bevacqua, J. (2010). *Clark County Citizens Advisory Committee (CAC) 2009 Update*. Las Vegas: Clark County CAC.

with regular and ongoing updates of the development, implementation, and training process. Members of the CAC have been able to provide CCDFS with feedback on policies as they were in development, as well as guide the implementation process.

Increased Collaboration with Clark County Department of Juvenile Justice Services Citizens

Advisory Committee: The CACs of both CCDFS and the Department of Juvenile Justice Services (DJJS) are keenly aware that there is overlap in the populations that each department is serving. Furthermore, often the children that CCDFS serves today will become the children that DJJS serves tomorrow, without adequate intervention. There continue to exist overlapping budgetary and resource issues within both departments that come to the attention of the CACs. With these issues in mind, the CCDFS and DJJS CACs have been attending each other's meetings to facilitate cross-collaboration. This cross-collaboration also occurs at the Policy and Fiscal Affairs meetings attended by County Commissioners, CCDFS, DJJS directors and judges, and the CAC Chairs.

Budgetary Issues and Legislative Agenda: The Clark County CAC has been continually updated in this unprecedented year of budget constraints and cuts beginning in the 2009 legislative session. The State of Nevada is facing a budget crisis that is affecting all State, County, and local jurisdictions. The CCDFS Director, Tom Morton, as well as his senior staff, have been informing the CAC about budget cuts and decreases to staffing and services, and how they will affect the children and families that are being served by the Department. This is an ongoing issue of focus, as budget projections for the next biennium and beyond are not favorable for stabilization or enhancement to support the Department's mission and vision. Staff also informed the Clark County CAC as to bills and initiatives that had the potential to impact the CCDFS in the 2009 legislative session.

Service Array: A report on the *DFS Service Array Needs Assessment* was issued in March, 2008. This report found that the State of Nevada is lacking in a comprehensive and quality service array to meet the needs of children and families in Clark County. Based on budget cuts and restraints, the Clark County CAC has been receiving reports from both CCDFS and participating stakeholders on the effects of cuts to State, County, and local funding, as well as changes and restrictions to services billable to Medicaid. The Clark County CAC continually strives to assist the Department in seeking out services to meet the needs of children and families involved in the child welfare system.

Model Court Project: Clark County Nevada has been chosen to implement a Model Court Project. This project is being spearheaded by Judge Cynthia Diane Steel. Judge Steel and Director Tom Morton provide the Clark County CAC with updates regarding changes to the court to improve access and efficiency for children and families involved with CCDFS.

Child and Family Services Review (CFSR), Performance Improvement Plan (PIP): Members of the Clark County CAC participated in a variety of ways with the federal CFSR on-site review in August, 2009. The CAC has been provided feedback from the results of the CFSR and members are currently participating on the committee to develop the PIP.

Community We Will: The Clark County CAC is partnering with the Community We Will initiative, along with Casey Family Programs, to launch a community engagement campaign to ensure that every child in Southern Nevada has a safe, permanent home. Members of the CAC serve on the Community We Will Advance Team. The Community We Will initiative focuses on three key strategies: 1) engaging a broad, diverse coalition of community members to develop a shared vision for child welfare; 2) develop a plan that is anchored in best practice; and 3) rally resources need to sustain work in child welfare.

2009 Recommendations

CPS Staff Practices

Recommendation 1: CPS practices need to incorporate appropriate actions and referrals to promote safety, permanency, and wellbeing that are timely based on the child and family's needs.

Discussion: This is a re-recommendation from 2008, and the Panel members continue to find delays in appropriate service referrals as part of caseworker practice. It appears in many cases that CPS intervenes to address child safety and then “may get around” to making referrals in the future. The Panel members noted that NRS 432B.393 states that the health and safety of children must be the paramount concern, and that reasonable efforts toward family preservation include appropriate referrals for services:

NRS 432B.393 Preservation and reunification of family of child to prevent or eliminate need for removal from home before placement in foster care and to make safe return to home possible; determining whether reasonable efforts have been made.

1. Except as otherwise provided in this section, **an agency which provides child welfare services shall make reasonable efforts to preserve and reunify the family of a child** [emphasis added]:
 - (a) Before the placement of the child in foster care, to prevent or eliminate the need for his removal from his home; and
 - (b) To make it possible for his safe return to his home.
2. In determining the reasonable efforts required by subsection 1, **the health and safety of the child must be the paramount concern** [emphasis added]. The agency which provides child welfare services may make reasonable efforts to place the child for adoption or with a legal guardian concurrently with making the reasonable efforts required pursuant to subsection 1. If the court determines that continuation of the reasonable efforts required by subsection 1 is inconsistent with the plan for the permanent placement of the child, the agency which provides child welfare services shall make reasonable efforts to place the child in a timely manner in accordance with that plan and to complete whatever actions are necessary to finalize the permanent placement of the child.

Additionally, DCFS Policy 0511.0, Risk Assessment, states that the assessment of risk for a child must cover intake through case closure and be “**future-oriented** rather than based solely on the child’s injuries or current condition” [emphasis added]. The Panel members emphasized that the mitigation of future risk is critical, and this can be best addressed by timely and appropriate service referrals. The earlier referrals are made, the more likely a family is to engage in services. In order to help families to become motivated to change, caseworkers need to connect them with services early in the investigation process. The focus of the Nevada Initial Assessment (NIA) process is to generate service referrals in order to promote child safety, permanency, and wellbeing. Beyond the assessment of immediate risk and safety, caseworkers need to understand and address deeper family needs that affect long-term child and family wellbeing, which ultimately supports permanency.

Ideally, referrals should be made within the first 24 hours. However, the Panel members understand that federal law mandates developing a case plan within 60 days, and immediate referrals must be balanced against making investigative determinations and allowing caseworkers enough time to assess what is appropriate for children and their families. The Panel is supportive of the Washoe County Department of Social Services (WCDSS)’s policy to develop case plans within 45 days.

Recommendation 2: Caseworkers need to complete timely data entry through the new service referral window in UNITY in order to provide consistent case documentation and to aid in practice that ensures follow-through on service referrals.

Discussion: During the 2009 targeted case review process, the Panel members had difficulty identifying child and family connections with services that were presumably being delivered, but could not be confirmed. There were very few case notes indicating that caseworkers were communicating with the treatment providers of children or parents. Likewise, there was little information on treatment participation or progress. In some cases, evidence of treatment could be found by reference to it having taken place in the past, with no original information on the referral. The caseworkers’ focus appears to be on addressing information needed for court hearings. However, it is equally important for case documentation to convey a holistic sense of how cases progress over time, and the major service components that contribute to child and family wellbeing.

On a deeper level, the Panel members believe that case documentation sometimes conveys a sense that caseworkers are anxious to consider a case or situation concluded once a referral is made. They appear to have a fixed idea of what case outcomes “should” be and then stick to it. Unfortunately, this attitude is contrary to the idea of a family-driven approach to services, and also runs counter to the importance of team decision-making that is supposed to be accomplished through CFT meetings. Caseworkers need to retain their focus on what is best for the child and family, even if the case plan and projected case outcomes change over time.

Referrals for Developmental Assessments

Recommendation 3: Caseworkers need to comply with the Child Abuse Prevention and Treatment Act (CAPTA) requirement for developmental assessments of young children: Within two working days of identifying a child age three or under with substantiated abuse and neglect or a positive drug screen, caseworkers must refer the child for a developmental assessment from Nevada Early Intervention Services (NEIS). Additionally, caseworkers need to follow through on the referrals by tracking outcomes in the new service referral window in UNITY.

Discussion: The primary findings from the CRP's 2009 targeted case reviews, focused on referrals for developmental assessments, are as follows:

- **Clark County:** Out of 20 cases reviewed, there were 11 cases that met the CAPTA criteria where no referrals were made, and 9 cases where referrals were made. This yields a referral rate of 55%. Many of the referrals did not meet the 2-day time frame.
- **Rural Region:** Out of the 6 cases reviewed, there were 3 cases that met the CAPTA criteria where no referrals were made, and 3 cases where referrals were made. This yields a referral rate of 50%.

These referral rates are similar to the rate estimated by the CJA Task Force in its review of DCFS data on referrals compared with NEIS data on assessments, which showed that about half of cases that meet the CAPTA criteria result in completed referrals. Unfortunately, it is difficult to determine whether this is a practice concern and caseworkers are not making necessary referrals for assessments, or if this is a documentation problem and referrals are not being tracked well through UNITY. This underscores the importance of Recommendation 2 above, because external case reviewers such as the CRP cannot make a conclusive distinction between practice problems and documentation problems in this area of review. The Panel believes it is likely that both are contributing factors to the low referral rate.

Either way, a referral rate of approximately 50% is not in substantial compliance with the CAPTA requirement. The Panel understands that NEIS faces funding shortages in terms of its ability to respond to referrals from DCFS. However, the CRP believes that a step-at-a-time approach should be taken, such that CPS agencies and staff are trained and supervised appropriately to comply with the CAPTA mandate and to complete referrals where required. Once correct referrals are being made in compliance with the law, then the CRP or other external stakeholders may choose to further evaluate NEIS' service capacity to respond to these referrals.

Visitation

Recommendation 4: Statewide consistency in visitation practice needs to be improved across all child welfare jurisdictions, and focus on five primary outcomes:

1. Statewide practice guidelines need to be re-integrated into DCFS Policy 0205.0: Caseworker Contact with Children, Parents and Caregivers. Training needs to be provided as part of the CORE curriculum to ensure the outcomes included as part of this recommendation.
2. Parents and children's rights are made clear to them through a statewide visitation brochure that reflects statewide policy and is required to be distributed to parents whose children are in state or county custody, or in substitute care placements.
3. Visitation is family-driven based on collaborative decision making through CFT meetings. Visitation is conducted in healthy and appropriate environments and focuses on improved parenting. Visitation is not caseworker-driven and is not used as leverage against families by caseworkers.
4. Reduced visitation is not used as a punishment for positive drug screens. Parents with substance abuse disorders who attempt to engage in visitation while intoxicated may be denied same-day visitation, per statewide policy, but this does not affect future visits. The Panel recommends that this particular directive be mandated for inclusion in state and county policies.
5. In cases of alleged sexual abuse, visitation is conducted in strict compliance with statewide practice guidelines such that visitation decisions are guided by a child therapist or expert evaluator, and visitation is done within the context of therapy and guided by a therapist or caseworker with knowledge in the field of child sexual abuse. The Panel recommends that this particular directive be mandated for inclusion in state and county policies.

Discussion: The Panel members commended the Clark County Department of Family Services (CCDFS) Visitation Center model, especially the promotion of a healthy, neutral environment for family and sibling visitation. In particular, the Panel members noted the availability of staff to facilitate supervised visits, as well as staff members' detailed entry of visitation frequency and outcomes in UNITY.

However, the Panel members believe that there are still "three countries" in Nevada in terms of the northern, southern, and rural regions engaging in different practices. The lack of coordination across regions is a serious issue. The fact that visitation is caseworker-driven in many cases means some parents get timely visitation and some do not, based on inconsistencies in caseworker approach and attitude.

The Panel members believe that DCFS Policy 0205.0 is concise but brief in terms of some of the background information required for caseworkers to implement best practices for family

visitation. The Panel understands that the statewide practice guidelines were formerly included as an attachment to DCFS Policy 0205.0. The Panel believes the guidelines should be part of the policy, and necessary training should be provided accordingly to caseworkers.

Several Panel members noted cases where reduced visitation was used as leverage against parents in various areas of the state, especially for those with substance abuse disorders. They noted the specific statewide policy barring this practice in DCFS Policy 0205.0:

0205.5.6 – A(1): 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.

Using reduced visits as punishment for parents who use drugs increases the likelihood of relapse. The Panel expressed serious concern regarding feedback from the rural areas that judges may be using the punitive removal of visitation rights against parents with substance abuse disorders, and that gaps in visitation may be up to three months in duration. The Panel members questioned the legality of this, and will refer related concerns to the Attorney General’s Office.

In cases of alleged sexual abuse, the Panel members want to ensure the approval and guidance of visitation by mental health professionals. They believe that existing statewide practice guidelines describe the required approach well, and recommended that these be made clear to caseworkers.

Recommendation 5: Caseworkers need to complete timely data entry through the visitation windows in UNITY in order to provide consistent case documentation of visitation frequency and outcomes.

Discussion: Per the discussions in Recommendations 2 and 3, the Panel members continue to find inconsistent case documentation and data entry in the UNITY system, which hampers its ability to distinguish between practice concerns and documentation problems. Use of existing data entry windows in UNITY is critical to demonstrating compliance with laws, policies, and procedures, as well as successfully documenting the key milestones of a case. Part of improving visitation practice includes recording necessary information about family visits across the life of a case. In addition to frequency and outcomes, the information recorded should also tie to the visitation plan made as part of the CFT process.

UNITY Data System Changes

Recommendation 6: DCFS should consider changes to UNITY such that data entry requirements more closely match the flow of casework.

Discussion: The Panel members have heard considerable feedback over time that UNITY is an “unfriendly” data system that is difficult for caseworkers to use. The time consumption and navigation challenges of using the system appear to be a primary cause of poor case documentation. Because federal laws, state laws, policies, and the Nevada Initial Assessment (NIA) process all specifically outline various investigative requirements, steps, and case milestones, it makes sense that UNITY should match these more closely.

The Panel members believe that systemic improvement may lie partly in caseworkers’ better understanding of the case flow and the interaction between people and the process. In turn, UNITY should include check boxes and data entry screens that are reasonable in number and reflect this flow. Improvements to the data system may help workers see the long-term positive effects of timely and appropriate referrals when they are made visible to them in a logical way through the case information available.

Follow-Up on 2008 CRP Recommendations

Follow-up on the 2008 Panel recommendations was based on formal responses from the DCFS Administrator, as follows:

CPS Staff Practices

Recommendation 1: CPS practices need to incorporate appropriate actions to promote safety, permanency, and wellbeing that are timely based on the child and family's immediate needs.

DCFS Response: CPS practice focuses on the safety aspect of the federal indicators of the Adoptions and Safe Families Act (ASFA) of 1997. The standards for timeliness measures are set by the State in 0501 ASFA Reasonable Efforts Policy, 0509 Nevada Initial Assessment Policy, 0510 Nevada Safety Assessment Policy and 0511 Risk Assessment Policy. Applicable timelines for assessing safety response are outlined in the Safety Assessment Policy. It is important to note the distinction between safety planning and case planning. The purpose of safety planning is to insure the immediate protection of a child while safety threats are being addressed. A safety plan is a written agreement between parents/primary caregivers and contains activities, tasks or actions that are implemented to ensure a child's safety. A case plan consists of services that are needed for parents and / or a child to address unmet needs and ultimately necessary to mitigate threats of abuse or neglect.

- In the investigative phase, if present or impending danger exists safety determinations are made about whether to remove the child or if possible to maintain the child safely in the home with safety plan until the investigation is complete. If the child is removed, all of the efforts made to keep the child in the home, including use of available services, must be reported to the court as "reasonable efforts" that justify removal. While services may be identified that may benefit the family overall, those services that are critical to safety intervention may be the primary referrals.
- If the case has been investigated and it has been opened as an ongoing case and the child has been returned to the family or the child remains in foster care, a formal case plan will be developed within 60 days of the removal. This plan will include an assessment for those service needs that are critical to safety and that will improve family functioning. The intent of limiting services to meet critical needs first allows the family to concentrate on those services, rather than to embark on several services concurrently, which may dilute the effectiveness of the primary service referral. As the family progresses, other service referrals may be made as needed and appropriate. This staggered approach builds family capacity to address the abuse issues and improves long-term outcomes.

At issue is the documentation about the service referral or delivery and supervisory oversight to ensure that such referral(s) have been made. This information is generally captured in the Case Notes section of UNITY (Unified Nevada Information Technology for Youth), the case file, or in court reports. There has been no uniform place in the UNITY system to collect information

about referrals and services. To address this problem, a new *Service Array* window was deployed in UNITY effective 04/30/09. This window will be used to document services referred for specific individuals in a case. The window will track the date of the referral, the status of the referral, service begin and end dates, and the service provider. The window is also designed to track the history of referrals for each individual. A report was designed to track trends in usage of services / providers to include: 1) if services are available in a specific jurisdiction, 2) if someone is waitlisted for a service, 3) refused services, 4) services completed, 5) fee required but unable to afford, and 6) not qualified for a service. This new window will improve the documentation and data collection about services, and improve supervisory oversight and documentation. Supervisors will need to be trained to look for documentation of appropriate service referrals and linkages when they are reviewing investigations for approval and closure.

Recommendation 2: CPS caseworkers need to increase their use of the Child and Family Team (CFT) model to provide a strength-based, solution-focused, family-driven process to jointly develop a case plan for children in the child welfare system.

DCFS Response: A statewide Case Planning policy has been in effect since 08/13/07. In 2006, the state of Nevada contracted with a consultant to conduct Child and Family Team (CFT) training and facilitation, unit-by-unit, across all three child welfare agencies.

During the Child and Family Services Review (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.

Statewide Quality Improvement Case Review Data (QICR)	CFSR 2004	QICR 2006	QICR 2007	QICR 2008
Child and family involvement in case planning	47% (n=49)	71.9% (n=38)	84.6% (n=50)	78.4% (n=55)

CFSR = Child and Family Services Review

A historic look at statewide QI(Quality Improvement) data shows that Clark County Department of Family Services (CCDFS) demonstrated steady improvement beginning with a 2006 baseline of 57.1% of applicable cases rated as “strength,” and ending with 87.5% of applicable cases rated as “strength” in the most recent review conducted in August 2008.

Washoe County Department of Social Services (WCDSS) 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, outcomes slipped slightly to 91.3%, however this is still rated a strength.

The Division of Child and Family Services (DCFS) Rural Region results varied the most. 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 “strength.” The second review conducted in the Fallon

District Office in October 2007 rated 100% of applicable cases rated as “strength.” In the composite review for the DCFS Rural Region conducted October 2008, only 56.5% of applicable cases rated as “strength.”

Although all three agencies have shown improvement since the first CFSR, Quality Improvement (QI) data for the state as whole is inconsistent in demonstrating the agencies’ effectiveness in involving parents and children in the case planning process, therefore this remains an area needing improvement and will be reported as such in the 2008 statewide assessment and will continue to be addressed for improvements.

One current initiative to address the problem is that both in the new worker CORE training and in practice, greater emphasis is being placed on the importance of team meetings, which depending on the stage of case may be called something other than a CFT. When these team meetings occur during the investigation, they are often geared toward safety management in an effort to prevent removal while services to mitigate safety threats can be provided to the family.

Promising practices in Clark County include; utilization of the NFAS-G and R for conducting family assessments beginning in January 2009 which affords a more structured method of family assessment to drive individualized case planning, standardization of the process for holding CFT’s required for children of all ages who have been placed in 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. In 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.

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 case planning meetings around parent’s schedules to ensure that they are able to attend.

CPS Staff Training

Recommendation 3: CPS caseworkers should receive additional training on the implementation of the Nevada Initial Assessment (NIA), with a focus on the use of safety and risk assessment instruments.

DCFS Response: In September 2008, DCFS contracted with ACTION for Child Protection Inc. to conduct a case review of all finalized forms, policies, and procedures related to the use of the Safety Intervention Analysis; to conduct a review of the NIA/Safety Assessment Process, with a special focus on the Safety Intervention Analysis; and to make recommendations about enhancement of practice related to the safety Intervention Analysis. 178 cases were reviewed. Approximately half the cases were from Clark County, one quarter from Washoe County, and one quarter from the Rural Region.

Results of the study identified several areas of policy that needed clarification or further specification. Areas of concern included: assessment of present and impending danger was not being well delineated in policy or practice, limited demonstration of the concept and a working knowledge of caregiver protective capacities, a lack of understanding of how safety intervention analysis should be applied and how safety threats need to be managed in the least restrictive environment possible, and a lack of supervisory oversight and accountability for quality documentation of the NIA and Safety Assessments.

In response to the case review results, a request for Technical Assistance (TA) with the National Resource Center for Child Protective Services (NRCCPS) was submitted and approved. TA will assist in policy and tool redesign to ensure documentation fits and supports practice, capacity building begins in Nevada by developing purveyors who are experts in the safety practice model, and development of a long-range strategic plan which seeks to evolve practice and decision making with special emphasis on safety management and intervention in ongoing/permanency cases. In March 2008, DCFS began working with the NRCCPS and the statewide NIA/safety workgroup on necessary revisions to policy and assessment tools to address the areas of concern that were identified in the September 2008 case review. A revised NIA/safety assessment tool is currently in development. Once approved, final revisions to policies, assessment tools, and UNITY will begin.

In response to the Panel's feedback on the targeted review of Risk Assessments, training of CPS caseworkers occurred in December 2007, prior to implementation of the Risk Assessment tool. Risk assessment training is currently encompassed in the new worker CORE training. It is our expectation that additional training with supervisors and investigators slated to occur over the next year will address the lack of information collection concern raised by the Panel. The Panel's findings related to the automatic tallying of Risk scores will need to be explored with DCFS Information Management Services (IMS).

Recommendation 4: CPS caseworkers should receive additional training on identifying child and family needs related to mental health disorders, developmental disabilities, and substance abuse disorders, and then referring and actively linking children and families to needed services.

DCFS Response: The newly developed New Child Welfare Worker CORE Training includes a Module on assessment that emphasizes the need to be observant of functionality concerns that may indicate an underlying problem such as mental illness, developmental disabilities, or substance abuse, which may have an effect on the parent's child-rearing skills. However, this does not cover the diagnosis of such issues. The emphasis is on reporting the specific functional levels and not just reporting problems or behaviors. There is also an emphasis on record collection. When child or parent functioning is in question, new workers are encouraged to refer parents to the appropriate resource for screening. New Worker CORE Training officially rolled out in January of 2009. New workers are the first priority. However, the training will soon be open to all workers and other multidisciplinary team members such as law enforcement, CASA, judges etc. who want to attend. It is important to note that workers are strongly encouraged to speak with collateral contacts during the investigation, in order to obtain a complete picture of child and parent functioning and link families to the necessary services.

Recommendation 5: CPS caseworker training needs to reinforce the importance of data entry and case documentation so that the contents of case files are consistent and complete. Specifically, the UNITY system should require a standardized case summary indicating that the investigation has ended and the case is closed, including case disposition.

DCFS Response: The proposed redesign to the NIA and Safety Assessment tools and policies detailed in the response to Recommendation 3 are expected to also enhance documentation of the assessment/investigation process. All of the documentation issues identified in the above bullets should be addressed by supervisors and corrected by caseworkers before a supervisor approves an assessment/investigation as being complete. The proposed assessment tool and policy changes, in conjunction with anticipated specialized supervisor training specific to the investigative process, should improve all of the Panel's concerns noted above.

Targeted Case Review Process

Recommendation 6: The Panel recommends that DCFS continue inviting the CRP to participate in the Targeted Case Review Process and establish this as the new model for CRP stakeholder feedback.

DCFS Response: As the Panel is aware, on November 12, 2008, CRP members and DCFS staff conducted an on-site risk assessment tool targeted case review in Clark County. The risk assessment tool Nevada adopted is designed to help inform the caseworker about the risk of the future maltreatment and is specifically designed to be used after the completion of the Nevada Initial Assessment and prior to investigation closure. The QI sample consisted of 30 randomly selected closed and ongoing service cases.

A second targeted review of CAPTA Part-C referrals on children under the age of three and who are living in a family where abuse and/or neglect has been substantiated is being scheduled for the summer of 2009. DCFS plans to continue utilizing the targeted case review model to facilitate citizen stakeholder input through the CRP.

Recommendation 7: The Panel recommends establishing a process through which recommendations can be made to DCFS on a more frequent basis than is allowed by the existing Annual Report process.

DCFS Response: The panel's feedback and recommendations are greatly appreciated and valued by DCFS. DCFS encourages the Panel to submit targeted review recommendations in a semi-annual letter to the DCFS Administrator so that recommendations to improve child welfare practice can be considered in a timely manner.

Meeting Dates and Activities

During 2009, the Panel members met six times to conduct the business of the group, and participated individually in targeted case reviews.

<i>Meeting/Activity Date</i>	<i>Topics</i>
January 27, 2009 <i>Panel Meeting</i>	<ul style="list-style-type: none"> • Review and finalize 2008 Annual Report • Membership update
April 7, 2009 <i>Panel Meeting</i>	<ul style="list-style-type: none"> • Presentation on targeted case review requests from Children’s Justice Act (CJA) Task Force • Presentation on Child and Family Team (CFT) statewide process • Review status of 2009 workplan topics
June and July, 2009 <i>Targeted Case Reviews</i>	<ul style="list-style-type: none"> • Panel participation in targeted case reviews focused on CPS referrals for CAPTA-required developmental assessments
July 7, 2009 <i>Panel Meeting</i>	<ul style="list-style-type: none"> • Formal review and discussion of DCFS response to CRP 2008 Annual Report recommendations • Presentation on DCFS core training for child welfare workers • Presentation on Clark County Early Representation Program (ERP)
October 6, 2009 <i>Panel Meeting</i>	<ul style="list-style-type: none"> • Workplan development for review of parent, sibling, and relative visitation per request from CJA Task Force • Update on Nevada Initial Assessment (NIA) redesign • Membership update
November 10, 2009 <i>Policy and Procedure Review Meeting</i>	<ul style="list-style-type: none"> • Presentation on Clark County visitation policies and practices • Presentation on Washoe County visitation policies and practices • Presentation on rural visitation policies and practices • Roundtable discussion and recommendations for Annual Report
December 8, 2008 <i>Panel Meeting</i>	<ul style="list-style-type: none"> • Update on activities of Northern and Southern Citizens Advisory Committees (CACs) • Review and finalize 2009 Annual Report • Update on Child and Family Services Review (CFSR) outcomes and program improvement plan (PIP) process

APPENDIX A: OVERVIEW OF THE NEVADA CITIZEN REVIEW PANELS

Federal Requirements

As outlined in Public Law 104-235, Title I, Section 106, the Child Abuse Prevention and Treatment Act (CAPTA) provides for a state grant program for the support and improvement of state child protective services (CPS) systems. This law sets forth a variety of eligibility requirements, including the establishment of citizen review panels. The purpose of the panels is “to provide new opportunities for citizens to play an integral role in ensuring that states are meeting their goals of protecting children from abuse and neglect.”

The citizen review panel (CRP) system within a given state must meet certain operational requirements and meet a scope of responsibilities within the function of the panel. These are outlined as follows:

Scope of Responsibilities

Each CRP is required to review the compliance of State and local CPS agencies in the fulfillment of their responsibilities with respect to the following:

- Work in accordance with the CAPTA State Plan.
- Examine State and local policies and procedures.
- Review specific cases, when appropriate.
- Review other criteria the panel determines important to the protection of children, including the following:
 1. Review of the extent to which the State CPS system is coordinated with the Title IV-E foster care and adoption assistance programs.
 2. Review of child fatalities and near fatalities.

Although the review of child fatalities and near fatalities falls within the scope of responsibilities for the CRP, the Panel does not review any child death cases because Nevada has a well-established child death review (CDR) process with existing regional CDR teams that review child deaths in accordance with Nevada Revised Statutes (NRS).

State Requirements

As part of the CAPTA requirements, states are required to codify CRPs through state law. In Nevada, this was completed with the passage of Assembly Bill (AB) 158 during the 1999 legislative session. The relevant text of AB 158 was incorporated into NRS under Chapter 432B.396. This law reads as follows:

The Division of Child and Family Services shall:

1. Establish a panel comprised of volunteer members to evaluate the extent to which agencies which provide protective services are effectively discharging their responsibilities for the protection of children.
2. Adopt regulations to carry out the provisions of subsection 1 which must include, without limitation, the imposition of appropriate restrictions on the disclosure of information obtained by the panel and civil sanctions for the violation of those restrictions.

During 2001, NRS 432B.396 was amended as a result of AB 248 to establish civil sanctions for violations of confidentiality on the part of CRP members. This amendment includes additional language highlighted in subsection two as follows:

1. Establish a panel comprised of volunteer members to evaluate the extent to which agencies which provide protective services are effectively discharging their responsibilities for the protection of children.
2. Adopt regulations to carry out the provisions of subsection 1 which must include, without limitation, the imposition of appropriate restrictions on the disclosure of information obtained by the panel and civil sanctions for the violation of those restrictions. **The civil sanctions may provide for the imposition in appropriate cases of a civil penalty of not more than \$500. The Division may bring an action to recover any civil penalty imposed and shall deposit any money recovered with the State Treasurer for credit to the State General Fund.**

Statewide Citizen Review Panel

The Statewide CRP operates with the following 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.

Prior to 2004, the Statewide Panel consisted of a maximum of 12 members appointed by the Administrator of the Division of Child and Family Services (DCFS), whose designee serves on the Statewide Panel. The group included representation from a variety of State and County agencies, community organizations, and professional backgrounds. Membership categories for the Statewide Panel are not federally mandated. However, they were originally based on the membership categories mandated under CAPTA for the Children's Justice Act (CJA) Task Force. The CJA Task Force functions in a complementary manner with the CRP, and therefore the membership was mirrored accordingly.

Recently, both the Statewide Panel and DCFS Administration have placed more emphasis on recruiting community members who are not directly affiliated with the child welfare service system, but still have a professional interest in the wellbeing of children. This includes recruitment from sectors including school districts, child care providers, nonprofit advocacy and service organizations, and professional medicine. As a result, Statewide Panel members from State and County agencies were asked to begin serving in an advisory capacity to the group. This change was made in 2003 prior to the beginning of the case record review process initiated by the Panel, so that members representing other disciplines would be able to provide more objective feedback on cases reviewed at that State and County level.

During 2004, the Statewide Panel underwent a major structural change and was reorganized as a subcommittee of the Children's Justice Act (CJA) Task Force. This was done for two primary reasons: 1) To increase the effectiveness of the Panel's work by joining with a larger advisory group whose work is most directly related to that of the Panel; and 2) to meet the requirements of new statewide advisory board restructuring done by the Division of Child and Family Services (DCFS) in order to reduce the amount of staff time and resources expended on the business completed by such groups. Prior to this restructuring, DCFS had a considerable number of advisory groups and other statewide committees, and it has become necessary to increase efficiency in the area of stakeholder contribution to the work of the Division.

Concurrent with this change, membership on the Statewide Panel has decreased as a result of member turnover. Some new members will be recruited to offset this turnover, and the participation of existing CJA Task Force members in the work of the Panel subcommittee will be encouraged in order to draw on the expertise of current members of the Task Force.

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 policy and procedure reviews, and targeted 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 through individual CPS case reviews. Each year, the Statewide Panel's findings are summarized in an Annual Report (this document) submitted to the federal government as part of the CAPTA requirements.

Northern and Southern CACs

Background: Required Expansion of Nevada Citizen Review Panels

CAPTA requires each state that receives the Basic State Child Abuse and Neglect State Grant in excess of \$200,000 to have a minimum of three CRPs. Nevada began receiving more than this amount in 2006 through grant adjustments, and will probably continue to receive more than this

amount in the future. Therefore, it was necessary that Nevada expand the number of CRPs to three in order to come into compliance with the federal requirements. According to CAPTA, Section 106, CRPs may function as part of other committees already in existence. Nevada's existing group, the Statewide Panel, has been established since 1999 per the above overview.

The CJA Task Force met in December, 2005, to review and approve a proposal from DCFS for the expansion of CRPs in 2006. Upon review, the Task Force recommended that DCFS invite the existing Northern and Southern Child Welfare Citizens Advisory Committees (CACs) to serve as the second and third CRPs. The CACs currently operate at the County government level in Washoe and Clark Counties.

During the first half of 2006, staff conducted preliminary discussions with the chairs of these two groups, and a formal letter was issued by the DCFS Administrator in May, 2006, inviting each of the CACs to serve as CRPs. A meeting was held between staff and the CAC Chairs in August, 2006, to formalize the plan for inclusion of the Northern and Southern CACs in Nevada's CRP process. Approval to join as a CRP was given by the Northern CAC in late 2006, and by the Southern CAC in early 2007.

Each of the CACs has re-focused some of its goals and workplans to begin developing recommendations for system change that can be incorporated into the statewide CRP process. Both CACs currently review areas of focus mandated for CRPs through CAPTA, which is a primary reason the CJA Task Force recommended their inclusion. Because the CACs are more closely tied to the CPS agencies in the north and south, which are the state's two largest population centers, they are ideally positioned to provide additional recommendations for system improvement in Washoe and Clark Counties. The Statewide Panel will maintain its broader focus, continuing to examine CPS across the entire state, while the CACs will be able to provide a deeper look at the CPS system through their respective ties to the County child welfare agencies. This will present new opportunities to make recommendations for more locally-focused system change that will rise up to the State level. This will also increase State and regional collaboration so that necessary changes can be actively addressed.

APPENDIX B: OVERVIEW OF THE STATE CHILD WELFARE SYSTEM

Statewide Integration of Child Welfare

Prior to 2001, the child welfare system in Nevada was bifurcated between State and County agencies as a result of State law. Under Nevada Revised Statute (NRS) 432B.325, the law required that counties in which the “population is 100,000 or more shall provide protective services for the children in that county and pay the cost of all those services.” In Nevada there are two counties that meet this criterion: Washoe County in northern Nevada and Clark County in southern Nevada. As a result, there are three separate agencies that provide child welfare and child protective services (CPS):

1. State of Nevada Division of Child and Family Services (DCFS)
2. Washoe County Department of Social Services (WCDSS)
3. Clark County Department of Family Services (CCDFS)

Originally, these agencies worked together through the CPS Statewide Managers Team, also known as the Nevada Child Protection and Permanency Planning Team. This team collaborated on pertinent law, regulation, and policy issues necessary to maintain statewide consistency for investigative and casework practices. The CPS Statewide Managers Team assisted with the development and oversight of the Child Abuse Prevention and Treatment Act (CAPTA) Basic State Grant.

The child protection agencies conduct child abuse investigations and may take children into protective custody and place them in licensed foster homes. Bifurcation occurred when the County child protection agencies transferred long-term or other foster care or potential adoption cases to the State via DCFS. Children were transferred from their initial CPS placement in the County to the State agency’s licensed foster care home. The transfer included changes in social workers, court process, and service delivery systems.

However, during 2001, the Nevada State Legislature passed Assembly Bill (AB) 1 of the 17th Special Session, which provides for the integration of State and local child welfare services. This bill was intended to end the practice of transferring cases from the Counties to the State, thereby reducing the number of changes in placement for a child in protective custody. Integration means that the two larger Counties will incorporate the previously separate child welfare functions of foster care and adoptions into one continuous system of child protection. The following are directives of AB 1:

- Transfers certain duties of the Division of Child and Family Services (DCFS), under the Department of Human Resources (DHR), to agencies of Washoe and Clark Counties.

- Establishes a Legislative Committee on Children, Youth, and Families to oversee the system transition.
- Makes appropriations to fund the transition between State and County agencies.

The implementation of this transition was completed in 2004. WCDSS began implementation in April, 2002, and completed its transition in January, 2003. CCDFS began implementation in October, 2003, and completed its transition in October, 2004. DCFS remains responsible for supervising and administering child protective and child welfare services in the remaining 15 rural counties. The integration of child welfare services in the two urban counties is intended to accomplish the following:

- Begin to eliminate the inefficiencies of the current system by reducing the number of placements of children in foster homes.
- Decrease the length of time that children remain in out-of-home care and ensure that children are placed in permanent homes as soon as possible.
- Establish rates for foster care reimbursement at a level that enables a provider of foster care to care for a child adequately. Rates should be standardized within each county and structured in a manner that avoids any unnecessary interruptions in foster home placements because of changing levels of reimbursements.
- Establish as a priority the fairness to employees affected by the integration of the child welfare system.
- Establish that DCFS and counties whose population is 100,000 or more have a shared fiscal responsibility for the costs of providing child welfare services, must be committed to ensuring through negotiation in good faith future maintenance of their efforts in providing these services, and must equitably share future costs for providing these services.
- Establish that integration of the child welfare system in Nevada will allow the placement of children in a child welfare system that is adequately funded and structured to avoid unnecessary interruptions in placement and will ensure that permanency is achieved for children in accordance with federal and state laws.

Subsequent to the integration of child welfare services within Washoe and Clark Counties, DCFS has moved into a new supervisory role for county-administered child protective and child welfare services. Supervision within the larger counties is being accomplished in a number of ways, including the development of a Decision-Making Group (DMG) comprised of the DCFS Administrator, DCFS Deputy Administrators, and the Counties' Child Welfare Agency Directors. This group was originally formed to address the findings of the Child and Family Services Review (CFSR), which include the determination that Nevada lacks standardized statewide policies.

Historically, each of the state's three regional service areas (north, south, and rural) operated independently and were allowed to develop and implement regionally-based policies. Additionally, during the integration process, Nevada had not previously clarified the roles of the State and Counties, and so the State has not been viewed as the accountable supervisory authority for child welfare service delivery.

Based on this, a collaborative Policy Development and Approval Process was established under the Program Improvement Plan (PIP), which responded to the CFSR. Collaborative Policy Teams have been established and are comprised of representatives from each regional service area, along with select internal and external stakeholders as needed. Each Policy Team may include subject matter experts, consumers, managers, supervisors, trainers, and community partners. The role of the Policy Team members is to conduct research, provide content expertise, and develop draft policies that are provided to the DMG for final policy approval.

The Policy Teams are assigned specific activities in order to provide structure for the policy development process. Specific activities of the teams typically include the following:

- Review existing policies and procedures, comparing them to applicable federal regulations, Nevada Revised Statutes (NRS), and Nevada Administrative Codes (NAC); identify how the policies can be standardized and reflective of nationally recognized best practices.
- Develop new policies and where appropriate and include practice guidelines (field guides or practice manuals) to accompany each new policy developed. Streamlining documentation will be analyzed with each new policy developed.
- Present each new policy to the Decision-Making Group for approval. The Decision-Making Group will review all drafts submitted by the Policy Teams and will make recommendations for revision, or finalize and approve each new policy. The Decision-Making Group will provide oversight for the direction and implementation of the approved policies, and relevant procedures and practice guidelines linked to new policies.
- The Decision-Making Group will direct the Policy Teams to respond to any policy refinement needs discovered through the continuous quality assurance and improvement process.

Stakeholder involvement in policy development has also been promoted as part of the plan strategies developed through the PIP and the DCFS five-year plan. This includes collaboration with internal and external stakeholders across all program areas in the development of statewide policies, in order to improve safety, permanency, and wellbeing outcomes for children in Nevada.

Substitute Care – Foster Care

The authority for the substitute care program is delegated to the Division of Child and Family Services (DCFS) by Nevada Revised Statute (NRS) 432.020, which establishes the Division's responsibility to support and maintain children placed in its custody, and NRS 432.032, which provides authority to adopt program regulations. NRS 432B.180 establishes the duties of DCFS including the requirement to plan, coordinate, and monitor the delivery of child welfare services provided throughout the State. NRS 432B.190 requires the Division to adopt regulations for the provision of child welfare services, including the following:

- Protection of the legal rights of parents and children.

- Emergency shelter for a child.
- The prevention, identification, and correction of abuse or neglect of a child in residential institutions.
- Evaluating the development and contents of plans submitted for approval under NRS 432B.395, which pertains to efforts to prevent or eliminate the need for removal of children from their homes, and to facilitate a safe return to homes where removal is necessary.

Substitute care is a family-focused service that provides for the temporary care of children in need of protection. Its services are aimed at changing behaviors in parents that have resulted in child maltreatment leading to out-of-home placement. The Division returns children who have been removed and may be safely restored to their families through the provision of services to the child and family. When reunification is not possible, the Division seeks alternative permanency options which best suit the child's needs. Specifically, the Division provides assessment and comprehensive case management services that support the child, the parents, and the caregivers.

The continuum of out-of-home care services includes emergency shelter care, foster family care (including placements with relatives), group home care, therapeutic foster care, respite care, residential treatment care both in and out of state, and independent living services. The Division emphasizes the safety and wellbeing of children, recognizes the family as the fundamental foundation of child rearing, and acknowledges the importance of a comprehensive, community-based, child-centered, family-focused, and culturally competent teamwork approach.

The Division believes families offer children and young adults opportunities for permanency and family relationships that are intended to last a lifetime. Permanency affords the stability and security that children must have for building competency and self-reliance and for maximizing their cultural and spiritual growth. The Division supports collaborative efforts in every community to help assure permanence in the lives of all children.

DCFS began major child welfare reform in 1992 with the commitment to move from a protective authority to a family-centered approach in casework. The first phase was the adoption of a training series for social workers that incorporates the philosophy and principles of family-centered practice in the four major casework areas:

1. Child protective services (CPS)
2. Adoption
3. Foster care
4. Child welfare

In 1994, the second phase of this initiative included the creation of the Foster Care Statewide Steering Committee to address professionalization, training, and retention of foster caregivers. The goal was to improve the quality of foster care by means of a family-centered approach with foster caregivers. The yearlong efforts of this task force and its three subcommittees resulted in a number of improvements within foster care. These included the following:

- Implementation of a 36-hour pre-service foster parent training curriculum
- Involvement of foster care providers in case planning
- Promotion of the development of a Foster Parent Bill of Rights

To continue the efforts of this initiative and to address the quality of care standards required by the Adoption and Safe Families Act (ASFA), DCFS formed a Quality of Care Standards (QCS) Statewide Task Force. The Task Force reviewed current standards and suggested additional standards to improve services and practices. The QCS Task Force was composed of child welfare managers, supervisors, social workers, specialists, foster care providers, and representatives from County social services. The Task Force represented Nevada's three geographic regions: north, south, and rural. Five areas were addressed by the Task Force:

1. Foster care licensing
2. Training
3. Retention and support
4. Quality of care for foster children
5. Professionalization of foster caregivers

After an initial review and recommendation report was developed, the QCS Task Force membership was dissolved into other groups that continue to evaluate the five areas outlined above and to recommend ways to improve the delivery of services and quality of care for children in foster care.

Specific to the training implemented by the Task Force, Nevada adopted a 36-hour pre-service training curriculum in 1997, which is required of all potential foster and adoptive families. The training is designed to provide families with knowledge and skills that can greatly contribute to their success. Some families will decide that foster care and/or adoption is not for them, while others will begin to gain an understanding of the role of their family and how additional children can enhance their family life.

The northern and southern regions have trainers on staff who provide the 36-hour pre-service training. The rural region contracts out to a local provider to recruit and train foster homes, using the same pre-service curriculum. This is an established curriculum developed by the Institute for Human Services in Columbus, Ohio, which is widely considered to be state-of-the-art training.

Beginning in 2002, since the implementation of the integration of child welfare services in Washoe and Clark Counties, the training now varies by region in terms of hours required and curriculum content, ranging from approximately 22 to 36 hours. However, since only eight hours are required by law, the regional training requirements significantly exceed the minimum established requirements.

APPENDIX C: PANEL MEMBERS

Statewide CRP Members

<i>Member</i>	<i>Affiliation</i>	<i>Representation/Region</i>
Chris Bayer	CASA of Carson City	CASA – Rural Region
Betsey Crumrine	Division of Child and Family Services (DCFS)	Designated Representative for Division Administrator – Statewide, DCFS Central Office
Jackie Harris	Southern Citizens Advisory Committee (CAC)	Child Protective Services – Southern Region
Jeanne Marsh	Northern Citizens Advisory Committee (CAC)	Child Protective Services – Northern Region
Luci Mullins	Clark County Special Public Defender’s Office	Children’s Attorney – Southern Region

Advisory Staff

<i>Member</i>	<i>Affiliation</i>	<i>Representation</i>
Cynthia Freeman	DCFS – Family Programs Office	Child Protective Services – Statewide, DCFS Central Office
Tom Morton	Clark County Department of Family Services (CCDFS)	Child Protective Services – Southern Region
Kevin Schiller	Washoe County Department of Social Services (WCDSS)	Child Protective Services – Northern Region

Northern CAC Members

<i>Member</i>	<i>Affiliation</i>	<i>Representation</i>
Eric Beye	Washoe County School District	School District
Frank Cervantes	Washoe County Department of Juvenile Services	Juvenile Probation
Denise Everett	Quest Counseling and Consulting, Inc.	Substance Abuse Service Agency
Stuart Gordon	Family Counseling Services of Northern Nevada	Agency Serving Low Income Individuals
Mary Herzik	CASA of Washoe County	Court-Appointed Special Advocates
Shirley Luke	The Robison House	Children's Mental Health
Jennifer Lunt	Washoe County Alternative Public Defender's Office	Attorneys Representing Parents
Eddie Martinez	UJIMA Youth Services	Former Participant in the Child Welfare System
Sherri Rice	Access to Healthcare Network	Advocates for Health Care for Low Income Families
Amy Saathoff	Committee to Aid Abused Women	Domestic Violence Service Agency
Karen Sabo	Washoe Legal Services	Attorneys Representing Children
Michael Sandefer	Alliance Family Services, Inc.	Parent Advocate

Southern CAC Members

<i>Member</i>	<i>Affiliation</i>	<i>Representation</i>
Jennifer Bevacqua <i>Co-Chair</i>	Olive Crest	Private Providers of Mental Health Services
Jan Biggerstaff	State Board of Education	Child Welfare Advocate
LaTrece Coleman	Housing Authority of the County of Clark, Nevada	Local Housing Agency
Jacqueline Harris <i>Chair</i>	Bridge Counseling Associates	Substance Abuse Services Agencies
Patty Merrifield	DCFS	Children's Mental Health Services
Patty Miller	Nevada Division of Health Care Financing and Policy	Nevada Medicaid
Carolyn Muscari	SAFE House	Domestic Violence Service Agencies
Sheila S.Parks	CASA	Court Appointed Special Advocates – CASA
Fritz Reese	Clark County Department of Juvenile Justice Services	Local Juvenile Probation Services
Susie Sernoe	Clark County School District (CCSD)	Local School District
Cynthia Diane Steel	Clark County Family Court	Family Division of District Court
VACANT	-	Former Participant in the Child Welfare System
VACANT	-	Youth with Foster Care Experience
VACANT	-	Foster and Adoptive Parents
VACANT	-	Parent Advocates
VACANT	-	General Public