

POSITION IN STATE GOVERNMENT

In FY 2009, the Grants Management Unit (GMU) within the Director's Office of the Department of Health and Human Services was designated by the governor as the CBCAP lead agency. GMU monitors accountability and provides technical assistance for the Nevada Children's Trust Fund (NVCTF). NVCTF acts as a funding conduit for CBCAP monies. GMU's situation in the DHHS Director's Office gives it structural linkages to DHHS Divisions: Health, Health Care Financing, Child and Family Services, Aging and Disability Services (the lead agency for IDEA-Part C), and Welfare and Supportive Services. DHHS also contains the Head Start Collaboration Office. GMU also oversees Family to Family Connection (F2F) which provided resources and support to all families with children from birth to age 4; Family Resource Centers (FRC) which provide information, referrals and case management to families at risk; and other programs that provide services to Nevada families. This close connection among state agencies and programs that serve families facilitates communication and collaboration.

KEY ACTIVITIES AND ACHIEVEMENTS

- Core Services:** During FY 2009, NVCTF provided primary and secondary prevention funding on a competitive basis to 12 agencies for parenting education, skills-based curriculum for school-aged children, child self-protective training, and statewide child abuse prevention public awareness. This was the second year of a two-year funding cycle. In addition, 11 Family Resource Centers (FRCs) in 10 counties representing 97% of Nevada's population were funded to dedicate staff to a differential response initiative. Working with three child welfare agencies, FRC staff members were designated first-responders for children who had been reported to child protective services as neglected. In addition, GMU provided training, technical assistance, monitoring, and program planning services to FRCs and F2Fs. Finally, GMU worked with Prevent Child Abuse Nevada (PCANV) to develop and implement a public awareness campaign that was undertaken in one city as a year-long initiative, and throughout the state during Child Abuse Prevention Month. GMU facilitated collaboration among its funded programs and other community-based providers through in-kind exchanges of staff and space, mutual referral and recruitment, and shared planning.
- Policy achievements:** The public/private partnership developed for differential response in reports of child neglect was a significant policy accomplishment. In addition, it was the goal of GMU to build collaborative programming across funding sources, thereby reducing administrative costs, increasing direct funding for services to children and families, and increasing accountability. The Governor created a podcast on child abuse prevention that was available on the state's website for the month of April, Child Abuse Prevention Month.

Outreach to Special Populations/Cultural Competence: A survey of participants in NVCTF programs revealed that CBCAP funded programs serve a diverse population, including clients who are Spanish-speaking, Native American, African American, Asian American, families who were homeless, as well as parenting teens. The Grants Management Advisory Committee sought to provide services to families reflecting the ethnic and geographic diversity of the state. NVCTF also funded a domestic violence program and respite care for families of children with special needs. All applicants for NVCTF funding must demonstrate bilingual capacity. Public awareness materials were available in Spanish. Two Indian reservations participated in Child Abuse Prevention Month activities.

- Parent involvement/leadership:** FRCs and F2Fs are required to have community advisory councils that include parent consumers. In some programs, parents who are former clients serve on boards or have been hired as staff. GMU solicits input from parents via consumer satisfaction surveys. The results are used to modify programs to better meet parents' needs.



- Evaluation:** As mentioned above, parent satisfaction surveys are an important method for evaluation, used as a basis for redesigning programs to better meet consumer needs. Using a Likert scale, the majority of program participants rated their programs very good or excellent. Nevertheless, six programs changed their parent education offerings based on satisfaction surveys. Client feedback on other trainings was also positive; 95% of participants would recommend to others their sessions on recognizing and reporting abuse, and preventing shaken baby syndrome. A telephone survey of parenting class participants revealed that 97% found sessions on positive concrete discipline strategies, child development, and bonding satisfactory. NVCTF RFA's required that applicants use evidence-based, evidence-informed, or emerging models, and that they specify outcomes. Quarterly reports included progress toward achieving outcomes. NVCTF-funded programs that provide parenting programs were required to use the Protective Factor Survey to measure outcomes. For example, in a 5-6 week parent education program for 2,050 participants, 53% of parents improved in the area of family functioning and 40% improved on the question, "There are times when I don't know what do as a parent." Of programs that used the Protective Factor Survey, the majority of participants indicated increases in protective factors. Training programs for providers showed increases in knowledge and awareness. For example, 87% of participants in Recognizing, Reporting, and Preventing Abuse demonstrated increased knowledge in pre- and post-tests. In self-protection training programs for children, 95% of students demonstrated improved knowledge and self-protection skills.
- Support Training, Technical Assistance, and Evaluation Assistance:** GMU provided technical assistance to grantees regarding quantitative and qualitative outcomes. Telephone and e-mail technical assistance was given on accurately defining, measuring, and reporting outcomes FRIENDS provided initial training on the Protective Factor Survey. On-going training and technical assistance was provided regarding differential response, along with monthly regional meetings, site specific meetings, and monthly reporting. E-mail notification was sent to grantees about grant opportunities, community resources, as well as training opportunities covering Medicaid, Sudden Infant Death Syndrome, suicide prevention, Shaken Baby prevention, and the Children with Special Health Care Needs program.

Participants receiving direct services	# individuals	8420	# families	6736
	# children with disabilities	1684	# parents with disabilities	590
Reach	# local grantees	14		
Spread	# training sessions on evidence-based and best practices		# professionals participating in training	At least 900

ESSENTIAL PARTNERSHIPS

- Grants Management Advisory Committee (GMAC)
- Prevent Child Abuse Nevada
- Family Resource Centers
- Family to Family Connection Programs
- County/state welfare agencies



Public Sector

- Child welfare
- Differential or alternative response
- Public health/ maternal and child health
- Education and special education
- Early childhood
- Substance abuse
- Mental health
- Head Start/ Early Head Start

- Child care
- Tribal programs
- Fatherhood programs

Private Sector

- Advocacy organizations
- Parent organizations
- Foundations
- Faith community
- Adolescent pregnancy organizations

SYSTEM CHANGE EFFORTS

- **Early Childhood:** Family to Family links families to information and resources for children 0 – 4. Like GMU, the Office of Head Start Collaboration, and the Early Childhood Comprehensive Systems program are housed within the Director’s Office of DHHS. These programs work closely with FRCs and F2Fs to provide services to families with young children.
- **Child and Family Service Reviews/Program Improvement Plan (CFRS/PIP):** The Differential Response (DR) program described above was part of Nevada’s CFRS. 11 FRCs were funded to hire staff to be first responders to CPS reports of child neglect. This was a public/private partnership involving state and county welfare agencies and community-based FRCs. GMU also received a grant from the Casey Family Programs to support DR training and technical assistance. FRC staff made initial contact with families, conducted family assessments, provided ongoing services as needed, and determined when a case should be closed. This program was evaluated by the Institute for Applied Research (IAR) from St. Louis, MO. IAR submitted a report in November 2009 which concluded that the Differential Response Program was successful, but must be expanded to have any significant impact on the number of children entering the child welfare system
- **Home Visiting:** Not mentioned.
- **State Interagency Coordinating Council for Part C:** Not mentioned though NVCTF does fund respite services for families with children with disabilities.
- **Strengthening Families:** Not mentioned.
- **Interagency Child Abuse Prevention Task Force:** Not mentioned.



FUNDING AND FISCAL LEVERAGING

Fiscal Leveraging

Innovative funding mechanisms:

- State funds
- Fund for Healthy Nevada (tobacco settlement)
- United Health Care Settlement Funds
- Casey Family Partnership
- Children's Trust Birth Certificate fees

State Allowable Claims	4,556,881
Population-based Allocations	222,832
Leveraged-Funds-Based Allocations	150,168
Final FY 08 Federal Grant Amount	357,049

EVIDENCE-BASED AND EVIDENCE-INFORMED PRACTICES

Level per Program Assessment Rating Tool	CBCAP Funding
Programs Lacking Support or Positive Evidence/Undetermined/Harmful	0
Emerging and Evidence-informed Programs and Practices	\$25,786
Promising Programs and Practices	\$254,491
Supported Programs and Practices	\$56,688
Well Supported Programs and Practices	0

TRAINING TOPICS

Administrative and Management Topics

- Collaboration and partnerships for prevention
- Fiscal leveraging
- Evaluation and data management
- Program monitoring and continuous quality improvement
- Grant reporting requirements
- Strategic planning

Programmatic and Service Topics

- Research on prevention and child maltreatment
- Evidence-based and evidence-informed programs and practices
- Prevention programs and family support
- Promoting protective factors and reducing risk factors
- Marketing, messaging and public awareness

RESOURCES

- Annual [www.friendsnrc.org/...](http://www.friendsnrc.org/)
- http://dhhs.nv.gov/Grants/Grants_ChildrenFund.htm

