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MEMORANDUM

Date: June 9, 2005

To: Program Improvement Plan Decision Making Group
Susan Klein-Rothschild, Director - CCDFS
Michael Capello, Director - WCDSS
Theresa Anderson, Deputy Administrator – DCFS
Patricia Merrifield, Deputy Administrator – DCFS
Diane Comeaux, Deputy Administrator – DCFS
Robert Mclellan, Deputy Administrator - DCFS

From: Jone M. Bosworth, Administrator - DCFS

Re: Recommendations to the Decision Making Group from the Administrative Team on Child Death Review

This memorandum is being written in my capacity as the Chair of the Administrative Team for the Review of Child Fatalities. In the Administrative Team meeting on May 23, 2005, the Clark County Child Death Review Multidisciplinary Team made recommendations in their first quarterly report regarding the following child welfare issues:

Child Protective Services

1. Shelter and foster parents should be trained in CPR.
2. CPS licensing standards for foster parents/shelter parents – We recommend not providing “waivers” for families to have any more than 2 children under the age of 18 months and no more than 4 children under the age of 4.
3. CPS – When a family member is given custody of a child and the long-term plan is to “transition” a child back to the parent, there is concern about these situations. We had a case where a child was given to a relative who then gave the child back to the mentally ill parent. We would like for there to be some clarification for relatives that when they are given a child, the child is their responsibility
4. CPS – Clarification on what the role/responsibility of CPS is in cases where there is concern about suicide ideation or attempt. If no role, what is their recommendation regarding resources and follow-up?

Mental Health:

5. The delay in psychiatric evaluation and lack of bed space for suicidal children. These children often end up “housed” in emergency departments for many days without treatment and families decide to leave before a psychiatric facility will take them.
6. Mental health aftercare- there is a lot of non-compliance with kids regarding the outpatient treatment plan. Can monitoring (and intervention) be improved?

The Administrative Team voted to refer these issues to the Decision Making Group and requested that a response regarding action strategies be submitted back to both the Executive Committee for the Review of Child Fatalities and the Administrative Team.

I am requesting that the Decision Making Group address these issues at its earliest convenience and formally respond. Thank you.

Cc: Administrative Team member

Executive Committee Co-Chair