

**MINUTES OF THE MEETING
OF THE
ASSEMBLY COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-Sixth Session
February 18, 2011**

The Committee on Health and Human Services was called to order by Chair April Mastroluca at 12:17 p.m. on Friday, February 18, 2011, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4406 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda ([Exhibit A](#)), the Attendance Roster ([Exhibit B](#)), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at www.leg.state.nv.us/76th2011/committees/. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

Assemblywoman April Mastroluca, Chair
Assemblywoman Peggy Pierce, Vice Chair
Assemblyman Elliot T. Anderson
Assemblywoman Teresa Benitez-Thompson
Assemblyman Steven Brooks
Assemblyman Richard Carrillo
Assemblywoman Lucy Flores
Assemblyman Jason Frierson
Assemblyman Pete Goicoechea
Assemblyman John Hambrick
Assemblyman Scott Hammond
Assemblyman Pete Livermore
Assemblywoman Debbie Smith

COMMITTEE MEMBERS ABSENT:

Assemblyman Mark Sherwood (excused)

GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Allison Combs, Committee Policy Analyst
Risa Lang, Committee Counsel
Terry Horgan, Committee Secretary
Olivia Lloyd, Committee Assistant

OTHERS PRESENT:

Amber Howell, Deputy Administrator, Division of Child and Family Services, Department of Health and Human Services
Betsey Crumrine, Rural Region Manager, Division of Child and Family Services, Department of Health and Human Services
Kevin Schiller, Director, Department of Social Services, Washoe County
Tom Morton, Director, Department of Family Services, Clark County

Chair Mastroluca:

[Roll was taken.] Today we have a presentation on the foster care system in Nevada. It is an overview, and the documents our witnesses will be presenting are available on the Nevada Electronic Legislative Information System (NELIS).

I also want to remind the Committee that we have some bill draft requests available, so if you have suggestions, please see me and we will discuss them.

Amber Howell, Deputy Administrator, Division of Child and Family Services, Department of Health and Human Services:

We are here to talk to you today about the foster care system in Nevada. We thought we would begin with a brief overview, including a flow chart, of what foster care looks like in the State of Nevada ([Exhibit C](#)). It is a very basic walk-through of what it looks like for a child to go through the system. Directors of various county and state child welfare agencies are with me today, and they will talk more specifically about the uniqueness within their jurisdictions. I will then provide you with an overview of the federal review that is required in child welfare and our program improvement plan (PIP).

Foster care is a temporary living arrangement for abused, neglected, and dependent children who need a safe place to live when their parents or another relative cannot take care of them. Often their families face issues such as illness, alcohol or drug addiction, and/or homelessness. Foster families are recruited, trained, and licensed to care for the children temporarily while their parents work with child welfare to resolve their family issues. Relatives may also be licensed as foster parents. Foster care is intended to be a short-term

situation until a permanent placement can be made. Types of permanent placements include reunification with the biological parents, adoption, and permanent transfer of guardianship. If none of these options are a viable plan, the minor may enter into an Other Planned Permanent Living Arrangement (OPPLA) placement. This option allows the child to stay in the custody of the child welfare agency and in foster care until age 18. The child may also receive independent living services.

In Nevada, the Division of Child and Family Services (DCFS) is responsible for foster care delivery in the rural areas and oversight for urban county-operated foster care services. In the urban counties, the Clark County Department of Family Services and Washoe County Department of Family Services are responsible for foster care service delivery.

**Betsey Crumrine, Rural Region Manager, Division of Child and Family Services,
Department of Health and Human Services:**

The rural region consists of 15 counties combined into 4 districts with a total of 10 offices. Currently, the rural region has 406 children in foster care, 38 of whom are placed in relative placements and 368 are in nonrelative placements. Removing a child from his or her parents' care and custody sets in motion federal regulations and state statutes, regulations, and policies that guide the provision of child welfare services throughout the life of the case. Upon removal, federal regulations dictate time frames in which judicial findings must be made in order to establish and maintain Social Security Act Title IV-E foster care reimbursement for the remainder of the child's stay in care.

Because of the unique geographical layout of the rural region, DCFS has six judicial court districts that hear our cases. Statewide policy requires that within 45 days from removal of a child from his or her parents' home, we institute a case plan. A child and family team meeting is convened. The child and family team consists of individuals identified by the family and the agency who are familiar with the family's strengths and needs. Families are encouraged to include natural support such as extended family, close friends, members of their faith community, and anyone else they want to attend to be part of that child and family team meeting. The result of that meeting is a case plan. Case planning is a family-centered process that focuses on a family's strengths, goals, and resources to assist the family in building protective capacities and increase family functioning.

Case plan services include a wide array of mental health assessments, parental capacity evaluations, child functioning assessments, and substance abuse assessments. Examples of typical services in case plans can include parenting and anger management services, domestic violence services, employment or

higher education services, assessment and advocacy for children with learning disabilities, health care, housing assistance—a wide array.

Because services are sometimes scarce in rural Nevada, DCFS has instituted programs like Intensive Family Services, which we call IFS. This provides both mental health assessments for parents and children and also intensive in-home therapeutic services aimed at mitigating safety factors and aiding in the safe and expedited return of children to their families.

In addition, we utilize an array of community-based services when available. The following agencies could be involved with a family we are working with and include:

- Family Resource Centers.
- The Division of Welfare and Supportive Services to help obtain welfare benefits.
- The Social Security Administration for disabled benefits and/or death benefits.
- Dependency Drug Court.
- Mental Health Court.
- The Division of Mental Health and Developmental Services.
- Nevada Medicaid.
- The Department of Employment, Training and Rehabilitation.
- The Department of Education.
- Domestic violence providers.
- Substance abuse providers.
- Law enforcement.
- Juvenile Justice Services.
- County social service agencies.
- Nonprofit-community agencies.

As Amber mentioned, within 12 months of removing a child from the home we are supposed to have a permanency plan identified that the court adopts for the child. Those plans could include reunification with parents, adoption, guardianship, placement with a relative or fictive kin caregiver, or adoption with a nonrelative caregiver.

All children in the foster care system must have a court approved permanency plan within 12 months of removal from their home. Barring compelling reasons not to, the state is required to file a termination of parental rights petition whenever a child has spent 14 of the last 22 months in foster care.

Currently, DCFS has a total of 294 adopted children receiving subsidies. We have a centralized adoption unit in Carson City, so at a certain point in a case when we have decided we need to terminate parental rights because the parents have not made adequate progress on their case plan and the 14 months are up, then those cases are transferred to Carson City where three adoption workers handle them. The adoption unit is currently averaging one to four adoptions per month.

Assemblyman Hambrick:

Going through the flow chart, it looks very adequate if everything goes perfectly. As we all know, very rarely do things go perfectly. Could you comment on what the system does to make sure this works. I know your caseloads are high and your staffing level is low, but is there an internal mechanism to make sure children do not fall through the cracks as happened down south—a few with very tragic results? None of us want that to happen again. I am also interested in hearing about Washoe County and what they may do to be certain the system is inspected or reviewed occasionally. No system is perfect, but I would be interested to see what the oversight is.

Chair Mastroluca:

Before you answer Assemblyman Hambrick's question, could you explain how differential response works in the rurals and how that helps with your case plans?

Betsey Crumrine:

When a report of abuse or neglect gets screened in, a report is developed. That report can be dispositioned in different ways. Some reports are "Priority 3" and can be referred to differential response. They do not involve abuse and center around neglect of some kind such as educational neglect or environmental neglect. I do not know how many of our communities have differential response right now. I know that at least six of them do, and, on average, I believe we refer probably 10 to 14 cases a month to differential response.

Chair Mastroluca:

For the new Committee members, can you explain how differential response works and what you hope to accomplish with it?

Betsey Crumrine:

Differential response is a program where workers are assigned to these lower-level cases. They meet with the family. It is a voluntary program, so an investigation of abuse or neglect is not conducted; rather, an assessment is done. That assessment looks at family functioning, the strength of the family, and the needs of the family. Services are provided to those families to prevent

the need for them to enter the child welfare system at a later date. It is largely a preventative program.

Kevin Schiller, Director, Department of Social Services, Washoe County:

In our world, and I believe you will hear the same from Clark County, it starts with a phone call. We get an intake—from the school, a community member, or someone similar—who is concerned about a child in the community. That report gets screened; from the screener it gets sent to a supervisor. There are three levels of priority response so there are time frames associated. If the situation does not fall within *Nevada Revised Statutes* (NRS) Chapter 432B, we do what we call an information-only or information referral where we may refer to services or gather followup information.

One area you just talked about was differential response. Those cases that are screened in at the lower level with differential response either go to a Family Resource Center in Washoe County or they can go to the Children's Cabinet, which is a separate contract we have facilitated. Differential response is really intensifying services to those lower-level referrals. It is a prevention technique to prevent higher-level instances. We see huge success with those two programs.

Concerning intake information and referral, we have diversion contracts within the community. Services are available through the Children's Cabinet which provides a number of diversion techniques for us in terms of counseling. We also are a partner with the Kid's to Senior's Korner Outreach Program, a program that basically started with doing "knock and talk" where we go to high-risk areas and knock on doors. There is a van sponsored by St. Mary's Hospital. I highlight that fact because it is a partnership between the Reno Police Department, the Washoe County Sheriff's Office, the Washoe County Health District, and the Washoe County Department of Social Services. We do health outreach and try to identify high-risk families.

As those reports come in, one thing I would highlight—between differential response, Children's Cabinet services, and the diversion, we have seen a 15 to 20 percent reduction in reports coming into our agency. It is hard to track the details, but we believe that reduction is a direct result of the diversions. Differential response has also had a huge impact on that reduction, along with counseling services.

Once we have a report, the first step we take is to talk to the victim. In most cases, if we can, we talk to the child, and we generally try to do that within the school system. We interview the child and try to get an assessment of what is going on in relation to the report. The interview includes talking with siblings

and the school counselor, who may have collateral information, before notifying the parents of the interviews. Once we have interviewed, we talk to the parents. We are trying to comprehensively assess the safety of that child: What does the present situation look like and is there impending danger for the child? More and more, we are trying to plan around the most traumatic impact—foster care and removal. We try to involve community partnerships and agencies in a plan to facilitate either keeping that child in the home or placed with a relative; or in a safety plan with a relative, a neighbor, or someone like that.

Is there risk involved in that decision? Absolutely, which is why we have worked with the state to develop a formalized assessment. The agencies I spoke about earlier are often a part of that plan in terms of getting services. One key thing we instituted about two years ago is called a family solutions team (FST) process. We took internal staff and trained them to become independent facilitators. If it looks as though we are approaching a removal or we have had a removal, it is mandatory in our Department that a family solutions team meeting occur. Our family solutions team includes anyone and everyone who can be a support system or give us insight into that family so we can get resources there. Team members could include a school teacher or a neighbor. Often we have found it will be the parents or relatives, and we fly relatives in from out of state. When we facilitate that meeting, we talk about the situation, what the risks are to the child, and we ask for help in fixing it. In contrast to the old system where we would have told a parent what the problem was, now what we do in these meetings is facilitate solutions and make the parents a part of the plan.

When we initially instituted this process, we had public defenders opposed to the idea from a legal perspective. They are my biggest advocates now, so where appropriate, attorneys attend those meetings. We are finding it is significantly improving our outcomes and reducing our foster care placements. At our high, about three years ago, we had about 1,050 children in legal custody. We are down to 739 to 800 children most of the time now, so there has been a significant impact on that situation.

What is that going to look like in terms of recidivism? How is it going to look in terms of referral? We are finding that in about 88 percent of the cases, we are not having a return. We are seeing successful outcomes tied to those provisions of services.

What happens if we have a team meeting and we have to place the child? The child will be placed into the foster care system, but that FST process does not go away. That same facilitator who may have facilitated the initial safety plan

becomes a part of the case-planning process and the writer of the case plan. What we are seeing is a balance between how we approach the family. That facilitator tends to be independent and helps us with alternate points of view and look at alternative resources. We have instituted it through the case-planning process, so in the interests of staffing we are trying to spread our staff as widely as we can. So that case-planning process and that review becomes a part of the FST process. Our goal is to eventually do that for the entire life of the case. Currently we get through about three-quarters of the cases, but what we eventually do is also get into a permanency discussion.

A permanency review takes place if we cannot reunify, because we must look at alternative arrangements. That same case-planning and team process drives decision making towards guardianship, adoption, or continued efforts toward reunification.

With that facilitated process, we have found that attorney man-hours and legal court time have been reduced somewhat because we are facilitating the barriers internally. That is a significant component, because in the Child and Family Services Review (CFSR), one primary target is expediting permanency for children so they are not lingering in the system.

In the unfortunate event that we have child deaths, near fatalities, or those types of issues that Assemblyman Hambrick referenced, we have a tightly reviewed legislative process for those cases. If we have any type of near fatality or other similar circumstance, we have to review the case. We also must bring it to our local child death and near fatality teams that will look at the situation in terms of how our system is interplaying. We have a child protection enforcement team that involves all the law enforcement agencies, administrators from my Department, and staff who look at how to improve those services. We also have a case compliance reviewer in our Department who is responsible for doing case compliance related to policies, procedures, and the framework of how children come through the system.

If we get into a case and see the need for intervention, as I indicated, the Children's Cabinet is a significant resource for us, as are the other service providers we pay. They end up providing a lower-level case management that keeps that child out of our system in many cases.

To your question concerning children falling through the cracks, I would mention our information referral and information-only reports. As you might predict, we get multiple calls sometimes on the same family. Something we learned several years ago is, when we look at the history on those cases, while one report viewed in a vacuum may not rise to the level of investigation, if there are

three of the same report you need to start looking more closely and looking at collateral information. If we get three reports that have anything related to an information-only or information referral, it must be reviewed. We must see what those red flags are in terms of our process.

I want to highlight something specific to Washoe County. Once we get into the legal process—into the permanency—we continue to work toward reunification. If that cannot occur and we get into adoption, obviously we get into the issue of recruiting foster and adoptive homes, and that is an ongoing struggle. When you adopt a child out, you lose a foster parent in many cases, so that is always an issue we are tackling.

I refer you to what is happening in terms of our reduction in legal-custody children, what we are starting to see now is a net gain. We are reducing the number of children coming into foster care and we are increasing the number of children who are going out on adoption which is having a significant impact on our reunification. From a system's perspective, the more we engage those families and take an alternate look at how to engage them versus telling them, the more we are finding we have much better outcomes.

Children aging out of care are the number one focus at this point for us as a Department. We are trying to figure out how to improve services to children aging out of care and alternate approaches that can be used for that. Last year, we were fortunate to be selected to receive a grant from the federal government specific to children lingering in foster care. We received \$10 million over a five-year period for a demonstration project. We are focusing on the front door—from the moment we get that call to the moment we find permanency for a child. We are using this grant—with a lot of consultation with the feds—to look at our supervisor decision making; how we conduct an assessment; and how we change our practice. We are fortunate to have the grant, and I hope to testify before you next biennium that the grant was successful and how we are still continuing to make strides.

Assemblyman Anderson:

When you mentioned adoption versus foster care, continuity is good for a child. How many foster families end up adopting the children they are looking after?

Kevin Schiller:

A majority of the time people indicate they want to foster, but what happens is, we place a little one in their home and they bond with that child. Over 60 percent end up adopting at some point. It works both directions. We have to do a good job making sure we assess relatives at the beginning of a case because relative placement is significant. As a matter of fact, preference is

given to relatives because of a Supreme Court ruling. What we do not want to do is place a child in a foster home, have the bonding process begin, and then have a relative appear and traumatize the child. The foster-to-adopting situation really works because they bond.

Assemblyman Anderson:

Thanks for the good news.

Assemblywoman Pierce:

How much do you interact with the feds, or do the feds interact with the state and you interact with the state?

Kevin Schiller:

The state is the overarching umbrella for us to collect our Title IV-E funding. We collect a significant amount of that in accordance with the Child and Family Services Review. As an example, we have a review on our Title IV-E funding coming up this next month. A lot of it is interfaced through the state as part of the plan.

The grant I referenced is very individualized, so we talk to them once a week. They look at our data and our practice and we are getting a huge, expert tutorial on where we need to go, so there is a lot of interaction with them.

There has been much discussion that the CFSR is not statistically valid because they take a small sample, so they are looking at a new process for the Child and Family Services Review. They are eliciting feedback from local entities to determine how to better assess.

Assemblywoman Pierce:

The CFSR is the grant?

Kevin Schiller:

No, the grant is a separate entity. The CFSR is the statewide Child and Family Services Review which Amber will talk about shortly.

Assemblywoman Pierce:

You mentioned "knock and talk." Do you randomly go door to door?

Kevin Schiller:

A Reno Police officer had the initial idea for the Kid's to Senior's Korner. We can look at our referral base in terms of where we get calls, removals, and the most issues and centralize our referral base into neighborhoods. We did not approach it as "your friendly child protective services worker." We looked,

instead, at what gets people involved to better their lives. The biggest issue we found was immunizations and health. We do shots in the van, which tends to be a significant carrot that gets families to come talk with us. If we can be once removed, in terms of that initial interaction because it is not the government asking the question, it is a community services initiative, what we found is people want to communicate and then they want help. We continue to target areas like the Fourth Street corridor in Reno where there are weekly motels. We set the van up and people show up in droves. They come in, get their immunizations, and then what happens is we end up having a diversion. I fund this program fairly significantly because it has such a cost benefit and it betters these families. We find them housing, we find out what the risk factors are, and we try to get them out of those circumstances.

Chair Mastroluca:

It is such a wonderfully innovative program, and I really congratulate you on making that a priority in your Department. It is not just your program that is making a difference. When Dr. Heath Morrison was hired as Washoe County School District Superintendent, after school began he would take a group of administrators and knock on the doors of kids who did not come back to school. He had pretty good success getting children to return to school because of that. The kids did not think anyone cared. Your program does something similar. It is an acknowledgement that there is someone in the community who really cares about the welfare of these children.

Kevin Schiller:

We are really fortunate in Washoe County because we have the Kid's to Senior's Korner Outreach Program that has been very significant. I would include the school district in that success as well as the Children's Cabinet. They are also dealing with our children aging out of care, supplying housing grant funds and those types of things. The convergence of those three agencies has had a more significant impact from the child welfare perspective than I would have predicted. Community collaboration seems to be really impacting it.

Assemblyman Livermore:

Is the program you described in the rurals the same for those who are undocumented?

Kevin Schiller:

We treat them equally. From a child welfare perspective, if they come into our system we must serve them. When we enter into an agreement with one of those families on a case management side, they do not tell us they are not here legally. That information usually comes as we review the income piece of the

family's situation. You have to be careful with some of these collaborations, whether it is through the Children's Cabinet or whether it is through the Kid's to Senior's Korner, because of eligibility for other state and federal programs where they are excluded. If abuse occurs we are trying to protect that child, so we typically are interfacing with that. Both of our law enforcement agencies are partners on that and give us a lot of assistance.

Assemblyman Carillo:

Thank you for your presentation in regards to the foster care system. It has opened up my eyes quite a bit.

In reference to a child being aged out of foster care, we all look at age 18 as being an adult but obviously, a child who has been through foster care has taken a little bit different trip than the standard 18-year-old. You mentioned the system putting money aside for that. The unemployment rate for teenagers is 38 percent. Could you elaborate? What are you doing right now for that?

Kevin Schiller:

In terms of children who are in our system, I totally concur with you that it is the hardest population to serve. Comparing my 15-year-old to a 15-year-old who has been in the system in terms of their ability to be prepared, it is all about who mentors them. Who do they connect with? We are the system, in many cases, that brought them into foster care, so the last person that 15-year-old wants to talk to is someone who is representing the system that removed them.

You have foster parents who are a valuable resource who connect with them, but what we have found is one of the most significant components in how we approach that is with our community collaboration. The Children's Cabinet manages the transition of children aging out of care, and when we started in that process several years ago, we used to talk about it from a 16- or 17-year-old's perspective. Now, we get engaged in permanency for kids much sooner. You do not want to say a child is not going to find an adoptive home, but those children who are going to age out of the system must be targeted early with transition planning. We contract with the Children's Cabinet using federal funds that are passed down and state funds, and then we also add county funds for programming. We are doing anything we can to be innovative in our approach to those children.

The issue of how you get a child into the job market: Children's Cabinet has started a silk screened T-shirt company, so we start training them vocationally. We are in the process of funding a program through grant funds that serves at-risk adolescents. It is not just children aging out of foster care, but they are

a large scope of that population. We are trying to figure out how we can collaborate with other partners such as governmental employers and casinos to help us train these children. In many cases with adolescents, they have to see the light in terms of a connecting point. As an example, a couple of weeks ago I walked into the Children's Cabinet and there were adolescents everywhere. I looked up, and there was a piece of artwork: a State of Nevada outline. The adolescent artist had highlighted the safe place program, our runaway drop-in shelter at our Kids Kottage. If a child is artistic and has created a piece of art, the Nevada Discovery Museum is going to be across from my Department. We are going to set up a gallery so we can get their artwork into that facility. When a kid sees his artwork sold, the connection point that creates with a kid in terms of positive versus anything I am going to do as a system is almost like night and day.

It is one of our priorities and it has to be connected to the school because school is a big issue. Many of these children are behind. We have an on-site school at our campus, but we are also working with community providers and the school district to continue that. As much as it is a mountain, we continue to tackle it and I think we are creating some innovative practices as a community to approach that population. Unfortunately, we have a long way to go and we have to keep working in that direction.

Assemblyman Brooks:

I also would like to thank you for giving a wonderful presentation regarding how the system works. How do you determine which facility or group home to use? I tried to help some constituents start a group home, but at the time you were no longer accepting applications.

Tom Morton, Director, Department of Family Services, Clark County:

Our policy preference is to place children in family settings, so our primary focus is on the development of foster family homes and relative placements. We do not make extensive use of group care outside of the mental health arena. When I arrived in 2006, we had quite a number of kids placed in group care. I did not believe the quality of that care was very high. At this point, I believe we have 18 licensed, higher level of care group home facilities, but our overall policy position is to place kids in family settings and not in institutional group-care settings. As a result of that, we give first preference to licensing foster family homes and relatives and a lower preference to licensing group homes because we do not utilize them that much.

Assemblyman Brooks:

So, would the Children's Cabinet be considered a group home or group facility? How would you categorize that?

Kevin Schiller:

The Children's Cabinet focuses on being more of a community provider from the perspective of case management and programming. Often the kids they serve may be in group homes or foster homes. We do have group-care facilities, and some of those licensed facilities care for kids. The children also receive services through the Cabinet.

Assemblywoman Smith:

During the interim, we had email exchanges about the school districts adequately ascertaining who the children were in your system. As we are building this longitudinal data system within our school districts, I want to be certain that the children who need this are identified. Is there enough connection between county social services and the school districts? Are we missing an opportunity with this system?

Kevin Schiller:

We were fortunate enough to have an educational liaison join our Department several years ago. That position was originally in the court system but is now an employee of the Department. We spend a lot of time collaborating with the school district, both for at-risk youth in terms of where they are educationally, and those children in foster care. About a year and a half ago, one of the biggest challenges we had was how to share the database in the school district with our database in our Unified Nevada Information Technology for Youth (UNITY) data system and our Statewide Automated Child Welfare Information System (SACWIS). That is regularly occurring now, so I think we have a direct interface that occurs consistently in terms of where those kids are. The one challenge we are facing at the moment, and one I am working on, is how we keep kids in their schools of origin. Under Title IV-E we can use funding to support that. We are working with the school district and their bus coordinator right now to determine how we can do a better job of that. The sharing of the information is very transparent now. There were some legal issues initially, but they have been resolved.

Assemblywoman Smith:

Are the other counties in the same position with their school districts? Do you feel you have enough connection with the data for us to know where the children are when they are moving from school to school?

Amber Howell:

We are having more of a challenge in the rurals because there are 15 counties, and getting all the different schools on board has been difficult. We are looking at our UNITY system to determine how we can capture those students. We also have a national youth-in-transition database funded out of the John H. Chafee Foster Care Independence Program—and those are federal funds—to help us narrow in on those children and track them more adequately.

As far as the school of origin, that becomes even more difficult because if you cannot find a foster home in the county from which they were removed, you have to move them to another county—therefore another school. It is a delicate balance between transporting them to their school of origin and having them on a bus for an hour or two a day, or moving them to another school. We try to use the least intrusive method when removing a child. If you remove him from his school, you double the impact on him.

Assemblywoman Smith:

If there is anything we can do legislatively to help facilitate this as we are building our data systems within the K-12 system, I would like to know. You mentioned business opportunity and work skills training for the students. The one concern I have with the program you mentioned is that we need to be very careful about not instituting programs that take business from current state private businesses. I have received more than one complaint about that particular item, so I would really like to see us explore putting those kids out in businesses where they can receive training in that real-life environment and support each other instead of taking away business from existing businesses, especially in the economic environment we are currently in.

Tom Morton:

I will walk you through an actual case. This family came to our attention in March 2007. At that time the family was comprised of the mother, her partner, who was also the father of three children, and the three children. Subsequently, they had two additional children. The mother's extended family lived locally, but the father's family lived in northern California.

The case was opened due to a child testing positive for drugs at birth in March 2007. The mother tested positive at the time of delivery, and subsequently the father tested positive for drug usage. At the time, the parents were cooperative and willing to get into services immediately; therefore, we created a case plan, left the children in the home by putting a public health nurse in the home three to four times a week, and referred the parents to drug treatment.

In November 2007, the parents absconded with the children. A writ was issued and in December 2007, the father was arrested for possession of a dangerous drug but would not answer when asked where the children and the wife were staying. In February 2008, the children were located due to a report of domestic violence between the mother and father and a report of the mother throwing one of the children across the room at the father because she was angry with him. The children were placed into protective custody and subsequently placed in foster care. The children were not placed with family at that time because the extended family had helped the parents hide the children when the parents absconded with them.

The safety factors observed in the family were the parents' significant drug use, children being born testing positive, domestic violence, and the parents' absconding with the children at one point. Additional risk factors in the family included inadequate housing and income to care for the children. The case plan objectives included providing drug testing and treatment for the parents, parenting classes, and that the parents maintain and achieve stable housing. A clinical evaluation of the parents revealed that the mother had significant cognitive limitations or learning issues which had been masked by the drug usage.

The children were evaluated by Nevada Early Intervention Services (NEIS) and received services. They were also evaluated by Early Childhood Services and received ongoing medical checkups. They had excellent foster parents in Las Vegas.

As I stated earlier, this case came to our attention in March 2007. The parents did not actually complete or participate in services—as an example, there were six separate referrals to drug assessment and treatment and the parents did not comply with drug court. As a consequence of their noncompliance with the case plan and failure to complete services, at nine months we made a request for a filing of a termination of parental rights proceeding on the family. It took nine months before the termination of parental rights proceeding actually went to trial. When it did go to trial, the parental rights were terminated.

In November 2009, we identified an adoptive family in Indiana. In early December the family traveled to Las Vegas, met the children, and we eventually approved the adoptive placement. We placed the children with the adoptive family in April 2010 and the adoption was finalized on February 10, 2011, in Indiana.

I know that is a quick trip through the system, but it highlights certain things. Our goal is to resolve permanency within 12 months, and if the permanent

solution is adoption, to do that within 24 months. This took about 48 months. The children spent four years before permanency was ultimately achieved in a legal sense. The question might be, "Why?" and I think this illustrates some of the resource challenges that exist in Clark County. Our judicial workloads are very high. We recently had technical assistance under the Court Improvement Project and the Model Court Project by a judge from Pima County, Arizona. Pima County has about 1.7 million citizens and a caseload of 2,600 children. They have 12 judicial officers; Clark County has a population of 2 million and a foster care caseload of about 3,300 and has five judicial officers. Our district attorneys carry four times the case numbers recommended by the American Bar Association. Our child welfare case managers in foster care have about two-and-a-half times the number of children recommended by the Council on Accreditation, and our adoption staff have about three times the number of children recommended by the Council on Accreditation.

In spite of that, we achieved a record number of 442 adoptions last year. Our goal is 600 this year, and by the end of February 2011, we will have finalized 110 adoptions, so we are a little ahead of pace in that regard.

In Clark County we have a dedicated hotline service, and in 2010 our hotline received approximately 33,700 calls, of which 11,400 were referrals for abuse and neglect. That resulted in 8,038 investigations with 121 of those being substantiated. In addition to that, 298 families were referred for a differential response. A lot of our success would not have happened if not for integration of Child Welfare Services in Clark County. Just before I came, there were 230 children in Child Haven. In the month of December, we averaged 5.2 children a day in Child Haven. We are pretty much able to place children either with relatives or in regular foster homes within 24 hours.

As of December 31, we had about 870 children in parental placement with about half of those being children on trial home visits from foster care. More than 35 percent are placed in relative care, so I think we do a pretty good job when compared with others nationally. There are about 1,188 children in regular foster care; 374 children are in a higher level of care facility, and 88 children are in some other kind of placement.

We have made progress on disproportionality. When I came, about 38 percent of our children in foster care were African American compared with 9 percent of the children in Clark County. In December, we were down to 31.3 percent of the children.

That is a statistical wrap of Clark County. What has changed since I came is the two-step phenomenon. When I arrived, virtually every child went to Child Haven for some period of time. Shortly after I arrived, three siblings left for a foster home who had spent 444 days in Child Haven. I think the phenomenon of Child Haven and its problems were an artifact of bifurcation and integration. Some changes in business practices helped us resolve those problems and we pretty much move kids into foster homes immediately—either relative foster homes or regular foster homes.

Some of the challenges we see certainly are a higher level of care population, and I would say that the treatment foster care arrangement in Nevada has very serious problems. We are working to solve that. There is a current work group looking at the redesign of treatment foster care, but the evidence we have garnered in Clark County over the last year suggests that it is currently mostly ineffective both in terms of achieving mental health treatment goals for children as well as facilitating timely permanency. It also is the one area of foster care with the highest rate of instability and placement disruption of children, which was a problem also identified during the Child and Family Service Review.

Chair Mastroluca:

With the changes toward permanency and children not being housed at Child Haven, what has become of those cottages? I remember the amount of money that was raised to build those cottages. It is wonderful that they are no longer necessary, but they are a significant part of that campus, so what are those buildings being used for now?

Tom Morton:

With the assistance of the Children's Service Guild, we renovated Beazer Cottage and expanded its capacity. It is now being used as our reception center. All children, when they are removed, come to Beazer; it is staffed 24/7 with nurses. The children receive a medical clearance—an examination by a nurse. They are generally bathed, fed, and given new clothes. As necessary, there is on-call mental health counseling and screening. The children remain in Beazer Cottage until such time as they are placed or admitted to campus.

The Andre Agassi Medically Fragile Cottage is still used for infants. We rarely have infants anymore who stay. It is for more medically fragile children and is still open. The cottage that was built by MGM will be turned into a medical clinic. It will have six or eight exam rooms as well as four dental rooms, so it will become an expanded medical clinic on campus, which we hope will help us achieve the goal of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) examinations for children within 14 days. We had a small clinic

attached to one end of Agassi, but its size has limitations in terms of our ability to get children examined.

The Agassi Center for Education has become a visitation center and we have redesigned and redecorated it. In 2010, there were 48,872 visitors who came to have contact with children or children who came to have contact with parents at the Agassi School. One or two other cottages are used mostly for teens. When we have kids on campus, they are generally runaways who have been found and sent back, or children with higher level of care needs such as autism or serious mental illness issues and we cannot place them immediately, so it is largely an adolescent population. There are some buildings that are being used for other purposes such as training sessions and other meetings.

Assemblyman Hambrick:

I believe Judge William Voy has an interest in one or more of those cottages for his work with youth in the community.

Assemblyman Carillo:

In reference to community partnerships such as Nevada Partnership for Homeless Youth or clinics in schools that provide services for children under the poverty level, can you tell me if anything is being done with that?

Tom Morton:

We work in collaboration with the Nevada Partnership for Homeless Youth. They serve a broader population than we serve, but we do interface occasionally when there is a child in our custody who is on the run or who may be homeless and ends up in their shelter. We work jointly to resolve those kinds of situations. In terms of the clinics in schools, I am not in a good position to answer your question about how we overlap with them because I do not have current information.

Assemblyman Anderson:

How many children are in the Clark County foster care system?

Tom Morton:

We currently have about 3,300 assigned to foster care workers. There are many different ways to count children in foster care. If you look at the state placement report, our total number would be about 3,700. As I said, the federal government counts children in foster care from the day they enter foster care. As a result of the way our system is structured, that can be either in Clark County protective custody or Clark County custody. A protective custody is a status that exists until the court adjudicates the case and moves the child to Clark County custody.

In terms of the history of state funding, the state has looked at counting kids in foster care as children primarily post-disposition who have entered Clark County custody. If you look at how the federal government counts kids in foster care, it is a much bigger number. The larger number is more than 3,700 kids. The number of kids who are actually referred to and assigned to a foster care worker is about 3,300.

Assemblyman Anderson:

Thank you, Mr. Morton. I know a few people who are in foster care, and I think you do a great job.

Amber Howell:

I am going to walk the Committee through our federal Child and Family Services Review ([Exhibit D](#)). All child welfare agencies in the state must undergo this Review and it is conducted every five years. I am going to highlight the basic findings of the Review, how our program improvement plan (PIP) was developed, and where we are with it.

The Child and Family Services Review (CFSR) ensures compliance and conformity with the requirements of Title IV-B and Title IV-E of the Social Security Act. Through the CFSR, review teams assess child protective services, foster care, adoption, family preservation and family support, and independent living. The outcomes from the CFSR are captured in three categories: safety, permanency, and child and family well being.

Listed on page 3 are 45 items related to safety, permanency, and well-being. Out of those 45 items, there are 23 performance indicators. Some of those indicators include whether children are protected from abuse and neglect, whether children have permanency and stability, and whether children are safely maintained in their homes.

The last 22 items are systemic factors that are measured in CFSR. They include how effective the state system is for child welfare information, case review, and quality assurance, training of child welfare staff, parents, and other stakeholders. We were reviewed in 2009 and the findings are outlined on pages 4 and 5.

The CFSR is compiled in three categories, the first being safety. Some of the safety strengths that were found in the 2009 CFSR were timely response to reports, timely face-to-face contact, and collaboration with law enforcement. Some of the areas of safety that were of concern, and areas needing improvement, included delays in reports from intake to investigation, lack of

safety and risk assessments throughout the life of the case, and lack of supervisory oversight and consultation.

The second component of the CFSR is on page 7 and relates to the permanency findings. Some of the permanency strengths that were found include keeping children in close proximity within their communities, placing siblings together, placement with relatives, and a significant decrease in the use of congregate care. Some of the permanency areas needing improvement included multiple placement settings for some children, inappropriate or untimely permanency goals, and visits between children, parents, and siblings were not sufficient in frequency, quality, or both.

The well-being findings of the CFSR are listed on page 8. Some well-being strengths found were strong efforts to assess educational needs and strong efforts to meet physical, health, and dental needs. Some areas of well-being needing improvement were lack of concerted efforts to address and/or assess the service needs of children in the home, and lack of children and parent involvement in case planning.

Moving on to page 9, states that do not achieve substantial conformity in any of the areas noted in the CFSR are required to implement a program improvement plan. The states have to work jointly with the United States Children's Bureau, the regional office, and external partners to develop the PIP. The PIP has to include measureable goals of improvement, action steps, and time frames for addressing each outcome. The time frame for completing the PIP may not exceed two years, and financial penalties may occur if all PIP items are not completed.

Page 10 speaks specifically to Nevada's PIP. The State of Nevada assumed no new funds would be available for PIP implementation; therefore, strategies were developed that included policy and practice changes that could be implemented within existing resources. Our PIP was developed with the strong collaboration of Nevada's Court Improvement Program.

In 2009, DCFS initiated the PIP development process with DCFS administration in Washoe and Clark Counties as well as DCFS local and rural and state external stakeholders. A statewide PIP kickoff meeting occurred on December 2, 2009, and collaborative work groups were created that included staff from county departments, youth, parents, foster parents, service providers, and other agencies. A steering committee and three local PIP work groups were created.

Page 11 gives you a visual of how many groups there are and who talks to whom. At least one member from the local groups was part of the statewide

group in order to transfer ideas and local feedback to a statewide level where the PIP was actually created.

The outcome of the stakeholder meetings at each local level in collaboration with the agency representatives resulted in five strategies that make up the program improvement plan. Under each strategy are specific goals and action steps that would spell out how to achieve that strategy. Strategy 1 includes strengthening and reinforcing safety practices throughout the life of the case. Strategy 2 includes preserving connections and strengthening relationships. Strategy 3 improves the timeliness and appropriateness of permanency planning across the life of the case. Strategy 4 includes strengthening child welfare supervision and middle management skills. Strategy 5 focuses on expanding service options and creating flexibility for services to meet the needs of children and families.

The PIP began on December 1, 2010, and can be viewed in its entirety on the DCFS website. Quarterly reports are due to the Children's Bureau and will be available on the DCFS website when completed if anyone is interested in following the PIP progress.

Chair Mastroluca:

When was the last time a Child and Family Services Review was conducted?

Amber Howell:

Our first one occurred in 2004 and our second was in 2009.

Chair Mastroluca:

How does the 2004 Review compare to the 2009 Review?

Amber Howell:

It varies. We moved up in some items and dropped in others. I have a spreadsheet that compares 2004 findings with 2009 findings that I would be happy to send you.

Chair Mastroluca:

I would appreciate seeing that. During that time period, Nevada moved Child and Family Services from the state level to the county level. Did that have an impact one way or the other, positive or negative?

Amber Howell:

I do not believe so. A lot of time had gone by. The period under review was 2007 and 2008, so we were further removed from that transition.

Chair Mastroluca:

Are there questions from the Committee?

Assemblyman Hammond:

The CFSR speaks about well-being findings—the state of the children in whatever homes they find themselves in. So, when it talks about strong efforts to meet physical health and dental needs, are you referring to the foster parents making certain the needs of the children are met? Was there a problem with that?

Amber Howell:

Three items are listed in the well-being outcome on page 5. It addresses three things—educational, physical, and mental health needs. Case workers are required to make sure these needs are identified and that children have access to services. We have a significant issue with our service-array because we do not have a sufficient number of services. This issue is not only identification of the services but the availability to access them. For instance, parents and children could be on long waiting lists for mental health services and drug treatment. It was more centered around not being able to access the services.

Assemblywoman Benitez-Thompson:

What are some of the barriers to improving the state's scores on the CFSR for the next review. Is it funding, is it programming, are the deficiencies uniform across the state?

Amber Howell:

The threshold the Children's Bureau uses for our reviews is based on a 90 percent success rate, so any area that falls below that 90 percent is an area needing improvement. Even if the state was at a B average, that would be listed as an area needing improvement. We have identified several goals and strategies we believe will help our scores that do not include additional funding. The Review only has 62 cases statewide, so it is a statistically small sample—about 1 percent of the overall cases. That is challenging for us.

Kevin Schiller:

One thing not captured in the Review as it is presented is that it is a statewide assessment. Across the jurisdictions we saw significant improvement in various areas. I do believe improvement of the outcomes has to do with having one uniform system. In relation to the barriers previously mentioned, jurisdictionally it depends on what resources are present. As an example, in Washoe County in terms of well-being outcomes, we have a pretty good number of resources at hand for service referral, so we scored fairly well. The rurals have depleted

resources, so in the scoring you begin to see the mix of those three areas towards the pass/fail mentality at 90 percent.

Having been through two reviews and talking to a number of other states, these reviews are focused on improving practice across the system and are not necessarily gauged as pass or fail. You have a program improvement plan, and what they are really focused on is improving your practice as a system. It is rare that states pass the review in its entirety. The review is really focused on improving states' practices. Having been through the last two reviews, we have made significant improvement across the state.

Tom Morton:

There are three areas of the review. Ms. Howell mentioned case review, but there are also systemic factors such as our data systems, UNITY and SACWIS, and training. The third is statewide indicators. If you look at our statewide indicators, placement stability is where we fail most often. Across all jurisdictions, we lack an adequate array of foster home resources qualified to care for the kind of children we have coming into care today.

In Clark County, we have almost doubled the number of regular foster homes, but we still do not have enough homes to have choice. Sometimes we are still in the position of finding the next available placement rather than the right available placement. I mentioned earlier stability and the treatment foster care arena. I do not know whether that is a huge investment, but it is interplay between who is available in the community and who is willing to volunteer to be foster parents. It is also related to the amount of support we can provide to foster parents. As caseloads increase, there is less time for workers to provide support and maintain stable placements.

Another area is length of time to permanency. The child welfare agencies have partnered with the Court Improvement Program. Nevada Supreme Court Justice Saitta chairs a committee to look at improving length of time to permanency. There we get into issues such as training of parents, how attorneys approach cases, judicial caseloads, the problem with multiple continuances that delay termination of parental rights proceedings or delay adjudication, et cetera. So, there is a resource contingency there.

A third area that may be resource-dependent was in one area of deficiency, the data systems, UNITY and SACWIS. It takes money to improve those systems. On the other hand, there is a lot we can do internally that does not involve money, such as taking a tighter look at practices. In Clark County we have begun a number of internal case review processes, assisted by Casey Family Programs and our permanency roundtables. We looked at 179 kids who

were in care more than 18 months and who were judged to have a low permanency prognosis. We are trying to think outside the box and determine what else can be done. I have started a number of peer group case reviews to look at our practice on the front end. Some of the deficiencies in case review reflect inconsistent management attention to practice issues in Clark County. So, there is a mix of resource-dependent solutions and other solutions that are not as resource dependent.

Chair Mastroluca:

Are there any other questions? [There was no response.] Thank you very much for your testimony, your time, and for all your work. We really appreciate it. It was a very good overview about how the system works.

Is there any public comment either in Carson City or in Las Vegas? [There was no response.] This meeting is adjourned [at 1:38 p.m.].

RESPECTFULLY SUBMITTED:

Terry Horgan
Committee Secretary

APPROVED BY:

Assemblywoman April Mastroluca, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: February 18, 2011

Time of Meeting: 12:17 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
	C	Amber Howell	Overview of Foster Care System of Nevada
	D	Amber Howell	Program Improvement Plan