

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

**Seventy-Eighth Session  
May 31, 2015**

The Committee on Health and Human Services was called to order by Vice Chair Robin L. Titus at 11:41 a.m. on Sunday, May 31, 2015, 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/App/NELIS/REL/78th2015](http://www.leg.state.nv.us/App/NELIS/REL/78th2015). In addition, copies of the audio or video of the meeting may be purchased, for personal use only, through the Legislative Counsel Bureau's Publications Office (email: [publications@lcb.state.nv.us](mailto:publications@lcb.state.nv.us); telephone: 775-684-6835).

**COMMITTEE MEMBERS PRESENT:**

Assemblywoman Robin L. Titus, Vice Chair  
Assemblyman Nelson Araujo  
Assemblywoman Teresa Benitez-Thompson  
Assemblywoman Jill Dickman  
Assemblyman David M. Gardner  
Assemblywoman Amber Joiner  
Assemblywoman Ellen B. Spiegel  
Assemblyman Michael C. Sprinkle  
Assemblyman Tyrone Thompson  
Assemblyman Glenn E. Trowbridge

**COMMITTEE MEMBERS ABSENT:**

Assemblyman James Oscarson, Chair (excused)  
Assemblyman John Hambrick (excused)  
Assemblyman Brent A. Jones (excused)  
Assemblyman John Moore (excused)



**GUEST LEGISLATORS PRESENT:**

None

**STAFF MEMBERS PRESENT:**

Kirsten Coulombe, Committee Policy Analyst  
Risa Lang, Committee Counsel  
Karyn Werner, Committee Secretary  
Norma Mallett, Committee Assistant

**OTHERS PRESENT:**

Amber Howell, Administrator, Division of Child and Family Services,  
Department of Health and Human Services  
Jill Marano, Deputy Administrator, Family Programs, Division of Child and  
Family Services, Department of Health and Human Services

**Vice Chair Titus:**

[Roll was taken. Committee rules and protocol were explained.] I am going to open the hearing on Senate Bill 107 (1st Reprint).

**Senate Bill 107 (1st Reprint): Requires certain oversight of and reporting concerning children placed in specialized foster homes. (BDR 38-194)**

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

If there are any questions, Jill Marano is in Las Vegas as my phone-a-friend in case we need her. Senate Bill 107 (1st Reprint) was not originally the Division of Child and Family Services' (DCFS) bill. It was a bill that was produced in the interim from the Legislative Committee on Child Welfare and Juvenile Justice on behalf of Clark County. The Division of Child and Family Services had significant concerns with the original language and produced a substantial amendment, which is what you see in front of you. In summary, we struck the language around a categorical grant, around court jurisdiction, and specialized foster care. We also amended all of the language to align the specialized foster care language with the 2016-2017 DCFS budget as was approved by the budget subcommittee on April 16 and May 13, 2015.

To give a brief history of some of the information on the specialized foster care pilot, in 2012, the Interim Finance Committee (IFC) approved the transfer of Basic Skills Training (BST) training dollars to fund a pilot program in both the rural regions and southern Nevada. The pilot was implemented in an effort to

provide the most effective and appropriate services for children with severe emotional and behavioral problems who are in foster care. We have been doing this pilot for approximately three years. There are four areas that the state currently tracks: hospitalizations, psychotropic medication usage, placement disruptions, and permanency achievement. Throughout the state, each of the agencies has seen significant improvements in the children who were in the pilot. In the summer of 2014, DCFS asked the child welfare agencies what it would take to build and implement the pilot programs 100 percent within their agencies and communities.

As I mentioned earlier, the budget committees approved Washoe and Clark Counties' budget requests pertaining to the pilot. However, there was lots of discussion and interest in having a heightened state oversight and agency accountability. That is why Senate Bill 107 (1st Reprint) was amended to respond to the committees' wishes. Senate Bill 107 (1st Reprint) now provides accountability and clear expectations for the child welfare agencies by clearly delineating reporting requirements to the state and clear expectations for admission criteria for specific foster children.

I will not get into the amendment in the interest of time, but I want to highlight the six things that the amendment does: it requires the child welfare agencies to implement the specialized foster care program as presented and proposed to the state, requires that the money allocated and sent to them is used for that purpose entirely, requires the agencies to only place children who meet the criteria into the pilot program, requires the Division to monitor and verify compliance with the target population, requires the Division to evaluate the child welfare agencies, and requires a report be submitted to the Governor and the Legislature on an annual basis.

I want to close with saying that this language is an exact replica of the oversight model that was submitted and approved by the budget subcommittee. This just embeds it in statute as well.

**Assemblyman Araujo:**

I want to clarify that you indicated that one of the measurements that will be reported back to the Governor would be "The performance of children who have been placed in specialized foster homes on clinical standardized assessment tools," as stated under section 3.7, subsection 1, paragraph (e). I need to understand that a little bit better. Can you specify what exactly you are going to report?

**Amber Howell:**

Currently, all children who are admitted to the pilot program go through a clinical assessment tool to establish whether they meet the criteria to be in the pilot program. We want to make sure that tool is used ongoing. The state unit, DCFS, would then have the oversight and would use the same tool to ensure they are using the same standard.

**Assemblyman Araujo:**

The one thing that I do not see in the report is that there is no report on the relationship the child has with the other foster children within that group home. I do not know if you are just not looking at that or if there is an opportunity to report back on that. I think it is very critical to see how they are adapting to social settings where there are multiple individuals involved.

**Amber Howell:**

Part of the pilot program and the implementation does just that. It will assess the child within the foster home, his connections within the home, and focuses on the permanency and needs of the child. Of course, that is a balance of relationships with children they currently live with and long-term permanency. That is a piece of it.

**Assemblywoman Spiegel:**

Are these children in foster care because of their physical, mental, or emotional issues, or are they kids who are in foster care and just happen to have those issues?

**Amber Howell:**

It could be either one. There are situations where a child is removed from his home and placed in foster care because the family is unable or unwilling to address the behavioral or mental health needs. In contrast, there are also children who are removed from their home and then, due to secondary trauma or a number of placement moves, they manifest a behavioral or mental health need. This population of children historically has behavioral and/or mental health needs that are very difficult to manage. Couple that with the multiple placement changes and the trauma that does to the child, and it manifests itself out of control at times, which makes them more difficult to place and makes it more difficult to get a handle on those behaviors and to find providers willing to take care of them.

**Assemblywoman Spiegel:**

I had a bill this session, Assembly Bill 307, that is enabling language for a pilot program for children who have dual diagnoses with behavioral issues and intellectual disabilities. I wonder if there could be overlap between the children in this population and the children who could be eligible for the other pilot program that could be enabled.

**Amber Howell:**

I would be happy to learn more about that; I am not familiar with it. Anytime we can bridge resources and see how we can maximize our resources and providers, I am absolutely willing. I am willing to learn more about that. If they meet the criteria and they are currently in foster care, they could be a part of this. We can also share the model and what we did to get here. The success from the pilot started with being able to do a transfer of funds from Medicaid that we did not have. It was a great way to transfer money and then see what we could build without getting the money first to make sure we did it right, rather than having money and not knowing where to start.

**Assemblywoman Spiegel:**

In another bill, which I believe passed, that we heard during this session related to children in foster care, one of the criteria that must be considered by a judge in termination of parental rights is placement options available for kids. It goes back to the first question I asked. If a child is now in this pilot program because it is a better place for that child to be than at home with his parents, or it is because the parents thought he would do better in this type of environment, I still have concerns that their participating in that would lead to the parents losing their parental rights.

**Assemblywoman Benitez-Thompson:**

What might be helpful for the record is the distinction between the kids in foster care due to removal—which tends to be involuntary—and is different from parents seeking resources for their children and finding specialized treatment resources—versus kids whose parents may have a finding of neglect against them because of their inability to get help. We are confusing populations here.

**Amber Howell:**

Very well said. It is different; there are different scenarios. There are different points in the system. Once they end up in this level of care, the agencies, historically, have not done a very good job at addressing the negative outcomes for them and the multiple placements. The 303 legislation [Senate Bill 303 (3rd Reprint)] is a different type of scenario, although the child might end up in either or both systems at one point or another. One is not impacting the other.

**Assemblyman Sprinkle:**

I want to thank you and the Division for a very timely response to what occurred in the subcommittee of the Assembly Committee on Ways and Means. This suggests exactly what we talked about and puts it into policy.

**Assemblywoman Benitez-Thompson:**

For the legislative record, in section 3.5, subsection 2, when we talk about information that can be collected and then reported to the Fiscal Analysis Division of the Legislative Counsel Bureau, it includes the listing of all expenditures related to a placement. If such programs are ones that are contracted out, the intent is to give the Division the ability to look at administrative costs of those contracts versus programming costs of those contracts as well. If it is not happening in-house and those resources are being contracted out, the intent is for you to be able to look at those and have a clear understanding of where the dollars are being spent, that they are being contracted out.

**Vice Chair Titus:**

I want to go on record as being very supportive of this program too. One of the things that I have complained about and mentioned multiple times is the lack of accountability in some of these programs. This really tries to come to some of those places where they are accountable. You are trying to identify issues and bring them forward.

**Assemblyman Thompson:**

You talked about the pilot program. Is there any way or place we can get the plan for that pilot, such as what the goals and objectives are? A lot of times when we do reports we look at data areas, but rarely do we have what the recommendations are. Will this report go a step further and give some recommendations based on the data we receive?

**Amber Howell:**

Yes. There is a current business plan that we had to present to the IFC when we started the pilot program. It was really a foundation that we used as a springboard to get us started. The state will have to receive ongoing plans from the agencies because there are a number of things that have to happen. One of the most significant is that the Basic Skills Training billing has to be shut off for this population because the agencies will now have the funds within their budgets. We have to be very thoughtful and strategic on how we phase that out. Each year when the report is completed, there will be a number of things that the state will be analyzing, which will include all of the findings and then the recommendations going forward. However, if it is something that requires more immediate intervention, like inappropriate kids placed in the program,

that will still be part of the report, but will also be something that we address with them right away and then require a corrective action plan in addition to the plan they had to implement.

**Assemblyman Trowbridge:**

As a follow-up to your response to the first question asked in reference to section 3.7, subsection 1, paragraph (e), did I understand correctly that the reason for that was to determine if the child continues to meet the standards for admission to the program?

**Amber Howell:**

Yes.

**Assemblyman Trowbridge:**

Is part of the program that a child may end up in a foster home due to problems, or he or she may have problems as a result of being in foster homes? How does that fit? Tell me more about that story.

**Amber Howell:**

There are a couple of different situations. You may have children who are having difficult times staying in a specific placement due to their behaviors. That is one situation. They may be acting out and the foster parents are having a difficult time keeping them in their home because they are stressed and do not know how to manage the behavior. There are situations where children end up in foster care because their behavior cannot be managed by their parents. They end up in this level of care and then have a difficult time in placements, and those placements get disrupted several times. What we are trying to do is to place children in foster care at this level of care if it is warranted and if they meet the criteria. It is not for children who may have been removed one time for a set of totally different circumstances. We want to make sure we do not have inappropriate placements of those children.

**Vice Chair Titus:**

Are there any other questions? Seeing none, we will go to Las Vegas for comments regarding the bill.

**Jill Marano, Deputy Administrator, Family Programs, Division of Child and Family Services, Department of Health and Human Services:**

I am happy to take any questions, but I am just here to be Ms. Howell's backup singer and her phone-a-friend. I have nothing in particular to add.

**Vice Chair Titus:**

Is there any testimony in favor of S.B. 107 (R1)? [There was none.] Is there anyone opposed to the bill? [There was no one.] Is there anyone neutral? [There was no one.] I will close the hearing on Senate Bill 107 (1st Reprint). We will open the meeting up for public comment. There is no public comment.

We cannot vote without the Chair. The plan is, we can recess and reconvene behind the bar, or we can close this meeting and call a new meeting behind the bar. We will close the meeting, so this meeting is adjourned [at 12:01 p.m.].

RESPECTFULLY SUBMITTED:

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Karyn Werner  
Committee Secretary

APPROVED BY:

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Assemblyman James Oscarson, Chair

DATE: \_\_\_\_\_



**EXHIBITS**

**Committee Name:** Assembly Committee on Health and Human Services

**Date:** May 31, 2015

**Time of Meeting:** 11:41 a.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster