

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

**Seventy-Eighth Session
February 18, 2015**

The Committee on Health and Human Services was called to order by Chair James Oscarson at 1:33 p.m. on Wednesday, February 18, 2015, in Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 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, 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; telephone: 775-684-6835).

COMMITTEE MEMBERS PRESENT:

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

COMMITTEE MEMBERS ABSENT:

None



GUEST LEGISLATORS PRESENT:

None

STAFF MEMBERS PRESENT:

Kirsten Coulombe, Committee Policy Analyst
Risa Lang, Committee Counsel
Karen Buck, Committee Secretary
Jamie Tierney, Committee Assistant

OTHERS PRESENT:

Jill Marano, Deputy Administrator, Family Programs, Division of Child and Family Services, Department of Health and Human Services
Lisa Ruiz-Lee, Director, Department of Family Services, Clark County
Kevin Schiller, Interim Director, Washoe County Social Services
Brigid Duffy, Chief Deputy District Attorney, Juvenile Division, Office of the District Attorney, Clark County

Chair Oscarson:

[Roll was taken. Committee protocol and rules were explained.] The bills for today come from the interim Legislative Committee on Child Welfare and Juvenile Justice. Before we begin, I thought it would be helpful to have a presentation on child welfare and foster care so we can better understand how the system works in Nevada.

Jill Marano, Lisa Ruiz-Lee, and Kevin Schiller will introduce themselves and what their functions are. I have had the opportunity to interact with them through the interim on the Legislative Committee on Health Care and during the last session. They are folks who are always working to make these systems better for our state and for our children. We thank you for your dedication and look forward to your presentation and comments.

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

Thank you for providing us the opportunity to give you an overview of the child welfare system in Nevada. I am going to hit four main areas throughout the course of the presentation. First, I want to talk about the structure of child welfare in Nevada. Second, we will touch on the funding. Third, we will discuss what our programs are. Finally, we will briefly review the federal oversight that we currently have in place for our child welfare programs.

As we go to the first slide in the presentation ([Exhibit C](#)), I wanted to give an overview of the population we serve and some basic demographics of the state of Nevada. Slide number 3 is our initiative or our mission statement. The development of this statement was a requirement of our federal Program Improvement Plan (PIP), which I will talk about later in the presentation. It is posted in all of our buildings, and it really serves as a reminder that we keep the best interest of children and families first and foremost in our minds as we go about our daily tasks. The next slide [slide 4] shows a little bit about how we are structured in Nevada. We have a unique child welfare system. There are only ten other states in the nation who have a similar structure. By that, I mean that the state provides oversight to the counties, and the counties actually administer the child welfare programs. I would like to note that there are only 11 states with similar structures, and we have a group of these states across the country who get together on an occasional basis. We like to joke that we are a small but mighty group because we make up about 50 percent of the foster care population in the country.

Nevada has 17 counties; 2 of them have populations of over 100,000, Clark County and Washoe County. Historically, pre-2003, the Division of Child and Family Services (DCFS) supervised and administered child protective services, foster care, and adoption in the rural counties. Washoe County and Clark County supervised and administered their own child protective services, but then if the child was removed from his home, the case was transferred to the state. The state then administered the foster care and adoption services.

If we move to the next slide [slide 5], you will see that it changed in 2001 when the Nevada Legislature determined that the bifurcated system was really not conducive to promoting positive outcomes for children and families. Therefore, through the passage of Assembly Bill No. 1 of the 17th Special Session, there was a transfer of foster and adoption services from the state to the counties in the urban counties. We generally refer to the foster care and adoption services as those "back end" services. In 2003, the services and the staff transferred to Washoe County, so Washoe County took that over. The same thing happened with Clark County in 2004.

As we go to slide 6, while that transfer of child welfare activities was completed in the early 2000s, the way child welfare was financed did not change. This did not occur until the 2011 Legislative Session when Senate Bill No. 447 of the 76th Session was passed. Essentially, S.B. No. 447 of the 76th Session provided the opportunity for DCFS to award block grants, categorical grants, and to administer an award incentive payment program to Clark County and Washoe County. This slide explains it in more detail, but essentially, the concept behind the block grant is it allows the urban child

welfare agencies to use child welfare funding as they need for their communities and to eliminate those restrictions that the dollars had on them because they were state funds. Unused portions of the block grant are also able to be reinvested into the agency.

The second funding change noted on the next page [slide 7] is the county assessments. This funding change that occurred in 2011 was the creation of the county assessment for the rural counties. So Senate Bill No. 480 of the 76th Session was enacted and this required the rural counties to pay for that "front end" or child protective services in their own counties. That calculation is based on what the under-18 population is for each county.

As we move specifically into that "what does child welfare do" portion of the presentation [slide 8], I wanted to highlight a few of our key statewide strategies that we are focused on to improve outcomes for children and families. Over the last couple of years, there has been a big focus on safety and integrating a comprehensive statewide safety model into how we complete child protective services (CPS) investigations, how we do family assessments, and how we effectively identify the needs of families. The second strategy that I have listed here, the Quality Parenting Initiative, is really introducing specific steps and strategies based on feedback from foster parents about how we effectively engage foster parents in case management for children in their homes. It is really involving the foster parent as a full team member for the benefit of kids and families. The third item that we have on here, and we will talk more about it later, is the redesign of the specialized foster care system. The fourth is our continued focus on improving timeliness and appropriateness of permanency planning. I want to highlight that it has been done with a very strong collaboration with the Court Improvement Program.

As we move into the programs and services, these next few slides [slides 9, 10, and 11] really provide a very basic introduction into what the three child welfare agencies do. Children and families come to the attention of a child welfare agency based on reports of abuse or neglect. Based on that information in the report, the child protective services will initiate an investigation. The outcome of that investigation can either be that something is substantiated or unsubstantiated. When the report is substantiated, a child welfare agency most often opens a case for services. There are two different options we can have with those services. They can be in home or they can be out of home. In-home cases really involve the child welfare agency working with the family to put a safety plan in place so that children can safely remain in the home. Out-of-home services involve the child generally being placed in foster care. That foster care placement may be with relatives or with people unrelated to the child.

As we continue through the system, we will talk more about recruiting later, training, and licensing foster care families, but they are required to be licensed. The only exception to that may be relatives who can be licensed or unlicensed as foster care providers. Foster care is intended to be a short-term and temporary situation until a permanent placement can be made. Reunification is almost always our primary goal until we really determine that the children cannot be safely returned home. Our next best option is adoption. Adoption is a legal permanent placement with a relative or someone who is unrelated. The next option is guardianship, and those are done when, for some reason, an adoption is not the most appropriate choice for the family. However, we do want to have a permanency option. Finally, our least desirable option is Other Planned Permanent Living Arrangement (OPPLA). What that means is independent living or long-term foster care. That is when we work to provide a child the most appropriate and extensive independent living services that we can as they age out.

The next two slides [slides 12 and 13] are what I just summarized in a flow chart for people who might be more visual. It is a little overwhelming when we look at it, but I wanted everyone to be able to see it. If it seems like a lot, it does to us, too. That is one of the reasons we have such a robust training program. That will segue me into slide 14.

Nevada Administrative Code (NAC) 432B.090 requires that the state provide a full staff development and training program related to principles and practices of child welfare services that includes specific training related to the Indian Child Welfare Act of 1978. It is our new worker training. We call it "The Academy" and it really does function similarly to a police academy but with more of a focus on casework, principles, family engagement, assessing safety, and permanency planning. The program is funded through the State General Fund and federal Title IV-E Funds. Right now, we have contracts with our university partners, the University of Nevada, Reno and the University of Nevada, Las Vegas to provide those services to our staff.

I had touched a little on the CPS foster care and adoption earlier in the presentation and these next slides [slides 15 through 32] go into each of those in a little more detail. As I mentioned before, the first step to child welfare is the child protective services entry point. The CPS workers respond to reports of abuse or neglect for children under the age of 18. Abuse and neglect, when we talk about it here, are defined in statute. They include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment. Child protective services workers may also make referrals to community-based services to assist families to prevent their entry into the child welfare system. I want to highlight that the

focus of CPS is really on assessing safety and ensuring that a parent or guardian has effective protective capacities to make sure that the child is safe at home. The CPS worker will assess family functioning, identify strengths and risks, and work to ensure that the home is safe for the children. The CPS worker also works with the family to develop a plan to address any problems that might be identified.

The next few charts [slide 16] give some data on the number of referrals, the number of reports that are received, the number of cases that are assigned for investigation, and the number that are referred to differential response. You can see the workload and start to get a sense of the numbers here. The reports have generally remained fairly flat over the last couple of years, although Clark County has seen a bit of a spike in the number of reports that they have received. The next slide [slide 17] drills down into that data in a little more information and tells the number of substantiated and unsubstantiated cases, along with the number of child victims. The next slide [slide 18], more information on substantiations, is just the percentage of the reports that came in that ended up being substantiated. Then finally, slide 19 is our number of removals, so these are the children who have actually been removed from their homes over the last four years.

We progress into the next piece of the system, the foster care system, when safety and protection of a child cannot be met in the parent or caregiver's home. Substitute care in the form of relative care, foster care, or residential therapeutic care may become necessary. The removal of a child is taken only as a last resort and as a part of an overall continuum of services provided by the child welfare agencies.

Chair Oscarson:

Back to slide 19, I am interested in the spike in 2013 and then it dropped back down almost the same amount or close to it as before. Do you have anything you attributed that spike to in removals?

Lisa Ruiz-Lee, Director, Department of Family Services, Clark County:

When you look at the raw number of removals, I think that sometimes it can be misleading because the number of removals really has to do with the number of children that you are serving. Obviously, if you have more children coming to you through the investigative process, you are more likely to end up with increased removals. In Clark County over the last couple of years, we have experienced a very significant increase in the number of reports coming to the hotline, as well as the number of CPS investigations and in the number of children, consequently, that we have served. I believe that when you look at our removal numbers, the spike that you see is reflective of the increase in the

number of calls that are coming in and the number of children associated with those calls.

Kevin Schiller, Interim Director, Washoe County Social Services:

I would echo what Ms. Ruiz-Lee has indicated, but we have a little more perspective on that. We went into a federal demonstration grant about 4 1/2 years ago, which is actually having an impact on the statewide process for safety assessment. Therefore, what has happened is we have changed our assessment process. If you go back and look at that removal rate, we were at an all-time low where we hit under 500. We have seen a significant spike over the last three years in terms of kids in care and our caseload. One of the impacts of that is we have actually strengthened our assessment process to some degree, and as I have talked to Ms. Ruiz-Lee about, one of the things we are anticipating is moving into caseloads with a new safety assessment practice and what the impacts will be related to that caseload. As you know, and Ms. Marano will talk about this, when we remove a child we have to go to court on a protective custody hearing. We were just recently reviewing those protective custody hearings, and we are being upheld in about 99 percent of those protective custody removals. From an assessment practice perspective, that tells me we are seeing more of those kids and we are assessing correctly. We are also trying to figure out now, from an assistance perspective, how we can do acute response and how we can maneuver at that point of removal to see if we can lessen that impact to some degree. However, we have seen the same spike.

Chair Oscarson:

Could you provide the Committee with that assessment tool that you utilize, or is it proprietary?

Kevin Schiller:

No, it is not. In fact, we are utilizing this at a statewide level, so what we will do is work through the Division of Child and Family Services to get that to you.

Chair Oscarson:

I would be interested to see how it was then, how it is now, and what changes you have made. Obviously, it has had an impact, which is a more complex assessment of what is going on.

Assemblyman Thompson:

Let us go to slide 16 first, where we saw a significant spike in reports. Do we attribute that to just doing more community outreach? The second part is on slide 18, the percentage of substantiations, I see that it is kind of low. Are we seeing a lot of reporting but really, when you go out, there is not enough

evidence to have a complete report because people are calling just to call or from being fearful, but without substantiation?

Lisa Ruiz-Lee:

When you look at slide 16, there are a couple of different dynamics, in Clark County in particular, that we have been dealing with over the last couple of years. Many of you will recall that in the 2011 Session, we made some adjustments to the laws around mandated reporting. We added in a host of new mandated reporters, and we also increased the penalty for failure to report. Therefore, there is more criminal "umph" sitting behind the statute for those who failed to report. We also put an obligation on the employers to notify their employees who are mandated reporters under the statute, and people are actually having to sign documentation through their employment. Therefore, we did see an increase in the number of reports that were coming in through mandated reporting.

In Clark County, we took that change as an impetus to create tighter partnerships with the school district. We helped to facilitate a whole new round of training for the school district in mandated reporters. For us in Clark County, the school district or educational personnel constitute about 75 percent of our mandated reports that come in, and so we did an increase. That was issue number one.

Issue number two is over the last couple of years, we have worked very diligently to improve the quality of our hotline. We have literally doubled the number of staff who are working at the hotline and have put in place a very structured process for how the hotline functions. In fact, today our hotline is functioning amazingly well. We have done that as part of the safety practice model implementation statewide, but we have really taken a hard line and good focus on our hotline work. The end result is that if you build it, they will come. I doubled the number of staff, which means that we virtually answer every phone call that comes in. We have very structured screening requirements for those calls. We have created a gateway that is operating better historically than it ever has before. The outcome is you are serving more children and more families.

Assemblyman Moore:

What was the original number of staff on the hotline?

Lisa Ruiz-Lee:

In 2011 or 2012, I had at any point in time 12 to 15 full-time staff. Today I have anywhere between 31 to 38 full-time staff on the hotline.

Assemblyman Moore:

On slide 19 on statewide removals, and I am just referring to Clark County, I calculated that you removed 9,539 children from care. Is that correct based on the numbers that you have provided here?

Lisa Ruiz-Lee:

From 2011 to 2014 that is correct.

Assemblyman Moore:

So, almost 10,000 kids have been removed for various reasons, abuse and that kind of thing, out of how many that have been placed or that you service?

Lisa Ruiz-Lee:

We, at any point in time, receive about 40,000 hotline reports a year. Not every single one of those calls is going to be a true abuse and neglect call. However, that is how many times we answer the telephone. We have, at any point in time, about 5,000 children who are involved in the child welfare system. Those could be the roughly 3,000 to 3,400 children who are officially in foster care. The rest of them are associated with cases that we are actively working, so we may not have had to remove those children at this point in time. We may be putting in place family preservation services in order to keep them in their home. That is an "any point in time" number. When we do a unique child count of children that we have served, last year that number was about 52,000 children that we have served at any point in time.

Assemblyman Moore:

I was just concerned because it seems like almost 10,000 kids being removed for various reasons—that you felt were worthy to remove—was a bit high. It seemed like there may be fault with the placement of them to begin with. Things are not looked into prior to the child being placed, causing them to be removed later.

Lisa Ruiz-Lee:

I think one of the data figures that may help you is the per capita removal rate. We have that statistic; we can send that to you. Actually, if you look at the per capita removal rate, Clark County sits right in the middle of the range. Washoe County sits slightly above us, and the rural counties sit slightly below us. However, when you compare our per capita removal rates to other places within the country, what you find is a lot of parity.

Assemblywoman Spiegel:

As I was going through the presentation, I was intrigued by the OPPLAs and wondering if that includes services for runaway and homeless youth.

As a separate but corollary question, especially during the height of the recession and the downturn, I know that there were a number of families who moved out of town and left their kids here. The kids were "couch surfing." Do you provide any services to those kids? Is there any way of reaching out to them, particularly if their parents are out of state? I am trying to quantify things.

Jill Marano:

Yes, we will talk in a little detail about independent living services later on in the presentation. Essentially, yes, when those children come to the attention of the child welfare agency, we will provide services for them. As far as specific outreach that is done by the child welfare agency, we do not have any statewide policies and procedures in place for that. However, I believe each region has localized programs that might address that issue.

Kevin Schiller:

If you walk into a McDonald's in Washoe County, you will see a Safe Place™ symbol. That National Safe Place program is administered through The Children's Cabinet. Those homeless children can be essentially taken in. We have an agreement with them, and then there is a mandated reporting clause once the child has been there at least 48 hours. I do not have the statistics, but I can provide them to you. There has been a significant impact in terms of those kids not coming into custody, in turn, trying to locate relatives and manage that population. In fact, we are in discussion right now about trying to fund that program at a greater level to do more outreach.

Assemblyman Sprinkle:

Back to slide 19 on removals, just so that I am clear, when you are looking at these numbers, are these actual children who have been removed when an initial assessment worker goes out and sees something, or is this after the assessment and investigations occurred and they are removed from the house?

Jill Marano:

Your first scenario is accurate about what these numbers are. That is a good point that we should highlight about these numbers. When an initial assessment worker has responded and identified that children cannot be safely maintained in their home, they remove the children. That does not mean that they are entering foster care. This could be a scenario where maybe mom and dad went to jail, the child is removed, the next day we find grandma or grandpa, and the kid goes back to grandma or grandpa, so they are not entering foster care. Earlier there was some conversation around what exactly do these numbers mean and how do we compare to other places. Specifically, the federal government does not track removals exactly for that reason because

sometimes these things might be for 24 hours. What they do track is foster care entry rates because that tracks in a little more meaningful manner how many kids are actually entering the child welfare system. We have those numbers that we can provide to the Committee.

Chair Oscarson:

If you could get that to staff, that would be helpful.

Jill Marano:

We are on slide 20, which is the foster care slide. Before we move into some of the data related to foster care, I will just say that we really do try and take great care and consideration before we make a decision to remove a child and place him in foster care because even if a child is leaving a bad situation, it is a known situation. Going to a new situation is traumatic and does have a significant impact on a child. Along with that, moves within foster care are equally as traumatic. Every placement move is a placement disruption for a kid every time that happens. The kid is not going to know where his head is going to hit the pillow that night. Therefore, over the last few years, the child welfare agencies have really taken great strides in working to reduce the number of children placed in these temporary kinds of placements in shelter care, those kinds of things. We really try to follow the motto—first placement, best placement. In other words, we really want to identify the most appropriate placement possible at the time of removal so that those numbers of moves can be minimized.

As we move through some of the data slides on foster care, in that first one on slide 21, the total number of children in out-of-home placements, you can see that it has been fairly steady across the board with the number of children in out-of-home placements. While Washoe County has seen a little bit of an increase, Clark County and the rural areas have seen an ever-so-slight decrease over the last few years.

The next slide [slide 22] is the foster care monthly average. This slide shows the average number of children in foster care for the last two fiscal years.

Chair Oscarson:

Do you have a graph or information that shows us how many of those are in state and how many of those are out of state? How many are from Washoe County and the rural areas as well?

Jill Marano:

We can provide that information. Later on in the presentation, I have the exact number of requests to move children on our Interstate Compact on the

Placement of Children slides. Slide 29 talks about our incoming and outgoing referrals, so those are the number of cases where we have requested either children coming into Nevada or children going out of Nevada. However, we can get a more detailed breakdown for you, but you can see the numbers there.

Chair Oscarson:

This is information you can give to staff that I am curious about. Potentially, I suspect that the cost to have these children out of state is more than it is in state. Would that be accurate?

Jill Marano:

It depends on the type of placement when they go out of state. If they are placed in residential treatment facilities, yes, that is more expensive. When we can maintain them in relatives' homes, then it is fairly comparable to keeping them in state.

After foster care monthly average, we have the average length of stay in months for children [slide 23], and these are children who have exited care. You can see the comparison between each of the three agencies. Anywhere from 14 to 18 months seems to be about average for how long children are in foster care.

The next one [slide 24] is caseworker contract compliance. We do not actually hold them to contract, but on this slide, we are talking about our federal requirement. The federal government, up until federal fiscal year (FFY) 2014, required that we see 90 percent of our children who are in foster care monthly. If you did not see 90 percent of the children in foster care monthly, you received a fiscal penalty on some of the federal funds. We were very excited when we finally started routinely meeting that 90 percent in the middle of FFY 2014. We have done a lot of work over the last few years on making sure that our workers are getting out and seeing children. One thing we know is the more children that are seen and the more you manage the cases, the shorter their stay in foster care. The good news is we finally met 90 percent. The bad news is in FFY 2015 the federal requirement went up to 95 percent. Therefore, we are continually striving to try to meet that goal.

Assemblyman Thompson:

Is this based on a collective average of Clark County, Washoe County, and the rural counties? If I am reading this correctly, the rural counties are having some struggles there. What are we doing to raise that up so that we can have 90 and 95 percentages across the board so that we are not saying that depending on where a child lives, that family may not get the service they need?

Jill Marano:

We are definitely well aware of this struggle in the rural areas. Some of it is due to distance, because sometimes children are placed pretty far away from where the offices are. We have really worked on a couple of different things. One is being more thoughtful and more planned out about how we make sure that we get those visits done. Some of this was also a data issue because this is based on what you put in the state database system, which is called United Nevada Information Technology for Youth (UNITY). If you do not put it in UNITY, it does not get counted. Sometimes that is as big of an issue as anything else is. One of the things we learned about the rural areas is, amidst the litany of daily tasks, that making sure you go into the database and mark it down is sometimes at the bottom of the list. However, here is the impact when you do not do that.

Assemblyman Thompson:

In the rural communities, do we have mobile devices or something that can sync into UNITY so it can be done on the spot?

Jill Marano:

The UNITY system cannot yet do that, although we are working on that through a technology improvement request to be able to use UNITY more in the field. However, we do have various kinds of dictation devices and different kinds of technology so that a worker can dictate. It comes out typed, and they can easily enter that once they get back into the office.

Assemblyman Moore:

On slide 22, the foster care monthly average in Clark County for fiscal year (FY) 2014, are you saying that 3,659 children were in foster care?

Jill Marano:

Yes, that would be an average.

Assemblyman Moore:

On that number, to achieve the 90 percent per month, you visited 3,200, almost 3,300 children?

Jill Marano:

Yes, that is correct.

Assemblyman Moore:

How many caseworkers do you have doing that?

Lisa Ruiz-Lee:

The interesting thing about this particular data point is it is applicable to all ends of the system, so it does not matter if you are a CPS investigator who is serving in out-of-home foster care. For us, across both of those program divisions, we have 350 to 400 staff who perform this function.

Assemblyman Sprinkle:

What is your caseload per worker in the rural areas?

Jill Marano:

It varies depending on whether it is CPS or an ongoing case, but we are in the high teens to low twenties of cases. That does not necessarily mean high teens to low twenties of kids. Especially for large sibling groups, where you have four children placed in three different foster homes, now you have several different visits that you have to do to meet that monthly requirement for that one case.

Assemblyman Sprinkle:

On average, what is the number of hours spent per week on one child by your caseworker, including paperwork and everything else that is required for that case? What I am getting at is when you take all that into consideration, along with distance traveled in the rural areas, I wonder how you ever meet these mandates.

Jill Marano:

Ditto, I agree. I can get you a better number on an estimate. We have recently added an enhancement to UNITY to start tracking travel time specifically for that reason, so we could see if our workers are spending hours of the week just driving around. We continue to assess that exact issue to make sure we are being as efficient as possible.

Assemblyman Sprinkle:

I do feel that information is also applicable for Clark County and Washoe County as well.

Assemblywoman Titus:

I do have concerns related to not just the rural areas, but everywhere. Your agency comes when there is a child identified in a critical situation. There has been a call to their house. Both parents have been arrested because it was a domestic dispute, so it goes without saying that you take the parents away. Child protective services (CPS) is called. In our area, frequently there is a huge delay because of where the worker is. That worker might be in Carson City or in Fernley, and we are down in Yerington, which causes delay. I have always

found the data load to be huge across the board in health care when our home health care workers will go in and see a patient. Child protective services is also hugely burdened by documentation and paperwork, so maybe for one hour of child contact, they spend six hours doing their paperwork. Do you have data on the length of time, from the point of contact with CPS, it takes to get one of your caseworkers there? I hear complaints about that, but I have never seen data that it is true.

Jill Marano:

This is one of the things that I did not get into when I talked about the CPS section, but when a call comes in, there are three different priority responses that they could be assigned, based on the urgency or the emergency that is determined in the call. A "Priority 1" response demands a three-hour response time in the urban counties and six hours in the rural areas because sometimes the offices are four hours away from areas that they service. "Priority 2" is a 24-hour response, and "Priority 3" is a required 72-hour response time. Our compliance with meeting those response times is tracked, so I do not know if we have an average response time, but we do have data regarding compliance with meeting those response times.

Assemblywoman Titus:

My concern is even if you are compliant with minimal standards set by the agency, that you have to be there within three hours. I am worried that sometimes even a half hour can be too long.

Jill Marano:

Yes, and when we get those calls—like it may be a child being left home alone—one of the things we do is immediately call law enforcement, who are generally closer, to respond for us or ask the referent to also call law enforcement. That way at least somebody gets out there and gets eyes on the child while we are trying to get there.

On slide 25 I wanted to mention our recruitment, licensing, and training process for foster parents because truly, they are a critical cog in the wheel of child welfare. Without competent, dedicated foster parents, we would not have a place for our most vulnerable children to go when they cannot go home. There is a constant need to develop new foster home resources. All three foster agencies have roughly the same requirements and processes for becoming a foster parent. Foster parents must satisfactorily complete state and national background checks. They have to complete a training program and a home study process. Then they have to meet all the licensing standards in *Nevada Revised Statutes* (NRS) Chapter 424 and the NAC Chapter 424.

Numbers of foster homes are shown on the next slide [slide 26], and this is again a raw number of all the different foster homes. While we are talking about foster care, the other thing that I wanted to mention is our Specialized Foster Care Initiative or the Specialized Foster Care Pilot as you may also have heard it called. To give a brief overview of the structure of the foster care piece of child welfare itself: essentially each of the local child welfare agencies is the licensing authority for all foster homes that are in their jurisdiction. However, the recruitment, training, and development of those homes could be different based on the type of foster home it is. Relative and regular-level foster homes are trained and licensed by the local child welfare agency.

Right now, specialized foster homes are recruited and trained by a specialized foster care agency, but then the local child welfare agency actually holds the license. These specialized foster care homes, also referenced as therapeutic foster care homes, are the homes for children who have higher level emotional and behavioral health needs. They generally are more intensive, require more training, and have the kids that have tougher behaviors for foster parents to manage. At any given time, we have 550 to 600 kids across the state who fall into this specialized foster care population. Over the last few years, one of the things we have noticed is that they tended to not have outcomes as good as other kids in foster care. They tended to stay in foster care longer; they had a higher rate of placement disruption; and most importantly, despite all the additional services, their ability to manage their own emotions and behavioral improvements did not occur. Therefore, we really started to look at that program, and one of the things that we noticed was that the way the system was currently developed, for lack of a better word, it really "incentivized" the kids staying sick, meaning that if a child showed improved behaviors and improved outcomes, the agency could no longer bill for services. As a matter of fact, the child no longer met criteria to stay in that home and had to move. Therefore, what is your reward for getting better? You get to move. It created placement disruption, kids who did not want to leave, and providers who had a financial incentive to keep these kids in their homes.

Therefore, we created a program to try to address some of these issues. The table in the middle [slide 27] is essentially three different pilots across the state to see if we could run specialized foster care a little better. It started with 70 slots across the state: 30 in Clark County, 30 in Washoe County, and 10 in the rural areas. It has expanded now to 220 slots specifically in Clark County, and then we have maintained the 30 in Washoe County and the 10 in the rural areas. While we have three different pilots, there are a few things that are all the same. There is a high degree of local welfare agency oversight in each of the pilots, an evaluation component to test whether it is successful, and we

have foster parents trained in specific behavioral and emotional management techniques.

Assemblyman Jones:

I notice on here that the psychotropic medications are going down dramatically. I have seen in the news where foster kids have been, by other jurisdictions, overprescribed, just put on lots of drugs, and that is a big problem. I really do not like young kids being put on drugs such as Prozac. It hurts me. Can you tell me what percentage of foster kids are now on drugs, and why is it going down more in the north than the south?

Jill Marano:

I will have to get the exact current numbers for how many children across the state are on psychotropic medications. We do have that information. I will say that as a state, we are somewhat significantly less than the rest of the country. It was actually an area where we were already not doing too badly compared to the rest of the country. One word of caution I will use with this is our pilot numbers have been fairly small, particularly in the north, so once you take a few kids and really start to give them some focused services and focused attention, we have seen the decreases across the state. Specifically, why has the north been different than the south. We can look a little more and see if we can draw some conclusions about that. I would just caution that we are looking at 40 slots, and we have serviced 72 children in the northern pilot. It might be something to do with just that number.

Assemblyman Jones:

Can you get the numbers? I would really like to know where we are in terms of putting kids on psychotropic drugs, and the percentage compared to other states. I do want to point out that if the numbers are dropping significantly, and supposedly it is a disease, how can the disease all of sudden just go away because somebody is treated better or cared for or disrupted constantly? That makes me wonder if it really is a disease or is it actually somebody caring for them.

Kevin Schiller:

Part of it is the approach; behavioral technique versus medication, so I call it the pill versus the management of that child in terms of how you teach. In Nevada, we have persons legally responsible, and we have statutory mandates related to psychotropic medication, which is significant. We got ahead of the curve two sessions ago when we started that. We cannot just have a kid on multiple medications without oversight from a court-appointed individual and/or somebody medically looking at the child.

Lisa Ruiz-Lee:

I would echo the comments of both Ms. Marano and Mr. Schiller in terms of psychotropic medications. When we started to take a hard look at it starting in the 2009 Session, and then in the 2011 Session, we discovered that as a state, we were not doing nearly as badly as other states. To give you an example of data from the middle of last year, if you look at other child welfare systems in the country, you typically see somewhere between 25 and 40 percent of children in the child welfare system are on some sort of psychotropic medication. When we would run our numbers, we were somewhere between 10 and 13 percent. This is dramatically less than what you see in other states, but by no means would we make the statement that we cannot do better by children. I would completely agree with you that what we are looking for is to reduce the amount of medication that they are on and to really increase the therapeutic interventions that we provide for them to help them manage the trauma they have experienced. We know it is those interventions, as opposed to the medications, that are going to have a lifelong impact on them.

Chair Oscarson:

We did talk about some of that during the interim as well. We reviewed where those processes were and the successes that all three of you were experiencing with them.

Assemblyman Thompson:

How do the divisions determine whether a child is a special needs child? Who truly makes that determination? Are you seeing disproportionality in ethnic groups with that diagnosis of special needs?

Jill Marano:

If we are referencing specifically the pilot, the criteria to get into the pilot is to have severe emotional disturbance. That is really to have an Axis I diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and some sort of complicating behavioral factor. Specifically, to get into the pilot it was either already being in specialized foster care, struggling to have behaviors really managed and maintained in a regular level foster home, or being at risk of entering a specialized level of foster care.

Assemblyman Thompson:

I apologize for asking for a lot of data but that means we are engaged and we are really concerned about this. Can you let us know the state's percentage of kids who are claimed as special needs versus not? I think that is really important. I am a Court Appointed Special Advocate (CASA) and have been for over 18 years. It seems like most kids who were on my caseload were determined as special needs. I am not a medical doctor or a psychiatrist,

but I do not understand the criteria because I am not sure some of the kids should have been there. As a result of fact, it creates a long-term labeling of that child because again, we want them to be successful in school and in their communities.

Jill Marano:

I think there is a difference and maybe I am talking about something different than what you are asking about, but severe emotional disturbance and special needs are two different things. The other piece is, and I do not know if this is what you have seen in your role as a CASA, when we come to the point of adoption or finalizing adoptions, special needs is defined by the federal government, and they have defined it in such a way as to make more children eligible for the subsidy. Sometimes it is a little loose, such as having a sibling can be a special need. Being a minority is a special need when it comes to adoption. I still may not be answering your question.

Assemblyman Thompson:

You are doing well, and I feel it is important for my colleagues to hear that. It is difficult because it depends on how you look at it. Special needs can be a good thing and in some situations, it could really be a labeling.

Assemblywoman Benitez-Thompson:

What might be helpful for the Committee are two different things. One is to talk a little more about some of that work that was started in 2009 to begin having our statutes address psychotropic medication. I believe that was a bill in 2009 originally sponsored by Assemblywoman Leslie. I am so glad to hear that, if there were a bill today, you would be willing to sign on too. Second, talk about the due diligence, the checks and balances with the court system, so that we might have child welfare making the recommendations but then there is court oversight as well, so there are checks and balances in that system.

I think we are really caught up in data, but perhaps an example of a child's journey into child welfare might help us to better understand the different types of children who present into child welfare and associate behaviors they might come in with. I am thinking of perhaps a child who has come in, been removed from severe neglect in the home, and maybe ended up with reactive attachment disorder, and so how some of these specific behavioral disorders tend to be overrepresented within our foster care population due to the child's history of abuse and neglect.

Kevin Schiller:

Assemblyman Thompson's statement on severe emotional disturbance and how that is evaluated, to go along with what Assemblywoman Benitez-Thompson

is indicating, becomes the issue of the chicken and the egg. I will give you the words: they are "mental health." In terms of that child's journey into foster care, we are always focused on how to lessen that traumatic experience. About special needs, you get into this issue that any kid who enters our system qualifies as special needs, which becomes this dynamic that follows the child up until his permanent adoption. Where we have really honed in on that in the pilot is looking at the mental health system, particularly as it pertains to child welfare, and we can essentially tackle that early. For that child who is showing early signs in foster care of having reactive attachment disorder or post-traumatic stress disorder or those types of issues that tend to culminate in mental health, we are trying to really clinically wrap around that child so we can lessen that impact, while at the same time trying to reunify and also train parents in how they manage that, also. Hopefully that helps a little, but we can get you the data, too.

Assemblywoman Joiner:

One of the concerns that I often hear is that it sounds like you said about 18 months is the common stay in care. My understanding is that part of the trauma of this for the children as well as the foster parents who get very attached to them is that they are often in and out of care. What is the average number of placements, and are there any national programs or is there any progress you are trying to make as far as re-placing the child with a previous home? I know that is hard because sometimes the foster parents have moved on to take other kids. My daughter's best friend last year was a foster girl, and we cannot find her. That was traumatic for my daughter to know that her friend moved. Is there any effort to keep those kids in the same school, in the same house, anything like that?

Jill Marano:

Yes, when we do reunify a child and something happens and the child needs to be removed again, we first look at where they were before and try to place them there. However, there can be any variety of factors why that may or may not be possible, like the house could be full with other children now, or they may no longer be a foster parent, or any number of factors. That is something that is tracked nationally and one of the numbers that we report to the federal government. I can get it for you because I do not think that I have it in the presentation.

Lisa Ruiz-Lee:

We, as a child welfare system, have spent a lot of the last few years focusing on the average number of placements and, as Ms. Marano said, really trying to get the system to come to the conclusion that the first placement is the best placement. In Clark County, we reduced the number of placement moves significantly over the last couple of years. Right now, we average about 1.8 placement moves per child, which is still not nearly what I would like it to be because I would like it to be 1, but we have made some progress there. I would echo many of your concerns about children who enter into care multiple times. In fact, we will talk to you later today about some legislation that we would propose to really focus on what we need to make reasonable efforts for families and really start to have the system readjust to the fact that children should not enter care multiple times. By the time you hit the second entry into care, we need to start to make a statement collectively about how important permanence is for children. When you do not achieve permanency for children, what you look at long term are kids who become unadoptable because they have significant mental health needs that nobody can meet. Therefore, permanency matters for children.

Assemblyman Araujo:

I am focused more on the educational experience that the child may have. Have there been discussions with the school districts about keeping our students in the same school so that we do not disrupt their academic experience? The data tells us that the more we switch students in and out of classrooms and in and out of schools, the more likely they are not to be as successful as they should be.

Kevin Schiller:

It is complex, but your statement is absolutely correct. Keeping the child in the same school is critical to stability. The issue we struggle with, speaking from the northern perspective, is the availability of foster care placements within proximity of the school, and we do not have that. However, we are also working towards federal eligibility for funding for transit—how we transport those kids to and from their school of origin. From an indicator perspective, if you put a child into placement, they lose everything that is known to them and their school is critical. It would be like us just being popped away from work. That may not necessarily be a great parallel, but that is all they know. That school is their familiarity, which is a really key piece. In the north, we work a lot with our school system. We fund an educational liaison who tries to work in that context, and we try to prioritize where we can place those kids who have the highest need down to the lowest need.

Jill Marano:

There is conversation and a work group that is occurring now between the Department of Education and the Division of Child and Family Services to try to address this from a more systemic standpoint. We have some very basic struggles with this topic, things like not knowing the school of origin or trying to track down that last school the children were enrolled in. We are working with the schools on developing a way to share those databases so that we can more smoothly and seamlessly, not only identify the schools, but also transition the children into schools as we need to. That is happening at the state level as well.

Lisa Ruiz-Lee:

In Clark County, we have a lot of similar programs to the ones that exist in Washoe County. During the 2011 Session, we actually modified the statute to allow children in foster care to be considered homeless under the McKinney-Vento Homeless Education Assistance Act, which expanded transportation options for them through the school district. Our partnership with Clark County School District is still in its infancy and we are learning and growing. We are headed in an absolutely right direction to ensure that children can be transported to their school of origin.

Jill Marano:

The next couple of slides [slides 28 and 29] are on the Interstate Compact on the Placement of Children, and this addresses the children who are moving across the state lines. When children are moving across state lines, they are either going to live with relatives for adoptive placements or perhaps going to residential treatment centers. Slide 29 shows the number of referrals and requests to move children back and forth. We will get an additional breakdown of what this data looks like for you.

Slide 30 is where we touch on adoption, so we are getting to the back end of the child welfare system. When children cannot be safely reunified, the best option is adoption because it is a permanent placement. Most of the time children who are adopted from the foster care system are generally adopted by relatives or by the foster parents that they are living with. If the foster parents cannot or do not adopt those children, we will do a child-specific recruitment and look for homes for those children.

The next slide, slide 31, gives a little information on an adoption incentive grant that we do get from the federal government, and that is an incentive for finalizing adoptions. It is approximately \$2.5 million each year, and we use this funding for post-placement services, special needs adoptions, assisting with

recruitment, assisting with home studies, anything that we can do to help move adoptions along more quickly.

The next slide, slide 32, is our number of finalized adoptions from FY 2011 to current; of course, 2015 is a little low still because we have not gotten through the full year yet.

When we are not able to find permanency through adoption or guardianship or reunification, we end up in a situation where we have these independent living or these OPPLA kids [slide 33]. This is generally our least preferred option because it means we could not find permanency for the child. I want to highlight two things about independent living. It is not just the placement, rather it is a set of services that are to be provided to a child. Right now it starts at the age of 15. The federal government just passed a law so that will be changing to 14. Therefore, even if a child has a goal of reunification or adoption, starting as soon as age 14, we should be providing independent living skills to these kids because either way, at some point, they will be out living independently.

We have two different funding sources for providing independent living services [slide 34]. Federal grants include the John H. Chafee Independence Program and the Educational and Training Vouchers Program for Youths Aging Out of Foster Care. The Fund to Assist Former Foster Youth (FAFFY) is fee-based revenue from the state.

The last program that we have to mention here is court jurisdiction [slide 35]. Court jurisdiction covers that 18- to 21-year-old group. These are children who have aged out of foster care. While we close their child welfare case within NRS Chapter 432B, the case remains open for court jurisdiction, so the court still has oversight over these children. They are able to basically receive that foster care maintenance payment directly to help them as their safety net to give them a couple more years before they are completely on their own.

Slide 36 shows the number of children remaining under court jurisdiction. Court jurisdiction started in 2011. You can see the numbers ramped up as we started having children turning 18 to 21 through the system.

The last section [slides 37, 38, and 39] is about the federal oversight that we have. Every five years, the federal government does what is called a Child and Family Services Review (CFSR). This review is done in all states that receive any sort of federal funding through Title IV-E or Title IV-B of the Social Security Act. It is their opportunity to come in and make sure that we are in compliance with the federal laws and state laws. It is a series of very intense case reviews.

These started for Nevada in 2004, so we had a review in 2004 and 2009. After the second round of reviews, the federal government stopped and regrouped for a couple of years to look at the process because there were some criticisms at the federal level about the validity and the reliability of the data gleaned from the CFSR. The federal government has changed their performance indicators and their data standards, and has just begun this year with a new round of Child and Family Services Reviews. Nevada is slated to have our review again in 2018. The outcome of the review, as it has been in all states, is that the states are placed on a Program Improvement Plan (PIP). If the states do not comply or cannot pass their PIP, they are subject to fiscal penalties. I am happy to report that while Nevada has been placed on two PIPs, we successfully completed both of them, as well.

Slide 40 shows the specific criteria from the CFSR that resulted in a PIP, what our baseline score was, the target score, and our score when we achieved the target.

I will close with a slide [slide 41] that has some of our most recent accomplishments. I can take any questions now.

Chair Oscarson:

I think you can see how engaged we are and, from the Committee's interaction, that we certainly take this information seriously. Your information is so important and so critical to our ability to decide and talk about what needs to happen, what we can do, how you are doing it, and what we are doing.

I will open the hearing on Assembly Bill 52.

Assembly Bill 52: Revises provisions governing the persons responsible for a child's welfare. (BDR 38-192)

Lisa Ruiz-Lee, Director, Clark County Department of Family Services:

The two bills that you have before you, Assembly Bill 52 in particular, we presented to the interim Legislative Committee on Child Welfare and Juvenile Justice. We have had an opportunity to review the bills as they have come out. We do have some proposed amendments. Brigid Duffy will discuss the changes to the bill and why they are necessary. I am here to answer any more operational or practical questions you may have.

Brigid Duffy, Chief Deputy District Attorney, Juvenile Division, Office of the District Attorney, Clark County:

I am the chief of the Juvenile Division for the Clark County District Attorney's Office. I serve under District Attorney Wilson, and in my division I have

16 attorneys who represent the Department of Family Services for Clark County, and then I have 9 attorneys who handle juvenile delinquency matters. My role crosses both sides of those issues that affect our children. For Assemblyman Thompson and for the Chair, it is very encouraging to have this type of engagement on these important issues. I have been working in child welfare for 15 years, my entire career here in Clark County or in the state of Nevada. I have worked prosecuting the cases, watched thousands of kids be adopted, and watched thousands of kids be reunified. I also sat on the bench for three years as a hearing master, deciding the laws that this Legislature has created, so it is very exciting that the interim committee has asked me to present this bill today as well as Assembly Bill 102.

In A.B. 52, we are asking to amend *Nevada Revised Statutes* (NRS) 432B.130 to add to the definition of a "person," an agency, a facility, or a private or public home. That is consistent with NRS 0.039, which already defines a person as an actual person or natural person or any type of business, including corporations, partnerships, et cetera. Each individual statute within the *Nevada Revised Statutes* can then take that word "person" and make it fit to whatever it needs to be.

In picking up where we were with the presentation on child welfare, we operate under two main laws in child welfare cases, NRS Chapter 432B and NRS Chapter 128, which is a termination of parental rights statute, which will be discussed in the next bill. In doing this, we are going to allow for the Department of Family Services to substantiate abuse or neglect against a person, which is defined as an agency or facility. We have children who live short term or long term in several facilities, which could be foster homes, skilled nursing facilities, or hospitals that treat mental health, and it is sometimes difficult for us to pinpoint the actual source of abuse or neglect on a child.

Chair Oscarson:

Are you speaking to the amendment or are you speaking to the bill itself?

Brigid Duffy:

I am speaking to the amendment. I was told that it is amended to add a "person" as a public or private home, agency, institution, or facility where the child resides or is receiving care outside of the home for a portion of the day.

Chair Oscarson:

The agency piece is the amendment, correct?

Brigid Duffy:

That is correct. The original statute has a person directly responsible. The bill itself is adding the public/private home, agency, or institution to the definition of the word "person" responsible. That is the bill out of the interim committee.

Chair Oscarson:

We just want to make sure that the members know you were speaking about the amendment to the bill, and not about the bill itself. It is on the Nevada Electronic Legislative Information System (NELIS) for the Committee members ([Exhibit D](#)).

Brigid Duffy:

Within a facility, you have individual staff members caring for children around the clock and the child may be injured, such as having sustained a broken bone. We cannot tell which individual actually performed that act. However, we know that somebody should have been supervising or monitoring what is going on. We would like to be able to hold responsible the agency itself. We can then put in corrective action plans to make sure that abuse or neglect does not happen again to another child from our community.

Assembly Bill 52 is about persons who are responsible for the welfare of a child. We charge an offense in the civil arena of child welfare, so when the Department of Family Services goes out to a site and removes a child and brings him to the district attorney's office, we have to determine who we can lay allegations against. That can be a parent or a guardian, an adult regularly found in a home, or a stepparent with whom a child lives. An adult regularly found in the home is how we cover the boyfriends, the girlfriends, and the roommates. Now we want to make sure we extend that to agencies and facilities being responsible for the welfare of children because we place children in agencies and facilities. Sometimes children are abused or neglected within those facilities.

Our statutes currently provide that "persons" under NRS 0.039 can also be corporations, agencies, and associations. This is a natural progression of the definition of a "person responsible" into also being agencies that are taking our children and are supposed to be caring for them. However, sometimes our children end up harmed within them.

Assemblyman Sprinkle:

The original bill had said "a person directly responsible." With the amendment now, instead of saying that person since that is covered earlier in the statute, are you now trying to add the agency that the person works for?

Brigid Duffy:

That is correct. The original bill merely relays the current language. With the permission of the chair of the interim committee, we worked together to better put an amendment out there that reflected the real conversation and spirit within the interim committee, which was to allow that "person responsible" to include the terms "agencies, facilities, and public and private homes."

Assemblyman Sprinkle:

I definitely understand that any agency or facility is certainly responsible for the welfare of that child as well, but from a liability standpoint, if one of their individual employees does something to cause concern, is this bill now saying that the agency is also going to be responsible for the actions of their individual persons or employees?

Brigid Duffy:

They might already be civilly responsible for the actions of their individual employees. If I, as a parent, place my child in a skilled nursing facility and something happens to my child within that facility and we can actually say "Nurse X" did this, then I would also, as a citizen and as a parent, go after the facility itself for whatever may have been done negligently, in either hiring practices, not monitoring her, or the policies and procedures. I do not know that this bill changes what could already occur for somebody who would injure a child within that facility. What this does in the realm of child abuse and neglect is it allows the Division of Child and Family Services to issue a substantiation of child abuse and neglect against that agency or facility. What that would do in the end is put them on notice in a way that they may have to take corrective action before other children could be placed in that facility.

[Assemblywoman Titus assumed the Chair.]

Vice Chair Titus:

It looks like a clean-up of adding wording to clarify what is happening in today's real world and where we are placing our children that we are responsible for to make sure that, regardless of where they are under our umbrella, the folks that are responsible for them can be held accountable. Is that the basis of this bill?

Brigid Duffy:

Yes, it is.

Assemblywoman Benitez-Thompson:

I have a set of questions to make sure that we understand how the process would work, mostly around how these investigations would work. If agencies were added in, would it mean that child protective services (CPS) would conduct an investigation on the agency where there was a suspected incident?

Brigid Duffy:

Yes, they would conduct an investigation against the agency. To clarify, sometimes the Department of Family Services already does institutional investigations of facilities that have licenses, so they are already conducting those types of investigations.

Assemblywoman Benitez-Thompson:

I am looking at a couple of these because you add NRS Chapter 449, and I assume that you are not necessarily trying to get at hospitals but specifically the psychiatric hospitals. Therefore, if the child is in a psychiatric placement and something happens, will there be coordination between the respective child welfare agencies and the state—Kyle Devine's office at the Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, Department of Health and Human Services—to coordinate those investigations since we are dealing with an agency now that will be investigated by CPS workers?

Lisa Ruiz-Lee:

Absolutely, and that is how we actually operate today. If we get an institutional report, for example, on a facility like a skilled nursing facility that is licensed through the state, we work in tandem with them as we move through the investigation.

Assemblywoman Benitez-Thompson:

Therefore, it would be in two places: a CPS investigation finding and the Bureau of Health Care Quality and Compliance as well, in the finding and substantiation. I see in here as well in childcare facilities, and I know those are inspected and regulated separately. It would be the same thing, a CPS worker would go out and once that investigation is done the Child Care Licensing would have another set of investigations. What do you do if you end up with two different findings?

Lisa Ruiz-Lee:

We usually try not to come up with two separate sets of findings. The way we do that is through partnership and collaboration and making sure that the records that I review are the same as they are reviewing. Obviously, with the Department of Health and Human Services, in particular, they have staff with expertise that we do not necessarily have. So we try to partner together to utilize that expertise to come to the same conclusions. If we feel like we do not come to the same conclusions, usually what we do is wrap that up the chain of command. Usually it will be an investigator to investigator, supervisor to supervisor, or manager to manager. I have had occasions where it comes to me, and I meet with them and go over what we have and under our statute what this means, and then we compare notes and can come to a common conclusion. We try to make sure that we have that partnership in place.

Assemblywoman Benitez-Thompson:

Under NRS Chapter 449, other than psychiatric hospitals, is there another type of medical facility or setting, in particular, that has been problematic?

Brigid Duffy:

Specifically, skilled nursing facilities are in NRS Chapter 449.

Assemblywoman Benitez-Thompson:

Do we have children placed in skilled nursing facilities?

Brigid Duffy:

Yes, we do. We have children who are under the care and custody of the Department of Family Services and jurisdiction of a juvenile court who may have been so physically abused that they are in need of long-term care. They are placed in skilled nursing facilities, some in state, some out of state.

Vice Chair Titus:

When you say agencies, are they private or public agencies? Is there any distinction? Is it a public or private home? There are private and public agencies you work with, correct?

Brigid Duffy:

That is correct. The language "public or private home" was already existing within this statute. For clarity, we could put public or private agencies, so it flows the same way. Our intent is for both.

Risa Lang, Committee Counsel:

Generally, a "person" would not include any governmental entities, so if it includes governmental entities, then we would need to clarify that.

Assemblyman Thompson:

Is there any way we could just keep the flow of what we had before and switch "facility" and "institution"? On lines 8 and 9 of the proposed amendment ([Exhibit D](#)) where the progression is "agency, institution, or facility," could you model the same for lines 12 and 13?

Brigid Duffy:

Lines 12 through 15 were removed by Legal Counsel, so I did not address it.

Risa Lang:

It was not anything I have mentioned, but it looks to be duplicating the language from up above. I had suggested to them before that we probably do not need that language, so the language on lines 12, 13, and 14 will come out in drafting. We are looking at this as more of a conceptual amendment and when it comes back to drafting, we will go through it and label and put it together, as we do all the others.

Vice Chair Titus:

Are there folks in the audience who want to testify in favor of A.B. 52? [There were none.] Are there any folks in the audience who would like to testify in opposition to this bill? [There were none.] Are there any folks in the audience who are neutral to A.B. 52? [There was one wave.] We are going to close the hearing on A.B. 52. We are not going to hear Assembly Bill 102 at this time.

Assembly Bill 102: Revises provisions relating to child welfare. (BDR 38-196)

However, I am going to open up to public comment if there is anyone in the audience who would like to participate. [There was no one.] The meeting is adjourned [at 3:08 p.m.].

RESPECTFULLY SUBMITTED:

Karen Buck
Committee Secretary

APPROVED BY:

Assemblyman James Oscarson, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: February 18, 2015

Time of Meeting: 1:33 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
	C	Jill Marano, Deputy Administrator, Family Programs, Division of Child and Family Services, Department of Health and Human Services	State of Nevada Child Welfare Presentation
A.B. 52	D	Brigid Duffy, Chief Deputy District Attorney, Juvenile Division, Office of the District Attorney, Clark County	Proposed Amendment