

WASHOE COUNTY HUMAN SERVICES AGENCY
AB 298 Reporting FY2021

Pursuant to AB 298 from the 80th Legislative Session:

3. On or before August 1 of each year, an agency which provides child welfare services shall publish on an Internet website maintained by the agency a report which includes, without limitation:
- (a) Information relating to whether the agency achieved the goals established pursuant to paragraph (b) of subsection 1 for each quarter of the immediately preceding year;
 - (b) The number of children placed outside this State for more than 15 days during the immediately preceding year, including, without limitation, the number of children placed in residential treatment facilities outside this State for more than 15 days during the immediately preceding year;
 - (c) The reasons for the placements described in paragraph (b);
 - (d) A summary of changes that could prevent the placements described in paragraph (b); and
 - (e) A summary of changes or actions necessary to allow children who are currently placed outside this State to return to this State.

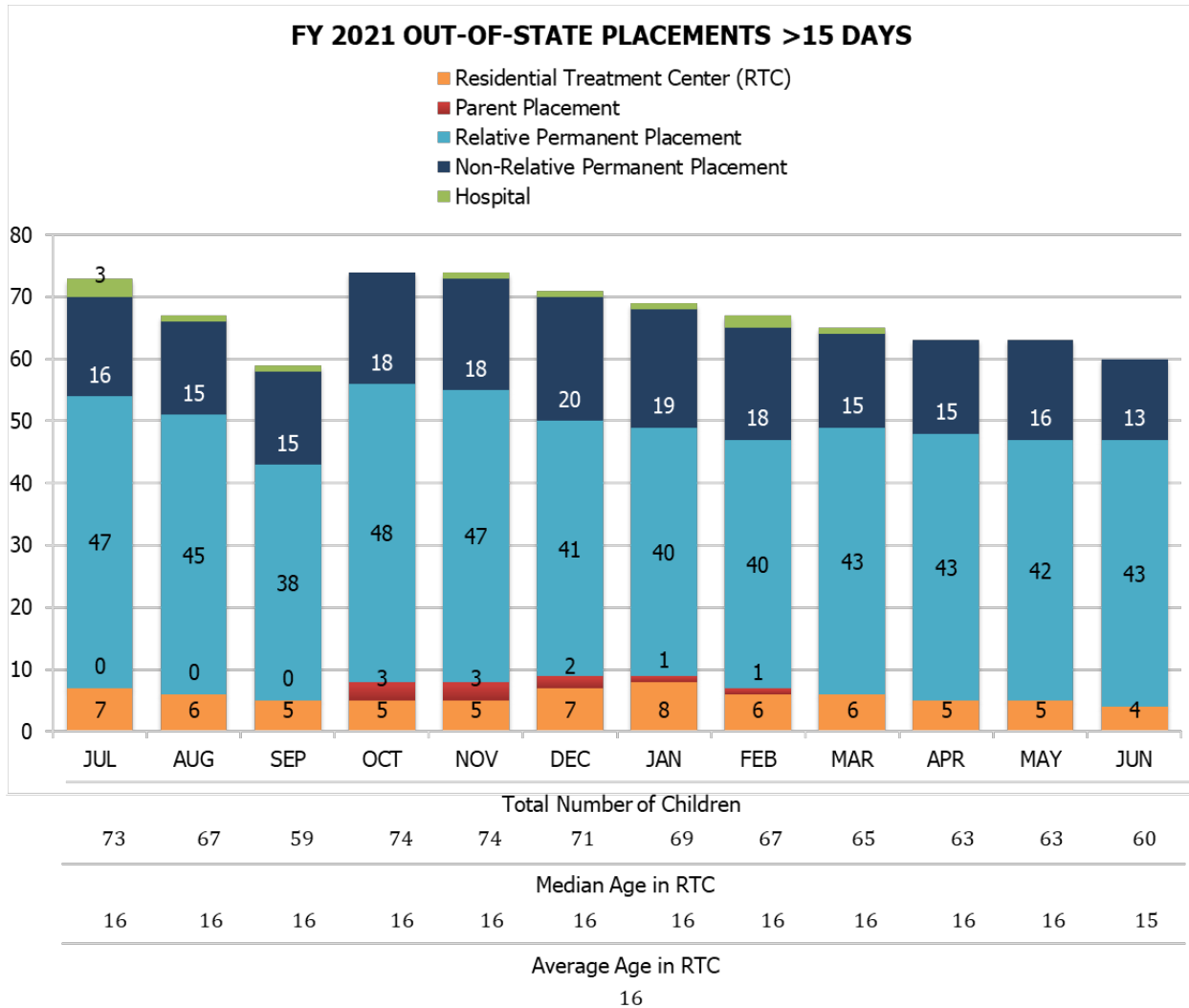
3. (a)

During SFY20 Washoe County Human Services Agency (WCHSA) made specific efforts to maintain communications with Specialized Foster Care (SFC) treatment providers by holding weekly meetings. The purpose of these meetings were to keep providers informed of any important changes due to Covid-19 Pandemic restrictions imposed at the State, County, City levels, changes with educational processes, problem solve any issues identified, and overall to offer support in the care of WCHSA's children placed in SFC.

Additionally, WCHSA made changes within Licensing by placing all foster homes licensed for SFC under one Licensing Worker. Further, the application process for potentially new parties interested in becoming a SFC provider was further stream-lined to ensure new applications had the necessary information to become licensed and operational in a timely manner.

3. (b):

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Children are placed out-of-state with parents, relatives or non-relatives with a plan to exit the foster care system by achieving permanency. These children are not typically expected to return to Washoe County.

3. (c)(d) and (e)

Reasons for Out-of-State Residential Treatment:

- The child's needs cannot be met in the same level of care (SFC) and is identified to be in need of a higher level of care
- The community lacks a full continuum of and/or limited options for treatment options that make up a comprehensive, full continuum of behavioral health services that includes:
 - Acute Psychiatric Inpatient Care [operating at reduced capacity, then reduced to one]

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- Residential Treatment Centers [only one, that takes a limited pop- no peds and only certain teens]
- Psychiatric Residential Treatment Facilities (PRTFs)
- Psychiatric Care [i.e., psychiatrists/medication management]
- Rehabilitative Mental Health Services, specifically:
 - Partial Hospitalization Programming (PHP) [only one]
 - Intensive Outpatient (IOP), [decreased to one]
 - Day Treatment [decreased to one option]
 - Crisis Stabilization Services
 - Crisis Triage Center (CTC) [identified in 2021 Leg. Session]
- Community decrease in family foster and specialized foster care providers

1) WCHSA has held the value of prevention being the key to maintaining children in the community for some time prior to SFY20, which has prepared staff for the Families First Prevention Services Act (FFPSA), with seven programs/initiatives focused on prevention: the Clinical Services Team (CST), the Voucher for Mental/Behavioral Health/Substance Abuse Treatment Services, and The Opioid Grant and Safe Babies Model Court; continued to collaborate with a key Stakeholder, i.e., the Division of Child and Family Services (DCFS) on resources from their SOC Grants; increased focus on incorporating changes related to the Families First Prevention Services Act (FFPSA); 1915i services; and post-adoption supports. WCHSA focused on these prevention initiatives with the goals of reducing children entering child welfare (when safe) due to a child's mental/behavioral health issues, stabilize children entering the child welfare system by addressing their trauma and overall needs related to well-being, remain stable while in foster care, return home or to another permanent placement, and prevent children from re-entering the system (i.e., past child welfare cases, post-adoption cases).

The Clinical Services Team continued to provide crisis intervention, assessments of children entering care, short-term therapies to individual, family and, group clients while awaiting community-based services, and care coordination to children and families prior to entering care, while children were in care, and upon/following children leaving care. A rotational calendar of a Clinical Supervisor and Clinical on-call for emergencies was maintained to increase after-hours crisis response. Additionally, a community mental health professional was brought on to perform crisis evaluations on children in emergency shelter care along with supportive therapy. Clinicians were trained in various therapy modalities, including Circle of Security Parenting so that parenting training can be provided to caregivers (bio-parents, foster parents, etc.) of children who have experienced trauma so that healthy attachments could be formed. The provision of behavioral services by CST Clinicians was further developed with refinement and enhancements to the electronic health record (Avatar) to document these services for the purposes of billing for children with Fee For Service Medicaid. Finally, various CST Clinicians were trained in evidence-based treatment modalities (Acceptance And Commitment Therapy; Trauma Focused-Cognitive Behavioral Therapy) as part of prevention services in general and specifically to begin ramping up for the implementation of FFPSA.

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2) WCHSA's Voucher Program for Mental/Behavioral Health/Substance Abuse Treatment Services was utilized to develop access to community based mental health services by bring on new providers and training their staff specific to the needs of clients and the child welfare process. Under this voucher program WCHSA maintained access to specialized services (e.g., neuropsychological evaluations; psychosexual assessments) as part of addressing the needs of clients involved with child welfare. Towards the end of SFY20 work began on revisions to the Voucher program to incorporate provisions related to FFPSA.

3) Over SFY20 WCHSA's Opioid Grant focused on working with community-based treatment providers. The purpose was for Opioid Grant staff to make direct referrals to substance abuse treatment providers for parents identified to have a substance use related disorder. Here the goals were to prevention children/families from entering the child welfare system, help parents reunify with their children sooner, and overall reduce the chances of return to the child welfare system.

Whereas the Safe Babies Model Court in partnership with the Second Judicial Court, this program focused on working with parents who had substance use involved with their entering the child welfare system. Here the focus is on early-childhood by addressing development, trauma, and attachment of young children entering the child welfare system. The goals of the Safe Babies approach (i.e., Zero to Three -National Center for Infants, Toddlers, and Families) is to reduce the recurrence of substantiated reports of abuse and neglect, improve the well-being of young children in foster care by meeting developmental needs, fostering a secure caregiver relationship, encouraging family involvement with the child and reducing the time children are out of the family/permanent home, thus reducing potential trauma factors that can have lifelong impacts. As part of this program WCHSA worked closely with Northern Nevada Child and Adolescent Services (NNCAS-DCFS) Early Childhood services, supported WCHSA clinicians in become certified in Child Parent Psychotherapy (CPP). WCHSA committed to the further development of the Safe Babies Court implementation by dedicating a Case manager to build strong relationships with community stakeholders, help with program data collection and adherence to the model. This program aims to reduce recidivism in the child welfare system and equip parents with needed supports and resources early on in a child's life.

4) WCHSA collaborated with DCFS to access services offered through their Systems Of Care Grant. WCHSA was able to access services through the Nevada Positive Behavior Support Technical /Assistance Center (PBISTA). Specifically, as part of prevention work, WCHSA referred children/families to the Nevada Multi-Tiered System of Supports (MTSS) Project so that children with severe behavioral problems could access a functional behavioral assessment, parent training, an psychiatric consultation.

5) During SFY20 WCHSA engaged two key activities to begin the process of implementing FFPSA with a goal of prevention: 1) Planning; 2) preparation of Specialized Foster Care

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(SFC) Providers. WCHSA participated in various planning meetings with other jurisdictions to select evidence-based practices, work on the overall State of Nevada's FFPSA Prevention plan, specifically WCHSA's plan, and the IT capture of FFPSA preventions services for IV-E billing. WCHSA also worked with SFC providers to prepare for the implementation of FFPSA, specifically on transforming their group homes into family based foster homes and to consider the development of a Qualified Residential Treatment Program (QRTP), which would offer short-term, treatment placement services to youth with the focus on maintaining family engagement and reunification. As part of QRTP development, WCHSA staff also participated in the development of a statewide policy concerning the requirements of a QRTP, e.g., including of trauma-based treatment services.

6) In collaboration with the State of Nevada (DCFS and Division of Health Care Finance and Policy), WCHSA worked with SFC providers so that could provide two additional, supportive services. Under a 1915i Home and Community Based Services application, children placed in Specialized Foster Care can now be supported with Crisis Stabilization Services and Intensive In-Home Supports and Services. These services are intended to keep children stable in placement and help them resolve any behavioral health issues with the intent of increasing success with reunification or another permanent placement. In order for SFC providers to provide these services a process (with procedure and forms) needed to be developed, along with verifying eligibility of the SFC provider. WCHSA worked with SFC providers to get them enrolled and the process to determine a child's eligibility and develop a person center plan of care related to the two additional services.

7) To increase success of children who have been adopted and overall prevention re-entry into child welfare due to a child's mental/behavioral health issues, along with strain on the family, WCHSA utilized a Case Manager (Adoption Subsidy Staff) and Program Specialist to provide supports to adoptive families in need. WCHSA staff worked with family to get available community services in place, safety plan, identify higher levels of care, and "barrier-bust" when insurance became an issue.

WCHSA engaged in some additional, on-going activities over SFY20 to prevent children from entering child welfare. WCHSA continued to offer respite services for foster families over the last year and plan to continue to provide respite and look at other resources to support our foster parent partners (e.g., trainings, support groups, quality parenting initiatives). For children that entered the child welfare system, WCHSA worked with existing SFC providers to develop specific placements to meet the needs of children in child welfare, such as a home for Commercially, Sexually Exploited Children (C-SEC) along with other individualized placements to meet children's specific behavioral needs. WCHSA. Finally, WCHSA continued to advocate for and work on the development of a sustainable rate to support foster parents.