

WASHOE COUNTY HUMAN SERVICES AGENCY
AB 298 Reporting FY2022

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.

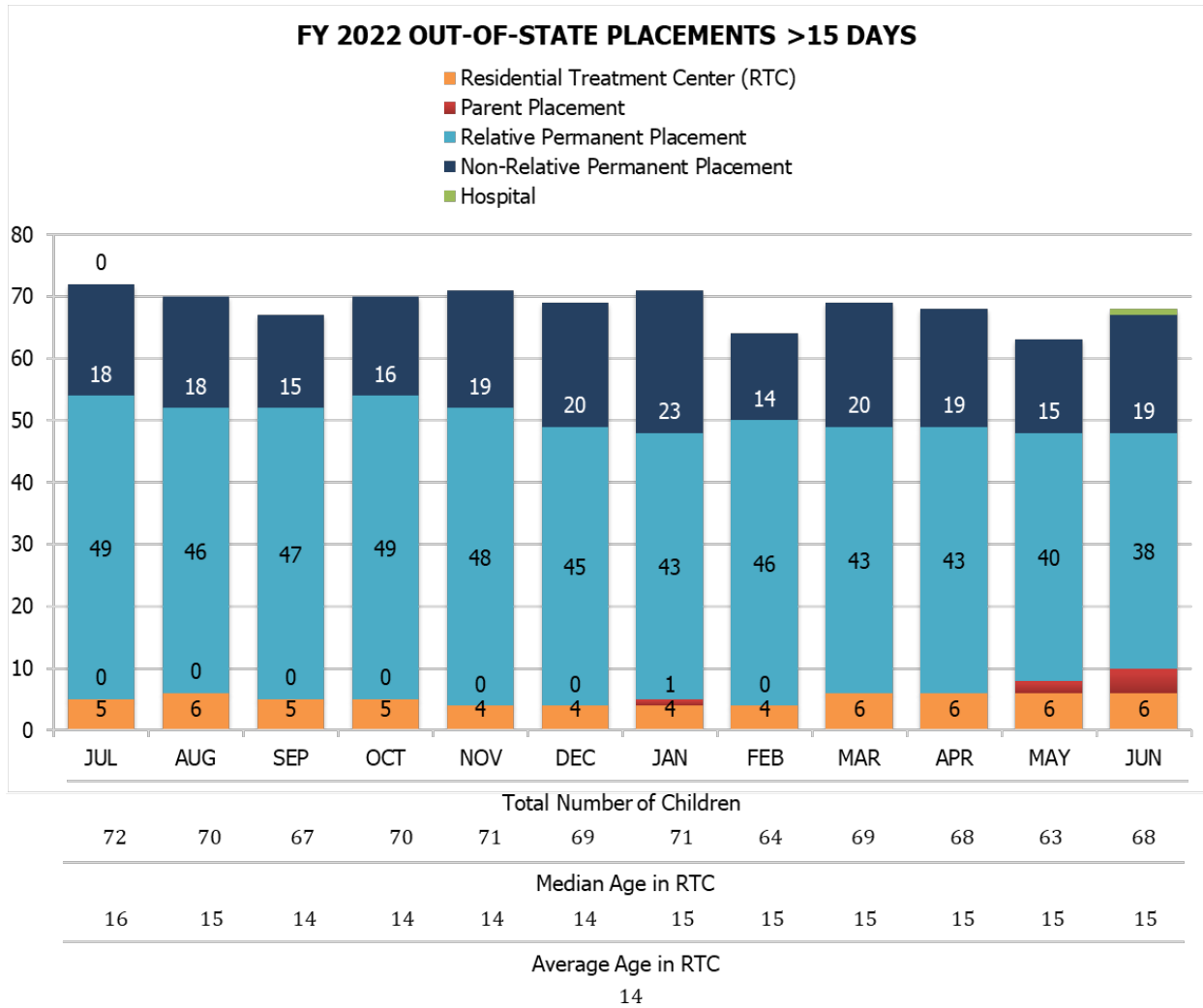
3. (a) Efforts to recruit and retain specialized foster homes

During SFY22 Washoe County Human Services Agency (WCHSA) made specific efforts to maintain communications with Specialized Foster Care (SFC) treatment providers through regular emails and quarterly meetings. Weekly meetings that had been initiated as a response to COVID-19 Pandemic were decreased in frequency as providers felt the immediate need had been addressed.

Additionally, WCHSA Foster Care Licensing implemented routine meetings with each SFC Agency to discuss recruitment and hiring strategies, effectiveness of SFC agency policies and practices, training needs, and resource support.

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 community in a SFC home 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:

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- Acute Psychiatric Inpatient Care - One acute hospital closed and the remaining hospital is aimed at meeting the needs of adolescents and only consider pediatric admission on a case by case basis.
- Residential Treatment Centers (RTC)– Washoe County currently have two RTC's and both have a limited population where they do not accept pediatric patients and accept 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 program exists in Washoe County
 - Intensive Outpatient (IOP) – program options have 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

WCHSA has held the value of prevention being the key to maintaining children in the community and has implemented prevention initiatives with the goals of reducing children entering child welfare (when safe) due to a child's mental/behavioral health issues. When children do enter the foster care system, the focus shifts to 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 used to perform crisis evaluations on children in emergency shelter care along with supportive therapy. 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; EMDR) as part of prevention services.

WCHSA's Voucher Program for Mental/Behavioral Health/Substance Abuse Treatment Services was utilized to allow children and families access to specialized services (e.g., neuropsychological evaluations; psychosexual assessments) that may not be covered by

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Medicaid or have lengthy waitlists that delay services desperately needed as part of a youth's treatment plan.

During SFY22 WCHSA engaged in activities related to FFPSA. WCHSA successfully transformed SFC group homes into family based foster homes and continue to work with SFC agencies to consider the options for Qualified Residential Treatment Programs (QRTTP), which would offer short-term, treatment placement services to youth with the focus on maintaining family engagement and reunification.

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. WCHSA worked with SFC providers to get them enrolled, and the process to determine a child's eligibility and develop a person-centered plan of care related to the two additional services. To date, there are two SFC agencies qualified under the 1915i waiver and one provider that is anticipated to be qualified within the next month.

WCHSA provided supports and services to families post-adoption 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 staff worked with families to get available community services in place, safety plan, identify higher levels of care, and problem solve when insurance became an issue.

WCHSA provided services to existing foster families and SFC agencies to support placement stability. This included respite services and funding, trainings, support groups, and quality parenting initiatives. Finally, WCHSA continued to advocate for and work on the development of a sustainable rate to support foster parents.