

**MINUTES OF THE
INTERIM STUDY ON THE PLACEMENT OF CHILDREN IN FOSTER CARE
(Senate Bill 356, Section 4, 2007 Session)
March 20, 2008**

The third meeting of the Interim Study on the Placement of Children in Foster Care (Senate Bill 356, Section 4, 2007 Session) was held at 10:00 a.m. on March 20, 2008, at the Grant Sawyer State Office Building, 555 East Washington Avenue, Room 4412, Las Vegas, Nevada. The meeting was videoconferenced to the Legislative Building, 401 South Carson Street, Room 3137, Carson City, Nevada.

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Steven Horsford, Chairman
Assemblywoman Susan Gerhardt, Vice Chair
Senator Maurice Washington
Senator Barbara Cegavske
Assemblywoman Valerie Weber

COMMITTEE MEMBERS PRESENT IN CARSON CITY:

Assemblyman Bernie Anderson

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT IN LAS VEGAS:

Mark Stevens, Assembly Fiscal Analyst
Rex Goodman, Program Analyst, Fiscal Analysis Division
Brenda Erdoes, Legislative Counsel
Sarah Lutter, Senior Research Analyst, Research Division
Donna Thomas, Secretary, Fiscal Analysis Division

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT IN CARSON CITY:

Gary Ghiggeri, Senate Fiscal Analyst, Fiscal Analysis Division
Tracy Raxter, Senior Program Analyst, Fiscal Analysis Division
Risa Lang, Deputy Legislative Counsel

EXHIBITS:

[Exhibit A](#) - Meeting Packet and Agenda

[Exhibit B](#) - Nevada Administrative Code (NAC) Suggestions to Facilitate the Reduction of the Number of Children in Foster Care, Barbara Legier, Deputy Director, Division of Child and Family Services

I. ROLL CALL.

Chairman Horsford called the meeting to order at 10:05 a.m. A quorum was present, but roll call was deferred.

II. OPENING REMARKS – Senator Steven Horsford, Chair.

Chairman Horsford said that due to delays for staff, he would defer roll call and approval of the January 31, 2008, meeting minutes until later in the meeting when staff members were present.

III. APPROVAL OF JANUARY 31, 2008, MEETING MINUTES.

Chairman Horsford asked for a motion to approve the minutes of January 31, 2008, at 11:07 a.m.

ASSEMBLYMAN ANDERSON MOVED FOR APPROVAL OF THE MINUTES FROM THE JANUARY 31, 2008, MEETING OF THE INTERIM STUDY OF THE PLACEMENT OF CHILDREN IN FOSTER CARE.

ASSEMBLYWOMAN GERHARDT SECONDED THE MOTION, WHICH CARRIED UNANIMOUSLY.

Dr. Pelton's presentation, An Examination of the Reasons for Child Removal in Clark County, Nevada, was taken out of order.

IV. PRESENTATION ON THE RESEARCH ARTICLE, "An Examination of the Reasons for Child Removal in Clark County, Nevada," *Children and Youth Services Review* (2008), Leroy H. Pelton, PhD, Professor – University of Nevada, Las Vegas, School of Social Work.

Leroy H. Pelton, PhD, Professor, University of Nevada, Las Vegas, School of Social Work, stated he had over thirty years of experience in public child welfare. From 1975 through 1981, Dr. Pelton worked for the New Jersey Division of Youth and Family Services where he served as a Program Development Specialist in its Bureau of Research Planning and Program Development and as a Special Assistant to the Director. Previously, he was active in child welfare advocacy and research with profitable organizations and universities in New Jersey, New York, Tennessee, and Massachusetts. Dr. Pelton was a former Director and Professor at the University of Nevada, Las Vegas, School of Social Work. Currently, he is the Chairman of the Child Welfare Concentration in the Masters of Social Work program.

Dr. Pelton noted that his research and writing on public child welfare was well known to child welfare scholars, both nationally and internationally, and some of his work has been translated into German and Japanese. In addition, his report would be published in the *Children and Youth Services Review*, a leading scholarly journal on child welfare. Dr. Pelton would report on some of the findings and recommendations from his recent study, *An Examination of the Reasons for Child Removal in Clark County, Nevada* (Tab IV, page 35, of the meeting packet, [Exhibit A](#)).

Dr. Pelton initiated his study in order to examine the precipitating reasons for child removal in Clark County and to recommend measures to reduce the need for child placement. He believed his study was relevant to the mandate of the Interim Study of

the Placement of Children in Foster Care, which was to address the methods to reduce the number of foster care placements in Nevada.

Continuing, Dr. Pelton stated he thought far less emphasis was placed on the need for preventative support and services aimed at reducing the flow of children in foster care. During the one-year period from July 1, 2005, through June 3, 2006, initial hearings were held by the Family Court in Clark County on approximately 1,500 filed child protection cases. Dr. Pelton randomly sampled 150 court records concerning these cases during the period from January 23 to March 6, 2007, in 17 separate visits to the Family Court. Many of the cases were active Department of Family Services (DFS) cases at the time of his study and were probably still active at this time. He clarified that, in most cases, children were removed prior to the initial court hearing; it was the removal of the child that prompted the hearing.

Through extensive description and a number of statistics in his written report, Dr. Pelton tried to provide a good overview and appreciation of the wide array of child protection cases. Rather than flood the committee with statistics and descriptions, Dr. Pelton noted that he would focus on a few issues that he believed were readily available for immediate remediation.

Overall, Dr. Pelton found in his research that methamphetamine use, homelessness, lack of resources and physical abuse were factors often prompting child placement. While parents frequently received substance abuse counseling, other forms of counseling, for example anger management and parenting classes, were rarely offered. The parents were rarely provided with assistance of a concrete and material nature or any significant help with housing, despite the fact that the family was homeless at or near the outset of 17 percent of the cases he examined. Moreover, there was evidence of precarious, unstable living arrangements or later homelessness in at least 15 other cases out the 150 cases. Additionally, homelessness was as prevalent in cases that did not involve methamphetamine or other drug use as in cases that did. Dr. Pelton stated it was important to remember that although he did not collect data on poverty overall, when studies were conducted, it was found that an overwhelming number of families across the country known to the child protection systems came from very poor homes and neighborhoods. Children were removed from their parents in almost all of the cases in which homelessness was involved at or near the time of the case opening, and homeless parents were only given the phone number of the county and municipal housing authorities. Case plans merely consisted of a set of demands such as requiring parents to apply for housing, maintain adequate income and obtain stable and appropriate housing. In one case, the grandparents, with whom the children had been placed, were given a total of \$3,400 for daycare from DFS's emergency fund, while the mother, who was homeless, was merely provided with a resource list. In the records available to Dr. Pelton pertaining to the cases he reviewed, he found no evidence that daycare was provided in any other case in his study.

In another case, a police officer responded to a woman who complained that she was unable to care for herself and her four children. On that day, the woman and her husband were evicted from the Las Vegas Rescue Mission (a homeless shelter) for violating shelter rules – they missed a curfew. The mother did not know where her

husband was, and she had no income or way of providing for the children. The four children were taken to Child Haven, where they were found to be frail, underweight, and lacking in development. After 72 nights at Child Haven, the children were returned to their parents, who were then living in a trailer. Five months later the family was evicted, and the children were again placed in Child Haven. The court ordered DFS to pay for rent on an apartment, but an apartment was not found. An entry into the court record a month before read: "(The parents) feel that instead of receiving help, they were being punished for their poverty." An earlier entry read: "It is obvious that the parents' poverty and homelessness over time has had a negative impact on the children's well-being." After more than five months in Child Haven, the children were sent to live with a paternal aunt in another state. At the time of Dr. Pelton's writing, the goal was termination of parental rights.

Continuing with his presentation, Dr. Pelton stated that police were involved in a greater proportion of the cases in his study, and when police were involved, children were more frequently placed in foster care facilities. Most disturbing, in 13 percent of the cases in the study, the arrest and immediate jailing of parents on outstanding warrants unrelated to their actions or inactions pertaining to their children precipitated the need for placement. For example, in one case a mother was arrested for domestic violence and taken to jail, but the father, who was the victim, was arrested on an unrelated traffic warrant and also taken to jail. It was stated in the court record that the child was taken to Child Haven due to both parents being arrested. Dr. Pelton noted that children were initially placed in Child Haven more frequently than in any other placement setting, more so in cases in which the police were involved, but also quite regularly when DFS workers were involved.

Dr. Pelton stated that his study indicated that the ready availability of Child Haven, together with a lack of appropriate preventive supports and services, caused Child Haven to be used as a "dumping ground" and easy solution for any problem that was encountered when police or DFS workers investigated a child protection report. In some cases, parents were arrested on the spot and taken to jail for outstanding warrants unrelated to the immediate safety of the children, thus creating a child protection problem – the children were now without caretakers. In cases in which homelessness was the immediate threat to the safety of children, the problem was resolved by bringing the children to Child Haven and leaving the parents to fend for themselves. These practices were breathtaking in their insensitivity to the safety and well-being of children. They reflected the disregard for the separation trauma inflicted on children and the threats to their safety and well-being that would follow as a result of that separation, such as multiple moves within the foster care system.

Dr. Pelton reported there were five child deaths that police and DFS workers responded to among the 150 cases that he studied; only one of the five cases was identified as a substance abuse case. In addition to two severe physical abuse cases that did not result in death, he found cause for concern that the subsequent non-removal from or return of children to the home was not only dangerous, but far more dangerous than many of the other cases in the study in which it had been decided that the placement of children was necessary in order to protect them. Many cases could have been handled in other ways, even in cases where methamphetamine use was identified and the

children were removed. Dr. Pelton believed there was no reason, in many cases, why the children could not remain with the mother during the course of drug treatment if appropriate emergency assistance was offered, along with parenting aids, daycare, and homemaker services if appropriate. If children were removed from parents due to homelessness and inadequate housing causing danger to children, then improvement of the housing, or housing for the homeless, would eliminate such endangerment and allow the children to remain with their parents. In many cases, such material supports as the payment of rent, rental security deposits, rent arrears to prevent eviction and the payment of utility bills in arrears could prevent danger and therefore stall or preclude the need for child placement. Although DFS had around-the-clock emergency response teams, it needed around-the-clock availability of emergency services to coincide with them.

Dr. Pelton noted that his study indicated that on the rare occasion when emergency cash assistance was offered to parents to keep a family housed, it was for no more than one or two months. Yet, DFS calculated that it costs \$159 per day to keep a child in Child Haven. In his study, Dr. Pelton found that most children placed in Child Haven remained there for over 20 nights, at a total cost of more than \$3,180 per child. In many cases, two or more children from a family were placed in Child Haven simultaneously. For the case in which two children remained in Child Haven for more than 20 nights, the total cost of more than \$6,360 could have instead been used to house the family for 8 months (at a rent of \$800/month). The estimated overall cost of operating Child Haven for FY 2006-07 was \$10.4 million, or 35 percent of DFS's total estimated expenditures for that year, which would have been more than enough to keep all of the approximately 1,500 families, with protective custody hearings initiated in FY 2005-06, housed for six months, or half of that number housed for the entire year. In the latter case, each family could have received \$13,867 – enough to pay a year's rent of \$800/month, with \$4,267 remaining. If necessary, protective payment vouchers could have been used for the payment of rent directly to the landlord; however, not all or even half of the families would have needed such housing assistance.

Dr. Pelton stated if Child Haven were to close, a large portion of the DFS budget could be transferred to the provision of direct concrete services not currently available, including daycare, homemaker services, assistance with utility bills, and housing. Many public child welfare agencies across the nation do not maintain large emergency congregate shelters such as Child Haven, and have not suffered any worse outcomes for children than DFS. At the time of his study, the monthly foster care allowance base rate (including board, care, clothing, and personal incidentals) for children under the age of 13 in foster homes was \$592. For children aged 13 and older, the monthly allowance was \$682 per month. For a significant fraction of cases – those in which child removal could have been safely prevented by housing the family – the irony was that if two or more children were involved, the cost of foster care was more than enough to prevent removal in the first place.

Dr. Pelton recommended to Clark County DFS leadership that it initiate discussions with police departments and the courts to modify policies and procedures concerning the immediate incarceration of parents on warrants unrelated to child endangerment. In addition, housing and placement specialists should be hired to ascertain the immediate

availability of foster homes appropriately matched to the particular children in need of placement. Due to the low-income housing shortage, public child welfare agencies should have housing specialists willing to pay at least the average cost of rent for families in its region.

Dr. Pelton believed that DFS should close Child Haven, thereby freeing up a considerable portion of the department's annual budget for transfer to the funding of direct assistance from DFS. Other services such as child care, emergency caregivers and homemakers could be contracted out. However, DFS typified the national trend over recent decades of offering virtually no direct services, relying almost exclusively on community agencies without much oversight.

Concluding, Dr. Pelton said the intensified recruitment of more foster family homes would not provide a solution to the crisis in Clark County's child welfare system. Children should be placed with foster families rather than in institutional settings like Child Haven; however, the focus must be on the funding and provision of appropriate preventive and supportive services. The state should question the need for removal of so many children from their families in the first place. By not practicing prevention of the need for foster case placement in many cases, the foster care system was overloaded and good foster families became harder to find. In desperation, foster family recruitment standards were stretched and lowered, even if this is not explicitly acknowledged, and even good foster families were placed at risk by being asked to accept excessive numbers of already troubled children into their homes. Yet, as the results of the studies showed, appropriate preventive services were denied to families in the public child welfare system in Clark County. Dr. Pelton believed that a continued failure to focus on prevention would jeopardize the entire child welfare system, including the foster care system, and thus also the safety of the children the system was trying to protect.

Chairman Horsford thanked Dr. Pelton for his presentation.

Assemblywoman Weber thanked Dr. Pelton for his report. She said the report was succinct and helped the committee to focus on where the state was currently and where it needed to move on the issue. She asked Dr. Pelton if it was apparent the DFS model used in Clark County was an old model and the state had not adapted to new methodology on the prevention side. She believed that Child Haven had a magical quality for the community and was a safety net for children.

Dr. Pelton responded that there were some emotional ties within the Las Vegas community to Child Haven, and yet as he stated earlier, there were many places around the country that did not have such a congregate facility. Recently, the national trend was to move away from such facilities and some communities have even closed facilities for the emergency placement of children coming into foster care. Dr. Pelton said that it was too easy to place a child in Child Haven rather than resolve the issue another way. Also, one of the most important things in congregate facilities like Child Haven, which had nothing to do with the care children might be receiving in Child Haven, was that it was a system in which a child would be moved more often than necessary. Many children placed in Child Haven were later moved to foster homes and

from one place to another, suffering additional separation trauma and instability of living arrangements.

Dr. Pelton indicated that he had been critical of the national child welfare and protection system. Many communities were moving toward the differential response system, although he was somewhat skeptical of that system. Aside from the use of Child Haven, the model used in Clark County was not that different from models used around the country. He noted there were very few states with worse results than Nevada; it was a matter of how the current model and system were operated and funded.

In response to Senator Cegavske, who asked how many cases he looked at, Dr. Pelton said that he examined 150 cases in Clark County that had initial hearings during the one-year period of 2005-06.

After reading some of the cases and circumstances in Dr. Pelton's report, Senator Cegavske was grateful that the children were removed from their parents' home. She believed that law enforcement officers were trained to ensure the safety of children first. She stated that legislators were part of the reason there were laws for removal of children in dangerous situations. She thought if a child was in danger and the parents were on drugs or alcohol, the parents were not rational and their children should be removed. Senator Cegavske believed that Dr. Pelton's issue was with where the children were being taken after removal from their homes.

Without Child Haven, Senator Cegavske questioned where children would be taken and examined when removed from their homes. With the recent methamphetamine awareness, studies have shown that children could absorb methamphetamine through their skin and even through drink containers. Senator Cegavske was aware of the issues and problems over the years at Child Haven, but she believed it was a safe place where children could be examined by qualified people to find out their status and, at the same time, someone was checking out the parents to ensure the children returned to a safe environment.

Dr. Pelton said there were troubling situations in the cases in his report. He disagreed that so many children had to be removed from their homes; a large number of removals could be prevented. For example, Dr. Pelton said in situations of methamphetamine use, many children were removed from their homes and placed in Child Haven and were later moved to foster homes or relatives, and from one home to another, suffering additional separation trauma and instability of living arrangements. In many of these cases, children were returned to the parents, and although the parents might have then tested negative for drugs, it was common for methamphetamine users to relapse a number of times; he wondered why the children were removed in the first place. The parents could have been treated while the children remained in the home to avoid separation trauma. However, he noted that not all drug use cases were the same and depended upon the risk to the child in each case. In some cases there was a severe risk of danger to the children and they needed to be removed, but not all children should be removed from the home on the basis of drug use.

Dr. Pelton clarified that all children were not automatically removed from their homes when drug use was involved; DFS understood some problems could be addressed while the children remained in their home. However, he thought some cases were questionable in this regard. Each case needed to be looked at the beginning when removing a child, and at the end of the case to see what was gained by removing the child from the home. The children were then put back with their parents, who still needed the same services and struggled with recovering from drug use, and additional trauma had been inflicted on the children by the initial removal.

Assemblyman Anderson remarked that Dr. Pelton's report was interesting and insightful; he believed that every child mattered and reading these reports always traumatized him. In a "perfect world," enough money would be available for all the resources needed. As Chairman of the Judiciary Committee, Assemblyman Anderson had dealt with legislation that placed law enforcement officers in a position of responding to these cases to ensure the child's safety first. He asked Dr. Pelton how he expected DFS to evaluate these situations in a timely matter and provide the courts the power to remove a child from his home if they did not protect the child first. He wondered where the child would be placed for assessment and evaluation when removed from the home.

Dr. Pelton found that a large number of cases in his study involved homelessness, and all law enforcement officers could do in this situation was to bring the child to Child Haven and leave the parents to fend for themselves. Homelessness was a large issue around the country in cases in which children were removed from their parents. He suggested that child welfare agencies hire housing specialists to aggressively find and keep track of appropriate housing units to match with the appropriate families, understanding that it was best for the child in those situations to remain with their parents. In addition, he said there were many places around the country without congregate emergency shelters such as Child Haven, and they got along as well, or better, than Clark County. Even if the state did not want to, or could not, come up with additional money from outside the agency, he questioned whether child welfare agencies were spending money wisely. To improve the current system, Dr. Pelton suggested transferring money from an institution that was not needed to services that would safeguard and protect the safety of children in the long run.

Assemblyman Anderson asked Dr. Pelton if he was suggesting that Child Haven be eliminated, thereby freeing up considerable portions of public child welfare agencies' budgets for transfer to the funding of direct assistance, including housing and other concrete preventative services. If children were removed from their situations due to homelessness, they would at least be safe and receive meals when placed in Child Haven. Without that option, Assemblyman Anderson wondered where children would be placed when removed by a law enforcement officer from a dangerous or unsafe situation.

Dr. Pelton responded that hopefully the law enforcement officer would be able to contact DFS workers trained to evaluate the situation. Homelessness could be addressed along with the other issues that potentially put the child at risk and compelled workers to remove the child. There should be some preventive and emergency

services on hand effective in preventing the need to remove the child in the first place. In addition, there were a number of cases where children were placed in Child Haven because the relatives were not contacted and investigated for their adequacy as caretakers on the same day the children were removed. He believed that with current technology, it was possible to conduct criminal background checks and interview relatives quickly so the children could be placed with those relatives on the day of removal, avoiding placement. Dr. Pelton believed DFS leadership was making some efforts toward that goal. He recommended having placement specialists on hand to check out the situation and relatives on the day the children were removed so they would not spend one night in Child Haven.

Assemblyman Anderson commented he found Dr. Pelton's report fascinating and depressing. He asked Dr. Pelton if he made the determination that the actions of the parents were cyclical behavior resulting from growing up in an abusive or drug-dependent family.

Dr. Pelton replied that he was not able to look at that issue in his study. There were many studies that looked into the cycle of abuse, and the conclusions from those studies showed there was some correlation, although it was not a major factor. More importantly, Dr. Pelton said, it was only a correlation and it could not be assumed that behavior was passed down from one family member to another. Often the major factor was neglect rather than abuse. The same factors impinging upon the parent's childhood was now impinging upon the parent's children. Most of these families lived in poverty, and there was some connection between poverty and lack of resources for families that contributed to the safety of their children. If poverty was a factor for the original family, and the children were grown up and also living in poverty, the effects might not be from a cycle of poverty, but from the fact that the children were facing the same situations – it was not a learned behavior. Dr. Pelton believed that preventive services should be available even if they only helped in a few cases. Emergency congregate shelters such as Child Haven should be closed, freeing up large portions of child welfare budgets for transfer to the funding of preventative services. He urged DFS to come up with additional funding for preventative services. In addition, he believed DFS should review and evaluate the current system to ensure that the money was being used efficiently.

Assemblyman Anderson appreciated Dr. Pelton's response. Methamphetamine use had become such a large issue and, given the youthful age of many parents who lacked the skills to be good parents, he was curious how many of the methamphetamine users fell into this category. He noted that outside agencies had to deal with the treatment of methamphetamine and the residual effects of methamphetamine labs, and law enforcement officers were required to remove everybody from the home and seal the home since it was contaminated.

Dr. Pelton believed that only one case of the 150 cases he sampled contained a methamphetamine lab in the home. The treatment for methamphetamine addiction was counseling, which was important and necessary, but the treatment was not as effective when it was the only service provided and the other situational factors impinging upon the parents were not addressed.

Assemblywoman Weber asked Dr. Pelton if any of the 150 cases he studied were recurring cases.

Dr. Pelton was unaware of any repeat cases in the 150 cases he studied. In addition, in the cases he studied, Nevada and the other states did not keep track of the employment or social economic status of the families involved, although historically there was enough evidence to show that the foster care system in the United States was largely comprised of children from poor families.

If the state were to examine more cases using a longer timeframe, and find families that were repetitively in the foster care system, Assemblywoman Weber asked if the preventative services that Dr. Pelton suggested could save the state money if they looked at the causative portion of why children end up being at risk, in a holistic and restorative type model.

Dr. Pelton stated that his first concern was to protect children in foster care, not to save the state money. Often, there was an image of a foster care system that took very good care of children, and children were at least safe in Child Haven or with a foster family. However, there were a lot of problems with the foster care system nationwide, and children were abused or neglected in foster homes. In addition, it was very common for children to be moved many times while in the foster care system, causing separation trauma and additional turmoil to the children and families. Most often, children did not want to be removed from their homes, even in situations involving severe physical abuse. Many people called this the least detrimental alternative because that conception of things recognized that once a family was found in times of trouble, there was not a good or great alternative, they would just have to look at which alternative would do less damage to the children.

Chairman Horsford thanked Dr. Pelton for his presentation and said it provided a different perspective to the alternatives for child placement. He noted that the committee had reached out to several representatives, including opponents of this particular legislation, to ensure members were aware of the different perspectives.

Chairman Horsford stated that the premise of Dr. Pelton's presentation was that a disproportionate number of children removed from their homes were low income, and if strategies were invested in the needs of the child, perhaps the need to remove the child from the home could be avoided. In addition, Dr. Pelton recommended that the funding for the needs of the children should come from the DFS system, although the problem was not specific to foster care. Chairman Horsford said the issue of income, particularly low income, was not exclusive to child welfare – it was an issue of society and these services or resources should be provided in general. He added that maybe funding and strategies should be offered, but asked why there was a specific recommendation to take from the resources that were already being provided by child welfare.

Dr. Pelton responded that it would be ideal if the state had the necessary resources to address the issue of poverty in Nevada. However, these were particular cases in which charges of child abuse and neglect had been addressed by child welfare agencies, and the goal was to protect the children. Traditionally, the national goal has been to

preserve the family and protect the children. If counseling were offered to families to obtain these goals, the state should also offer more relevant concrete services.

Dr. Pelton said he did not want to allow the child welfare system to shirk its responsibility by displacing blame on to the state for how it provided for low-income families. However, the child welfare system could at least address the problems of families brought to its attention.

Chairman Horsford thanked Dr. Pelton for his response. He noted that the child welfare system was under-resourced. He agreed there were areas of the system that should be reviewed and evaluated to determine effectiveness. However, he cautioned, diverting resources from a system that was currently under-resourced to prevention strategies that could ultimately help reduce placement could also result in a lack of resources for children that needed to be removed from their homes.

Dr. Pelton stated that he often saw the wrong children being removed from their homes, in addition to children who should have been removed and were not. Some of the cases in his study showed that some children were not placed or were returned to their parents, which was more dangerous than many of the cases in which it was decided to place the children in order to protect them. If the child welfare system prevented children from entering into foster care and only placed the most serious cases, the result would be a smaller foster care system. The current system would be better because it would have higher standards and foster homes would not be overloaded. Dr. Pelton believed the key to improving the overall operation of the child welfare system, including the foster care system, was to reduce the overall number of children in foster care and to ensure that the system was good for the children placed in foster care.

Senator Cegavske asked Dr. Pelton if he toured Child Haven during his study. She wondered if he followed one particular case or met the people involved in the cases he studied.

Dr. Pelton responded that he had toured Child Haven a number of times, but for this particular study, he just reviewed the court records. He stated his sole focus in this study was on the reason for the removal of children from their homes.

Senator Cegavske asked Dr. Pelton if he analyzed the reasons people were considered low income. She asked if that was the result of addiction. She noted that often when people abused drugs or alcohol, they did not use their money for rent, bills, or food.

Dr. Pelton replied that his main interest was with the immediate issues of the families and whether they could be addressed by services available in the state. He said Senator Cegavske was referring to "the old chicken and egg problem," which he did not address in his study. There were people living in poverty due to their drug use, and some were just addressing the stresses of their life, especially homeless people, by taking alcohol or drugs. He noted there was always the question of which came first, the poverty that led to the drug use or the drug use that led to the poverty. There was a

mixture of both cases, but in his experience, many of the cases involved people who lived in poverty long before they used drugs or alcohol.

Chairman Horsford again thanked Dr. Pelton for his perspectives and presentation. He encouraged Dr. Pelton and his students from the University of Nevada, Las Vegas, School of Social Work, to continue to participate in the technical workgroup of the committee, which specifically looked at strategies to reduce placement of children into foster care. In addition, Chairman Horsford stated that the workgroup would entertain Dr. Pelton's recommendations at its meeting.

Dr. Pelton thanked Chairman Horsford for the opportunity to present his study to the committee.

Roll call was taken by the secretary at 11:06 a.m.

V. REPORT ON THE REVISION OF REGULATIONS PURSUANT TO SENATE BILL 356, Barbara Legier, Deputy Administrator, Division of Child and Family Services, Department of Health and Human Services.

Barbara Legier, Deputy Administrator, Division of Child and Family Services (DCFS), directed the committee to her handout, *NAC Suggestions to Facilitate the Reduction of the Number of Children in Foster Care* ([Exhibit B](#)). She said DCFS had conducted regulation workgroup meetings consisting of approximately 30 to 40 stakeholders, which worked in collaboration with the Interim Study of the Placement of Children in Foster Care workgroup to develop draft regulations. Ms. Legier noted that NRS 432B.390 addressed the placement of a child in protective custody. The standards set forth in the statute were consistent with the safety-driven approach to child protective services interventions adopted by the statewide child welfare agencies during the last year, which was that placement was only necessary if the child was unsafe and could not be kept safe in his home through Child Protective Services (CPS) intervention. The regulation draft, [Exhibit B](#), established a conceptual framework to define factors to consider in determining when a child was considered safe. In addition, it provided further clarity for child welfare workers and law enforcement when making the determination to move a child into protective custody.

Ms. Legier explained that the handout, [Exhibit B](#), contained suggested new definitions to NAC 432B. After workgroup discussions, definitions in the previous draft concerning extreme fear or terror were deleted when specific threats were removed from the language. It was recommended by Casey Family Programs and other workgroup members to remove specific safety threats to permit flexibility, improvement and revision to existing policy based on any new best practice initiatives and research findings that would change how DCFS defined safety threats and policy activities. Because extreme fear or terror was written in the statute, it was determined that a new definition was needed to provide additional clarity (definition 1, [Exhibit B](#)). Additional feedback was received from workgroup members identifying a need to define the term safety assessment as an assessment regarding threatening family conditions, as opposed to environmental or other conditions (definition 2, [Exhibit B](#)). The definition of safety assessment provided additional clarity for child welfare workers.

Ms. Legier stated that the workgroup further explained the conceptual framework by providing additional guidance on caregiver protective capacities (definition 3, [Exhibit B](#)). This information would assist in the determination of the parents' ability to protect their children, control the threat and permit the children to remain in the home. Protective capacities could be grouped into three different categories: cognitive, behavioral and emotional (personal and parenting).

Additional clarification was provided on a safety plan and how it differed from other case planning activities (definition 4, [Exhibit B](#)). In addition, the definition of a vulnerable child was discussed at length with the workgroup participants in order to provide additional clarity for law enforcement and child welfare workers, and it was determined that the definition should remain in the draft.

Continuing, Ms. Legier noted that the language in NAC 431B.160, sections 1 and 2, ([Exhibit B](#)), explained the new safety conceptual framework adopted by the state child welfare agencies and defined factors to consider in determining when a child was safe. The old section 2 was recommended for removal and was noted by the red strikethrough (page 3, [Exhibit B](#)). The language in section 2 consisted of a list of examples to consider when determining whether or not a child was currently safe. The list did not adequately provide information needed to conduct a comprehensive assessment to support making a decision on whether or not to take a child into protective custody.

Section 3, [Exhibit B](#), created a requirement for child welfare agencies to evaluate the feasibility of a safety plan to prevent removal and to ensure that the safety responses made an immediate impact on controlling the safety threats.

The old section 4 was recommended for removal (page 4, [Exhibit B](#)). This language consisted of practice guidelines and related more to case planning activities rather than the time-limited, more aggressive specificity of a safety plan. Ms. Legier noted that the safety plan consisted of 12 standardized safety threats that were designed along a continuum of the least to most intrusive interventions to ensure child safety. Safety threats were assertively and continuously reassessed, including face-to-face contact with the child caregivers and safety providers, with timeframes for reassessment that were determined at each meeting. The plan contained provisions to control threats. The safety plan was signed by all safety providers and the family at every reassessment.

NAC 432B.260, section 1 (page 5, [Exhibit B](#)) required the child welfare agency to make the determination when a child was unsafe and could not be maintained in his home based upon the assessment of the feasibility of the safety plan. The old section 1 was recommended for removal because the language was not consistent with the new safety conceptual framework adopted by the child welfare agencies. Section 2 was the safety conclusion for removal, which stated if a child was unsafe and could not be safely maintained in his home, he must be taken into protective custody immediately.

Chairman Horsford thanked Ms. Legier for her presentation.

Responding to Assemblyman Anderson's question regarding the potential harm to a child by remaining in the home, as described in definition 1 (page 3, [Exhibit B](#)), Ms. Legier explained that under definition 1, item C, "threatened with harm" was deleted and item D would now become the new item C.

Assemblyman Anderson stated that he was a little concerned because it appeared that the agency was moving away from what he thought was the language that Ms. Legier had indicated in the past, where again on page 3, in the strikethrough, "*in determining whether the child is currently safe. The agency would provide child welfare services shall follow The Safety Assessment Policy approved by the DCFS, WCSS and CCFS for such purpose, which requires the determination of:*," was the language that was going to be removed which gave the ability for individualization by counties and state agencies, rather than have to come back, or was this language so broad that they would never going to see it again?

Ms. Legier replied that this language was recommended for removal. The workgroup wanted to leave the specific safety threats in policy, so if there were new best practices or new research initiatives that caused DCFS to change the language, the change could be done at the policy level rather than the regulation level.

Assemblyman Anderson stated that the language in NAC 432B.160, *how the child is being affected by the situation and whether the child is*, was removed and replaced with the language, *the potential harm to the child by remaining in the home and to assess if the child is*. He asked if there was reference to "home" in the past, because as Dr. Pelton pointed out in his presentation, homelessness was a large problem that child welfare agencies dealt with. He wondered if the committee and workgroup were confining themselves because of the reference to the word "home" rather than a general broader term.

Ms. Legier clarified that "home" was defined as where the child was living, whether it was a homeless shelter, a neighbor's home, with kin, or a different location.

Ms. Legier stated that the safety plan was an internal practice of the child welfare agencies. She referred to section 3, page 4 of [Exhibit B](#), the determination that a child was unsafe. If the agency that provided the child welfare services determined that a child was unsafe, the agency would determine whether a safety plan was feasible or whether removal was necessary to protect the child; therefore, a safety plan would be required in order to make the decision to remove the child.

Chairman Horsford asked Ms. Legier if the criteria of the safety plan, NAC 432B.160, section 2 (items a through t, page 3, [Exhibit B](#)), would still be met. In addition, he wondered if the regulation required all groups to adhere to the standards for removal in the regulations when they took children into custody.

Ms. Legier replied that the criteria would still have to be met, and there were 12 factors in the safety plan. The workgroup was able to successfully resolve that issue by identifying protective capacities and vulnerable children through definitions in the regulations. The regulations do not require law enforcement to write a safety plan.

Senator Cegavske asked if committee members and staff had time to review the regulations before final approval. She wondered if legal staff could provide a side-by-side comparison of the old and new language in the regulations. She wanted to ensure any language added or deleted was exactly what the committee wanted because it was hard to change language once adopted.

Chairman Horsford noted that the changes to the regulations were presented to the committee so members could understand the justification behind them. He understood the regulations would ultimately be presented to the Legislative Commission by the end of April. He asked Brenda Erdoes, Legislative Counsel, to provide a side-by-side comparison of the old and new language in the regulations in advance of the Legislative Commission meeting. In addition, he asked Ms. Legier if she could provide additional justification for the changes.

Ms. Erdoes responded that the Legal Division of the Legislative Counsel Bureau reviewed and analyzed regulations once they were submitted. If the regulations were submitted to the Legal Division within a day or two, they would be reviewed, and any changes or suggestions would be provided to the committee in advance of the Legislative Commission meeting.

Chairman Horsford reiterated he would like a report on the suggestions and changes prior to the Legislative Commission meeting once the agency submitted the regulations to the Legal Division for review.

Assemblyman Anderson expressed concern that the committee would not have sufficient time to review the regulations and suggested changes prior to the Legislative Commission meeting in April.

Ms. Erdoes stated that the Legislative Commission meeting was scheduled for April 16, 2008, and the deadline for submitting the adopted regulations was ten days in advance of that meeting, or April 4, 2008. There was at least a 30-day timeline to review the regulations, so there would not be sufficient time to review the regulations even if they were submitted today,

Assemblyman Anderson commented that he wanted to ensure his concerns were on the record.

Chairman Horsford asked Ms. Legier if the timeline was okay. Ms. Legier responded that the regulation adoption workgroups would still meet and the timeline to do that was several weeks. Normally at this point, the regulations would be submitted to the Legal Division for feedback. In addition, she suggested that it would be beneficial for the committee to look at the safety plan to obtain a better understanding of the policy and the requirements related to Senator Cegavske's comments on the language suggested to be removed.

Chairman Horsford requested a copy of the safety plan. He asked Rex Goodman, Fiscal Division, to distribute the plan to committee members in advance of the May

meeting. He suggested including a presentation from Ms. Legier on the safety plan as an agenda item in May.

Ms. Legier clarified that the red strikethrough on the Suggestions to Facilitate the Reduction of the Number of Children in Foster Care was the language that the workgroup elected to delete from the regulations; it was not the current regulatory language. Page 3, section 2, items a through t ([Exhibit B](#)), contained the previous safety threat information that was removed that was not in regulation.

Chairman Horsford reiterated that the committee would wait for the Legal Division to review the new suggested regulations and provide any recommendations, either for proposed changes or areas that differed from existing NAC. In addition, the committee would receive a copy of the safety plan so members would have a better understanding of the language.

Assemblyman Anderson thanked Ms. Legier for the clarification. He asked if the current language in the regulations was vague or too broad in these areas.

Ms. Legier replied that the old regulatory language was unclear. To avoid confusion, Ms. Legier stated the final document would include the old language in addition to the proposed new language.

VI. REPORT FROM TECHNICAL WORKGROUP ABOUT FEBRUARY 26, 2008, MEETING REGARDING IDEAS FOR REDUCING FOSTER CARE PLACEMENTS, AND RESPONSES TO REQUESTS FOR INFORMATION FROM CASEY FAMILY PROGRAMS – Paul Buehler, MSW, Senior Director of Strategic Consulting, and Alan Puckett, MSSW, PhD, Systems Improvement Risk & Safety Advisor, Casey Family Programs.

Paul Buehler, Senior Director of Strategic Consulting, Casey Family Programs, directed the committee to page 52 of the meeting packet, [Exhibit A](#). Mr. Buehler said that the workgroup of the committee asked Casey Family Programs to analyze the safety assessments used in other jurisdictions. He looked at the safety assessments used in Arizona, California and Illinois in relation to the safety assessments currently used in Nevada. The report titled, *Nevada Safety Items Analysis: Comparison with Arizona, California and Illinois*, was provided to the committee workgroup (Tab VI, page 53, [Exhibit A](#)). In the report it was noted that Nevada's safety assessment items appeared to correspond well with those used by other states, which were supported by current research. In the context of Nevada's efforts to identify and implement improvements to its child welfare system, it was worth noting that states do not typically legislate or define the wording of safety or risk assessment instruments for child protection work in the state administrative code. Most states allow the child welfare agency, within general parameters outlined in legislation or state administrative code, to establish internal processes through which risk and safety instruments for child protection work are created and may be revised or updated if necessary.

In Nevada's case, allowing DCFS to establish internal processes would provide the agency the latitude and flexibility to respond appropriately if and when new types of risk

or safety threats were identified or improvements in risk or safety assessment technology became available, without being required to return to the Legislature or amend the Nevada Administrative Code. Uniform practice across regions of the state could be established by requiring – either in language or in administrative code – that all public child protection agencies within the state use the risk and safety assessment tools and procedures approved by DCFS.

Chairman Horsford referred the committee to Table 1, page 55 of the meeting packet, [Exhibit A](#). He questioned if all of the 12 areas in the table were covered and consistent with the three other states he compared; he noted that the one area missing was “other,” which allowed DCFS to add where necessary. The proposed regulations being worked on would provide DCFS that latitude. He asked if there were any other areas or semantics in the language in the other states that the committee should be considering in Nevada’s safety assessment criteria.

Alan Puckett, MSSW, PhD, Systems Improvement Risk & Safety Advisor, Casey Family Programs, responded that he did not have anything else to add. In consultation with the National Resource Center for Child Protective Services, the content of the Nevada safety assessment was compatible and similar to what was used in several other states; he was unaware of anything that was obviously missing in the safety assessment items.

Continuing his presentation, Mr. Buehler said that children of color entered foster care and remained in foster care at rates disproportional to their presence in the general population. Outcomes related to maintaining children in their homes, number of placements, family reunification and adoptions were far better for Caucasian children than for children of color. The Adoption and Foster Care Reporting Analysis System (AFCARS) for Nevada showed that in 2005, African-American children made up approximately 8.4 percent of the general population, but represented 19.7 percent of the children entering foster care, while Caucasian children represented 48.1 percent of the general population and 46.1 percent of the children entering foster care.

The Pew Commission on Children in Foster Care summarized the situation in its 2000 report: While children of color represented approximately 33 percent of all children in the United States, they represented 55 percent of the foster care population. In addition, African-American children faced grave disparities – they were 15 percent of the child population, yet 38 percent of the foster care population. In the disproportionality document submitted, Mr. Buehler said he previewed some specific counties and jurisdictions in California, Connecticut, Illinois, Iowa, Michigan, Minnesota, North Carolina, Texas, and Washington. Disproportionality work began in these sites when the state or local leaders identified racial disproportionality as a serious problem for their child welfare agencies and resolved to address the issue. Legislation was passed in Texas that required an in-depth review of disproportionality data and establishment of a committee to continue the work. In most jurisdictions, the data revealed such dramatic disparities that action to address the problem became urgent. Recognizing the scope of the changes required of them, most jurisdictions established a visible and authoritative entity to spearhead their efforts. Special commissions, task forces, cross-agency management groups and/or community forums were some of vehicles used to raise awareness of disproportionality.

Mr. Buehler said that additionally, many of these sites had an affiliation with the Annie E. Casey Foundation Family to Family Initiative. Six of the sites have implemented the strategies of the Family to Family Initiative, which was basically a comprehensive child welfare reform effort with the goals of developing a network of family foster care.

The goals of the child welfare reform network would:

- Ensure that children were routinely placed with families.
- Increase the number and quality of foster and kinship families.
- Provide timely services to birth families and children.
- Determine what supports the family needed to keep children safely at home and to better support children that enter foster care.
- Involve families in the decision-making process.
- Increase the capacity of communities to help families involved in the child welfare system.
- Reduce racial disproportionality as a fundamental goal addressed by these sites with the Family to Family Initiative.

In addition to this work, Mr. Buehler said the sites began by first highlighting the problem of racial inequity in their child welfare systems and prioritizing the need for action. Through the production, analysis and use of data, sites better understood and broadened the number and range of stakeholders who knew the extent and dimensions of the problem. Including communities in the discussion also allowed for the development of more comprehensive action plans. In addition, services and supports were being expanded and made more accessible to families and neighborhoods experiencing the highest level of disproportionate intervention by the child welfare system. Policy changes were also made by some jurisdictions to reinforce the child welfare system reforms, and ongoing evaluation strategies were institutionalized to ensure ongoing tracking of progress. Also, sites reviewed sought external funding to support this work. Overall, Mr. Buehler stated, it appeared sites began this work by first reviewing the data regarding disproportionality, developing and entering agency and community committees to review the depth of the problem, and aligning policies and practices to monitor and reduce the disproportionality identified.

Chairman Horsford thanked Mr. Buehler for his thorough presentation on disproportionality in Nevada. He noted that the committee received a report from DCFS on the rate of disproportionality in Nevada, and African-Americans seemed to be the primary group disproportionately placed in foster care. He wondered if Casey Family Programs had any observations as to why African-American children represented the largest population in foster care. In addition, there were other racial and ethnic groups, such as Latinos, not represented, and he was concerned why they were not being placed.

Chairman Horsford questioned how the data for Nevada was collected. He wondered if the data really provided the benchmarks needed to evaluate how Nevada compared to other states. He noted the data for Texas and Illinois was broken out by placement for

infant level, toddler level, the length of placement by ethnic group, and it was very detailed so those states could benchmark year-to-year progress. He commented that the data for Nevada lacked detail and was lumped into one group.

Dr. Puckett responded that most of the specific data developed in Texas and the other states was a result of a workgroup or committee established to review the current data and decide if more data was needed to address the problems in those states.

Mr. Buehler interjected that the reasons disproportionality occurred in the foster care system, and why African-American children specifically were over-represented, were being discussed and disputed in the child welfare field around the country. He believed that some of the structural issues Dr. Pelton discussed in his presentation regarding poverty, homelessness, and substance or alcohol abuse were closely related to placement of children. The reasons those rates varied by race or ethnicity were hard to determine.

Chairman Horsford stated that according to the Center for Children at the University of Chicago, in 2005, African-American infants were at risk of placement nearly three times more than white infants. Chairman Horsford wondered if that was the amount of disproportionality in Nevada.

Mr. Buehler stated he did not have the data; he was uncertain why that information was not in the report. He thought that possibly the statewide automatic child welfare information system (SACWIS) does not collect that type of detail.

Chairman Horsford asked Mr. Goodman if the report in the meeting packet (page 125, [Exhibit A](#)) was provided by DCFS.

Mr. Goodman believed Casey Family Programs provided the report to the committee; however, the report was originally generated from the DCFS data system.

Chairman Horsford stated that 25 percent of the population in southern Nevada was Latino, yet Latino children were not placed in foster care in that proportion.

Mr. Buehler said he would look at the data in more detail because he thought that was a consequence of inadequate data to capture that population. In other jurisdictions, such as Los Angeles County, the rate of disproportionality between African-American and Latino children was similar to Nevada.

Mr. Buehler added that comparisons among jurisdictions and states were interesting, and the definition of what constituted placement in foster care was different in each state. Comparisons were made among states to understand what was happening in each state and to provide a benchmark for Nevada.

Chairman Horsford replied that Nevada typically lacked good data. He wondered if the information was being collected in a manner that would allow the data to be broken out in detail so disproportionality in Nevada could be seen.

Chairman Horsford asked if legislative action was needed to require systems to track the detailed data to show disproportionality, or if it was something that agencies should be doing based on the fact that disproportionality was a national trend and an issue with which the state should be concerned.

Dr. Puckett responded that he was not familiar with the level of detail in the data for Nevada. He stated that Dr. Pelton mentioned that he had found it challenging to work with the data available for Clark County. Dr. Puckett was unsure if it was a statewide issue.

Mr. Buehler added that he needed additional time to look at the data available in Nevada; he would work with the state on the issue. He further explained that there were national requirements for statewide data systems in child welfare, which were assessed as part of the ongoing child and family service reviews conducted by the federal government.

Continuing, Dr. Puckett stated that he would review the report, *Summary of Selected Prevention Initiatives in Child Protection Work*, on page 155 of the meeting packet ([Exhibit A](#)). He stated that, in general, prevention efforts fell into one of three broad categories: primary, secondary or tertiary prevention. Primary prevention programs were universal in nature, such as neonatal home visiting programs, for which all parents of newborn children were eligible. Secondary prevention programs were specifically targeted to at-risk populations, such as neonatal home visiting programs focused on low-income parents. Tertiary prevention programs targeted families or households in which maltreatment had been previously reported in hopes of preventing future occurrences of child abuse or neglect. One example of a tertiary prevention program directed toward reducing foster care utilization might be an alternative or differential response program through which some families reported for child maltreatment were offered a non-investigative assessment and referral for community-based services.

NEONATAL HOME VISITING PROGRAMS

Dr. Puckett stated that neonatal home visiting programs varied in configuration, but all included home-based, family-focused support and parenting education offered to pregnant mothers and families with new babies and young children. Other key elements of home visiting programs included free or low-cost fee structure; advocacy and referral for other services when needed; and a global or holistic approach to wellness, which recognized that healthier families had healthier infants and children.

Dr. Puckett said that research has documented significant, positive effects of nurse home visitations, including decreased rates of child maltreatment, fewer emergency room visits, and fewer physician visits for accidents and poisonings. It has been reported that home visiting services delivered by nurses were more effective than those provided by paraprofessionals. In other research, estimated cost savings related to program participation was approximately \$180 per low-income participant family at the time the target children were four years of age. Further research showed costs and benefits of another home visiting program over a time period that extended until target

children reached 15 years of age; the estimated net return for government program costs among high-risk program participants yielded total savings of \$18,000 per family compared to the control group of families that did not receive intervention.

ALTERNATIVE/DIFFERENTIAL RESPONSE PROGRAMS

Dr. Puckett stated another prevention program identified was the alternative/differential response program which was addressed by the committee workgroup and was being implemented statewide. In one study it was found that cases receiving alternative response incurred higher initial costs, but were less costly overall compared to control group cases due, at least in part, to having fewer subsequent child maltreatment reports.

WRAPAROUND PROGRAMS

Dr. Puckett explained that “wraparound” was a term used to describe a collaborative process for the planning and delivery of comprehensive, community-based, child-and-family-centered services intended to prevent placement of children in restrictive out-of-home settings, including group homes and institutions. Because children and youth at risk for restricted placements were often involved in multiple service systems (eligible for special education, mental health services or substance abuse treatment, involved with the juvenile justice system, etc.), Wraparound programs rely on collaboration among service systems and blended funding arrangements.

Wraparound programs had been implemented with child welfare populations in Nevada under the acronym “WIN” (Wraparound in Nevada) and have shown promising results in helping to maintain children and youth in community settings and averting restrictive out-of-home placements. Wraparound programs have also demonstrated significant success in other jurisdictions with both child welfare and juvenile justice populations, and they have been linked to marked reductions in expenditures for institutional care.

SCHOOL-BASED PREVENTION INITIATIVES

Dr. Puckett further stated that various types of prevention programs based on educating children to increase awareness and resistance to maltreatment were presented in school and preschool settings. Sexual abuse prevention programs were the most common school-based prevention programs and were offered in over 85 percent of U.S. school districts. School- and preschool-based sexual abuse prevention programs generally appeared to be effective in raising children’s knowledge of sexual abuse and how to respond to threatening situations, but very little research has addressed the impact of such programs on actual rates of child sexual abuse. Some research indicates, however, that school-based sexual abuse prevention programs may lead to increased disclosures of sexual abuse. Program costs were often quite low, since the intervention could be provided to many children simultaneously using existing facilities.

Other types of school-based prevention programs, such as the Head Start Program and the School-Linked Family Resource Centers program, addressed issues known to be risk factors for child abuse and neglect. The School-Linked Family Resource Centers

programs delivered mental health, child care, job development, health care, and housing services to low-income families with young children. Additional program components included preschool education, home visiting, and monitoring of child development.

Dr. Puckett said the Head Start Program targeted low-income families with children between three and five years of age with a range of services that included parent and child education, medical and ancillary services, healthy meals, and social support for participating parents. Specialized components such as the Incredible Years Parent Training Program were offered in conjunction with standard Head Start programming to help parents develop coping, problem-solving, and behavior management skills. Randomized controlled studies have shown the Incredible Years Program to be effective in reducing child behavior problems, improving parenting skills, and reducing levels of harsh parenting behavior.

NEIGHBORHOOD- AND COMMUNITY-BASED PREVENTION PROGRAMS

Dr. Puckett stated that the neighborhood- and community-based prevention programs varied widely in design and configuration, but in general took a broad-based approach to child and family well-being based on decreasing social isolation, increasing mutual support and advocacy, and the promotion of increased awareness of child abuse and neglect as social issues which affect not only individual families, but also the neighborhoods and communities in which they live.

The American Humane Association promoted child maltreatment prevention through its Front Porch Project, which trained community members to respond to child abuse and neglect in their neighborhoods through increased understanding of child maltreatment issues and networking with neighbors to promote mutual assistance and a shared commitment to the protection of children. Participants learned how to work with neighbors to reduce risk for child abuse and neglect and when and how to contact police and/or official child protection agencies to address instances of abuse and neglect.

The University of Maryland, Baltimore, Center for Families has developed the Family Connections community-based prevention program, recognized by the DHHS Children's Bureau, Office on Child Abuse and Neglect as a "Demonstrated Effective Program" for the prevention of child maltreatment.

Dr. Puckett said the Family Connections program was a community-based program targeting at-risk families with children ages 5 through 11 through interventions including emergency assistance, family assessment, and social support. The program worked to reduce risk and promote protective factors through the identification of information support systems which, in turn, assisted families in defining problems and potential solutions and connecting with more formal services as needed to obtain concrete, material assistance and other supports.

The Family Connections program was evaluated using a pre- and post-intervention, comparison group design. The evaluation found significant increases in participant

families' appropriate parenting attitudes, satisfaction with parenting, and levels of social support, and significant decreases in drug use and stress levels among caregivers.

Dr. Puckett explained the Powerful Families program (formerly Parent-to-Parent) was a strengths-based parent empowerment program developed by Casey Family Programs intended to help families develop financial literacy, advocacy, and community leadership skills. The program was targeted to low-income families of color because those households became involved with the child welfare system at disproportionately high rates.

Powerful Families was implemented in conjunction with 28 community partner organizations in 33 sites across 7 states between 2004 and 2006. Outcome evaluations based on self-reported data collected through surveys and interviews showed program participation was associated with significant increases in financial literacy and advocacy, with graduates who completed the leadership curriculum reporting increased knowledge about leadership qualities and steps to develop them.

Chairman Horsford commented that some of the programs that Dr. Puckett outlined already existed in Nevada. He wondered how other states identified priorities for agencies to help child welfare workers to better identify abuse or neglect and find strategies to meet the needs of families when child abuse or neglect was identified. He recognized that there were many good ideas, but the question always came down to the availability of funding. He wondered if Casey Family Programs and the state could provide support to evaluate the programs in the state, the funding available, and the best practices of other states to create priorities or objectives that could be tied to agencies receiving funding to help the child welfare issues.

Dr. Puckett responded he was interested in Dr. Pelton's presentation regarding the effectiveness of the alternative/differential response programs. In terms of the "best bang for the buck," he suggested that an alternative/differential response program would benefit the state. In addition, there was evidence to suggest there were many programs that would be effective; however, funding was a large issue. Dr. Puckett cautioned the committee that there was a critical difference in terms of outcomes for children and families in having just a program versus a program that was carefully implemented, fully-funded and well run.

Chairman Horsford asked Dr. Puckett if Casey Family Programs could help evaluate the funding that was available to the state. For example, he was aware the federal government was going to award two contracts in southern Nevada for the Head Start program. He wondered if there was a role for the state, either by a recommendation through the Governor or through the federal delegation, to add strategies to that contract for the child welfare issues addressed by the committee.

Dr. Puckett replied that Casey Family Programs could help the committee look at funding available for the state. For example, in Los Angeles County, the First 5 LA program was developed as a primary prevention program in collaboration with Head Start and child welfare, and Head Start funds were used to pay for the program.

Moving to the next item, Dr. Puckett stated that Casey Family Programs' support of Nevada's child welfare reform plan included the following:

- Technical assistance provided by Casey Family Programs staff directly to Nevada jurisdictions, including the Clark County Independent Living redesign.
- Foster parent recruitment and adoption program redesign.
- Day-to-day technical assistance to managers.
- Introductory training of "Better Together," which was a model to engage and fully integrate foster parents and youth through every step of the child welfare process.
- Nationally-known consultants were provided to train CPS investigators, to assess management capacity and to improve management accountability and provide an Executive on Loan program to assist in covering a management vacancy in Clark County.

In 2007, Casey Family Programs provided Nevada with \$500,000 in support for the following purposes:

- Development of DCFS regulations.
- Training and technical assistance for differential response with Family Resource Centers.
- DCFS implementation of structured decision making.
- Transitional support for youth aging out of the foster care system.
- 2-1-1 outreach and training.
- Differential response system development.
- Indian Commission foster care services.

In addition, Casey Family Programs provided technical assistance and facilitation to the technical workgroup of the committee.

Concluding his presentation, Dr. Puckett noted that the workgroup of the committee developed criteria to be considered in making final strategy recommendations, which included the following:

- Impact/reduction of child placements into foster care (original intent of the committee).
- Low-hanging fruit as it related to rate of entry.
- Implementation timeframe.
- Level of controversy.
- Strategy used elsewhere – existing practice model.
- Long-term impact.
- Strategy already used in Nevada.
- Long-term success and sustainability.
- Utilization and leveraging of existing collaborations and linkages.
- Determine whether strategy provided critical information that was otherwise lacking.
- Measurable and observable outcomes.

- Resource/cost.

Strategies identified for initial recommendation included the following:

- Increased use of kin as placement resources and utilize kin in decision-making while still striving for unification and early prevention.
- Utilization of reunification grants.
- Build/support communities' ability to respond to needs of children and families and expand existing community-based services.
- Community collaboration.
- Develop and implement a consistent philosophy/practice model.
- Staff training and support.
- Prioritize child welfare agency access to on-demand services such as mental health, substance abuse treatment and family support services.
- Shift financing to provide money for family support services.
- Support the development of social infrastructure and service delivery.
- Develop an investment strategy for how state and county money can be better used to pay for child welfare.
- Identify funding gap and target incremental progress to alleviate that gap.
- Identify reduction targets for numbers of youth in care.
- Leverage private sector programs that might support families who are involved or at risk for involvement in the child welfare system.
- Expand family drug court.

Concluding, Dr. Puckett stated that the next steps for the workgroup included the following:

- Refine the list of recommended strategies.
- Identify resource and implementation implications for each strategy.
- Make final recommendations.

Chairman Horsford thanked Casey Family Programs for the facilitation of the committee workgroups. In addition, he thanked the different stakeholders for their valuable input. Chairman Horsford questioned the timeline for the strategies to reduce the placement of children in foster care. The stakeholders were doing a lot of the groundwork, and he wanted to ensure that information was given to the committee members so they had sufficient time to review the recommendations and ask questions if needed. He asked Casey Family Programs if it was possible to identify the recommendations for the committee.

Dr. Puckett responded that he should have the recommendations approximately one week after the next workgroup meeting scheduled for mid-April.

Mr. Buehler added that he was working with Steve Christian, Program Director, National Conference of State Legislatures (NCSL) on a report for the committee on federal funding streams accessible to support key child protection practices, including alternative/differential response, family group/team decision making, and kinship care,

including out-of-home care, guardianship and adoption. At this point, while states use of different federal funding streams could be identified from available information, linking specific funding streams to specific child welfare programs or interventions by jurisdiction may be difficult. Also, the report would include a component on reallocation of state or county funding to cover more front-end services; treatment prioritization, particularly drug or alcohol treatment for parents or guardians of children who become involved in the child welfare system; and how other states have been able to structure collaboration between financial support and child welfare agencies to get the most overall benefit to the state. He expected to have a final draft of the report to the committee by May, but he should have some preliminary information for the committee workgroup in April.

Assemblyman Anderson thanked Mr. Goodman and staff for providing the meeting packet to committee members in advance of the meeting, allowing time to review the material.

Chairman Horsford agreed with Assemblyman Anderson and added the information provided good data and was very informative.

VII. DISCUSSION OF NATIONAL GOVERNORS ASSOCIATION POLICY ACADEMY ON SAFELY REDUCING THE NUMBER OF CHILDREN IN FOSTER CARE – Senator Steven Horsford, Chair.

Chairman Horsford stated there was a grant opportunity that the National Governors Association (NGA) had made available, which would provide an opportunity for state policymakers to work with national experts to design and implement new policies and programs to safely reduce the number of children in foster care. He asked if the committee wanted to submit a letter to the Governor to recommend that Nevada participate in the academy.

Mr. Goodman explained that the NGA had sent a letter to all state governors introducing a Policy Academy on Safely Reducing the Number of Children in Foster Care. The goal of the academy was to help states develop new policies and programs to safely reduce the number of children entering foster care, which was exactly on target with the goals of the interim study committee. The NGA received assistance financially and programmatically from Casey Family Programs. Up to six states would be selected to participate in two policy academy meetings. On-site workshops and ongoing technical assistance would be provided to the states selected to implement strategies and recommendations such as those being discussed by the committee, and similar and additional strategies would be developed by the academy. Applications to the project had to be submitted to the NGA by April 14, 2008. States would be expected to identify a six- to ten-member core team, including representatives from the Governor's office, Department of Health and Human Services, Division of Child and Family Services, as well as other key stakeholders and officials, including legislators, judges, advocates, county representatives and the philanthropic community. The Governor had received the letter from the NGA; however, Mr. Goodman was unaware of his interest or involvement. He indicated that it was at the committee's pleasure to decide whether to

submit a letter to the Governor encouraging him to apply for the state's participation in the program.

Chairman Horsford thanked Mr. Goodman for the information. It was his hope that the Governor would see the value in the program, recognizing that Nevada was among the highest states for the most number of children placed in foster care. This issue had been addressed for several years and some of the best practices were outside of the state. He believed the state needed to identify priorities and goals and develop a strategic plan for achieving those goals, and the opportunity to work with national and state experts would improve outcomes for children and youth who came to the attention of the child welfare system.

Assemblyman Anderson asked if the academy was provided to the state at no cost. In addition, there were only a limited number of people involved in these issues, who were the same people involved in the policy academy, and he was concerned that those people would be overtaxed in addition to expecting them to participate in the meetings.

Mr. Goodman said his understanding was that the NGA, with support from Casey Family Programs, would be funding the chosen states' participation by providing travel and lodging expenses for six core team members to participate in the policy academy meetings. He stated that Assemblyman Anderson's concern was valid, and there would be time costs for the people selected to participate in the meetings.

ASSEMBLYWOMAN GERHARDT MADE A MOTION TO URGE THE GOVERNOR TO APPLY TO THE NATIONAL GOVERNORS ASSOCIATION TO PARTICIPATE IN ITS POLICY ACADEMY ON SAFELY REDUCING THE NUMBER OF CHILDREN IN FOSTER CARE.

SENATOR CEGAVSKE SECONDED THE MOTION, WHICH CARRIED UNANIMOUSLY.

VIII. DISCUSSION OF FUTURE MEETING DATES AND DETERMINATION OF FUTURE AGENDA ITEMS AND TOPICS.

Mr. Goodman noted that the interim study committee had two additional meetings scheduled for May 15, 2008, and June 26, 2008, which was the work session. He hoped to have the finalized recommendations from the April workgroup meeting at the May committee meeting. In addition, adoption subsidies, differential foster care rates, and subsidized guardianships were potential agenda topics for the May meeting.

Mr. Goodman mentioned that the committee would tour four foster care sites after the meeting. The first tour and presentation was the Boys Town facility on N. Mojave Road, which was adjacent to the juvenile court facility. Child Haven would be the second tour; DFS East Neighborhood Care Center was the third scheduled tour; and the final stop would be Olive Crest, which was a non-profit organization that provided services directly to youth in foster care located on W. Sahara Avenue.

Mr. Goodman noted that he had an eleven-passenger van for the tours to accommodate the committee members and staff. If members of the public would like to tour with the committee, maps were available at the sign-in table in the meeting room.

IX. PUBLIC COMMENT.

Thomas Morton, Director, Clark County Department of Family Services, stated that he was a member of the committee workgroup. He clarified that the term, "removal from the home," was a colloquial term in child welfare. He believed the more technically accurate and legal term that should appear in the regulations was, "taken into protective custody," which would resolve the issue of where the child was when removed.

In regard to the issue of disproportionality, Mr. Morton published an article in 1999 in *Policy and Practice, a Journal of the American Public Human Services Association*, concerning the disproportionality between the number of Hispanics and African-American children taken into custody. At that time, it was commonly assumed that poverty was an explanation for over-representation or disproportionality of African-American people. But when looking at data available, he found that the proportion of Hispanic and African-American families with \$15,000 or less income per year was essentially the same. He cautioned the committee to be careful when using poverty and certain other explanations for disproportionality.

Mr. Morton referenced a report produced by Dr. Robert Hill approximately two years ago for Casey Family Programs on disproportionality, which analyzed all the available research on the subject to the date of publication. The most recent research suggested there was a difference in reporting rates. As an example, African-American women were more likely to give birth to children in public hospitals, which were more likely to test for drugs, while their white counterparts gave birth in private hospitals, which did not test for drugs. This type of data increased higher rates of reporting of African-American families, although the National Incidence Study conducted by the Department of Health and Human Services found no difference in the actual incidence of child maltreatment between African-American and white families. In addition, there was great frustration in accessing case records for research.

Mr. Morton believed the committee should look at NRS 432B.190, the confidentially provision, which was very restrictive in terms of release of case record material for research. Essentially, Mr. Morton noted that when he released information from a case record, he had to redact the identifying information on the case record. Some records were very voluminous, and he lacked the staff to do that. Mr. Morton stated that he was in support of better and more research, but he believed in order to provide it, the committee would need to look at confidentially provisions in relationship to qualified researchers.

X. ADJOURNMENT.

There being no further public comment or business, the meeting was adjourned at 12:27 p.m.

Submitted by:

Donna Thomas, Committee Secretary

Approved by:

Senator Steven Horsford, Chairman

Date: