

Joe Lombardo  
Governor



Richard Whitley, MS  
Director

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES  
*Helping people. It's who we are and what we do.*



Marla McDade  
Williams, MPA  
Administrator

February 12, 2025

Diane Thornton  
Acting Director  
Legislative Counsel Bureau  
401 S. Carson St.  
Carson City, Nevada 89701

Dear Ms. Thornton:

Please see the attached reports from the Division of Child and Family Services (DCFS), Department of Health and Human Services, in accordance with Nevada Revised Statutes (NRS) 432B.218.

This report provides the inclusion of the 2023-2024 Annual Child Welfare Agency Improvement Plans for the DCFS, Clark County Family Services (CCFS) and Washoe County Human Services Agency (WCHSA) and the 2024 Incentive Progress Reports from CCFS and WCHSA.

With information received from the respective agencies, the report was prepared by DCFS and details:

1. The progress made by each agency which provides child welfare services in a county whose population is 100,000 or more toward achieving the specific performance targets set forth in an improvement plan submitted by the agency pursuant to [NRS 432B.216](#); and
2. Whether the agency which provides child welfare services in a county whose population is 100,000 or more achieved the specific goal established pursuant to [NRS 432B.2165](#) during the previous fiscal year and, if not, the percentage of the goal that was achieved.

Any questions about this report may be directed to Marla McDade Williams, Administrator, at [mmcdade@dcsf.nv.gov](mailto:mmcdade@dcsf.nv.gov).

Respectfully,

A handwritten signature in blue ink, appearing to read "Marla McDade Williams".

Marla McDade Williams  
Administrator

cc: Richard Whitley, Director, Department of Health and Human Services  
Shannon Litz, Deputy Director-Programs, Department of Health and Human Services  
Betsey Crumrine, Deputy Administrator, Division of Child and Family Services

# **Annual Child Welfare Agency Improvement and Incentive Report**

Pursuant to Nevada Revised Statutes 432B.218

January 31, 2025



Division of Child and Family Services  
Department of Health and Human Services

## Child Welfare Agency Improvement Plans

This report includes each of the child welfare agencies reports for their Agency Improvement Plans and the status of the Incentive Reports in detail (Attachment A, B and C). In addition, it includes an overview, highlighting areas of focus and achievements made during the last biennium within Nevada's child welfare system.

### Division of Child and Family Services (DCFS), Department of Health and Human Services

- **Performance Target #1:** Timeliness to Permanency. Permanency through adoption will be achieved within 24 months.  
**IMPROVEMENT**
- **Performance Target #2:** Safety – Initial Response Times and Persistent Efforts to Locate Families
  - A. Initial Response Times and Persistent Efforts to Locate Families:  
CPS report response time met.  
**IMPROVEMENT**
  - B. Alleged Child Victim seen face to face or Persistent efforts made.  
**IMPROVEMENT**
- **Performance Target #3:** Increase caseworker retention by providing additional training and ongoing support in a caseworker's first 12 months of employment.  
**IMPROVEMENT**

### Clark County Family Services (CCFS)

- **Performance Target #1:** Safety – Children will be safely maintained in their homes whenever possible.  
**IMPROVEMENT**
- **Performance Target #2:** Permanency – Reduce institutional barriers to timely adoption.  
**IMPROVEMENT**
- **Performance Target #3:** Well-Being – Expand resources for children with mental and behavioral health concerns.  
**IMPROVEMENT**

### Washoe County Human Services Agency (WCHSA)

- **Performance Target #1** – Enhance WCHSA's CQI Processes.  
**IMPROVEMENT**
- **Performance Target #2** – Improve Foster Parent Recruitment and Retention.  
**IMPROVEMENT**

All agencies met the required components of NRS 432B.216 for the reporting period, January 2023 – December 2024 and each has shown improvement in safety, permanency, and/or wellbeing within their performance targets and projected benchmarks.

## Incentive Funding Program

CCFS and WCHSA provided progress updates from their 2024 Incentive Report Program performance and the DCFS has found they have met the requirements of NRS 432B.2165.

### Clark County Family Services

During SFY 2024, CCFS partnered with a local community provider, Foster Kinship, to provide post adoption and post guardianship support services. Services provided include support groups, respite, daycare, organized play dates, mental health assessments, family therapy and referrals for behavioral health consultations. The county provided 630 children and families with necessary ancillary services to support adoption and guardianship families to mitigate placement disruptions and preserve placements.

Amount Requested: \$1,750,000

Amount Approved by DCFS: \$1,750,000

### Washoe County Human Services Agency

During SFY 2024, WCHSA committed to working diligently to maintain children in their placements and at home with the development of the Intensive In-Home Services Program (IHHS) to address the needs of families to preserve placements with additional at home supports.

Amount Requested: \$750,000

Amount Approved by DCFS: \$750,000

Each agency also submitted a new Agency Improvement Plan for January 1, 2025 through December 31, 2026. Areas of focus for the upcoming years per agency are included below.

DCFS	CCFS	WCHSA
Increase timeliness to permanency for children with a goal of adoption.	Children will be safely maintained in their homes whenever possible.	Enhance WCHSA's use of Alternative Response for preventative services.
Increase response time during investigations to increase safety of children, persistent efforts to locate families and achieve face to face contact within policy timeframes.	Decrease the median number of days children remain in congregate care.	
Increase timeframes to provide children in foster care preventative health screens in accordance with the American Pediatric Periodicity Screening Schedule.	Expand resources for children with mental and behavioral health concerns.	

DCFS is pleased to see the progress made by each of the child welfare agencies and looks forward to new initiatives identified for the areas of adoption, expansion of mental health resources for families, decreasing timeframes to permanency, and minimizing the use of congregate care settings.

**STATE OF NEVADA  
Department of Health and Human Services  
Division of Child and Family Services**



**Biennial Agency Improvement Plan  
Rural Region**

**Performance Improvement Period  
01/01/2023 to 12/31/2024**

Betsey Crumrine, Deputy Administrator  
Laurie Jackson, Social Services Manager V  
Mandy Hall, Social Services Manager V  
Division of Child and Family Services  
Department of Health and Human Services  
Carson City, NV 89706

## DIVISION OF CHILD AND FAMILY SERVICES RURAL REGION

### Biennial Agency Improvement Plan 2023-2024 Progress Report for Calendar Year 2024

The following summarizes the strategies and progress towards performance targets accomplished for this reporting period of January 1, 2023 – December 31, 2024.

#### *Methodology/Public Input*

Public stakeholder suggestions and feedback were received from the Legislative Counsel Bureau (LCB), the Federal Children's Bureau, the Court Improvement Councils (CIC), the federally mandated Child and Family Services Reviews (CFSR) and UNITY data reports for baseline data and monitoring of progress and for the 2023-2024 DCFS Agency Improvement Plan (AIP).

#### **Performance Target #1: Timeliness to Permanency. Permanency through adoption will be achieved by 24 months.**

This is in response to the federal Adoption and Safe Families Act (ASFA) timeliness to adoption within 24 months. This timeframe is quite challenging due to multiple external factors which influence timeliness such as high vacancy rates, judicial calendars, high caseloads, timeliness of termination of parental rights filings, and court continuances appeal processes. The Division is committed to removing internal barriers to assist in meeting this timeframe and believe that timeliness to permanency is of high priority for foster children. Outside of the agency, it is critical that DCFS continues to collaborate with the local CICs throughout all rural judicial districts to share data and outcomes to increase timeliness performance.

#### **Performance Target #2: Safety – Initial Response Times and Persistent Efforts to Locate Families**

The Rural Region has made improvements in this measure over the past few years; however, DCFS still has not met the desired performance goals. Therefore, new strategies have been identified with the goal of continued improvement among these safety benchmarks and the agency will continue to highlight this as a goal for 2025.

The intent of this measure is to strengthen safety by ensuring all alleged victims of maltreatment identified during the intake assessment are seen by staff within defined timeframes and when unable to do so, appropriate persistent efforts are made within priority response times to attempt contact.

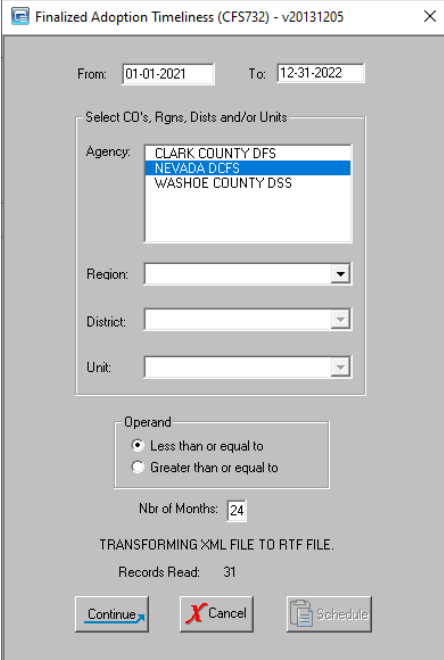
#### **Performance Target #3: Increase caseworker retention by providing additional on-going training and support throughout a caseworkers first 12 months of employment.**

Thirty-six (36) percent of new case workers leave their position within 18 months of employment with DCFS. Nationally, the retention rate for the child welfare workforce is 24 percent due to the difficult work, traumatic events, and emotional impact on employees. When vacancies are high, it

compounds the stresses on the existing workforce, especially on the frontline, investigative workers. The continuous cycle of vacancies is costly as well to child welfare agencies, with a learning curve of approximately 15 months to gain a solid foundational knowledge base. For supervisors, stress and multiple deadlines influence burnout even more.

The cost to the agency and public extends even further than child welfare when considering the impact on Human Resources, the Nevada Partnership for Training (NPT) Academy, District Attorneys, courts, and supervisors, all of whom play a role in onboarding and training new staff and retaining existing staff.

**DCFS Rural Region Agency Improvement Plan**  
01/01/2023 to 01/01/2025

<b>Timeliness to Permanency</b>	<b>Baseline 2022</b>	<b><u>Performance Targets</u></b>	<b><u>2023</u></b>	<b><u>2024</u></b>
<p><b>Performance Target #1:</b> Permanency through adoption achieved by 24 months, per ASFA guidelines. <b>***IMPROVEMENT</b></p>	21%	40%	15%	25%
<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>1. Train all staff on the revised Termination of Parental Rights (TPR) Policy 0514.</li> <li>2. Collaborate with Information Services (IS) to develop reports to track TPR progress from submission of the TPR order by the agency, the timing of 100% free to adopt and assess the lapse in time until the judicial order granting adoption.</li> <li>3. Quality Assurance (QA) unit will review all cases where there is a permanency goal of adoption to ensure the TPR packet is submitted to the TPR attorney within required time frames and all stipulations have been met.</li> <li>4. Attempt to isolate workers to adoption cases only to prioritize children waiting long periods of time to achieve adoption.</li> <li>5. Attempt to assign a secondary adoption worker to cases in which the</li> </ol>	<p><b>Method of Measurement:</b> Report CFS732 was run for calendar year 2022, for the whole Rural Region with parameter of less than or equal to 24 months.</p>  <p><b>Update December 1, 2023:</b> All rural region staff were trained on the updated TPR policy on: 6/7/2023, 7/18/2023, 8/22/2023, 9/7/2023, and 10/17/2023.</p>			

# DCFS Rural Region Agency Improvement Plan

01/01/2023 to 01/01/2025

<p>permanency goal of adoption has been ordered by the court to assist with consent/relinquishment and adoption related activities. Currently, secondary workers can only be assigned in offices with an adoption social worker. The Division submitted a bill draft request (BDR) to widen the pool of qualified staff to perform this function, specifically in offices which may have a social worker vacancy to prevent further delays in consent.</p> <p>6. Utilize contractors to complete adoption activity tasks to move forward with termination and/or finalize the adoption (social summaries, home studies, TPR and/or Full Disclosure packets, referrals, consents, and court reports).</p>	<p>Throughout 2023, the rural region QA unit continued to work with IS to develop a report for tracking TPR progress. The report is currently in production and QA is working with office managers to encourage the input of necessary information in UNITY (i.e. case notes indicating a TPR referral has been sent to the Deputy Attorney General (DAG)/District Attorney (DA)/TPR attorney, filing dates, petition and hearing dates).</p> <p>To mitigate delays to permanency through adoption, each district office attempts to meet with their assigned DAG/DA/TPR attorney monthly to discuss the status of the TPR on each case. Additionally, each office meets quarterly with their respective CIC to address barriers to permanency. Despite the continued collaboration with judicial partners, there are still some significant barriers and delays. All 5 district offices utilize mediation/settlement conferences to avoid lengthy TPR trials, but this is not always successful. Particularly in these cases, there is a significant lapse in time between a TPR packet being sent to the DAG/ DA/TPR attorney and a petition being filed, as well as delays in TPR hearings being held after a petition is filed in some areas. The time it takes the DAG/DA/ TPR attorney to review the packet, draft, and file the petition as well as the significant time to get into Court after a petition is filed, creates a significant time barrier in all areas. In Lander County, the Court has appointed a private attorney to complete TPRs, which has created a significant delay in TPR petitions being filed, and a further delay in court occurring. In Nye County, the attorneys are not willing to complete the Post Adoption Contact Agreements for sibling visits, which eliminates relinquishment/consents as being an option.</p> <p>Throughout 2023, DCFS has been diligent regarding workers specifically working on adoption, with a few exceptions. This has allowed the adoption unit to fully focus on their adoption related duties. Secondary adoption workers are being assigned to cases with a court ordered goal of adoption. They assist with reviewing the file to ensure that all legal documentation needed for adoption is in the file, communicating with families about legal options for permanency, assisting with locating parents to facilitate relinquishment/consents, adoption preparation work with families and children,</p>
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# DCFS Rural Region Agency Improvement Plan

01/01/2023 to 01/01/2025

	<p>providing resource materials and books to teach children the meaning of adoption and provide support in transitions.</p> <p>During 2023, it was discovered that adoptions were delayed due to errors in the parental relinquishments/consents, and thus not being valid. The process was restructured quickly to require an adoption worker/supervisor must review and sign off on the relinquishment/consent documents for accuracy before they are executed with a parent. This has resulted in a decrease in errors.</p> <p>In addition, DCFS has submitted a BDR to amend Nevada Revised Statutes 127.053 to allow a social worker or a caseworker to perform the relinquishment/consent documentation to widen the pool of qualified staff. This will assist in maximizing our workforce and better align with most states who have a more general term for who can perform this function. When adoption workers are on leave or there is vacancy in one of the district offices, this would ensure adoptions aren't delayed due to staffing shortages. If enacted, the same training will occur with case workers as we have implemented in the redesign of the process.</p> <p>The rural region is still seeing the effect of services not being available during the COVID pandemic. Because there were delays in services being provided to parents and families, cases were delayed getting to the adoption unit.</p> <p><b>Update December 1, 2024:</b> There has been a 10 percent increase in adoptions being finalized within the past 24 months since the last update in 2023. Permanency staffing (led by QA and Adoption supervisors) occurs quarterly for all youth in care eight months or longer and/or with a permanency goal of adoption. Barriers to moving forward with permanency through adoption are discussed and solutions are brainstormed earlier to prevent delays in the final months.</p>
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## DCFS Rural Region Agency Improvement Plan

01/01/2023 to 01/01/2025

	<p>To mitigate delays to permanency through adoption, each district office attempts to meet with their DAG/DA/TPR attorney at least monthly to discuss the status of the TPR on each case. The DAG assigned to regions 1 and 3 left the agency in September 2024, resulting in a standstill in those counties until a replacement occurred. In region 3, they are currently hiring lawyers to complete their TPRs with grant funding through CIC. The Division also requested, through the 2025-26 budget, to hire an internal Adoption Attorney due to multiple external factors delaying permanency for these children.</p>
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DCFS Rural Region Agency Improvement Plan  
01/01/2023 to 01/01/2025

Safety	Baseline 2022	<u>Performance Targets</u>	<u>2023</u>	<u>2024</u>
<p><b>Performance Target #2:</b> Initial Response Times and Persistent Efforts to Locate Families:</p> <ol style="list-style-type: none"> <li>1. CPS report response time met <b>***IMPROVEMENT</b></li> <li>2. Alleged Child Victim seen face to face or Persistent efforts made. <b>***IMPROVEMENT</b></li> </ol>	<ol style="list-style-type: none"> <li>1) 67.3%</li> <li>2) 69.2%</li> </ol>	<ol style="list-style-type: none"> <li>1) 85%</li> <li>2) 85%</li> </ol>	<ol style="list-style-type: none"> <li>1) 74.5%</li> <li>2) 75.9%</li> </ol>	<ol style="list-style-type: none"> <li>1) 75.1%</li> <li>2) 80.5%</li> </ol>
<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>1. Provide ongoing education to all staff on Nevada Initial Assessment (NIA) Policy 0508 and the documentation requirements for initial child contact and persistent efforts.</li> <li>2. Provide ongoing support to staff in identifying barriers to meeting response times and identifying and rectifying documentation errors.</li> <li>3. Utilize COGNOS data from the 223 Response Time – Persistent Efforts Oversight report to analyze data quarterly related to timely response and persistent efforts.</li> </ol>	<p><b>Method of Measurement:</b></p> <p>Baseline data calculations taken from UNITY Report, COGNOS 223. January 1 to November 9, 2022.</p> <p><b>Baseline:</b> There were 441 reports identified between January 1 and November 9, 2022, and 640 identified child victims. Out of the 441 reports, the agency met response timeframes in 297 (67.3%) of the reports. Out of the 640 child victims, the agency completed initial face to face contact with the victim or made persistent efforts to contact the alleged victim and family within the assigned priority response time with 443 (69.2%) of the alleged child victims.</p> <p><b>Update December 1, 2023:</b> There were 459 reports identified between January 1 and November 30, 2023, and 693 identified child victims. Out of the 459 reports, the agency met response timeframes in 342 (74.5%) of the reports. Out of 693 child victims, the agency made initial face to face contact with the victim or persistent efforts with 526 (75.9%).</p>			

DCFS Rural Region Agency Improvement Plan  
01/01/2023 to 01/01/2025

<p>4. Provide QA analysis to staff for discussion at management/staff and/or unit meetings.</p>	<p>The Quality Assurance Unit ensures that all new staff are trained on the NIA policy, to include Response time requirements, initial child contact requirements, and persistent efforts requirements. An “initial and attempted child contact note guide” was distributed to and discussed with managers and supervisors at a Rural Management Team meeting on July 11, 2023, and then distributed to all case carrying staff. This guide includes the requirements of initial child contact and persistent efforts, as well as how to properly document the contact for each scenario.</p> <p>The QA unit reviews each case where the required response time was not met to identify if there was a data entry error, or persistent efforts were not achieved. Through these assessments, it was discovered that in 23 percent of the cases there were errors in the data calculation, 23 percent where the response time occurred, however the case note wasn’t completed, and 1 case had the incorrect person I.D. The Division reconciled the data entry errors and the QA reviews have been determined to be extremely valuable in increasing agency response times. The QA findings were presented at Rural Management Team meetings on: 7/10/2023, 8/7/2023, 10/9/2023, and 11/6/2023 and all staff meetings on: 3/14/2023, 3/21/2023, 3/23/2023, and 4/6/2023. Since starting the monthly reviews and assisting workers in correcting errors, there has been a decrease in data errors month to month. During the period between January 1 and November 30, 2023, the overall response time increased by 7.2 percent, and persistent efforts increased by 6.7 percent as compared to our baseline (2022).</p> <p><b>Update December 1, 2024:</b> There were 610 reports identified between January 1 and November 30, 2024, and 963 identified child victims. Out of the 610 reports, the agency met response timeframes in 458 (75.1%) of the reports. Out of 963 child victims, the agency made initial face to face contact or persistent efforts with 775 (80.5%) victims.</p> <p>An “initial and attempted child contact note guide” is now required for case workers to complete when initial child contact and persistent efforts occur, as well as how to properly document the contact for each scenario to minimize data entry errors.</p>
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**DCFS Rural Region Agency Improvement Plan**  
01/01/2023 to 01/01/2025

<b>Staff Retention</b>	<b>Baseline 2022</b>	<b><u>Performance Targets</u></b>	<b><u>2023</u></b>	<b><u>2024</u></b>
<p><b>Performance Target #3:</b> Increase caseworker retention by providing additional training and ongoing support in a caseworker’s first 12 months of employment. <b>***IMPROVEMENT</b></p>	63.7%	80%	71.8%	85.71 %
<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>In addition to the statewide mandatory 5-week child welfare training Academy, DCFS has implemented a requirement for all case-carrying workers to complete a 12-month internal on the job training which includes the review of policies, procedures, and SAFE model. This also provides workers with additional mentoring applicable to live cases, targeted interventions and assists in developing skills and provides ongoing support throughout their first year of employment.</li> <li>The QA unit will develop and distribute a survey for caseworkers participating in the new DCFS caseworker training program to evaluate program effectiveness.</li> </ol>	<p><b>Method of Measurement:</b> Request Personnel Tracking spreadsheet from AAIV. Analyze data to calculate how many workers quit or were terminated within 18 months of their hire date.</p> <p><b>Baseline:</b> Data was calculated from January 2021 – June 2022. From January 2021-June 2022, only 63.7% of caseworkers hired were retained in the agency after 18 months.</p> <p>Thirty-three caseworkers started employment between January 2021 and June 2022. Of those, 12 resigned and/or were released from probation within 18 months of their start date. The Division retained 63.7 percent of caseworkers beyond their first 18 months of employment.</p> <p>Data for 2023 should be calculated from January 2022 – June 2023</p> <p>Data for 2024 should be calculate from January 2023 – June 2024</p> <p><b>December 1, 2023:</b> Twenty-four case workers began employment between January 2022 and June 2023. Of those, 7 resigned and/or were released from probation within 18 months of their start date. The Division retained 71.8 percent of caseworkers beyond their first 18 months of</p>			

## DCFS Rural Region Agency Improvement Plan

01/01/2023 to 01/01/2025

<ol style="list-style-type: none"><li>3. New caseworkers and their supervisors will complete a fundamental skills evaluation of the new caseworker's competency in the SAFE model at 3, 6, and 9 months of employment and work with QA to create individualized training goals to increase their competency in identified areas.</li><li>4. The QA unit will host a monthly check-in with all caseworkers during their probation period to support information sharing, group learning, and SAFE model practice.</li><li>5. The QA unit will work with NPT to develop and implement a pre-academy training program for caseworkers whose start date is before a quarterly Academy session is set to begin.</li></ol>	<p>employment. This is an 8.1 percent increase in staff retention of new case workers within their first 18 months of employment.</p> <p>A survey was created in Qualtrics and distributed to 21 caseworkers that participated in the new internal training program within the last 18 months. Currently, 17 total responses have been received. The lowest average score received was 3.23 out of 5 rating for new caseworker monthly check-in as being "helpful and useful." The QA team will revise the plan in creating a structured process for monthly check-ins based on the feedback. Eleven group check-ins were held in 2023, with a variety of topics including court, intake, interaction with challenging families, time management, organization skills, requirements for completing alternative NIA's and adequate documentation.</p> <p>As of December 1, 2023, the pre-academy training for new caseworkers whose start date occurs prior to the quarterly NPT Academy unfortunately has not been developed due to university staffing resources. Therefore, DCFS QA is working individually with workers/supervisors to create an individualized training plan to assist in gap in time. The QA team continues to meet with each new caseworker at the 3, 6, and 9-month mark to create individualized training goals based off the results of their fundamental skills evaluation and tracked to assess progress.</p> <p><b>Update December 1, 2024:</b> Twenty-one case workers started employment between January 2023 and June 2024. Of those, 3 resigned and/or were released from probation within 18 months of their start date. The Division retained 85.71 percent of case workers beyond their first 18 months of employment. This is a 13.91 percent increase in staff retention of new case workers within their first 18 months of employment.</p> <p>The QA unit continues to develop individualized training goals to support new workers within their first year and facilitates a monthly check-in meeting with new case workers where a variety of training topics are introduced including present danger, Alternative</p>
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# DCFS Rural Region Agency Improvement Plan

01/01/2023 to 01/01/2025

	<p>NIA, TPR, stress/self-care, Quality Parenting Initiative (QPI), icebreakers and comfort calls.</p> <p>A survey was conducted using Qualtrics and distributed to case workers that stayed with DCFS in the last year and a half. The results of the survey concluded that the two top reasons for remaining with DCFS were the 2023 salary increase and support from their supervisors.</p>
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**STATE OF NEVADA**  
**Department of Health and Human Services**  
**Division of Child and Family Services**



**Biennial Agency Improvement Plan**  
**Rural Region**

**Performance Improvement Period**  
**01/01/2025 to 12/31/2026**

Betsey Crumrine, Deputy Administrator  
Laurie Jackson, Social Services Manager V  
Mandy Hall, Services Manager V  
Division of Child and Family Services  
Department of Health and Human Services  
Carson City, NV 89706

**DIVISION OF CHILD AND FAMILY SERVICES RURAL REGION**  
**Biennial Agency Improvement Plan 2025-2026**

The following summarizes the performance targets, strategies, and benchmarks projected to assist DCFS in the areas of safety, permanency, and well-being of children for the reporting period of January 1, 2025, through December 31, 2026.

***Methodology/Public Input***

Public stakeholder suggestions and feedback were received from the Legislative Counsel Bureau, the Federal Children’s Bureau, the Court Improvement Councils (CIC), the federally mandated Child and Family Services Reviews (CFSR), and UNITY data reports for baseline data and monitoring of progress for the 2025-2026 Agency Improvement Plan (AIP).

**Performance Target #1: Timeliness to Permanency. Permanency through adoption will be achieved by 24 months.**

This is in response to the federal Adoption and Safe Families Act (ASFA) timeliness to adoption within 24 months. This timeframe is quite challenging due to multiple external factors influencing timeliness such as high vacancy rates, judicial calendars, high caseloads, timeliness of termination of parental rights filings, and court continuances appeal processes. DCFS is committed to removing internal barriers to assist in meeting this timeframe and believe that timeliness to permanency is of high priority for foster children. Outside of the agency, it is critical that DCFS continues collaboration with the local CICs throughout all rural judicial districts to share data and outcomes to increase timeliness performance.

The performance goal was not achieved in the last biennium and therefore, this goal will be continued.

**Performance Target #2: Safety – Initial Response Times and Persistent Efforts to Locate Families**

The Rural Region has made improvements in this measure over the past few years; however, desired performance goals were not met. Therefore, new strategies were identified in hopes of continued improvement among the safety benchmarks. DCFS will continue to highlight this as a goal for 2025.

The intent of this measure is to strengthen safety by ensuring all alleged victims of maltreatment identified during the intake assessment are seen by staff within defined timeframes and when unable to do so, appropriate persistent efforts are made within priority response times to attempt contact.

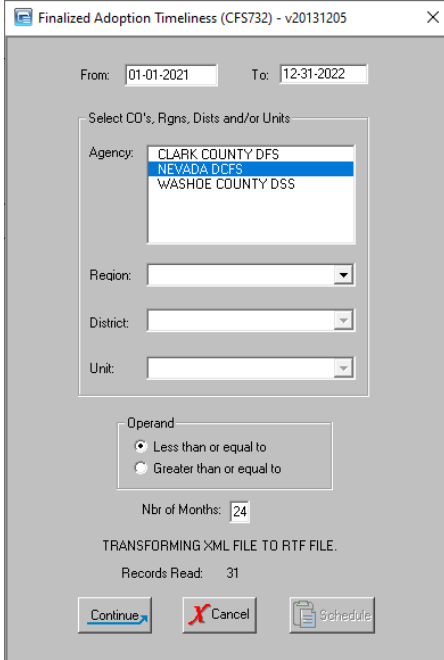
**Performance Target #3: Well Being – Children in foster care will have preventative health screens in accordance with the American Pediatric Periodicity Screening Schedule.**

The Division strives to ensure the identification of physical, emotional, or developmental needs as early as possible and to link children to necessary diagnostic and treatment services in accordance with Nevada's Healthy Kids Program periodicity schedule as set forth by the American Academy of Pediatrics. Early Prevention Screening Diagnostic and Treatment (EPSDT) reports were in development during the baseline data collection identified for this AIP. The reports created a monitoring mechanism to track EPSDTs accurately. This availability of data will allow DCFS to effectively identify barriers in completing EPSDT and implement improvement within the child welfare system. The two reports developed were COG224 and COG225 with the automated report identified as COG209.

The EPSDT Due Date report (COG225 Report) for children currently in foster care began circulating to caseworkers in July 2021 and now distributes automatically (COG209 Report). The COG225 and COG209 reports identify the date when the child needs an EPSDT appointment and an exam, which is generated based on the initial removal date. To assist supervisors in managing EPSDT appointments and exams, a compliance report was also developed (COG224 Report). The report easily identifies the individual workers assigned to the case within 30 days of the initial removal. In addition, the report identifies multiple workers actively involved in a child's case to promote communication between primary and secondary workers. The COG224 Report is also used by leadership to understand historical EPSDT data and performance among staff and as a supportive resource for staff to successfully achieve these health markers.

Staff training on expectations, types of screenings, timeframes, dental and vision requirements, and other preventive health strategies of EPSDTs was developed for children entering foster care. Training will occur during the onset of this AIP, including how to request and interpret an EPSDT report.

DCFS Rural Region Agency Improvement Plan  
01/01/2025 to 01/01/2027

Timeliness to Permanency	Baseline 2024	<u>Performance Targets</u>	<u>2025</u>	<u>2026</u>
<p><b>Performance Target #1:</b> Permanency through adoption achieved by 24 months per ASFA guidelines.</p>	25%	40%		
<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>1. Train all staff on the revised Termination of Parental Rights (TPR) Policy 0514.</li> <li>2. Collaborate with Information Services (IS) to develop reports to track TPR progress from submission of the TPR order by the agency, the timing of 100 percent free to adopt and assess the lapse in time until the judicial order granting adoption.</li> <li>3. The Quality Assurance (QA) unit will review all cases where there is a permanency goal of adoption to ensure the TPR packet is submitted to the TPR attorney within required time frames and all stipulations have been met.</li> <li>4. Attempt to isolate workers to adoption cases only to prioritize children waiting long periods of time to achieve adoption.</li> <li>5. Attempt to assign a secondary adoption worker to cases in which the permanency goal of adoption has</li> </ol>	<p><b>Method of Measurement:</b> Report CFS732 was run for calendar year 2024, for the whole Rural Region with parameter of less than or equal to 24 months.</p> <p><b>Baseline:</b> 25% is the current baseline of cases which achieved permanency by 24 months.</p> 			

## DCFS Rural Region Agency Improvement Plan

01/01/2025 to 01/01/2027

<p>been ordered by the court to assist with consent/relinquishment and adoption related activities. Currently, secondary workers can only be assigned in offices with an adoption social worker. DCFS submitted a bill draft request to widen the pool of qualified staff to perform this function, specifically in offices which may have a social worker vacancy to prevent further delays in consent.</p> <ol style="list-style-type: none"><li>6. Utilize contractors to complete adoption activity tasks to move forward with termination and/or finalize the adoption (social summaries, home studies, TPR, and/or Full Disclosure packets, referrals, consents, and court reports).</li><li>7. Provide on-going education for all staff on TPR Policy 0514.</li><li>8. Train and monitor practice of utilizing permanency goals to drive outcomes.</li><li>9. Require TPR packets be submitted to the TPR attorney within 60 days of order by the court.</li><li>10. Monitor adherence with UNITY TPR window data so accurate reports can be utilized to identify weak links or barriers to timely permanency,</li></ol>	
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## DCFS Rural Region Agency Improvement Plan

01/01/2025 to 01/01/2027

<p>beginning at time of order for TPR to 100 percent free.</p> <ol style="list-style-type: none"><li>11. Quarterly permanency staffing of all cases with a permanency goal of adoption will occur to identify and mitigate barriers to timely permanency.</li><li>12. Adoption caseloads will be prioritized with adoption cases to focus on the most urgent adoption activities.</li><li>13. Secondary adoption workers will be assigned to cases in which the permanency goal of adoption has been ordered by the court. The secondary adoption worker will assist in consent/relinquishment and adoption related activities.</li><li>14. Utilize contractors to complete the required documentation necessary to move forward with termination and/or adoption (to include social summaries, home studies, TPR, and/or Full Disclosure packets etc.).</li></ol>	
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**DCFS Rural Region Agency Improvement Plan**  
01/01/2025 to 01/01/2027

<b>Safety</b>	<b>Baseline 2024</b>	<b><u>Performance Targets</u></b>	<b><u>2025</u></b>	<b><u>2026</u></b>
<p><b>Performance Target #2:</b> Initial Response Times and Persistent Efforts to Locate Families:</p> <ol style="list-style-type: none"> <li>1. CPS report response time met</li> <li>2. Alleged Child Victim seen face to face or Persistent efforts made.</li> </ol>	<ol style="list-style-type: none"> <li>1) 75.1%</li> <li>2) 80.5%</li> </ol>	<ol style="list-style-type: none"> <li>1) 90%</li> <li>2) 90%</li> </ol>		
<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>1. Provide ongoing education to all staff on Nevada Initial Assessment Policy 0508 and the documentation requirements for initial child contact and persistent efforts.</li> <li>2. Provide ongoing support to staff in identifying barriers to meeting response times and identifying and rectifying documentation errors.</li> <li>3. Utilize COGNOS data from the 223 Response Time – Persistent Efforts Oversight report to analyze data semi-annually related to timely response and persistent efforts.</li> <li>4. Provide QA analysis to staff for discussion at management/staff and/or unit meetings.</li> </ol>	<p><b>Method of Measurement:</b></p> <p><b>Baseline:</b> Baseline data calculations taken from UNITY Report, COGNOS 223, for period under review (PUR) January 1 to November 30, 2024.</p> <p>There were 610 reports identified between January 1 and November 30, 2024, and 963 identified child victims. Out of the 610 reports the agency met response timeframes in 458 (75.1%) of the reports. Out of 963 child victims, the agency made initial face to face contact or persistent efforts with 775 (80.5%) victims.</p>			

DCFS Rural Region Agency Improvement Plan  
01/01/2025 to 01/01/2027

Well-Being	Baseline 2024	<u>Performance Targets</u>	<u>2025</u>	<u>2026</u>
<p><b>Performance Target #3:</b> Children in custody will have an EPSDT exam within 30 days of removal from the home (0270 Health Services policy).</p>	65%	85%		
<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>1. All applicable staff will be trained on how to utilize and update the health screen windows in UNITY.</li> <li>2. Monthly review of missing data in COG225/COG209. COG225 will be distributed to case workers weekly (Monday) and monthly to supervisors.</li> <li>3. Staff will run COG224 independently as often as needed to ensure EPSDT are up to date.</li> <li>4. The QA unit will provide Technical Assistance with reports and training as needed. In December, a yearly COG225 (Supervisor Compliance) report will be generated to determine compliance. At least 30 percent of cases not in compliance will be audited to determine the reason why EPSDT appointments did not occur within 30 days.</li> </ol>	<p><b>Method of Measurement:</b></p> <p><b>Baseline:</b> Data calculations obtained from UNITY Report, COGNOS 225 (January 1 to November 30, 2024)</p> <p>The number of youths that entered foster care during the PUR were 105 youths. An initial EPSDT exam never occurred for 34% of the children in custody. Of the 66 percent of children in custody during the PUR that completed an EPSDT within the federal guidelines, 73 percent did not meet the documentation compliance in UNITY within 17 days from removal.</p>			



## Clark County Family Services

121 S. Martin Luther King Blvd., Las Vegas, NV 89106  
Email: [Frank.Prado@ClarkCountyNV.gov](mailto:Frank.Prado@ClarkCountyNV.gov)  
Office: 702-455-5484 | Fax: 702-385-2999 | [ClarkCountyNV.gov](http://ClarkCountyNV.gov)

January 9, 2025

Marla McDade Williams  
Administrator  
Division of Child and Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706

Dear Ms. McDade-Williams,

Pursuant to NRS 432B.216, Clark County Family Services (CCFS) submits the following documents for your review:

1. **2024 Progress summary for 2023 Agency Improvement Plan:** This report provides a detailed overview of the progress made by CCFS towards achieving the performance targets established in our biennial improvement plan.
2. **Clark County Family Services Agency Improvement Plan for 2025 to 2026:** This document outlines the specific strategies we have implemented and plan to implement in 2025 and 2026 to enhance the safety, permanency, and well-being of children under our care. The plan includes measurable goals we aim to achieve by December 31, 2026.
3. **SFY 2024 Child Welfare Incentive Payment Program Results:** This report, previously provided in August 2024, summarizes the outcomes and results of our Agency Incentive Program for the State Fiscal Year 2024.

We believe these documents will provide a comprehensive understanding of our current initiatives and plans for 2025-2026. Should you have any questions or require further information, please do not hesitate to contact me directly.

We look forward to your feedback and continued collaboration.

Regards,

Frank Prado , Director  
Clark County Family Services

**Enclosures:**

1. 2024 Progress summary for 2023 Agency Improvement Plan
2. Clark County Family Services Agency Improvement Plan for 2025 to 2026
3. SFY 2024 Child Welfare Incentive Payment Program Result



## Clark County Family Services

121 S. Martin Luther King Blvd., Las Vegas, NV 89106

Email: [Frank.Prado@ClarkCountyNV.gov](mailto:Frank.Prado@ClarkCountyNV.gov)

Office: 702-455-5484 | Fax: 702-385-2999 | [ClarkCountyNV.gov](http://ClarkCountyNV.gov)

### 2024 Progress Summary for 2023-2024 Agency Improvement Plan

**Safety Performance Target:** Children will be safely maintained in their homes whenever possible.

#### Public Input:

- **Legal Aid of Southern Nevada (LASN) / Children's Attorney Project (CAP):** Stakeholders expressed concerns regarding the referral of children to guardianships without appropriate legal representation or court intervention. Additionally, they raised concerns of families being inappropriately directed towards NRS 159 Guardianships to avoid agency involvement.
- **SEIU Representatives:** Feedback highlighted that high staff caseloads are impacting the quality of family assessments, delayed permanency and/or reunification, and timely case closures. Additionally, they indicate their members report increased reliance of overtime and decreased ability to provide adequate oversight and support.

#### Strategies:

1. Partner with a third-party evaluator to develop robust data collection methods.
2. Track Safe@Home services over time to monitor the duration and intensity of services provided by the program.
3. Use ChildStat meetings to observe outcomes of children and families receiving family-specific safety and/or prevention services in their home.
4. Monitor safety outcomes through agency data and ChildStat reporting for all children exiting care to reunification, guardianship, and adoption.
5. Monitor workloads for case workers.

Review the CCFS Intake Assessment Process for initial screening decisions and the need for agency intervention versus diversion or prevention.

### **Progress and Efforts to Date:**

- In response to concerns raised by LASN and CAP, CCFS partnered with the 8th District Family Court to pilot a program for children without legal caregivers. This program was designed to support relatives or individuals deemed in a fictive kin relationship with minors to pursue legal guardianship through the court process, thereby ensuring appropriate legal representation and court intervention. However, since program implementation, we have determined there are not enough cases to warrant a full team dedicated to this purpose, so the program will be dissolved.
- To address the feedback from SEIU representatives regarding high staff caseloads, CCFS developed strategies to monitor staff workloads and balance caseloads effectively, to improve the quality of family assessments and case management. In the summer of 2024 CCFS began a pilot study to test if a weighted case assignment system at NIA could balance NIA case load by complexity of case, rather than a rotational system based solely on case volume. The pilot began in two zones and has been incrementally rolled out across the field zones.
- In the summer of 2023, CCFS partnered with Kaye Implementation and Evaluation to submit a grant proposal to OCME. Although we were not awarded the grant, the application process brought to light a need to increase the use of Safe@Home and to collect additional data regarding the program. Doubling down on these efforts, CCFS established an agency incentive goal in both SFY24 and SFY25 to increase the number of families referred to Safe@Home. We are proud to report that we met our benchmark for SFY24 and have surpassed SFY24 performance to date in SFY25.
- In 2023-2024, internal data review and data from the Capacity Building Center for States revealed that Clark County screens more P3 reports than other areas in Nevada, with many resulting in unsubstantiated findings. Given our high caseloads, we explored reducing P3 report volumes by diverting appropriate cases to community prevention services. In 2024, we contracted a third-party vendor to analyze the data further and provide a plan for redirecting these cases from hotline reports to community prevention referrals. We anticipate a pilot project will be underway soon.
- Throughout 2023 and 2024, CCFS conducted monthly ChildStat sessions. Our ChildStat process focuses on both NIA and Permanency programs to observe baseline and progress toward goals and to identify root causes behind removals, with a specific focus on addressing racial disparities in the experiences of children and families served by both NIA and Permanency interventions.
- In 2024 CCFS Red Team began exploring racial disparities within CCFS. They are currently conducting a blind study to evaluate how race and implicit bias may impact intake decisions and disproportionately affect families of color.

**Permanency Performance Target:** Reduce institutional barriers to timely adoption.

### **Public Input:**

- Community feedback from foster parents, families and children, emphasized the need to streamline adoption processes and reduce delays, which often result in extended timeframes for children to find permanent homes.

### **Strategies:**

1. Decentralize adoption into geo-zones.
2. Crosstrain adoption and permanency staff.
3. Streamline internal processes and workflows.
4. Continue referring children to the Permanency Round Table group.

5. Explore technology enhancements to improve recruitment efforts.
6. Evaluate recruitment efforts for the best return on investment and expand upon those as feasible.
7. Continue collaboration with to reduce internal workload.

### **Progress and Efforts to Date:**

- In response to stakeholder concerns, CCFS focused on reducing institutional barriers to timely adoption by decentralizing adoption processes into geo-zones, cross-training staff, and collaborating with Raise the Future to minimize internal workload.
- In 2023, CCFS reorganized adoption teams into individual geo-zones, promoting effective communication and cross-training between staff. We are still collecting outcome data regarding timeliness to adoption since the re-organization. Initial impressions indicate that moving cases through permanency to adoption has become more efficient. Staff report improved responses, better understanding of team interconnectedness, clearer expectations and a reduction of backlog.
- Encouraging cooperation between Family Services Technicians (FST), CCFS caseworkers and Shining Star to coordinate collection of relevant documentation, family history etc. for social summaries has shown improvements in both timeliness and quality of these required documents.
- In August 2023, CCFS launched the "Find My Forever" campaign, to recruit adoptive parents. Efforts include using professional photographs and media appearances on air, and on the *Find My Forever* website. Since its inception, we have received 130 inquiries from families and 41 children have been matched with an adoptive family.
- CCFS continued its collaboration with Raise the Future, connecting youth with advocates dedicated to recruiting adoptive homes for legally free children.
- Permanency Round Tables (PRT) remain a cornerstone for identifying permanent homes for children who have been in out-of-home care for extended periods. In 2023 we completed 56 PRT, and 64 PRT in 2024.

**Well-Being Performance Target:** Expand resources for children with mental and behavioral health concerns.

### **Public Input:**

- From public meetings with Citizens Advisory Committee, and ongoing collaboration with Children's Attorney Project and CASA we discussed our shared concerns about the increasing number of children with significant mental or behavioral health needs entering foster care and the lack of appropriate resources to meet their needs.

### **Strategies:**

1. Collaborate with community partners to create and enhance QRTP services.
2. Develop therapeutic and placement resources for children with significant well-being needs who do not require acute or residential psychiatric care.
3. Expand intervention programming and services to target families and children at risk of entering the child welfare system due to unmet developmental or mental health needs.

## Progress and Efforts to Date:

- In response to concerns about the mental and behavioral health needs of children entering foster care, CCFS developed strategies to collaborate with community partners, to create therapeutic and placement resources, and expand intervention programs to better serve these children and prevent unnecessary placement disruptions.
- Internally, CCFS reorganized management so that placement, medical, and clinical teams all report to the same manager. This helps to foster a holistic approach to child well-being when selecting placements.
- Created a Clinical Placement Intervention Team to assess and support children with mental health concerns, which meets twice per month.
- Weekly multi-agency team meetings to staff cases regarding children with complex needs that may be impacting placement, and placement stability. Representatives from CCFS Clinical and placement team, Caseworkers, Children Attorney Project, Desert Regional Center, and CASA are in regular attendance.
- CCFS was awarded a Federal SAMHSA Grant to fund an expansion project from October 1, 2023, through September 30, 2027, aimed at serving children and youth aged 0 to 21 affected by serious emotional disturbance (SED). In, 2024 CCFS, met 75 youth and families, hired a project director and a lead family coordinator. We stood up monthly parent support and are exploring feasibility of peer-to-peer support groups.
- In 2024 we maintained partnership with Healthy minds for Partial Hospitalization Programs and Intensive Outpatient Programs.
- We implemented Family Stabilization supports that include Parent Child Interaction Therapy for families with children up to age 7, and child and family centered therapy for families with school-aged children.
- CCFS continues to partner with DCFS RRCW and WCHSA to review and revise NAC 432B Regulations and NAC 432A Licensing requirements for QRTP placements.
- Over the past year, CCFS partnered with 2 community providers and expanded QRTP bed capacity by 50% for youth with complex mental and behavioral health needs.
- Prudent Parent Standards and associated policy and procedure were disseminated to all staff in December 2024.
- CCFS has engaged with Magellan Health Services to begin care coordination, including respite, peer-to-peer support, intensive in-home services, and wrap-around services. In 2024 we referred 184 cases for services.



## Clark County Family Services

121 S. Martin Luther King Blvd., Las Vegas, NV 89106

Email: [Fran.Prado@ClarkCountyNV.gov](mailto:Fran.Prado@ClarkCountyNV.gov)

Office: 702-455-5484 | Fax: 702-385-2999 | [ClarkCountyNV.gov](http://ClarkCountyNV.gov)

### Clark County Department of Family Services 2025-2026 Agency Improvement Plan

Pursuant to NRS 432B.216, Clark County Department of Family Services (CCFS) hereby submits its current progress and improvement plan for calendar years 2025 through 2026. This plan includes specific measures and strategies for improving the safety, permanency, and well-being of children receiving services from CCFS.

DFS conducted regular meetings with the Citizens Advisory Committee, the Policy and Fiscal Affairs Committee, and the Service Employees International Union Local 1107 for input regarding the initiatives associated with the child welfare agencies.

**Safety Performance Target:** Children will be safely maintained in their homes whenever possible.

#### Strategies:

1. Monitor safety outcomes through agency data and Child Stat reporting for all means by which children exit care, including prevention, reunification, guardianship, and adoption.
2. Monitor staff workloads for family assessments.
3. Review the CCFS Intake Assessment Process for initial screening decisions and the need for agency intervention versus prevention.

#### Goals to be achieved by December 31, 2026:

1. Achieve a 10% reduction in the number of children re-entering care within 12 months of exit.
2. Establish a process to refer families from intake to community-based intervention/prevention programs.



## Clark County Family Services

121 S. Martin Luther King Blvd., Las Vegas, NV 89106

Email: [Fran.Prado@ClarkCountyNV.gov](mailto:Fran.Prado@ClarkCountyNV.gov)

Office: 702-455-5484 | Fax: 702-385-2999 | [ClarkCountyNV.gov](http://ClarkCountyNV.gov)

**Permanency Performance Target:** Decrease the median number of days children remain in congregate care.

### Strategies:

1. Continue weekly report out of ongoing placement efforts with staff and management.
2. Conduct oversight of family engagement by means of completed family assessments.
3. Continue targeted recruitment efforts for placement with families and agency foster homes.

### Goals to be achieved by December 31, 2026:

1. Reduce the median number of days children remain in congregate care (excluding residential treatment centers, hospitals, and detention or correctional facilities) by 20%.
2. Increase the percentage of NIA and PCFA completed on-time (per agency policy) by 10%.

**Well-Being Performance Target:** Expand resources for children with mental and behavioral health concerns.

### Strategies:

1. Track prevention efforts through Clark County Clinical and Community Services for prevention and other safety service programs, including but not limited to: Foster Kinship, Safe@Home, The Harbor, and other prevention service providers.
2. Work with agencies licensed for Higher Level of Care and Special Needs Homes to ensure children are timely placed based on the bed availability report.
3. Collaborate with Clark County Clinical and Community Services to meet children's mental and behavioral health needs.

### Goals to be achieved by December 31, 2026:

1. Increase the number of children referred to prevention programs by 25%.
2. Achieve an 80% placement rate within 30 days of identifying the need for Higher Level of Care or Special Needs Homes.
3. Ensure 80% of children identified with mental and behavioral health needs have an individualized care plan developed within 30 days of assessment.



togetherforbetter

## Family Services

121 S. Martin Luther King Blvd., Las Vegas, NV 89106

Email: [Jill.Marano@ClarkCountyNV.gov](mailto:Jill.Marano@ClarkCountyNV.gov)

Office: 702-455-5484 | Fax: 702-385-2999 | [ClarkCountyNV.gov](http://ClarkCountyNV.gov)

August 21, 2024

Marla McDade Williams, Administrator  
State of Nevada  
Department of Health and Human Services  
Division of Child and Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706

**RE: Clark County Family Services  
SFY 2024 Child Welfare Incentive Payment Program Results**

Dear Ms. McDade Williams,

Pursuant to NRS 432B.2175 Clark County Department of Family Services respectfully submits for your review the results of the Incentive Payment Program for State Fiscal Year 2024.

As indicated in the application, Clark County established the following goals in SFY24:

**Incentive Goal 1: Increase post-adoption and post guardianship support services**

During SFY 2024 CCFS, partnered with a local community provider, Foster Kinship to provide post adopt and post guardianship support services. Services provided include peer support groups, respite and day care assistance, organized play dates, mental health assessments and family therapy, and referrals for behavioral health consultations. For the period of July 01, 2023, through June 30, 2024, 630 families were referred for post-adoption/post-guardianship support services.

**SFY2024 Performance:**

**Amount Allotted:** \$1,750,000

**Amount Entitled:** \$1,750,000

CCFS asserts that this goal has been achieved and is therefore entitled to the full amount allotted.

## Incentive Goal 2: Decrease barriers to foster parent licensing

Beginning in July 2023 CCFS completed 6 sessions of expedited foster parent training. From these training, 37 households successfully completed the training and 26 were licensed.

**Established Benchmark:** 20 families will successfully complete accelerated foster parent licensing

**SFY24 performance:** 26 households were licensed via expedited training.

**Amount allotted:** \$1,750,000

**Amount entitled:** \$1,750,000

Clark County Family Services asserts that this goal has been achieved and is therefore entitled to the full amount allotted.

## Incentive Goal 3: Increase the number of families served in their homes via Safe@Home

**Established Benchmark:** 4% increase in families referred to Safe@Home program during SFY2024. Based upon 2023 baseline this is at least 48 referrals.

**SFY24 performance:** Between July 01, 2023, and June 30, 2024, 52 families were referred to Safe@Home, which is an increase of 13% from the prior year.

**Amount allotted:** \$1,750,000

**Amount entitled:** \$1,750,000

Clark County Family Services asserts that this goal has been achieved and is therefore entitled to the full amount allotted.

Clark County Family Services is proud to report these results, and based upon the above performance CCFS is entitled to the full incentive award of \$5,250,000. We look forward to future cooperation to improve outcomes for children and families in Clark County.

Regards,



Jill Marano  
Director



# WASHOE COUNTY HUMAN SERVICES AGENCY

CHILDREN'S SERVICES  
350 S. CENTER STREET  
RENO, NEVADA 89501  
PHONE: (775) 785-8600  
FAX: (775) 785-8648

December 18, 2024

Ms. Marla McDade Williams, Administrator  
Division of Child and Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706

Dear Ms. McDade Williams:

The following information outlines the closeout of the Washoe County Human Services Agency (WCHSA) Agency Improvement Plan (AIP) for FY23/24, as required by NRS 432B.216. This comprehensive plan focused on two key areas, each of which had a direct and meaningful impact on children and families in Washoe County: Continuous Quality Improvement (CQI) and foster parent recruitment and retention. These areas were selected in alignment with the strategic priorities identified by both internal and external child welfare partners. The closeout of this plan marks a significant step toward improving the well-being of children and families in Washoe County.

### **Goal 1: Enhance WCHSA's CQI Processes**

As discussed in WCHSA's FY 23/24 AIP, WCHSA has been focused on enhancing our use of CQI Processes. Please see the final report on each of the seven objectives presented in our AIP below.

### **Expected Outcomes:**

WCHSA will fully implement the NIA Programmatic Case Reviews and the System Safety Review Process. Case Workers and Supervisors will become more comfortable providing CQI information that relates to human factors and conditional factors that influence their decision making.

### **Objectives:**

1. Finalize a comprehensive CQI Policy, which outlines the NIA Programmatic Review processes, including the Collaborative Safety System Safety Review (SSR) process.

#### *Final Update:*

The WCHSA CQI Team finalized and implemented the Continuous Quality Improvement (CQI) Policies and Procedures in February 2023. Since then, we have terminated our agreement with Collaborative Safety and joined the National Partnership for Child Safety (NPCS), where we will be adopting the Safe Systems Improvement Tool (SSIT). While the NPCS model closely mirrors the Collaborative Safety model, some adjustments to our existing processes and policies will be necessary to fully align with the new approach.

We are currently awaiting a legal opinion regarding the confidentiality of our critical incident review process. Once we receive this analysis, we will update our CQI policies to ensure compliance with the NPCS model and address any confidentiality considerations.

2. Finalize the Nevada Initial Assessment (NIA) Programmatic Review Tool, which includes finalization of review questions, build out of review tool in Qualtrics and creation of a NIA Case Review Report to be used during feedback sessions with staff or human factors debriefing sessions when the SSR process is used.

*Final Update:*

The NIA review instrument was finalized and integrated into Qualtrics, our Experience Management software. NIA case reviews began in March 2023 and concluded in May 2024. As of that time, 64 cases have been reviewed. After each case review, the Assessment Worker was offered an optional feedback session. Participation in these sessions was entirely voluntary for the Assessment Worker, who could choose to decline, and was given the option to include their supervisor for added comfort and support.

During the feedback meetings, Assessment Workers and Supervisors had the opportunity to ask questions, provide additional context, and share insights that could influence the review process and its outcomes. Case Reviewers also had the opportunity to identify and explore any systemic barriers that may have impacted case ratings. If the Assessment Worker and Supervisor provided information that warranted a change, the rating for a given item could be adjusted accordingly. Case Reviewers followed the standards set forth in the Federal Child and Family Services Review (CFSR) Onsite Review Instrument when evaluating cases and determining whether the rating should be revised based on new information.

This approach has allowed us to engage staff and supervisors directly in the case review process, ensuring that our Continuous Quality Improvement (CQI) system is integrated throughout the agency rather than being siloed within the CQI or leadership teams. We believe this collaborative model has strengthened our use of CQI, fostering a more inclusive and responsive system for improving practices and outcomes.

3. Utilize the Collaborative Safety System Safety Review process when learning points are identified by the CQI Team through Nevada Initial Assessment (NIA) Programmatic Reviews.

*Final Update:*

WCHSA conducted one human factors debrief following a critical incident but has not yet initiated systemic mapping. During a debrief with leadership and the legal team, concerns were raised by our Deputy District Attorney (DDA) regarding the confidentiality of critical incident reviews. In response, WCHSA has requested a legal opinion from our Counsel to clarify the potential liabilities associated with conducting critical incident reviews, compared to the risks of not engaging in quality improvement reviews after such incidents.

As part of this request, our CQI Coordinator recommended the establishment of a CQI-focused Child Death Review Team. This team would be designed to ensure that the confidentiality protections outlined in NRS 432B are upheld during any review of a child fatality. WCHSA will proceed once the opinion is received.

In November 2023, WCHSA began collaborating with the National Partnership for Child Safety (NPCS), a new Safety Science Technical Assistance provider through Casey Family Programs. Our CQI and leadership teams have participated in several NPCS Technical Assistance groups, and we are actively working to refine our processes to better align with NPCS's best practices and recommendations.

4. Complete at least one (1) NIA Programmatic Review for each Assessment Worker and provide feedback and gather information to more fully assess the human factors, conditional factors and contextual factors that influence decision-making in the Assessment program area.

*Final Update:*

The last NIA Programmatic Review was conducted in May 2024. There was a total of 64 case reviews conducted and 100% of the Assessment Workers had a least one case reviewed.

5. Conduct analysis of aggregate NIA Programmatic Review findings and present for discussion during ChildStat.

*Final Update:*

In July 2023, the Coordinator of the Continuous Quality Improvement (CQI) Unit presented the findings of the Washoe County Child and Family Services Review (CFSR), highlighting results for Safety Items 1, 2, and 3 from the NIA programmatic review. The presentation covered both the strengths and areas needing improvement identified in the CFSR and the NIA programmatic review, providing a broad overview of the findings.

In September 2023, raw data, specifically related to policy and model adherence, was reviewed with the two Assessment Coordinators. Based on this analysis, a plan was developed for presenting the findings to the Assessment Supervisors in November 2023. Each Assessment Coordinator and Supervisor also received an aggregate report summarizing the review results for their respective units.

During the November 2023 meeting, the CQI Coordinator shared comprehensive data with Assessment Supervisors and Coordinators, covering all sections of the review, including policy and model adherence, as well as the ratings for Safety Items 1, 2, and 3.

6. Gather baseline and post review survey data from affected case workers and supervisors to determine effectiveness of review processes and impacts on psychological safety in the workforce related to CQI Processes.

*Final Update:*

In November 2023, a post-review survey was conducted with Assessment Workers to gather feedback on their experiences with the review process. The survey included both open- and close-ended questions designed to assess not only how workers felt about the

process, but also the reasons behind their feelings. For instance, one question asked whether the Assessment Worker found the review process helpful, with response options of "yes" or "no." Respondents were then invited to elaborate on their answers, explaining why they felt the process was helpful or not.

The survey also included questions about the worker's interest in participating in future feedback meetings, whether they felt their participation in the feedback process was voluntary, and inquiries about their case reviewer, including whether they had any feedback regarding the reviewer. These questions aimed to explore the psychological safety aspects of the case review process.

The survey was distributed to 31 Assessment Workers, and 14 responses were received, providing valuable insights into the effectiveness and impact of the review process.

7. Complete an analysis of survey data to help inform continuous quality improvement of the case review process and improve the review experience for case workers and supervisors.

*Final Update:*

In December 2023, the CQI team responsible for the case review process met to analyze the survey results from Assessment Caseworkers. Overall, the feedback was positive, with the majority of respondents indicating that they found the review experience helpful (11 out of 14 workers). Qualitative responses highlighted the value of the process, with comments such as, "The reviewer was clear in her answers and reached out as needed," and "It is helpful to see how cases are reviewed and what improvements can be made."

Seven Assessment Workers indicated they were somewhat or extremely likely to participate in future debriefings, while four reported being neutral (neither likely nor unlikely). When asked if they believed their contributions would be valuable to the agency, responses were mixed. On average, workers felt that their input could be helpful, although some were unsure of its impact.

Assessment Workers also provided constructive feedback on how to improve the process. Suggestions included creating a way for Assessment Workers to indicate when a case may be atypical or unsuitable for review, as well as simplifying and shortening the review tool to make it easier to digest and understand.

## **Goal 2: Improve Foster Parent Recruitment and Retention**

As discussed in WCHSA's FY 23/24 AIP, WCHSA has been focused on improving Foster Parent recruitment and retention. Please see our final update on each of the five objectives presented in our AIP below.

### **Expected Outcomes:**

WCHSA will incorporate feedback from our foster parents into our policy, procedures, and processes to ensure foster parents' needs are being met which will lead to greater foster parent retention and 20% more foster beds.

### **Objectives:**

1. Write a thorough Foster Care Licensing and Recruitment Policy Manual section to formalize procedures and processes.

#### *Final Update:*

The following sections of our Foster Care Licensing and Recruitment Policy Manual have been completed:

- A revised Quality Parenting Standards Manual for licensed foster parents
- An updated Respite Policy
- A new policy section on Placement with Relatives and Fictive Kin
- The Employee Foster Care and Adoption Policy
- An Instructional Memorandum to formalize the process for establishing an Extraordinary Needs Rate (ENR) for youth in foster care
- An Instructional Memorandum for Incident Reporting

Additionally, the Licensing Violation Investigation Policy is scheduled for finalization by the end of 2024. WCHSA is in the process of developing policies for Relative and Kinship Foster Care Licensing, the Home Study Process, and Consenting to Medication and Medical Care for Children in Foster Care.

2. Conduct quarterly agency wide discussion of foster parent recruitment and retention data at ChildStat.

#### *Final Update:*

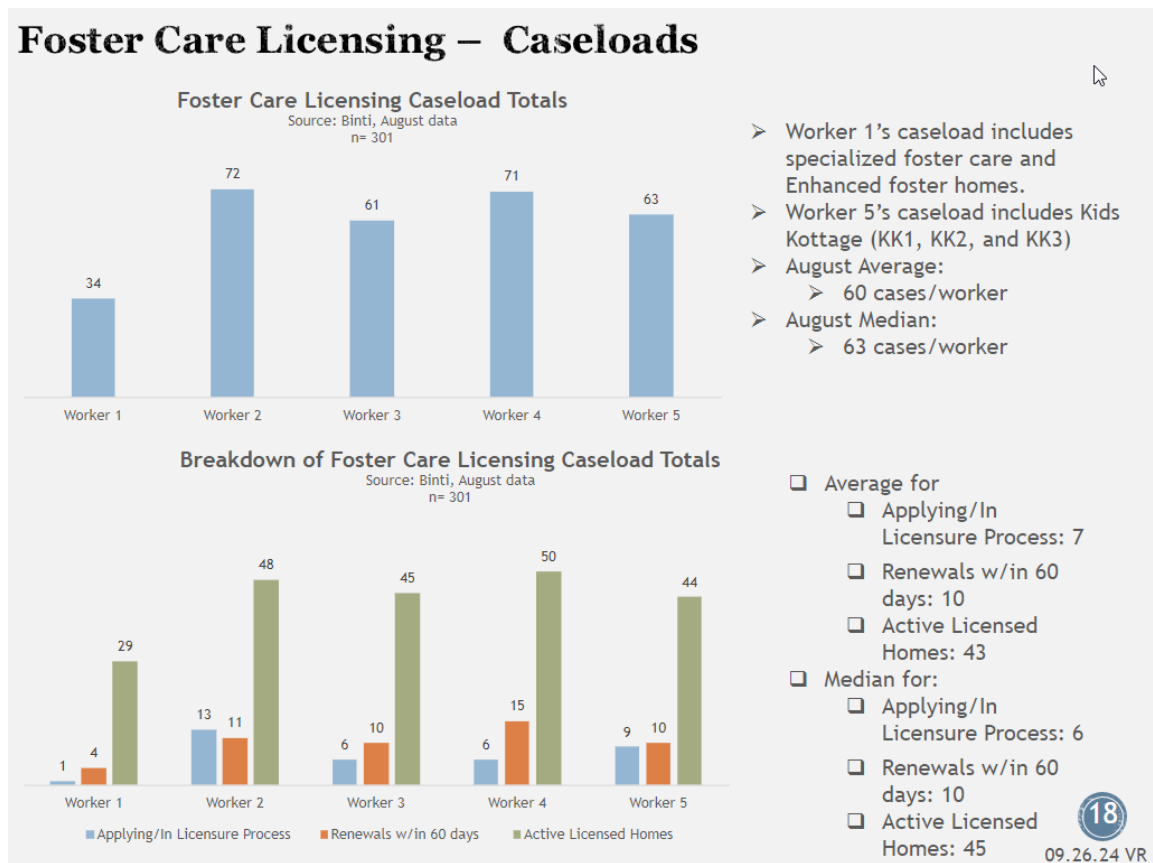
ChildStat is an open forum where WCHSA staff engage in discussions centered around data relevant to specific program areas. As part of this process, WCHSA has successfully reported on foster parent recruitment and retention data on a quarterly basis. These discussions have played an important role in raising awareness within the agency of the importance of foster parent recruitment and retention as well as helping to identify trends and challenges in foster parent recruitment and retention. By continually reviewing this data, the forum

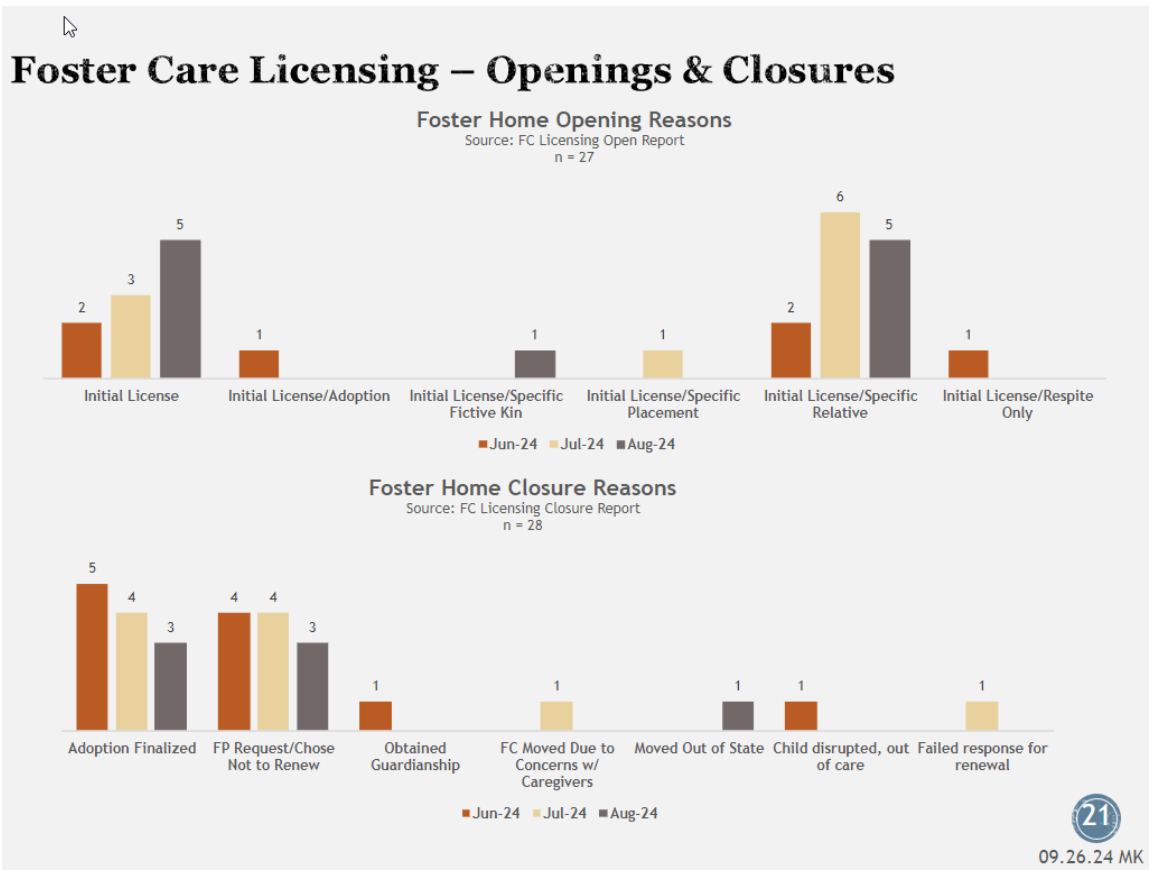
has provided valuable insights, enabling WCHSA to better address the evolving needs of foster home providers and refine strategies to enhance both recruitment and retention efforts.

The following data is shared during ChildStat:

- Licensure movement, including how many foster care licenses were issued versus closed in the reporting period;
- Number of families that are on hold or on break;
- Number of foster care applications received;
- Foster care licensing casework caseload totals;
- Bed openings and closings, total and by reason;
- Timeliness to licensure with each touchpoint along the way;
- Placement disruption rates;
- Placement support services provided; and,
- Any trends seen within any of these data points.
- Additionally, the results from the Foster Parent Exit Survey are shared twice per year.

Here are a few examples of slides pertaining to foster care recruitment and retention from the most recent ChildStat presented in September 2024.





3. Provide ongoing opportunities for foster parents and caseworkers to build relationships via roundtable discussions, question and answer sessions, and education sessions.

*Final Update:*

Foster parents have taken on an active role in policy review and development through their participation in the Resource Parent Advisory Committee. As part of this engagement, the Quality Parenting Initiative (QPI) and the Kinship Liaison facilitate a monthly support group for resource parents. These sessions are structured to provide both educational content and a platform for questions and answers. The educational component addresses key aspects of the foster parent role, such as navigating licensing investigations, and also covers a wide range of topics across different program areas within WCHSA, including transportation assistance, clinical support services, and permanency planning.

The monthly support groups are offered in both English and Spanish, ensuring accessibility for a diverse group of foster parents. These gatherings have not only fostered a strong sense of peer support among participants but have also helped resource parents develop a deeper understanding of child welfare policies and practices. This enhanced knowledge has, in turn, contributed to more collaborative and productive working relationships between foster parents and WCHSA.

In addition to these monthly meetings, various events have been organized by WCHSA to further strengthen connections and foster relationship-building between foster parents and WCHSA staff. These events, such as holiday gatherings, splash pad days, nature walks, and others, have created valuable opportunities for informal interaction and community-building, further enriching the overall foster care experience.

4. Utilize increased funding to support foster parent retention; additional funding will support the cost of incidentals and activities for youth, caregivers, and the family unit to have opportunities for social-emotional development, connection, bonding-and self-care.

*Final Update:*

Over the past year, WCHSA allocated Adoption Savings funding to support youth, foster families, and post-adoptive families through the Washoe Adoption and Foster Families Life Enhancing Subsidy (WAFFLES) program. In FY 2024, we served 187 families and approximately 235 children within our community through both stipend support and direct services.

In 2023, WCHSA proudly launched the Foster Connect Program, an initiative designed to support foster and adoptive parents by offering them special discounts and services at local businesses. This program aims to ease the financial burden on these families while fostering a sense of community and support. Since its inception, the program has continued to grow and expand, with a focus on strategically reaching out to businesses that are frequently visited by foster and adoptive families within their neighborhoods. Through these efforts, WCHSA has cultivated partnerships with local businesses that are committed to making a positive impact on the lives of foster and adoptive parents.

By providing valuable incentives, the Foster Connect Program not only benefits families but also strengthens the bond between local businesses and their communities. We are excited to see the program expand and engage more businesses, ensuring that foster and adoptive parents have access to resources and discounts that can help them navigate the unique challenges they face. Currently, the following businesses are participating in our Foster Connect Program:

BUSINESS NAME	TYPE OF DISCOUNT
Buenroetro Legacy	Our cost price for necessity, home items
Frost Giant Creamery	Free pint of ice cream (1 per foster child per month)
Cold Stone Creamery	Buy 1 get 1 free
Sierra Nevada Landscapes	Landscape Maintenance Services
Reno Food Systems	Farm Fresh Food
CPR-LIFE	Teaching CPR & First Aid
ACE Mira Loma, LLC	10% *some exclusions may apply
Beyond the Spectrum, LLC	discount on online website
FosterED Connection	Provide comprehensive educational advocacy and life skills to foster children

Additionally, please find attached a double-sided information card we provide for businesses that can be displayed or provided in the form of a table tent and a window cling to display on their storefront window or at their cash stand, helping foster parents easily identify businesses affiliated with the program.

5. Hire a Human Services Program Specialist whose role will be to provide support to foster parents and act as a liaison to communicate with workers and other key agency staff, assist with recruitment and retention strategies, and research best practice approaches used in other states to increase the number of resource parents in Washoe County and improve retention.

*Final Update:*

WCHSA hired a Human Services Program Specialist that provided direct support to the WAFFLES initiative by assisting with the processing of requests to meet the needs of children and foster families. WCHSA has assigned a Human Services Program Specialist within the Continuous Quality Improvement (CQI) unit to complete a few of the policy needs outlined above and a Human Services Caseworker III who works within the Foster Care Licensing Unit to the remainder.

In 2024, WCHSA restructured its foster care services unit to establish the SPARK (Support, Placement, Advocacy, Retention, Kinship) team. Comprising five Human Services Caseworker III's and one Human Services Supervisor, the SPARK team is dedicated to supporting foster parents throughout their journey. The team provides assistance during the onboarding process, conducts needs assessments after a child is placed in a foster home, and maintains ongoing support through regular caregiver check-ins to monitor their well-being. In addition to connecting foster parents with vital services, the SPARK team offers a compassionate listening ear and serves as a liaison between foster parents and caseworkers, ensuring clear communication and addressing any concerns that may arise.

Thank you for allowing us to provide you with our final update on our activities and progress to close our FY 23/24 AIP.

Sincerely,



Ryan Gustafson, LMFT, Agency Director

CC: Betsey Crumrine, DCFS  
Cara Paoli, WCHSA  
Tammi Williamson, WCHSA  
Steve McBride, WCHSA  
Stacey Lance, WCHSA  
Kimberly Martin, WCHSA

Attachment: Foster Connect Outreach Card  
5x5 Foster Connect Window Cling



HUMAN SERVICES  
AGENCY



# Have A Heart Washoe

Foster ♥ Adopt ♥ Mentor

Our mission is to provide safe and stable foster and adoptive homes for children and teens in Washoe County Foster Care. These kids have been through so much, and deserve to live in a loving and caring environment.

Matching kids with the perfect family that suits their needs is our ultimate goal; however, achieving our goal cannot be done without the support of amazing people like you!

Scan the QR Code to learn more about how you can get involved with Have a Heart Washoe.

Scan Me.  
Learn More.



[HaveAHeartWashoe.us](http://HaveAHeartWashoe.us)



HUMAN SERVICES  
AGENCY

# Foster Connect

**Building Resilient  
Families, Together.**

On average, more than half of foster parents leave fostering within the first year. No matter how many wonderful families step up with big hearts and good intentions, there are never enough to meet the need.

Have a Heart Washoe's Foster Connect Program would love to partner with local businesses like yours to help support foster children and families in our community.

Scan the QR code to learn more about the Foster Connect Program and the various ways your business can make a significant impact by offering essential support.



**Scan Me.  
Learn More.  
Sign Up.**



[HaveAHeartWashoe.us](https://HaveAHeartWashoe.us)



Building Resilient Families, Together

We Support Local Foster Families

# Foster Connect



We Support Local Foster Families

Building Resilient Families, Together



# WASHOE COUNTY HUMAN SERVICES AGENCY

CHILDREN'S SERVICES  
350 S. CENTER STREET  
RENO, NEVADA 89501  
PHONE: (775) 785-8600  
FAX: (775) 785-8648

December 4, 2024

Ms. Marla McDade Williams, Administrator  
Division of Child and Family Services  
4126 Technology Way, 3rd Floor  
Carson City, NV 89706

Dear Ms. McDade Williams:

The following information represents the Washoe County Human Services Agency (WCHSA) Agency Improvement Plan (AIP) for FY25/26 pursuant to NRS 432B.216. This AIP involves the development and expansion of one critical area having direct impact on children and families in Washoe County: the use of Alternative Response to provide prevention services to families with low to moderate risk. The AIP focuses on the overarching goal prioritized by key internal and external child welfare partners.

## **Goal 1: Enhance WCHSA's use of Alternative Response for preventative services.**

Differential Response (DR) provides an alternative to a traditional investigative response for low to moderate risk reports of child abuse or neglect. This approach focuses on engaging families to assess their needs and connect them with services, such as substance abuse treatment and mental health counseling, without first investigating the report of child abuse or neglect.

Since 2006, WCHSA has been providing Differential Response (DR) services to children and families in Nevada as part of the state's DR pilot program. In alignment with Nevada's vision for DR, WCHSA initially partnered with a local resource center to deliver services to families in Washoe County. Families who were referred to our Intake Hotline were assessed based on screening criteria outlined in the statewide DR policy and subsequently referred to our community partners for support.

More than five years ago, WCHSA recognized the need to bring the DR program in-house for more direct oversight and service delivery. As a result, we established an internal DR Unit, supervised by a Human Services Supervisor with expertise in the SAFE Practice Model. The unit is staffed with Case Managers who receive the same specialized training as our Assessment Case Managers, ensuring comprehensive oversight and promoting the safety and well-being of the children and families we serve through DR.

As part of the statewide planning for Nevada's federal five-year Child and Family Services Plan (CFSP) in 2024, the state identified expanding the use of Differential Response (DR) as a key priority to strengthen the service array for children and families. The state's Child and Family Services Review (CFSR) includes the following objective related to DR:

*Strategy 3 Objective: By year five, there will be an increase in the use of standardized differential response in Nevada to provide support to families who need resources and services to prevent children from entering foster care.*

To do this, DCFS is committed to:

- Developing a statewide understanding of and plan for DR.
- Creating a statewide Policy and any needed training or support for this policy.
- Renewing funding sources as needed to support DR statewide.
- Creating a Continuous Quality Improvement process for DR.

WCHSA aims to leverage our FY 25/26 AIP to expand the use of Differential Response (DR) within Washoe County and create an enhanced Alternative Response program, specifically targeting children and families with low to moderate risk who can benefit from prevention services. This initiative will build upon the progress made by the State through the implementation of the CFSP as well as build upon our progress implementing our Families First Prevention Services Plan (FFPSA). Our plan includes adding new positions to the DR unit, providing specialized case management services, and adopting three distinct pathways for Alternative Assessments, which will include:

1. **Differential Response (DR):** This pathway focuses on addressing parental behaviors that present significant risks but have not yet resulted in abuse or neglect, enabling early intervention and prevention efforts.
2. **Prevention Services:** This pathway focuses on assessing risk within the family unit, specifically addressing issues related to inadequate community or family resources.
3. **Commercial Sexual Exploitation of Children (CSEC):** This pathway involves collaboration with the local Human Exploitation and Trafficking Squad (HEAT) to provide specialized services for children and families impacted by trafficking.

#### **Expected Outcomes:**

WCHSA will expand our Alternative Response Unit to offer targeted preventative services for families identified as presenting low to moderate risk. These families will benefit from comprehensive assessment and tailored service provision aimed at addressing underlying challenges and reducing identified risks. By proactively intervening at an earlier stage, we aim to strengthen family functioning, enhance child well-being, and prevent the escalation of issues that could lead to more serious involvement with the child welfare system. This expansion will ensure that families receive the support they need to thrive, while minimizing the need for more intensive interventions.

#### **Objectives:**

Phase 1: Evaluation of Current Program

1. Establish an evaluation team
2. Develop clear evaluation criteria

3. Conduct a thorough evaluation and assess findings

Phase 2: Policy Development for Expanded Program

1. Identify key policy needs and gaps
2. Draft and finalize WCHSA internal policies for the expanded program

Phase 3: Planning for Implementation

1. Develop a comprehensive implementation plan
2. Create and execute a training program for staff

Phase 4: Implementation of Expanded Alternative Response Program

1. Launch the expanded program (targeted for July 2025)
2. Provide ongoing support and continuous monitoring
3. Make adjustments and improvements as needed

Phase 5: Evaluation of the New Program

1. Develop a robust evaluation framework
2. Collect relevant data for program assessment
3. Analyze data to measure effectiveness
4. Plan for continuous quality improvement based on findings

**Public Input:**

WCHSA has been actively involved in statewide planning for the DR program in Nevada, including working with the DCFS-Family Programs Office, DCFS-Rural Region, Clark County Department of Family Services and the Court Improvement Program Officer of the Nevada Court Improvement Program for the development of the CFSP. Additionally, WCHSA has participated in the statewide workgroup working on the Nevada DR Policy and will continue to do so. In the future as our internal program develops, we may include other relevant and appropriate stakeholders in the extension of the WCHSA Alternative Response program, such stakeholders may include, the Model Court, the Court Improvement Program, the Children's Justice Act Task Force, the Child Death Review teams, and the Children's Mental Health Consortia.

Thank you for taking time to review our FY 25/26 AIP Goal. We look forward to the positive impact this goal will have on the children and families in Washoe County as we make them a priority for the overall health, safety, and well-being of the populations we serve.

Sincerely,



Ryan Gustafson, LMFT, Director

cc: Betsey Crumrine, DCFS  
Cara Paoli, WCHSA  
Steve McBride, WCHSA  
Tammi Williamson, WCHSA  
Kimberly Martin, WCHSA