

**Nevada Division of Child and Family Services (DCFS)  
Differential Response Steering Committee Meeting  
4126 Technology Way, Carson City, NV, 3<sup>rd</sup> Floor Video Conference Room  
May 3, 2017**

**FINAL Minutes**

**Videoconference Locations**

4126 Technology Way, Carson City, NV  
6171 W Charleston Bldg. 8, Conference Room B, Las Vegas  
1010 Ruby Vista Drive #101, Elko

**Attendees**

Carson

Ida Drury, Capacity Building Center for States  
James Coloma, Capacity Building Center for States  
John Bryant, Washoe County Social Services  
Joyce Buckingham, Ron Wood Center  
Juliana Ormsby, Capacity Building Center for States  
Marla Morris, DCFS  
Mike Moulain, Washoe County School District  
Bruce Cole, DCFS, recorder

Las Vegas

Alma Spears, Boys & Girls Clubs of Southern Nevada  
Debbie Croshaw, Clark County Family Services  
Ileana Delfaus, East Valley Family Services  
Jennifer Dominguez, DCFS  
Kristin Aviles, Hope Link  
Laura Steeps, Olive Crest

Elko

Ginny Russell, DR  
Judy Andreson, FRC

Call In

Anna Coon, Lyon County  
Hayley Jarolimek, DCFS  
Kristin Monibi, Washoe County  
Patrick White, Children's Cabinet

**I. Call to Order, Welcome, Introductions**

Marla Morris called the meeting to order at 9:00 and the roll was called.

**II. Public Comment**

None.

**III. For Possible Action: Approval of February 1, 2017 Meeting Minutes**

Alma moved approval of the minutes. Joyce seconded. Minutes approved.

**IV. For Possible Action: Monthly Reports/Data Collection Requirements**

As of March 31 (end of 3<sup>rd</sup> quarter of fiscal year) the cumulative number of referrals to DR from CPS is just over 11,000. 542 were returned. 10,351 cases were closed.

**V. For Possible Action: Technical Assistance from Capacity Building Center for States Update**

Ida Drury of the Capacity Building Center introduced herself. The Center has produced a report, from the interviews conducted last October and November in Nevada with DR agencies, FRCs, and CPS. The results and recommendations are on a Power Point which was forwarded to attendees of the meeting, and Ida went over them.

Prior to that, she gave some of her own background. She was a DR case worker in Minnesota for five years, then at Minnesota's SACWIS system. She moved to Colorado, working to implement DR in five counties. She now works for the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, where she collaborates with the Capacity Building Center for States. They have worked in Texas on DR issues and implementation.

James gave further background about the Center for States. They are funded for the next 5 years to provide training and capacity building for states and localities, building on the work of the National Resource Centers.

Turning to the Power Point, Ida said that 23 interviews were conducted in Nevada. She developed "process maps" on initial contact, assessment, and services. She gathered recommendations from her interviewees.

**Initial Contact:**

Step 1: With initial contact, the supervisor at CPS determines if referral is appropriate for DR. A big strength is good working relationships between CPS and DR agencies. A challenge is inconsistency in assignments; with CPS thinking there have been too many inappropriate referrals, with DR agencies not thinking that is the case. A problem is not having written criteria for the process. The recommendation is clarity on policy, with Continuous Quality Improvement (CQI).

Step 2: The issue of DR supervisors' approval of referrals was next. The supervisor looks at the history of the family, some agencies have lists of families to see if they have worked with them and how that went. Again, challenge is inconsistency, and the recommendation is again consistency in policy.

Step 3: Assignment to workers. No problems noted, and no recommendations.

Steps 4, 5a, 5b, 6: Initial Contact with family. A strength was diligent effort to locate families. The challenges have to do with un-announced visits, with more taking place in the South than North. Current policy is not in line with Federal standards. The recommendations are to examine practices around the country, and develop training in this area. Also, establishing a policy for initial contacts with children to assess their safety.

Judy asked if this would be new policy immediately. Ida said no, the various steps will be reviewed and implemented over time.

Step 7: Explanation of allegations, DR programs, obtaining signed release/willingness for services: Nevada DR agencies are very strong in this area. No challenges were noted, and there were no recommendations.

#### Assessment:

Steps 1, 1a, 1b, 1c: Assessing Child Safety. The recent safety training in Nevada was very well received. Challenges: the current safety assessment is outdated, and does not match with safety model used by CPS. This limits DR ability to assess safety, due to requirement to get signed permission to speak with "collateral sources." Recommendations: modifying the existing NIA for use in DR; consider training and coaching consultation between DR supervisors and CPS supervisors; evaluate the information currently being gathered in current DR assessments to see if policy changes might enable more adequate assessment of child safety.

Step 2: Engaging the children in assessment. Most DR workers are comfortable in engaging children, and in developing strategies in on-going meetings. Challenges: there is not sufficient training for working with children under the age of 5. Recommendations: consider policy and training for DR workers to help engage with children at all ages; also, considering how and if to implement CAPTA requirement that DR workers make referral for developmental assessment for children under 3.

Step 3: Complete baseline NCFAS-G. Workers find getting significant information from families is not the problem, but rather the documentation of the assessment. The recommendation is to consider ending the use of the NCFAS-G, as it is designed for longer-term assessments. A modified NIA might be used to assess family needs and strengths.

#### Services:

Step 1: DR workers said families should lead in making plans for services. There are not currently CQI guidelines for this process, and these should be established. Also recommended is that Federal requirements for in-home services be reviewed.

Step 2: Regular contacts with family. Again, Federal requirements need to be met.

Step 3: Families achieve goals in assessment. Challenge is lack of resources in some communities. Recommendation: DR programs need to be surveyed in review of Service Array for the state.

Step 4: Workers closing cases. A strength is that DR often consults with CPS. Challenge: no CQI on case planning. Recommendation: committee to describe the case planning process, with attention to Federal guidelines.

A step not included in the PowerPoint: Ida said the hand-off to Family Resource Centers is an important strength in the DR process and a real 'positive' in Nevada.

This was followed by an "In Your Words..." section in which interviewees had emphasized: 1. The need for a common understanding of the DR program by CPS; 2. "Each center does things a little differently...", thus need for common standards; 3. The need for a policy and procedure manual for DR.

Next was "What to Expect": Leadership from the State and Counties will meet monthly. There will be analysis and planning for the recommendations. The changes will be rolled out in stages, "informed by data and dialogue."

An example of how this will work in DR Eligibility Criteria. State and County experience will be utilized, feedback will be reported, and national trends will be examined, in order to achieve a consensus on new criteria. A Revised Criteria (pages 12 and 13 of the PowerPoint) will be piloted on May 8. Ida laid special emphasis on alleged perpetrator, on whether child under 5 is subject of report, and nature of neglect or abuse.

Judy asked about the pilot date of May 8. After that, when a call comes in, does this criteria determine whether CPS is called? Ida said this criteria defines those ineligible for DR and that a policy memo will be sent soon to CPS about this. Joyce asked the same question. Ida asked Marla about the protocol on screening. Marla replied these criteria should 'trickle-down' to DR, as well as to CPS. Ida noted that there will be a period of "negotiation" during this "pilot" phase. Hayley said that there is often not a match between the narrative in the intake report and the type(s) of allegation that determine where the referral is made. Judy thanked Ida for criteria, as these questions have always been a concern. Ida also noted that changes in criteria will affect the "numbers" in Differential Response. Mike commented that these criteria can be subject to interpretation. An example is repeated neglect. Ida noted the difference between allegations and findings; so a "history" can be a subject for conversation between DR and CPS.

Ida went to p. 14 of the PowerPoint, "Continuous Quality Improvement." The pilot collects data, it is reviewed, and revisions are made as needed.

Judy asked about Marla's leaving. Marla said she is retiring after 25 years with the State. This is her last DR meeting, and her last day at work is May 26.

Ida asked those calling in from Clark for their reactions to the presentation. Jennifer said they were good with it, and reminded all that DR reports need to be in by the 5<sup>th</sup> of the month.

Judy asked if DR will remain under the umbrella of the Office of Community Grants and Partnerships. Marla confirmed that it is. Judy then asked if DR will be "contracted" through a consortium of hospitals. This is the Nevada Clinical Services. Judy said they are the fiscal contract holder for their hunger program. Marla said notice of awards will go to Clark and Washoe counties (as grantees) – apart from Children's Cabinet, as it has a different funding source. The Rurals are directly under the State.

## **VI. Discussion Item: Program Updates**

Joyce said they are having a lot of educational neglect referrals as the school years ends. Each worker has about 14-16 cases.

John Bryant said they have made 11 new hires. Their goal is to have DR training done eventually for all of them. They are still down about 7 positions.

Mike said they are also receiving a lot of educational neglect referrals. He is retiring on August 4 after 29 years of service.

Jessica said they have hired a new part-time worker, after stopping (temporarily) taking educational neglect referrals.

Alma echoed the educational neglect situation, as did Kristin and Laura and Iliana and Debbie.

Patrick said Children's Cabinet lost a hire to Washoe County, but another new hire is starting. Another worker starts maternity leave in June. They may end up needing a couple new workers.

Anna is back from her own maternity leave. She thanked Edrie and Patrick for their help while she was gone. They also have a new data analyst. Their 3 workers have case loads in the 17-20 range. They have posted for a new position which will cover Silver Springs-Yerington.

## **VII. Public Comment**

None.

## **VIII. Adjournment**

The next meeting will be August 2. Marla thanked everyone for their work since DCFS took over the DR process. This meeting was adjourned at 10:38.