

**Nevada Department of Health and Human Services (DHHS)
Differential Response Steering Committee**

**Draft Meeting Minutes
November 5, 2014**

Videoconference Locations:

Division of Child and Family Services, 6171 W Charleston Blvd, Building 8, Conference Room B, Las Vegas NV
Washoe County Department of Social Services, 350 S Center Street, 3rd Floor, Reno NV
Division of Child and Family Services, 1010 Ruby Vista Drive #101, Small Conference Room, Elko NV

In Attendance

Elko

Ilene Jonas, DHHS Division of Child and Family Services (DCFS)

Judy Andréson, Elko FRC/DR

Las Vegas

Alicia Davisson, FRC/DR Las Vegas East and Central, and Pahrump

Debbie Croshaw, Intake Manager, Clark County Dept. of Family Services (CCDFS)

Kristin Patterson, DR Las Vegas South

Toby Hyman and Gloria Sulhoff, DHHS Grants Management Unit (GMU)

Reno

Jean Marsh, Washoe County Department of Social Services (WCDSS)

Joyce Buckingham, Ron Wood FRC/DR

Kelli Weishaupt, DCFS

Kristen Monibi, WCDSS

Mike Moulian, Washoe County School District (WCSD), FRC/DR

Patrick White, Children's Cabinet DR

Rique Robb, DHHS GMU

Rosalyn Paez Carlton, WCSD, DR

Syrita McKinney, Lyon County Human Services FRC/DR

Via Telephone

Karen Stoll, FRC/DR Supervisor, Fallon

I. Call to Order, Welcome and Announcements

Toby called the meeting to order at 9:05 AM and announced that Alma and Angela were not in attendance due to scheduling conflicts. Those in attendance introduced themselves.

II. Public Comment

None

III. Approve Minutes of August 6, 2014 Meeting

There were no comments or suggested changes to the minutes of the previous meeting.

- Alicia Davisson moved to approve the minutes of the August 6, 2014 meeting. The motion was seconded by Rosalyn Paez Carlton.

IV. Program Updates

Numbers Served

Toby and Rique explained that the quarterly DR report was not yet available due to data collection and reporting issues in Lyon County. In addition to the issues with the E-Logic system being used, Anna has been out on maternity leave and their reporting template has an error in the cell formulas that carry numbers forward from month to month. Once their template is corrected and the conglomerate numbers are compiled, the quarterly report will be forwarded to members of the committee.

Program Updates

Las Vegas North DR (Olive Crest): Toby read a report submitted by Angela Phillips, who was unable to attend the meeting. They currently have 26 cases among two staff, and are receiving cases on a consistent basis. The educational neglect cases that had been held open over the summer are being closed due to excellent attendance during the new school year. A new worker started a month ago. Olive Crest is planning to distribute Thanksgiving dinner baskets to their DR clients.

Kristin Patterson, Las Vegas South DR (HopeLink): They have 21 cases, and only one staff person, Frank. Kristin let the hot line know not to forward more cases. A new DR worker, Alice, will be starting on Monday. They have run into an issue with families claiming to be home-schooling their children, but aren't. She wondered if those cases should be closed. It was determined that if she receives verification of home schooling, all she can do is let the family know that help is available.

Alicia Davisson, Las Vegas Central and East and Pahrump DR (East Valley Family Services): Central is very busy; transfer of the 89108 zip code has added to the case load. L.V. East case numbers have been up and down, while Pahrump is maxed all the time. They are seeing a lot of children diagnosed with autism. Kids of all ages and levels of functionality, some whose behavior is bordering on dangerous. Alicia asked if training on autism was available. Toby mentioned the Center for Autism at UNLV and offered to contact the Center regarding training opportunities. Rique added that the Center's Positive Behavior Support program, funded through DHHS, provides training for community members and caregivers, which is within their grant's scope of work. In Reno, they call their Special Education Department for resources and safety issues. Rique also recommended the online resource "Autism Speaks". In Elko, a lot of parents believe their children to be autistic but have no diagnosis. Judy explained that they are happy to have an advocate in Dr. Zedek who works to get proper diagnoses. He recently opened an office in Reno and has offices in Elko and Winnemucca. Kelli added that he's connected with No Child Left Behind in Fallon and is working in Pahrump as well.

Debbie Croshaw, CCDFS Clark County: The case numbers being reported by DR are reflective of the busy caseloads at CCDFS. They have seen a 10% increase in investigations and a 7% increase in call volume over the past month. North CPS, the Sex Abuse unit, and the 5 and Under unit are scheduled for NIA (SIPS) training during the rest of this year and the first quarter of next year. She created a report in Cognos to look at returned DR cases and track what happens to them when they come back. Michelle Lefebvre (CCDFS Intake Supervisor) will present that information at the Clark County "Big" DR meeting November 20, 2014. Debbie and Toby have discussed the numbers; over the past year, a significant number of cases have been returned, but that may include closed cases that come back. Toby added that one of the topics for this meeting is how to move cases from DR to CPS without closing and opening a new case.

Karen Stoll, DR Supervisor, Fallon: They have nine cases open, having recently closed 14. Most were educational neglect, and they have been working with the families to get the kids up on time and to school.

Rosalynnda Carlton, WCSD DR: They have 23 cases, mostly physical risk from unacceptable disciplinary methods, and are working to get the parents into counseling or get them extra help. One mom got back on her meds and has agreed to return to therapy; the child is living with grandparents. The former superintendent of schools left yesterday; the new interim superintendent began today. She was the Deputy Superintendent for WCSD and an assistant superintendent in Las Vegas. Rosalynnda hopes to meet with her to present an overview of DR, but thought it might be challenging to get on her calendar until she settles into the job. Rosalynnda also

commented on Wylie's one year evaluation, stating that he is a great team partner. They work well together and she appreciates being able to discuss cases with him.

Patrick White, Children's Cabinet: Cases have been steady. Their two part-time staff, Chris and Olympia, are capped at ten cases each, working 20 and 30 hours per week. They also have two new full time staff, Jacky and Noemi, who have four and six cases respectively, and are working one week on/one week off during training. They are seeing a few more physical abuse cases than usual, but not as many truancy cases. Kristen Monibi added that the abuse cases are involving older kids and teens. Law enforcement tends to arrest teens despite the abuse allegations. Some kids are exaggerating or fabricating the abuse charges. Also, they have been receiving a lot of neglect reports from West Hills psychiatric facility; parents think their kids aren't ready to be discharged, so they have been working with the families to create a solid follow up plan of care.

Kristen Monibi, WCDSS: She recently met with a truancy intervention specialist who presented the steps that schools need to take before they send the case to CPS DR as an educational neglect issue. They are now educated on the process, and the tiered system was new to her. Police cannot start citing a child until after the third letter goes out. The school counselors can and should be doing this, but as Rosalynda stated, not every school has an assigned counselor; currently, they rotate between schools. Kristen ended her report by announcing that they are interviewing today for the new coordinator position.

Jean Marsh, WCDSS: Nothing more to add following Kristen's report.

Joyce Buckingham, Carson City/Douglas/Storey Counties DR (Ron Wood FRC): Joyce reported they have about 15 cases, with five ready to close. It has been slow; there have been a lot of changes at the local DCFS office, which has only eight social workers at this time. She has received inappropriate and out-of-area referrals, and has had to confirm them as appropriate DR cases. The cases have been a mixture of educational and medical neglect, and because the number of cases has been low, they are monitoring them a little longer.

Syrta McKinney, Lyon County Human Services DR: Syrta, attending on behalf of Anna Coons, reported that they had 15 cases; Sarah has eight and she has seven. Their new worker, Ana T, was hired to work the Dayton area. She received her first case, having completed Core 1, Core 5, and shadowing. She is currently in Core 2, is scheduled for Core 3, and will take Core 4 during the next session. Syrta has a new position as Healthy Families America Outreach Coordinator, and Lyon County is advertising now to fill her former position. Implementation of the Healthy Families program has begun. This program targets pregnant women and infants from birth to 14 days old, and works with the families until the child is five years old. They have been seeing educational, medical, and environmental neglect, and a few physical risk cases.

Kelli Weishaupt, DCFS: Kelli stated that excessive discipline is not effective, and that parents need new tools. Also, with children who have autism or mental health issues, the parents are challenged and don't know what to do. Rique stated that PBS (Positive Behavior Support program) will go into the Rurals for training, and she or Toby could provide contact information upon request.

Judy Andr son, Elko FRC: They have 11 cases, all being handled by Holly. A new DR worker will be starting on November 10. The cases are a mix of educational, environmental and medical neglect. They have seen an uptick in the number of teens with severe drug addictions.

Ilene Jonas, DCFS Elko: They have been busy and are giving DR as many cases as they can with only one DR worker. Referrals are a mixture.

V. Update on DR and SIPS and CPS Core Training

Toby clarified that SIPS (Safety Intervention Permanency System) is the same as NIA in Clark County and the Safe Model in Washoe County. DR staff in the North and Rurals are attending CPS Core Training. South DR staff are attending SIPS and will take Core after the first of the year. Once everyone has completed NIA training, the GMU would like to organize a statewide training in the spring to review and ensure everyone is on the same page regarding NIA and is using the same assessment, and then work with DCFS UNITY for DR staff to start using the NIA. Clark County DFS, Washoe County DSS, and Rural DCFS, will all use the NIA. Because DR staff do not substantiate or unsubstantiate cases, it is believed that the NIA UNITY windows will need to be modified. If

DR staff can start using the NIA, the NCFAS-G will no longer be used. We need to determine how we will address impending danger; will it continue as an ongoing DR case or be kicked back to CPS? There's more than just substantiating or unsubstantiating a case, and there is no quick, easy answer. Everyone needs to be part of the discussion, including DCFS, CCDFS, WCSS, DR, and Action for Child Protection. DR works with screened-in CPS reports and uses UNITY the same way CPS staff does. Debbie agreed and believes the decision has been made to use NIA, but needs work to fit the needs of DR. Alicia suggested that DR line staff from all the regions be involved.

VI. Discussion Item: DR's Three-Working Day Response Time Policy

Toby reported that she and Rique met with Betsy Crumrine and Jan Fragale last month regarding the response time policy. It was understood when DR began in 2006 that response time for a Priority 3 case was 72 hours, meaning 3 working days. But it has now been discovered that the DCFS Intake Policy does not include a "three working day" response time, only a "72 hour" response time. Jan is finding during case reviews that some DR cases appear to be out of compliance with the response time policy, because the differentiation between CPS Priority 3 and DR Priority 3 is not spelled out in the Intake Policy. Betsy, who was not in attendance, told Toby and Rique that she plans to reconvene the original committee to review this issue, but it will not change how DR is currently doing things. Once the Intake policy is revised to include the DR three working days response, it will have to be approved by the DMG.

Joyce questioned the gap in time between when a call is phoned in and when it is accepted. Sometimes a call comes in mid-Thursday and is not assigned until after 5:00 on Friday. Debbie Croshaw said the "clock starts ticking" when the referral is made, not when the case is assigned and doesn't know why DR would be different. So that also needs to be reviewed.

Toby advised everyone to carry on as usual for now, until DCFS and DR are able to get together on this issue. Kelli pointed out that if DR doesn't respond, it throws the CPS time frame off, and suggested the workgroup be organized quickly. Debbie stated she had a meeting scheduled with IT later that day and will clarify when UNITY starts to count down. She also encouraged the workgroup to meet soon. She also would like to define what constitutes "accepted" – a date-stamp or email, for instance – and add that to the policy. Rosalynda felt it was important that supervisors remind their employees to put in the report detail, even if it is only an attempt to contact. Case notes should always be entered whenever a contact is attempted and information should be given about disconnected phone numbers or people not living at an address listed in the report, etc. Patrick stated that he doesn't complete the case detail until the case is closed; Rosalynda asked that the report detail window be completed right away when contact is made or attempted.

VII. Discussion Item: UNITY's DR to CPS Window

Toby explained that UNITY's "DR to CPS" window was developed for cases that were sent to DR, but as they were being worked, the cases elevated and needed to be transferred back to CPS. Cases can be upgraded but not downgraded in UNITY, so the DR to CPS window was created to be used for DR cases that elevate out of DR's scope of work. These cases need to be discussed with a CPS supervisor and accepted for return or not. If the CPS supervisor says they will not take the case back, DR staff will close the case or keep working on it. But the UNITY window is static and does not trigger a next step. There is no automatic case movement for DR to CPS, and this is causing problems in all three jurisdictions. Who is responsible for that case to be removed from the DR caseload back to DFS caseload? All jurisdictions are doing it differently. The group discussed the process and came up with the following:

After the DR staff discusses the case with the CPS supervisor to determine what should be done with the case:

1. The DR worker completes report detail with case notes, and
2. Enters case in "DR to CPS" window.
3. DR supervisor end-dates the DR worker's assignment.
4. CPS supervisor upgrades disposition to "Investigation" in UNITY and assigns to staff (a NIA worker).

Because some CPS supervisors in Clark County have said this is not what they are supposed to do, the process will be documented in writing so that all jurisdictions follow the same procedure. Toby and Rique will work on drafting a policy.

VIII. Public Comment

Rique discussed a topic that has been brought up at several meetings, especially in Lyon County, regarding the lack of defined safety. Syrita asked for clarification on whether to close the case when DR conducts an on-site assessment and determines safety, but the parents don't comply. Toby replied that it's been the policy and practice that if the parent refuses services, there is no case. If the DR worker completes the safety assessment, visits the school, spends time with the family, assesses the home, and it is determined safe, and then the parents don't want to participate in the program, the case should be closed as, "parent refused services". Rique also asks that this procedure be documented. DR workers should include everything in the case notes, that the home was visited, that the children were interviewed or not interviewed, etc. Documentation is critical.

IX. Additional Announcements and Adjourn

Toby is participating in case reviews through CFSR. The experience highlights the importance of documentation, meeting time frames, and contact with collaterals. Joyce Buckingham commented that she attended the one-day training, which was done well. Desiree took the training and shadowed for two days, and thought it was a great experience. Joyce participated for two days the following week but stopped because the case fell outside of the review. Toby is shadowing and has been assigned three cases; the review covers the period November 1, 2013 to present. She recommends that every DR supervisor and DR staff, if possible, participate. Case reviews will be conducted in the Rurals in January or February, and again in Clark during March. The experience consists of one day of training and one week of shadowing.

Toby announced the date of the next DR Steering Committee meeting as February 4, 2015. The meeting adjourned at 9:50 AM.