



2022

# NEEDS ASSESSMENT

ON THE PREVENTION OF CHILD ABUSE  
& NEGLECT IN NEVADA



**Prevent Child Abuse**  
Nevada™

UNLV | SCHOOL OF  
PUBLIC HEALTH

Nevada Institute For Children's Research & Policy  
**NICRP**  
University of Nevada - Las Vegas

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## EXECUTIVE SUMMARY

The prevention of child abuse and neglect is an essential part of creating healthy communities and a central part of the mission of the Division of Child and Family Services (DCFS) which is for all children to be safe, healthy, and thriving in every Nevada community. For this reason, DCFS tasked Prevent Child Abuse Nevada (PCANV) housed under the UNLV Nevada Institute for Children’s Research and Policy (NICRP) to conduct a needs assessment in order to identify key priority areas to be addressed in the prevention of child abuse and neglect.

A community needs assessment is a tool that can be used to identify priorities, barriers, and needs in order to develop a plan that will foster sustainable and impactful changes. Qualitative and quantitative data collected in this needs assessment indicate an urgency for change in prevention practices in Nevada. There is a high need for a coordinated public health approach to reduce the risk of familial exposure to toxic stress and increase protective factors through early access to concrete supports, evidence-based parenting education, and social supports for parents and children.

The Nevada Needs Assessment on the Prevention of Child Abuse and Neglect was developed using the following activities:

- Analysis of Existing Needs Assessments and Strategic Plans in Nevada
- Secondary Data Review
- Provider Focus Groups
- Caregiver Focus Groups
- Provider Surveys
- Caregiver Surveys

Collaboration, sincere feedback, and meaningful conversations are necessary in the process of creating a needs assessment. For this reason, we conducted diverse activities that allowed for communities all across the state to have a space to share their experiences, needs, and their vision for a Nevada where all children are thriving in safe, stable, and nurturing environments.

The following strengths, challenges, and barriers were identified:

## **Community Strengths**

- Activities for Children (Educational & Recreational)
- Community Health Clinics (Washoe & Clark)
- Interagency Collaboration (Rural and Frontier Regions, and Washoe)

## **Family Challenges**

- Suitable Housing (Affordable, safe, available, and dignified housing)
- Early Childhood Services (Childcare support, affordable early childhood education programs)
- Access to Healthcare (Obtaining health insurance, affordable doctors/clinics, access to a medical home, services for children and youth with special needs)

## Barriers to Services and Resources for Families and Children

- Issues with work/life balance
- Lack of awareness of available services
- Cost of services
- Lack of child care and child friendly spaces
- Lack of access, eligibility, and availability of services
- Transportation
- Unsupportive referral process

Through the data review, focus groups and surveys, we were able to identify the following key findings and provide recommendations:

### Key Findings

- Balancing life is a major challenge for parents
- Meeting basic needs prevents crises
- Substance misuse and domestic violence are one of the main issues affecting families in Nevada
- Families are in high need of mental health support
- Universal services are effective and destigmatize reaching out for assistance
- Parents want to know about community resources before services are needed
- Caregivers are actively looking for positive experiences for their children and family

### General Recommendations

- Coordinate abuse and neglect prevention funding sources across multiple service sectors (e.g., public health, early childhood, human services) to use each source strategically in combatting abuse and neglect
- Reduce child abuse and neglect by increasing awareness, promoting protective factors, and reducing risk factors

- Involve parents, youth, and other family members as key stakeholders in the planning, implementation, and evaluation of prevention services in their communities
- Increase the use of community supports that help reduce stigma such as informal supports and universal services
- Increase workforce development in cultural competence and humility, EBPs and trauma-informed prevention and care

## **Recommendations to Support Equity, Diversity, and Inclusion for Families**

- Integrate person-centered and family-centered approaches. Determine the unique needs of diverse children and families and work together to determine the practices that best support them and their desired outcomes.
- Identify, respect, and honor a family's cultural strengths, values, resources, family structure, and support network.
- Shift to shared power structure where unequal power dynamics involve members of impacted communities in the planning, implementation, and evaluation of prevention services in their area.
- Ensure agency's space, materials, and language is inclusive and representative of the community.
- Invest in assessments, training, and technical assistance on cultural humility and responsiveness.
- Provide training on anti-oppressive practice that includes service delivery that seeks justice and liberation. Agencies should recognize and understand how multiple forms of oppression have been sustained in all levels of society throughout history to create and perpetuate inequitable conditions for certain populations while giving unearned privilege to others. Agencies should also understand how all forms of oppression are interconnected, and best practices to mitigate its effects on the families they serve.
- Diversify the prevention service workforce so that it is more culturally representative of the people being served. Expand recruitment efforts to ensure visibility of employment opportunities in historically excluded communities.

- Create an environment that is welcoming of all people, where their racial, ethnic, cultural, and socioeconomic diversity is valued and honored. This environment should apply to both employees and people being served by the agency.
- Count lived experience as work experience towards job openings that involve serving diverse populations.
- Build skills and capacity of peer mentors and parent leaders to become full-time employees and grow to take leadership roles in prevention agencies.
- Increase support to grow and build diverse youth entering the workforce.
- Annual agency review and staff self-assessment on service delivery and outreach to equity deserving groups, including changes in representation of staff, leadership, and families being served by the agency.

## **Black, Indigenous, and People of Color**

- Cultural responsiveness training should include anti-racist and decolonizing approaches. Agencies should understand how oppressive practices have perpetuated inequitable conditions for people of color while giving unearned privilege to white people and maintaining power imbalance throughout history. Agencies should also have an understanding of colonization including historical trauma, dispossession of land, religious violence and federal assimilation policies, as well as protective factors such as cultural teachings, language, connection to land, sovereignty, and spirituality.

## **Families with a Parent or Child with a Disability**

- Cultural responsiveness training should include disability bias, best practices to support children and families, and efforts to promote disability justice. Agencies should have an understanding of the different types of disabilities and strategies to work with the family to create a safe and welcoming environment that promotes health and well-being.
- Create disability friendly opportunities for families to engage in activities and community events hosted by the agency.

- Understand the disability of the family member and identify any needed accommodations for optimal service delivery. Assist families with resources to help them be effective caregivers.
- Efforts to provide resources and support to families who have vision and/or hearing impairment.
- Identify the immediate needs of the family and prioritize providing support to meet those needs.
- Increase access to respite care for caregivers and work with family to create an action plan in case a family member becomes overwhelmed while caring for a child with a disability.

## Immigrants and Refugees

- Cultural responsiveness training should include colonization, forced migration, immigrant and refugee policies and reforms, and the fragmented immigration and refugee systems. Agencies should understand the trauma experienced by this population, including violence, exploitation, and family separation, as well as cultural protective factors such as cultural practices, language, strong family connections, and social support.
- Increase universal services where families can receive support without having to provide identification or social security number.
- Increase access to knowledge and materials in the family's desired language.
- Work together with families to identify culturally relevant resources and activities to increase sense of belonging.
- Have diverse welcoming signs throughout the agency in different languages, particularly representative of the immigrant and refugee families of your community.
- Create opportunities for families to share their culture in nonverbal ways such as through food, crafts, dance, etc.

## Nevada Tribes

- Agencies should understand and honor tribal sovereignty.
- Cultural responsiveness training, particularly for agencies that serve Nevada tribes, should include region specific history, family structure, values, traditions and spiritual practices. Family serving agencies should have an understanding of child-rearing practices and other important cultural components such as storytelling, cradleboards, harmony, lessons of nature, addressing behavior, and communication styles.
- Increase tribal access to Federal child welfare funding to implement their own programs and provide appropriate services to their community.
- Promote family and culture preservation. Identify, respect, and honor family rules, boundaries, and values. If a child has to be under the care of a non-Native American caregiver, the corresponding tribal entity and DCFS should provide the caregiver with the appropriate education and support to honor relevant family and cultural practices, values, rules, and boundaries while caring for the child.

## LGBTQIA+ & Gender Diverse Families

- Cultural responsiveness training should include education on Sexual Orientation, Gender Identity and Expression (SOGIE), gender diverse family structures, history of violence and oppression of LGBTQIA+ youth, adults, and families as well as protective factors such as community involvement, peer support, and social connections.
- Establish written policies to protect LGBTQIA+ families and employees from discrimination and promote an LGBTQIA+ positive environment.
- Forms, internal documents, visuals and any other agency materials use LGBTQIA+ inclusive language such as including gender-neutral language, gender diverse categories, and option to indicate pronouns, sexual orientation, and chosen name.
- Verbally and visually express a continuous commitment to welcoming and working with LGBTQIA+ children and families.
- Have gender neutral restrooms available in the agency.

- Service delivery and program implementation (i.e. parent training) is intentional in being inclusive such as using gender neutral terms for caregivers, using gender diverse family structures, and LGBTQIA+ affirming examples and scenarios.
- Provide education and resources for families of LGBTQIA+ and gender diverse children to be the best support to them.
- Identify, create, and frequently update a list of LGBTQIA+ inclusive referrals. Agencies should ensure staff always connect LGBTQIA+ families to agencies who will welcome, accept, and support them.
- Agency provides LGBTQIA+ inclusive ongoing support and education parents and other caregivers.
- Work with families to identify their LGBTQIA+-supportive network and help expand it if needed and desired by the family.

## Male Caregivers

- Agencies should receive training regarding fatherhood and male caregiver involvement, including cultural and familial barriers to father involvement in the lives of children.
- Build a father-inclusive organizational culture.
- Include forms for clients that are gender neutral/inclusive.
- Add a diaper deck to the men's restroom if agency has gendered restrooms.
- Create a space for fathers and children to interact together while waiting for service.
- Implement family friendly work policies that apply to employees who are fathers or male caregivers. Encourage male employees who are parents to participate in shaping service delivery and male caregiver inclusion efforts.
- Actively ask for the father or male caregiver's input when working with the family. Provide opportunities for fathers to participate in family problem solving and debriefing.
- Agencies should be intentional in having father-focused signage, outreach materials, and resources.
- Actively recruit fathers, grandfathers, and other male caregivers to become parent leaders. Partner with fathers to identify strategies for participation, retention, and capacity building.

- Provide opportunities for father-focused events that support and celebrate fatherhood and male caregivers.
- Encourage non-custodial parents' participation in activities and events hosted by the agency. Ensure events and activities appeal to fathers.
- Create and foster welcoming spaces for fathers and other male caregivers to interact with and support one another. Provide space for diverse fathers to connect in welcoming and culturally appropriate environments.

## **Rural and Frontier Regions**

- Increase financial support in rural and frontier areas without increasing the number of children and families being served.
- Increase support for agencies to provide transportation in order for families to have access to services.
- Provide more diverse training and education for staff and provide a variety of parenting classes for families. Increase access by providing professional development and parent training in virtual format or allocating funds for training agencies to travel and provide training to agencies in rural and frontier areas.
- Increase support to grow and build youth in the community interested in working for family serving and prevention agencies.
- Develop and implement a retention and development plan to support, empower, and build the capacity of employees working in prevention agencies.
- Partner with rural and frontier prevention agencies to find the best approach to use CTF and CBCAP funding effectively.

## **Considerations for Future Funding**

The following recommendations are respectfully suggested to be implemented for upcoming Notice of Funding Opportunities and future reports from subgrantees:

- Increase family engagement activities and informal supports

- Diverse messaging strategies to increase awareness of universal services and other resources
- Increase child-friendly spaces
- Include efforts in supporting the mental health of children and adults in the family
- Availability of services during non-traditional hours
- Efforts to increase cultural humility and responsiveness, sense of belonging, and trauma informed practices
- Warm hand off referral policies, strong interagency collaboration
- Flexible and equitable funding



“ Diversifying funding is key to increase the capacity of primary prevention programs. ”  
~ Service Provider in Nevada

The needs identified in this assessment will be used to develop statewide goals to strengthen efforts in the prevention of child abuse and neglect, which will conclude in the creation of the Nevada Strategic Plan on the Prevention of Child Abuse and Neglect. The strategic plan will serve as a tool for alignment, progress monitoring and evaluation, as well as a guide for future requests for proposals and initiatives to diversify prevention funding.

A future where all children grow up in safe homes and communities is within reach. The Nevada Needs Assessment on the Prevention of Child Abuse and Neglect is an active step towards this bright future.



## INTRODUCTION

The prevention of child abuse and neglect is a key component of the Nevada Division of Child and Family Services (DCFS) to help Nevada families. The mission of DCFS is to provide support and services to assist Nevada's children and families in reaching their full human potential. Through genuine partnership with families, communities, and other governmental agencies, the DCFS looks to enhance community through collaboration. (DCFS, 2021).

Nevada is currently in need of a statewide strategic plan for child abuse prevention efforts. In order to create the strategic plan, a needs assessment must first be conducted to effectively strategize to reach the desired state performance in terms of child abuse prevention. DCFS has partnered with Prevent Child Abuse Nevada (PCANV) at the Nevada Institute for Children's Research and Policy (NICRP) to conduct the needs assessment and develop the statewide strategic plan.

NICRP has been serving Nevada since 1998. NICRP conducts academic and community-based research, provides education, advocacy, awareness, and other specialized services that guide the development of policies, programs and services that seek to enhance the health and well-being of Nevada's children. In addition, starting in 2013, NICRP is home to Prevent Child Abuse Nevada which aims to inspire communities to prevent all forms of child maltreatment through education, awareness, and advocacy.

The following is a description of the activities NICRP conducted in order to obtain the necessary data to have a comprehensive picture of current prevention efforts in the state as well as the needs in communities across the state. NICRP 1) analyzed existing community and statewide needs assessments and strategic plans to avoid duplication of efforts and identify new opportunities for collaboration, 2) examined administrative data and literature to understand the landscape of child maltreatment and prevention efforts in Nevada, and 3) conducted focus groups and community surveys to obtain feedback from parents, community members and professionals in order to better understand community perspectives of prevention efforts and needs in the state.

To set the framework for Nevada, the following section will discuss the public health approach to prevention, the importance of centering prevention work on evidence based protective factors, a review of the prevention funding available in the state, and the programs currently funded by the Children’s Trust Fund (CTF) and Community-Based Child Abuse Prevention (CBCAP) funds.

## **Public Health Approach to Prevention**

Child abuse and neglect is any mistreatment or neglect of a child that results in non-accidental harm or injury and which cannot be reasonably explained. Child abuse and neglect can include physical abuse, emotional abuse, and sexual abuse (FRIENDS National Center, 2022). Child abuse and neglect are preventable. Much progress has been made in understanding how to prevent child abuse and neglect.

Child abuse and neglect is the result of the interaction of a number of individual, family, and environmental factors (Stith, 2009). Circumstances or ‘risk factors’ that drive the need for greater support may include domestic and family violence, mental health disorders, intergenerational trauma, drug and alcohol abuse, precarious housing conditions, unemployment, and poverty (Stith, 2009).

Consequently, there is strong reason to believe that the prevention of child abuse and neglect requires a comprehensive focus that crosscuts key sectors of society (e.g., public health, government, education, social services, and justice) In addition, there is an

important need to increase the capacity of state and local governments to implement and scale up effective interventions that can reduce child abuse and neglect (Fortson et al., 2016).

## **Primary, Secondary, and Tertiary Prevention**

Increasing calls have been made to adopt a public health approach to maltreatment prevention (Malvaso et al., 2020). A public health model implies the provision of primary, secondary, and tertiary prevention services on a continuum of a progressive universal system where support is provided for all families, but more intensive support is provided to those with greater need (Malvaso et al., 2020). The types of programs offered, and the strategies used vary based on the level of prevention.

**Primary prevention** consists of activities that are targeted toward the community at large. These activities are meant to impact families before any allegations of abuse and neglect. Primary prevention services include public education activities, parent education classes that are open to anyone in the community, and family support programs. Primary prevention can be challenging to measure because you are attempting to impact something before it happens, an unknown variable. This type of activity is a focus of CBCAP programs (FRIENDS National Center, 2022). Nevada has many primary prevention services and resources currently; the needs assessment will help in identifying the number of services in different areas of the state and if there are adequate resources being distributed throughout the state.

**Secondary prevention** consists of activities targeted to families that have one or more risk factors, including families with substance abuse, teen parents, parents of special needs children, single parents, and low-income families. Secondary prevention services include parent education classes targeted for high-risk parents, respite care for parents of a child with a disability, or home visiting programs for new parents (FRIENDS National Center, 2022). These activities are meant to mitigate the re-occurrence of maltreatment. While some of the programming is the same as primary prevention, this type of prevention is happening after maltreatment has occurred (Malvaso et al., 2020).

**Tertiary prevention** consists of activities targeted at families that have confirmed or unconfirmed child abuse and neglect reports. These families have already demonstrated the need for intervention, either with or without court supervision. These are families that qualify for services under child protection programs and are not a focus of CBCAP programs (FRIENDS National Center, 2022). Tertiary strategies may include child and adolescent mental health services, education initiatives that respond to school truancy and behavioral problems, and the provision of out-of-home care placement services.

Using a public health approach, the Center for Disease Control and Prevention has created a framework on ways to support and create safe, stable, nurturing relationships and environments for all children. Below are the proposed strategies for preventing child abuse and neglect.

*Table 1: Strategy and Approach to Prevention*

<b>Strategy</b>	<b>Approach</b>
<b>Strengthen Economic Supports to Families</b>	<ul style="list-style-type: none"> <li>• Strengthening household financial security</li> <li>• Family-friendly work policies</li> </ul>
<b>Change Social Norms to support parents and positive Parenting</b>	<ul style="list-style-type: none"> <li>• Public engagement and education campaigns</li> <li>• Legislative approaches to reduce corporal punishment</li> </ul>
<b>Provide Quality Care and Education early in life</b>	<ul style="list-style-type: none"> <li>• Preschool enrichment with family engagement</li> <li>• Improved quality of childcare through licensing and accreditation</li> </ul>
<b>Enhance Parenting skills to Promote Healthy Child Development</b>	<ul style="list-style-type: none"> <li>• Early childhood home visitation</li> <li>• Parenting skill and family relationship approaches</li> </ul>
<b>Intervene to lessen harms and prevent future risk</b>	<ul style="list-style-type: none"> <li>• Enhancing primary care</li> <li>• Behavioral parent training programs</li> <li>• Treatment to lessen harm of abuse and neglect exposure</li> <li>• Treatment to prevent problem behavior and later involvement in violence</li> </ul>



## PROTECTIVE FACTORS

Two constructs are used in Nevada to guide child maltreatment prevention efforts including what approaches can be used and how they should be targeted. The interventions used are centered around protective factors and the public health approach. Protective factors were identified through research at the turn of the century (Chu et al., 2011), while applying the public health approach to child abuse prevention is more recent (Malvaso et al., 2020).

Protective factors mitigate risk factors of child maltreatment and reduce the impact of adverse experiences during childhood (Chu et al., 2011). This emphasis on promoting protective factors formed in the early 2000s when child abuse prevention efforts changed from a problem-focused approach to one that is more strengths- and resiliency-based (Schofield, Lee, and Merrick, 2013).

There are six protective factors identified in the FRIENDS National Center for Community-Based Child Abuse Prevention's framework which include 1. Knowledge of Parenting, 2. Concrete Supports, 3. Resiliency, 4. Nurturing and Attachment, 5. Social Support, 6. Children's Social and Emotional Competence (FRIENDS National Center, 2022). Different prevention programs target specific protective factors based on the target audience and overall goal of the program. Within Nevada there are six types of services which promote

protective factors of children, parents, and families: Community Development, Crisis Care, Home Visiting, Parent Development and Fatherhood, Respite Care, and Sexual Abuse Prevention programs.

Table 2: Friends National Center Protective Factors

<b>Knowledge of Parenting</b>	Parents and caregivers understand and use effective and positive parenting strategies and have age-appropriate expectations for children’s abilities.
<b>Concrete Supports</b>	Families have access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
<b>Resiliency</b>	Having adaptive skills and strategies to persevere in times of crisis. Resilience is the ability to effectively manage all types of challenges that come up in life.
<b>Nurturing and Attachment</b>	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.
<b>Social Support</b>	Informal support (friends, family, and neighbors) that help provide for emotional needs or connection.
<b>Children’s Social and Emotional Competence</b>	The ability of a child to self-regulate their emotions and behaviors in appropriate ways.

## Prevention Evidence-Based Practices (EBPs)

Evidence is crucial in informing and facilitating the adoption, uptake, and implementation of prevention programs, practices, and policies in community settings (Fortson et al., 2016). It is important to define what evidenced is and how to best use evidenced based decision making. The Evidence Project (a project of the Centers for Disease Control and Prevention’s Division of Violence Prevention) proposes a comprehensive framework for understanding evidence and evidence-based decision making that includes three types of evidence 1) best available research evidence, 2) contextual evidence, and 3) experiential evidence. The framework defines evidence as information or facts that are systematically obtained for using in making decisions (Fortson et al., 2016).

Nevada’s approach to the prevention of child maltreatment utilizes a framework that is based on the best available evidence and acknowledges that the best available evidence today, could change tomorrow. The EBPs help as a guide to promote safe, stable, nurturing relationships and environments and is constantly evolving. Therefore, while EBPs are important it is a goal to continue to evaluate efforts whenever possible to add to the evidence base.

## **Nevada’s Prevention Programs and Funding Sources**

In Nevada there are two primary sources of funding specifically for the prevention of child maltreatment. The Children’s Trust Fund (CTF) was established in 1985 by the State Legislature that is funded by the fees collected from birth and death certificates. The second source of funding is from the federal Community-Based Child Abuse Prevention (CBCAP) funds which are authorized as part of the Child Abuse Prevention and Treatment Act (CAPTA). These funds are administered by the Division of Child and Family Services Grant Management Unit (GMU).

The blended funds are used to support evidence-based or evidence-informed efforts that include comprehensive support for families, promote the development of parenting skills, improve family access to formal and informal resources, support needs of parents with disabilities through respite or other activities, provide referrals for early health and development services, promote meaningful parent leadership, and promote self-protection education for children. Also, there is a focus on different evaluation approaches which use both qualitative and quantitative methods to assess the effectiveness of the funded programs and activities.

Table 3 provides a frequency count by funded programs by region and Figure 1 provides a visual representation of the location of those funded programs. Finally, Table 4 provides a description of programs currently funded.

Table 3: Funding Frequency Counts In Nevada

Type of Funding		Southern Nevada	Northwest Nevada	Northeast Nevada
	Children's Trust Fund (CTF)	6	8	1
	Community-Based Child Abuse Prevention (CBCAP)	5	2	0
	CTF & CBCAP	0	0	1

Figure 1: Map Of Funding For Program In Nevada

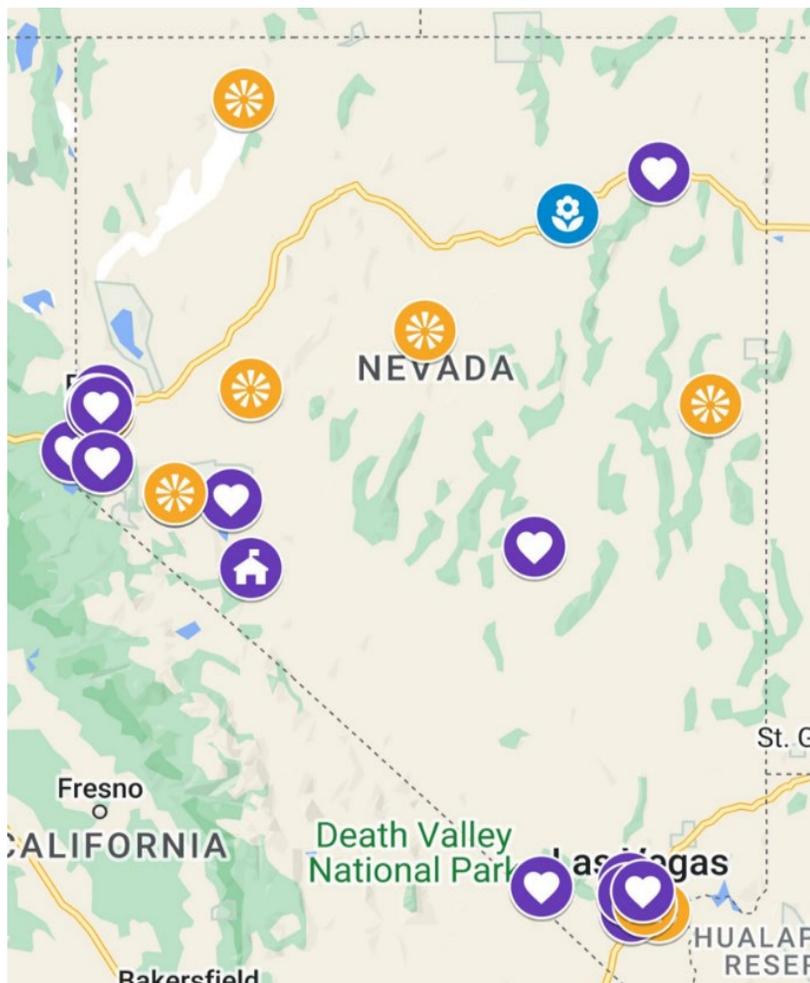


Table 4: Programs Funded by CTF and CBCAP (2021)

Agency	CTF/CB CAP	Summary	Location
<b>Advocates to End Domestic Violence</b>	CTF	The Positive Parenting Through Family Crisis is a secondary prevention program that provides intensive individualized training to survivors of domestic violence and at-risk families. The program goal is to prevent child abuse and neglect by developing positive skills, establishing structure and daily routine toward affecting long-term change that impacts survivors and their children's lives.	Carson City
<b>Boys &amp; Girls Club of Truckee Meadows</b>	CTF	The Boys & Girls Club of Truckee Meadows implements the Strengthening Families Program, an evidence-based parenting skills course designed to help parents and kids develop healthier family relationships, improve mental health outcomes and decrease delinquent behavior.	Reno
<b>Boys Town Nevada, Inc</b>	CTF	Boys Town Nevada provides a home-based family preservation and stabilization service through the In-Home Family Services (IHFS) model. Boys Town Nevada targets at-risk families in Clark County, aiming to decrease the rate of first-time victims of child maltreatment and first-time perpetrators of child abuse.	Las Vegas
<b>Catholic Charities of N. Nevada</b>	CBCAP	Catholic Charities of Northern Nevada's Thriving Families Support Center (Thrive) conducts Nurturing Parenting® a six-week course taught in-person and virtually in Churchill, Humboldt, Lander, Lyon, and White Pine Counties with five client-led peer-to-peer networks	Churchill, Humboldt, Lander, Lyon, and White Pine Counties
<b>Child Assault Prevention Project of Washoe County</b>	CTF	The project provides parents, caregivers, and professionals with education evidence-based training to improve the rate of maltreatment in northern Nevada, including Washoe county.	Washoe County

<b>Agency</b>	<b>CTF/CB CAP</b>	<b>Summary</b>	<b>Location</b>
<b>Children's Cabinet</b>	CTF and CBCAP	Children's Cabinet offers a parent education model in Elko County communities. Parents as Teachers (PAT) is a comprehensive, evidence-based home visiting model. PAT builds healthy communities, thriving families, and children that are healthy, safe, and ready to learn.	Elko
<b>Clark County DFS</b>	CBCAP	The Clark County Department of Family Services (CCDFS) Parenting Project offers a series of free, evidence-based parent education programs in English and Spanish that enhance family strengths, increase parental skills and competence and reduce the risk of child maltreatment.	Clark County
<b>Community Action Against Rape (CAAR)</b>	CTF	CAAR provides Child Self-Protection and Active Bystander Training. CAAR also provides Enough Abuse training for parents and caregivers and child-centered professionals. In addition, CAAR provides a Supportive Educational Hangout for Parents.	Las Vegas
<b>Crisis Intervention Services - Sierra Community House</b>	CTF	Sierra Community House provides presentations and support for parents and youth around emerging youth violence issues such as cyber bullying, internet safety, teen dating violence and the promotion of healthy relationships. Youth Empowerment Groups work with at-risk students throughout the school year. Additionally, Sierra Community House provides services to child victims of abuse and neglect, including individual advocacy, assistance with victim compensation, case management, resources for parents, and referrals for child and family therapy.	Northern Tahoe Basin
<b>Dignity Health - St Rose Dominican</b>	CTF	Dignity Health provides the Love and Logic parenting class in six workshops to parents and caregivers, targeting low-income and vulnerable populations.	Las Vegas
<b>Family Resource</b>	CTF	The FRCNN program educates parents using evidence-based, culturally appropriate, parent education curricula,	Reno

Agency	CTF/CB CAP	Summary	Location
<b>Center N NV (FRCNN)</b>		designed for every family dynamic. The program utilizes a transdisciplinary model of service delivery to ensure a community-wide approach for promoting parent leadership skills and preventing child maltreatment.	
<b>HopeLink of Southern Nevada</b>	CBCAP	The Family Support Program utilizes Family Check-up model (assessment, goal setting, and resource connection, barrier reduction) to provide home visits and case management to at-risk families.	Henderson
<b>Lyon County Human Services</b>	CTF	The Family Support Program utilizes Family Check-up model (assessment, goal setting, and resource connection, barrier reduction) to provide home visits and case management to at-risk families.	Lyon County
<b>N Nevada Rave Family Foundation</b>	CBCAP	The Northern Nevada RAVE Family Foundation provides respite to families caring for children with disabilities and those in foster care from three months to 22 years old. RAVE currently provides respite to the Reno/Sparks area and will expand to Elko and Carson City by year-end 2022.	Reno, Sparks
<b>Nevada Outreach Training Org (NOTO)</b>	CTF	Nevada Outreach Training Organization (NOTO) provides training classes to parents and co-parents as well as anger management. NOTO also provides Supervised Visitation to families via court ordered supervision	Nye County
<b>Nye Communities Coalition</b>	CTF	The Nye Community Coalition provides direct self-protection education to elementary students using the Child Help Speak Up Be Safe Curriculum	Nye County
<b>Ron Wood Family</b>	CTF	Ron Wood FRC provides Positive Action which is an evidenced-based parenting/family communication program that has components addressing prevention of	Carson City

Agency	CTF/CB CAP	Summary	Location
<b>Resource Center</b>		child abuse and neglect. Positive Action is a holistic approach toward prevention of child abuse and neglect through education and communication.	
<b>Agency</b>	CTF/ CBCAP	Summary	Location
<b>Specialized Alternatives for Families &amp; Youth (SAFY)</b>	CTF	SAFY of Nevada offers Parenting on Purpose (POP) targeted to caregivers who have experienced developmental trauma. The 16-week POP sessions provide caregivers an opportunity to develop the tools and skills to parent in a regulated, consistent, and emotionally safe manner to help combat multi-generational trauma and reduce the occurrence of child maltreatment	Las Vegas
<b>UNR Dice Center</b>	CTF	The Center provides services on a county-wide basis including child self-protection programs. The areas served are Hawthorne and the Walker River Indian Reservation.	Reno, Hawthorne, Walker River Indian Reservation
<b>UNR Healthy Home Life</b>	CTF	SIERRA Families provides direct services including comprehensive support for parents, parent training, and referrals including Latinx parents.	Reno
<b>UNR Mineral County EX</b>	CTF	SIERRA Families provides direct services including comprehensive support for parents, parent training, and referrals including Latinx parents.	Mineral County
<b>Washoe County School District FRC</b>	CTF	The Washoe County School District (WCSD) Family Resource Center (FRC) provides parent- focused interventions such as evidenced-based parent education and training, as well as targeted home visits to decrease child maltreatment by instilling knowledge, skills and confidence.	Washoe County

Agency	CTF/CB CAP	Summary	Location
<b>Wells FRC</b>	CTF	Wells FRC provides evidence-based parenting classes that teaches developmental milestones and appropriate discipline, focusing on parenting children birth -18 year. Additionally, the Wells FRC improves family access to formal and informal resources through basic family support services.	Wells

## Purpose of Assessment

The purpose of the needs assessment was to identify community perceptions of risk and protective factors associated with child abuse prevention in Nevada, understand what community support services Nevadans are aware of and what are some barriers to accessing these services, and identify services that are needed in Nevada to help create strong communities that support protective factors and reduce risk factors for child maltreatment, and to help identify new strategies in partners to engage in primary prevention work.

To answer these questions, NICRP assessed current data to describe the status of Nevada in regard to identified community level risk and protective factors, and conducted focus groups in northern and southern Nevada aimed at discussing community strengths, areas that need improvement, and innovate strategies to prevent child maltreatment in Nevada.

The results of this needs assessment will guide future funding from the Department of Child and Family Services as well as assist in the developing of the first Statewide Child Maltreatment Prevention Strategic Plan in Nevada.



## METHODS

Prevent Child Abuse Nevada conducted a comprehensive needs assessment of maltreatment prevention resources and risk factors. This needs assessment was developed using both primary and secondary source data, through the approaches and methods described below. This assessment combines (1) State and Federal Data from publicly available sources, and (2) Needs Assessment and Strategic Plan data from existing reports developed across the state, (3) Parent and Caregiver data from focus groups and surveys, and (4) Community Stakeholder data from community focus groups and surveys. Each of these methodologies are briefly described below.

### Analyze Existing Needs Assessments and Strategic Plans in Nevada

NICRP gathered existing information in the state to conduct a crosswalk of identified needs and strategies for improvement that would impact all families. NICRP has reviewed 64 documents (41 needs assessments, 12 strategic plans, 10 reports, and 1 article). A review of these documents helped determine gaps or incongruences to further understand the child abuse prevention landscape in Nevada.

## Secondary Data Review

Existing data sources from federal and local government agencies as well as state or local organizations that have data related to the current state of child maltreatment in Nevada as well as key protective factors for the prevention of child maltreatment were reviewed. This information was used to provide a better understanding of Nevada and what prevention resources are needed to reduce maltreatment in Nevada's communities.

## Focus Groups

Focus groups are useful tools for learning about community understandings of daily life as well as gaining insights from multiple perspectives on the same topic (Gibbs, 1997). NICRP staff planned and hosted 4 focus groups for parents/caregivers and 3 focus groups for community providers. Focus groups for parents/caregivers were held in-person in Las Vegas (5), Ely (0), Reno (20), and one focus group was held virtually (22). For providers, one focus group was held in person in Ely (0), and two focus groups were held virtually (8). Communities were selected based upon their representativeness of population demographics in that area of the state.

The research team, in partnership with staff at DCFS, developed a list of 10 questions to guide each focus group which were based on examining community risk and protective factors as well as strategies for preventing child maltreatment in the community).

Focus group participants were recruited through emails to local community organizations, newsletters, social media, and flyers posted in the community. For their participation, parents/caregivers were offered a 25\$ gift card. Providers were not offered an incentive as focus group occurred during traditional work hours. Therefore, it was assumed they would be attending as part of their workday.

At least two members of the research team were present during each focus group. Upon arrival, participants were asked to complete a brief demographic form, and were given a short summary of the purpose of the focus group and then asked permission to be recorded. Focus groups typically lasted from 1 – 1 ½ hours

Focus groups were transcribed to accurately report participants' thoughts and ideas as presented during the focus group. Focus group facilitators also took notes about participants' responses during the focus group. Participant responses for each question were summarized for each community to find areas of strength and areas for development for each community. Finally, focus group responses were compared across communities to determine common strengths and needs across communities and those that might be unique to specific regions.

## Surveys

NICRP staff developed a parent/caregiver and a provider survey based on focus group questions in order to capture data from a wider group of parent/caregivers and providers whose voices might otherwise not be heard. The questions for the survey were developed by the staff at NICRP based on the information that was to be obtained in the focus groups and were available in both English and Spanish. The final draft was reviewed by staff at the Nevada DCFS (see Appendix D-G). A request to distribute the survey was sent out via email to child serving organizations statewide with the offer to deliver printed copies if needed.



“

Clear communication on the data that is expected from us would be very helpful.

”

*~ Service Provider in Nevada*

## Parent/Caregiver Participation and Demographics

A total of 52 parents/caregivers completed the online survey. Just under half of participants identified as the birth parent of a child (46.2%), 17.3% identified as a foster parent, and 15.4%

identified as an adoptive parent. Approximately one third (32.6%) of respondents held a Bachelor's degree, 17.4% held a Master's degree, and 39% had at least a high school diploma. The majority of respondents were from Clark County (70.2%), 8.5% were from Washoe county, and the remaining 21.3% were from the other rural counties. Parents/caregivers identified primarily as White (38.3%), African-American (23.4%), and Hispanic (23.4%), and the majority identified as female (82.6%). A full description of the demographic information and results of each survey item are available in Appendix B.

## **Provider Participation and Demographics**

A total of 104 providers completed the online survey. Approximately one third of participants identified as working for a private non-profit (28.9%), and 25% identified as working for a public non-profit agency. Approximately one third (31.7%) of respondents held a Bachelor's degree, 26.9% held a Master's degree, and 34.6% had at least a high school diploma. The majority of respondents indicated they served families from Clark County (60.2%), 20.4% Carson City, and 16.5% served Washoe County. Providers identified primarily as White (54.4%), Hispanic (23.3%), and African-American (16.5%), and the majority identified as female (91.4%). A full description of the demographic information and results of each survey item are available in Appendix C.

## **Strengths**

The needs assessment was successful in reaching parents/caregivers and providers in various parts of the state and the comprehensive review of existing strategic plans and needs assessments helped to identify new collaborators that are invested in child maltreatment as well as gaps in partnerships and data. In addition, the approach was developed in partnership with DCFS who has committed to use the findings to drive the child maltreatment prevention work in the state.

## Limitations

To meet the initial timeline of the needs assessment, the focus groups for parents/caregivers and providers were conducted in a short time period and during a time where there was a surge in COVID-19 cases. Therefore, efforts to collect data in person were drastically reduced in order to prioritize safety and respect the desires of partners around the state. Due to the timing, there were some populations that were harder to reach such as parents who are Native American, parents that do not have transportation and live in remote areas, and families experiencing homelessness.

Another limitation is that data are not always available at the county level, and often times data presented combine 15 of Nevada’s rural counties into one rural variable.



“ Warm handoffs are vital. All agencies should have a process in place where they connect families to the agencies they are referring them too. Families are more successful in receiving the services they need if the agency helps them make the first contact. ”

*~ Service Provider in Nevada*



## RESULTS

### Analysis of Existing Needs Assessments and Strategic Plans in Nevada

A literature review took place to find commonalities between this Needs Assessment and other similar documents previously done across the state. The highest priorities and needs for agencies were:



There is a strong effort for agencies to collaborate with each other and align goals to create the best outcomes for children and families. It is expected that the Strategic Plan that will be created from this Needs Assessment will promote strong collaboration and alignment for child abuse and neglect prevention agencies. Furthermore, barriers such as lack of transportation and lack of access to quality healthcare, with a focus on mental health, were the main needs expressed across the state in these diverse reports and assessments. These needs were also highlighted on this report as vital needs to be met in order to prevent crisis and support the wellbeing of children and families. Lastly, the need for data collection and sharing has also been highlighted as a need to effectively monitor progress and address the needs of communities.



Table 5: Reports and Needs Assessments Addressing Key Service Areas

TOPIC	SERVICE AREA	# OF REPORTS ADDRESSING AREA
ACCESS TO RESOURCES	Transportation	19
	Available & Affordable Child Care	10
	Home Visiting	6
	Food Security & Healthy Foods	15
	Parenting Programs	3
	Safe & Affordable Housing	15
	Community & Social Services	6
	Community Awareness & Collaboration	16
	High Quality Programming & Services	11
	Warm Handoffs	2
	Nontraditional Hours	3
HEALTH	Mental Health	38
	Health Equity	18
	Access to Quality Healthcare	22
	Culturally Appropriate Programs	12
	Trauma Informed Practices	8
	Developmental Screening & Early Intervention	8
	Nutrition & Physical Activity	15
	Professional & Workforce Development	17
SAFETY	Collaboration	4
	Reunification	3
	Violence Prevention	4
INFRASTRUCTURE	Data Sharing	18
	Funding	14
	Evidence-based Programs	16
	Data Collection & Evaluation	12
	Culturally Appropriate Programs	12
	Collaboration & Alignment	29
	Policy & Advocacy	13
	Equitable Access to Services	17

## Secondary Data Analysis: Child Maltreatment in Nevada

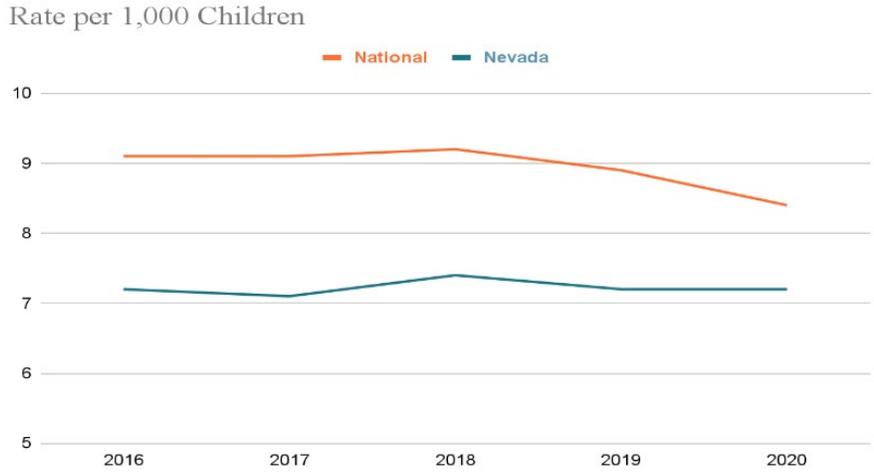
The needs of communities were analyzed, including the incidence of abuse and neglect, risk factors that make children and families vulnerable to maltreatment and the needs of parents. In contrast to protective factors, risk factors impact families' ability to respond to children's needs and protect them from trauma and other negative influences in their lives.

To determine the needs and risk factors associated with child abuse and neglect in Nevada, an analysis of Nevada's population was undertaken. The analysis examined current child abuse and neglect incidence in Nevada, in conjunction with data on multiple known risk factors, such as child's age, child's race/ethnicity, family poverty, and more. In addition, surveys of local prevention professionals and parents were conducted. The goals of the analysis were to determine the extent to which common risk factors of abuse and neglect were of concern in Nevada, and identify specific communities in the state (Clark County, Washoe County and 15 Rural Counties) that had an increased risk of abuse and neglect. The below index incorporates actual incidence of abuse and neglect, along with the incidence of known risk factors.

### Incident of Abuse and Neglect in Nevada

Child maltreatment is a serious issue in Nevada, one that has many implications across all communities. According to the Child Maltreatment Report (2020) conducted by the Department of Health & Human Services, the rate of child maltreatment in Nevada is slightly lower in comparison to the United States overall. (Figure 2). In 2020, the rate of abuse and neglect was 7.2 victims per 1,000 children in Nevada compared to 8.4 per 1,000 in the country.

Figure 2: Rate of Maltreatment in Nevada and the United States FFY2020



## Victim Demographics in Nevada

At any age neglect and abuse have devastating consequences and lasting effects. The youngest children are the most vulnerable to maltreatment as reported by the Child Maltreatment 2020 report (DHHS, 2020). More than one-quarter (28.6%) of victims are in the age range of birth through 2 years old. Victims younger than 1 year are 15.2 percent of all victims. The victimization rate is highest for children younger than 1 year old both in Nevada and in the U.S. In Nevada the number of victims under the age of 1 reached 831 in 2020 which is over double the number of victims compared to any other age group.

Figure 3: Victims by Age FFY2020

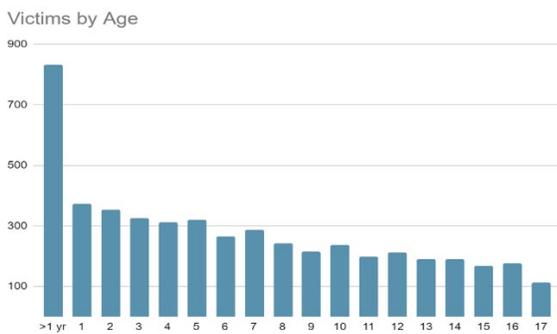
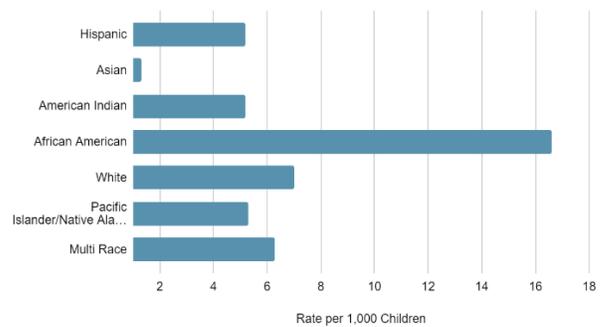


Figure 4: Victim Race/Ethnicity 2020



## Infants with Prenatal Substance Exposure

The Comprehensive Addiction and Recovery Act (CARA) of 2016 amended CAPTA by adding a requirement to report the number of infants with prenatal substance exposure (ISPE), the number of ISPE with a plan of safe care, and the number of ISPE with a referral to appropriate services. Nevada had a total of 685 Infants screened in for ISPE, however there is no data on the number of ISPE with a plan of safe care, or the number of ISPE with a referral to appropriate services (DHHS, 2020). This may be an area where new reporting needs to take place in order to get an accurate account of how families are being supported.

## County Level Abuse and Neglect Rates

Nevada uses a state-supervised and county-administered structure for the management of child welfare services. Clark County Department of Family Services (CCDFS) and Washoe County Human Services Agency (WCHSA) provide child welfare services directly to all children and families located in those counties. DCFS provides child welfare services to the remaining 15 counties in the state through its Rural Region offices as well as oversight of services in Clark and Washoe counties.

## Child Protective Services

According to the Nevada Health and Human Services Division of Children and Family Services (DCFS), Child Protective Services (CPS) is the first step to ensure the safety and permanency of children who have been reported as being allegedly abused or neglected. The primary focus of CPS is to ensure that children are protected from harm or risk of harm and to make it safe for the child to live with the parent or caretaker. CPS agencies respond to reports of abuse or neglect of children under the age of 18. Abuse or neglect complaints are defined in statute and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment

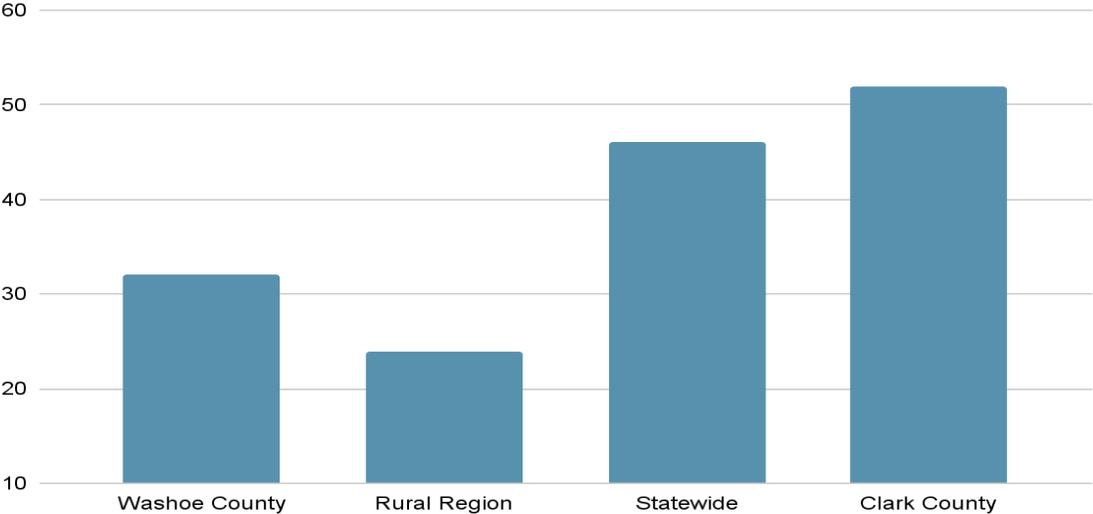
(DCFS, 2021). CPS investigative workers assess the safety of children, protective capacity of caregivers, and the family functioning, and they identify strengths and risks in the home.

The first part of the Child Protective Services (CPS) process is a referral from an outside source and the Child Welfare Agency’s response. Thousands of CPS referrals are received and processed by intake staff statewide each month.

## Child Protective Services Referrals Received

According to DCFS 2021 Report, referrals are dispositioned by intake workers, and upon dispositioning, the referral becomes a report. Dispositions can be one of the following: (1) Information Only, where there is insufficient information about the family or maltreatment of the child, or there are no allegations of child abuse/neglect; (2) Differential Response, when a report is made and there are no allegations of maltreatment, and/or the allegations do not rise to the level of an investigation, but the family could benefit from community service; or (3) Investigation if the agency determines that the information constitutes an allegation according to policy; when the investigation is complete, and a determination of Substantiated or Unsubstantiated is made.

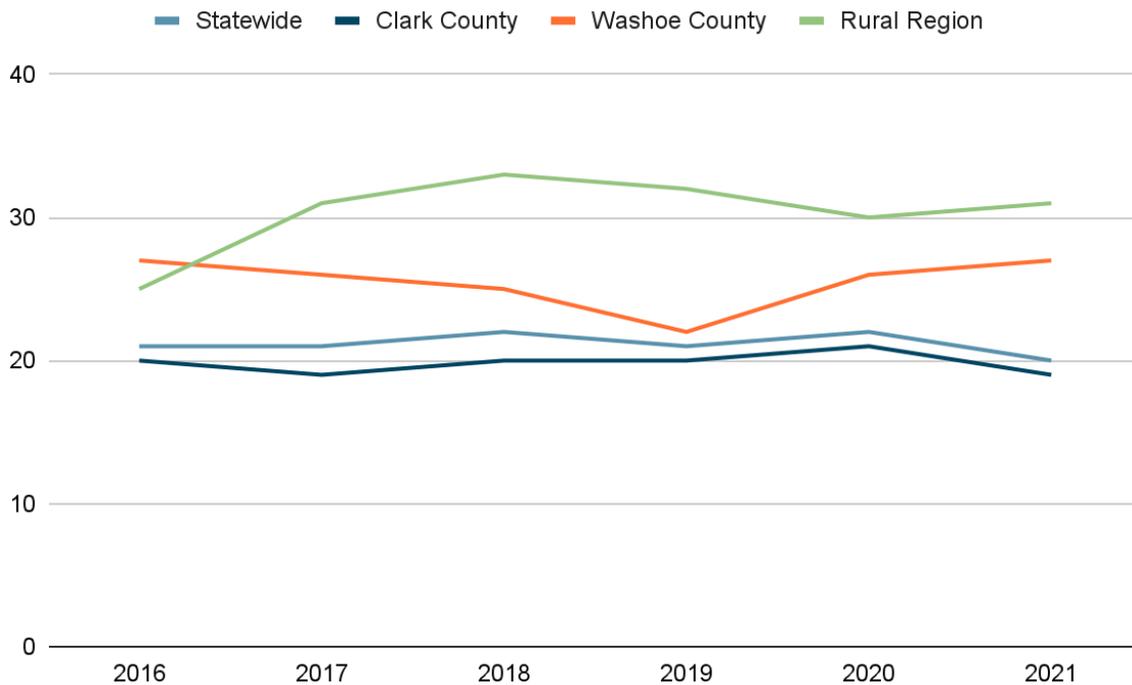
Figure 5: Percent of CPS Referrals Received by Disposition that turned into investigations for each jurisdiction for 2021 SFY



According to the DCFS 2021 Report, across the State less than half (46%) of referrals received by CPS turn into investigations. Clark county has the highest investigation percentage at 52%, whereas Washoe County is at 32% and Rural Regions are at 24%.

The Rural Regions of Nevada have the highest percentage of substantiated investigations and that percentage has grown since 2016 (DCFS, 2021). Clark County has the least percentage of substantiated investigations and continues to be lower than the state average (DCFS, 2021). The Rural Region of Nevada has the highest effectiveness rate at reducing the risk of harm for children that have been maltreated. The Rural Region has an effectiveness rate of 98.35% with 100% effectiveness rates for the last 6 months. Clark County has the lowest effectiveness rate at 96.7% with no months at 100% rating. All regions are above a 96% effectiveness of reducing the risk of harm for children that have been maltreated (DCFS, 2021).

Figure 6: Percent of Substantiated Investigations per area



# Children without Recurring Abuse or Neglect

This measure assesses the effectiveness of Child Protective Services staff in reducing the risk of harm for children who have been maltreated. For children with a substantiated report of abuse and/or neglect, it shows what percentage did not have a recurrent substantiated report within six months of the prior substantiated report date.

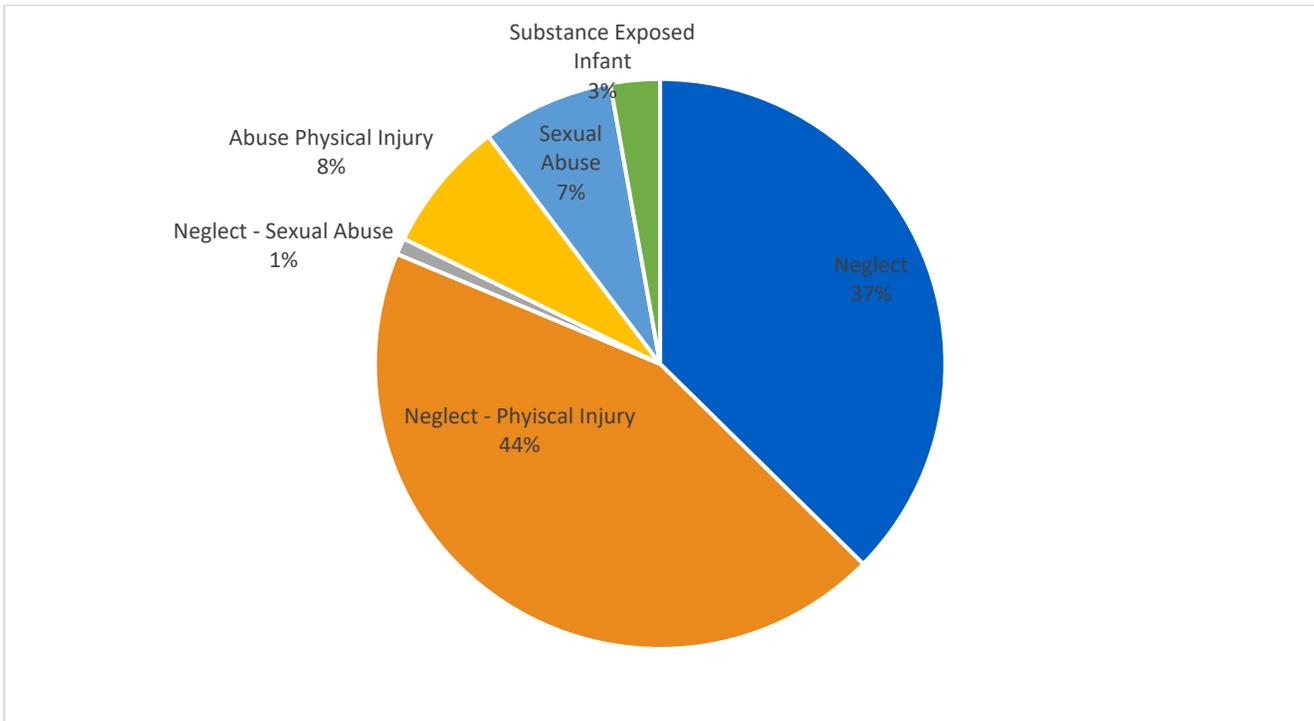
Table 6: Percent of children Without Recurring Abuse or Neglect in Six Months

County/Region	%
Clark County	96.37%
Washoe County	97.88%
Rural Region	98.35%

## Types of Maltreatment

Abuse or neglect complaints are defined in statute and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment. CPS investigative workers assess the safety of children, protective capacity of caregivers, and the family functioning, and they identify strengths and risks in the home.

Figure 7: Percent of Maltreatment Types based on Substantiated Investigations for 2022 (July-Feb)



## Foster Care Services

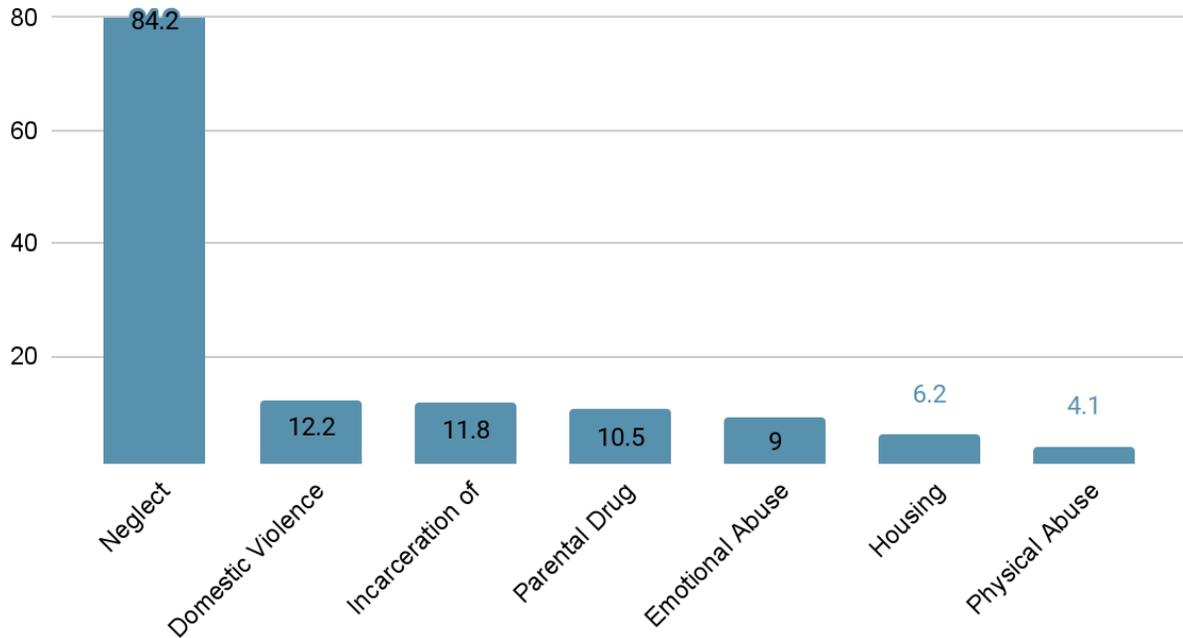
Some investigations result in a finding that the child cannot safely remain in the home and must be removed to foster care. This is a last resort option, part of the overall continuum of services provided by child welfare agencies.

Table 7: Removal Rate per 1,000 Children - SFY2017 through SFY2021

State Fiscal Year	Statewide	Clark County	Washoe County	Rural Region
2017	5.23	5.50	5.10	3.48
2018	4.73	4.80	5.15	3.64
2019	4.71	4.92	4.36	3.58
2020	4.17	4.36	3.84	3.17
2021	3.89	4.06	3.61	2.93

Figure 8: Removal Reasons of Youth Entering Foster Care in SFY2021

### The Reasons for Removal in Percentages



*\*Note: Youth are removed to foster care for various reasons; youth may have multiple removal reasons selected. Listed are the top 7 reasons why youth are removed from families. These reasons will be examined in the risk factor section.*

While these percentages were consistent across Clark, Washoe, and Rural counties, Washoe had much higher rates of removal due to inadequate housing and Rural counties had a higher rate of removal due to parental drug abuse.

## Leading Risk Factors of Abuse and Neglect

Multiple risk factors of abuse and neglect were analyzed to determine the degree to which they impacted rates of abuse and neglect in Nevada; these factors included poverty, substance use, child's age, race/ethnicity and domestic violence. These factors, while perhaps not totally inclusive, had sufficient data available to be analyzed and have been identified as potential risk factors within child maltreatment research (U.S. Department of Health & Human Services, 2020; UNITY database, 2021 – CFS725 report). The purpose of this analysis, paired with the feedback from stakeholders, is to identify correlates of abuse and neglect in the data which can help inform programming decisions.

### Poverty

According to the 2019 American Community Survey (See Table 8), nearly 1 in 4 children (22.8%) under age 5 in Nevada lives below poverty. The largest percentage of children under 5 living below poverty reside in Clark County, followed by Washoe County, then the rural and frontier counties. According to the most recent KIDS COUNT Data, 17% of all Nevada children lived in poverty and 26% had parents lacking secure employment. In addition, 22% of children lived in households where the head of household lacks a high school diploma and 36% of children lived in single-parent families (The Annie E. Casey Foundation, 2020).

The total percentage of children living in poverty in Nevada is 17% and households with a single parent makes up the highest percentage of those in poverty. In fact, 36% of children living in poverty are living in households where the mother is the single parent. Low income and poverty have been linked to child abuse and neglect (Dubowitz et al., 2011). One study found that incremental increases in income correlated to reductions in both child neglect and CPS involvement, especially among low-income, single mothers (Lawrence et al., 2017). It is important to identify the intersections that exist within the risk factors, for example children under 5 are at the highest risk for abuse and neglect, this coupled with the data that shows 23% of children in the same age group are living in poverty.

Table 8: Poverty Status of Children under Age 5

	Nevada		Clark	Washoe	Rural
	#	%	%	%	%
<b>Children under age 5</b>	178,190	100.00%	74.97%	14.93%	10.10%
<b>Below poverty</b>	40,634	22.80%	23.70%	19.01%	21.79%
<b>Not below poverty</b>	137,556	77.20%	76.30%	80.99%	78.21%

## Homelessness

According to the most recent state profiles by the U.S. Department of Education (2018), 20,044 children under age 6 experience homelessness in the state of Nevada in 2018. Of those children, 95% go unsupported by Early Childhood Care and Education programs including Head Start programs and those supported by the McKinney Vento Homeless Assistance Act (See Table 9).

Living in poverty can create stress and severe hardship on the family, a study found that the highest risks of child maltreatment were associated with indicators of deprivation, including poverty, employment, and social supports (Sidebotham et al., 2006).

Table 9: Number of Served and Unserved Homeless Children in Nevada

	# of Children	% of Children
<b>Number of children in Nevada under the age of 6</b>	221,541	100%
<b>Estimated Number experiencing homelessness</b>	20,044	9.05%
<b>Homeless and Unserved</b>	18,952	94.55%
<b>Homeless served by Head Start</b>	431	2.15%
<b>Homeless and Served by McKinney-Vento Homeless Assistance Act</b>	661	3.30%

## Parental Drug Use

The opioid crisis is impacting the entire country. Since 1999, the amount of prescription opioids dispensed in the United States and the number of overdose deaths involving opioids have both quadrupled (CDC, 2017). Nevada ranks 12th highest in opioid painkiller prescribing rates (CDC, 2018) and 26th highest for opioid overdose deaths (Scholl, Seth, Kariisa, Wilson, & Baldwin, 2018). Overdose deaths for concurrent heroin and methamphetamines have increased 29% in Clark County and 89% in Washoe County over the same time period (Washoe County Regional Examiner's Office, 2018; Southern Nevada Health District, 2018). Nevada has the highest methamphetamine overdose death rate in the country (Seth, Scholl, Rudd, & Bacon, 2018).

As Nevada Families struggle with addiction, children are caught in the fray. 85.6% of people in Nevada suffering from drug dependence or abuse go untreated (DPHBH, 2018). Furthermore, parental substance use is the fourth highest reason a child is placed in foster care at 11%. Evidence shows that parental substance use more than doubles the risk that a child is exposed to physical or sexual abuse (Walsh et al., 2003). It is important to remember that the relationship between parental substance abuse/dependence and child maltreatment persists even when controlling for referral patterns, social class, and community (Keller et al., 1994).

Self-reported use of heroin and other opioids while pregnant and corresponding neonatal abstinence syndrome have been increasing since 2013 (DPHBH, 2018). Few pregnant women in need of opioid use disorder treatment are receiving it. In fact, only 15% of pregnant women with an opioid use disorder received treatment (DHHS, 2018). From April 2017 to March 2018, 871 pregnant women on Medicaid were diagnosed with an opioid use disorder. Of these women, only 112 were on medication-assisted treatment and 19 submitted substance use treatment claims (DHHS Office of Analytics; Division of Health Care Financing and Policy, 2021).

## Domestic Violence

Domestic violence (DV) generally is defined as a violent crime committed in the context of an intimate relationship (Dubowitz et al., 2011). However, domestic violence is no longer just a family matter. It is a crime involving the use of power, coercion and violence to control another. This crime is recognized by state law and prosecutable by law enforcement (NV.gov). According to the Nevada Coalition to End Domestic and Sexual Violence they served 26,635 victims and 21,121 of the victims were served for the first time in 2020 FFY. During that same year, 1,180 children were primary victims and 5,514 were secondary victims based on the data from NCEDSV. Domestic violence in the house increases children's risk of experiencing abuse and neglect. DV can create unstable family structures and problematic family situations which can perpetuate both child maltreatment and domestic violence (Dubowitz et al., 2011).

Most of the victims reside in Clark County with 13,637 reported victims seeking help and the second was Washoe County at 1,990 victims seeking help. The tables below give information on the relationship between the victims and the perpetrator, and the type of crime committed by the perpetrator. Child sexual abuse was the third highest crime reported (NCEDSV, 2020).

Table 10: Perpetrator Relationship to Child

<b>Dating Partner</b>	<b>1,490</b>
<b>Spouse or Significant Other</b>	2,696
<b>Former Partner</b>	1,271

Table 11: Crimes Reported to NCEDSV

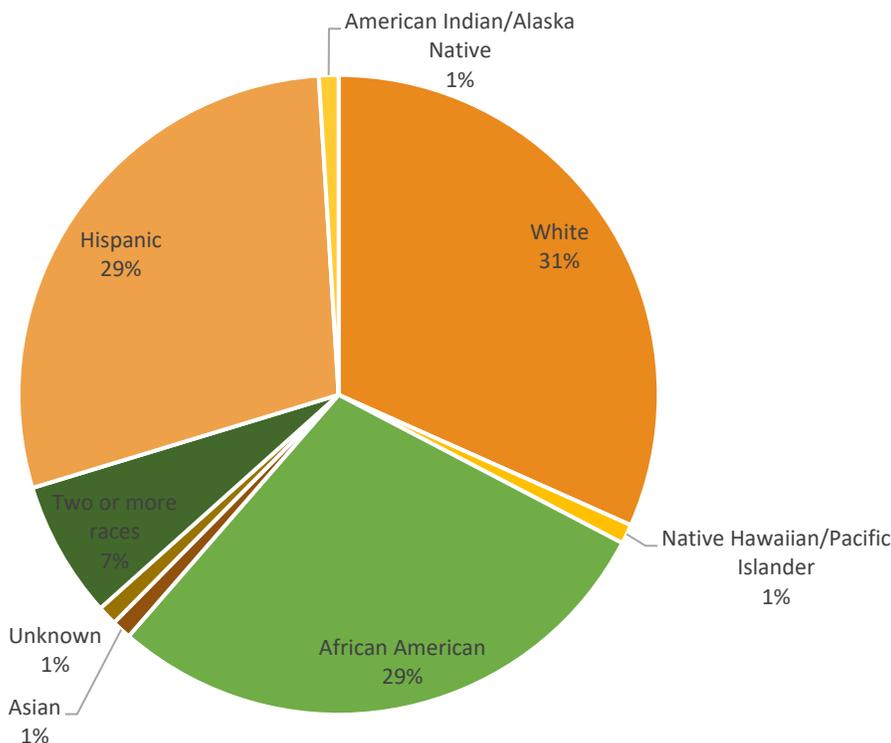
<b>Adult Survivor of Physical Abuse</b>	<b>2,090</b>
<b>Domestic/Intimate Partner Violence</b>	22,589
<b>Child Sexual Abuse</b>	1,163

## Race and Ethnicity

Racial disproportionality in child welfare is a very common issue across the country, specifically in areas that are most diverse (Dettlaff & Boyd, 2021). Findings by Dettlaff & Boyd (2021) break down common outcomes of racial disproportionality in the welfare system, such as families of color are more likely to have child welfare called to their household and more cases of color are likely to go to trial than families who identify as white. Dettlaff & Boyd (2021) also found that families of color were more likely to be separated from their children and less likely to be reunited at any point. The National Conference of State Legislatures (NCSL) (2021) have also found direct correlations between families of color, low socioeconomic status and how they are treated in the child welfare system. Families who are of racially diverse communities were more likely to have children removed from their homes (NCSL, 2021). Chase & Ullrich (2022) found similar results that indicate families of color and/or that live below the poverty line are more likely to have their children removed from the home and spend a longer period of time in the child welfare system.

According to the Child Welfare Census Bureau Data (2021) for the state of Nevada, 32% of child maltreatment victims are White, while 30% are Hispanic and 25% are Black (other smaller percentages make up the categories of race/ethnicity). Compared to the percent of children in Nevada that are African American (11%), it is clear that this group is largely overrepresented in the system. Dettlaff & Boyd (2021) and the NCSL (2021) both suggest from their findings that a large cause of this disproportionality has to do with access to services, low socioeconomic status and racism or bias from the community or case workers. This state disproportionality is in line with the recent studies describing the national trend for child welfare, and how families of color are more likely to have their children removed from the home.

Figure 9: Race/Ethnicity of Children in Foster Care



## Age of the Child

A child’s age is another risk factor. According to the World Health Organization (WHO) (2021), 3 in 4 children under the age of four suffer childhood maltreatment. The Administration for Children and Families, (2020) infants under the age of one are at the highest risk for being victims of abuse or neglect compared to any other age group. The Center for Disease Control (2022) found similar results, showing that children under the age of four are at highest risk for abuse (which is increased when crossed with comorbidity of early childhood development disabilities). Internationally, WHO (2021) also found that 3 in 4 children under the age of four regularly suffer from abuse or neglect, and 1 in 5 women, and 1 in 13 men suffered from sexual abuse under the age of 17.

On the state level, children under the age of five make up 50.1% of childhood maltreatment victims, while children between 6-17 make up the other 49.9% of victims in Nevada (Child-welfare Census Nevada, 2021). Of those who entered foster care in 2020, 44% of children

were under the age of five (Child-welfare Census Nevada, 2021). 66% of Nevada foster children were six or older, most of which had been entered into foster care for maltreatment in the home (Child-welfare Census Nevada, 2021).

## **Focus Group and Survey Analysis**

The following information are the main findings from the focus group and survey data for both providers and parents/caregivers.

## **Community Perception of DCFS**

In order to assess the community perception about DCFS, parents and providers were asked several questions regarding their knowledge and experience with DCFS.

Overall, parents disclosed fear and a lack of trust of DCFS. Parents feel DCFS intrudes in their life and family causing fear and low self-esteem in both parents and children, with many fearing child removals from the home (93%). When it comes to perception of DCFS, most parents believe the Department of Child and Family Services is solely Child Protective Services (70%) with few responses referring to family resources, welfare funds, and child advocacy centers as part of DCFS (30%).

In regard to knowledge of services, more than half of caregivers (67%) who attended a focus group shared their unfamiliarity with family support services. Contrastingly, most parents (82%) stated they have knowledge about family prevention services. Accessing services was shared as a challenge, with majority of caregivers not having received services for their family. Regarding family support services, half of those who have not received services shared they have needed services but have not been able to access them. Out of those who responded no to receiving family crisis services, 88% shared they have needed services but were not able to access them or did not know where to go.

Table 12: Knowledge and Experience with Services

<b>Inquiry</b>	<b>Yes</b>	<b>No</b>
<b>Knowledge of Family Support Services</b>	33%	67%
<b>Knowledge of Family Prevention Services</b>	82%	18%
<b>Received Family Support Services</b>	23%	77%
<b>Received Family Crisis Services</b>	47%	53%
<b>Received Family Prevention Services</b>	14%	86%

## Community Strengths

There are several areas caregivers and providers highlighted as community strengths. The following are the community strengths shared by survey respondents and focus group participants.

### Activities for Children (Educational & Recreational)

Many parents shared that their community provides activities for children on a regular basis. Parents and caregivers highlighted educational and recreational activities for children as one of the strengths in their communities. Parents expressed their interest and need in engaging in diverse activities in their community.

“The community services are changing to support growing needs in the community. My community is family friendly and they do exceptionally well with creating events for kids”

“We have a lot of community activities that are free/low cost through the local Parks and Recreation Department”

While many families shared they connect with libraries and other agencies to find activities for their children, they also shared their struggles finding activities for the entire family. Parents and caregivers surveyed placed access to family-friendly activities as the highest service needed in their communities (37.5%). Parents and caregivers expressed their

interest in having more activities at libraries, recreation centers, and parks. Many parents and caregivers also shared their interest in more outdoor activities.

One parent shared they would like “any opportunity to get out of the house. We like to be diverse in the experiences we create for our children.”

Parents and caregivers also shared the need for more activities for teenagers, specifically activities for the entire family that also engage older youth. Another need highlighted by parents were activities that are friendly for autistic children and other children with high needs.

### Community Health Clinics (Washoe & Clark)

Focus group participants in Washoe and Clark County shared positive experiences and highlighted the importance of Community Health Clinics in their area. Providers shared that the ability to successfully refer families to community health clinics has been a great help in decreasing their stress and preventing crises. Parents and caregivers expressed their gratitude towards community health clinics and the ability to receive affordable healthcare services for their children and their family. Some families did mention it is more challenging to find services for adults compared to healthcare services for children.

### Interagency Collaboration (Rural and Frontier Regions, and Washoe)

Providers in Quad-County region and Washoe county highlighted interagency collaboration as one of their main strengths. Prevention providers in the rural and frontier regions, as well as in Washoe county noted that collaboration with other programs and community members has been a key component on their successful outreach and community engagement. There is a deep interest from providers to continue and expand collaborative efforts to include new agencies or other agencies that have not been involved in the past. Parents and caregivers in these regions also agreed that once they have initial access to services, they experience the collaboration between different agencies to support them and provide the best outcomes for their family.

“Yo creo que mi comunidad es muy amable. Todos nos echamos la mano para salir adelante.”

English: “I think my community is very kind. We all help each other out to keep moving forward.”

## Barriers to Services and Resources for Families and Children

Numerous factors impacting families’ participation in services were identified by caregivers and prevention professionals. For example, they identified some of the risk factors themselves as barriers, such as addiction and mental illness, and access to services were common issues mentioned in the focus groups and surveys. In addition, **awareness of available services, cost of services, and lack of child care** were identified as major concerns for providers, with 60% of stakeholders surveyed saying **lack of awareness of available services** was a major barrier for parents, 59% saying the same regarding **cost of services**, and 55% selecting **child care** as one of the major barriers for parents and caregivers. Contrastingly, parents and caregivers surveyed expressed the main barriers to access services were **work/life balance** (47.5%), **lack of awareness of available services** (45%) and **cost of services** (37.5%).

Focus group participants said that competing parental demands such as work impacted families’ ability to participate in services; this was a common theme in focus groups as well. Stigma, lack of service awareness, poor quality of services, and navigation of systems were among other concerns raised in focus groups.

Caregivers who participated in focus groups also shared barriers that prevent them from reaching out for assistance. The main concerns were fear of rejection and being judged, discrimination and lack of cultural humility, and time constraints. Some parents shared their experiences reaching out to assistance but giving up because the process was extremely time consuming.

Language barriers and the need for culturally competent services were issues discussed in some focus groups and surveys, although both professionals and parents shared their experience with consistently increasing services for Spanish speaking communities. Some parents did share they do not see materials and services available in Spanish in their community. Providers shared the need for more Spanish speaking professionals, as well as

professionals fluent in other languages. Bilingual and multilingual staff tends to be overwhelmed and experience burnout at a much faster rate than their monolingual peers.

Barriers specific to regions include increased transportation and availability issues for rural and frontier communities, and lack of interagency collaboration in southern Nevada.

## Issues Impacting Families

Survey respondents shared the main issues affecting families in Nevada include substance misuse (49%), domestic violence (41%), and lack of stable housing for families in the community (32%). Providers also shared many families face difficulties in parenting their children with high needs and behavior disorders, usually not finding community support in these areas. Similarly, both parents and providers in focus groups shared there is a lot of trauma experienced by children that parents are unable to effectively respond to due to lack of knowledge and resources.

Both parents and providers also mention many families are struggling to meet basic needs. A provider in the Quad County region shared it is crucial for families to have their “basic needs met so they can begin to focus on their family thriving rather than surviving.” Parents who attended the focus groups also shared their concern in meeting basic needs now that inflation is steadily increasing, making rent, gas, food, and other basic items unaffordable.

## Family Challenges

The highest current needs for families include affordable housing, childcare, and access to healthcare. Out of all stakeholders surveyed, 89% stated suitable housing was a major concern for parents in Nevada, 87% stating the same regarding child care, and 77% stating access to health care as the most needed resources.

Both providers and caregivers also stated the need for increased knowledge of services and prompt access to services that are focused on prevention. Many providers and caregivers shared their experiences with services being more reactive than proactive; it was a common response from parents that they did not find information about resources or were eligible for services until their children were removed from the household. The following is a summary of the needs stated by caregivers and providers.

Table 13: Resources and Services Most Needed by Families

Survey Respondents: Providers	
Top 3 Resources and Services Needed	% High Need
Suitable Housing	99%
Early Childhood Services (Childcare Support, Affordable Early Childhood Education Programs)	97%
Health Care Services (Obtaining Health Insurance, Affordable Doctors/Clinics, Access to a Medical Home, Services for Children and Youth with Special Needs)	86%

## Knowledge of Services

Both parents and providers shared the first step of services being accessible for families is to know about the existence of these services. Lack of knowledge in resources is common in Nevada communities and many families do not know where to turn when they start to struggle.

A provider who works as a peer support for parents that are experiencing child removal shared the following about her own experience with child removal:

“I wish I would have that [knowledge of resources] back then. It was an open CPS case that led me to more resources.”

Parents and providers who participated in focus groups shared their main source of information about family support programs is through word of mouth from family, friends, and their child’s doctor; or at outreach events. Other sources mentioned were school, library, foster agency, and announcements at their place of worship.

Increased advertising of these services was also highlighted. Parents and providers agreed that services without eligibility requirements should be widely promoted as universal services and make it clear to parents that they can go any time and receive support. Advertising programs as open support available to anyone can help destigmatize reaching

out for help. More specifically, parents and providers highlighted the importance of doctors having the knowledge of community resources and having the information available for clients.

**A provider located in Northern Nevada shared,**



“ Having availability of resources at all levels. Especially at doctor’s offices, especially when we’re in a community where we all go pretty much to the same two offices. It needs to be known by those agencies and those providers hey this is what our community has and what they can do for you before it’s too late. ”

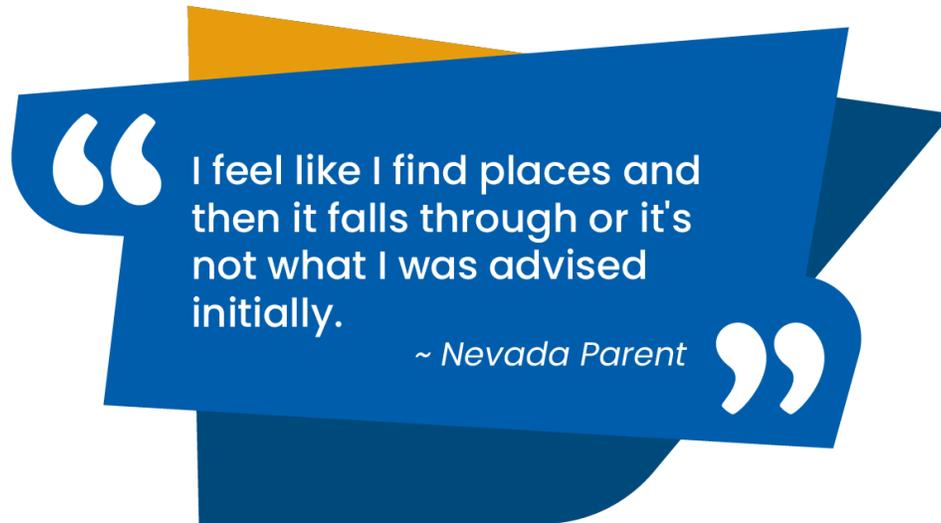
*~ Service Provider in Nevada*

Parents also shared that targeted advertisement in Facebook and Instagram would be effective. It was also mentioned that community resource fairs are a good way to share community resources with families. Parents elevated the need for providers to share information about community supports without a family being in crisis or in need of the service at that moment.

## Access to Services

Several parents and caregivers shared their experience accessing services as more reactive than proactive. Parents struggled finding services before a crisis. Once they were already in a crisis, had their children removed, they received the services they were looking for.

**A parent shared,**



“ I feel like I find places and then it falls through or it's not what I was advised initially.

*~ Nevada Parent* ”

In regard to prevention services, although many reached out for support, most did not get any support with some getting inadequate services. Of all participants, only three parents reported receiving adequate support. Many families shared they received support after experiencing a crisis. Some parents received enough support while some parents felt the support was not enough or did not meet their expectations.

Parents and caregivers also shared that they did not receive any post-care or continuous support after a crisis. In most cases, families ended up going back to the same situation they were in without any resources to improve their life situation and make long term positive changes.

## Service Availability

Focus group participants stated that although there may be many services in the community, many times parents do not qualify for the services or there is a long waitlist. Parents shared it is very difficult to prevent a crisis when a family needs assistance and has to wait months to receive the support they need. Parents and caregivers shared the need for resources that are available during nontraditional hours where they can also bring their children and it would not be an issue for the agency. It is very difficult to attend appointments when children are not allowed at the agency.

Providers also shared the need to expand services in order to have the capacity to meet the needs in their communities. Many agencies would like to engage with families based on the availability of the family and what works best for their schedule, but due to low staffing and limited resources this is not currently feasible.

## Eligibility

Participants communicated the importance of services that do not have requirements and can be accessed by anyone who needs them. Parents mentioned some services should be universal, and people should know they are universal.

A parent shared, "Some services should require some eligibility criteria, but other services should be available for everyone regardless of their situation. There are just some services that should be universal."

Many parents shared that they feel they would not qualify for support because they are not in crisis yet. Some shared trying to access services but not qualifying for them and not pursuing other resources in fear of more rejection. Providers also agreed that many parents who need support but are not in a crisis feel they will not qualify for services.

"A lot of the middle-class families that are struggling feel they do not qualify for services because maybe they didn't qualify for Medicaid or state programs so they feel like all these programs or services may not be available to them because they don't think they will meet income guidelines or qualifications to receive services"

Both parents and providers also shared that having universal services and removing income limits can be really beneficial in preventing child maltreatment and other crises. Advertising programs as having “no income limits” can help break some of the barriers preventing parents from reaching out for support.

A provider shared, “I think “no income limits” in advertising is essential” for families to receive the services they need promptly.

## Interagency Collaboration

Parents highlighted the importance of receiving guidance when they are being referred to another agency. Parents shared that it is very frustrating to receive a stack of papers or phone numbers and then having to call one by one and being rejected for services over and over. It is discouraging for parents that are experiencing a crisis or trying to prevent one. Parents would like providers that can help them connect with an agency that will take them in and help, and for the provider to help with that transition of the referral process.

Providers stated that there are many agencies that provide similar services or can benefit from knowing one another but that connection doesn’t happen. Agencies would like to know more of other agencies and have constant communication when it comes to referring families to their services. For example, some agencies shared they would like to know more of the enrollment process of agencies they refer their families to, what do the services look like, do they have staff that speaks the parent’s language, etc.

Providers in Washoe county and rural areas shared that many community agencies communicate well with each other and tend to partner very well. However, the network can become siloed and exclude other agencies that could help families who are being left out.

Ideas to promote interagency collaboration include strong coalitions, countywide networking opportunities that will help stakeholders build relationships with one another, and creating “one-stop shops” for services that remain current and relevant to the community.

Providers and caregivers also stated the importance of warm handoffs to help parents receive the support they need. Warm handoffs also provide emotional support for parents

and makes them feel like the agency cares for them and the wellbeing of their family. Parents also shared they have more positive outcomes when there is a team of providers working together to support the family.

## Stress Management

Parents highlighted the need for support with stress management and work/life balance. Difficulties balancing life was the main limitation for caregivers who responded to the survey (47.5%). Parents that attended the focus group also shared their continuous stress led them to crises that affected their entire family, many ending up with their children removed from the household by CPS.

Support in managing and reducing stress was a common request for parents. Caregivers are looking for classes to understand, manage, and reduce stress, as well as classes and resources to improve the mental health of everyone in the family.

Other suggestions to assist with stress management include financial literacy classes, respite care, and parent support groups.

## Child Friendly Agencies

Caregivers who participated in focus groups shared the need for agencies that allow children to be in the premises when parents are looking for services. Many parents expressed that not being able to take their children to an appointment brought additional stress and became a barrier to access services. Other parents expressed their appreciation for agencies that had areas for their children to play and be in a safe environment while they were in their appointment looking for services. Both parents and providers agree that family friendly agencies that allow children and have staff engaging with the children in a supervised environment are crucial in helping parents receive the assistance they need.

## Transportation

Providers shared that transportation tends to be a barrier. Several agencies mentioned they try to be centrally located to be more accessible to families in the community. Other agencies shared their concern for families with no transportation.

Specifically, in rural regions, transportation was one of the main barriers to access services. Many had to travel long distances to access services. For parents with no transportation of their own, this became an extremely challenging task. Several parents reported not accessing services after their first appointment due to the distance and the time it would take them to get to the agency.

## Preventing Crisis

Parents and providers agreed that early access to services is one of the most efficient ways to prevent family crises. Affordable housing and having a stable job with a livable wage were shared as the most crucial needs to be met in order to prevent crises.

A provider who responded to the survey shared, “I worked in CPS for 8 years in Clark County. Most of our investigations were related to untreated substance use, untreated mental illness and domestic violence. Lack of access to earn a livable wage led to a lot of food and shelter insecurities which caused violence in the home. It was an endless cycle and very difficult to stabilize families.” Parents also shared that the stress of not meeting basic needs can put the entire family in risky situations.

Support services that are open during nontraditional hours was also highlighted as a potential strategy to prevent crises. Other ways to prevent crises included reducing stigma, mental health services and increased family activities in the community.

## Stigma

Most parents feel advertisements and information provided by community agencies are not culturally sensitive; many reported not feeling welcome. Some parents also shared feeling neglected by community agencies. Parents recommend agencies to be more attentive to the needs of each family, be genuine with a sincere caring attitude, being nonjudgmental, and meet parents and families where they are at. Many caregivers do not reach out for assistance due to the fear of being judged and neglected. Several parents shared that they reached out to agencies when they felt it was their only option left.

A provider shared, “They are embarrassed and they know people are going to judge them. Nobody wants to be judged. So, fear stops them a lot of times”

Providers in focus groups shared there is a need for increased visibility of resources while using positive messaging that services can be used by anyone and that we can all benefit from community supports. Many providers intentionally working to destigmatize community assistance shared that having open-door policies and warm handoffs helped in ensuring families continue to use the agency as a support service and follow through with other agency referrals. Parents also widely agreed that a soft warm handoff to the next agency would be of great benefit to increase access and destigmatize receiving services.

A provider shared, "It's a lot about breaking the stigma for those middle-class families. The ones who are not homeless are not regularly in engaged in services but are struggling, are too afraid to speak up about it. I see a lot of families who come in saying "I've been struggling with this for 6 months, I wish I would've known about you sooner, I wish I could have been in here and asked for the help but my pride got in the way and I thought I could do this on my own and now suddenly we are on a downward spiral and we're trying to save everything.""

## Mental Health Services

Currently, Nevada is the lowest ranked state (51) for youth with mental illness and ranked 42 for adults with mental illness which means that both children and adults in our state with mental illness have lower rates of access to care (Mental Health America, 2021).

Access to mental health services was brought up multiple times in focus groups and surveys. Mental health care services were listed as the second resource with the highest need in the state. Support in coping with stress and reducing stress in parents and teenagers also was a common request. Parenting classes that help with that as

“

Instead of giving parents a hard time, really just try to be understanding and more helpful.

~ Nevada Parent

”

well as teaching ways to have meaningful conversations with their children were also mentioned. Support with behavior management was also mentioned frequently along with classes on healthy relationships. Many parents shared their interest in receiving family therapy but report barriers due to lack of availability or high cost of services. Parents and caregivers would like more tools to understand and support their children's mental health.

Several parents also shared they would have greatly benefited from resources about mental health issues and identifying post-partum depression, as well as identifying depression and anxiety in children. Providers shared their concerns in finding mental health services for children.

One provider shared, "Families have a lot of children that struggle with their mental health and behavior and they are in need for residential treatment but there are very few places that offer residential treatment for people on Medicaid."

Another provider expanded on the issue by sharing, "Kids end up in the hospital but it is only a 24 hour hold and then they're released and two days later they're back in the hospital again. And that happens week after week because they cannot get residential treatment."

Mental health training and trauma informed care were also highlighted by providers. Providers shared that staff that works with families in moments of crisis would greatly benefit from training in trauma informed care and how to respond to youth and adults with a mental illness or experiencing a mental health crisis, including law enforcement.

## Education

Caregivers expressed their interest in workshops and training that will help them understand their children's behaviors and provide positive support for their healthy socioemotional development. Parents and caregivers surveyed expressed the highest need for classes are on the following topics:

Table 14: Topic Priorities for Parent Classes

Topic	%
<b>Child/Youth Mental Health</b>	52.5%
<b>Understanding High Risk Behaviors</b>	47.5%
<b>Stress and Balancing Life</b>	47.5%

Other classes caregivers shared they would like to see in the community are positive parenting, encouraging positive behaviors in children, goal setting, classes for English learners, and enrichment classes like music, cooking, and crafts. Parents also shared their difficulties in finding classes available in the community. Many caregivers did mention that school tends to be one of the most common places to find classes, but the times tend to not be convenient for them. They would like to see free classes for parents and for the entire family to be promoted widely in order to increase access. One parent shared “I would love to partake and participate in any type of classes in the community. If I knew about them.”

In rural and frontier regions particularly, parents and providers shared the need for more diverse educational classes. Virtual classes and training staff that live in rural or frontier communities to instruct diverse classes can help meet this need.

A provider shared, “While rural communities tend to be excellent at working with their families and the families in those communities know what resources are available there, there often aren’t a variety of parenting classes they can take or other resources that can be offered virtual or in their communities. More access to such resources in rural communities, I think, would be super helpful for these families.”

## Family Activities

While many families shared they connect with libraries and other agencies to find activities for their children, they also shared their struggles finding activities for the entire family. Parents and caregivers surveyed placed access to family-friendly activities as the highest service needed in their communities (37.5%). Parents and caregivers expressed their

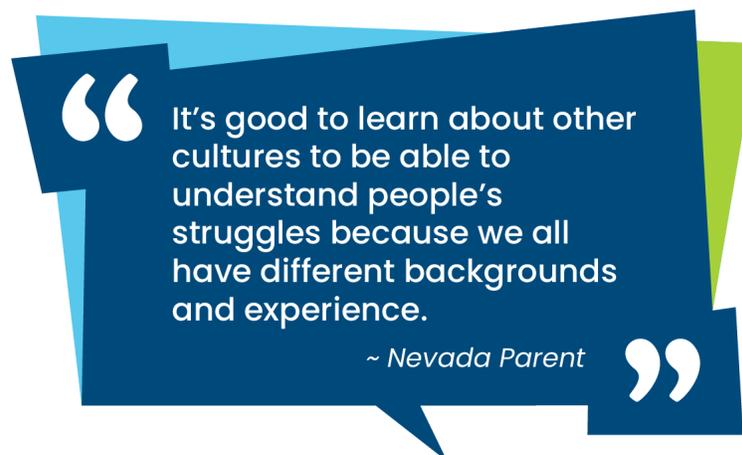
interest in having more activities at recreation centers, libraries, and parks. Many parents and caregivers also shared their interest in more outdoor activities. One parent shared they would like “any opportunity to get out of the house. We like to be diverse in the experiences we create for our children.”

Parents and caregivers also shared the need for more activities for teenagers, specifically activities for the entire family that also engage older youth. Another need highlighted by parents were activities that are friendly for autistic children and other children with high needs.

## Social Connections

Lastly, parents expressed their need to find healthy relationships and peer support. Many parents shared positive experiences from being in programs that included peer support and where the provider understands the situation they are experiencing. Parents and caregivers also shared the importance of having informal settings where parents can connect with each other in safe and welcoming environments.

“It would be great to have more opportunities for families to develop friendships within their neighborhoods so that parents feel more connected to other parents and can support each other. Maybe organized meetups or even providing a platform for connection would be helpful.”





## CONCLUSION AND RECOMMENDATIONS

Prevent Child Abuse Nevada conducted a comprehensive needs assessment of maltreatment prevention resources and risk factors. Primary prevention programs and funding services were catalogued. In addition, a county-level analysis of risk factors of maltreatment was conducted. Finally, valuable input was gathered from parents and prevention professionals through a series of regional focus groups and online surveys.

The purpose of the current needs assessment was to ensure that the strategies and activities included in the Nevada Child Abuse Prevention Strategic Plan accurately reflect the current needs of the communities in our state. Measurable goals and strategies that build on existing strengths and address the challenges identified in the needs assessment will be developed as part of the strategic planning process, which concludes in September 2022. Additional feedback on the plan's goals will be gathered from a statewide committee of diverse stakeholders. The needs assessment and strategic plan will be used to guide future requests for proposals for prevention services and evaluation of prevention efforts. The following provides an overview of the key findings and recommendations that will guide the focus of the strategic plan.

## Summary of Key Findings

- **Balancing life is a major challenge for parents.** Issues balancing work and personal life was the main barrier for parents not accessing services. It is difficult for parents to find the time to travel to an agency and spend the time needed to receive services, especially if they need to find childcare in order to attend an appointment. Many caregivers shared their experiences reaching out for support but giving up due to the lengthy process to qualify to receive the needed assistance. Parents are also interested in classes that provide tools on time management, financial literacy, managing stress, goal setting, and other areas that will help find balance in their life.
- **Meeting basic needs prevents crises.** Parents who have experienced child removal shared that having a livable wage and stable housing would have prevented the crisis that led to child removal. Many who are currently receiving services fear they won't find a stable home or a livable wage after reunification and they will end up in the same situation that led to child removal. Providers also shared that meeting basic needs is crucial to successful reunification and to prevent crises in the first place.
- **Substance misuse and domestic violence are one of the main issues affecting families in Nevada.** Along with stable housing, substance misuse and domestic violence were listed as the main issues across the states. Both parents and providers agreed that agencies who are nonjudgmental and culturally sensitive are most effective in creating a safe space where someone struggling with domestic violence or substance misuse in their home would reach out for help. Caregivers shared their interest in classes and other supports to understand healthy relationships and identify negative and abusive behaviors.
- **Families are in high need of mental health support.** Access to mental health services was a frequent request from both parents and providers. Parents are concerned for their children's mental health and do not know where to go for support. They are also in need of mental health support and would greatly benefit from increased mental health services. Caregivers would like to engage in classes that provide tools to support mental health, understand stress, and help identify any mental health problems before a crisis arises. Providers highlighted the lack of access to residential treatment as a major area of concern when it comes to children's mental health. Another concern raised by providers is the need for more mental health and trauma informed care training for providers.

- **Universal services are effective and destigmatize reaching out for assistance.** Both parents and providers agreed that some services should be universal, and those services should be widely promoted in the community. Promoting universal services as support available to anyone will help destigmatize accessing services and lets the public know there are no income limits or strict criteria to meet in order to receive support.
- **Parents want to know about community resources before services are needed.** Both parents and providers agree that having an increased knowledge of prevention and community services is an effective way to prevent crises. Parents expressed they would like agencies to have information about different community resources and share them broadly with families. They also shared they do not want to receive a stack of flyers. Instead, parents would like providers to engage in meaningful conversations about the resources available in the community and a warm handoff when a resource is needed by a family.
- **Caregivers are actively looking for positive experiences for their children and family.** Community events and family friendly activities were the most requested family supports by parents. Caregivers are looking for opportunities to provide diverse positive experiences for their children. Interests in activities include organized outdoor activities, community resource fairs, and enrichment activities such as music, cooking, crafts, and family friendly workouts.

## Recommendations

The needs assessment found relationships between neglect and numerous risk factors, including poverty, domestic violence, substance misuse, and mental illness.

Research shows an increased risk for long-term physical, mental, and financial health outcomes for people exposed to household dysfunctions such as domestic violence, substance abuse, or mental illness or who have suffered child abuse or neglect without meaningful social supports.

Risk factors for these social determinants of health are reduced when systems work together to implement trauma-informed practices that support the wellbeing of children and families. A coordinated public health approach is recommended to reduce the risk of children's exposure to toxic stress caused by abuse, whether physical or sexual, or neglect

and improving protective factors through early access to concrete supports, evidence-based parenting education, and social supports for parents and children.

Qualitative and quantitative data collected in this needs assessment indicate an urgency for change in prevention practices in Nevada. There is a high need for a coordinated public health approach to reduce the risk of familial exposure to toxic stress and increase protective factors through early access to concrete supports, evidence-based parenting education, and social supports for parents and children.

**Coordinate maltreatment prevention funding sources across multiple service sectors (e.g., public health, early childhood, human services) to use each source strategically in combatting abuse and neglect.** Sectors should work collaboratively across funding sources to identify common goals, services and quality standards using the needs assessment and strategic plan as a starting point. In the short term, CTF and CBCAP funding can be used to complement the programming already funded by other sources (e.g., early childhood and home visiting).

Reduce child maltreatment by increasing awareness and targeting risk factors presented by families which are most closely correlated with abuse and neglect. Make information available and accessible about services that address the conditions of poverty, teen births, low birthweight, domestic violence, adverse childhood experiences, mental illness, and substance abuse.

**Increase the use of non-stigmatizing community supports.** Prevention services should include informal support services such as peer support groups, staff with lived experience, and community events that engage the entire family. This also includes increasing awareness of universal community services and using effective communication strategies for families to know such services are available to anyone. Effective messaging should promote early access to services and be clear about eligibility. Lastly, agencies should request feedback from families on the supports they need and the activities they are interested in participating.

Increase workforce development in cultural competence and humility, EBPs and trauma-informed prevention and care. This means implementing culturally responsive, evidence-supported and trauma-informed practices into all systems that help families. Long-term strategies for improving the quality of prevention services include expanding the prevention workforce to be more culturally representative of the people served and funding EBP trainings to increase the adoption of supported practices.

## **Recommendations to Support Equity, Diversity, and Inclusion for Families**

- Integrate person-centered and family-centered approaches. Determine the unique needs of diverse children and families and work together to determine the practices that best support them and their desired outcomes.
- Identify, respect, and honor a family's cultural strengths, values, resources, family structure, and support network.
- Shift to shared power structure where unequal power dynamics involve members of impacted communities in the planning, implementation and evaluation of prevention services in their area.
- Ensure agency's space, materials, and language is inclusive and representative of the community.
- Invest in assessments, training, and technical assistance on cultural humility and responsiveness.
- Provide training on anti-oppressive practice that includes service delivery that seeks justice and liberation. Agencies should recognize and understand how multiple forms of oppression have been sustained in all levels of society throughout history to create and perpetuate inequitable conditions for certain populations while giving unearned privilege to others. Agencies should also understand how all forms of oppression are interconnected, and best practices to mitigate its effects on the families they serve.
- Diversify the prevention service workforce so that it is more culturally representative of the people being served. Expand recruitment efforts to ensure visibility of employment opportunities in historically excluded communities.

- Create an environment that is welcoming of all people, where their racial, ethnic, cultural, and socioeconomic diversity is valued and honored. This environment should apply to both employees and people being served by the agency.
- Count lived experience as work experience towards job openings that involve serving diverse populations.
- Build skills and capacity of peer mentors and parent leaders to become full-time employees and grow to take leadership roles in prevention agencies.
- Increase support to grow and build diverse youth entering the workforce.
- Annual agency review and staff self-assessment on service delivery and outreach to equity deserving groups, including changes in representation of staff, leadership, and families being served by the agency.



“ A lot of times we get trainings for people in managerial positions but we’re really focusing right now on training all staff, frontline staff, front desk staff, even people who are answering phones on being trauma aware as well as cultural competence. ”

*~ Service Provider in Nevada*

## **Black, Indigenous, and People of Color**

- Cultural responsiveness training should include anti-racist and decolonizing approaches. Agencies should understand how oppressive practices have perpetuated inequitable conditions for people of color while giving unearned privilege to white people and maintaining power imbalance throughout history. Agencies should also have an understanding of colonization including historical trauma, dispossession of land, religious violence and federal assimilation policies, as well as protective factors such as cultural teachings, language, connection to land, sovereignty, and spirituality.

## Families with a Parent or Child with a Disability

- Cultural responsiveness training should include disability bias, best practices to support children and families, and efforts to promote disability justice. Agencies should have an understanding of the different types of disabilities and strategies to work with the family to create a safe and welcoming environment that promotes health and well-being.
- Create disability friendly opportunities for families to engage in activities and community events hosted by the agency.
- Understand the disability of the family member and identify any needed accommodations for optimal service delivery. Assist families with resources to help them be effective caregivers.
- Efforts to provide resources and support to families who have vision and/or hearing impairment.
- Identify the immediate needs of the family and prioritize providing support to meet those needs.
- Increase access to respite care for caregivers and work with the family to create an action plan in case a family member becomes overwhelmed while caring for a child with a disability.

## Immigrants and Refugees

- Cultural responsiveness training should include colonization, forced migration, immigrant and refugee policies and reforms, and the fragmented immigration and refugee systems. Agencies should understand the trauma experienced by this population, including violence, exploitation, and family separation, as well as cultural protective factors such as cultural practices, language, strong family connections, and social support.
- Increase universal services where families can receive support without having to provide identification or social security number.
- Increase access to knowledge and materials in the family's desired language.
- Work together with families to identify culturally relevant resources and activities to increase sense of belonging.

- Have diverse welcoming signs throughout the agency in different languages, particularly representative of the immigrant and refugee families of your community.
- Create opportunities for families to share their culture in nonverbal ways such as through food, crafts, dance, etc.

## Nevada Tribes

- Agencies should understand and honor tribal sovereignty.
- Cultural responsiveness training, particularly for agencies that serve Nevada tribes, should include region specific history, family structure, values, traditions and spiritual practices. Family serving agencies should have an understanding of child-rearing practices and other important cultural components such as storytelling, cradleboards, harmony, lessons of nature, addressing behavior, and communication styles.
- Increase tribal access to Federal child welfare funding to implement their own programs and provide appropriate services to their community.
- Promote family and culture preservation. Identify, respect, and honor family rules, boundaries, and values. If a child has to be under the care of a non-Native American caregiver, the corresponding tribal entity and DCFS should provide the caregiver with the appropriate education and support to honor relevant family and cultural practices, values, rules, and boundaries while caring for the child.

## LGBTQIA+ & Gender Diverse Families

- Cultural responsiveness training should include education on Sexual Orientation, Gender Identity and Expression (SOGIE), gender diverse family structures, history of violence and oppression of LGBTQIA+ youth, adults, and families as well as protective factors such as community involvement, peer support, and social connections.
- Establish written policies to protect LGBTQIA+ families and employees from discrimination and promote an LGBTQIA+ positive environment.
- Forms, internal documents, visuals and any other agency materials use LGBTQIA+ inclusive language such as including gender-neutral language, gender diverse categories, and option to indicate pronouns, sexual orientation, and chosen name.

- Verbally and visually express a continuous commitment to welcoming and working with LGBTQIA+ children and families.
- Have gender neutral restrooms available in the agency.
- Service delivery and program implementation (i.e. parent training) is intentional in being inclusive such as using gender neutral terms for caregivers, using gender diverse family structures, and LGBTQIA+ affirming examples and scenarios.
- Provide education and resources for families of LGBTQIA+ and gender diverse children to be the best support to them.
- Identify, create, and frequently update a list of LGBTQIA+ inclusive referrals. Agencies should ensure staff always connect LGBTQIA+ families to agencies who will welcome, accept, and support them.
- Agency provides LGBTQIA+ inclusive ongoing support and education to parents and other caregivers.
- Work with families to identify their LGBTQIA+-supportive network and help expand it if needed and desired by the family.

## Male Caregivers

- Agencies should receive training regarding fatherhood and male caregiver involvement, including cultural and familial barriers to father involvement in the lives of children.
- Build a father-inclusive organizational culture.
- Include forms for clients that are gender neutral/inclusive.
- Add a diaper deck to the men's restroom if agency has gendered restrooms.
- Create a space for fathers and children to interact together while waiting for service.
- Implement family friendly work policies that apply to employees who are fathers or male caregivers. Encourage male employees who are parents to participate in shaping service delivery and male caregiver inclusion efforts.
- Actively ask for the father or male caregiver's input when working with the family. Provide opportunities for fathers to participate in family problem solving and debriefing.

- Agencies should be intentional in having father-focused signage, outreach materials, and resources.
- Actively recruit fathers, grandfathers, and other male caregivers to become parent leaders. Partner with fathers to identify strategies for participation, retention, and capacity building.
- Provide opportunities for father-focused events that support and celebrate fatherhood and male caregivers.
- Encourage non-custodial parents' participation in activities and events hosted by the agency. Ensure events and activities appeal to fathers.
- Create and foster welcoming spaces for fathers and other male caregivers to interact with and support one another. Provide space for diverse fathers to connect in welcoming and culturally appropriate environments.

## Rural and Frontier Regions

- Increase financial support in rural and frontier areas without increasing the number of children and families being served.
- Increase support for agencies to provide transportation in order for families to have access to services.
- Provide more diverse training and education for staff and provide a variety of parenting classes for families. Increase access by providing professional development and parent training in virtual format or allocating funds for training agencies to travel and provide training to agencies in rural and frontier areas.
- Increase support to grow and build youth in the community interested in working for family serving and prevention agencies.
- Develop and implement a retention and development plan to support, empower, and build the capacity of employees working in prevention agencies.
- Partner with rural and frontier prevention agencies to find the best approach to use CTF and CBCAP funding effectively.

# CONSIDERATIONS FOR FUTURE FUNDING

The following recommendations are respectfully suggested to be implemented for upcoming Notice of Funding Opportunities and future reports from subgrantees:

**Family-centered Approaches.** Establish and develop a statewide parent leadership group that will work together with statewide prevention agencies to identify priorities, improve policies, and evaluate prevention service delivery in order to build parent-centered prevention efforts across Nevada.

**Increase family engagement activities.** It is recommended for programs funded by CBCAP and CTF to include one quarterly family engagement activity in their scope of work. Family activities should engage everyone in the family and should be planned according to the needs and interests of the families served by the program. Some recommended activities are: resource fairs, guided outdoor activities, and visits to museums, play areas, or other recreational activities.

**Messaging strategies to increase awareness of universal services and other resources.** Agencies should provide an outreach strategy to increase visibility of services with a focus on community-wide awareness of any universal services. Agencies applying for funding should include the universal services provided by the agency, along with their efforts to promote these services in the community.

**Child-friendly spaces.** Agencies applying for funding should share their efforts to remove barriers that prevent caregivers from reaching out for support, one of the main ones being lack of childcare. Child maltreatment prevention agencies should be child friendly spaces where parents are able to bring their children while receiving services. Ideally, agencies should provide child care or supervision on site in areas designed for children.

**Include efforts in supporting the mental health of children and adults in the family.** Child maltreatment prevention services should include supports to improve the mental health of children and families. This can include behavioral or mental health services for children and parents and parent classes to reduce stress, promote healthy child development, and support mental health.

**Availability during non-traditional hours.** Agencies who are available during evenings and weekends serve an important role in making prevention services accessible to all families. Priority should be given to agencies who are open during non-traditional hours or that have other efforts to provide support for parents who can only access services during non-traditional hours, this can include offering virtual services.

**Warm hand off policies.** Proposals should include referral policies that include a warm hand off. Prevention agencies should share their process in referring families to another community resource, including initial communication, connecting family to the agency, and post-referral check in to ensure the family is receiving adequate support.

**Flexible funding.** It is suggested that grantors allow agencies to spend funding in diverse efforts to remove barriers and increase access to resources, such as transportation and child care. It is also encouraged to increase efforts to diversify funding in order to strengthen agencies' capacity to increase protective factors and remove barriers preventing families from accessing services.

**Equitable funding.** Grantors should consider equity between urban, rural, and frontier areas when grants are awarded. Special considerations should be implemented in order to increase support in rural and frontier areas such as additional funding to increase range of services, workforce retention, and capacity building without necessarily increasing the quantity of families being served in the grant period.

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## Appendix A: Additional Nevada CPS Tables

### Percent of CPS Referrals Received by Disposition by Years FY18 through FY22

State Fiscal Year	Information only	Differential Response	Investigation
<b>State</b>			
2018	57%	3%	41%
2019	57%	2%	41%
2020	56%	2%	42%
2021	53%	1%	46%
<b>Clark County</b>			
2018	54%	1%	45%
2019	55%	2%	45%
2020	53%	2%	46%
2021	47%	1%	52%
<b>Washoe</b>			
2018	61%	4%	35%
2019	61%	2%	36%
2020	59%	3%	38%
2021	65%	4%	32%

<b>Rural</b>			
<b>2018</b>	68%	11%	21%
<b>2019</b>	67%	12%	21%
<b>2020</b>	71%	5%*	24%
<b>2021</b>	76%	0%*	24%

*\*Note: As of 1/1/2020 DCFS Rural Region no longer dispositions screened-in reports to Differential Response; therefore, percentages in this category were lower in SFY2020 and down to zero in subsequent years.*

## **Percent of Substantiated Investigation by Jurisdiction by Year SFY 2016 to 2021**

<b>State Fiscal Year</b>	<b>Statewide</b>	<b>Clark County</b>	<b>Washoe County</b>	<b>Rural Region</b>
<b>2016</b>	21.5%	20.1%	27.9%	25.8%
<b>2017</b>	21.4%	19.8%	26.8%	31.1%
<b>2018</b>	22.1%	20.9%	25.2%	33.3%
<b>2019</b>	21.4%	20.4%	22.4%	32.2%
<b>2020</b>	22.5%	21.3%	26.3%	30.2%
<b>2021</b>	20.6%	19.0%	27.6%	31.3%

## Appendix B: Results of Survey for Parents

<b>FAMILY INFORMATION</b>	<b>n</b>	<b>%</b>
<b><i>Caregiver Relationship to Child(ren)*</i></b>	<b>52</b>	<b>100.0%</b>
I am the birth parent of the child(ren) in my household	24	46.2%
I am the legal guardian of the child(ren) in my household	3	5.8%
I am the grandparent of the child(ren) in my household	2	3.9%
I am the foster parent of the child(ren) in my household	9	17.3%
I am an adoptive parent of the child(ren) in my household	8	15.4%
Other	4	7.7%
Prefer not to answer	2	3.9%
<b><i>Family Information*</i></b>	<b>30</b>	<b>100%</b>
I am a foster parent	13	43.3%
At least one child has experienced a mental health crisis that required medical intervention	7	23.3%
At least one of my children has been involved in the juvenile justice system	5	16.7%
There has been CPS involvement in my family	5	16.7%
I am the parent of an LGBTQ+ child/youth	4	13.3%
I am an LGBTQ+ parent	4	13.3%
At least one of the adults in our family has experienced a mental health crisis that required medical intervention	4	13.3%
My family has experienced separation due to the incarceration of a parent	2	6.7%
My family has experienced lack of resources due to our immigration status	0	0.0%
My family has experienced separation due to issues with immigration	0	0.0%
CPS has removed my child(ren) from my home at least once	0	0.0%
Prefer not to answer	7	23.3%
<b><i>Current household situation*</i></b>	<b>46</b>	<b>100%</b>

<b>FAMILY INFORMATION</b>	<b>n</b>	<b>%</b>
Both parents live in the household	22	47.8%
One parent lives in the household	18	39.1%
Other adult relatives live in the household (grandparents, aunts, uncles)	6	13.0%
Other caregivers besides the parents live in the household	2	4.4%
Multiple families live in the household	2	4.4%
Prefer not to answer	3	6.5%
<b><i>Highest level of education or degree obtained</i></b>	<b>46</b>	<b>100%</b>
Junior high school/Middle school	1	2.2%
Some high school	2	4.4%
High school or equivalent (GED, HiSET)	6	13.0%
Trade/Vocational Training	5	10.9%
Some college	5	10.9%
Associate's degree	2	4.4%
Bachelor's degree	15	32.6%
Master's degree	8	17.4%
Doctorate	1	2.2%
Prefer not to answer	1	2.2%
<b><i>Number of children living in the household</i></b>	<b>46</b>	<b>100.0%</b>
1	12	26.1%
2	7	15.2%
3	10	21.7%
4	6	13.0%
5+	7	15.2%
Prefer not to answer	4	8.7%
<b><i>County in which you reside</i></b>	<b>46</b>	<b>100.0%</b>

<b>FAMILY INFORMATION</b>	<b>n</b>	<b>%</b>
Carson City	2	4.3%
Clark	33	70.2%
Douglas	2	4.3%
Elko	1	2.1%
Eureka	1	2.1%
Lincoln	1	2.1%
Lyon	2	4.3%
Washoe	4	8.5%
Prefer not to answer	1	2.1%
<b><i>Type of area in which you live</i></b>	<b>47</b>	<b>100.0%</b>
Tribal Area	2	4.4%
Rural Area	9	19.6%
Urban Area	30	65.2%
Prefer not to answer	5	10.9%
<b><i>Racial/ethnic Identity*</i></b>	<b>47</b>	<b>100.0%</b>
African American or Black	11	23.4%
Hispanic/Latine (Ethnicity)	11	23.4%
American Indian/Native American/Alaskan Native	3	6.4%
Asian/Asian American	3	6.4%
Native Hawaiian/Pacific Islander	0	0.0%
Multi-racial	2	4.3%
White (Non-Hispanic/European American)	18	38.3%
Prefer not to answer	3	6.4%
<b><i>Gender Identify*</i></b>	<b>46</b>	<b>100.0%</b>
Male	4	8.7%

<b>FAMILY INFORMATION</b>	<b>n</b>	<b>%</b>
Female	38	82.6%
Non-binary/non-conforming	2	4.4%
Other (please specify):	0	0.0%
Prefer not to answer	2	4.4%
<b><i>Sexual orientation</i></b>	<b>46</b>	<b>100.0%</b>
Asexual	4	8.9%
Bisexual	3	6.7%
Gay	2	4.4%
Heterosexual	27	60.0%
Lesbian	2	4.4%
Pansexual	0	0.0%
Queer	0	0.0%
Other (please specify):	3	6.7%
Prefer not to answer	4	8.9%
<b><i>Do you consider yourself to be transgender</i></b>	<b>45</b>	<b>100.0%</b>
Yes	0	0.0%
No	42	91.3%
Prefer not to answer	4	8.7%
<b><i>Language</i></b>	<b>46</b>	<b>100.0%</b>
Native language is English	33	73.3%
<b><i>Does your child have any special health care needs?</i></b>	<b>17</b>	<b>37.0%</b>
Specialty medical care (genetics, pediatric neurology, child psychiatry, developmental-behavioral pediatrics, etc.)	12	25.5%
Respite care (e.g., services to reduce stress, such as a break or time for yourself)	4	8.5%
Adequate school accommodations and interventions	6	12.8%
Mental Health services	10	21.3%

<b>FAMILY INFORMATION</b>	<b>n</b>	<b>%</b>
Ongoing developmental screenings	2	4.3%
Not applicable/My child does not have any special health care needs	10	21.3%
<b><i>Income level</i></b>	<b>45</b>	<b>100.0%</b>
My job provides the amount of income needed to provide basic needs for my family.	19	42.2%
My job does not provide the amount of income needed to provide basic needs for my family.	7	15.6%
My job provides more than enough income to provide the basic needs for my family.	9	20.0%
Prefer not to answer.	8	17.8%
I do not currently work.	2	4.4%
<b><i>Family or family member experienced discrimination when accessing community service*</i></b>	<b>35</b>	<b>100%</b>
No	29	72.5%
Prefer not to answer	1	2.5%
Yes*	10	25.0%
Yes, based on my race/ethnicity.	8	80.0%
Yes, based on my gender identity or sexual orientation.	4	40.0%
Yes, against based on my immigration status.	1	10.0%
Yes, based on my marital status.	3	30.0%
Yes, based on my income status.	2	20.0%
Yes, based on my age.	0	0.0%

\*Indicates respondents could select more than one option. Therefore, responses may not total 100%.

<b>RESOURCES THAT WOULD BE MOST HELPFUL</b>	<b>n</b>	<b>%</b>
<b><i>Early childhood services (Childcare support, affordable early childhood education programs)</i></b>	<b>41</b>	<b>100.0%</b>
Highly Needed	18	43.9%
Somewhat needed	10	24.4%

<b>RESOURCES THAT WOULD BE MOST HELPFUL</b>	<b>n</b>	<b>%</b>
Not needed	6	14.6%
Does not apply for me	7	17.1%
<b><i>Community parent groups</i></b>	<b>41</b>	<b>100.0%</b>
Highly Needed	16	39.0%
Somewhat needed	18	43.9%
Not needed	4	9.8%
Does not apply for me	3	7.3%
<b><i>Support for parents/caregivers of LGBTQ+ youth (groups, classes, educational materials)</i></b>	<b>41</b>	<b>100.0%</b>
Highly Needed	9	22.0%
Somewhat needed	11	26.8%
Not needed	9	22.0%
Does not apply for me	12	29.3%
<b><i>Parent classes on nutrition and healthy habits</i></b>	<b>38</b>	<b>100.0%</b>
Highly Needed	12	31.6%
Somewhat needed	16	42.1%
Not needed	4	10.5%
Does not apply for me	6	15.8%
<b><i>Parent classes on reducing stress and balancing life</i></b>	<b>39</b>	<b>100.0%</b>
Highly Needed	19	48.7%
Somewhat needed	14	35.9%
Not needed	3	7.7%
Does not apply for me	3	7.7%
<b><i>Parent classes on understanding risky behaviors (substance misuse, self-harm, impulsivity, isolation)</i></b>	<b>39</b>	<b>100.0%</b>
Highly Needed	19	48.7%

<b>RESOURCES THAT WOULD BE MOST HELPFUL</b>	<b>n</b>	<b>%</b>
Somewhat needed	11	28.2%
Not needed	6	15.4%
Does not apply for me	3	7.7%
<b><i>Parent classes on understanding the sexual behaviors of children</i></b>	<b>39</b>	<b>100.0%</b>
Highly Needed	11	28.2%
Somewhat needed	18	46.2%
Not needed	4	10.3%
Does not apply for me	6	15.4%
<b><i>Parent classes on child/youth safety</i></b>	<b>40</b>	<b>100.0%</b>
Highly Needed	12	30.0%
Somewhat needed	17	42.5%
Not needed	6	15.0%
Does not apply for me	5	12.5%
<b><i>Parent Classes about healthy relationships</i></b>	<b>38</b>	<b>100.0%</b>
Highly Needed	17	44.7%
Somewhat needed	13	34.2%
Not needed	5	13.2%
Does not apply for me	3	7.9%
<b><i>Parent classes on child development</i></b>	<b>39</b>	<b>100.0%</b>
Highly Needed	17	43.6%
Somewhat needed	10	25.6%
Not needed	6	15.4%
Does not apply for me	6	15.4%
<b><i>Parent classes on child/youth mental health</i></b>	<b>40</b>	<b>100%</b>
Highly Needed	21	52.50%

<b>RESOURCES THAT WOULD BE MOST HELPFUL</b>	<b>n</b>	<b>%</b>
Somewhat needed	11	27.50%
Not needed	4	10.00%
Does not apply for me	4	10.00%
<b><i>Activities and programs for children and families at libraries</i></b>	<b>39</b>	<b>100.0%</b>
Highly Needed	16	41.0%
Somewhat needed	16	41.0%
Not needed	4	10.3%
Does not apply for me	3	7.7%
<b><i>Activities and programs for children and families at parks</i></b>	<b>39</b>	<b>100.0%</b>
Highly Needed	20	51.3%
Somewhat needed	13	33.3%
Not needed	3	7.7%
Does not apply for me	3	7.7%
<b><i>Activities and programs for children and families at recreation centers</i></b>	<b>40</b>	<b>100.0%</b>
Highly Needed	21	52.5%
Somewhat needed	12	30.0%
Not needed	3	7.5%
Does not apply for me	4	10.0%
<b><i>Affordable museums, play areas, educational programs outside of school</i></b>	<b>39</b>	<b>100.0%</b>
Highly Needed	23	59.0%
Somewhat needed	13	33.3%
Not needed	0	0.0%
Does not apply for me	3	7.7%
<b><i>Family support at home (Home visiting)</i></b>	<b>39</b>	<b>100.0%</b>
Highly Needed	11	28.2%

<b>RESOURCES THAT WOULD BE MOST HELPFUL</b>	<b>n</b>	<b>%</b>
Somewhat needed	9	23.1%
Not needed	12	30.8%
Does not apply for me	7	18.0%
<b><i>Respite care (short term child care during emergencies or crises)</i></b>	<b>39</b>	<b>100.0%</b>
Highly Needed	15	38.5%
Somewhat needed	9	23.1%
Not needed	8	20.5%
Does not apply for me	7	18.0%
<b><i>Do you prefer virtual or in person parent classes?</i></b>	<b>41</b>	<b>100.0%</b>
Virtual	6	14.6%
In-person	5	12.2%
I like to have the option of attending either virtual or in person	29	70.7%
Prefer not to answer	1	2.4%
<b><i>Support with finding suitable housing</i></b>	<b>41</b>	<b>100.0%</b>
Highly Needed	11	26.8%
Somewhat needed	4	9.8%
Not needed	12	29.3%
Does not apply for me	14	34.2%
<b><i>Healthcare services (Obtaining health insurance, affordable doctors/clinics, access to a medical home, services for children and youth with special health needs)</i></b>	<b>40</b>	<b>100.0%</b>
Highly Needed	15	37.5%
Somewhat needed	7	17.5%
Not needed	10	25.0%
Does not apply for me	8	20.0%
<b><i>Healthy food options</i></b>	<b>41</b>	<b>100.0%</b>

<b>RESOURCES THAT WOULD BE MOST HELPFUL</b>	<b>n</b>	<b>%</b>
Highly Needed	11	26.8%
Somewhat needed	13	31.7%
Not needed	9	22.0%
Does not apply for me	8	19.5%
<b><i>Access to substance use services</i></b>	<b>41</b>	<b>100.0%</b>
Highly Needed	3	7.3%
Somewhat needed	4	9.8%
Not needed	16	39.0%
Does not apply for me	18	43.9%
<b><i>Mental health care services (i.e. counseling, group therapy)</i></b>	<b>41</b>	<b>100.0%</b>
Highly Needed	15	36.6%
Somewhat needed	11	26.8%
Not needed	6	14.6%
Does not apply for me	9	22.0%
<b><i>Access to disability resources and services</i></b>	<b>41</b>	<b>100.0%</b>
Highly Needed	8	19.5%
Somewhat needed	7	17.1%
Not needed	15	36.6%
Does not apply for me	11	26.8%
<b><i>Domestic and intimate partner violence services and resources</i></b>	<b>41</b>	<b>100.0%</b>
Highly Needed	6	14.6%
Somewhat needed	0	0.0%
Not needed	17	41.5%
Does not apply for me	18	43.9%
<b><i>Employment support and services</i></b>	<b>41</b>	<b>100.0%</b>

<b>RESOURCES THAT WOULD BE MOST HELPFUL</b>	<b>n</b>	<b>%</b>
Highly Needed	9	22.0%
Somewhat needed	6	14.6%
Not needed	16	39.0%
Does not apply for me	10	24.4%
<b><i>Social support and connections</i></b>	<b>40</b>	<b>100%</b>
Highly Needed	12	30.00%
Somewhat needed	12	30.00%
Not needed	10	25.00%
Does not apply for me	6	15.00%
<b><i>Services for immigrants</i></b>	<b>40</b>	<b>100.0%</b>
Highly Needed	5	12.5%
Somewhat needed	2	5.0%
Not needed	16	40.0%
Does not apply for me	17	42.5%
<b><i>Access to family-friendly activities in the community</i></b>	<b>40</b>	<b>100.0%</b>
Highly Needed	15	37.5%
Somewhat needed	16	40.0%
Not needed	7	17.5%
Does not apply for me	2	5.0%

<b>Indicate situations impacting your family*</b>	<b>42</b>	<b>100%</b>
My children have experienced family separation in the past	19	46.3%
I am a single parent	16	39.0%
My children have witnessed family violence in the past	14	34.2%
Not all of my children are receiving regular well-child exams	10	23.8%
My spouse and I don't have health insurance	10	24.4%

<b>Indicate situations impacting your family*</b>	<b>42</b>	<b>100%</b>
The parent of at least one of my children has been incarcerated	10	23.3%
My family does not trust law enforcement	9	22.5%
My job does not provide the amount of income needed to provide basic needs for my family	9	22.0%
My children do not have health insurance	8	19.1%
My children have witnessed violence in the neighborhood	8	19.1%
At least one adult in the house is living with a mental illness	7	16.7%
We do not receive or have access to mental healthcare	7	17.1%
I do not have stable housing	7	16.3%
Our neighborhood is not a safe place for children	6	14.6%
A least one person in the house is experiencing a substance use issue	4	9.5%
I have a difficult time providing food for my children	4	9.8%

<b>Barriers or limitations to accessing community resources and services*</b>	<b>41</b>	<b>100%</b>
Work/life balance	19	46.3%
Awareness of resources available	18	43.9%
Cost of services	16	39.0%
Availability of services (i.e. Issues scheduling appointments, not enough staff available)	15	36.6%
Childcare	13	31.7%
Navigation of the system of care for children and youth	10	24.4%
Transportation	8	19.5%
Lack of clinics and doctors in your area	7	17.1%
Prefer not to answer	6	14.6%
Other (Please explain):	3	7.3%

## Appendix C: Results of Survey for Providers

<b>PROVIDER INFORMATION</b>	<b>n</b>	<b>%</b>
<b><i>Professional Sector*</i></b>	<b>104</b>	<b>100%</b>
Government	13	12.5%
Education	18	17.3%
Day Care	22	21.2%
Private, non-profit	30	28.9%
Public, non-profit	26	25.0%
Medical	9	8.7%
Legal	2	1.9%
Law Enforcement	2	1.9%
Other (Please specify):	4	3.9%
Prefer not to answer	0	0.0%
<b><i>Highest level of education or degree obtained</i></b>	<b>104</b>	<b>100.0%</b>
Some high school	2	1.9%
High school or equivalent (GED, HiSET)	14	13.5%
Trade/Vocational Training	3	2.9%
Some college	10	9.6%
Associate's degree	9	8.7%
Bachelor's degree	33	31.7%
Master's degree	28	26.9%
Doctorate	4	3.9%
Prefer not to answer	1	1.0%
<b><i>Capacity you work with children and families*</i></b>	<b>103</b>	
Teach	25	24.3%
Provide Case Management services	38	36.9%

<b>PROVIDER INFORMATION</b>	<b>n</b>	<b>%</b>
Provide Counseling	7	6.8%
Provide Medical Care	5	4.9%
Provide Early Childhood Education	32	31.1%
Provide Emergency Assistance	14	13.6%
Supervise Staff who provide any of the above services	34	33.0%
Manage an entity that provides any of the above services	22	21.4%
Prefer not to answer	3	2.9%
<b><i>Gender identity*</i></b>	<b>104</b>	
Male	11	10.6%
Female	95	91.4%
Non-binary/non-conforming	3	2.9%
Other (please specify):	0	0.0%
Prefer not to answer	2	1.9%
<b><i>Sexual orientation</i></b>	<b>101</b>	<b>100.0%</b>
Asexual	5	5.0%
Bisexual	1	1.0%
Gay	0	0.0%
Heterosexual	79	78.2%
Lesbian	0	0.0%
Pansexual	3	3.0%
Queer	0	0.0%
Other (please specify):	0	0.0%
Prefer not to answer	13	12.9%
<b><i>Do you consider yourself to be transgender?</i></b>	<b>102</b>	<b>100.0%</b>
Yes	0	0.0%
No	99	97.1%

<b>PROVIDER INFORMATION</b>	<b>n</b>	<b>%</b>
Prefer not to answer	3	2.9%
<b><i>Racial/ethnic groups*</i></b>	<b>103</b>	
African American or Black	17	16.5%
Hispanic/Latine (Ethnicity)	24	23.3%
American Indian/Native American/Alaskan Native	1	1.0%
Asian/Asian American	4	3.9%
Native Hawaiian/Pacific Islander	2	1.9%
Multi-racial	5	4.9%
White (Non-Hispanic/European American)	56	54.4%
Prefer not to answer	5	4.9%
<b><i>Native language is English</i></b>	<b>103</b>	<b>100.0%</b>
Yes	90	87.4%
No	11	10.7%
Prefer not to answer	2	1.9%
<b><i>Income level</i></b>	<b>103</b>	<b>100.0%</b>
My job provides the amount of income needed to provide basic needs for my family.	54	52.4%
My job does not provide the amount of income needed to provide basic needs for my family.	22	21.4%
My job provides more than enough income to provide the basic needs for my family.	24	23.3%
Prefer not to answer.	3	2.9%
I am a volunteer.	0	0.0%
<b><i>County/counties in which you work with families*</i></b>	<b>103</b>	<b>100.0%</b>
Carson City	21	20.4%
Churchill	9	8.7%
Clark	62	60.2%
Douglas	11	10.7%
Elko	8	7.8%

<b>PROVIDER INFORMATION</b>	<b>n</b>	<b>%</b>
Esmeralda	5	4.9%
Eureka	4	3.9%
Humboldt	7	6.8%
Lander	6	5.8%
Lincoln	3	2.9%
Lyon	16	15.5%
Mineral	12	11.7%
Nye	10	9.7%
Pershing	5	4.9%
Storey	11	10.7%
Washoe	17	16.5%
White Pine	4	3.9%
<b><i>Do you work with families in the following area*</i></b>	<b>103</b>	<b>100.0%</b>
Tribal Area	27	30.0%
Rural Area	50	55.0%
Urban Area	78	81.3%
<b><i>How long have you worked in these communities?</i></b>	<b>103</b>	<b>100.0%</b>
Less than a year	6	5.8%
1-5 years	32	31.1%
6-10 years	24	23.3%
11+ years	41	39.8%
Prefer not to answer	0	0.0%
<b><i>Do you serve parents, children or adolescents who identify as LGBTQ+? *</i></b>	<b>102</b>	<b>100.0%</b>
Yes, I serve parents who identify at LGBTQ+	64	62.75%
Yes, I serve children who identify as LGBTQ+	50	49.02%
Yes, I serve adolescents who identify as LGBTQ+	49	48.04%
No, I do not serve parents, children or adolescents that identify as LGBTQ+	13	12.75%

<b>PROVIDER INFORMATION</b>	<b>n</b>	<b>%</b>
Prefer not to answer	11	10.78%
<b><i>Do you serve families in the following racial/ethnic backgrounds?*</i></b>	<b>102</b>	<b>100.0%</b>
African American or Black	89	87.3%
Hispanic/Latine (Ethnicity)	92	90.2%
American Indian/Native American/Alaskan Native	70	68.6%
Asian/Asian American	72	70.6%
Native Hawaiian/Pacific Islander	69	67.7%
Multi-racial	85	83.3%
White (Non-Hispanic/European American)	87	85.3%
Prefer not to answer	3	2.9%
<b><i>Experience Working with Families</i></b>	<b>85</b>	<b>100%</b>
I have worked with families that speak a language other than English	81	95.3%
I have worked with foster parents	57	67.1%
I have worked with at least one parent of an LGBTQ+ child/youth	55	64.7%
I have worked with at least one LGBTQ+ parent	57	67.1%
At least one of the families I've worked with has experienced a lack of resources due to their immigration status	43	50.6%
I have worked with a family where at least one of the children has experienced a mental health crisis that required medical intervention	63	74.1%
I have worked with a family where at least one of the adults has experienced a mental health crisis that required medical intervention	60	70.6%
At least one of the families I've worked with has experienced separation due to issues with immigration	29	34.1%
At least one of the families I've worked with had a youth in the juvenile justice system	60	70.6%
At least one of the families I've worked with has experienced separation due to the incarceration of a parent	63	74.1%
At least one of the families I've worked with has been involved with Child Protective Services in (no child removed from home)	64	75.3%

<b>PROVIDER INFORMATION</b>	<b>n</b>	<b>%</b>
At least one of the families I've worked with had a child removed from the home by Child Protective Services	60	70.6%
Prefer not to answer	4	4.7%

<b>Parenting resources that would be most helpful for parents in your community</b>	<b>n</b>	<b>%</b>
<b><i>Early childhood services (Childcare support, affordable early childhood education programs)</i></b>	<b>100</b>	<b>100.0%</b>
Highly Needed	87	87.0%
Somewhat needed	6	6.0%
Not needed	2	2.0%
Does not apply for me	5	5.0%
<b><i>Community parent groups</i></b>	<b>99</b>	<b>100%</b>
Highly Needed	53	53.54%
Somewhat needed	34	34.34%
Not needed	6	6.06%
Does not apply for me	6	6.06%
<b><i>Support for parents/caregivers of LGBTQ+ youth (groups, classes, educational materials)</i></b>	<b>97</b>	<b>100.0%</b>
Highly Needed	50	51.6%
Somewhat needed	32	33.0%
Not needed	4	4.1%
Does not apply for me	11	11.3%
<b><i>Suitable Housing</i></b>	<b>99</b>	<b>100.0%</b>
Highly Needed	89	89.9%
Somewhat needed	4	4.0%
Not needed	2	2.0%
Does not apply for me	4	4.0%
<b><i>Food insecurities</i></b>	<b>97</b>	<b>100.0%</b>
Highly Needed	70	72.2%

<b>Parenting resources that would be most helpful for parents in your community</b>	<b>n</b>	<b>%</b>
Somewhat needed	19	19.6%
Not needed	4	4.1%
Does not apply for me	4	4.1%
<b><i>Access to Substance Use services</i></b>	<b>99</b>	<b>100.0%</b>
Highly Needed	68	68.7%
Somewhat needed	20	20.2%
Not needed	5	5.1%
Does not apply for me	6	6.1%
<b><i>Healthcare services (Obtaining health insurance, affordable doctors/clinics, access to a medical home, services for children and youth with special health needs)</i></b>	<b>98</b>	<b>100.0%</b>
Highly Needed	77	78.6%
Somewhat needed	13	13.3%
Not needed	4	4.1%
Does not apply for me	4	4.1%
<b><i>Access to disability resources and services</i></b>	<b>99</b>	<b>100.0%</b>
Highly Needed	69	69.7%
Somewhat needed	22	22.2%
Not needed	3	3.0%
Does not apply for me	5	5.1%
<b><i>Domestic and intimate partner violence services and resources</i></b>	<b>99</b>	<b>100.0%</b>
Highly Needed	67	67.7%
Somewhat needed	19	19.2%
Not needed	7	7.1%
Does not apply for me	6	6.1%
<b><i>Parenting classes/workshops</i></b>	<b>98</b>	<b>100.0%</b>
Highly Needed	65	66.3%
Somewhat needed	25	25.5%

<b>Parenting resources that would be most helpful for parents in your community</b>	<b>n</b>	<b>%</b>
Not needed	5	5.1%
Does not apply for me	3	3.1%
<b><i>Employment support and services</i></b>	<b>97</b>	<b>100.0%</b>
Highly Needed	58	59.8%
Somewhat needed	29	29.9%
Not needed	6	6.2%
Does not apply for me	4	4.1%
<b><i>Social support and connections</i></b>	<b>98</b>	<b>100.0%</b>
Highly Needed	61	62.2%
Somewhat needed	29	29.6%
Not needed	4	4.1%
Does not apply for me	4	4.1%
<b><i>Services for immigrants</i></b>	<b>98</b>	<b>100.0%</b>
Highly Needed	57	58.2%
Somewhat needed	26	26.5%
Not needed	5	5.1%
Does not apply for me	10	10.2%
<b><i>Access to family friendly activities in the community</i></b>	<b>100</b>	<b>100.0%</b>
Highly Needed	58	58.0%
Somewhat needed	36	36.0%
Not needed	2	2.0%
Does not apply for me	4	4.0%

<b>Barriers or limitations to accessing community resources and services</b>	<b>89</b>	<b>%</b>
Transportation	54	60.7%
Childcare	55	61.8%
Awareness of resources available	60	67.4%

<b>Barriers or limitations to accessing community resources and services</b>	<b>89</b>	<b>%</b>
Availability of services	48	53.9%
Cost of services	59	66.3%
Navigation of the system of care for children and youth	45	50.6%
Lack of clinics and doctors in your area	23	25.8%
Work/life balance	44	49.4%
Other	7	7.9%
Prefer not to answer	2	2.2%
<b><i>Witnessed parents or children experiencing discrimination when accessing community resources?</i></b>	<b>90</b>	<b>100%</b>
No	41	45.60%
Prefer not to answer	3	3.30%
Yes*	46	51.10%
Yes, based on their race/ethnicity.	38	82.6%
Yes, based on their gender identity or sexual orientation.	18	39.1%
Yes, based on their marital status.	14	30.4%
Yes, based on their income status.	36	78.3%
Yes, based on their age.	14	30.4%
Yes, based on their immigration status.	21	45.7%
<b><i>Top issues that you believe can lead to child maltreatment in your community</i></b>	<b>133</b>	<b>100%</b>
Households experiencing a parent or caregiver with a substance use issue	53	39.6%
Family violence in the household	49	36.5%
There is not enough stable housing for families in your community	46	34.6%
Limited access to mental healthcare services	39	28.9%
Children in my community do not have health care	37	27.8%

## Appendix D: Survey for Parents – English Version

Thank you for participating in this survey. This survey is part of a statewide needs assessment that will help gain an understanding of the strengths of our community as well as the gaps in child maltreatment prevention efforts. We will be using this information to help the Division of Child & Family Services develop a plan for improved access to child abuse prevention services, family support programs, healthy child development and learning strategies for families, and other needs for children and families in Nevada. Your responses are anonymous. All information will be reported in aggregate form.

### Part 1: Your background

**Please tell us about yourself by checking the box that most applies.**

1. Which best describes your current household situation? Check all that apply
  - Both parents live in the household
  - One parent lives in the household
  - Other adult relatives live in the household (grandparents, aunts, uncles)
  - Other caregivers besides the parents live the household
  - Multiple families live the household
  - Prefer not to answer
2. What is your highest level of education or degree obtained?
  - No formal education
  - Elementary
  - Junior high school/Middle school
  - Some high school
  - High school or equivalent (GED, HiSET)
  - Trade/Vocational Training
  - Some college
  - Associate's degree
  - Bachelor's degree
  - Master's degree
  - Doctorate
  - Prefer not to answer

3. How many children live in the household?

- 1
- 2
- 3
- 4
- 5+
- Please specify: \_\_\_\_\_

4. County in which you reside.

- Carson City
- Churchill
- Clark
- Douglas
- Elko
- Esmeralda
- Eureka
- Humboldt
- Lander
- Lincoln
- Lyon
- Mineral
- Nye
- Pershing
- Storey
- Washoe
- White Pine

5. What area would best describe where you live?

- Tribal Area
- Rural Area
- Urban Area

6. Which of the following gender identities do you identify with? Check all that apply

- Male
- Female
- Non-binary/non-conforming
- Other \_\_\_\_\_
- Prefer not to respond

7. What is your sexual orientation?

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Queer
- Other\_\_\_\_\_
- Prefer not to answer

8. Do you consider yourself to be transgender?

- Yes
- No
- Prefer not to answer

9. Which of the following racial/ethnic groups do you identify with? Check all that apply.

- African or Black
- Hispanic/Latino (Ethnicity)
- American Indian/Native American/Alaskan Native
- Asian/Asian American
- Native Hawaiian/Pacific Islander
- Multi-racial
- White (Non-Hispanic/European American)
- Prefer not to answer

10. Do you and/or your family speak another language other than English?

- Yes - Name of Languages \_\_\_\_\_
- No

11. Is English your native language?

- Yes
- No - Please name your native language
- Prefer not to answer

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12. Does your child have any special health care needs?

- Yes - Please elaborate if possible
- No
- Prefer not to answer

-----

13. If yes, do you have access to the following resources?

- Specialty medical care (genetics, pediatric neurology, child psychiatry, developmental-behavioral pediatrics, etc.)
- Respite care (e.g., services to reduce stress, such as a break or time for yourself)
- Adequate school accommodations and interventions
- Mental Health services
- Ongoing developmental screenings

14. Which statement best describes your income level?

- My job provides the amount of income needed to provide basic needs for my family.
- My job does not provide the amount of income needed to provide basic needs for my family.
- My job provides more than enough income to provide the basic needs for my family.
- Prefer not to answer.
- I do not currently work.

15. Which of the following statements best describes your situation? Check all that apply.

- I am the birth parent of the child(ren) in my household
- I am the legal guardian of the child(ren) in my household
- I am the grandparent of the child(ren) in my household
- I am the foster parent of the child(ren) in my household
- I am an adoptive parent of the child(ren) in my household
- Other \_\_\_\_\_
- Prefer not to answer

## Part 2: Community Resources

1. Please tell us about what types of resources would be most helpful for your family.

**Please rate the following resources and services:**

- 1) Highly needed
- 2) Somewhat needed
- 3) Not needed
- 4) Does not apply to me

1. Support with finding Suitable Housing	1	2	3	4
2. Healthcare services (Obtaining health insurance, affordable doctors/clinics, access to a medical home, services for children and youth with special health needs)	1	2	3	4
3. Healthy food options	1	2	3	4
4. Access to Substance Use services	1	2	3	4
5. Mental health care services (i.e. counseling, group therapy)	1	2	3	4
6. Access to disability resources and services	1	2	3	4
7. Domestic and intimate partner violence services and resources	1	2	3	4
8. Employment support and services	1	2	3	4
9. Social support and connections	1	2	3	4
10. Services for immigrants	1	2	3	4
11. Access to family friendly activities in the community	1	2	3	4

2. What are some of the strengths in your community? Are there any agencies or programs that are doing exceptionally well in supporting parents?

## Part 3: Parenting Resources

1. Please tell us about what types of resources would be most helpful for you as a parent.

**Please rate the following resources and services:**

- 1) Highly needed
- 2) Somewhat needed
- 3) Not needed
- 4) Does not apply to me

1. Early childhood services (Childcare support, affordable early childhood education programs)	1	2	3	4
2. Community parent groups	1	2	3	4
3. Support for parents/caregivers of LGBTQ+ youth (groups, classes, educational materials)	1	2	3	4
4. Parent classes on nutrition and healthy habits	1	2	3	4
5. Parent classes on reducing stress and balancing life	1	2	3	4
6. Parent classes on understanding risky behaviors (substance misuse, self-harm, impulsivity, isolation)	1	2	3	4
7. Parent classes on understanding the sexual behaviors of children	1	2	3	4
8. Parent classes on child/youth safety	1	2	3	4
9. Parent Classes about healthy relationships	1	2	3	4
10. Parent classes on child development	1	2	3	4
11. Parent classes on child/youth mental health	1	2	3	4
12. Activities and programs for children and families at <b>libraries</b>	1	2	3	4

2. What activities or programs would you be interested in participating with your family?

3. Are there any other topics you would like to see offered as parent classes?

4. Do you prefer virtual or in person parent classes?
  - Virtual
  - In-person
  - I like to have the option of attending either virtual or in person

## Part 4: Issues impacting your family

1. Please indicate with a yes, no or prefer not to answer if the following issues are impacting your family

	Yes	No	Prefer not to answer
1. A least one person in the house is experiencing a substance use issue			
2. All of my children are not receiving regular well-child exams			
3. My children do not health insurance			
4. My spouse and I don't have health insurance			
5. A least on adult in the house is living with a mental illness			
6. We do not receive or have access to mental healthcare			
7. The parent of at least one of my children has been incarcerated			
8. Our neighborhood is not a safe place for children			
9. My children have witnessed family violence in the past			
10. My children have witnessed violence in the neighborhood			
11. My family does not trust law enforcement			
12. I am a single parent			
13. I have a difficult time providing food for my children			
14. I do not have stable housing			
15. My job does not provide the amount of income needed to provide basic needs for my family			
16. My children have experienced family separation in the past			

2. Are there any other issues impacting your family that have not been previously mentioned?

1. Have you or a family member ever experienced discrimination when accessing community services?
  - Yes
  - No
  - I prefer not to answer
2. If yes, check the boxes that best apply to your situation. Check all that apply.
  - I have been discriminated against based on my race/ethnicity.
  - I have been discriminated against based on my gender identity or sexual orientation.
  - I have been discriminated against based on my immigration status.
  - I have been discriminated against based on my marital status.
  - I have been discriminated against based on my income status.
  - I have been discriminated against based on my age.

## Part 6: Closing

Is there any other insight you want to share on the best way parents and children can be supported in your community? Please let us know of any ideas or changes, as well as any services you would like to continue to see in our community.

# Appendix E: Survey for Parents – Spanish Version

## Encuesta Comunitaria para Padres

Gracias por participar en esta encuesta. Esta encuesta es parte de una evaluación de necesidades en todo el estado que ayudará a comprender las fortalezas de nuestra comunidad, así como las áreas a mejorar en los esfuerzos de prevención del maltrato infantil. Usaremos esta información para ayudar a la División de Servicios para Niños y Familias a desarrollar un plan para mejorar el acceso a los servicios de prevención del abuso infantil, al igual que programas de apoyo familiar, desarrollo infantil saludable, estrategias de aprendizaje para familias y otras necesidades para niños y familias en Nevada. Sus respuestas son anónimas. Toda la información será reportada en forma agregada.

### Parte I: Información General

Cuéntenos sobre usted marcando las respuestas que más correspondan.

1. ¿Cuáles opciones describen mejor la situación actual de su hogar? Marque todo lo que corresponda
  - Ambos padres viven en el hogar
  - Uno de los padres vive en el hogar
  - Otros parientes adultos viven en el hogar (abuelos, tías, tíos, etc.)
  - Otros cuidadores además de los padres viven en el hogar (amigos, compañeros de cuarto, etc.)
  - Varias familias viven en el hogar
  - Prefiero no responder

2. ¿Cuál es el nivel más alto de educación o título que ha obtenido?

- Sin educación formal
- Primaria
- Escuela secundaria/escuela intermedia
- Algo de preparatoria
- Escuela preparatoria o equivalente (GED, HiSET)
- Capacitación comercial/vocacional
- Algo de universidad
- Título de asociado / Carrera técnica
- Licenciatura
- Maestría
- Doctorado
- Prefiero no responder

3. ¿Cuántos menores (0-17 años) viven en la casa?

- 1
- 2
- 3
- 4
- 5+
- Favor de especificar: \_\_\_\_\_

4. Por favor seleccione el condado en el que vive.

- Carson City
- Churchill
- Clark
- Douglas
- Elko
- Esmeralda
- Eureka
- Humboldt
- Lander
- Lincoln
- Lyon
- Mineral
- Nye
- Pershing
- Storey
- Washoe
- White Pine

5. ¿Cuál área describe mejor el lugar en donde vive?
- área de una tribu indígena
  - área rural
  - área urbana
6. ¿Con cuál de las siguientes identidades de género se identifica? Marque todo lo que corresponda.
- Mujer/Femenino
  - Hombre/Masculino
  - No binario/no conforme
  - Otro \_\_\_\_\_
  - Prefiero no responder
7. ¿Cuál es su orientación sexual?
- Asexual
  - Bisexual
  - Gay
  - Heterosexual
  - Lesbiana
  - Pansexual
  - Queer
  - Otro \_\_\_\_\_
  - Prefiero no responder
8. ¿Usted se considera transgénero?
- Si
  - No
  - Prefiero no responder
9. ¿Con cuál de los siguientes grupos raciales/étnicos se identifica? Marque todo lo que corresponda.
- Afroamericano o negro
  - Hispano/Latino (Etnia)
  - Indígena americano/nativo americano/nativo de Alaska
  - Asiático/Asiático americano
  - Nativo de Hawái o de las islas del Pacífico
  - Multirracial

- Blanco (no hispano/americano europeo)
- Prefiero no responder

10. ¿Usted y/o su familia hablan otro idioma además del inglés?

- Si
- Idioma(s): \_\_\_\_\_
- No

11. ¿Es el inglés su lengua materna?

- Si
- No
- Nombre de lengua materna: \_\_\_\_\_
- Prefiero no responder

12. ¿Su niño tiene alguna necesidad especial de atención médica?

- Si
- Por favor, explíquelo si es posible \_\_\_\_\_
- No
- Prefiero no responder

13. Si su niño tiene alguna necesidad especial de atención médica, ¿tiene acceso a los siguientes recursos?

- Atención médica especializada (genética, neurología pediátrica, psiquiatría infantil, pediatría del desarrollo y la conducta, etc.)
- Cuidado de relevo (p. ej., servicios para reducir el estrés, como un descanso o tiempo para usted)
- Adaptaciones e intervenciones escolares adecuadas
- Servicios de salud mental
- Exámenes de desarrollo continuos
- Prefiero no responder
- Mi niño no tiene ninguna necesidad especial de atención médica

14. ¿Qué afirmación describe mejor su nivel de ingresos?

- Mi trabajo proporciona los ingresos necesarios para satisfacer las necesidades básicas de mi familia
- Mi trabajo no proporciona los ingresos necesarios para satisfacer las necesidades básicas de mi familia
- Mi trabajo proporciona más que suficientes ingresos para satisfacer las necesidades básicas de mi familia
- Prefiero no responder
- Actualmente no trabajo

15. ¿Cuál de las siguientes afirmaciones describe mejor su situación? Marque todo lo que corresponda.

- Soy un padre biológico del niño(s) en mi hogar
- Soy un tutor legal de los niños en mi hogar
- Soy un abuelo del niño(s) en mi hogar
- Soy un padre adoptivo del niño(s) en mi hogar
- Soy un padre adoptivo de los niños en mi hogar
- Otro \_\_\_\_\_
- Prefiero no responder

## Parte 2: Recursos Comunitarios

1. Por favor díganos qué tipos de recursos serían más útiles para su familia.

**Califique los siguientes recursos y servicios usando la siguiente escala:**

- 1) Muy necesario
- 2) Algo necesario
- 3) No es necesario
- 4) No se aplica a mi

1. Apoyo para encontrar una vivienda adecuada	1	2	3	4
2. Servicios de atención médica (obtener seguro médico, médicos/clínicas asequibles, acceso a un hogar médico, servicios para niños y jóvenes con necesidades especiales de salud)	1	2	3	4
3. Opciones de alimentos saludables				
4. Acceso a los servicios de uso de sustancias	1	2	3	4
5. Servicios de la salud mental (por ejemplo: psicólogos, asesoramiento, terapia de grupo)	1	2	3	4
6. Acceso a recursos y servicios para personas con una discapacidad	1	2	3	4
7. Servicios y recursos para la violencia doméstica y violencia entre pareja	1	2	3	4
8. Apoyo y servicios de empleo	1	2	3	4
9. Apoyo y conexiones sociales	1	2	3	4
10. Servicios para inmigrantes	1	2	3	4
11. Acceso a actividades familiares en la comunidad	1	2	3	4

2. ¿Cuáles son algunas de las fortalezas de su comunidad? ¿Hay alguna agencia o programa que esté funcionando excepcionalmente bien apoyando a los padres y cuidadores?

### Parte 3: Recursos para Padres

1. Por favor cuéntenos qué tipos de recursos serían más útiles para usted como padre o cuidador.

**Califique los siguientes recursos y servicios usando la siguiente escala:**

1) Muy necesario

3) No es necesario

2) Algo necesario

4) No se aplica a mi

1. Servicios para la primera infancia (apoyo para el cuidado de niños, programas asequibles de educación para la primera infancia)	1	2	3	4
2. Grupos comunitarios para padres/madres/cuidadores	1	2	3	4
3. Apoyo a padres/madres/cuidadores de jóvenes LGBTQ+ (grupos, clases, materiales educativos)	1	2	3	4
4. Clases para padres/madres/cuidadores sobre <b>nutrición y hábitos saludables</b>	1	2	3	4

5. Clases para padres/madres/cuidadores sobre cómo <b>reducir el estrés y tener una vida equilibrada.</b>	1	2	3	4
6. Clases para padres/madres/cuidadores sobre cómo comprender los comportamientos de alto riesgo (abuso de sustancias, autolesiones, impulsividad, aislamiento)	1	2	3	4
7. Clases para padres/madres/cuidadores sobre la comprensión de los <b>comportamientos sexuales de los niños</b>	1	2	3	4
8. Clases para padres/madres/cuidadores sobre <b>seguridad infantil/juvenil</b>	1	2	3	4
9. Clases para padres/madres/cuidadores sobre <b>relaciones saludables</b>	1	2	3	4
10. Clases para padres/madres/cuidadores sobre <b>desarrollo infantil</b>	1	2	3	4
11. Clases para padres/madres/cuidadores sobre <b>salud mental infantil/juvenil</b>	1	2	3	4
12. Actividades y programas para niños y familias en las <b>bibliotecas</b>	1	2	3	4
13. Actividades y programas para niños y familias en los <b>parques</b>	1	2	3	4
14. Actividades y programas para niños y familias en <b>centros de recreación</b>	1	2	3	4
15. Museos, áreas de juego, programas educativos fuera de la escuela, gimnasios familiares que sean de bajo costo	1	2	3	4
16. Apoyo familiar en el hogar (Visitas domiciliarias/Home Visiting)	1	2	3	4
17. Cuidado de relevo (cuidado de niños a corto plazo durante emergencias o crisis)	1	2	3	4

2. ¿Qué actividades o programas le interesaría participar con su familia?

3. ¿Hay otros temas que le gustaría que se ofrecieran como clases para padres?

4. ¿Prefiere clases para padres virtuales o en persona?

- Virtual
- Me gustaría tener la opción de asistir de manera virtual o en persona
- En persona

## Parte 4: Problemas que afectan a su familia

1. Indique con un "sí", "no" o "prefiero no responder" si los siguientes problemas están afectando a su familia

	Sí	No	Prefiero no responder
1. Al menos una persona en la casa vive con un problema de consumo de sustancias			
2. No todos mis niños están recibiendo exámenes regulares de salud			
3. Mis niños no tienen seguro de salud			
4. Mi pareja y yo no tenemos aseguranza medica			
5. Al menos un adulto en la casa vive con una enfermedad mental			
6. No recibimos ni tenemos acceso a servicios de salud mental			
7. El padre/la madre/un cuidador de al menos uno de mis niños ha sido encarcelado			
8. Nuestro vecindario no es un lugar seguro para niños			
9. Mis niños han sido testigos de violencia familiar en el pasado			
10. Mis niños han sido testigos de violencia en el vecindario			
11. Mi familia no confía en la policía			
12. Soy un padre soltero/una madre soltera/un cuidador soltere			
13. Tengo dificultades para proporcionar alimentos a mis niños.			
14. No tengo vivienda estable			
15. Mi trabajo no proporciona la cantidad de ingresos necesarios para satisfacer las necesidades básicas de mi familia			
16. Mis niños han experimentado la separación familiar en el pasado			

2. ¿Hay algún otro problema que afecte a su familia que no se haya mencionado anteriormente?

## Parte 5: Obstáculos para acceder recursos comunitarios

1. ¿Qué tipo de obstáculos o limitaciones enfrenta su familia al acceder a los recursos y servicios de la comunidad?
  - Transporte
  - Cuidado de niños
  - Conocimiento de los recursos disponibles
  - Disponibilidad de servicios (por ejemplo: problemas para programar citas, no hay suficiente personal disponible)
  - Costo de los servicios
  - Navegación del sistema de servicios a niños y jóvenes
  - Falta de clínicas y médicos en su área
  - Equilibrio de trabajo y vida personal
  - Otro - Por favor explique:  
-----
  - Prefiero no responder
  
2. Favor de seleccionar cualquiera de las siguientes declaraciones que se apliquen a usted o su familia.
  - Soy un padre/una madre/un cuidador de crianza temporal / foster parent
  - Soy un padre/una madre/un cuidador de un niño/joven LGBTQ+
  - Soy un padre/una madre/un cuidador LGBTQ+
  - Mi familia ha experimentado falta de recursos debido a nuestro estatus migratorio
  - Al menos uno de mis niños ha tenido una crisis de salud mental que requirió intervención médica
  - Al menos uno de los adultos de nuestra familia ha tenido una crisis de salud mental que requirió intervención médica
  - Mi familia ha sufrido separación familiar debido a problemas con inmigración
  - Al menos uno de mis niños ha estado involucrado en el sistema de justicia juvenil
  - Mi familia ha sufrido separación familiar debido al encarcelamiento de un padre/una madre/un cuidador
  - Ha habido participación de CPS en mi familia (ningún niño removido de casa)
  - CPS ha separado a mi(s) niño(s) de mi casa al menos una vez
  - Prefiero no responder

- Si se siente cómodo, le pedimos que por favor comparta con nosotros su experiencia y los tipos de apoyo que necesita o necesitaba. Si estuvo involucrado en una crisis, háganos saber qué apoyo de la comunidad habría ayudado a prevenir la crisis (por ejemplo: vivienda asequible, terapia, apoyo genuino de agencias, salarios más altos, conocimiento sobre la seguridad infantil y el desarrollo saludable, asistencia para el equilibrio entre el trabajo y la vida personal, grupos de apoyo, etc).
3. ¿Usted o un miembro de su familia ha experimentado alguna discriminación al tratar de acceder a los servicios comunitarios?
- Si
  - No
  - Prefiero no responder
4. En caso afirmativo, por favor seleccione las respuestas que mejor se apliquen a su situación. Marque todo lo que corresponda.
- He sufrido discriminación en base a mi raza/origen étnico.
  - He sufrido discriminación en base a mi estado civil.
  - He sufrido discriminación por mi identidad de género u orientación sexual.
  - He sufrido discriminación en base a mis ingresos económicos.
  - He sufrido discriminación en base a mi estatus migratorio.
  - He sufrido discriminación por mi edad.
  - Prefiero no responder

## Parte 6: Final

¿Hay alguna otra idea que quiera compartir sobre la mejor manera en que los padres, las madres, cuidadores y los niños pueden recibir apoyo en su comunidad? Háganos saber cualquier idea o sugerencia, así como cualquier servicio que le gustaría seguir viendo en nuestra comunidad.

# Appendix E: Survey for Parents – Spanish Version

## Encuesta Comunitaria para Padres

Gracias por participar en esta encuesta. Esta encuesta es parte de una evaluación de necesidades en todo el estado que ayudará a comprender las fortalezas de nuestra comunidad, así como las áreas a mejorar en los esfuerzos de prevención del maltrato infantil. Usaremos esta información para ayudar a la División de Servicios para Niños y Familias a desarrollar un plan para mejorar el acceso a los servicios de prevención del abuso infantil, al igual que programas de apoyo familiar, desarrollo infantil saludable, estrategias de aprendizaje para familias y otras necesidades para niños y familias en Nevada. Sus respuestas son anónimas. Toda la información será reportada en forma agregada.

### Parte I: Información General

Cuéntenos sobre usted marcando las respuestas que más correspondan.

1. ¿Cuáles opciones describen mejor la situación actual de su hogar? Marque todo lo que corresponda
  - Ambos padres viven en el hogar
  - Uno de los padres vive en el hogar
  - Otros parientes adultos viven en el hogar (abuelos, tías, tíos, etc.)
  - Otros cuidadores además de los padres viven en el hogar (amigos, compañeros de cuarto, etc.)
  - Varias familias viven en el hogar
  - Prefiero no responder

2. ¿Cuál es el nivel más alto de educación o título que ha obtenido?

- Sin educación formal
- Primaria
- Escuela secundaria/escuela intermedia
- Algo de preparatoria
- Escuela preparatoria o equivalente (GED, HiSET)
- Capacitación comercial/vocacional
- Algo de universidad
- Título de asociado / Carrera técnica
- Licenciatura
- Maestría
- Doctorado
- Prefiero no responder

3. ¿Cuántos menores (0-17 años) viven en la casa?

- 1
- 2
- 3
- 4
- 5+
- Favor de especificar: \_\_\_\_\_

4. Por favor seleccione el condado en el que vive.

- Carson City
- Churchill
- Clark
- Douglas
- Elko
- Esmeralda
- Eureka
- Humboldt
- Lander
- Lincoln
- Lyon
- Mineral
- Nye
- Pershing
- Storey
- Washoe
- White Pine

5. ¿Cuál área describe mejor el lugar en donde vive?

- área de una tribu indígena
- área rural
- área urbana

6. ¿Con cuál de las siguientes identidades de género se identifica? Marque todo lo que corresponda.

- Mujer/Femenino
- Hombre/Masculino
- No binario/no conforme
- Otro \_\_\_\_\_
- Prefiero no responder

7. ¿Cuál es su orientación sexual?

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbiana
- Pansexual
- Queer
- Otro \_\_\_\_\_
- Prefiero no responder

8. ¿Usted se considera transgénero?

- Si
- No
- Prefiero no responder

9. ¿Con cuál de los siguientes grupos raciales/étnicos se identifica? Marque todo lo que corresponda.

- Afroamericano o negro
- Hispano/Latino (Etnia)
- Indígena americano/nativo americano/nativo de Alaska
- Asiático/Asiático americano
- Nativo de Hawái o de las islas del Pacífico
- Multirracial
- Blanco (no hispano/americano europeo)
- Prefiero no responder

10. ¿Usted y/o su familia hablan otro idioma además del inglés?

- Si
- Idioma(s): \_\_\_\_\_
- No

11. ¿Es el inglés su lengua materna?

- Si
- No
- Nombre de lengua materna:  
-----
- Prefiero no responder

12. ¿Su niño tiene alguna necesidad especial de atención médica?

- Si
- Por favor, explíquelo si es posible -----
- No
- Prefiero no responder

13. Si su niño tiene alguna necesidad especial de atención médica, ¿tiene acceso a los siguientes recursos?

- Atención médica especializada (genética, neurología pediátrica, psiquiatría infantil, pediatría del desarrollo y la conducta, etc.)
- Cuidado de relevo (p. ej., servicios para reducir el estrés, como un descanso o tiempo para usted)
- Adaptaciones e intervenciones escolares adecuadas
- Servicios de salud mental
- Exámenes de desarrollo continuos
- Prefiero no responder
- Mi niño no tiene ninguna necesidad especial de atención médica

14. ¿Qué afirmación describe mejor su nivel de ingresos?

- Mi trabajo proporciona los ingresos necesarios para satisfacer las necesidades básicas de mi familia
- Mi trabajo no proporciona los ingresos necesarios para satisfacer las necesidades básicas de mi familia
- Mi trabajo proporciona más que suficientes ingresos para satisfacer las necesidades básicas de mi familia
- Prefiero no responder
- Actualmente no trabajo

15. ¿Cuál de las siguientes afirmaciones describe mejor su situación? Marque todo lo que corresponda.

- Soy un padre biológico del niño(s) en mi hogar
- Soy un tutor legal de los niños en mi hogar
- Soy un abuelo del niño(s) en mi hogar
- Prefiero no responder
- Soy un padre adoptivo del niño(s) en mi hogar
- Soy un padre adoptivo de los niños en mi hogar
- Otro \_\_\_\_\_

## Parte 2: Recursos Comunitarios

3. Por favor díganos qué tipos de recursos serían más útiles para su familia.

**Califique los siguientes recursos y servicios usando la siguiente escala:**

- 1) Muy necesario
- 2) Algo necesario
- 3) No es necesario
- 4) No se aplica a mi

1. Apoyo para encontrar una vivienda adecuada	1	2	3	4
2. Servicios de atención médica (obtener seguro médico, médicos/clínicas asequibles, acceso a un hogar médico, servicios para niños y jóvenes con necesidades especiales de salud)	1	2	3	4

3. Opciones de alimentos saludables				
4. Acceso a los servicios de uso de sustancias	1	2	3	4
5. Servicios de la salud mental (por ejemplo: psicólogos, asesoramiento, terapia de grupo)	1	2	3	4
6. Acceso a recursos y servicios para personas con una discapacidad	1	2	3	4
7. Servicios y recursos para la violencia doméstica y violencia entre pareja	1	2	3	4
8. Apoyo y servicios de empleo	1	2	3	4
9. Apoyo y conexiones sociales	1	2	3	4
10. Servicios para inmigrantes	1	2	3	4
11. Acceso a actividades familiares en la comunidad	1	2	3	4

4. ¿Cuáles son algunas de las fortalezas de su comunidad? ¿Hay alguna agencia o programa que esté funcionando excepcionalmente bien apoyando a los padres y cuidadores?

### Parte 3: Recursos para Padres

5. Por favor cuéntenos qué tipos de recursos serían más útiles para usted como padre o cuidador.

**Califique los siguientes recursos y servicios usando la siguiente escala:**

1) Muy necesario

3) No es necesario

2) Algo necesario

4) No se aplica a mi

1. Servicios para la primera infancia (apoyo para el cuidado de niños, programas asequibles de educación para la primera infancia)	1	2	3	4
2. Grupos comunitarios para padres/madres/cuidadores	1	2	3	4
3. Apoyo a padres/madres/cuidadores de jóvenes LGBTQ+ (grupos, clases, materiales educativos)	1	2	3	4
4. Clases para padres/madres/cuidadores sobre <b>nutrición y hábitos saludables</b>	1	2	3	4
5. Clases para padres/madres/cuidadores sobre cómo <b>reducir el estrés y tener una vida equilibrada.</b>	1	2	3	4
6. Clases para padres/madres/cuidadores sobre cómo comprender los comportamientos de alto riesgo (abuso de sustancias, autolesiones, impulsividad, aislamiento)	1	2	3	4

7. Clases para padres/madres/cuidadores sobre la comprensión de los <b>comportamientos sexuales de los niños</b>	1	2	3	4
8. Clases para padres/madres/cuidadores sobre <b>seguridad infantil/juvenil</b>	1	2	3	4
9. Clases para padres/madres/cuidadores sobre <b>relaciones saludables</b>	1	2	3	4
10. Clases para padres/madres/cuidadores sobre <b>desarrollo infantil</b>	1	2	3	4
11. Clases para padres/madres/cuidadores sobre <b>salud mental infantil/juvenil</b>	1	2	3	4
12. Actividades y programas para niños y familias en las <b>bibliotecas</b>	1	2	3	4
13. Actividades y programas para niños y familias en los <b>parques</b>	1	2	3	4
14. Actividades y programas para niños y familias en <b>centros de recreación</b>	1	2	3	4
15. Museos, áreas de juego, programas educativos fuera de la escuela, gimnasios familiares que sean de bajo costo	1	2	3	4
16. Apoyo familiar en el hogar (Visitas domiciliarias/Home Visiting)	1	2	3	4
17. Cuidado de relevo (cuidado de niños a corto plazo durante emergencias o crisis)	1	2	3	4

6. ¿Qué actividades o programas le interesaría participar con su familia?
7. ¿Hay otros temas que le gustaría que se ofrecieran como clases para padres?
8. ¿Prefiere clases para padres virtuales o en persona?
- Virtual
  - En persona
  - Me gustaría tener la opción de asistir de manera virtual o en persona

## Parte 4: Problemas que afectan a su familia

1. Indique con un "sí", "no" o "prefiero no responder" si los siguientes problemas están afectando a su familia

	Sí	No	Prefiero no responder
1. Al menos una persona en la casa vive con un problema de consumo de sustancias			
2. No todos mis niños están recibiendo exámenes regulares de salud			
3. Mis niños no tienen seguro de salud			
4. Mi pareja y yo no tenemos aseguranza medica			
5. Al menos un adulto en la casa vive con una enfermedad mental			
6. No recibimos ni tenemos acceso a servicios de salud mental			
7. El padre/la madre/un cuidador de al menos uno de mis niños ha sido encarcelado			
8. Nuestro vecindario no es un lugar seguro para niños			
9. Mis niños han sido testigos de violencia familiar en el pasado			
10. Mis niños han sido testigos de violencia en el vecindario			
11. Mi familia no confía en la policía			
12. Soy un padre soltero/una madre soltera/un cuidador soltere			
13. Tengo dificultades para proporcionar alimentos a mis niños.			
14. No tengo vivienda estable			
15. Mi trabajo no proporciona la cantidad de ingresos necesarios para satisfacer las necesidades básicas de mi familia			
16. Mis niños han experimentado la separación familiar en el pasado			

2. ¿Hay algún otro problema que afecte a su familia que no se haya mencionado anteriormente?

## Parte 5: Obstáculos para acceder recursos comunitarios

5. ¿Qué tipo de obstáculos o limitaciones enfrenta su familia al acceder a los recursos y servicios de la comunidad?
- Transporte
  - Cuidado de niños
  - Conocimiento de los recursos disponibles
  - Disponibilidad de servicios (por ejemplo: problemas para programar citas, no hay suficiente personal disponible)
  - Costo de los servicios
  - Navegación del sistema de servicios a niños y jóvenes
  - Falta de clínicas y médicos en su área
  - Equilibrio de trabajo y vida personal
  - Otro - Por favor explique:  
-----
  - Prefiero no responder
6. Favor de seleccionar cualquiera de las siguientes declaraciones que se apliquen a usted o su familia.
- Soy un padre/una madre/un cuidador de crianza temporal / foster parent
  - Soy un padre/una madre/un cuidador de un niño/joven LGBTQ+
  - Soy un padre/una madre/un cuidador LGBTQ+
  - Mi familia ha experimentado falta de recursos debido a nuestro estatus migratorio
  - Al menos uno de mis niños ha tenido una crisis de salud mental que requirió intervención médica
  - Al menos uno de los adultos de nuestra familia ha tenido una crisis de salud mental que requirió intervención médica
  - Mi familia ha sufrido separación familiar debido a problemas con inmigración
  - Al menos uno de mis niños ha estado involucrado en el sistema de justicia juvenil
  - Mi familia ha sufrido separación familiar debido al encarcelamiento de un padre/una madre/un cuidador
  - Ha habido participación de CPS en mi familia (ningún niño removido de casa)
  - CPS ha separado a mi(s) niño(s) de mi casa al menos una vez
  - Prefiero no responder

- Si se siente cómodo, le pedimos que por favor comparta con nosotros su experiencia y los tipos de apoyo que necesita o necesitaba. Si estuvo involucrado en una crisis, háganos saber qué apoyo de la comunidad habría ayudado a prevenir la crisis (por ejemplo: vivienda asequible, terapia, apoyo genuino de agencias, salarios más altos, conocimiento sobre la seguridad infantil y el desarrollo saludable, asistencia para el equilibrio entre el trabajo y la vida personal, grupos de apoyo, etc).
7. ¿Usted o un miembro de su familia ha experimentado alguna discriminación al tratar de acceder a los servicios comunitarios?
- Si
  - No
  - Prefiero no responder
8. En caso afirmativo, por favor seleccione las respuestas que mejor se apliquen a su situación. Marque todo lo que corresponda.
- He sufrido discriminación en base a mi raza/origen étnico.
  - He sufrido discriminación por mi identidad de género u orientación sexual.
  - He sufrido discriminación en base a mi estatus migratorio.
  - He sufrido discriminación en base a mi estado civil.
  - He sufrido discriminación en base a mis ingresos económicos.
  - He sufrido discriminación por mi edad.
  - Prefiero no responder

## Parte 6: Final

¿Hay alguna otra idea que quiera compartir sobre la mejor manera en que los padres, las madres, cuidadores y los niños pueden recibir apoyo en su comunidad? Háganos saber cualquier idea o sugerencia, así como cualquier servicio que le gustaría seguir viendo en nuestra comunidad.

# Appendix F: Survey for Providers – English Version

## Community Survey for Providers

Thank you for participating in this survey. This survey is part of a statewide needs assessment that will help gain an understanding of the strengths of our community as well as the gaps in child maltreatment prevention efforts. We will be using this information to help the Division of Child and Family Services develop a plan for improved access to child abuse prevention services, family support programs, healthy child development and learning strategies for families, and other needs for children and families in Nevada. Your responses are anonymous. All information will be reported in aggregate form.

### Part 1: Your background

**Please tell us about yourself by checking the box that most applies.**

1. Which best describes the professional sector you currently work in? Check all that apply

- Government
- Education
- Day Care
- Private, non-profit
- Public, non-profit
- Medical
- Legal
- Law Enforcement
- Other: \_\_\_\_\_

2. What is your highest level of education or degree obtained?

- No formal education
- Elementary
- Junior high school/Middle school
- Some high school
- High school or equivalent (GED, HiSET)
- Trade/Vocational Training
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate
- Prefer not to answer

3. In what capacity do you work with children and families? Check all that apply

- Teach
- Provide Case Management services
- Provide Counseling
- Provide Medical Care
- Provide Early Childhood Education
- Provide Emergency Assistance
- Supervise Staff who provide any of the above services
- Manage an entity that provides any of the above services
- Prefer not to answer

4. Which of the following gender identities do you identify with? Check all that apply

- Female
- Male
- Non-binary/non-conforming
- Other: \_\_\_\_\_
- Prefer not to respond

5. What is your sexual orientation?

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbian
- Pansexual
- Queer
- Other\_\_\_\_\_
- Prefer not to answer

6. Do you consider yourself to be transgender?

- Yes
- No
- Prefer not to answer

7. Which of the following racial/ethnic groups do you identify with? Check all that apply

- African or Black
- Hispanic/Latine (Ethnicity)
- American Indian/Native American/Alaskan Native
- Asian/Asian American
- Native Hawaiian/Pacific Islander
- Multi-racial
- White (Non-Hispanic/European American)
- Prefer not to answer

8. Is English your native language?

- Yes
- No - If not, name of native language  
-----
- Prefer not to answer

9. Which statement best describes your income level?

- My job provides the amount of income needed to provide basic needs for my family.
- My job does not provide the amount of income needed to provide basic needs for my family
- My job provides more than enough income to provide the basic needs for my family
- Prefer not to answer
- I am a volunteer

10. What is the name of the county/counties in which you work with families? Please check all that apply.

- Carson City
- Churchill
- Clark
- Douglas
- Elko
- Esmeralda
- Eureka
- Humboldt

- Lander
- Lincoln
- Lyon
- Mineral
- Nye
- Pershing
- Storey
- Washoe
- White Pine

11. Do you work with families in the following areas?

- Tribal Area
- Rural Area
- Urban Area

12. How long have you worked in this community?

- Less than a year
- 1-5 years
- 6-10 years
- 11+ years

13. Do you serve parents, children or adolescents who identify as LGBTQ+?

- Yes, I serve parents who identify as LGBTQ+
- Yes, I serve children who identify as LGBTQ+
- Yes, I serve adolescents who identify as LGBTQ+
- No, I do not serve parents, children or adolescents that identify as LGBTQ+
- Prefer not to answer

14. Do you serve families in the following racial/ethnic backgrounds? Check all that apply

- African or Black
- Hispanic/Latine (Ethnicity)
- American Indian/Native American/Alaskan Native
- Asian/Asian American
- Native Hawaiian/Pacific Islander
- Multi-racial
- White (Non-Hispanic/European American)
- Prefer not to answer

15. Do you work with families that speak another language other than English?

- Yes
- No
- Name of Languages \_\_\_\_\_

## Part 2: Parenting Resources

1. Please tell us about what types of resources would be most helpful for parents in your community.

**Please rate the following resources and services:**

- 1) Highly needed
- 2) Somewhat needed
- 3) Not needed
- 4) Does not apply to me

1. Early childhood services (Childcare support, affordable early childhood education programs)	1	2	3	4
2. Community parent groups	1	2	3	4
3. Support for parents/caregivers of LGBTQ+ youth (groups, classes, educational materials)	1	2	3	4
4. Suitable Housing	1	2	3	4
5. Food insecurities	1	2	3	4
6. Access to Substance Use services	1	2	3	4
7. Healthcare services (Obtaining health insurance, affordable doctors/clinics, access to a medical home, services for children and youth with special health needs)	1	2	3	4
8. Access to disability resources and services	1	2	3	4
9. Domestic and intimate partner violence services and resources	1	2	3	4
10. Parenting classes/workshops	1	2	3	4
11. Employment support and services	1	2	3	4

12. Social support and connections	1	2	3	4
13. Services for immigrants	1	2	3	4
14. Access to family friendly activities in the community	1	2	3	4

2. What are some of the strengths in your community?

	Prioritized number	Additional Comments
1. Households experiencing a parent or caregiver with a substance use issue		
2. Children in the community do not have access to regular well-child exams		
3. Limited resources for substance use issues/disorders		
4. Children in my community do not have health care		
5. Parents or caregivers do not have health insurance		
6. Households experiencing a parent or caregiver with a mental illness		
7. Limited access to mental healthcare services		
8. Neighborhood violence		
9. Family violence in the household		
10. Limited resources and services for domestic/intimate partner violence		
11. Community members do not trust law enforcement		
12. Single Parent households		
13. Families are experiencing food insecurities in your community		
14. There is not enough stable housing for families in your community		
15. There are not enough jobs that pay a living wage in your community		
16. Limited resources for employment training		
17. Children experiencing family separation		

### Part 3: Issues impacting families

1. Please indicate the top five most important issues that you believe can lead to child maltreatment in your community. List your top priorities from 1 to 5 in the column provided.  
**Please list any other issues impacting families in your community:**

### Part 4: Barriers to Community resources

1. Which type of barriers or limitations do you feel impede families from accessing community resources and services?

- Transportation
- Childcare
- Awareness of resources available
- Availability of services (i.e. Issues scheduling appointments, not enough staff available)
- Cost of services
- Navigation of the system of care for children and youth
- Lack of clinics and doctors in your area
- Work/life balance
- Other. Please explain: \_\_\_\_\_

2. Please select any of the following statements that apply to the families you serve.

- I have worked with foster parents
- I have worked with at least one parent of an LGBTQ+ child/youth
- I have worked with at least one LGBTQ+ parent
- At least one of the families I've worked with has experienced a lack of resources due to their immigration status
- I have worked with a family where at least one of the children has experienced a mental health crisis that required medical intervention

- I have worked with a family where at least one of the adults has experienced a mental health crisis that required medical intervention
  - At least one of the families I've worked with has experienced separation due to issues with immigration
  - At least one of the families I've worked with had a youth in the juvenile justice system
  - At least one of the families I've worked with has experienced separation due to the incarceration of a parent
  - At least one of the families I've worked with has been involved with Child Protective Services in (no child removed from home)
  - At least one of the families I've worked with had a child removed from the home by Child Protective Services
  - If comfortable, please share with us your experience and the types of supports you think the family needs or needed. If your experience involves a crisis, please let us know what community support would have helped prevent it (i.e. affordable housing, counseling, culturally responsive approaches, higher wages, knowledge of child safety and healthy development, work/life balance assistance, support groups, etc.).
3. Have you witnessed parents or children experiencing discrimination when accessing community services?
- Yes
  - No
  - I prefer not to answer
4. If yes, check the boxes that best describe the situation. Check all that apply
- I have seen families discriminated against based on their race/ethnicity.
  - I have seen families discriminated against based on their gender identity or sexual orientation.
  - I have seen families discriminated against based on their marital status.
  - I have seen families discriminated against based on their income status.
  - I have seen parents discriminated against based on their age.

## **Part 5: Closing**

Is there any other insight you want to share on the best way parents and children can be supported in your community? Please let us know of any ideas or changes, as well as any services you would like to continue to see in our community.

# Appendix G: Survey for Providers – Spanish Version

Gracias por participar en esta encuesta. Esta encuesta es parte de una evaluación de necesidades en todo el estado que ayudará a comprender las fortalezas de nuestra comunidad, así como las áreas a mejorar en los esfuerzos de prevención del maltrato infantil. Usaremos esta información para ayudar a la División de Servicios para Niños y Familias a desarrollar un plan para mejorar el acceso a los servicios de prevención del abuso infantil, al igual que programas de apoyo familiar, desarrollo infantil saludable, estrategias de aprendizaje para familias y otras necesidades para niños y familias en Nevada. Sus respuestas son anónimas. Toda la información será reportada en forma agregada.

## Parte 1: Información General

Cuéntenos sobre usted marcando las respuestas que más correspondan.

1. ¿Cuál describe mejor el sector profesional en el que trabaja actualmente? Marque todo lo que corresponda
  - Gobierno
  - Educación
  - Guardería
  - Privado, sin fines de lucro
  - Público, sin fines de lucro
  - Médico
  - Legales
  - Cumplimiento de la ley
  - Otro: \_\_\_\_\_
  - Prefiero no responder

2. ¿Cuál es el nivel más alto de educación o título que ha obtenido?

- Sin educación formal
- Primaria
- Escuela secundaria/escuela intermedia
- Algo de preparatoria
- Escuela preparatoria o equivalente (GED, HiSET)
- Capacitación comercial/vocacional
- Algo de universidad
- Título de asociado / Carrera técnica
- Licenciatura
- Maestría
- Doctorado
- Prefiero no responder

3. ¿En qué capacidad trabaja con niños y familias? Marque todo lo que corresponda

- Enseñanza
- Proporcionar servicios de administración de casos (case manager)
- Brindar asesoramiento (counseling)
- Proporcionar atención médica
- Brindar educación en la primera infancia (early childhood)
- Proporcionar asistencia de emergencia
- Supervisar al personal que brinda cualquiera de los servicios anteriores
- Administrar una entidad que proporciona cualquiera de los servicios anteriores
- Prefiero no responder

4. ¿Con cuál de las siguientes identidades de género se identifica? Marque todo lo que corresponda.

- Mujer/Femenino
- Hombre/Masculino
- No binario/no conforme
- Otro \_\_\_\_\_
- Prefiero no responder

5. ¿Cuál es su orientación sexual?

- Asexual
- Bisexual
- Gay
- Heterosexual
- Lesbiana
- Pansexual
- Queer
- Otro\_\_\_\_\_
- Prefiero no responder

6. ¿Usted se considera transgénero?

- Si
- No
- Prefiero no responder

7. ¿Con cuál de los siguientes grupos raciales/étnicos se identifica? Marque todo lo que corresponda.

- Afroamericano o negro
- Hispano/Latino (Etnia)
- Indígena americano/nativo americano/nativo de Alaska
- Asiático/Asiático americano
- Nativo de Hawái o de las islas del Pacífico
- Multirracial
- Blanco (no hispano/americano europeo)
- Prefiero no responder

8. ¿Es el inglés su lengua materna?

- Si
- No
- Nombre de lengua materna: \_\_\_\_\_
- Prefiero no responder

9. ¿Qué afirmación describe mejor su nivel de ingresos?

- Mi trabajo proporciona los ingresos necesarios para satisfacer las necesidades básicas de mi familia.
- Mi trabajo no proporciona los ingresos necesarios para satisfacer las necesidades básicas de mi familia.
- Mi trabajo proporciona más que suficientes ingresos para satisfacer las necesidades básicas de mi familia.
- Prefiero no responder.
- Soy un voluntario
- Prefiero no responder

10. ¿Cuál es el nombre del condado o condados en los que trabaja con familias? Por favor marque todos los que apliquen.

- Carson City
- Churchill
- Clark
- Douglas
- Elko
- Esmeralda
- Eureka
- Humboldt
- Lander
- Lincoln
- Lyon
- Mineral
- Nye
- Pershing
- Storey
- Washoe
- White Pine

11. ¿Trabaja con familias en las siguientes áreas?

- área de una tribu indígena
- área rural
- área urbana
- Prefiero no responder

12. ¿Cuánto tiempo ha trabajado en estas comunidades?

- Menos de un año
- 1-5 años
- 6-10 años
- 11+ años
- Prefiero no responder

13. ¿Atiende a padres, niños o adolescentes que se identifican como LGBTQ+?

- Sí, atiendo a padres que se identifican como LGBTQ+.
- Sí, atiendo a niños que se identifican como LGBTQ+
- Sí, atiendo a adolescentes que se identifican como LGBTQ+
- No, no atiendo a padres, niños o adolescentes que se identifiquen como LGBTQ+
- Prefiero no responder

14. ¿Atiende a familias con los siguientes orígenes raciales/étnicos? Seleccione todo lo que corresponda

- Afroamericano o negro
- Hispano/Latino (Etnia)
- Indígena americano/nativo americano/nativo de Alaska
- Asiático/Asiático americano
- Nativo de Hawái o de las islas del Pacífico
- Multirracial
- Blanco (no hispano/americano europeo)
- Prefiero no responder

15. ¿Trabaja con familias que hablan otro idioma además del inglés?

- Si - Nombre de los idiomas \_\_\_\_\_
- No
- Prefiero no responder

## Parte 2: Recursos para padres

1. Por favor díganos qué tipos de recursos serían más útiles para los padres en su comunidad.

### Califique los siguientes recursos y servicios:

1) Muy necesario

3) No es necesario

2) Algo necesario

4) No me aplica

1. Servicios para la primera infancia (apoyo para el cuidado de niños, programas asequibles de educación para la primera infancia)	1	2	3	4
2. Grupos comunitarios para padres/madres/cuidadores	1	2	3	4
3. Apoyo a padres/madres/cuidadores de jóvenes LGBTQ+ (grupos, clases, materiales educativos)	1	2	3	4
4. Apoyo para obtener vivienda adecuada	1	2	3	4
5. Inseguridad alimenticia	1	2	3	4
6. Acceso a servicios de uso de sustancias	1	2	3	4
7. Servicios de atención médica (obtener seguro médico, médicos/clínicas asequibles, acceso a un hogar médico, servicios para niños y jóvenes con necesidades especiales de salud)	1	2	3	4
8. Acceso a recursos y servicios para personas con una discapacidad	1	2	3	4
9. Servicios y recursos para la violencia doméstica y violencia entre pareja	1	2	3	4
10. Clases y talleres para padres	1	2	3	4
11. Employment support and services	1	2	3	4
12. Apoyo y servicios de empleo	1	2	3	4
13. Servicios para inmigrantes	1	2	3	4
14. Acceso a actividades familiares en la comunidad	1	2	3	4

	Prioritized number	Additional Comments
1. Hogares que experimentan un padre o cuidador con un problema de uso de sustancias		
2. Los niños de la comunidad no tienen acceso a exámenes regulares de salud		
3. Recursos limitados para problemas/trastorno por uso de sustancias		
4. Los niños de mi comunidad no tienen seguro/ atención médica		
5. Los padres o cuidadores no tienen seguro médico		
6. Hogares que tienen un padre o cuidador con una enfermedad mental		
7. Acceso limitado a los servicios de salud mental		
8. Violencia en el vecindario		
9. Violencia familiar en el hogar		
10. Recursos y servicios limitados para la violencia doméstica/entre pareja		
11. Los miembros de la comunidad no confían en la policía		
12. Hogares de padres solteros		
13. Las familias están experimentando inseguridad alimenticia en su comunidad		
14. No hay suficientes viviendas estables para familias en su comunidad		
15. No hay suficientes trabajos que paguen un salario digno en su comunidad		
16. Recursos limitados para la formación laboral		
17. Niños que han sufrido o están sufriendo separación familiar		

2. ¿Cuáles son algunas de las fortalezas de la comunidad o de las comunidades en las que trabaja?

### Parte 3: Problemas que afectan a las familias

1. Indique los cinco problemas más importantes que cree que pueden conducir al maltrato infantil en su comunidad. Enumere sus principales prioridades del 1 al 5 en la columna provista, con 1 siendo su prioridad más importante.

**Por favor déjenos saber de cualquier otro problema que afecte a las familias de su comunidad:**

### Parte 4: Obstáculos para acceder servicios comunitarios

1. ¿Qué tipo de barreras o limitaciones cree que impiden que las familias accedan a los recursos y servicios de la comunidad?
  - Transporte
  - Cuidado de niños
  - Conocimiento de los recursos disponibles
  - Disponibilidad de servicios (por ejemplo: problemas para programar citas, no hay suficiente personal disponible)
  - Costo de los servicios
  - Navegación del sistema de servicios a niños y jóvenes
  - Falta de clínicas y médicos en su área
  - Equilibrio de trabajo y vida personal
  - Otro
  - Por favor explique: \_\_\_\_\_
  - Prefiero no responder
2. Seleccione cualquiera de las siguientes declaraciones que se apliquen a las familias a las que sirve.
  - He trabajado con padres de crianza temporal (Foster parents)
  - He trabajado con al menos un padre/una madre/un cuidador de un niño/joven LGBTQ+
  - He trabajado con al menos un padre/una madre/un cuidador LGBTQ+

- Al menos una de las familias con las que he trabajado ha experimentado falta de recursos debido a su estatus migratorio
  - He trabajado con una familia donde al menos uno de los niños ha tenido una crisis de salud mental que requirió intervención médica
  - He trabajado con una familia donde al menos uno de los adultos ha tenido una crisis de salud mental que requirió intervención médica
  - Al menos una de las familias con las que he trabajado ha sufrido la separación debido a problemas con inmigración
  - Al menos una de las familias con las que he trabajado tenía un joven en el sistema de justicia juvenil
  - Al menos una de las familias con las que he trabajado ha sufrido la separación debido al encarcelamiento de uno de los padres
  - Al menos una de las familias con las que he trabajado ha estado involucrada con los Servicios de Protección Infantil (CPS - ningún niño retirado del hogar)
  - Al menos una de las familias con las que he trabajado tuvo un niño retirado del hogar por los Servicios de Protección Infantil (CPS - niño retirado del hogar)
  - Prefiero no responder
  - Si se siente cómodo, le pedimos que por favor comparta con nosotros su experiencia y los tipos de apoyo que usted piensa que la familia necesita o necesitaba. Si la familia estuvo involucrada en una crisis, háganos saber qué tipos de apoyo comunitario habría ayudado a prevenir la crisis (por ejemplo: vivienda asequible, terapia, apoyo genuino de agencias, salarios más altos, conocimiento sobre la seguridad infantil y el desarrollo saludable, asistencia para el equilibrio entre el trabajo y la vida personal, grupos de apoyo, etc).
3. ¿Ha visto a padres/cuidadores o niños sufrir discriminación al acceder a los servicios comunitarios?
- Sí
  - No
  - Prefiero no responder

4. En caso afirmativo, por favor seleccione las respuestas que mejor se apliquen a su situación. Marque todo lo que corresponda.

- He visto familias discriminadas en base a su raza/etnicidad.
- He visto familias discriminadas por su identidad de género u orientación sexual.
- He visto familias discriminadas en base a su estado civil.
- He visto familias discriminadas en base a sus ingresos económicos.
- He visto padres discriminados en base a su edad.
- Prefiero no responder

## Parte 5: Final

¿Hay alguna otra idea que quiera compartir sobre la mejor manera en que los padres y los niños pueden recibir apoyo en su comunidad? Háganos saber cualquier idea o cambio, así como cualquier servicio que le gustaría seguir viendo en nuestra comunidad.

## Appendix H: Review of Needs assessments, reports, and strategic plans in Nevada

Access to Resources	STRATEGIC PLAN/REPORT	
Transportation	Governor's New Nevada Plan	
	Southern Nevada Strong	
	DCFS VOCA Needs Assessment 2017	
	Southern Nevada Community Health Assessment Report 2020-2021	
	Housing and Homelessness Needs Assessment/Community Development Needs Assessment 2016-2019	
	Douglas County Master Plan 2016 Douglas County Transportation Plan	
	Community Health Needs Assessment Banner Churchill Community Hospital 2019	
	2020 Community Health Needs Assessment Renown Health	
	Nevada Substance Abuse Prevention and Treatment Agency - SAPTA 2018 Needs Assessment	
	Rural Regional Behavioral Health Policy Board 2021 Annual Report	
	Sunrise Children's Foundation Community Needs Assessment 2020-2021	
	The Sexual Risk Avoidance Education (SRAE) Program of the Nevada Division of Public and Behavioral Health 2019	
	2019 Nevada State Health Assessment	
	Headstart of Northeastern Nevada Community Assessment Update 2021	
	NyE Communities Coalition Comprehensive Community Prevention Plan 2018-2021	
	Southern Nevada Community Health Improvement Plan 2016	
	Available & Affordable Child Care	DCFS VOCA Needs Assessment 2017
		Nevada Prenatal-to-3 State Policy Roadmap 2021
Nevada Substance Abuse Prevention and Treatment Agency - SAPTA 2018 Needs Assessment		

Access to Resources	STRATEGIC PLAN/REPORT
	Nevada Early Childhood Care and Education Fiscal Feasibility Study 2020
	Sunrise Children's Foundation Community Needs Assessment 2020-2021
	Housing and Homelessness Needs Assessment/Community Development Needs Assessment 2016-2019
	Child Care and Development Fund Plan for Nevada 2022-2024
	Headstart of Northeastern Nevada Community Assessment Update 2021
	Child and Family Services Plan 2020-2024
	Washoe County Human Services Agency EC Needs Assessment
Home Visiting	ECAC Strategic Plan
	DHHS CFSP
	Nevada Prenatal-to-3 State Policy Roadmap 2021
	Child Care and Development Fund Plan for Nevada 2022-2024
	Child and Family Services Plan 2020-2024
	UNR Child & Family Research Center
Food Security & Healthy Foods	Governor's New Nevada Plan
	Nevada School Wellness Policy
	Three Square
	Partners for a Healthy Nevada
	Carson City School District
	UNR-Early Head Start- Community Assessment 2021
	2018-2020 Washoe County Community Health Needs Assessment
	Nevada Prenatal-to-3 State Policy Roadmap 2021
	The Sexual Risk Avoidance Education (SRAE) Program of the Nevada Division of Public and Behavioral Health 2019
	Douglas County Needs Assessment 2020
	Community Health Needs Assessment Banner Churchill Community Hospital 2019
	Child Care and Development Fund Plan for Nevada 2022-2024
	Child and Family Services Plan 2020-2024
	Food Security Action Plan 2017

Access to Resources	STRATEGIC PLAN/REPORT
	Nevada State Health Needs Assessment 2019
Parenting Programs	ECAC Strategic Plan
	Child and Family Services Plan 2020–2024
	Early Childhood Obesity Prevention Program
Libraries	ECAC Strategic Plan
	Washoe County Library District
Safe & Affordable Housing	So. NV Plan to End Youth Homelessness
	Southern Nevada Strong
	Nevada HIV Needs Assessment in Minority Communities
	2018–2020 Washoe County Community Health Needs Assessment
	2020 NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD ANNUAL REPORT
	Southern Nevada Community Health Assessment Report 2020–2021
	Headstart of Northeastern Nevada Community Assessment Update 2021
	Housing and Homelessness Needs Assessment/Community Development Needs Assessment 2016–2019
	The Sexual Risk Avoidance Education (SRAE) Program of the Nevada Division of Public and Behavioral Health 2019
	Nevada Substance Abuse Prevention and Treatment Agency – SAPTA 2018 Needs Assessment
	2019 Nevada State Health Assessment
	Douglas County Needs Assessment 2020
	Washoe County Health District Community Health Improvement Plan 2021
Community & Social Services	Southern Nevada Strong
	LVCCLD v. 2020
	UNR–Early Head Start– Community Assessment 2021
	Child Care and Development Fund Plan for Nevada 2022–2024
	Child and Family Services Plan 2020–2024
	So. NV Plan to End Youth Homelessness

Access to Resources	STRATEGIC PLAN/REPORT
Afterschool Care	Nevada Afterschool Network
Community Awareness & Collaboration	ECAC Strategic Plan
	Lyon County Health & Human Services
	DCFS VOCA Needs Assessment 2017
	LVCCLD v. 2020
	Department of Health and Human Services – 2019 Nevada State Health Needs Assessment
	Washoe County Human Services Agency EC Needs Assessment
	Headstart of Northeastern Nevada Community Assessment Update 2021
	Nevada Children's Mental Health Needs Assessment 2016
	Sunrise Children's Foundation Community Needs Assessment 2020-2021
	Comprehensive Community Prevention Plan Carson City 2019
	PACE Coalition Comprehensive Community Prevention Plan 2020-2023
	2021 Nevada HIV Prevention Needs Assessment Report
	PACT Coalition Comprehensive Community Substance Abuse Prevention Plan 2019-2021
	Food Security Action Plan 2017
Community Facilities	Las Vegas Clark County Library District
Equity	LVCCLD v. 2020
	So. NV Plan to End Youth Homelessness
	Southern Nevada Community Health Assessment Report 2020-2021
	Nevada Children's Mental Health Needs Assessment 2016
	Report of the Commission on Services to Persons with Disabilities 2011
	DCFS VOCA Needs Assessment 2017
High Quality Programming & Services	Vegas PBS
	DCFS VOCA Needs Assessment 2017
	Needs Assessment for Nevada's Early Childhood Data System Project
	Nevada Early Childhood Care and Education Fiscal Feasibility Study 2020

<b>Access to Resources</b>		<b>STRATEGIC PLAN/REPORT</b>
	Sunrise Children's Foundation Community Needs Assessment 2020-2021	
	Findings of the Biennial State Educational Technology Needs Assessment - SETNA 2018	
	Report of the Commission on Services to Persons with Disabilities 2011	
	Nevada Substance Abuse Prevention and Treatment Agency - SAPTA 2018 Needs Assessment	
	Nevada Children's Mental Health Needs Assessment 2016	
	Child Care and Development Fund Plan for Nevada 2022-2024	
	Washoe County Human Services Agency EC Needs Assessment	
Warm Handoffs	2018-2020 Washoe County Community Health Needs Assessment	
	Nevada Children's Mental Health Needs Assessment 2016	
Nutrition Policy	Three Square	
	NV School Wellness Policy	
Nontraditional Hours	DCFS VOCA Needs Assessment 2017	
	Sunrise Children's Foundation Community Needs Assessment 2020-2021	
	Nevada State Health Needs Assessment	

<b>Early Childhood Education</b>		<b>STRATEGIC PLAN/REPORT</b>
Educational Continuity	Court Improvement Plan	
	Head Start	
	DHHS Child and Family Services Plan	
High Quality Teachers	ECAC Strategic Plan	
	CCSD Pledge of Achievement	
	Nevada B-3	
	Carson City School District	
	Churchill County School District	
	Humboldt County School District	
	Lincoln County School District	
	Washoe County School District	
Nevada Succeeds!		

Early Childhood Education STRATEGIC PLAN/REPORT	
	Nevada Ready! State Improvement Plan
	NevAEYC Public Policy Agenda
	Washoe County Human Services Agency EC Needs Assessment
Parent Engagement & Inclusion	ECAC Strategic Plan
	Nevada Ready! State Improvement Plan
	Churchill County School District
	Headstart of Northeastern Nevada Community Assessment Update 2021
	Nevada Early Childhood Care and Education Fiscal Feasibility Study 2020
	Raising Las Vegas
	Carson City School District
	Nye County School District
	Washoe County School District
Child Care Subsidies	Nevada Ready! State Improvement Plan
	NevAEYC Public Policy Agenda
	Nevada Early Childhood Care and Education Fiscal Feasibility Study 2020
	Child Care and Development Fund Plan for Nevada 2022-2024
	Washoe County Human Services Agency EC Needs Assessment
High Quality Care and Education	ECAC Strategic Plan
	UNR Child & Family Research Center
	NevAEYC Public Policy Agenda
	Nevada Ready! State Improvement Plan
	CCSD Pledge of Achievement
	Head Start
	Washoe County School District
	Early Childhood Obesity Prevention Plan
	DHHS IDEA Part C
	Douglas County School District
	Needs Assessment for Nevada's Early Childhood Data System Project
	Carson City School District

<b>Early Childhood Education</b>		<b>STRATEGIC PLAN/REPORT</b>
	Nevada Afterschool Network	
	Nevada Early Childhood Care and Education Fiscal Feasibility Study 2020	
	Washoe County Human Services Agency EC Needs Assessment	
Transition to Kindergarten	Head Start	
	LVCCLD v. 2020	
Collaboration	Great Basin College	
	Child Care and Development Fund Plan for Nevada 2022-2024	
	Head Start	
Child Development & Social Emotional Learning	Raising Las Vegas	
	Carson City School District	
	Douglas County School District	
	Child Care and Development Fund Plan for Nevada 2022-2024	
	Humboldt County School District	
Collaboration	Great Basin College	
	Child Care and Development Fund Plan for Nevada 2022-2024	
	Head Start	
Community Awareness	Raising Las Vegas	
	Nevada Early Childhood Care and Education Fiscal Feasibility Study 2020	
	Head Start	
Professional Development	ECAC Strategic Plan	
	CCSD Pledge of Achievement	
	Child Care and Development Fund Plan for Nevada 2022-2024	
	Washoe County School District	
	Nevada Succeeds!	

<b>Health</b>		<b>STRATEGIC PLAN/REPORT</b>
Mental Health	ECAC Strategic Plan	
	Nevada System of Care	
	Governor's New Nevada Plan	
	Nevada Ready! State Improvement Plan	

Health	STRATEGIC PLAN/REPORT
	Rural Children’s Mental Health Consortium
	Clark County Children’s Mental Health Consortium
	Washoe County Children’s Mental Health Consortium
	DHHS CFSP
	2020 NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD ANNUAL REPORT
	DCFS VOCA Needs Assessment 2017
	2018–2020 Washoe County Community Health Needs Assessment
	Community Health Needs Assessment Banner Churchill Community Hospital 2019
	Southern Nevada Community Health Assessment Report 2020–2021
	Regionalizing the Mental Health System in Nevada: Considerations and Options 2017
	2019 Community Health Needs Assessment Carson Valley Medical Center
	2020 Community Health Needs Assessment Renown Health
	Headstart of Northeastern Nevada Community Assessment Update 2021
	Douglas County Needs Assessment 2020
	The Sexual Risk Avoidance Education (SRAE) Program of the Nevada Division of Public and Behavioral Health 2019
	Nevada Kindergarten Health Survey 2020–2021
	Boulder City Hospital Community Needs Assessment 2021–2023
	Southern Nevada Community Health Assessment Report 2020/2021
	Dignity Health - St. Rose Dominican Community Health Needs Assessment 2022
	2019 Community Health Needs Assessment Report Carson Tahoe Health
	UNR-Early Head Start- Community Assessment 2021
	2019 Nevada State Health Assessment
	Primary Care Needs Assessment 2016
	South Lyon Medical Center Community Health Needs Assessment 2022–2024
	PACT Coalition Comprehensive Community Substance Abuse Prevention Plan 2019–2021
	Nevada Children’s Mental Health Needs Assessment 2016
	PACE Coalition Comprehensive Community Prevention Plan 2020–2023
	Nevada Substance Abuse Prevention and Treatment Agency - SAPTA 2018 Needs Assessment
	Comprehensive Community Prevention Plan Carson City 2019

Health	STRATEGIC PLAN/REPORT
	Douglas County's Community Prevention Plan 2019
	NyE Communities Coalition Comprehensive Community Prevention Plan 2018-2021
	Washoe County Health District Community Health Improvement Plan 2021
	Child and Family Services Plan 2020-2024
	Nevada State Health Needs Assessment 2019
Medicaid	Nevada System of Care
	Governor's New Nevada Plan
	Nevada Substance Abuse Prevention and Treatment Agency - SAPTA 2018 Needs Assessment
	Nevada Prenatal-to-3 State Policy Roadmap 2021
	Maternal & Child Health Coalition
Health Equity	ECAC Strategic Plan
	Immunize Nevada
	Governor's New Nevada Plan
	Governor's Council on Developmental Disabilities
	Nevada System of Care
	Nevada 2-1-1
	Rural Children's Mental Health Consortium
	Oral Health Nevada
	Carson City School District
	Southern Nevada Health District
	Southern Nevada Strong
	Clark County Children's Mental Health Consortium
	Nevada HIV Needs Assessment in Minority Communities
	2020 NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD ANNUAL REPORT
	Regionalizing the Mental Health System in Nevada: Considerations and Options 2017
	Southern Nevada Community Health Assessment Report 2020-2021
	2021 Nevada HIV Prevention Needs Assessment Report
Nevada State Health Needs Assessment 2019	
Immunizations	Governor's New Nevada Plan
	Southern Nevada Community Health Assessment Report 2020-2021

Health	STRATEGIC PLAN/REPORT
	UNR-Early Head Start- Community Assessment 2021
	2019 Community Health Needs Assessment Carson Valley Medical Center
	Nevada Substance Abuse Prevention and Treatment Agency - SAPTA 2018 Needs Assessment
	2020 Community Health Needs Assessment Renown Health
	Child Care and Development Fund Plan for Nevada 2022-2024
	Immunize Nevada
Access to Quality Healthcare	ECAC Strategic Plan
	Maternal & Child Health Coalition
	Governor's New Nevada Plan
	Nevada Office of Rural Health
	UNR Child & Family Research Center
	Department of Health and Human Services – 2019 Nevada State Health Needs Assessment
	2018-2020 Washoe County Community Health Needs Assessment
	Southern Nevada Community Health Assessment Report 2020-2021
	2020 Community Health Needs Assessment Renown Health
	Housing and Homelessness Needs Assessment/Community Development Needs Assessment 2016-2019
	Community Health Needs Assessment Banner Churchill Community Hospital 2019
	2022 Community Health Needs Assessment Douglas County
	Boulder City Hospital Community Needs Assessment 2021-2023
	Nevada Substance Abuse Prevention and Treatment Agency - SAPTA 2018 Needs Assessment
	Rural Regional Behavioral Health Policy Board 2021 Annual Report
	Primary Care Needs Assessment 2016
	South Lyon Medical Center Community Health Needs Assessment 2022-2024
	The Sexual Risk Avoidance Education (SRAE) Program of the Nevada Division of Public and Behavioral Health 2019
	2019 Community Health Needs Assessment Report Carson Tahoe Health
	Southern Nevada Community Health Improvement Plan 2016
2021 Nevada HIV Prevention Needs Assessment Report	

<b>Health</b>	<b>STRATEGIC PLAN/REPORT</b>
	Nevada HIV Needs Assessment in Minority Communities
Continuity of Care	ECAC Strategic Plan
	2020 NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD ANNUAL REPORT
	Child Care and Development Fund Plan for Nevada 2022-2024
	Nevada HIV Needs Assessment in Minority Communities
Community Awareness	Immunize Nevada
	2021 Nevada HIV Prevention Needs Assessment Report
	PACT Coalition Comprehensive Community Substance Abuse Prevention Plan 2019-2021
	2020 Community Health Needs Assessment Renown Health
Culturally Appropriate Programs	Nevada System of Care
	DCFS VOCA Needs Assessment 2017
	Nevada Substance Abuse Prevention and Treatment Agency - SAPTA 2018 Needs Assessment
	Nevada State Health Needs Assessment
	Partners for a Healthy Nevada
	Rural Regional Behavioral Health Policy Board 2021 Annual Report
	2020 NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD ANNUAL REPORT
	Southern Nevada Community Health Assessment Report 2020-2021
	PACT Coalition Comprehensive Community Substance Abuse Prevention Plan 2019-2021
	2021 Nevada HIV Prevention Needs Assessment Report
	Nevada HIV Needs Assessment in Minority Communities
Developmental Screening & Early Intervention	ECAC Strategic Plan
	Maternal & Child Health Coalition
	Rural Children's Mental Health Consortium
	Nevada Prenatal-to-3 State Policy Roadmap 2021
	Child and Family Services Plan 2020-2024
	Nevada Kindergarten Health Survey 2020-2021
	Child Care and Development Fund Plan for Nevada 2022-2024

<b>Health</b>	<b>STRATEGIC PLAN/REPORT</b>
	Governor's New Nevada Plan
Nutrition & Physical Activity	Maternal & Child Health Coalition
	Partners for a Healthy Nevada
	University of Nevada Reno Extension Statewide SNAP-Ed Needs Assessment
	Douglas County Needs Assessment 2020
	2019 Community Health Needs Assessment Report Carson Tahoe Health
	Headstart of Northeastern Nevada Community Assessment Update 2021
	2019 Community Health Needs Assessment Carson Valley Medical Center
	Dignity Health - St. Rose Dominican Community Health Needs Assessment 2022
	Southern Nevada Community Health Assessment Report 2020/2021
	Nevada Kindergarten Health Survey 2020-2021
	Southern Nevada Community Health Improvement Plan 2016
	Food Security Action Plan 2017
	Washoe County Health District Community Health Improvement Plan 2021
	Child Care and Development Fund Plan for Nevada 2022-2024
Nevada State Health Needs Assessment 2019	
Adverse Childhood Experiences	Nevada State Health Needs Assessment 2019
	Nevada Children's Mental Health Needs Assessment 2016
	Nevada Substance Abuse Prevention and Treatment Agency - SAPTA 2018 Needs Assessment
Positive Childhood Experiences	Comprehensive Community Prevention Plan Carson City 2019
Protective Factors	Nevada State Health Needs Assessment 2019
Professional & Workforce Development	ECAC Strategic Plan
	Nevada System of Care
	Southern Nevada Health District
	Nevada Substance Abuse Prevention and Treatment Agency - SAPTA 2018 Needs Assessment
	Primary Care Needs Assessment 2016
	Governor's New Nevada Plan

<b>Health</b>	<b>STRATEGIC PLAN/REPORT</b>
	Washoe County Human Services Agency EC Needs Assessment
	2018–2020 Washoe County Community Health Needs Assessment
	Nevada Children’s Mental Health Needs Assessment 2016
	Douglas County Needs Assessment 2020
	Rural Regional Behavioral Health Policy Board 2021 Annual Report
	Nevada State Health Needs Assessment 2019
	2020 NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD ANNUAL REPORT
	Southern Nevada Community Health Improvement Plan 2016
	Child Care and Development Fund Plan for Nevada 2022–2024
	Child and Family Services Plan 2020–2024
	Rural Children’s Mental Health Consortium

<b>Safety</b>	<b>STRATEGIC PLAN/REPORT</b>
Collaboration	Prevent Child Abuse Nevada
	DCFS VOCA Needs Assessment 2017
	Child and Family Services Plan 2020–2024
	So. NV Plan to End Youth Homelessness
Community Awareness	Prevent Child Abuse Nevada
	Nevada State Health Needs Assessment 2019
	NV Coalition to Prevention Commercial Exploitation of Children
Health Equity	Prevent Child Abuse Nevada
	Regionalizing the Mental Health System in Nevada: Considerations and Options 2017
	2020 NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD ANNUAL REPORT
	Nevada HIV Needs Assessment in Minority Communities
Out of Home Care	DHHS CFSP
	Child and Family Services Plan 2020–2024
Professional Development	Court Improvement Plan
	Child and Family Services Plan 2020–2024
	Prevent Child Abuse Nevada
Safety Standards	Washoe County Human Services Agency EC Needs Assessment
Reunification	Court Improvement Plan

<b>Safety</b>	<b>STRATEGIC PLAN/REPORT</b>
	Child and Family Services Plan 2020–2024
	So. NV Plan to End Youth Homelessness
Workplace	Nye County School District
Violence Prevention	Southern Nevada Community Health Assessment Report 2020–2021
	Child Care and Development Fund Plan for Nevada 2022–2024
	Child and Family Services Plan 2020–2024
	Nevada State Health Needs Assessment 2019
Crisis Response	Child and Family Services Plan 2020–2024
	So. NV Plan to End Youth Homelessness

<b>Infrastructure</b>	<b>STRATEGIC PLAN/REPORT</b>
Data Sharing	ECAC Strategic Plan
	Nevada 2-1-1
	Nevada Ready! State Improvement Plan
	Prevent Child Abuse Nevada
	United Way of Southern Nevada
	Head Start
	DHHS IDEA Part C
	Nevada Children’s Mental Health Needs Assessment 2016
	Food Security Action Plan 2017
	Early Childhood Obesity Prevention Plan
	NV Coalition to Prevention Commercial Exploitation of Children
	Needs Assessment for Nevada’s Kindergarten Entry Assessment Project 2012
	Needs Assessment for Nevada’s Early Childhood Data System Project
	UNR Child & Family Research Center
	DHHS Substance Use in Nevada – Data Update 2022
	DCFS VOCA Needs Assessment 2017
	Nevada Early Childhood Care and Education Fiscal Feasibility Study 2020
So. NV Plan to End Youth Homelessness	
Funding	ECAC Strategic Plan
	Partners for a Healthy Nevada

<b>Infrastructure</b>	<b>STRATEGIC PLAN/REPORT</b>
	Southern Nevada Health District
	United Way of Southern Nevada
	Needs Assessment for Nevada’s Kindergarten Entry Assessment Project 2012
	DCFS VOCA Needs Assessment 2017
	Nevada Early Childhood Care and Education Fiscal Feasibility Study 2020
	2019 Nevada State Health Assessment
	Southern Nevada Community Health Assessment Report 2020-2021
	NyE Communities Coalition Comprehensive Community Prevention Plan 2018-2021
	Washoe County Health District Community Health Improvement Plan 2021
	Child and Family Services Plan 2020-2024
	Southern Nevada Community Health Improvement Plan 2016
	So. NV Plan to End Youth Homelessness
	ECAC Strategic Plan
	Nevada Ready! State Improvement Plan
	Nevada B-3
	United Way of Southern Nevada
	CCSD Pledge of Achievement
	UNR Child & Family Research Center
	Early Childhood Obesity Prevention Plan
	Southern Nevada Health District
	Comprehensive Community Prevention Plan Carson City 2019
	Comprehensive Community Prevention Plan for Washoe County 2020-2022
	Douglas County’s Community Prevention Plan 2019
	NyE Communities Coalition Comprehensive Community Prevention Plan 2018-2021
	Child and Family Services Plan 2020-2024
	DCFS VOCA Needs Assessment 2017
	Washoe County Health District Community Health Improvement Plan 2021
	Washoe County School District
Data Collection & Evaluation	DCFS VOCA Needs Assessment 2017
	Headstart of Northeastern Nevada Community Assessment Update 2021
	NyE Communities Coalition Comprehensive Community Prevention Plan 2018-2021

<b>Infrastructure</b>	<b>STRATEGIC PLAN/REPORT</b>
	Comprehensive Community Prevention Plan for Washoe County 2020–2022
	Douglas County's Community Prevention Plan 2019
	Food Security Action Plan 2017
	Washoe County Health District Community Health Improvement Plan 2021
	Southern Nevada Community Health Improvement Plan 2016
	Child Care and Development Fund Plan for Nevada 2022–2024
	Sunrise Children's Foundation Community Needs Assessment 2020–2021
	Child and Family Services Plan 2020–2024
	Needs Assessment for Nevada's Early Childhood Data System Project
Culturally Appropriate Programs	CCSD Pledge of Achievement
	2019 Nevada State Health Assessment
	Primary Care Needs Assessment 2016
	Nevada Children's Mental Health Needs Assessment 2016
	DCFS VOCA Needs Assessment 2017
	NyE Communities Coalition Comprehensive Community Prevention Plan 2018–2021
	Comprehensive Community Prevention Plan for Washoe County 2020–2022
	Child Care and Development Fund Plan for Nevada 2022–2024
	Comprehensive Community Prevention Plan Carson City 2019
	PACT Coalition Comprehensive Community Substance Abuse Prevention Plan 2019–2021
	Child and Family Services Plan 2020–2024
So. NV Plan to End Youth Homelessness	
Messaging	PACT Coalition Comprehensive Community Substance Abuse Prevention Plan 2019–2021
	NyE Communities Coalition Comprehensive Community Prevention Plan 2018–2021
	Prevent Child Abuse Nevada
Statewide Standards	ECAC Strategic Plan
	DCFS VOCA Needs Assessment 2017
	Nevada Ready! State Improvement Plan
Collaboration & Alignment	ECAC Strategic Plan
	Early Childhood Obesity Prevention Plan
	Prevent Child Abuse Nevada
	DHHS IDEA Part C

Infrastructure	STRATEGIC PLAN/REPORT
	Great Basin College
	Immunize Nevada
	Nevada Afterschool Network
	Nevada Office of Rural Health
	Nevada Succeeds!
	United Way of Southern Nevada
	Washoe County School District
	Lyon County Health & Human Services
	Nevada State Health Needs Assessment
	Nevada Ready! State Improvement Plan
	Nevada Children's Mental Health Needs Assessment 2016
	Sunrise Children's Foundation Community Needs Assessment 2020-2021
	LVCCLD v. 2020
	University of Nevada Reno Extension Statewide SNAP-Ed Needs Assessment
	Comprehensive Community Prevention Plan Carson City 2019
	UNR Child & Family Research Center
	Washoe County Human Services Agency EC Needs Assessment
	Finding of the Biennial State Educational Technology Needs Assessment - SETNA 2018
	DCFS VOCA Needs Assessment 2017
	Douglas County Needs Assessment 2020
	PACE Coalition Comprehensive Community Prevention Plan 2020-2023
	PACT Coalition Comprehensive Community Substance Abuse Prevention Plan 2019-2021
	Food Security Action Plan 2017
	Child Care and Development Fund Plan for Nevada 2022-2024
	So. NV Plan to End Youth Homelessness
Policy & Advocacy	Southern Nevada Health District
	Nevada Succeeds!
	Nevada Children's Mental Health Needs Assessment 2016
	DCFS VOCA Needs Assessment 2017
	Nevada Prenatal-to-3 State Policy Roadmap 2021
	NyE Communities Coalition Comprehensive Community Prevention Plan 2018-2021

Infrastructure	STRATEGIC PLAN/REPORT
	Comprehensive Community Prevention Plan Carson City 2019
	Comprehensive Community Prevention Plan for Washoe County 2020-2022
	Food Security Action Plan 2017
	Child Care and Development Fund Plan for Nevada 2022-2024
	Southern Nevada Community Health Improvement Plan 2016
	Child and Family Services Plan 2020-2024
	Nevada Public Health Association
Equitable Access to Services	So. NV Plan to End Youth Homelessness
	Oral Health Nevada
	UNR Child & Family Research Center
	LVCCLD v. 2020
	Nye County School District
	Rural Children's Mental Health Consortium
	City of Las Vegas – City by Design
	2019 Nevada State Health Assessment
	2020 NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD ANNUAL REPORT
	DCFS VOCA Needs Assessment 2017
	Finding of the Biennial State Educational Technology Needs Assessment – SETNA 2018
	Primary Care Needs Assessment 2016
	Douglas County Master Plan 2016 Douglas County Transportation Plan
	Nevada Prenatal-to-3 State Policy Roadmap 2021
	2021 Nevada HIV Prevention Needs Assessment Report
	Child and Family Services Plan 2020-2024
	Nevada HIV Needs Assessment in Minority Communities

## Appendix I: List of Reviewed Needs assessments, reports, and strategic plans in Nevada

Type	Name	Lead Agency
Needs Assessment	Community Health Needs Assessment 2019	Banner Churchill Community Hospital
Needs Assessment	Boulder City Hospital Community Health Needs Assessment 2021-2023	Boulder City Hospital
Needs Assessment	Carson City Community Health Needs Assessment (CHNA) 2017	Carson Tahoe Health
Needs Assessment	2019 Community Health Needs Assessment Report- Primary Service Area	Carson Tahoe Health
Needs Assessment	2022 Community Health Needs Assessment Sponsored by Carson Valley Medical Center	Carson Valley Medical Center
Needs Assessment	Nevada Schools Educational Technology Needs Assessment May 2008	Department of Education
Needs Assessment	Clark County Community Health Needs Assessment	Dignity Health – St. Rose Dominican Hospitals and the Southern Nevada Health District in collaboration with the Nevada Institute for Children’s Research and Policy
Needs Assessment	Dignity Health- St. Rose Dominican Community Health Needs Assessment	Dignity Health St. Rose Dominican
Strategic Plan	Child Care and Development Fund (CCDF) Plan for Nevada FFY 2022-2024	Division of Welfare and Supportive Services
Needs Assessment	Douglas County Master Plan 2016 Douglas County Transportation Plan	Douglas County
Needs Assessment	Kindergarten Entry Assessment & Early Childhood Data Systems (KEDS)	Early Childhood Advisory Council
Needs Assessment	Nevada Children’s Mental Health Needs Assessment	Family and Social Services Administration
Needs Assessment	HEADSTART of Northeastern Nevada- Community Assessment Update 2021	HEADSTART of Northeastern Nevada
Needs Assessment	Needs Assessment for Nevada’s Early Childhood Data System Project 2012	<a href="http://nvecac.com/wp-content/uploads/2014/10/Kindergarten-Entry-Assessment.pdf">http://nvecac.com/wp-content/uploads/2014/10/Kindergarten-Entry-Assessment.pdf</a>

Type	Name	Lead Agency
Strategic Plan	Comprehensive Community Prevention Plan for Washoe County (2020-2022)	Join Together Northern Nevada
Report	Regionalizing the Mental Health System in Nevada: Considerations and Options (Bulletin No. 17-6)	Legislative Counsel Bureau
Strategic Plan	Nevada State Plan for Aging	Nevada Aging and Disability Services Division
Needs Assessment	2019 Needs Assessment State of Nevada Preschool Development Grant Birth Through Five	Nevada Department of Education Office of Early Learning and Development, Nevada Institute for Children's Research & Policy (NICRP), & Nevada Early Childhood Advisory Council (NECAC)
Report	A Report on the Findings of the Biennial State Educational Technology Needs Assessment-SETNA 2018	Nevada Department of Education
Needs Assessment	2018 Statewide Community Needs Assessment	Nevada Department of Health and Human Services
Needs Assessment	Nevada Opioid Crisis Needs Assessment	Nevada Department of Health and Human Services
Strategic Plan	2017 Food Security Action Plan	Nevada Department of Health and Human Services
Needs Assessment	Nevada State Health Needs Assessments 2019	Nevada Department of Health and Human Services
Needs Assessment	VOCA Needs Assessment Gaps Analysis	Nevada Division of Child and Family Services
Needs Assessment	Needs Assessment for Nevada's Kindergarten Entry Assessment Project 2012	Nevada Early Childhood Advisory Council, managed by the Head Start Collaboration and Early Childhood Systems Office
Report	Health Status of Children Entering Kindergarten in Nevada: Results of the 2020-2021 (Year 13) Nevada Kindergarten Health Survey	Nevada Institute for Children's Research & Policy (NICRP)
Needs Assessment	NCC-U68 2016 State Primary Care Needs Assessment	Nevada Primary Care Office, Division of Public and Behavioral Health
Needs Assessment	2022 Academic and Demographic Needs Assessment	Nevada State Public Charter School Authority

Type	Name	Lead Agency
Needs Assessment	Substance Use, Mental Health, and Suicide in Nevada 2018 Needs Assessment	Nevada Substance Abuse Prevention and Treatment Agency- SAPTA
Needs Assessment	2020: Nevada's Maternal and Child Health Needs Assessment	Nevada's Title V Maternal and Child Health and Maternal, Infant, and Early Childhood Home Visiting Programs
Report	2021 Northern Regional Behavioral Health Policy Board Annual Report	Northern Regional Behavioral Health Policy Board
Needs Assessment	The Department of Administration Office of Grant Procurement, Coordination, and Management	NV Grant Office
Strategic Plan	NyE Communities Coalition Comprehensive Community Prevention Plan	NyE Communities Coalition
Needs Assessment	Northern Nevada Obstetrics and Gynecology Needs Assessment	Office of Statewide Initiatives
Strategic Plan	Comprehensive Community Prevention Plan 2020-2023	PACE Coalition
Strategic Plan	2019-2021 Comprehensive Community Substance Abuse Prevention Plan	PACT Coalition
Strategic Plan	Comprehensive Community Prevention Plan (2019)	Partnership Carson City
Strategic Plan	Douglas County's Community Prevention Plan	Partnership Douglas County
Report	Prenatal-to-3 State Policy Roadmap Report 2021	Prenatal-to-3 Policy Impact Center at the University of Texas at Austin LBJ School of Public Affairs
Needs Assessment	Nevada Early Childhood Care and Education Fiscal Feasibility Study	Prepared by MetrixIQ for the State of Nevada Department of Education, Office of Early Learning and Development
Needs Assessment	2021 Nevada HIV Prevention Needs Assessment Report	Prepared by: The Trudy Larson MD Institute for Health Impact and Equity University of Nevada, Reno; Funded by: Nevada Office of HIV Nevada Department of Health and Human Services
Needs Assessment	2019 Nevada State Health Assessment	Public Health Consulting & The Blueprint Collaborative
Needs Assessment	2020 Community Health Needs Assessment	Renown Health

Type	Name	Lead Agency
Needs Assessment	Renown Rehabilitation Hospital Needs Assessment	Renown Hospital
Report	Rural Regional Behavioral Health Policy Board 2021 Annual Report	Rural Regional Behavioral Health Policy Board
Report	Commission on Aging NRS 439 Report	Services to Persons with Disabilities
Needs Assessment	Community Health Needs Assessment South Lyon Medical Center	South Lyon Medical Center Community Health Needs Assessment 2022-2024
Needs Assessment	Southern Nevada Community Health Assessment Report (2020/2021)	Southern Nevada Health District
Strategic Plan	Southern Nevada Community Health Improvement Plan (2016)	Southern Nevada Health District
Report	Behavioral Health Chart Pack	State of Nevada Department of Health and Human Services Office of Analytics
Report	Substance Use in Nevada - Data Update	State of Nevada Department of Health and Human Services Office of Analytics
Strategic Plan	The State of Nevada 2020-2024 Child and Family Services Plan	State of Nevada Division of Child and Family Services (DCFS)
Needs Assessment	Housing and Homelessness Needs Assessment/Community Development Needs Assessment	State of Nevada Housing Division and the State of Nevada Health Division
Needs Assessment	Nevada HIV Needs Assessment in Minority Communities	State Office of HIV/AIDS- Nevada Division of Public and Behavioral Health
Needs Assessment	Sunrise Children's Foundation 2020-2021 Community Needs Assessment	Sunrise Children's Foundation
Needs Assessment	Adolescent Health Needs Assessment	The Sexual Risk Avoidance Education (SRAE) Program of the Nevada Division of Public and Behavioral Health
Needs Assessment	Douglas County Needs Assessment	University of Nevada, Reno Extension
Needs Assessment	University of Nevada Reno Extension Statewide SNAP-Ed Needs Assessment, 2020-2021	University of Nevada, Reno Extension
Needs Assessment	Northern Nevada Early Childhood Roundtable: 2022 Report	University of Nevada, Reno, College of Education and Human Development & the Nevada Department of Health and Human Services

<b>Type</b>	<b>Name</b>	<b>Lead Agency</b>
Article	Child Abuse and Neglect in Nevada	UNLV Center for Democratic Culture
Needs Assessment	UNR-Early Head Start- Community Assessment 2021	UNR- Early Head Start
Strategic Plan	Washoe County Health District 2021 Community Improvement Plan	Washoe County Health District
Needs Assessment	2018-2020 Washoe County Community Health Needs Assessment	Washoe County Health District, Renown Health, and Truckee Meadows Healthy Communities
Report	Assessment of Affordability, Availability, Increase in Facilities and Strategies for Support of the Early Child Care Programs in Washoe County	Washoe County Human Services Agency