



**QUARTER 2**  
**PIP 2.3.1**  
**WASHOE**



# WASHOE COUNTY

"Dedicated to Excellence in Public Service"



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DEPARTMENT OF SOCIAL SERVICES  
Children's Services, Center Street Office

DATE: May 31, 2011

TO: Amber Howell, Deputy Administrator  
State of Nevada  
Division of Child and Family Services

FROM: Kevin Schiller, Director

RE: State of Nevada/Program Improvement Plan (PIP)  
Washoe County Second Quarter Submission

Washoe County Department of Social Services (WCDSS) second quarter report for the current Nevada Program Improvement Plan is hereby submitted.

### Strategy 1

WCDSS provided a preliminary report of the results of the Incarcerated Parent report completed in Quarter 1 to members of the Child Protection Enforcement (CPET) multidisciplinary team in April. Additionally, District Health Department manager Candy Hunter, RN, Public Health Nursing Supervisor and member of the Criminal Justice Act taskforce agreed to serve with members of CPET on a taskforce to refine an action plan to address placements as a result of parental incarceration. WCDSS staff have already reached out to other jurisdictions specifically Orangeburg County, South Carolina who are addressing this issue through community leadership to collaborate and share lessons learned.

### Strategy 2

WCDSS management team reviewed and discussed Initiative Statements submitted by DCFS and provided a revised statement on May 13, 2011 to meet Strategy 2, Goal 2, subsection 2.2.1., "Child Welfare leaders in Nevada will develop and disseminate an initiative statement supporting family centered practice." The following statement was submitted by WCDSS:

"Child welfare agencies in Nevada believe families are the primary providers for children's needs. The safety and well-being of children is dependent upon the safety and well-being of all family members. Children, youth and families are best served when staff actively listens to them and invite participation in decision-making. We support full implementation of family centered practice by engaging families in child and family teams and offering individualized services to build upon strengths and meet the identified needs of the family."

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The attachment included outlines the contact standards developed and submitted for Strategy 2, Goal 3, subsection 2.3.1., "Evaluate and revise standards in consultation with the NRC that will guide the caseworker's contact with children and parents." WCDSS is in a position to test a hypothesis related to caseworker contact in a comprehensive intervention combining ACTION for Child Protection's safety model (SAFE) and Family Connections, a preventive program developed through the Ruth Young Center at the University of Baltimore, Maryland as part of a Permanency Innovations Initiative (PII) demonstration project funded through the Administration for Children and Families (ACF). Consequently, in order to satisfy both the PIP and the research requirements of the grant, WCDSS respectfully submits these standards identified for staff not involved with the research project otherwise referred to as usual permanency services (UPS).

Strategy 5

WCDSS staff continue to serve on workgroups implementing recently approved policy regarding Independent Living services.

If you have any questions or need further follow up data in any of the identified areas in the second quarter submissions, please do not hesitate in contacting me at (775) 337-4452 or (775) 691-7779.

Respectfully,

*Jane Marsh for Kevin Schiller*

Kevin Schiller  
Director

Attachment, WCDSS Contact Guidelines

**Washoe County Department of Social Services**  
**PIP item 2.3.1., "Evaluate and revise standards in consultation with the NRC that will guide the caseworker's contact with children and parents."**

Current State policy (0205.0 Caseworker Contact with Children, Parents and Caregivers) requires at minimum monthly contact between the Caseworker and child whether the child is in-home or out-of-home placement. The policy however is silent to contact requirements between caseworker and parent, and caseworker and caregiver. The 2009 Child and Family Services Review found the quality of caseworker contact with parent, children, and caregivers needed improvement and improved caseworker contact was an identified goal in the Performance Improvement Plan. Contributing factors that indicated improvement was needed included frequency of worker-parent visits, concerns regarding the quality of worker-parent visit, and lack of agency efforts to contact fathers. The following information is intended to provide instruction to caseworkers regarding frequency and quality of contact with parents and caregivers as the policy directly addresses expectations regarding frequency and quality of contact with children.

WCDSS is the recipient of a demonstration project, Permanency Innovations Initiative, funded by the Administration of Children and Families (ACF) and is currently modifying population and intervention templates specific for the grant. WCDSS project involves an intervention that includes combining two promising practices: 1) ACTION for Child Protection's full implementation of a safety model (SAFE); and 2) Family Connections (FC), a prevention program developed through the Ruth Young Center, University of Maryland Baltimore. Motivational Interviewing is a practice embedded within the SAFE and FC practice models and both models have specific contact requirements for the caseworker-parent and caseworker-caregiver. WCDSS is working with the Division of Child and Family Services (DCFS), Rural Region to collaborate on the safety model to ensure consistency throughout the Northern region and will pilot the models during the implementation phase of the PII grant. WCDSS is required to test the hypothesis and intervention for the PII grant so this document identifies the standards that will be implemented for the usual permanency services (UPS).

### **Introduction**

#### **The purpose of caseworker visits is multifaceted –**

- Caseworker visits not only meet the federal child welfare requirements, but with the necessary frequency and quality, they directly improve the safety, well-being and permanency outcomes for children as evidenced through the federal Child and Family Services Review (CFSR).
- Visits allow the caseworker to assess the various needs of the child, parent and/or caregiver, provide the necessary support and services, along with providing the opportunity to build ongoing relationships and rapport through visitation.
- When caseworkers build positive and strong helping relationships through the visit process, it enables them to assist families to more effectively respond to crisis, opportunities and child and family needs.

#### **Caseworker visits are NOT intended to be just a friendly visit or a time to chat about the kids –**

- To ensure a quality visit, it needs to be well planned and focused on the child's safety, well-being and permanency as identified by the case plan.

- Visits provide the caseworker an ongoing opportunity to monitor case plan progress, assess strengths and needs, identify underlying conditions/factors and initiate discussion to explore various options and resources (ongoing case planning).

**Preparation for caseworker visit –**

- Preparation for a visit includes reviewing the case record and notes (identifying concerns/barriers to case progress), contacting providers, caretakers, teachers, therapists and any other pertinent persons to get updated information prior to the visit.
- Advance efforts assist the caseworker in planning the visit and maximizing their time and focus on safety, wellbeing and permanency and progress toward case plan goals.
- When scheduling a caseworker visit, it is important to take into consideration the schedules of the child, caregiver or parent and attempt to schedule at a convenient time.
- Caseworker visits are required, at minimum, monthly and must take place the majority of the time (>50%) in the child's current residence.

**During the visit –**

- It is important for the caseworker to interact in a professional, but empathetic manner through the asking of open-ended questions, providing encouragement and guidance, communicating updates and pertinent case information, and when required, setting necessary limits.
- Caseworkers need to use active listening, paraphrasing and summarizing to assure clear communications.
- The use of honest and open dialogue will greatly assist the caseworker in establishing the necessary trust required within the helping relationship.
- The caseworker must spend time alone with the child during their required monthly visits; this allows the child the opportunity for candid conversation along with providing the caseworker the opportunity to enhance their helping relationship with the child.
- It is also equally important to provide the caregiver private time to discuss any needs or concerns that they may not be otherwise comfortable in sharing.

**Ongoing Intervention and Contact**

**1. With families (from whom the child was removed)**

If the permanency goal is reunification, the caseworker shall make monthly contact with the parent. It is preferred and considered ideal for a minimum face-to-face contact occurring in the parental home every other month. Increased contact may be specified by the case plan and service agreement (CPSA).

If there are other children remaining at home, the caseworker is responsible for observing and monitoring the parenting skills exhibited with those children and the safety of those children. The caseworker shall also assist the parent or caregiver to assess and secure community resources which may be needed for the children (e.g., medical, education, social, mental health, alcohol and other drug abuse treatment, etc.)

If the permanency goal is other than reunification, monthly contact shall continue if parent-child visitation is still occurring. If parental rights are terminated, no further contacts are necessary.

## **2. Contact with foster families and relative caregivers**

- a) The caseworker shall have contact with the caregiver monthly with face-to-face contact required every other month in the caretaker home. It is permissible for this contact to occur as the same time as the child contact provided the caseworker spends individual time with the child.
- b) During in-home contacts, the caseworker shall:
  - Observe the caregiver's home for any health and safety issues (if evidence or circumstances indicate that a child's health and safety may be in jeopardy, a safety assessment must be completed.) If workers observe licensing violations, they shall make a referral to the licensing unit (licensed caregiver only).
  - Recognize, assess, and address any indication of unusual stress or problems within the home as it affects the caregiver's ability to care for the child, regardless of whether the worker or the caregiver raises the problem.
  - Assess child's adjustment to and well being in caregiver's home including caregiver family, daily routine, parenting, house rules, and discipline to inform placement stability.
  - Discuss any family-child, sibling visitation that occurred since the last contact, if the caregiver supervised the visitation. If the visit was not supervised by the caregiver, discuss any visible changes the caregiver noticed in the child after the visit occurred. If parental visits are not occurring per the service plan, or sibling visits are not occurring, develop a plan to ensure the visits begin within the next two weeks.
  - Discuss the child's current health status and identify any new behavioral or medical health needs and/or barriers to meeting the child's health care needs. Ask if the child has been prescribed any medications and the use of medications both prescribed and over-the-counter.
  - Discuss the child's educational needs and progress.
  - Ensure the caregiver's understand their responsibility in assisting the child/youth in the development of day-to-day skills within the home environment.
  - Share with the caregiver any important new information about the child, subject to confidentiality provisions, that are necessary for the proper care of the child.
  - Acknowledge and address attachment issues for the foster parent may have with the child and its effect on the foster parent's support of the permanency goal. Make a referral of support to foster care liaison if concern is noted.

- Inquire routinely if the foster parent needs additional training or support. If so, this information should be shared with the caregiver's licensing worker.
- Assess the need for support services to caregivers, such as respite care, reimbursement for travel or unusual expense, the Department is authorized to provide to foster and relative caregivers.
- Discuss the impact of the placement on the caregiver's own children.
- Discuss with the caregiver their responsibilities such as transporting children to counseling and/or medical appointments and allowing approved visitation or contact with siblings and biological parents. If the caregiver is not fulfilling these responsibilities or is in any way impeding the permanency plan for the child, the worker should discuss this with his or her supervisor.

### **3) Contacts with Reunification Cases**

During the first month following reunification, the caseworker shall make weekly face-to-face contact with the family and must observe the child victims for possible injuries and interview them, if verbal. Children are not to be interviewed with alleged perpetrator or parent present. Caseworker must get supervisory consultation to decrease contacts the following month.

### **4) Contact with Children Placed in Residential Facilities (In County)**

Caseworkers are expected to maintain regular contacts with youth in residential facilities and must visit the facility and meet, in person, at least monthly, with the residential provider and youth to review treatment progress and the planned discharge date.

### **5) Contact with Children in Out of State or Out of County Placements – Residential Facility**

Children who are placed out of state in a residential facility must be visited annually by the agency caseworker (NRS 432.0177). Monthly contact with the child and residential provider must be documented regarding child's well-being and case progress.

Children placed in residential facilities in state but out of county must be visited once every six months with monthly contact made by phone to the child and provider to document child's well being and case progress.

### **6) Time and Location of Worker Contacts and Visits**

Whenever it is necessary to have face-to-face contact with parents, children, or foster parents and relative caregivers, with the exception of required unannounced visits and those visits that must be made in the home, caseworkers shall make substantial efforts to be flexible and attempt as much as possible to schedule visits at a time and place where the persons they need to see can attend. Staff shall take into consideration parents work schedules, school age children's school attendance, transportation issues, availability of interpreters (if the parents' primary language of communication is other than English), and any other barriers that might prevent

parents from participating. Parents should be reminded that failure to meet with the caseworker may be considered by the Department and the Court as a lack of reasonable progress.

**7) Telephone Contacts**

The caseworker shall formulate a plan for communication between the worker and the child's parent(s), worker and the child/youth, and the worker and the caregiver. Workers should return all telephone calls within 48 hours, if possible. The worker shall provide the members of the child and family team with a contingency plan for emergency situations, for times when a worker is unable to return the call for any reason (vacation, illness, training, etc.), such as making sure that they have the supervisor's phone number.