Safe Futures

STRATEGIES TO IMPROVE THE SAFETY, PERMANENCE AND WELL-BEING OF CLARK COUNTY CHILDREN AND FAMILIES AT RISK OF CHILD MALTREATMENT

PHASE I

DRAFT

SAFE FUTURES – PHASE I

The Safe Futures Phase I document provides a set of objectives and strategies for improving child and family safety, permanency and well-being outcomes. It is meant to suggest direction and to offer an architectural vision for changes in the Clark County Department of Family Services' (DFS) approach to serving families in which maltreatment is suspected, and in which maltreatment is verified. It is also meant to suggest direction regarding the way that children who are deemed to have been maltreated are served and their well-being needs met.

Phase I will be followed by a Phase II document, a plan containing implementation steps and timeframes. These are not presented in Phase I as many, if not most, of the strategies are dependent on new resources being added to DFS and the system of care of which it is a part. Without certainty of these resources, target dates would not reflect meaningful commitments. DFS is committed to the pursuit of adequate resources necessary to the fulfillment of Safe Futures objectives and strategies. DFS will work in collaboration with county, state and federal officials to find and secure these resources.

Several of the strategies contained in the Safe Futures Phase I document can be achieved through procedural changes not requiring new resources. DFS is committed to working diligently and moving forward with these efforts. However, the most significant strategies are strongly dependent on the addition of new resources to DFS and its partners at the community and state level. A community child protection agency such as DFS is not "the child welfare system" but a part of a child welfare system. DFS' success is greatly dependent on a number of community partners that provide necessary services for the families it serves, including, but not limited to, health care, mental health services, substance abuse treatment, domestic violence services, education, housing and employment. Ultimately, the safety, permanency and well-being of Clark County Children is a responsibility vested throughout the community and state and not singularly in one agency, the Department of Family Services.

INTRODUCTION

For children suspected to be maltreated and possibly in danger of serious harm, the Clark County Department of Family Services (DFS) is a first responder. Along with its law enforcement partners, DFS holds a community trust that it will respond quickly, assess child circumstances and intervene when necessary to ensure the future safety of children. Where DFS intervenes, it is expected to make reasonable efforts to prevent the unnecessary removal of children, make reasonable efforts to reunify removed children with their families. When children cannot return home safely, DFS is also expected to make reasonable efforts to achieve permanency for children through adoption or guardianship. Finally, when youth who do not return home and who do not achieve permanency through adoption or guardianship, DFS must support a safe and secure transition to adult independence.

For a number of reasons, many in the community have begun to question DFS' ability and competence to fulfill these responsibilities. A report by the Independent Child Death Review Panel for Clark County Nevada raised serious questions about the practices and polices of several Clark County agencies, including DFS. The Administration for Children and Families, U.S. Department of Health and Human Services, has recently cited numerous deficiencies in Clark County's progress toward achieving national standards regarding the safety and permanency of maltreated children and is requiring the renegotiation of the State of Nevada's Program Improvement Plan (PIP), which was required as a part of the Federal Child and Family Services Review (CFSR).

Very recently, the National Center for Youth Law, based in Oakland California, filed a suit in Federal District Court alleging that Clark County is failing in its responsibility to protect children, citing conditions at Child Haven, excessively high caseloads, flawed child protective services investigations, inadequate numbers of foster homes, abuse of children in foster homes, and failure to meet the medical, mental health and educational needs of children in out-of-home care. If the litigants are successful, Clark County's child welfare agency could be under federal court order for years to come.

Another group, the Youth Law Center, based in San Francisco, California, has actively engaged the County in negotiations in lieu of filing a lawsuit. The Youth Law Center seeks a number of remedies. Among other things, it seeks that no children under the age of 6 will be placed in congregate care (this includes Child Haven); an end to police removals (now 39% of all child removals); legal representation for indigent families of children removed at the time of the protective custody hearing; a new and different plan for the recruitment and retention of an adequate number of foster homes to ensure that these very young children; and the development of an adequate service array to prevent the unnecessary removal of children from their families. Very recently, local advocates have demanded the removal of all children age 2 and under from Child Haven. Yet another group has raised legal issues regarding DFS compliance with law relative to the educational needs of children at Child Haven.

Media and local advocates question DFS performance in a number of cases in which children known to the agency have died or been severely injured. Such concerns are understandable, given the findings published in the report of the Independent Child Death Review Panel. Current Nevada Statutes prevent Clark County and DFS from opening and revealing information that would clearly indicate whether or not DFS acted properly in these cases.

County officials have recognized that change is needed and there has been progress. The County has acted affirmatively to:

1. Increase the number of Hotline staff in July (5 new positions); initiate an audit of the hotline, and complete plans to move the hotline to a remote location, making it a dedicated call center and relieving hotline staff of the other duties that remove them from their primary responsibility of accepting and responding to calls.

2. Add term positions to Child Haven to reduce burnout and overtime for regular Child Haven staff, thus decreasing risk to children.

3. Secure resources for a full-time pediatrician who will be hired by the Nevada Health Centers exclusively for Child Haven. (Nevada Health Centers is currently actively recruiting for this position).

4. Convert 2 part-time positions to full-time positions to bring the total number of recruiters and trainers to 3, with one recruiter dedicated full-time to foster family recruitment. (Previous to July, DFS had no full time staff dedicated solely to foster parent recruitment.).

5. Work with the state to receive approximately 2.3 million of state reprogrammed dollars in TANF-EA funds to DFS, which can be used to support Family Preservation.

6. Rewrite and improve investigative policies and procedures, clarifying expectations for each aspect of the CPS initial response.

7. Implement new CPS investigative training that began this month and to have all investigators fully trained on the new investigation protocol.

8. Initiate the review of all open cases of children age 3 and under and a plan of correction for any significant findings from the review.

9. Approve the Coroners office to hire an additional Medical Examiner. (All child deaths in Clark County are now being reviewed by the Coroner's office.)

10. Set up a multi-disciplinary Child Death Task Force through the District Attorney's office to review the deaths of all children in Clark County and to review manner and cause of death to determine if cases should be prosecuted.

11. Work with Social Services to provide Welfare Set-Aside funds to DFS for emergency rent and utility assistance to families in need as identified by Child Welfare staff.

12. Identify the number of additional attorneys needed in the office of the Special Public Defender so that all indigent families whose children have been removed may have access to an attorney at the time of the protective custody hearing.

But DFS still faces a crisis in confidence. More importantly, it also faces a crisis in performance. The Child Haven population is still above design capacity. The recent case audit of 3 and under cases raises significant questions about the quality of investigations, the adequacy of safety assessments and responsiveness to child and family needs. A significant number of children and families are not seen each month as required by policy and consistent with good practice. Children and families do not receive needed services. Children remain in placements not matched to their unique needs. There is a critical shortage of foster homes and many existing homes are overcrowded. Once licensed, foster families do not receive the additional support and training necessary for stable and safe placements. Children with the goal of adoption do not move to finalization quickly enough. Youth exiting foster care at age 18 are often not adequately prepared, supported and connected.

REQUIREMENTS FOR AN EFFECTIVE CHILD WELFARE SYSTEM

An effective child welfare system:

- Responds quickly, exercising sound judgment when children are believed to be in danger of serious harm
- Correctly balances the harm to children from possible maltreatment with the harm that may be done to children by removing them from a family
- Treats families, children and youth with respect and dignity
- Comprehensively assesses threats of harm to children and available family capacities to keep children safe
- Where change is needed, correctly identifies what influences maltreatment within a family and which services and interventions are most likely to effect change
- Has access to a responsive and sufficient array of services that are matched to the individualized needs of families and children and actively supports families in accessing these services
- Has regular meaningful contact with families and children on open cases to provide support for change, regularly assess safety and determine progress toward case outcomes

- Respects a child's sense of time by achieving permanency for a child in the shortest time possible
- Acts as a responsible parent by ensuring that the health, mental health and educational needs of children in its custody are met in a timely manner
- Works as a competent and reliable team member with community partners to ensure a multi-disciplinary response to families
- Has a community that recognizes and accepts its role in ensuring that there is a child protection "system" and not just a child protection agency

Clark County does not meet desired benchmarks in a number of these areas because it currently lacks:

- The sufficient number of competently trained staff and resource families needed to ensure that children are currently safe, remain safe and achieve permanency in a timely fashion
- The agency infrastructure needed to support front line staff, foster families and relative caregivers in their work toward safety, permanence and child well-being
- Policies and procedures that reflect best practice, provide clearly defined expectations and guidance supporting critical case decisions, and lay out the steps to be taken in ensuring safety, permanency and child well-being
- A sufficient array of available, accessible and responsive family supports and services necessary to address the underlying conditions and contributing factors associated with child maltreatment
- A sufficient array of available responsive family supports and services necessary to meet health, mental health and educational needs of children in Clark County custody
- Clearly defined interagency agreements with key partners needed to ensure effective teamwork and collaboration

Even in the face of these challenges, there are many strengths in Clark County and the State of Nevada on which to build:

- A commitment among senior leadership in Clark County and at the State to press these needs as a critical priority
- A committed set of community partners who daily dedicate their energies and talents toward improving the child welfare system
- A recognition that change is needed and that the time for business as usual has ended
- A recognition that the future of Clark County and Nevada is inseparable from the future of its children and youth

and

- A staff at DFS who come each day to do the "work", who have dedicated their lives to a professional and personal mission of improving the lives of children and families, and who recognize that change starts with each of us

BUILDING SAFE FUTURES

The concept of Safe Futures recognizes that we all are both individuals and members of a group. Together, we share in a common future and, as individuals, also seek unique visions of our own future. Each child is unique and remains a unique person throughout his or her life. At the individual and family level, there are many versions of a future that can be safe. Our approach must respect and build on difference and cultural strengths as part of the unique fabric of humanity.

To build and implement Safe Futures, DFS and Clark County must work internally and with the community to build the capacity for:

1. A comprehensive, multi-disciplinary response to maltreatment reports and threats to child safety

2. A responsive service array for children and families with services matched to child and family needs and culture - including safe and developmentally appropriate placements for children who cannot safely remain with their families

3. Timely permanency for children

4. Support for child and adolescent health, mental health and educational well-being

THE SAFE FUTURES STRATEGIES

1. A Safe Future Requires a Comprehensive, Multi-Disciplinary Response to Maltreatment Reports and Threats to Child Safety

Two recent case reviews have revealed concerns about the consistency and quality of DFS investigations and the responsiveness of the CPS Hotline. In the past, Hotline staff has been routinely pulled away from immediately answering calls to perform other duties, such as admitting children to Child Haven. Police make thirty-nine percent of all child removals with no onsite presence of a DFS child protective services investigator. These children are routinely admitted to Child Haven with no immediate attempt by CPS to conduct a formal safety assessment. In a troubling number of investigations, CPS relied on the content of initial law enforcement contacts to determine the further course of its own investigation, even though the statutory responsibilities of CPS and law enforcement are different. The reviews raised a number of questions about the thoroughness of both the analysis of evidence and the safety assessment. Although Clark County has a Children's Advocacy Center, it only operates on a daytime basis, meaning that victim sensitive interviewing does not occur in all cases in which it ideally should.

Objectives:

- Answer all calls to the CPS Hotline within an average of three minutes
- Accurately assign reports received by the CPS Hotline to investigation and assign appropriate response time priorities
- Initiate contact with the child and family within 2 hours for all reports assigned a priority 1 response time, and within 12 hours or 72 hours for priority 2 and 3 reports
- Ensure that CPS is on scene as a first responder for all reports assigned as a Priority 1 response (this includes all reports involving a child that might need removal except in certain instances in which children are removed incidental to a police incarceration of parents and other similar circumstances)
- Effectively coordinate investigations with law enforcement, district attorneys, and medical personnel where children are held in a hospital following a report of maltreatment
- Complete and document all safety assessments within 24 hours of initial contact with a child, including the safety plan if an in-home safety plan is used
- Divert reports involving a low risk of serious harm to an Alternative Response Assessment Track in which families would receive an assessment and service response rather than an investigative response
- Initiate court intervention on only those cases where it is needed to ensure the safety of a child
- For children removed from families, identify relative or foster family placement resources within 4 hours of removal
- Engage family members in case resolution through a Child and Family Team Meeting held within 48 hours of a child's removal
- Have written, executed Memorandum's of Understanding with police departments

Strategies:

Improving Hotline Capacity

a) Relocate the CPS hotline and make it a dedicated call center, relieving hotline staff of all responsibilities unrelated to the receipt and processing of reports
b) Expand hotline staff and technical capacity to reduce wait times and improve call screening
c) Develop clear intake and screening criteria and rewrite the intake policies and procedures
d) Conduct a current Hotline case review and subsequently implement periodic QA/QI for the Hotline to monitor and improve performance
e) Provide specialized training for intake/Hotline staff

Improving Emergency Response Capacity

f) Ensure a full onsite CPS response 24 hours a day, 7 days a week
g) Develop an Emergency Response Team that responds to all police calls for assistance in the field regarding child abuse and neglect issues, and that is available onsite to respond immediately to all police removals that occur without onsite CPS involvement
h) Utilize the Emergency Response Team for intake at Child Haven and immediately initiate a CPS investigation for any child not removed by CPS, including conducting an immediate safety assessment to determine whether the child may be returned home with an in-home safety plan
i) Develop Memorandums of Understanding with all Clark County law enforcement agencies regarding joint responses to reports of child abuse and neglect

Improving Investigative Capacity

j) Reduce caseloads for investigators to an average ratio of 10 new investigations per month per investigator
k) Develop an Alternative Response Track, either internally or with an outside entity, to assign reports with a low risk of serious harm to an assessment team as an alternative to a traditional investigative response
l) Rewrite intake and investigative policy and procedures to clarify expectations, decision criteria and case procedures
m) Develop and implement core and specialized training for investigators and supervisors, including training in the use of safety assessments
n) Revise the safety assessment protocol to provide a clearer set of decision criteria and rules relative to when a safety response is necessary
o) Require safety assessments to be completed within 24 hours of initial child contact based on direct contact with and observation of child and caregiver(s)
p) Provide specialized training for all investigative staff
q) Conduct joint training with CPS and law enforcement personnel
r) Increase use of Children's Advocacy Center and use of victim sensitive child interviews in all cases in which this approach best responds to the needs of the child
s) In non-emergency removals, conduct a Child and Family Team meeting with the family prior to the removal, and within 48 hours of removal for children entering out-of-home care
t) Assign a permanency worker within 24 hours of protective custody hearing to provide all services to a family, if the case is likely to be opened for ongoing services
u) Transferred cases to a permanency worker at the Plea Hearing, or as soon as case is open for services

Provide families with written information on their rights and the date, location and time of their court hearing

v) Conduct regular Quality Assurance case reviews of intake and investigation
w) Create and implement a Critical Case Decision Making Team to review critical incidents and child fatalities.

2. A Safe Future Requires a Responsive Service Array for Children and Families with Services Matched to Child and Family Needs and Culture - Including Safe and Developmentally Appropriate Placements for Children Who Cannot Safely Remain with Their Families

Clark County exhibits a critical shortage of mission critical services. Most obvious are alcohol and other drug assessment and treatment services. Closely attached are mental health assessment and treatment services for both adults and children. Many families face difficulty in securing affordable and stable housing. DFS has only two Family Support Workers to cover its entire caseload by providing in-home support services to vulnerable children and families. Presently, DFS has less than half the number of foster family placement resources necessary to endure that very young children do not experience placement in congregate care and that children are matched with appropriate resources. Many foster children are currently in homes that are overcrowded, elevating other risks to these children. Children in Clark County custody are negatively impacted by the limited number of providers willing to accept Medicaid. Many indigent families currently do not have access to legal representation. Children in out-of-home care now visit their parents in settings that too often do not permit developmentally appropriate activities to occur between parent and child.

Objectives:

- Reduce the length of time to successful case resolution and permanency
- Increase the number of children who safely remain with their families of origin
- Develop an array of available, accessible services responsive to individual family and child needs
- Ensure a comprehensive family assessment, which considers family strengths, needs and etiological factors influencing child safety and maltreatment
- Ensure that assessments and service responses are culturally sensitive
- Engage families in a manner that enhances motivation to change in areas of need that are mutually identified
- Eliminate placement of children under the age of 6 in group or congregate care settings
- Recruit and retain a net addition of 450 child foster home placement options and 50 respite options
- Ensure the availability of substance abuse and mental health assessments within 10 days of initial contact where child safety concerns are identified

Strategies:

Improving DFS Capacity

a) Update and improve in-home and out-of-home care policies and procedures
b) Implement a 24/7 relative location and approval process to place children directly with relatives rather than admitting them to Child Haven or Shelter
c) Implement a 24/7 foster family placement location capacity (concurrent with relative searches) to place children directly into foster homes rather than admitting them to Child Haven or Shelter
d) Develop a new community-centered foster family recruitment plan and strategy that targets specific populations of children and involves proactive outreach to community groups and neighborhoods
e) Establish 4 additional foster parent liaison positions for a total of 5, one located at each of the 5 community sites
f) Create a placement stability support team for foster families, relative caregivers and adoptive families that are pre-finalization to help them with children who have medical or behavioral health issues
g) Revitalize a viable and strong Clark County Foster Parent Association
h) Provide regular and ongoing foster parent in-service training on special topics affecting child well-being and placement stability
i) Expand the number of recruitment staff by 2 to a total of 4 so that 3 staff will be dedicated full time to foster family recruitment
j) Establish the ability to license emergency relative foster homes within 30 days
k) Implement new foster family reimbursement rates that include a base rate of $25 per day per child; $30 per day for each child in a sibling group; $35 per day for infants under the age of 2, $40 per day for medically fragile children and a $5 per day per child supplement for the first month for families taking children on a 24/7 basis
l) Select and implement an evidence-based family assessment protocol to guide service plan development
m) Develop a Quality Assurance case review process to assess service referral support, monitoring of service progress and quality of service provision
n) Provide Family Support workers per unit to provide in-home parent support, and assist with transportation
o) Provide an eligibility liaison to assist clients and resource families with accessing services
p) Provide a liaison for housing for DFS clients to assist with affordable housing resources
q) Link clients to employment specialists to assist clients with job skills training or partner with community to provide this service
r) Provide families with after hours visitation to work around their work schedules
s) Create a Unity Data Team to assist with input of critical data
t) Provide indigent parents with attorneys at the Protective Custody hearing
u) Establish a Community Relations Specialist to receive complaints, assess DFS service response in these cases and respond to complainants

Improving Community Service Capacity

v) Purchase the capacity for 200 mental health and 200 substance abuse assessments for parents/caregivers, to be available within 10 days
w) Establish four staffed family visitation centers, one at Child Haven and three in neighborhood sites
x) Contract for agency managed therapeutic foster care for 200 children and adolescents
y) Increase funding for and remove barriers to Emergency Assistance and Placement Prevention Funding to assist families toward reunification in order to assist financially
z) Develop Transitional Living supports for youth to assist them in preparing for Independent Living
aa) Work with community service providers to expand site based services in facilities owned by the county to provide true one stop for families with services including but not limited to:
    - Medicaid
    - Welfare (TANF and non-needy care taker)
    - WIC
    - EOB Daycare
    - Substance Abuse Treatment
    - Adult Mental Health
    - Social Security
    - Visitation Center
    - Activities for youth and/or Day Care (partner with Parks and Recreation)
bb) Provide Domestic Violence screening and secure counseling for all victims
cc) Purchase additional Family Preservation Services (that include BADA counselors) for a total of 175 families
dd) Increase the number of bi- or multi- lingual staff
ee) Develop affordable child-care resources
ff) Expand "Health Family" to serve an additional 15 women in intensive out patient counseling, 4 residential beds and 8 beds for children.

3. A Safe Future Requires Timely Permanency for Children

DFS has not routinely tracked length of time to permanency, a critical indicator for management as to the efficiency and effectiveness of its interventions. A significant number of admissions to Child Haven are the result of disrupted placements or children returning after an attempt at reunification. A high number of adoption cases have resulted in Lack of Reasonable efforts rulings by the court, as adoptions have not been finalized in an expedient manner. Each placement change in a child's life decreases the likelihood that permanency will be achieved and increases the likelihood that children will remain in care until they are 18, often exiting without essential connections necessary for success as an adult.

Goals:

- Reduce the length of time to case resolution and permanency
- Reduce the length of time to place children through the Interstate Compact on the Placement of Children (ICPC)
- Ensure availability of permanency options matched to the needs of children

Strategies:

Improving DFS Capacity

4) Revise and improve current polices and procedures supporting permanency planning and independent living
5) Reduce permanency staff caseloads to a ratio of 1 caseworker to 22 children
6) Implement practices and policies that support keeping children within their communities when they are placed out of their homes
7) Fully implement concurrent planning for all children remaining in out-of-home care beyond 45 days
8) Train staff on case management, including family-centered assessment, the use of strength-based, solution-focused interventions, monitoring ongoing safety and case plan progress, and in supporting families through the process of change
9) Initiate child specific recruitment whenever it is determined that a case has reached twelve months without significant caregiver progress toward case plan requirements for reunification
10) Develop special targeted adoptive family recruitment for older youth, to include relatives
11) Support legislation to provide subsidized guardianships for relatives that want to care for their relative children but need financial assistance.
12) Create and implement an adoption finalization tracking system to ensure reasonable efforts to achieve permanency through adoption
13) Contract to complete a backlog of children's social summaries (initial and ongoing) including ordering records, documenting medical, dental, education etc.
14) Create a community resource specialist position to track community resources and maintain a current inventory of information.
15) Develop transition plans for children being placed into out of home care, including a meeting prior to placement unless there is an emergency where foster parents are given information regarding the health, educational status, emotional status of the child, current permanency goals and case status, information regarding visitation with parents and siblings, list of contacts for Child and Family Team members
16) Develop a unit of independent living skills specialists to partner with workers on cases providing assistance in identifying independent living services and supporting 200 youth in achieving independent living goals
17) Increase youth engagement at all levels of policy development, child and family team decision-making, service provision, etc.

Improving Community Service Capacity (Many services pertaining to this section are included in the previous section on service array)

a) Establish formal collaborative agreements with private adoption agencies for recruitment and placement
b) Collaborate with the school district to allow children to remain in their home school and provide transportation to allow them to stay at their home school despite out of home placements

4) A Safe Future Requires Support for Child and Adolescent Health, Mental Health and Educational Well-Being

For children in out-of-home care, the county and state assume a role as parent under the principle of parens patriae. As such, government assumes a direct responsibility relative to critical well-being needs. To a greater extent than the normal population, maltreated children are likely to have more and more serious medical, mental health and educational needs. If not met, these children are more likely to experience greater problems as an adult, including incarceration and serious health and mental health issues. In too many instances, Clark County's maltreated children find themselves on waiting lists. The limited availability of critical services is further compounded by the reality of a child's developmental time clock.

Objectives:

- Ensure that health needs are met for all children in out-of-home care
- Ensure that mental health needs are met for all children in out-of-home care
- Ensure that educational needs are met for all children in out-of-home care
- Ensure that children placed directly into relative homes receive screenings and assessments
- Ensure DFS and DCFS staff has access, participation and coordination across assessment team meetings.
- Improve the utilization of EPSDT in identifying social, emotional and developmental needs
- Improve communication and coordination of care within the agency and with external providers
- Improve access to appropriate placement and mental health services for children with mental health needs not deemed acute
- Match ongoing/long term mental health services with children early on (i.e. immediately upon removal from home)
- Improve records/information exchange with the Clark County School District for all children in care
- Improve DFS/CCSD partnership in meeting the educational needs of children in care

Strategies:

Improving DFS Capacity to meet Children's Health Care Needs

a) Develop a baseline and tracking system for child health status and needs
b) Increase Child Haven Emergency Response nursing staff to meet acuity and population needs of children entering out-of-home care
c) Request children's previous medical records upon placement into out-of home
d) All children that are removed from parental care will be scheduled for an EPSDT health screen within 72 hours of placement
e) All children, whether supervised in home or in out-of-home placements, will receive documented primary care, to include basic physical and dental health care. Also, a plan will be developed to follow up on the results of this base line, primary care evaluations.
f) Implement a "Medical Passport" for all children entering out-of-home care
g) Develop a Medical Case management unit to coordinate, schedule, transport and follow up for all children placed in out of home care. This unit would also record all medical encounters in UNITY and maintain the child's medical passport
h) Develop a relationship with the UNLV school of nursing to assist the DFS medical case management unit with gathering health histories, assist foster parents with obtaining medical records, referrals to specialty and primary care community providers and provide education on children's basic health care needs
i) Develop a tracking and documentation system that would require and coordinate all foster parents to keep logs and documents pertaining to all medical and dental visits, administration of prescription medications and over the counter medication and provide these logs for review by case worker during regular visits

Improving Community Service Capacity to Meet Children's Health Care Needs

j) Develop appropriate community based intermediary medical facilities to care for the post-hospital needs for higher acuity babies and children. Further discharge these children from these intermediate care facility directly to foster care or in-home placements following appropriate care giver training regarding the special needs and procedures that these providers will be required to perform.
k) Develop programs to provide nursing/support services to drug addicted mothers during and after pregnancy and delivery
l) Advocate for changes in Medicaid qualifications, rules and regulations to include all children and youth in the child welfare system. These children should be placed on the Medicaid fee for service insurance as opposed to HMO's including in-home cases.
m) Expand our network of community based (or DFS contract) providers to provide medical and dental services to DFS children.

Improving DFS Capacity to meet Children's Mental Health Needs

n) Develop a baseline and tracking system for child mental health status and needs
o) Expand services for early screenings, assessments and appropriate treatment or therapy for all children entering out-of-home care. Identify in a timely manner the social, emotional and developmental concerns for every child entering care, to include both in-home and out-of-home care. Ensure that children placed in-home have the same expansive range of services as those children entering out-of-home care. Address Medicaid and other financial barriers that limit access for those children placed in-home.
p) Develop crisis intervention services and other supports to be utilized in foster homes, pre-adoptive homes and post-adoptive homes to address potential disruptions of placements.
q) Expand clinical staff capacity to provide internal clinical case management services for children with higher level of care needs by two persons

Improving Community Service Capacity to Meet Children's Mental Health Needs.

r) Strategize with public and private providers to expand the range of mental health services available to parents who are attempting to complete reunification case plans. This would include access to psychiatric services, psychotropic medication and psychotherapy/psycho-education/counseling.
s) Strategize with public providers of developmental services to expand the range of support services available to parents and/or children with developmental or co-occurring developmental and mental health disorders.
t) Provide expanded individualized or specialized parent education and skill building to address specific conditions or diagnostic profiles, e.g., fetal alcohol syndrome, attention deficit disorders, attachment disorders. Provide services to the full range of caregivers, including biological, foster and adoptive parents.
u) Expand capacity for adjunctive evaluation services, including neuropsychological, psychological, and psychiatric evaluations, with the goal of increasing reimbursement to develop a larger pool of providers.
v) Provide clinical support and consultation services to biological parents, relatives, children, foster parents and adoptive parents through the conclusion of the open case.
w) Develop a contract with a psychiatric provider who will offer emergency medication assessment and prescription services to youth in Child Haven or shelter care. This will include children whose medication plans have lapsed and require medication support to prevent deterioration and potential acute hospitalizations.
x) Develop on-call crisis mental health services for young adults who are in independent living settings or on independent living contracts, as an adjunct to other clinical services, which the youth may be accessing.

y) Develop step-down or transitional services for youth exiting acute psychiatric facilities, to include increasing access to partial hospitalization or day programs.
z) Expand ability to provide medical clearances to youths entering acute facilities by developing contracts with UMC Quick Care.
aa) Develop or expand inpatient or residential programming for youth, which addresses mental health, co-occurring chemical dependency and mental health disorders, and co-occurring developmental and mental health disorders.
bb) Negotiate expanded capacity of Behavioral Health Care Networks to provide mental health screenings, assessments, clinical and targeted case management (Medicaid authorizations, facilitation of child and family team meetings, etc.) to include follow-up treatment services.

Improving DFS Capacity to Meet the Educational Needs of Children

cc) Develop a baseline and tracking system for child educational status and needs
dd) Add language to the 72 Hour Protection Custody Court Order to include and authorize the release of educational records in the event that the parents and/or legal guardian are unable or unwilling to consent for the release of records.
ee) Require that all DFS children be assessed for developmental/educational delays and be placed on an education plan to receive the appropriate services when needed.
ff) Require all foster parents to maintain school records and report cards and provide these records for review by case worker during regular visits
gg) Develop a comprehensive support system for Post Graduation Transition plans for children over the age of 14 whose permanency plan is an Other Planned Permanent Living Arrangement.
hh) Link children and youth to educational mentor/advocates for when:
- There is no adoptive or relative resource
- Children have OPPLA permanency plans
- Children have made multiple moves within our system of care

Improving DFS Capacity to Meet the Educational Needs of Children

ii) Negotiate to place a Clark County School District (CCSD) Liaison at each Neighborhood Care Center
jj) Require that CCSD designate a “Home School” or offer services to a child who has had more than two foster care placements.
kk) Offer educational tutoring (in-person or computer) for all children that are Wards of the Family Court regardless of placement.
ll) Negotiate with CCSD to offer a bussing system to provide transportation to the child’s home school or bus stop for continuity.

MOVING FORWARD

DFS will take the following next steps:

- For strategies not requiring new resources, DFS will prepare work plans containing actions steps, assigned responsibilities and timeframes for completion.
- For strategies requiring new resources, DFS will analyze each to estimate personnel and non-personnel costs.
- DFS will present a detailed analysis of available state and federal funding sources for each resource dependent strategy.
- DFS will prepare a set of phased priorities for resource requests and submit these requests to county management and the Board of County Commissioners.
- Once resources are identified for a strategy, DFS will prepare a work plan containing actions steps, assigned responsibilities and timeframes for completion.

Work has already begun or been completed on a number of strategies.

- DFS has finalized plans for relocation of the CPS hotline
- DFS has expanded hotline staff and technical capacity to reduce wait times and improve call screening
- DFS is currently conducting a Hotline case review
- DFS is currently developing Memorandums of Understanding with all Clark County law enforcement agencies regarding joint responses to reports of child abuse and neglect
- Begun discussion with the State Department of Health and Human Services to expand funding for the Family Resource Centers enabling them to develop an Alternative Response Assessment Track
- Rewritten the investigation policies and procedures
- Implemented specialized training for investigators
- Drafted a new community-centered foster family recruitment plan and strategy that targets specific populations of children and involves proactive outreach to community groups and neighborhoods
- Engaged the assistance of the National Foster parent Association with revitalization of the foster parent association in Clark County
- Added one additional foster family recruiter
- Developed a Quality Assurance/Quality Improvement Unit
- Conducted a comprehensive review of all 3 and under cases
- Conducted a review of calls to Hotline
- Identified a source of funds to provide indigent parents with attorneys at the Protective Custody hearing
- Worked with The Department of Social Services to expand the availability of Welfare Set Aside Program funds to provide emergency assistance to DFS families where such funds would prevent placement or enable earlier reunification
- Designed a Medicinal Passport to follow children in out-of-home care

The strategies outlined in Safe Futures Phase I are intended to restore community confidence by establishing a threshold of capacity and competence necessary to achieve child safety, permanency and well-being. Fundamentally, there are some simple principles at work:

- ✓ Children who are seen are generally safer than children who are not seen
- ✓ Children who are seen more frequently are generally safer than children seen less frequently
- ✓ Children who are seen by adequately trained professionals are generally safer than children seen by untrained professionals
- ✓ Children living in families receiving support and services matched to their caregivers' needs generally are safer than children in families not receiving needed services

Like the laws of physics, there are laws of nature at work here. For the above four things to occur and for children to have a safe future, DFS must have:

- ✓ Leadership and vision
- ✓ Caseloads that permit meaningful face-to-face contact with children and families
- ✓ An adequately trained and equipped workforce
- ✓ Timely access to available, accessible and effective community services.
- ✓ Effective management/supervisory practices and systems

To the extent that gaps exist in any of these areas, we must acknowledge and accept responsibility for the reality that vulnerable children will continue to live day-to-day at a level of risk higher than is both possible and affordable.