



2022

# STRATEGIC PLAN

FOR THE PREVENTION OF CHILD ABUSE  
& NEGLECT IN NEVADA



**Prevent Child Abuse**  
Nevada™

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PUBLIC HEALTH

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

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## ABOUT THE STRATEGIC PLAN

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) at the Nevada Institute for Children’s Research and Policy (NICRP) to conduct a needs assessment and create a strategic plan that will guide the future of child abuse and neglect prevention efforts in the state.

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



## LANDSCAPE OF CHILD ABUSE AND NEGLECT EFFORTS IN NEVADA

Child abuse and neglect is a serious issue that has many implications across all communities. It leads to an increased risk for long-term mental, physical, and financial health outcomes. Currently, victims of child abuse and neglect in Nevada are 7.2 per 1,000 children compared to the National average of 8.4 per 1,000 children. Although we remain below the national average, there are many opportunities for our state to strengthen prevention supports to help families in each community in Nevada thrive.

As of 2021, there were 23 programs in Nevada with child abuse and neglect prevention funding from Children’s Trust Fund (CTF) and/or Community-Based Child Abuse Prevention Grants (CBCAP). These funds are administered by the Division of Child and Family Services Grant Management Unit (GMU) and 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.

In order to strengthen prevention efforts and increase quality of service delivery, a needs assessment was conducted to identify priority areas that prevention agencies can address. The Nevada Needs Assessment on the Prevention of Child Abuse and Neglect highlighted the need for prompt supports for the entire family. Key findings from this assessment include:

- 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, for both youth and adults in the household.
- 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.
- Childcare, safe and stable housing, and transportation were some of the barriers preventing families from accessing services needed.

Families want to prevent crisis. Providers working in family-serving agencies want to provide a wider range of services and increase their capacity to effectively respond to the needs of the children and families in their community. The goals established in this strategic plan are a product of the needs and shared experiences by parents, caregivers, and providers.

## **Overarching Goals on the Prevention of Child Abuse and Neglect in Nevada**

1. Increase funding for primary prevention efforts
2. Increase protective factors while reducing child abuse and neglect risk factors
3. Integrate culturally competent and trauma informed practices
4. Increase supports that reduce stigma around receiving services
5. Execute data collection, progress monitoring, and program evaluation to increase equity and accountability

### **Made for Nevadans, by Nevadans**

Nevada’s families and children come from a wide range of racial, cultural, linguistic, socioeconomic, and geographic backgrounds. Providing the opportunity for parents, caregivers, and providers across the state to review the goals and take an active role in the creation of the strategic plan was a priority in this process.

The purpose of the needs assessment created prior to the strategic plan was to ensure that the strategies and activities included in the Strategic Plan on the Prevention of Child Abuse and Neglect in Nevada accurately reflect the current needs of the communities in our state. To ensure the interpretation of those needs was accurate, PCANV/NICRP went back to the community to provide an opportunity for parents, caregivers, and providers to review the goals and provide feedback on the priorities highlighted in the strategic plan.

## THIS PLAN WAS INFORMED BY:



**01**

Strategic Plan and Needs Assessment data review from existing reports developed across the state

**02**

Survey respondents representing geographic regions throughout the state; respondents included child care facility staff, parents, caregivers, individuals with multiple roles in the prevention of child maltreatment

**03**

Survey results that captured perceptions of prevention efforts, state agencies, along with perceived strengths, opportunities, and areas of improvement in prevention work

**04**

Focus groups with parents and caregivers across the state

**05**

Individual interviews with parents and caregivers

**06**

Feedback sessions with providers across the state

**07**

Prevent Child Abuse Nevada Parent Advisory Group

**08**

Prevent Child Abuse Nevada Advisory Board

Collaboration as well as meaningful and honest conversations are necessary in the process of creating a needs assessment and a strategic plan. The diverse efforts to collect data provided multiple avenues for families and providers 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 goals were widely well received by parents, caregivers, and providers that reviewed the strategic plan goals and provided feedback. Parents and caregivers uplift the importance of reducing stigma, meeting basic needs, removing barriers to access services, and strengthening cultural competence and trauma informed practices in family serving organizations. Providers highlighted the importance of diversifying funding, having flexibility in spending funds to remove barriers that prevent families from accessing services, increasing cultural competence and humility for all employees, and promoting equity in support and funds especially in frontier and tribal regions of the state.

A detailed review of the methods that were used to gather feedback about the strategic plan and summaries of the feedback received are available in Appendix A.







# STRATEGIC FRAMEWORK

## Vision

Children in every Nevada community will thrive in safe, stable, and nurturing environments and relationships. The current systems designed to serve families will effectively support all children and families in achieving their full potential.

## Purpose

The Strategic Plan for the Prevention of Child Maltreatment in Nevada will work as a guiding tool to strengthen prevention efforts in the state. One of the main outcomes of strategic planning is to ensure alignment on common purpose. The development of our strategic plan will ensure coordination of efforts and strive for an equitable distribution of funds to meet the needs of families in every community in Nevada.

## Values and Principles

Every child in Nevada is our child, and is worthy of our commitment to their care, safety, and well-being. We believe all children and families should have the freedom to:

- **Experience** a purposeful, safe, and healthy life with hope for the future

- **Feel** safe and engaged in positive relationships within families and communities
- **Meet** human needs
- **Experience** physical, mental, and emotional health
- **Take** leadership roles within family and community systems

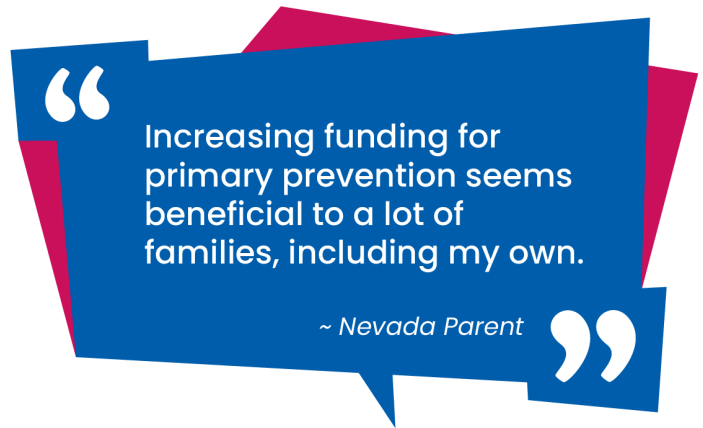
The following principles lay the foundation for this plan and the important work to follow:

- Reach all children and families, as early as possible, with needed services and supports
- Genuinely include and effectively accommodate children with special needs
- Reflect and respect the strengths, needs, values, languages, cultures and communities of children and families in all urban, rural, frontier, and tribal areas of the state
- Ensure stability and continuity of services along a continuum from prenatal into school entry through post-secondary vocation/education
- Value parents as decision makers and leaders
- Catalyze and maximize investment and foster innovation in primary prevention efforts

## **GOAL 1: Increase Funding for Primary Prevention Efforts**

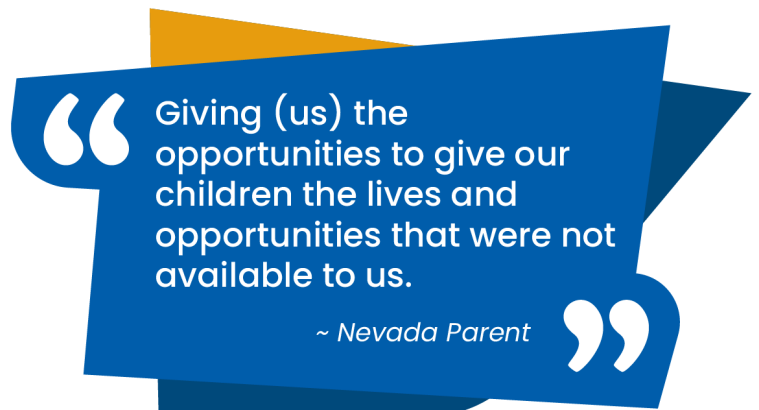
- Build partnerships with agencies that provide diverse funding to work alongside government funding specific for child abuse prevention in order to increase funds available for services that prevent child maltreatment.
- Encourage participation in advocacy groups and coalitions that can help find diverse funding sources to increase child maltreatment prevention funding.
- Foster partnerships between CBCAP, CTF and other funding sources to complement programming and increase quality and range of services.

- Promote the use of coalitions and other advocacy groups where families and stakeholders from different sectors (e.g., public health, early childhood, human services) are represented and active throughout the state.
- Increase funding for programs focusing on primary prevention and those providing universal services.
- Continue participation in Child Abuse Prevention Month activities by CBCAP and CTF grantees and expand to other prevention organizations in order to increase awareness and potentially increase funding opportunities.
- Consider equity in funding 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.



## GOAL 2: Increase Protective Factors While Reducing Child Abuse and Neglect Risk Factors

- Identify key areas where prevention agencies can focus on increasing protective factors for families in their community.
  - Knowledge of Parenting
  - Concrete Supports
  - Resiliency
  - Nurturing and Attachment
  - Social Support
  - Children's Social and Emotional Development



- Identify resources for addressing poverty, teen births, low birthweight, domestic violence, adverse childhood experiences, living with a disability, those without housing, mental illness, and substance abuse throughout the whole state and provide them to all prevention organizations to share with families.
- Increase availability of services during non-traditional hours such as evenings and weekends.
- Engage stakeholders, including parents and youth, to be part of the development of new strategies to reach families in every community in Nevada.
- Implement evidence-based practices that meet the needs of the families in each community in Nevada.
- Strategize awareness efforts to ensure resources available are accessible to all children and families, including families with a parent or child with a disability, fathers, families that are houseless, LGBTQIA+ families, single parents, and unaccompanied youth without housing.
- Implement warm handoffs where families are guided through the referral process to ensure families are supported and receive the needed supports.
- Increase funding flexibility for agencies to use in diverse efforts to remove barriers and increase access to resources, such as transportation, respite care, and child care.
- Build parent and community capacity to advocate for policies that will increase community resilience and promote health, agency, and social and economic mobility:
  - Family friendly policies, such as flexible work hours and paid family leave
  - Stable and Affordable housing
  - Living wages
  - Prompt services for birthing parents, such as home visiting programs
  - Affordable and high-quality child care
  - Accessible mental health support for youth and adults



“ 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.

”

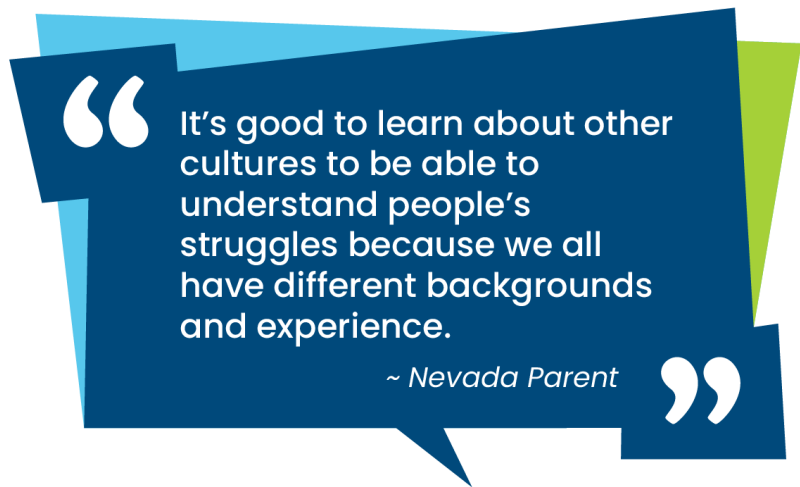
*~ Service Provider in Nevada*

## **GOAL 3: Integrate Culturally Competent and Trauma Informed Practices**

- Expand the prevention service workforce so that it is more culturally representative of the people being served. Agencies should strategize efforts to diversify and retain their workforce such as:
  - Recruiting in different places to increase awareness of position to diverse populations.
  - Counting lived experience as work experience towards job positions that involve serving diverse populations.
  - Increase support to grow and build youth entering the workforce, especially in rural and frontier areas.
  - Establish family friendly policies such as flexible work schedules, tuition assistance, paid family leave, hybrid work, child care and family-oriented work environments.
  - Build skills and capacity of peer mentors to become full-time employees and grow to take leadership roles in the organization.
- Create environments where all feel welcomed and empowered to engage and reach out for support. This includes providing services in settings that are culturally representative of the

people being served such as having an accessible location, inclusive outreach and marketing materials, and participation in community cultural events.

- Adapt service delivery to reflect an understanding of the cultural values of each family.
- Prioritize family engagement and mental wellness for all members of the family.
- All employees of family-serving agencies should receive periodic training on the following topics:
  - Cultural competence and humility
  - History of discriminatory systems and systemic oppression
  - Social justice, equity, and liberation
  - Adverse Childhood Experiences (ACEs)
  - Toxic stress
  - Positive Childhood Experiences (PCEs)
  - Trauma-informed practices
  - Holistic approaches
- Agencies receiving prevention funding regularly:
  1. Do a cultural competence self-assessment.
  2. Adopt and demonstrate culturally competent standards of practice.
  3. Conduct a trauma-informed agency assessment to assure that they are not compounding the harm of ACEs and are promoting PCEs.



## GOAL 4: Increase Supports That Reduce Stigma Around Receiving Services

- Increase universal services for families to receive prompt support when needed without having to meet any requirements.
- Diversify messaging strategies to increase awareness of universal services and other family supports.
- Create child-friendly spaces where children can be engaged in a safe setting while the parent is accessing services.
- Promote Positive Childhood Experiences
- Develop, implement, and expand peer mentor support programs.
- Build knowledge and capacity for agencies to implement the Positive Community Norms prevention framework in their work.
- Organize and participate in casual events where families can receive support and know about community agencies while also being engaged in fun activities for the entire family. Some suggestions made by parents and caregivers are:
  - Sports nights
  - Hikes or outdoor walks
  - Arts and crafts
  - Seasonal festivals
  - Movie nights
- Hold regular meetings with families to receive feedback from parents and youth on the types of support that they need to be safe, healthy, and thrive in life.



## **GOAL 5: Execute Data Collection, Progress Monitoring, And Program Evaluation to Increase Equity and Accountability**

- Establish clear expectations of data collection and reporting for grantees and provide technical assistance as needed.
- Increase availability of, access to, and use of data to families and communities.
- Strengthen collaboration with providers, families, policymakers, and community members to build community capacity to use data to drive informed decision-making.
- Build the capacity of parents, youth, and other family members to contribute to the planning, implementation, and evaluation of prevention services in their communities.
- Increase the use of established evaluation tools such as the Protective Factor Survey to assist with progress monitoring and improve service delivery.







## OVERARCHING RECOMMENDATIONS TO SUPPORT EQUITY, DIVERSITY, AND INCLUSION FOR FAMILIES

The following recommendations should be considered within each of the 5 goals in order to implement a statewide plan that is truly family centered.

- 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.
- 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 an understanding of 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 existing resource 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.
- 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 be 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.



## THE PATH AHEAD

The Strategic Plan for the Prevention of Child Abuse and Neglect in Nevada is designed to provide guidance to strengthen efforts and ensure alignment on a common purpose: prevent child abuse and neglect in Nevada. It encourages our state to increase coordination of efforts and strive for an equitable distribution of funds to meet the needs of families in every community in Nevada.

An analysis of other strategic plans in the state revealed multiple agencies are in alignment to one or more goals of the Strategic Plan for the Prevention of Child Abuse and Neglect in Nevada, many of which are already in continuous partnership to improve outcomes for children and families.

Agencies with strategic plans that align with this Strategic Plan:

- Commission on Services to Persons with Disabilities
- Division of Welfare and Supportive Services
- Join Together Northern Nevada
- Legislative Counsel Bureau
- Nevada Department of Education, Office of Early Learning and Development
- Nevada Division of Public and Behavioral Health

- Nevada Early Childhood Advisory Council
- Northern Regional Behavioral Health Policy Board
- NyE Communities Coalition
- PACE Coalition
- PACT Coalition
- Partnership Carson City - Division of Public and Behavioral Health
- Partnership Douglas County
- Prenatal-to-3 Policy Impact Center
- Prevent Child Abuse Nevada
- Rural Regional Behavioral Health Policy Board
- Southern Nevada Health District
- State of Nevada Department of Education, Office of Early Learning and Development
- State of Nevada Division of Child and Family Services
- Washoe County Health District

In Nevada and across the world, we know that when children can develop to their fullest potential, communities can as well. A future where all children grow up in safe homes and communities is within reach. It is our hope that the Strategic Plan for the Prevention of Child Abuse and Neglect in Nevada leads to stronger inter-agency collaboration, increased funding, and improved supports to increase positive outcomes for all children and families in Nevada. We all play a key role in creating healthy pathways for children and families that lead to safe and bright futures!



# APPENDIX A: COMMUNITY FEEDBACK OF STRATEGIC PLAN - METHODS AND RESULTS

## Methods

This strategic plan was informed by (1) The Nevada Needs Assessment on the Prevention of Child Abuse and Neglect, (2) Parent and Caregiver data from focus groups and interviews, and (3) Community Stakeholder data from community focus groups. Each of these methodologies are briefly described below.

### **The Nevada Needs Assessment on the Prevention of Child Abuse and Neglect**

The Strategic Plan on the Prevention of Child Abuse and Neglect in Nevada is a direct product of the needs assessment previously completed by Nevada Institute for Children's Research and Policy. Findings from the needs assessment helped create the overarching goals and activities to meet the needs of families in every community in Nevada.

### **Focus Groups and Interviews**

NICRP staff planned and hosted 5 focus groups for parents/caregivers and 3 focus groups for community providers. Focus groups for parents/caregivers were held in-person in Las Vegas (26), Reno (19), Hawthorne (5), Carson City (9), and Elko (13). For providers, two focus groups were held in person, one in Hawthorne (8) and one in Elko (9), and the other focus group was held virtually (8). Communities were selected to try to obtain representativeness of the state.

In addition to the feedback sessions held above, the strategic plan was also presented to the Prevent Child Abuse Nevada Parent Advisory Group (5) and the Prevent Child Abuse Nevada Advisory Board (10) to obtain feedback on the goals, and share ideas on innovative approaches to meet each goal. Feedback shared by both groups was considered when making the final edits to the strategic plan.

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 anywhere from 1 – 1 ½ hours and focus groups.

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.

## **Strengths**

Collecting feedback for the strategic plan was successful in reaching parents/caregivers and providers in various parts of the state and the comprehensive review of existing strategic plans 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 deadline for the strategic plan, the focus groups and interviews for parents/caregivers and providers were conducted in a short period of time. COVID-19 was also a limitation as travel had to be rescheduled due to positive COVID-19 cases in the research center. Agencies in different counties also experienced staffing and participation issues due to COVID-19. 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 that do not have stable housing.

## Results

### Demographics

#### *Parent/Caregiver Participation and Demographics*

A total of 72 parents/caregivers participated in the focus groups and 70 completed the demographics survey. A total of 70 parents/caregivers completed the survey. Of those who completed the survey, 82.9% identified as the birth parent of a child, 10.0% identified as a legal guardian, and 5.7% identified as a grandparent. Approximately one third (32.9%) of respondents completed high school or the equivalent, 21.4% completed some college, and 15.7% completed some high school. The majority of respondents were from Clark County (34.3%), Washoe County (27.1%), and Elko County (18.6%). Parents/caregivers identified primarily as White (45.7%) and Hispanic/Latin (41.4%), and the majority identified as female (84.3%).

<b>FAMILY INFORMATION</b>	<b>n</b>	<b>%</b>
<b><i>Caregiver Relationship to Child(ren)*</i></b>	<b>70</b>	<b>NA</b>
I am the birth parent of the child(ren) in my household	58	82.9%
I am the legal guardian of the child(ren) in my household	7	10.0%
I am the grandparent of the child(ren) in my household	4	5.7%
I am the foster parent of the child(ren) in my household	1	1.4%
I am an adoptive parent of the child(ren) in my household	0	0.0%
Other (Please specify):	4	5.7%
Prefer not to answer	1	1.4%
<b><i>Current household situation*</i></b>	<b>70</b>	<b>NA</b>
Both parents live in the household	31	44.3%
One parent lives in the household	27	38.6%
Other adult relatives live in the household (grandparents, aunts, uncles)	6	8.6%
Other caregivers besides the parents live in the household	3	4.3%
Multiple families live in the household	7	10.0%
Prefer not to answer	2	2.9%
<b><i>Highest level of education or degree obtained</i></b>	<b>70</b>	<b>100%</b>
Elementary school	3	4.3%
Junior high school/Middle school	2	2.9%
Some high school	11	15.7%
High school or equivalent (GED, HiSET)	23	32.9%
Trade/Vocational Training	7	10.0%
Some college	15	21.4%
Associate's degree	5	7.1%
Bachelor's degree	3	4.3%
Master's degree	1	1.4%
Doctorate	0	0.0%
Prefer not to answer	0	0.0%
<b><i>Number of children living in the household</i></b>	<b>70</b>	<b>100.0%</b>
1	21	30.0%
2	21	30.0%

<b>FAMILY INFORMATION</b>	<b>n</b>	<b>%</b>
3	12	17.1%
4	5	7.1%
5+	8	11.4%
Prefer not to answer	3	4.3%
<b><i>County in which you reside</i></b>	<b>70</b>	<b>100.0%</b>
Carson City	10	14.3%
Clark	24	34.3%
Elko	13	18.6%
Lyon	1	1.4%
Mineral	3	4.3%
Washoe	19	27.1%
Prefer not to answer	0	0.0%
<b><i>Type of area in which you live</i></b>	<b>70</b>	<b>100.0%</b>
Tribal Area	3	4.3%
Rural Area	29	41.4%
Urban Area	29	41.4%
Prefer not to answer	9	12.9%
<b><i>Racial/ethnic Identity*</i></b>	<b>70</b>	<b>NA</b>
African American or Black	4	5.7%
Hispanic/Latine (Ethnicity)	29	41.4%
American Indian/Native American/Alaskan Native	6	8.6%
Asian/Asian American	4	5.7%
Native Hawaiian/Pacific Islander	0	0.0%
Multi-racial	7	10.0%
White (Non-Hispanic/European American)	32	45.7%
Prefer not to answer	0	0.0%
<b><i>Gender Identity*</i></b>	<b>70</b>	<b>100.0%</b>
Male	11	15.7%
Female	59	84.3%
Non-binary/non-conforming	0	0.0%
Other (please specify):	0	0.0%

<b>FAMILY INFORMATION</b>	<b>n</b>	<b>%</b>
Prefer not to answer	0	0.0%
<b><i>Sexual orientation</i></b>	<b>70</b>	<b>100.0%</b>
Asexual	8	11.4%
Bisexual	6	8.6%
Gay	0	0.0%
Heterosexual	39	55.7%
Lesbian	2	2.9%
Pansexual	1	1.4%
Queer	0	0.0%
Other (please specify):	2	2.9%
Prefer not to answer	12	17.1%
<b><i>Do you consider yourself to be transgender</i></b>	<b>70</b>	<b>100.0%</b>
Yes	0	0.0%
No	69	98.6%
Prefer not to answer	1	1.4%
<b><i>Do you and/or your family speak another language other than English?</i></b>	<b>70</b>	<b>100.0%</b>
Yes (please specify name of languages)	33	47.1%
No	37	52.9%
Prefer not to answer	0	0.0%
<b><i>Is English your native language?</i></b>	<b>70</b>	<b>100.0%</b>
Yes	44	62.9%
No	24	34.3%
Prefer not to answer	2	2.9%
<b><i>Does your child have any special health care needs?</i></b>	<b>70</b>	<b>100.0%</b>
Yes (please elaborate if possible)	14	20.0%
No	53	75.7%
Prefer not to answer	3	4.3%
<b><i>Income level</i></b>	<b>70</b>	<b>100.0%</b>
My job provides the amount of income needed to provide basic needs for my family.	19	27.1%
My job does not provide the amount of income needed to provide basic needs for my family.	11	15.7%

<b>FAMILY INFORMATION</b>	<b>n</b>	<b>%</b>
My job provides more than enough income to provide the basic needs for my family.	3	4.3%
Prefer not to answer.	4	5.7%
I do not currently work.	33	47.1%
<b>Age</b>	<b>70</b>	<b>100.0%</b>
20-34	36	51.4%
35-49	17	24.3%
50-65	10	14.3%
Prefer not to answer	7	10.0%

### *Provider Participation and Demographics*

A total of 25 providers participated in the focus groups and 17 providers completed the demographics survey. Of those who completed the survey, approximately one third of participants identified as working for a public non-profit (29.4%), and 35.3% identified as working in education. Just over half of the of respondents held a Bachelor’s degree (52.9%), 17.6% held an Associate’s degree, and 11.8% completed some college. The majority of respondents indicated that they served families from Elko County (70.6%), 35.3% Lyon County, and 35.3% served White Pine County. Providers identified primarily as White (64.7%) and Hispanic/Latin (29.4%), and the majority identified as female (94.1%).

<b>PROVIDER INFORMATION</b>	<b>n</b>	<b>%</b>
<i>Professional sector you currently work in *</i>	17	129.4%
Government	3	17.6%
Education	6	35.3%
Day Care	0	0.0%
Private, non-profit	5	29.4%
Public, non-profit	7	41.2%
Medical	0	0.0%
Legal	0	0.0%
Law Enforcement	1	5.9%

<b>PROVIDER INFORMATION</b>	<b>n</b>	<b>%</b>
Other (Please specify):	0	0.0%
Prefer not to answer	0	0.0%
<i>Highest level of education or degree obtained</i>	17	100.0%
Some high school	0	0.0%
High school or equivalent (GED, HiSET)	0	0.0%
Trade/Vocational Training	0	0.0%
Some college	2	11.8%
Associate's degree	3	17.6%
Bachelor's degree	9	52.9%
Master's degree	2	11.8%
Doctorate	1	5.9%
Prefer not to answer	0	0.0%
<i>Capacity you work with children and families*</i>	17	NA
Teach	7	41.2%
Provide Case Management services	9	52.9%
Provide Counseling	0	0.0%
Provide Medical Care	0	0.0%
Provide Early Childhood Education	8	47.1%
Provide Emergency Assistance	1	5.9%
Supervise Staff who provide any of the above services	6	35.3%
Manage an entity that provides any of the above services	3	17.6%
Prefer not to answer	1	5.9%
<i>Gender identity*</i>	17	100.0%
Male	0	0.0%
Female	16	94.1%
Non-binary/non-conforming	1	5.9%
Other (please specify):	0	0.0%
Prefer not to answer	0	0.0%
<b><i>Sexual orientation</i></b>	<b>17</b>	<b>100.0%</b>
Asexual	3	17.6%
Bisexual	0	0.0%



<b>PROVIDER INFORMATION</b>	<b>n</b>	<b>%</b>
Gay	0	0.0%
Heterosexual	12	70.6%
Lesbian	0	0.0%
Pansexual	1	5.9%
Queer	0	0.0%
Other (please specify):	0	0.0%
Prefer not to answer	1	5.9%
<b><i>Do you consider yourself to be transgender?</i></b>	<b>17</b>	<b>100.0%</b>
Yes	1	5.9%
No	16	94.1%
Prefer not to answer	0	0.0%
<b><i>Racial/ethnic groups*</i></b>	<b>17</b>	<b>NA</b>
African American or Black	0	0.0%
Hispanic/Latin (Ethnicity)	5	29.4%
American Indian/Native American/Alaskan Native	1	5.9%
Asian/Asian American	0	0.0%
Native Hawaiian/Pacific Islander	1	5.9%
Multi-racial	1	5.9%
White (Non-Hispanic/European American)	11	64.7%
Prefer not to answer	0	0.0%
<b><i>Native language is English</i></b>	<b>17</b>	<b>100.0%</b>
Yes	14	82.4%
No	3	17.6%
Prefer not to answer	0	0.0%
<b><i>Income level</i></b>	<b>17</b>	<b>100.0%</b>
My job provides the amount of income needed to provide basic needs for my family.	8	47.1%
My job does not provide the amount of income needed to provide basic needs for my family.	2	11.8%
My job provides more than enough income to provide the basic needs for my family.	6	35.3%
Prefer not to answer.	1	5.9%
I am a volunteer.	0	0.0%
<b><i>County/counties in which you work with families*</i></b>	<b>17</b>	<b>NA</b>

<b>PROVIDER INFORMATION</b>	<b>n</b>	<b>%</b>
Carson City	5	29.4%
Churchill	2	11.8%
Clark	1	5.9%
Douglas	4	23.5%
Elko	12	70.6%
Esmeralda	2	11.8%
Eureka	4	23.5%
Humboldt	5	29.4%
Lander	5	29.4%
Lincoln	3	17.6%
Lyon	6	35.3%
Mineral	5	29.4%
Nye	2	11.8%
Pershing	3	17.6%
Storey	5	29.4%
Washoe	4	23.5%
White Pine	6	35.3%
<b><i>Do you work with families in the following area*</i></b>	<b>17</b>	<b>NA</b>
Tribal Area	8	47.1%
Rural Area	16	94.1%
Urban Area	4	23.5%
Frontier Area	4	23.5%
<b><i>Do you serve parents, children or adolescents who identify as LGBTQ+? *</i></b>	<b>17</b>	<b>NA</b>
Yes, I serve parents who identify at LGBTQ+	15	88.2%
Yes, I serve children who identify as LGBTQ+	11	64.7%
Yes, I serve adolescents who identify as LGBTQ+	8	47.1%
No, I do not serve parents, children or adolescents that identify as LGBTQ+	1	5.9%
Prefer not to answer	0	0.0%
<b><i>Do you serve families in the following racial/ethnic backgrounds?*</i></b>	<b>17</b>	<b>NA</b>
African American or Black	15	88.2%
Hispanic/Latin (Ethnicity)	16	94.1%

<b>PROVIDER INFORMATION</b>	<b>n</b>	<b>%</b>
American Indian/Native American/Alaskan Native	13	76.5%
Asian/Asian American	13	76.5%
Native Hawaiian/Pacific Islander	13	76.5%
Multi-racial	16	94.1%
White (Non-Hispanic/European American)	17	100.0%
<i>Experience working with families that speak a language other than English</i>	<b>17</b>	<b>100.0%</b>
Yes	15	88.20.0%
No	2	11.80.0%
Age	17	100.0%
26-35	8	47.1%
36-45	4	23.5%
46-55	3	17.6%
Prefer not to answer	2	11.8%





## SUMMARY OF FEEDBACK BY GOAL

### GOAL 1: Increase Funding for Primary Prevention Efforts

Both parents and providers agreed that increasing funding for primary prevention efforts will help prevent crises. Currently, many families feel the only way to receive support is to be in severe crisis in order to qualify for services. Increasing access to prompt supports, universal services, bringing awareness of the community resources available, and retaining staff were some of the ideas shared by focus group participants. Providers also shared the need to partner with diverse sectors in the community to increase awareness and diversify funding for prevention efforts. A wider community reach during Child Abuse Prevention month can help build a strong partner base for future efforts.

In addition, providers shared how flexible funding as well as diversifying funding can help meet the needs of families and remove barriers that prevent families from accessing services. For example, one provider shared how their agency received a grant from a ride share company that allowed them to request rides for their families. This grant provides many families with the transportation they needed to access services for their family.



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

Providers also mentioned the importance of language and differentiating rural and frontier areas. Many providers expressed their concern on how funding will be allocated for rural and frontier areas. Funding for these areas needs to be considered differently than urban areas and the amount of people served should not be expected to be the same as in urban areas. It is important to distribute funds equitably so that rural and frontier areas are meeting the needs of the children and families in their community.

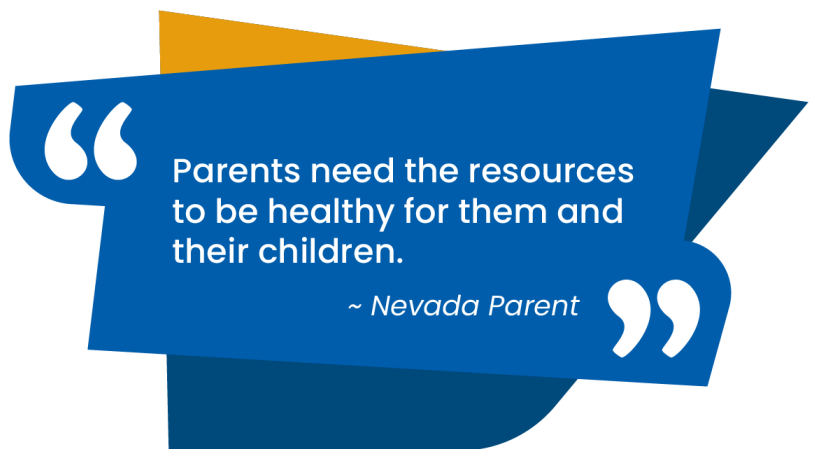
Parents shared the need for higher wages for staff in order to increase workers in this field as well as retain and grow those who have been working in family serving agencies for some time. Some caregivers shared their frustration in building trust with a staff member and then having to start over again with someone new after a couple of months.

## **GOAL 2: Increase Protective Factors for Families / Reduce Child Maltreatment Risk Factors**

Parents and providers agreed that strengthening the protective factors in families while reducing risk factors is an efficient approach to prevent child abuse and neglect. Concrete supports were highlighted as an area of priority, along with warm handoffs when referring to outside agencies. Many parents also shared that many of the resources that were given to them by their provider were outdated. A warm handoff approach will help ease that frustration and ease the caregiver's frustration of navigating through the system. Focus group participants also shared that there tends to be long waitlist for many services such as mental health support, and there is no help while they wait.

## Parents and caregivers expressed their need for the following services:

- safe, stable, affordable, and dignified housing for the entire family (including dads)
- transportation
- affordable and high-quality child care
- mental health for both youth and adults
- support for children with disabilities
- food assistance with culturally relevant items
- clothing assistance
- access to health care
- utility assistance
- financial support
- prompt services for birthing parents
- support for parents in prison
- respite care



Both parents and providers lift up the protective factors, with an emphasis on concrete supports, social and emotional competence, and social connections. Many parents shared their interest in being part of parent support groups and playgroups where they could engage with other parents while their kids are playing and interacting in safe environments. Parents also highlighted the importance of having groups and services available in nontraditional hours. Increasing flexibility and availability was a priority area for many parents across the state.

Issues with insurance were also brought up in different areas of the state. Some parents shared their struggle finding a provider that will accept their insurance. Other parents shared they did not know how to look for providers covered by their insurance. Some providers suggested doing a workshop that will help parents know their benefits, perhaps train home visitors on it or provide them with easy to read materials that will assist parents in understand their benefits if they are on Medicaid.

Parents would also like to receive opportunities for job skill development and providers especially in rural and frontier areas shared the importance of growing the workforce within the community. Parents are interested in certificates and trainings they can complete in a couple of months and will provide them with the skills to be a more ideal candidate for higher wage jobs. Counting lived experience as work experience is also an effective way to increase the workforce and support growth within the community.

Specific to frontier areas who are extremely under resourced, providers shared it would be beneficial to have a bus or state paid drivers that can get families living in those areas to areas where they can receive the services they need. There is also a high need to increase prenatal care for low income families in rural and frontier areas. Supporting and growing the workforce with people who are in the community will help with retention and increase capacity. A tribal member shared there is a lack of home-health, transportation, and counseling in their reservation. An increase in mental health services would also be impactful in their community.

### **GOAL 3: Integrate Culturally Competent and Trauma Informed Practices**

Providers shared the need to increase training on cultural competence, humility, and trauma informed practices so that all staff is trained. Many providers, especially in rural and frontier areas, shared that managerial staff tends to receive training on trauma informed practices and cultural competency but frontline staff does not. Providers shared the importance for all staff to be trained in these two areas. Providers in rural and frontier areas also shared their desire to increase training but need support from training agencies to travel and provide trainings in their area.

Parents expressed the importance of family serving professionals to be trained in cultural competence and trauma informed practices. Parents would like more education for family serving professionals and foster parents on honoring and respecting family culture and understanding the adversities the family is facing. Parents and caregivers also shared that there should be more training on understanding and supporting LGBTQIA+ parents and

youth. There is a high need to increase cultural humility and listening to the parent or caregiver. Many parents disclosed they feel that agencies tend to not listen to their experiences and needs and just tell the parent or caregiver what to do.

Both providers and caregivers uplift the importance of understanding, valuing, and honoring family culture as well as validating experiences and letting the family make decisions on their future and well-being. Working with families in culturally competent ways and being trauma informed can help build trust and effectively respond to the needs of the family that will lead to positive outcomes.



“ 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*

## **GOAL 4: Increase Supports That Reduce Stigma Around Receiving Services**

Increasing universal services and awareness of the resources available in the community were brought up as ways to reduce stigma around receiving services. Caregivers also shared the need to change the perception of parenting classes so that people don't feel they are only for "bad parents." A universal approach such as "Parenting classes are for everyone!" was highlighted as an effective way to promote positive views around receiving support. Providers shared that clearing any misconception about qualifications for a service is vital in reducing stigma. For example, informing the audience that your immigration status will not prevent you from receiving a service can help families reach out with more ease. Another suggestion was to allow families to have alternative forms of identification to help them receive services in a prompt manner.



The need for positive community norms was also brought up during some focus groups, especially in rural areas. Several providers shared how their community can be very conservative and that can further stigmatize people that need family support. Many parents and providers also shared how the pandemic made people in their community more sheltered, and how difficult it is to get them out to engage with the community. There are also not many opportunities to actively engage with the community so many families end up feeling isolated.

Parents and caregivers also shared that services that don't require much time to receive them will be more successful than those that require multiple interviews and constant paperwork. Warm handoffs were also uplifted as key in reducing stigma since many families do not have the confidence nor enough time to navigate the system and they end up giving up or feeling overwhelmed if an agency simply gives them a pack of flyers as a referral resource.

Providers shared they would like more assistance in creating welcoming and inclusive spaces and materials. Both parents and providers showed interest in involving parents, caregivers, and youth in the planning, progress monitoring, and feedback sessions related to an agency and its programs.



“ If you have community events, it is hard for single parents to attend, if there are help for them to be able to attend with their kids that would be great. ”

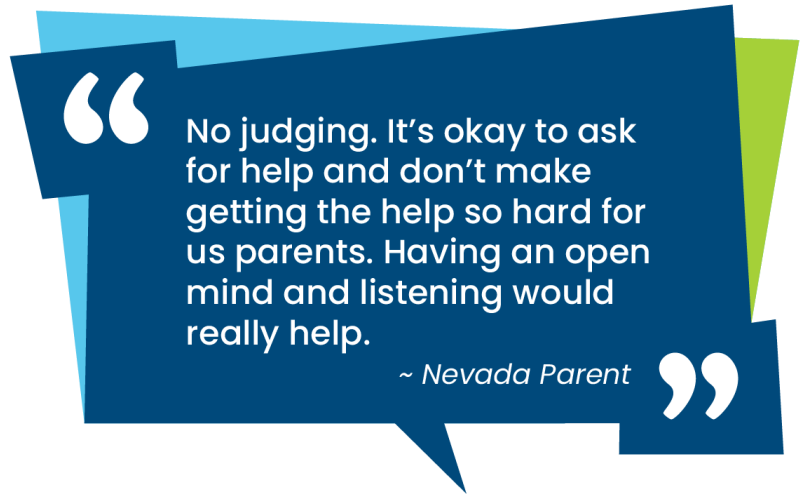
*~ Service Provider in Nevada*

Parents also shared that one of the most impactful ways to reduce stigma is to have more casual and informal approaches, such as fun and free community events. Parents and caregivers would like to see an increase of positive childhood experiences such as activities and events that provide a safe environment for children to learn, play, and for the entire

family to bond. Parents and caregivers also shared that providing free food at community events is a good incentive for families to join and participate.

### Ideas for Events and Activities:

- Movie night at the park
- Sports day
- Concerts
- Arcade
- Bowling
- Seasonal carnivals/fairs
- Pre-K or Kindergarten kickoff
- Winter friendly events like indoor events
- Fun competitions (spelling bee, art contests)
- Free or discounted activities for kids (karate, swimming, gymnastics, dance, etc...)
- Affordable sports or leagues that are just for recreation
- Arts and crafts Night
- Outdoor activities like hikes or scavenger hunts
- Opportunities to sponsor kids to play sports and get equipment needed to play sports



## GOAL 5: Execute Data Collection, Progress Monitoring, And Program Evaluation to Increase Equity and Accountability

Both parents and providers agree that it is necessary to collect data and evaluate programs in order to hold agencies accountable and ensure services are meeting the needs of the community. Providers shared it is important for grantors to clearly communicate the expectations of data collection and reporting for the grant period, as well

as provide technical assistance as necessary. Both providers and parents like the idea of having periodic feedback sessions where parents and youth share their experience receiving services as well as assisting in the planning for future efforts that will impact families in the community. Feedback provided by families should be used to adjust service delivery, and agencies should ask families periodically what barriers are they experiencing and how would they like agencies to address them.



“

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

”

*~ Service Provider in Nevada*

Parents would like to be an integral part of the planning, implementation, and evaluation of the services they are receiving. Parents and caregivers in focus groups also showed interest in having a better understanding of data. Both parents and providers would like to see an increase in the availability and access to data to help parents and youth understand data to drive informed decision making. Caregivers also expressed the need for providers to clearly explain any surveys or data collected from them, the reason why it is being collected, and how it is going to be used.

# APPENDIX B: ANALYSIS OF STRATEGIC PLANS AND SPECIAL REPORTS IN NEVADA

Goal Priorities	Document	Year	Organization Involved
Prioritize Primary Prevention	Nevada Prenatal-to-3 State Policy Roadmap	2021	Prenatal-to-3 Policy Impact Center at the University of Texas at Austin LBJ School of Public Affairs
	The Sexual Risk Avoidance Education (SRAE) Program of the Nevada Division of Public and Behavioral Health	2019	Nevada Division of Public and Behavioral Health
	PACT Coalition Comprehensive Community Substance Abuse Prevention Plan	2019-2021	PACT Coalition
	Comprehensive Community Prevention Plan Carson City	2019	Partnership Carson City - Division of Public and Behavioral Health
	Child Care and Development Fund Plan for Nevada	2022-2024	Division of Welfare and Supportive Services
	Child and Family Services Plan	2020-2024	State of Nevada Division of Child and Family Services (DCFS)
Increase Protective Factors	Regionalizing the Mental Health System in Nevada: Considerations and Options	2017	Legislative Counsel Bureau
	Northern Regional Behavioral Health Policy Board Annual Report	2020	Northern Regional Behavioral Health Policy Board
	Nevada Prenatal-to-3 State Policy Roadmap	2021	Prenatal-to-3 Policy Impact Center at the University of Texas at Austin LBJ School of Public Affairs
	Nevada Early Childhood Care and Education Fiscal Feasibility Study	2020	Education, Office of Early Learning and Development
	Report of the Commission on Services to Persons with Disabilities	2011	Commission on Services to Persons with Disabilities
	The Sexual Risk Avoidance Education (SRAE) Program of the Nevada Division of Public and Behavioral Health	2019	Nevada Division of Public and Behavioral Health
	PACT Coalition Comprehensive Community Substance Abuse Prevention Plan	2019-2021	PACT Coalition
	PACE Coalition Comprehensive Community Prevention Plan	2020-2023	PACE Coalition
	NyE Communities Coalition Comprehensive Community Prevention Plan	2018-2021	NyE Communities Coalition
	Comprehensive Community Prevention Plan for Washoe County	2020-2022	Join Together Northern Nevada
Reduce Risk Behaviors	Comprehensive Community Prevention Plan Carson City	2019	Partnership Carson City - Division of Public and Behavioral Health
	Nevada Early Childhood Care and Education Fiscal Feasibility Study	2020	Education, Office of Early Learning and Development
	The Sexual Risk Avoidance Education (SRAE) Program of the Nevada Division of Public and Behavioral Health	2019	Nevada Division of Public and Behavioral Health
	PACE Coalition Comprehensive Community Prevention Plan	2020-2023	PACE Coalition
	NyE Communities Coalition Comprehensive Community Prevention Plan	2018-2021	NyE Communities Coalition
	Comprehensive Community Prevention Plan for Washoe County	2020-2022	Join Together Northern Nevada
Comprehensive Community Prevention Plan Carson City	2019	Partnership Carson City - Division of Public and Behavioral Health	

<b>Increase Trauma Informed Practices</b>	Douglas County's Community Prevention Plan	2019	Partnership Douglas County
	Washoe County Health District Community Health Improvement Plan	2021	Washoe County Health District
	Child Care and Development Fund Plan for Nevada	2022-2024	Division of Welfare and Supportive Services
	Child and Family Services Plan	2020-2024	State of Nevada Division of Child and Family Services (DCFS)
<b>Reduce Stigma</b>	Rural Regional Behavioral Health Policy Board Annual Report	2021	Rural Regional Behavioral Health Policy Board
	Northern Regional Behavioral Health Policy Board Annual Report	2020	Northern Regional Behavioral Health Policy Board
	The Sexual Risk Avoidance Education (SRAE) Program of the Nevada Division of Public and Behavioral Health	2019	Nevada Division of Public and Behavioral Health
	PACT Coalition Comprehensive Community Substance Abuse Prevention Plan	2019-2021	PACT Coalition
	Douglas County's Community Prevention Plan	2019	Partnership Douglas County
<b>Data Collection</b>	Nevada Early Childhood Care and Education Fiscal Feasibility Study	2020	State of Nevada Department of Education, Office of Early Learning and Development
	NyE Communities Coalition Comprehensive Community Prevention Plan	2018-2021	NyE Communities Coalition
	Comprehensive Community Prevention Plan for Washoe County	2020-2022	Join Together Northern Nevada
	Comprehensive Community Prevention Plan Carson City	2019	Partnership Carson City - Division of Public and Behavioral Health
	Douglas County's Community Prevention Plan	2019	Partnership Douglas County
	Washoe County Health District Community Health Improvement Plan	2021	Washoe County Health District
	Child Care and Development Fund Plan for Nevada	2022-2024	Division of Welfare and Supportive Services
	Child and Family Services Plan	2020-2024	State of Nevada Division of Child and Family Services (DCFS)
<b>Program Monitoring and Evaluation</b>	Nevada Early Childhood Care and Education Fiscal Feasibility Study	2020	Office of Early Learning and Development
	NyE Communities Coalition Comprehensive Community Prevention Plan	2018-2021	NyE Communities Coalition
	Comprehensive Community Prevention Plan for Washoe County	2020-2022	Join Together Northern Nevada
	Comprehensive Community Prevention Plan Carson City	2019	Partnership Carson City - Division of Public and Behavioral Health
	Douglas County's Community Prevention Plan	2019	Partnership Douglas County
	Southern Nevada Community Health Improvement Plan	2016	Southern Nevada Health District
	Washoe County Health District Community Health Improvement Plan	2021	Washoe County Health District
	Child Care and Development Fund Plan for Nevada	2022-2024	Division of Welfare and Supportive Services
Child and Family Services Plan	2020-2024	State of Nevada Division of Child and Family Services (DCFS)	

<b>Increase Equity and Accountability</b>	Regionalizing the Mental Health System in Nevada: Considerations and Options	2017	Legislative Counsel Bureau
	Northern Regional Behavioral Health Policy Board Annual Report	2020	Northern Regional Behavioral Health Policy Board
	Nevada Prenatal-to-3 State Policy Roadmap	2021	Prenatal-to-3 Policy Impact Center at the University of Texas at Austin LBJ School of Public Affairs
	Nevada Early Childhood Care and Education Fiscal Feasibility Study	2020	Education, Office of Early Learning and Development
	Report of the Commission on Services to Persons with Disabilities	2011	Commission on Services to Persons with Disabilities
	Comprehensive Community Prevention Plan for Washoe County	2020-2022	Join Together Northern Nevada
	Southern Nevada Community Health Improvement Plan	2016	Southern Nevada Health District
	Child and Family Services Plan	2020-2024	State of Nevada Division of Child and Family Services (DCFS)