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Division of Child and Family Services

Clark County
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IV-E Waiver Final Report

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TABLE OF CONTENTS

1. **OVERVIEW**
   1.1 DEMONSTRATION PROJECT- Safe@Home
   1.2 PROJECT EVALUATION DESIGN

2. **PROCESS AND OUTCOME EVALUATION GOALS**
   2.1 PROCESS EVALUATION (Implementation) GOALS
   2.2 OUTCOME GOALS

3. **SIGNIFICANT FINDINGS**
   3.1 NICRP FINDINGS
   3.2 CCDFS FINDINGS

4. **DEMONSTRATION ACCOMPLISHMENTS AND ACHIEVEMENTS**
   4.1 DEMONSTRATION ACCOMPLISHMENTS
   4.2 DEMONSTRATION ACHIEVEMENTS

5. **SUSTAINABILITY**

6. **PROGRAM IMPROVEMENT POLICIES**
   6.1 FOSTER CARE BILL OF RIGHTS
   6.2 TITLE IV-E GUARDIANSHIP ASSISTANCE PROGRAM

1. OVERVIEW

In July of 2015, Clark County Department of Family Services (CCDFS) began implementing the Title IV-E Waiver Demonstration Project. The demonstration project involved the use of a standardized, criteria driven approach to ongoing safety management, which utilized community-based safety services to prevent the placement of children and/or reduce the length of time for children in out-of-home care and keep children safe at home.

The demonstration project focused service delivery for families where children were identified as unsafe and in need of protection, which, historically, often required children being removed from their home. The purpose for safety intervention, as described in the IV-E Waiver, was to advance individualized safety management for families and determine the least intrusive Safety Plan for sufficiently controlling Impending Danger. The establishment of least intrusive Safety Plans occurred through the use of the safety management intervention components of the CCDFS Safety Intervention and Permanency System (SIPS). The safety management components, of the CCDFS practice model, are part of a systematic intervention process that includes five assessments:

1) Intake Assessment (IA)- is the decision-making method concerned with screening reports of threats to child safety and identifying agency response time;

2) Nevada Initial Assessment (NIA)- assesses Impending Danger and concludes with a decision if children are unsafe and if families are in need of continuing services;

3) Safety Plan Determination (SPD)- analyzes negative conditions associated with Impending Danger to consider the least intrusive and most effective means for protecting children and to “ruling in” or “ruling out” the use of an in-home Safety Plan; Conditions for Return (CFR) are developed if it is determined that the use of an in-home Safety Plan is not possible;

4) Protective Capacity Family Assessment (PCFA)- occurs after a family is transferred to ongoing Permanency services; it is a structured interactive assessment process that builds partnerships with caregivers in order to develop Case Plans for addressing what must change to enhance Caregiver Protective Capacity and meet children’s needs; and

5) Protective Capacity Progress Assessment (PCPA-) occurs every 90 days (or any time significant change in protective capacity is recognized), following implementation of the Case Plan, to measure progress in parental protective capacity related to what must change as identified in the case plan and evaluate the continuing approach to safety management.

The goal of the IV-E waiver demonstration project was to decrease the number of children in foster care, increase the number of children served in-home with intact families and decrease the length of stay in any out-of-home care placements. The demonstration project allowed CCDFS to use flexible IV-E dollars to implement Safe@Home; purchase in-home safety services from contracted community

providers who received specialized training to identify indications of present danger, monitor and prevent Impending Danger from becoming active, oversee the management of in-home Safety Plans, and directly provide in-home safety services.

1.1 Demonstration Project- Safe@Home

Clark County's Department of Family Services (CCDFS) engaged community providers to provide in-home safety intervention services through a Safety Services Contract. CCDFS partnered with ACTION for Child Protection to provide training, mentoring and coaching for those community providers. On July 1, 2015 two community agencies were prepared to accept cases within the Safe@Home program and families began enrolling into the program soon thereafter. By December 2015, three of the Community Based Safety Manager Training sessions had been conducted, which increased the total number of community agencies providing Safe@Home safety services to five. In 2017, CCDFS staff fully assumed the responsibility for training our community providers; the move to "in-house" trainers enabled the department to provide the ongoing community-based safety training indefinitely.

By the end of the demonstration project, September 30, 2019, and to date, there remains a total of 43 safety case managers within 5 agencies able to respond to families where children are unsafe to effectively mitigate impending dangers and provide in-home safety services through the Safe@Home program.

In addition to training CCDFS case managers in the SIPS model and community agency safety managers in safety intervention, CCDFS leadership and ACTION for Child Protection engaged the Family Court Judiciary including Judges, District Attorneys, Special Public Defenders, Children's Attorneys, Conflict Attorneys and Court Appointed Special Advocates in an intensive overview of the model. Refresher trainings and meetings with the various court entities to improve their understanding of the SIPS model throughout the demonstration period were provided as needed. As the demonstration project rolled out and progressed through the 4 years, the court entities' alignment was apparent as communication and engagement continued around the safety model and intervention practice. Full support from the court entities was and remains essential to the successful outcomes for the families served through the CCDFS SIPS model.

1.2 Project Evaluation Design

Clark County Department of Family Services contracted with the Nevada Institute for Children's Research and Policy (NICRP) through the University of Nevada at Las Vegas (UNLV) to conduct an independent evaluation of the IV-E Waiver demonstration project, Safe@Home. Specifically, by measuring progress toward a set of outcome goals, NICRP determined if the CCDFS intervention model of providing in-home safety services to families is more effective than relying primarily on out-of- home care to keep children safe. In addition to evaluating the overall outcome goals of the intervention, NICRP monitored the demonstration project through process evaluation including a cost analysis.

NICRP's study design identified three process evaluation goals and five outcome evaluation goals listed in the following section. Their evaluation design compared intervention outcomes of families from data provided by CCDFS based on evaluation criteria for a "treatment group" versus a "comparison group." The treatment group was composed of families with unsafe children that were determined through the Safety Plan Determination (SPD) and Conditions for Return (CFR), to be eligible for an in-home Safety Plan that required in-home safety services be provided by a trained, contracted community-based safety manager. The comparison group was composed of families with unsafe children that were determined, through the SPD and CFR, to be eligible for an in-home Safety Plan that involved in-home safety services exclusively provided by informal family supports (i.e. relatives, fictive kin, friends).

Although modifications to the evaluation and subsequent evaluation reports were made and explained in detail in the final evaluation report provided by NICRP, these modifications resulted in no changes to the Safe@Home intervention and data gathered for the treatment group. It is, however, important to discuss some methodological challenges related to selection effects; namely, the similarities and differences in treatment and comparison cases limits the ability to interpret whether the differences between the treatment and comparison group, for specific process and outcomes goals, can be attributed to the Safe@Home intervention.

The safety intervention process, criteria for decision-making, and types of safety services provided to families were the same for treatment and comparison cases. The main difference between the two groups was who provided safety services in the in-home Safety Plan. Families in the treatment group required contracted community-based safety service providers to support caregivers to safely protect their children in an in-home Safety Plan. Families in the comparison group, by definition, had sufficient family or other natural social supports to support caregivers in keeping their children at home. These two naturally occurring groups likely have unobserved differences that could contribute to outcomes independent of the Safe@Home program. As noted in the NICRP final evaluation report "It is possible that just by virtue of having access to these types of informal supports, the comparison group families had a greater likelihood of success than the treatment group families." (p64)

Additionally, the inability to account for individual case dynamics with respect to how Impending Danger was manifested in a particular family, made it difficult to fully consider differences in the level of effort required for having an in-home Safety Plan, in either treatment or comparison cases. While the treatment and comparison groups are balanced in several domains, the treatment group includes a majority (71%) of the children that started Safe@Home after being reunified with their caregivers following a period of time in out-of-home care. The length of stay in out-of-home care could have substantial variation across cases; and further, it has significant implications for the effectiveness of Safe@Home to reduce time in care for families with no informal supports. In contrast, the comparison group included a majority (60%) of children without ever being removed from their caregivers. More clearly, Safe@Home provided in-home services to families where children were in out of home care and due to the program, able to reunify, while the majority of families in the comparison group did not have removals and the children remained in home.

2. PROCESS AND OUTCOME EVALUATION GOALS

NICRP identified three process evaluation goals and five outcome evaluation goals to be measured during the demonstration project. The 8 goals are listed below followed by feedback or clarification where necessary:

2.1 Process Evaluation (Implementation) Goals

Goal 1: By the end of the project, 480 families will have been enrolled in the treatment group and 226 families will have been enrolled in the comparison group.

Both the treatment and comparison groups exceeded project enrollment goals by both number counts. By the conclusion of the demonstration project there were 810 families, representing 2,068 children, enrolled in the treatment group; there were 246 families, representing 636 children, enrolled in the comparison group. At the end of the demonstration project, CCDFS reviewed each case to provide the evaluators with the exact number of children in each family being served directly through an In-Home Safety Plan. This was to ensure that children remaining in the home, who were deemed safe but not part of the in-home Safety Plan, were not included in the data.

Goal 2a: Within 45 days of the Safety Plan Determination (SPD) being approved and signed by the CCDFS supervisor, a Safety Plan will be completed.

Goal 2b: The Safety Plan will become effective within 1 day of the Safety Plan being completed by CCDFS.

The final evaluation report found that CCDFS met Goal 2b for the comparison group and nearly achieved it for the treatment group. It is important to note that the data points for goal 2b were different for the treatment group and the comparison group. In treatment cases, the in-home Safety Plan was determined to become effective once the Safety Plan was developed and approved by a supervisor, and then signed by the community-based safety manager. In the comparison cases, the in-home Safety Plan was determined to become effective after the supervisor approved the plan; therefore, the data for the comparison cases does not include the amount of time required for having informal safety service providers sign the in-home Safety Plan.

Given that the data for the treatment group used the average number of days between the date the Safety Plan was approved by a supervisor in UNITY and the date it was signed by the community-based safety manager, it is remarkable that the treatment group only missed meeting this goal by .1 day, taking approximately 1.1 days to sign the Safety Plan.

Safe@Home demonstrated a high level of process efficiency for initiating in-home Safety Plans; particularly, when considering that the treatment groups required a Safety Plan Meeting to be scheduled once a safety case manager was assigned to the case. Although safety providers are willing and able to begin services immediately, the meeting could not always be scheduled for the same day that the supervisor approved the in-home Safety Plan.

Goal 3: The number of in-home safety service hours provided to families will decrease after 12 months of the implementation of in-home safety services.

This goal was met; the overall number of hours a community-based safety manager provides to each family, as well as overall length of time a family receives in-home safety services and is enrolled in the program, continued to reduce throughout the project period. The overall average length of time a family requires in-home safety services is 3-4 months.

2.2 Outcome Goals

Goal 1: Significantly fewer families and children receiving in-home safety services will experience new substantiated investigations of maltreatment as compared to those in the comparison group.

The treatment group had slightly more substantiated allegations than the comparison group during the demonstration period. Out of the 810 families served in the treatment group, only 9.6% (78 families), with an in-home Safety Plan, experienced a new substantiated investigation. Out of the 246 families served in the comparison group, 4.8% (12 families) experienced a new substantiated investigation. This is only a 4.8% difference in the number of new substantiated allegations between the two groups over the four-year demonstration period.

It is important to emphasize that the level of oversight and amount of in-home safety services provided to families tended to be higher in treatment cases; additionally, the training provided to Safe@Home community-based safety managers increased their competency for correctly assessing the sufficiency of an in-home Safety Plan. It is further noted that Safe@Home intervention standards used by community-based safety managers, reinforced a high level of accountability for families to strictly adhere to the requirements of an in-home Safety Plan. The provision of safety services in the treatment group likely contributed to community-based safety service managers being more cognizant of the need for making reports to when in-home Safety Plans were no longer able to be sustained due to the changes in family conditions. Thus, more reports were made, as well as safety concerns and newly emerging family issues identified, by the community-based safety managers that may have been overlooked by informal family supports within the comparison group. In other words, community-based safety managers were often more inclined to handle the situation on their own before immediately contacting or advising CCDFS of any concerns.

Goal 2: Significantly fewer children of families receiving in-home safety services will be removed from the home within 12 months of the implementation of the in-home Safety Plan as compared to those in the comparison group.

The evaluation tracked removals of children enrolled in the treatment group at the 90 day, 180 day, 270 day, 360 day, 450 day and 540 day benchmarks. As of June 30, 2019, there were 276 total child removals (13%) within the benchmark timeframes; for perspective it should be noted that 97% or 1,996 of the 2,068 children enrolled in the treatment group reunified or established permanency by the end

of the IV-E Waiver demonstration period (September 30, 2019).

It is important to note that the removal or re-removal of a child was often not necessarily due to a new substantiated allegation; in most cases, a child had to be placed in out-of-home care due to caregivers in the family no longer willing to cooperate in abiding with the requirements of the in-home Safety Plan. For example, if caregivers began refusing to allow community-based safety managers into the home, essentially cutting off access to their children, then an in-home Safety Plan would no longer be workable, and the children would need to be placed out of the home.

As previously noted, the social isolation or lack of positive informal supports for families in the treatment group made it particularly challenging for establishing and maintaining in-home Safety Plans. Treatment group families also tended to have a higher level of supervision for ensuring that in-home Safety Plans remained sufficient. Community-based safety managers were responsible for being proactive in contacting CCDFS at the first sign that Impending Danger could no longer be controlled with an in-home Safety Plan; therefore, when considering the effectiveness of community-based safety services for keeping children safe, the need for the removal of children was frequently an indication that the in-home Safety Plan did provide effective surveillance, which enabled CCDFS to take prompt action to secure child safety.

Goal 3: Significantly more of the parents of families receiving in-home safety services will have documented progress toward increasing their protective capacity as evidenced by scores on the Protective Capacity Progress Assessment 12 months after the implementation of in-home safety services as compared to those in the comparison group.

Goal 4: No impending danger threats will exist in the home 6 and 12 months after in-home safety services are no longer provided to the family.

Goal 5: Twelve, eighteen, and twenty-four months after case closure, for those that received in-home safety services, there will be no further substantiated cases of abuse or neglect in the home.

Goals 3, 4 and 5, as described in the Final Evaluation report of Safe@Home, were difficult to compile data for the purposes of the evaluation. The evaluation of Goal 3 was limited due to the lack of data. Goals 3, 4 and 5 are more directly related to the change intervention components of the CCDFS practice model, SIPS; whereas, Safe@Home is primarily intended to control and manage Impending Danger and ensure child safety while cases are opened and change intervention being provided to the families. These goals do not directly reflect the success of the Safe@Home program.

Having qualified that Safe@Home is fundamentally safety intervention services and not a change intervention service, it reasonable to conclude that the use of an in-home Safety Plan can contribute to the likelihood for change. For families in the treatment group, having access to formal supports and resources to help them be successful in making changes, could be directly attributed to the availability of Safe@Home. It is crucial to emphasize that most families in the treatment group would not have benefited from the use of an in-home Safety Plan, while change intervention services were being

provided, if Safe@Home did not exist. In general, families in the treatment group would not have received the same least intrusive safety services, allowing for their children to remain home, as families, in the comparison group.

It is worth noting that the change intervention components were the same in treatment and comparison cases. Given that the treatment group and the comparison group followed the same change intervention process, had access to the same Case Plan treatment services, and applied the same decision-making criteria, the extent that differences in recidivism rates between the treatment and comparison groups can be attributed to the effectiveness of Safe@Home, is limited. It is conceivable, if not likely, that the causality for differences in post case closure recidivism rates could be associated with variation in specific case characteristics, the availability of informal family supports, severity of family problems, challenges engaging families, and/or deviation from intervention fidelity.

Implementation of the change components to the CCDFS practice model is in its fourth year and continues to move toward achieving full implementation. Through the SIPS model and Safe@Home, CCDFS is changing from a culture of identifying what happened, who did it and eliminating or correcting the unsafe behavior, to one of assessing the family dynamics and strengthening the adaptive, nurturing and protective capacities of the caregivers. Historically, changing the culture of any agency can take years (Connors and Smith, 2008). Despite the deeply imbedded culture, through intensive organizational restructure, training, coaching and mentoring, CCDFS and ACTION for Child Protection have been able to roll this model out with an ambitious schedule while simultaneously monitoring to realign fidelity when needed. As the program advanced through the demonstration period, focused guidance and training, in the areas that showed needs of improvement, has been provided and continues to be provided as described previously by incorporating an in-house training team designated solely to support change in process and the specific assessments required throughout the life of a case. Along with Executive Management support and the strong focus and drive of the departmental staff, the program has proven to continue to show improved advancement and fidelity with all assessment tools and reports each year.

3. SIGNIFICANT FINDINGS

3.1 NICRP Findings

CCDFS submitted the Annual Accounting of Investments to the ACF on June 30, 2019. In the Initial Design and Implementation Report, CCDFS predicted cost neutrality throughout the waiver activities. The prediction of cost neutrality was based on comparing the cost of serving the family in-home with contracted safety services to the cost of maintaining the children in foster care for the same period of time.

Safe@Home served an average of 84 open cases a month; an average of 210 children were on an in-home Safety Plan monthly, at an average of 15 hours of safety service per case per month, the contract cost going forward can be estimated at $75,600 mo. If those same 210 children were placed in paid foster homes, the average monthly cost (based on an average of the basic and specialized foster care

rates in Nevada during the first 3 years of the waiver) is $971 per month per child, adding up to a total cost of $203,910 per mo.

Cost Comparison	**Safety Services**	**Foster Care**
Average No. of Cases (families) Per Month	84	84
Average No. of Children Served @ 2.5 children per case	210	210
Average Cost Per Case Per Month	$900	$2,428*
Average Cost for Safety Services (15 hr x $60 hr x 84 cases) per month	$75,600	
Average Cost Per Case for Foster Care ($971 per child) per month		$203,910

*$971 cost of care x 2.5 average number of children per case

Previous reports accounted for the average monthly cost rate of a child in foster care to be $971 per month based on an average of the basic and specialized foster care rates in Nevada. In March 2019, the specialized foster care rate increased by almost double. As a result of the increase the current average foster care rate, per month, is $1,019 per child (compared to $971 previously). Using the table above with the average number of cases and children served through Safe@Home each month, remaining the same, the current comparison cost rate for the same 210 children to be put into foster homes is $2,548. When utilizing the average cost of foster care during the first 3 years of the waiver, the cost of foster care is more than two and half times the cost of Safe@Home providing in-home Safety Plans per month. Moving forward, the average cost for the same number of children served per month to remain in foster care is just shy of three times the rate of utilizing Safe@Home ($213,990).

NICRP completed a cost-effectiveness analysis to determine if case closure based on family reunification (i.e., not adoption, guardianship, etc.) is more cost effective for those families that received in-home safety services from a paid safety manager (treatment group) or for those families that received in-home safety services through informal unpaid supports (comparison group). For this evaluation, case closure based on family reunification is being used as the definition of “success” for the cost analysis because it is achievable for both the treatment and comparison groups and for both populations of families. The analysis includes the daily out-of-home rate per child to include non- paid relative placements. The average cost of serving treatment families ($103,069.82) was 8% lower than serving comparison families ($112,034.44). Only cases that were reunified at case closure were included in the cost analysis. This study shows that the cost to have in-home safety services through a paid provider does not add additional costs to a case already being served by the department in order to achieve success (reunification).

The CCDFS IV-E Waiver Team has found that 1,996 of the 2,068 children enrolled in Safe@Home services were safely at home with their families at the end of the demonstration period. This is a 97% “success” rate for children with formal safety services in place. The comparison group has 622 children

remaining at home of the 636 children enrolled in the group which would indicate that 98% of the children in the comparison group had "successful" outcomes. It is again necessary to note that the safety intervention process was the same for treatment and comparison groups, as part of the CCDFS practice model, with the exception being differences in safety service providers. Although the treatment and the comparison groups were chosen to be as similar as possible, the families in the comparison group had access to family and fictive kin who were available for providing in-home safety services. Despite the lack of informal supports in treatment families, the "success rate" for children remaining at home in the comparison group was only slightly higher (1%). The "success" rate is even more remarkable when considering that many families in the treatment group would not have been able to have their children remain home or be reunified as quickly without Safe@Home.

3.2 CCDFS Findings

By the end of the demonstration project, CCDFS was able to provide in-home safety services to 2,068 children through the use of Safe@Home. Out of 2,068 children (810 families) only 13% (276 children) experienced removals (removals were tracked cumulatively and may have had more than one removal for a child at various benchmarks). Out of those 276 children, 74% (204) have returned home and/or established permanency ultimately concluding the demonstration period with a 97% success rate.

Another notable finding includes the low rate at which comparison cases were able to be enrolled into the demonstration project. Out of 1,056 families enrolled only 23% belonged to the comparison group. The high percent of cases enrolled in the treatment group (more than 3 times the amount in the comparison group) speaks to the tremendous need for Safe@Home, particularly given the demographics in Clark County related to the high number of transient or socially isolated families. As previously noted, and worth mentioning again, many of these children would have remained in out-of-home care for a longer period of time, due to a lack of available and accessible informal family supports. The safety services provided by Safe@Home allow the department to provide in-home Safety Plans to multi-problem families, with Impending Danger, but do not have natural informal supports. The delivery of in-home safety services reduces the amount of trauma that might otherwise be experienced by children who must remain in out-of-home care while caregivers are provided treatment services to enhance their Caregiver Protective Capacities.

A major limitation discovered during the life of the waiver was the validity of data pulled from Cognos Analytics for the data points determined to be used for the evaluation. Cognos is the system utilized and designed to connect with our SACWIS system, UNITY, and compile the data requested by NICRP each month. Not all specific data points determined for outcome goals and evaluation are available to be pulled from the reports available. Many areas within UNITY are not mapped (linked) from UNITY to Cognos, therefore, unavailable for reports to run. Moving forward, the departments Continuous Quality Improvement (CQI) team will be included to provide guidance and assistance around projected outcome goals on any new or anticipated programs and will be able to advise on what the department is able to provide to help drive outcome goals available for those projects. The CQI team has assisted with different data requests during the life of the waiver and is currently working with an evaluator for

the submission of Safe@Home to the Title IV-E Prevention Services Clearinghouse. As demonstrated through the life of the waiver, Safe@Home provides enhanced support to children and families and prevents as well as limits foster care placements.

4. DEMONSTRATION ACCOMPLISHMENTS AND ACHIEVEMENTS

4.1 Demonstration Accomplishments

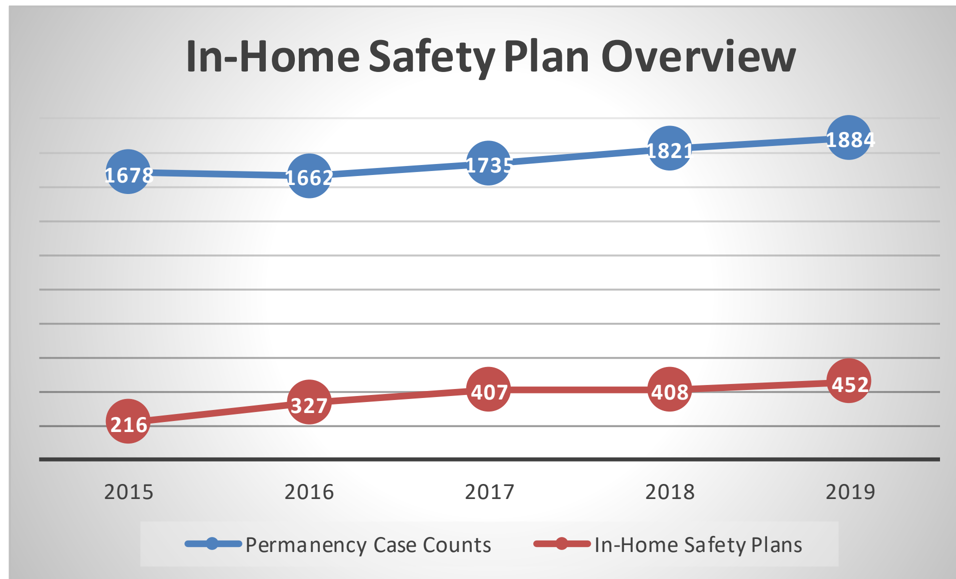
The Safe@Home program has reunified or prevented the removal of children with their families in over 800 cases in a span of four years. In the four years prior to the demonstration project implementation (fiscal year 2015), the average length of time a child spent in foster care was 233.5 days with a median of 129. This average was based solely on the average length of stay in foster placement; it does not include other placement options such as hospital, shelter, relative or fictive kin. Compare this to the average length of stay in fiscal year 2019 (the final year of the demonstration project) of 134.2 days, with a median of 100.5, the results show that not only is there a decrease in utilization of foster care but a significant reduction in the length of stay a child is in a foster care placement.

Without safety services, it is likely that none of the treatment group children would have been able to return home or remain at home. The Safe@Home program prevented the out-of-home placement of children for more than 230 families, approximately 575 children, when there were no other family supports for the caregivers and foster placement remained the only other option. It bears repeating that these treatment families are higher risk families due to lack of supports yet the reentry rate after safety services is slightly lower than all Clark County cases.

It is the role of CCDFS to help keep children safe and establish permanency and well-being. As we tracked the case closures of our treatment group there were 4 outcomes for case closure. Three were considered “success” for achieving permanency for the child: adoption, guardianship, and reunification. The fourth outcome relates to children reaching age of majority. As of September 30, 2019, only 109 of the 810 families served in the treatment group had cases that remained open within CCDFS. This may be due to one or more of the children pending adoption placement that was already in place prior to the safety services being initiated, therefore keeping the case open. Additionally, it includes children that were opened for service but were not part of the safety plan.

It bears repeating that the families in the comparison group are in that group because they possessed the natural supports (extended family, friends or social groups) to execute a Safety Plan without a contracted safety provider and have a higher propensity for success based on their inherent advantage. However, with Safe@Home services available, CCDFS is now able to give those families, whom are at higher risk for re-entry due to lack of natural supports, the same advantage of outcomes and success. This is obvious based on the 1% difference of success rates (based on children remaining at home with the family) when all families are able to have an in-home Safety Plan with supports. The table below shows the increased ability to provide more than double the amount of in-home safety plans to

families by the final fiscal year of the waiver demonstration project with only a 10% increase in total number of permanency cases open to the department.



It is worth emphasizing again that the children within the treatment group families are much more likely to experience longer out-of-home stays in the absence of those supports if not for the availability of contracted safety managers i.e. Safe@Home. The same speaks for the increased number of in-home safety plans due to having contracted safety managers able to provide the necessary in-home safety services.

During the first semiannual reporting period the CCDFS IV-E waiver team met frequently with case workers to discuss the barriers to full implementation as well as meeting with consultants from ACTION for Child Protection. As a presumed result of the coaching and mentoring there was a positive change in the rate and accuracy of NIA completion as well as the enrollment of families into the Safe@Home program for formal safety services. As each geographical zone became more experienced in the SIPS model, there was an apparent correlation with increased enrollment of families in Safe@Home. CCDFS observed a leveling out for new referrals in FY 2018; the variation in referrals, was in part, due to workers becoming more proficient in the use of the assessment tools to identify families that were appropriately eligible for an in-home Safety Plan. Continued coaching and mentoring in all aspects of the safety intervention model have continued throughout the demonstration period and improvement outcomes are evident in the increased quality of documentation during the life of the wavier. We anticipate seeing continued quality improvement moving forward after this fiscal year. CCDFS has provided follow through where needed to continue improvements to the model for utilization of the safety services Safe@Home provides to the families we serve. Overall, the evaluation provided by NICRP shows the continued improvement and speaks to how the program will only continue to improve with increased fidelity and success rates.

In addition, ACTION's contract with the agency ends in June 2020, at this time they are transitioning

training modules around Safety Planning and other trainings related to the safety model to the newly implemented on-going training team unit, Training Team B. This unit is specifically responsible for delivering training to ongoing staff.

4.2 Demonstration Achievements

Three agency wide fidelity reviews were conducted during the demonstration period. While there will always remain room for growth, the review revealed some encouraging trends. Case Workers are making the conceptual shift to change focused practice. Caregiver engagement has become a priority, and Case Workers recognize the need to build skills for addressing resistance. Supervisors are starting to have practice- focused conversations in consultation that are already showing signs of improvement in fidelity to the overall model (SIPS).

One challenge recognized during the first year of the waiver project was not being able to provide in-home safety management for all families eligible due to lack of housing. Without having a suitable place to reside where an in-home Safety Plan could be initiated, many families were denied eligibility. There have been a number of families who would have been eligible for an in-home Safety Plan and reunification with their children but lacked appropriate housing.

In many cases, the lack of housing prohibits returning children home or maintaining them at home with an in-home Safety Plan. CCDFS has addressed this issue with community partners and initiated proactive plans, to mitigate the barrier, as well as three different housing programs to either prevent removal or reunify children with their families who are in out-of-home placements.

CCDFS engaged Clark County Social Services (CCSS) and partnered in a Department of Housing and Urban Development (HUD) Rapid Rehousing grant application specific to families where the children are at risk of removal or have been placed in foster care and the family's lack of housing presents a barrier to reunification. The application was approved by the Southern Nevada Homelessness Continuum of Care Board and was approved through HUD in June of 2016. The Keeping Families Together (KFT) program, was designed specifically for those clients eligible for safety intervention services through Safe@Home but lacked adequate housing in order to do so. Together, we have successfully secured permanent housing for 26 of our families with room to assist additional families through November 30, 2020. This program is a HUD demonstration grant and represents the first collaborative effort of CCSS and CCDFS.

CCDFS also partnered with the Southern Nevada Regional Housing Authority (SNRHA) on the Family Unification Program (FUP) to provide Housing Choice Voucher (HCV) rental assistance to families whose lack of adequate housing is a primary factor in the imminent placement of a child or children from their families into out-of-home care, or in a delay of reunification for a child or children to return to their families. The FUP program provides long-term rental assistance for families with children in the home. It is the responsibility of CCDFS to determine eligibility of clients to participate in this program.

The third program CCDFS, CCSS and community collaboratives has been able to initiate is the Clark

County Housing Initiative Program (CCHIP)- Rapid Rehousing (RRH) for Families with Children. This program is designed to provide rapid rehousing services for families experiencing homelessness using a Housing First model. The program is designed to quickly transition homeless families into permanent housing by providing short-term housing focused services such as case management, rental assistance, housing related assistance, supportive services, bridge housing and stability supports. These services are provided by three RRH service providers to assist a total of 60 families at a time. Once a family has established self-sufficiency through the enhanced wrap-around services, they are exited from the program and a new family is able to be assisted.

CCDFS remains committed to maintaining current relationships as well as expanding additional partnerships throughout the community in order to implement any collaborative community resource opportunities to better serve our families and establish additional housing resources.

5. SUSTAINABILITY

CCDFS remains committed to reevaluation, refinement, and continued efforts to increase intervention fidelity of the practice model and Safe@Home. CCDFS is also committed to continuing the Safe@Home program beyond the IV-E Waiver demonstration period and has included the total costs for in-home safety services in the department's 2020 fiscal budget request.

CCDFS continues to meet regularly with Casey consultants regarding Federal claiming, cost effectiveness, Cap amendment and waiver sustainability. The current focus has been community involvement and sustainability after the waiver. In the last quarter of the wavier project, Baldacci Consultants met with other waiver states regarding sustainability plans and brought the following considerations for sustainability to the table:

- Review waiver cost centers and allocation methods and determine funding sources for each
- Identify waiver savings by fiscal "bucket" i.e. maintenance, administration, training and services
- Identify the cost of non-IV-E services
- Identify alternative funding streams to support waiver services (TANF, Community Block Grants)
- Ensure Title IV-E eligibility is being maximized

CCDFS has utilized TANF funding to support the continued implementation of the Safe@Home program beyond the conclusion of the demonstration period and IV-E funding. The Safe@Home program prioritizes the delivery of services focused on by the Family First Prevention Services Act in 2018 (Family First); services that are intended to keep children safe with their families and preventing children from being removed from their homes and placed in out-of-home care. An additional research evaluation is being conducted to further determine the impact of SIPS and Safe@Home on child safety and permanency outcomes, and to add to the evidence base for Safe@Home as a prevention program for the Title IV-E Prevention Services Clearinghouse. The flexible funding of the Family First Transition and Support Act of 2019 will enable CCDFS to continue to provide funding for the Safe@Home program without interruption.

CCDFS is committed to continuing the tremendous efforts that have already occurred to support least intrusive safety management. There remains an ongoing dedication to pursue funding for programs for placement prevention and to support families that lack resources and social supports to assist with the protection of children involved or at risk of involvement with child welfare.

Family Court Collaboration – CCDFS recognizes that the Family Court is a significant external system implementation driver for achieving intervention fidelity of the safety intervention model. Having support from the court as well as being mutually aligned in the safety intervention model and the use of in-home Safety Plans is crucial to the success of Safe@Home. Advancing the concept of least intrusive safety management with the court was necessary for decreasing length of time in placement, by increasing the use of in-home safety services.

With the implementation of Training Team B in 2019, CCDFS internal experts will continue ongoing training with our legal and judicial partners. Throughout the demonstration period, regular education and collaboration meetings with Family Court and other legal partners were provided as needed. These meetings enhanced the working relationship and communication between CCDFS and the Courts and provided an increase of understanding and compatibility between Court expectations and requirements and the CCDFS practice model (SIPS). These meetings also encouraged and established a common language, understanding of intervention objectives and process, and mutually agreed-upon goals for change between the Court, CCDFS, and caregivers in order to achieve consistency and focus for service delivery to families.

Community Collaboration - It has become evident through the waiver demonstration that many of the families that we serve in Child Welfare experience negative family conditions that hinder their ability to safely parent their children. Basic needs such as housing, food, transportation, education, joblessness, basic parenting knowledge and many more have been identified. CCDFS has created collaborative partnerships with community providers to assure that the families in our community have their basic needs met before, during and after child welfare involvement. Our first steps toward promoting this effort were to engage our community advisory team with a challenge to bring forward service provision agencies to partner in our efforts to strengthen support to the families in our community. CCDFS has also submitted a proposal for ACF grant funding to pilot a community collaborative project.

Although the grant was not awarded, CCDFS continues to seek funding to support programs in the community that bring resources for prevention and resources to families involved or at risk of involvement with child welfare. Potential for the grant to be released in the future is high and CCDFS will be prepared to improve their grant proposal at that time. With the momentum caused by the IV-E Waiver Demonstration project to support prevention services to families, the collaboration efforts have made efforts into achievements. Family Resource Centers, Clark County Social Service, Clark County Juvenile Justice Services and a multitude of community agencies are in constant contact to partner and develop additional programs or projects to provide wrap-around services, housing

programs, prevention services, behavioral and mental health services and many more to families in our community who are at risk of entering the child welfare system.

6. PROGRAM IMPROVEMENT POLICIES

6.1. Foster Care Bill of Rights

Nevada Revised Statute 432.500 through 432.550 established a Foster Care Bill of Rights in Nevada in 2011. The Foster Care Bill of Rights is designed to inform foster children and foster parents of their rights within the child welfare system. The Nevada Foster Children's Bill of Rights provides that the children's rights must be posted in a place where children will see them and includes provisions requiring foster children to be informed about why they are in foster care and how the process will proceed. In addition, participation in extracurricular or community activities, efforts to maintain educational stability, access to guardian ad litems, access to mental, behavioral and physical health care, access to or communication with siblings and family members are major features of the Foster Children's Bill of Rights. In June of 2014 CCDFS Executive Management issued a proactive guidelines document to all CCDFS staff incorporating the Foster Care Bill of Rights into practice. While the practice is ongoing, the Foster Care Bill of Rights has currently been written into the new Permanency Policy which has been drafted and is pending CCDFS Executive Management review. This policy is currently being trained and is expected to be fully implemented in the first quarter of 2019.

NRS 432.520 Policy of State. It is the **policy** of this State that every child placed in a foster home by an agency which provides child welfare services have the rights set forth in NRS 432.525, 432.530 and 432.535.

(Added to NRS by 2011, 650)

On a statewide level, Policy currently includes the following language:

DCFS is currently incorporating the Foster Care Bill of Rights in practice and strengthening the language in policy-scheduled for 2019.

6.2 Title IV-E Guardianship Assistance Program

In 2011, the Nevada Legislature enacted AB110 which provides legal authority through NRS432B.621-626 for the Department of Health and Human Services to establish a Kinship Guardianship Assistance Program (KinGAP). The Nevada State Department of Children and Family Services (DCFS) moved forward with research and first steps in establishing a statewide Kinship Assistance Program in 2015. In 2015 the Statewide Child Welfare policy for KinGAP was drafted and the required forms were developed to correspond to the draft policy. In addition, Nevada State Medicaid added the necessary language to the state plan to allow children to remain on Medicaid after guardianship through KinGAP.

In January of 2016, DCFS submitted the Statewide Policy Draft 1010.0 to the ACF for comment. On

January 28, 2016 DCFS Executive Management met with CCDFS Executive Management, children's attorneys' representative, Clark County District attorney's representative and state Information Management System (IMS) teams to incorporate comments from ACF and finalize the Nevada KinGAP Approval Checklist and Successor Guardian Notification forms. The KinGap program has been implemented statewide. Clark County served 77 children under the kinship program during the 4th quarter of the 2018 calendar year. Additional Discovery and Goal Writing Coaching Modules will be offered in the upcoming quarter.