

WASHOE COUNTY HUMAN SERVICES AGENCY  
AB 298 Reporting FY2024

Pursuant to AB 298 from the 80<sup>th</sup> Legislative Session:

3. On or before August 1 of each year, an agency which provides child welfare services shall publish on an Internet website maintained by the agency a report which includes, without limitation:

- (a) Information relating to whether the agency achieved the goals established pursuant to paragraph (b) of subsection 1 for each quarter of the immediately preceding year;
- (b) The number of children placed outside this State for more than 15 days during the immediately preceding year, including, without limitation, the number of children placed in residential treatment facilities outside this State for more than 15 days during the immediately preceding year;
- (c) The reasons for the placements described in paragraph (b);
- (d) A summary of changes that could prevent the placements described in paragraph (b); and
- (e) A summary of changes or actions necessary to allow children who are currently placed outside this State to return to this State.

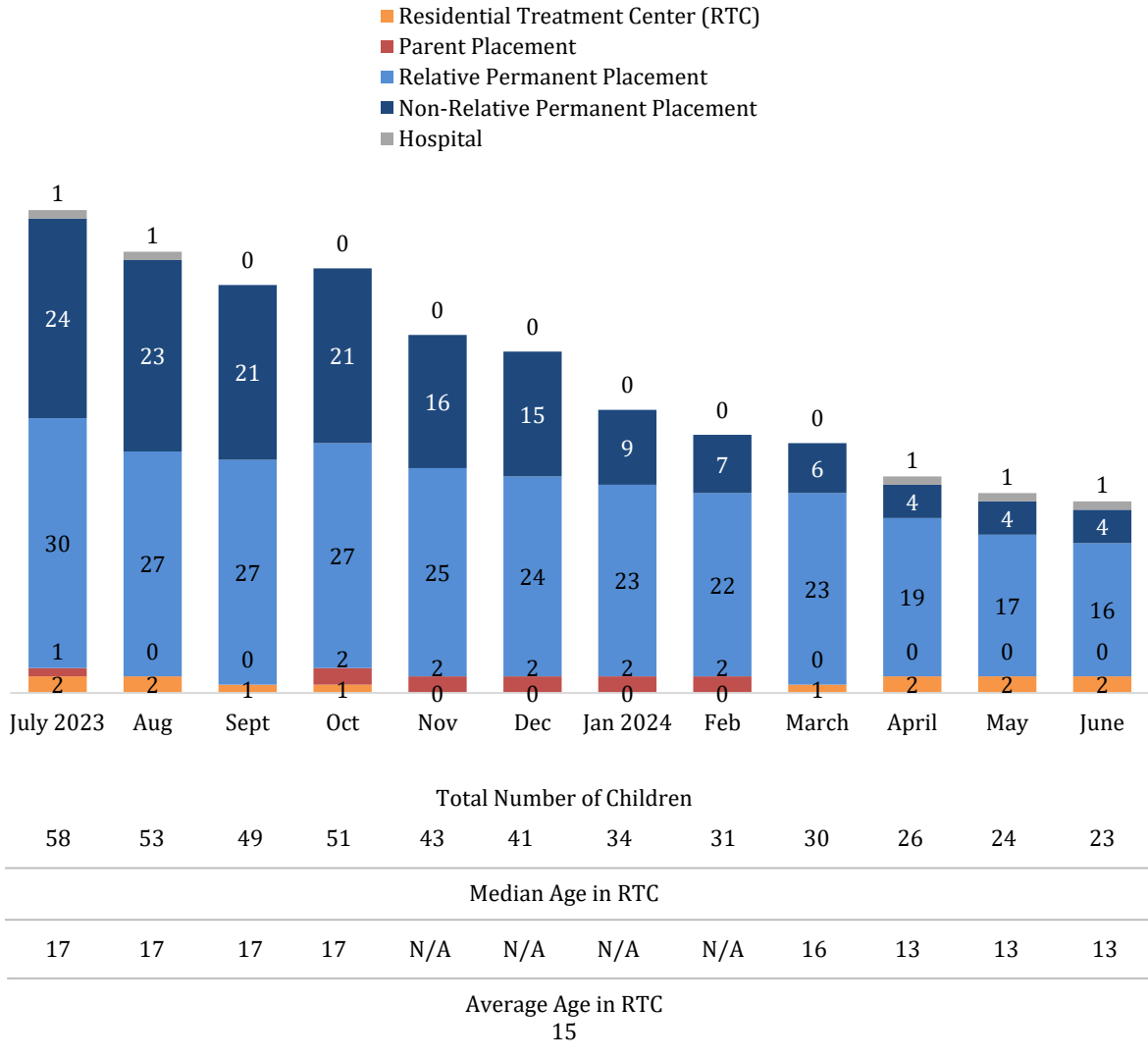
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3. (a) Efforts to recruit and retain specialized foster homes

During FY24 Washoe County Human Services Agency (WCHSA) made specific efforts to maintain communication with Specialized Foster Care (SFC) providers through regular emails, quarterly support meetings, and implementation of a quarterly newsletter. Additionally, focus groups were held with foster parents across all license types, including SFC, to gain a better understanding of the strengths and challenges surrounding retention. Feedback from these focus groups has been implemented into the quarterly support meetings to ensure the information and/or training identified as needs is delivered.

3. (b):

## FY 2024 OUT-OF-STATE PLACEMENTS >15 DAYS



Children are placed out-of-state with parents, relatives, or non-relatives with a plan to exit the foster care system by achieving permanency. These children are not typically expected to return to Washoe County.

### 3. (c)(d) and (e)

#### Reasons for Out-of-State Residential Treatment:

- The child's needs cannot be met in the community in a SFC home and is identified to be in need of a higher level of care
- The community lacks a full continuum of and/or limited options for treatment options that make up a comprehensive, full continuum of behavioral health services that includes:

- Acute Psychiatric Inpatient Care – Washoe County has one acute facility that is strictly aimed at meeting the needs of adolescents and only considers pediatric admission on a case-by-case basis. This facility did not accept any pediatric admissions during FY 2023.
- Residential Treatment Centers (RTC)– Washoe County currently has two RTC's and both have a limited population where they do not accept pediatric patients and accept only certain teens. Additionally, one of the RTCs transitioned to a female only program.
- Psychiatric Residential Treatment Facilities (PRTFs) – Washoe County has one PRTF that typically does not accept youth with a documented history of physical aggression or elopement, which limits placements.
- Psychiatric Care [i.e., psychiatrists/medication management]
- Rehabilitative Mental Health Services, specifically:
  - Partial Hospitalization Programming (PHP) - two programs exist in Washoe County, which is an increase of one from the prior year
  - Intensive Outpatient (IOP) – has increased to three program options; however, wait lists continue to exist
  - Day Treatment – admission is limited at times due to milieu management, as multiple youth with physical aggression or age discrepancies makes the milieu difficult to manage. This creates challenges in securing more intensive outpatient to prevent need for higher level of care.
  - Crisis Stabilization Services
  - Crisis Triage Center (CTC) [identified in 2021 Leg. Session]
- Community decrease in family foster and specialized foster care providers

WCHSA has held the value of prevention being the key to maintaining children in the community and has implemented prevention initiatives, including Intensive In-home Services, with the goals of reducing children entering child welfare (when safe) due to a child's mental/behavioral health issues. When children do enter the foster care system, the focus shifts to stabilize children entering the child welfare system by addressing their trauma and overall needs related to well-being, remain stable while in foster care, return home or to another permanent placement, and prevention children from re-entering the system (i.e., past child welfare cases, post-adoption cases).

The Clinical Services Team continued to provide crisis intervention, assessments of children entering care, short-term therapies to individual, family and, group clients while awaiting community-based services, and care coordination to children and families prior to entering care, while children were in care, and upon/following children leaving care. A rotational calendar of a Clinical Supervisor and Clinical on-call for emergencies was maintained to increase after-hours crisis response seven days a week. Additionally, a community mental health professional was used to perform crisis evaluations on children in emergency shelter care along with supportive therapy. The provision of behavioral services by CST Clinicians was further developed with refinement and enhancements to the electronic health record (CaseWorthy) to document these services for the purposes of billing for children with Fee For Service Medicaid. Finally, various CST Clinicians are

trained in evidence-based treatment modalities (CPP; Trauma Focused-Cognitive Behavioral Therapy; EMDR) as part of prevention services.

WCHSA provided supports and services to families pre- and post-adoption to increase success of children who have been adopted and overall prevent re-entry into foster care due to a child's mental/behavioral health issues, along with strain on the family. WCHSA staff worked with families to get available community services in place, safety plan, identify higher levels of care, and problem solve when insurance became an issue. The Clinical Services Team implemented a support group for pre- and post-adoptive parents to provide psychoeducation and a forum to connect with a peer support group, as well as a teen adoption support group.

WCHSA's Voucher Program for Mental/Behavioral Health/Substance Abuse Treatment Services was revised to expand community provider options to allow children and families access to specialized services (e.g., neuropsychological evaluations; psychosexual assessments) that may not be covered by Medicaid or have lengthy waitlists that delay services desperately needed as part of a youth's treatment plan. WCHSA has over 20 contracted providers who offer services obtainable in a range of immediate to relatively quick.

Under a 1915i Home and Community Based Services application, children placed in Specialized Foster Care can now be supported with Crisis Stabilization Services and Intensive In-Home Supports and Services. These services are intended to keep children stable in placement and help them resolve any behavioral health issues with the intent of increasing success with reunification or another permanent placement. WCHSA continues to work with SFC providers on enrollment, and the process to determine a child's eligibility and develop a person-centered plan of care related to the two additional services. To date, there is one SFC agency qualified and billing under the 1915i waiver and one provider that is working towards qualification.

WCHSA provided services to existing foster families and SFC agencies to support placement stability. This included respite services and funding, trainings, support groups, and quality parenting initiatives. Additionally, the Agency continues to implement 30-day preservation plans to stabilize placements at risk of disruption.