

Attachment One (1)

Committee on Domestic Violence Agenda
November 8, 2021

Contents: August 30, 2021 Meeting Minutes

**NEVADA OFFICE OF THE ATTORNEY GENERAL
COMMITTEE ON DOMESTIC VIOLENCE (CDV)**

Meeting Minutes

Monday, August 30, 2021 at 1:30 p.m.

Virtual Location:

Join the meeting: <https://call.lifesizecloud.com/10283524>
Passcode: 0830#

Join the Lifesize meeting using Skype for Business:
<https://skype.lifesizecloud.com/10283524>

Click to call from Mobile (audio only)
United States: +1 (312) 584-2401,, 10283524#,,0830#

Call in by Phone (audio only)
United States: +1 (312) 584-2401
Meeting extension: 10283524#
Passcode: 0830#

Calling from a Lifesize conference room system? Just dial 10283524 with the keypad.

Other ways to call: <https://call.lifesize.com/otherways/10283524>

1. Call to order and roll call of members.
 - a. The Committee on Domestic Violence (CDV) meeting was called to order at 1:30 pm.
 - b. Present
 - Aaron D. Ford, Attorney General (Chairman Ford)
 - Armstrong, Ross (Armstrong)
 - Green, April (Green)
 - Greene, Elynne (Greene)
 - Hall, Karl (Hall)
 - Harig, Tracy (Harig)
 - Hernandez, Cory (Hernandez)
 - Ingram, Tyler (Ingram)
 - Lynch, Patricia (Judge Lynch)
 - Metherell, Leticia (Metherell)
 - Morris, Marla (Morris)
 - Moseley, Leisa (Moseley)

- Ortenburger, Liz (Ortenburger)
 - Ramos, Suzanne (Ramos)
 - Scott, Annette (Scott)
- c. Absent
- Gradick, Jamie (Gradick)
 - Jones, Cassandra (Judge Jones)
 - Larson, Zach (Larson)
- a. Staff
- Adair, Jessica (Adair)
 - Reilly, Nicole (Reilly)
 - Mouannes, Jason (Mouannes)
 - Rasul, Henna (Rasul)
- b. Public
- None
- d. **Quorum established**
2. Public Comment.
- a. No public comment.

Chairman Ford decided to take the agenda items out of order and began with Item 7.

3. **For Discussion and Possible Action:** Review, discussion, and possible approval of *July 12, 2021 Meeting Minutes*.
Attachment 1
- a. Chairman Ford suggested members take a moment to review the minutes from the previous Committee on Domestic Violence (CDV) meeting. He asked for a motion to approve the meeting minutes. Judge Lynch provided corrections ahead of time for meeting minutes. Motion to accept the minutes by Ramos. Seconded by Armstrong. No further discussion. All in favor. Motion passed.
4. **For Discussion and Possible Action:** Committee Chair, Aaron Ford, Nevada Attorney General, will take nominations and appoint a Committee Vice-Chair.
- a. Chairman Ford expressed the desire for a Vice-Chair due to occasional absences and requested nominations by the members.
- b. Judge Lynch nominated Ramos for Vice-Chair.
- c. Moseley nominated Adair for Vice-Chair.
- Reilly responded unfortunately Adair is not a member of the committee and cannot serve as a Vice-Chair.
- d. Chairman Ford asked if Ramos would accept nomination.
- Ramos accepted the nomination.

5. **For Discussion:** *Training, Legislative, and Court Subcommittees Update* by Nicole Reilly, Ombudsman for Domestic Violence, Sexual Assault and Human Trafficking, Nevada Office of the Attorney General.
 - a. **Item will be carried over to the next CDV meeting.**

6. **For Discussion and Possible Action:** Nicole Reilly, Ombudsman for Domestic Violence, Sexual Assault and Human Trafficking, Nevada Office of the Attorney General, will take recommendations from committee members for filling the remaining open CDV positions.
 - a. Chairman Ford asked Reilly how many positions are still available related to the CDV.
 - Reilly responded that she is excited about the current committee members involved who bring valuable expertise related to domestic violence. The CDV needs a law enforcement officer and a mental health professional to adequately meet the statutory membership requirements for the committee.
 - b. Greene recommended Sergeant Ryan Smith at the Family Justice Center in Las Vegas if he was willing and able to volunteer for the committee.
 - Chairman Ford reminded members to ask the availability of their recommendations but not make offers that would imply they have automatic membership without being appointed by the Chair.
 - c. Ortenburger asked if more rural representation was needed.
 - Reilly mentioned we can include both urban and rural representatives with no maximum number of members.

Chairman Ford moved to Item 4.

7. **For Discussion and Possible Action:** Committee Chair, Aaron Ford, Nevada Attorney General, will facilitate a discussion to dissolve/add/or change Subcommittees and/or their tasks including taking volunteers for the Statewide Fatality Review Team.
 - a. Chairman Ford asked Reilly for suggestions and ideas regarding the development of the AG Statewide Domestic Violence Fatality Review Team.
 - b. Reilly explained that the Committee on Domestic Violence is statutorily required to host an annual domestic violence fatality case review anywhere in the State of Nevada where a team does not currently exist and review a domestic homicide that is fully adjudicated. The team would canvas the cases around the state, pick a case, and complete a thorough review in the jurisdiction where the case occurred in partnership with the local agencies. The meetings are protected due to confidentiality requirements. The purpose is to develop recommendations to improve the systematic response to domestic

violence by preventing homicide and reducing severity per incident. She recommended two members serve as Co-Chairs of the Attorney General Statewide Domestic Violence Fatality Review Team (AGSDVFRT) and any additional volunteers who would like to participate in the review. She nominated Reno City Attorney Karl Hall and Elko County District Attorney Tyler Ingram to Co-Chair the AGSDVFRT. She also requested the participation of CDV member Tracy Harig.

- c. Ortenburger asked if the Committee was statutorily required to only review rural domestic homicides.
 - Reilly responded that in the past Clark County and Washoe County had domestic violence fatality review teams. As a result, the Nevada Attorney General's Office took over the rural areas. However, Clark County recently dissolved their Domestic Violence Fatality Review Team (DVFRT) and Washoe County has transitioned to utilizing the Domestic Violence High Risk Team model. The AGSDVFRT will canvas all domestic homicide cases that have been fully adjudicated in the past year and decide which one will be reviewed (specifically cases that provide most feedback related to gaps in the system).
- d. Chairman Ford moved to entertain a motion related to the appointment of Reno City Attorney Karl Hall and Elko County District Attorney Tyler Ingram as Co-Chairs of the AGSDVFRT. Motion by Judge Lynch. Seconded by Greene. No further discussion. All in favor. Motion passed.
- e. Reilly requested any additional member volunteers interested to serve on the AGSDVFRT. Members who volunteered include:
 - Marla Morris
 - Liz Ortenburger
 - April Green
 - Ross Armstrong
 - Leisa Moseley
 - Cory Hernandez
 - Annette Scott
 - Tracy Harig
 - Suzanne Ramos
- f. Chairman Ford asked Reilly to share next steps in facilitating a discussion to dissolve/add/or change Subcommittees and/or their tasks.
 - Reilly recommended following the same process used two years ago leading to the creation of the Subcommittees by bringing project ideas to the table and forming Subcommittees to accomplish goals decided by the full CDV committee. Members were encouraged to bring project ideas with any supporting resources to the next meeting held in rural Mesquite, NV.
- g. Ortenburger asked if the project ideas need to be proposed with a funding solution.

- Reilly responded it was not required. Chairman Ford added that the meeting will serve as a brainstorming session.

Chairman Ford moved to Item 6.

8. **For Information Only:** the CDV's future meeting date(s):
 - Committee on Domestic Violence: Monday, November 8, 2021 @ 10:00 a.m. | Location: Rural Meeting in Mesquite Hybrid In-Person and Virtual Meeting.
9. Public Comment.
 - a. None
10. **For Possible Action:** Adjournment.
 - a. Meeting adjourned.

DRAFT

Minutes respectfully submitted by **Jason Mouannes**
Edited by **Nicole Reilly**
Office of the Attorney General

DRAFT

Attachment One (1)

Committee on Domestic Violence Agenda
November 8, 2021

Contents: Division of Child and Family Services
(DCFS) Domestic Violence (DV) and Child Welfare
(CW) Project

HEALTH MANAGEMENT ASSOCIATES

Proposal to Provide Services

Addressing Domestic Violence in the Child Welfare System

Presented to:

The State of Nevada Purchasing Division

Technical Proposal

RFP#: 40DHHS-S1530

May 24, 2021

120 North Washington Square
Suite 705
Lansing, MI 48933
Telephone: (517) 482-9236
Fax: (517) 482-0920

WWW.HEALTHMANAGEMENT.COM

Section V – Scope of Work

Understanding of the Issue

Each day, the safety and well-being of children across the United States are endangered by child abuse and neglect. Many of these children live in homes that are experiencing domestic violence. The child welfare field continues to work to find effective ways to serve families where this overlap occurs. Intervening effectively in the lives of these children and their families is not the sole responsibility of a single agency or professional group, but a shared community concern.

In the United States, 15.5 million children live in families where partner violence occurred at least once in the past year, and seven million children live in families where severe partner violence occurred.¹ While rates of child abuse in Nevada are lower than in the United States as a whole, domestic violence still plays a significant role in child maltreatment and child protective services ending in removal. Domestic violence is the third most common reason children are removed from the home (8.5 percent of cases statewide in 2020, n=249) and is a significant issue in all three child welfare jurisdictions. Clark County (n=136) experienced 5.9 percent of these removals. In Washoe County, the number jumped to 17.1 percent (n=70) while counties in the rural region experienced the highest rate of removal because of domestic violence with just over 20 percent (n=43) of removal cases in the state happening there.²

Children in Nevada are more likely than children nationwide to have ever experienced two or more adverse childhood experiences (ACEs) with almost one in four (22 percent) Nevada youth (0 to 17 years old) experiencing two or more ACEs, compared to approximately one in five (18.6 percent) youth across the United States in 2016–2017. Nevada has a higher prevalence than the United States of nearly every ACE indicator, including experiencing domestic violence. The most common ACE experienced is parental separation or divorce, with 28.1 percent of children in Nevada having this experience, followed by living with someone with substance use problems (11.4 percent) and having a parent who served time in jail (11.2 percent).

These experiences can have profound impacts on children over the long term, placing them at higher risk for physical ailments such as asthma, gastrointestinal problems, and headaches, as well as symptoms of PTSD.³ Additionally, these children are at higher risk for smoking, substance use, obesity, heart disease, and depression as adults.⁴ Maybe

¹ McDonald, R, Jouriles, EN, Ramisetty-Mikler, S, et al, “Estimating the Number of American Children Living in PartnerViolent Families,” *Journal of Family Psychology* 20, no. 1 (March 2006): 137–42.

² “How the Child Welfare System Works,” *Child Welfare Information Gateway, US Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, 2020, <https://www.childwelfare.gov/pubs/factsheets/cpswork/>.*

³ Graham-Bermann, SA, and Seng, J, “Violence Exposure and Traumatic Stress Symptoms as Additional Predictors of Health Problems in High-Risk Children,” *Journal of Pediatrics* 146, no. 3 (March 2005): 309–10.

⁴ Anda, R, Block, R, and Felitti, V, “Adverse Childhood Experiences Study,” *Centers for Disease Control and Prevention, Kaiser Permanente’s Health Appraisal Clinic in San Diego, 2003, <http://www.cdc.gov/NCCDPHP/ACE/index.htm>.*

most concerning to communities is the two-fold increase in the potential for survivors of physical abuse during childhood to grow up to become perpetrators or victims themselves.⁴ Given these potential impacts on individuals and communities, it is imperative for child welfare systems (CWSs) to operate with a high level of competency and effectiveness in responding to child welfare cases that include domestic violence.

Domestic violence not only affects survivors, but also has a substantial effect on family members, friends, coworkers, other witnesses, and the community at large. Children exposed to domestic violence are among those seriously affected by this crime. The US Department of Justice’s Office on Violence Against Women found that frequent exposure to violence (also known as witnessing domestic violence) in the home not only predisposes children to numerous social and physical problems, but also teaches and normalizes violence, increasing their risk of becoming the next generation of survivors and perpetrators. Research typically recognizes the effects of domestic violence on survivors, but abusive behavior also affects perpetrators—they may lose their children, damage relationships, and face legal consequences. Formal systems, such as child protective services agencies, face enormous challenges responding to domestic violence in their communities.

The key federal legislation addressing child abuse and neglect, CAPTA, was originally enacted in 1974 (P.L. 93–247) and was most recently amended by the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198). CAPTA includes significant provisions to address the co-occurrence of child maltreatment and domestic violence. Building on the knowledge gained from previous efforts to address this overlap, the provisions called for stronger federal and state responses to help children and parents in the CWS affected by domestic violence. These included requiring the US Department of Health and Human Services to disseminate information and provide training and technical assistance on effective programs and practices related to domestic violence in a child welfare context, collect information on the incidence and characteristics of child maltreatment and domestic violence co-occurrence, and support research on effective collaboration between child protective and domestic violence services through CAPTA state grants.⁵

Caseworkers must be able to respond creatively and effectively to cases with differing levels of danger. Because not all perpetrators carry the same level of danger, the worker must be able to assess each case uniquely by understanding the perpetrator’s behavioral pattern, the child’s age and developmental stage, the parents and family’s strengths and protective factors, and other risk factors that may be present.

The following guiding principles serve as a foundation for child protection practice with families experiencing domestic violence:⁵

- **Every reasonable effort should be made to keep children in the care of a nonoffending parent, as long as that parent has, through assessment, been determined to have sufficient protective capacities to maintain safety for the children.**
- **Identifying and assessing domestic violence and its effects at all stages of the child protection process is critical in reducing risks to and potential trauma experienced by children.**

⁵ Capacity Building Center for States, “Child Protection in Families Experiencing Domestic Violence, 2nd ed.,” 2018, <https://www.childwelfare.gov/pubPDFs/domesticviolence2018.pdf>.

- ***When domestic violence has occurred, perpetrators must be held solely responsible for that violence, while receiving interventions that address their abusive behaviors.***
- ***Collaboration with partners is essential and may take different forms at different stages of the child protective services process.***

With the implementation of the Family First Prevention Services Act, the field is pivoting to strengthening families, reducing out-of-home placements for children, and building resiliency using a whole family approach. For families impacted by domestic violence where children are at risk of abuse or neglect, the imperative to keep children and the adult victim in the household safe, together, and resilient is critical. HMA’s approach to addressing the intersection of child welfare and domestic violence, while increasing protective factors for the whole family, is outlined in the training and practice sections of our response to this RFP.

Complete Preliminary Assessment (2.1)

HMA understands that Nevada is looking for a clear understanding of the current practices and needs of Nevada’s CWS in relation to intervention with and decision-making for families experiencing domestic violence that are also involved within the CWS. The assessment needs to reflect the similarities and differences between and among the three child welfare jurisdictions in Nevada, including the 15 counties Nevada’s Division of Child and Family Services (DCFS) oversees as well as Washoe County Human Services Agency in Washoe County and Clark County Department of Family Services. Together, staff from these three agencies make up the CWS described in our approach.

Child welfare practice is a complicated and high-risk operation in any state. Families are often impacted by poverty, intergenerational trauma, and abuse. Systems often lack culturally relevant, evidence-based models to address these issues that are anchored in two-generation solutions and delivery models. Increasing protection factors and the socio-emotional well-being of children involves both public and private partners and the community at large. Ensuring best practices when implementing child welfare programming, especially with families experiencing domestic violence, and the availability of a well-trained, adequately resourced staff, will strengthen Nevada’s ability to most effectively manage cases that involve domestic violence to produce the best outcomes for Nevada children and families.

The assessment will cover four main focus areas:

- ***Focus area 1: Assessment of domestic violence rates and the known risk or protective factors for domestic violence among families with children to understand drivers of these issues unique to each region of Nevada. This will inform the competencies needed among child welfare staff to engage, assess, and intervene with families that are experiencing domestic violence and to better understand what the non-offending parent and the child may need to recover from the experience and prevent ongoing re-occurrence of violence.***
- ***Focus area 2: Assessment of organizational policies and practices and of child maltreatment cases over time by removal reason, by region, and by family demographics—in particular among child maltreatment cases concerning domestic violence—to help highlight cultural and regulatory challenges to improving responses to families experiencing domestic violence and identify gaps in quality improvement opportunities.***

- **Focus area 3: Assessment of CWS agency staffing and capacity as it relates to the need and demand for an understanding and awareness of the intersection of child welfare with domestic violence systems and child maltreatment cases.**
- **Focus area 4: Assessment of CWS and domestic violence collaboration, court systems, law enforcement, and domestic violence advocates as well as survivors of domestic violence and the CWS.**

A detailed approach to each area is provided below, including proposed primary and secondary data sources needed to complete the assessment. At the center of the approach is the goal to identify and develop training and education modules that supports the state and its jurisdiction to improve its child welfare practice as it relates to families and children impacted by domestic violence.

Key Activities

Activity 1: Confirm Work Plan

Our first activity will be to clarify or confirm the goals and objectives of the assessment, scope, timeline, and dates in collaboration with DCFS and the three child welfare jurisdictions and ensure our proposed approach continues to reflect the current needs of the state. A discussion on scope will involve identifying the appropriate internal and external stakeholders, including the best ways to engage them and clearly stated roles or input they offer the assessment. This activity will also clearly lay out the key research questions to be answered by the assessment, lay out the data elements needed—both what existing data there are to review and what new data need to be collected. HMA will initiate this activity with a kickoff meeting within 10 days of the contract execution. HMA will develop the agenda for this meeting in collaboration with DCFS. Outcomes of this initial activity include:

- **Establishing clear roles and responsibilities of both the HMA research and project management teams, and state staff in the assessment**
- **Developing a clear timeline and set of tasks, including key milestones to ensure appropriate progress is being made on deliverables**
- **Identifying and establishing regular check-in times with DCFS and the HMA team to not only help DCFS stay informed of assessment progress, but also support and inform stakeholder engagement, data collection, analysis, and reporting**

Activity 2: Mixed-Methods Assessment

HMA will launch the mixed-methods assessment, which considers both primary and secondary quantitative and qualitative data. We propose a stepwise approach to the assessment. First, we will develop a thorough understanding of what data and information already exist to help maximize staff and stakeholder time throughout the project. We are keenly aware of the many pressures on all involved in child welfare and want to limit our requests for staff time to the extent possible. By examining these data and information, it will help identify the current state and establish a solid foundation of understanding from which to identify information gaps and inform the design of any new collection protocols (i.e., survey, key perspective interview guide), as well as finalize our stakeholder engagement plan.

To develop this initial understanding, HMA will conduct an in-depth review of existing training plans, surveys, and reports including:

- **The 2020–2024 Nevada Child Welfare Program Support Training Plan**
- **The 2021 Nevada Annual Progress Services Report**

- **The DCFS Data Book (as of March 31, 2021, or most recent version at the start of any contract)**
- **Policy and procedure manuals**
- **Past training inventory**
- **Other relevant documents identified by DCFS**

We will then conduct a broad scan of resources and best practices for supporting families experiencing domestic violence who are also involved with CWSs. Our team's extensive experience in both the child welfare and domestic violence fields has given us familiarity with how other states address these issues, as well as how national experts define best practices. This will allow us to develop cutting-edge curricula, define realistic outcomes, and develop a customized process for reaching Nevada's specific goals through workforce development.

Lastly, we will review secondary DCFS data to understand historical and comparative trends in child abuse and neglect data. This secondary data are described in the detailed data collection plan included below.

Activity 3: Interim Findings Report

We will present to DCFS an interim report of findings from this initial scan and examination of the data, which will include recommendations for new collection protocols (i.e., survey, key perspective interview guide), and finalize our stakeholder engagement plan. In Activity #4, we propose our stakeholder and primary (new) data collection plan but recognize that specific questions and identified stakeholders may be modified to reflect findings from Activity #2.

Research Questions and Data Collection

In Tables 1 through 4, we propose the research questions and data needed to comprehensively examine each of the four focus areas of the assessment.

Focus area 1: An assessment of domestic violence rates and the known risk or protective factors for domestic violence among families with children. This assessment will help to understand drivers of these issues unique to each region of Nevada to inform the competencies needed among child welfare staff to engage, assess, and intervene with families that are experiencing domestic violence, and to better understand what the non-offending parent and the child may need to recover from the experience and prevent ongoing re-occurrence of violence.

TABLE 1: RESEARCH QUESTIONS AND DATA SOURCES FOR AREA 1

Key Research Questions	Data Sources to be Examined
<p>What is the overall context of the state?</p> <p>What are the current outcomes for children across the state?⁶</p>	<ul style="list-style-type: none"> ■ State demographics and state health improvement plan ■ Child abuse and neglect data, random sampling of parent and child case plans to determine prevalence and attention to domestic violence issues and other National Child Abuse and Neglect Data System and Adoption and Foster Care Analysis and Reporting System as well as APSR and CFSP annual submissions by the state, the state child welfare training plans, any MOUs with state and county law enforcement and family justice centers, with tribal jurisdictions and community-based organizations ■ Child health measures (e.g., Nevada Youth Risk Behavior Surveillance System, National Survey on Children’s Health, Pregnancy Risk Assessment Monitoring System)
<p>What domestic violence services exist within each child welfare jurisdiction?</p>	<ul style="list-style-type: none"> ■ Strategic plans and/or budget allocations by jurisdiction ■ CWS staff survey ■ Stakeholder interviews: <ul style="list-style-type: none"> ○ Nevada Coalition to End Domestic and Sexual Violence membership organizations ○ Interviews with state health department staff
<p>What batterer intervention programs exist within each child welfare jurisdiction?</p>	<ul style="list-style-type: none"> ■ Bureau of Health Care Quality and Compliance, the Division of Public and Behavioral Health certifications ■ CWS staff survey
<p>What community assets exist to support families?</p>	<ul style="list-style-type: none"> ■ Child welfare MOUs with law enforcement, public safety and local jurisdictions, shelters, community-based programs per jurisdiction ■ State-sponsored family supports ■ Community-based family support agencies and efforts

⁶ HMA completed Nevada’s Title V Maternal and Child Health and Maternal, Infant, and Early Childhood Home Visiting Programs Needs Assessment in March 2020 and will leverage findings from this assessment as it relates to conditions of children and families in the state.

Key Research Questions	Data Sources to be Examined
<p>What community stressors exist? What community-level trauma exists?</p>	<ul style="list-style-type: none"> ■ Population health survey data (e.g., Behavioral Risk Factor Surveillance System, Nevada Youth Risk Behavior Surveillance System, National Survey on Children’s Health, National Survey on Drug Use, National Intimate Partner and Sexual Violence Survey) and social determinants of health data (e.g., American Community Survey, County Health Rankings), Economic data (e.g., employment, wages, economy), news reports/social media ■ Stakeholder interviews: <ul style="list-style-type: none"> ○ Nevada Coalition to End Domestic and Sexual Violence membership organizations ○ CWS staff survey
<p>What are the specific experiences of tribes?</p>	<ul style="list-style-type: none"> ■ Review of policies and procedures manual ■ DCFS internal data review ■ Stakeholder Interviews <ul style="list-style-type: none"> ○ Tribal representatives ○ Urban Indian organizations ○ Domestic violence service providers

Focus area 2: Assessment of organizational policies and practices and of child maltreatment cases over time, by removal reason, by region, and by family demographics—in particular among child maltreatment cases concerning domestic violence—to highlight cultural, practice, and regulatory challenges to improving responses to families experiencing domestic violence and identify gaps in quality improvement opportunities. A look back at cases will help us understand if and where disparities are present and whether responses could have been better aligned with best practices. This assessment will also help highlight how regions may vary in their processes, services, and community assets as well as training needs. Any variation in response will then be explored further through an assessment of CWS agency staff and focus groups with leadership and community domestic violence partners and survivors to understand where different internal CWS resources, staff competencies, and community partner resources may have resulted in improved outcomes. Core components of this analysis will explore the role of leadership and governance, policies and procedures, information sharing, and awareness of best practices in child welfare cases involving domestic violence.

TABLE 2: RESEARCH QUESTIONS AND DATA SOURCES FOR AREA 2

Key Research Questions	Data Sources to be Examined
<p>How has the proportion of domestic violence as a removal reason among child maltreatment cases changed over time?</p>	<ul style="list-style-type: none"> ■ Quantitative analysis of trends in child maltreatment case data ■ Document review

Key Research Questions	Data Sources to be Examined
<p><i>How has the proportion of domestic violence as a removal reason among child maltreatment cases involving families of color, and other key demographics (i.e., language spoken, mental health/substance use disorder presence, offender demographics, age of the child, etc.) changed over time?</i></p>	<ul style="list-style-type: none"> ■ <i>Trends in child maltreatment case data stratified by available key demographics</i>
<p><i>What is the current level and frequency of training on domestic violence for CWS staff? For partners and external stakeholders? What has this been in the past?</i></p>	<ul style="list-style-type: none"> ■ <i>Review of current training plan, practice model</i> ■ <i>CWS staff survey</i> ■ <i>CWS staff focus groups and interviews with staff from each jurisdiction within the system of care (new data collection)</i>
<p><i>How is domestic violence built into current quality improvement and quality assurance (QA/QI) plans?</i></p>	<ul style="list-style-type: none"> ■ <i>Review of policy manuals and practice models</i> ■ <i>Review of QA/QI review protocols</i>
<p><i>What are current practices for intervening with perpetrators?</i></p>	<ul style="list-style-type: none"> ■ <i>Review of policy manual and practice model</i> ■ <i>CWS staff survey</i> ■ <i>CWS staff focus groups and interviews with staff from each jurisdiction within the system of care (new data collection)</i>
<p><i>What are current approaches to working with non-offending parents?</i></p>	<ul style="list-style-type: none"> ■ <i>Review of policy manual and practice model</i> ■ <i>CWS staff survey</i> ■ <i>CWS staff focus groups and interviews with staff from each jurisdiction within the system of care (new data collection)</i>
<p><i>What is the current availability of culturally and linguistically specific services? Do services for teens and LGBTQ families exist? How are these programs currently operating?</i></p>	<ul style="list-style-type: none"> ■ <i>CWS staff survey</i> ■ <i>CWS staff focus groups and interviews with staff from each jurisdiction within the system of care (new data collection)</i>

Focus area 3: Assessment of CWS agency staffing and capacity as it relates to the need and demand for an understanding and awareness of the intersection of child welfare with domestic violence systems and child maltreatment cases. This area will help to understand the extent to which there is internalized commitment to domestic violence best practices and approaches and the capacity among CWS staff and partners to implement them.

TABLE 3: RESEARCH QUESTIONS AND DATA SOURCES FOR AREA 3

Key Research Questions	Data Sources to be Examined
<p><i>What is the current level of CWS staff and leadership’s understanding of the dynamics of domestic violence?</i></p>	<ul style="list-style-type: none"> ■ <i>Review of policy manual and practice model</i> ■ <i>Review of training curricula</i> ■ <i>CWS agency staff interview</i>
<p><i>What is the current level of understanding of the impacts of domestic violence on children?</i></p>	<ul style="list-style-type: none"> ■ <i>Review of policy manual and practice model</i> ■ <i>Review of training curricula</i> ■ <i>CWS agency staff interview on training</i> ■ <i>Focus groups with domestic violence survivors with past CWS engagement</i>
<p><i>Is there knowledge of best practices, for example, the ability to integrate knowledge of individual, family, and cultural dynamics and recognize signs and symptoms of at-risk behaviors, including chemical health and domestic violence in children/youth and adults, and assess their impact?</i></p>	<ul style="list-style-type: none"> ■ <i>Staff reflection on their awareness of best practices and capacity to apply them</i>
<p><i>What do CWS agency staff feel has worked well regarding building their capacity and understanding of the intersection between domestic violence and child welfare? What hasn’t worked well?</i></p>	<ul style="list-style-type: none"> ■ <i>CWS staff survey and interview, to examine:</i> <ul style="list-style-type: none"> ○ <i>Staff reflection on current and past training and capacity-building efforts by the state</i> ○ <i>Staff reflection on current practices</i> ○ <i>Share stories or scenarios of their experience</i>
<p><i>To what extent is practice change occurring to improve responsiveness to child welfare cases involving domestic violence, including CWS agency staff:</i></p> <ul style="list-style-type: none"> ■ <i>Recognize and accurately identify the physical and behavioral indicators of abuse, family violence, and neglect and can assess the dynamics underlying these behaviors</i> ■ <i>Understand how domestic violence impacts children</i> ■ <i>Consider cultural background of families in relation to domestic violence dynamics</i> 	<ul style="list-style-type: none"> ■ <i>Analysis of current protocols and procedures, and modifications</i> ■ <i>Utilization of evidence-based practices</i> ■ <i>Analysis of how training and capacity opportunities have evolved to their current set of offerings</i>

Focus area 4: Assessment of CWS agency staff and domestic violence partner collaboration, court systems, law enforcement, and domestic violence advocates as well as survivors of domestic violence and the CWS. This focus area will improve understanding on the extent of collaboration occurring among CWS agency staff and court systems, law enforcement, and domestic violence advocates. We will look to learn from these partners’ reflections on current collaboration, referral numbers (i.e., close looped referrals), and joint programs/efforts.

TABLE 4: RESEARCH QUESTIONS AND DATA SOURCES FOR AREA 4

Key Research Questions	Data Sources to be Examined
<p><i>To what extent do Batterer Intervention Programs (BIPs) address children? How are current relationships with BIPs operated? Do feedback loops exist?</i></p>	<ul style="list-style-type: none"> ■ Review of child welfare agency MOUs and referral protocols with BIPs, including feedback loops ■ Batterer Intervention Model ■ Focus groups/interviews with a representative sample of BIPs per jurisdiction
<p><i>How do relationships with domestic violence service providers currently operate?</i></p>	<ul style="list-style-type: none"> ■ Review of child welfare agency MOUs and referral protocols with domestic violence services providers, including feedback loops ■ Focus groups/interviews with a representative sample of domestic violence service providers per jurisdiction
<p><i>How do relationships with courts, including criminal courts, currently operate? Does CWS partner with courts to intervene with batterers who are parents?</i></p>	<ul style="list-style-type: none"> ■ Review of child welfare agency MOUs and referral protocols with courts, including feedback loops ■ Focus groups/interviews with a representative sample of domestic violence service providers per jurisdiction
<p><i>What are the needs of each partner so that collaboration can be stronger and more effective (i.e., what are the barriers to increasing effective collaboration to achieving better outcomes)?</i></p>	<ul style="list-style-type: none"> ■ Focus groups/interviews reflecting on practices and infrastructure in place and needed to support collaboration
<p><i>To what extent are partners driving/encouraging, expecting, and demanding better practice in the CWS?</i></p>	<ul style="list-style-type: none"> ■ Scan of advocacy and policy efforts to change current practice in the CWS

Activity 4: Primary Data Collection Efforts

Building on findings from Activity #2, the assessment will include two primary data collection efforts, including 1) a CWS agency staff online survey on current practices with cases involving domestic violence and perceived effectiveness, attitudes about domestic violence, needs, and opportunities of current training offerings to be completed confidentially from CWS leadership; 2) an interview with CWS leadership staff; and 3) interviews and/or focus groups with key external stakeholders.

We will in part use these discussions to validate assessment survey findings and dig deeper into the strengths and needs identified.

About the online CWS agency staff survey: We will design an online survey to collect data from CWS agency staff across all three jurisdictions. We will work with DCFS to ensure the survey is distributed to all staff with a clear articulation of the goals and purpose of the survey, and how the information will be used. It will also assure CWS staff that individual responses will be kept confidential from leadership and high-level themes and findings will be shared. Each jurisdiction will answer the same set of questions allowing us to make important comparisons across jurisdictions to better understand how their perceptions about and experiences with the CW system and domestic violence partners and training offerings differ or are similar. Topics may include staff capacity, existing services offered, community domestic violence partnerships and collaboration, and understanding and application of domestic violence issues and evidence-based practices when it comes to addressing child maltreatment cases when domestic violence is a circumstance. We will work with DCFS to ensure questions gather new information and insights that complement any existing understanding learned from Activity #2.

Survey data will be analyzed to present a picture of Nevada as well as by jurisdiction. Survey data will be used to then inform key informant interviews and focus groups.

About the key informant interviews and/or focus groups: Building on information collected via surveys and Activity #2, and with DCFS guidance, HMA will identify child welfare leadership staff and community stakeholders with whom we will conduct comprehensive interviews. Focus groups may occur in the incidence when we have multiple stakeholders with similar roles in the system (i.e., domestic violence partners, courts, etc.) or share jurisdictional purview. We intend to conduct focus group discussion with survivors of domestic violence and CWS leaders. These discussions will help to identify more details about the opportunities and needs and how they can be addressed through innovative approaches to training and capacity building.

Typically, these individuals will be leaders in, champions of, or even vocal critics of the current CWS in Nevada. In HMA's experience, these types of individuals can offer a great deal of information about both the system itself, as well as concrete ideas and suggestions for making improvements and shoring up gaps. In partnership with the regional child welfare agencies and DCFS, HMA will develop a list of partners to engage in interviews and focus groups.

We will schedule up to 42 virtual one-hour engagements (inclusive of both individual and group sessions), with 10 in Clark County, nine in Washoe County, 13 in the rural jurisdiction, and six with tribes and urban Indian organizations. Engagements in the rural jurisdiction will be designed to gather information across the region and identify intra-region differences in needs and strengths. We will conduct three survivor focus group discussions, one per jurisdiction, including 7–10 survivors per group. We will work closely with the regional child welfare agencies and local domestic violence programs to identify and engage survivors of domestic violence to discuss their experiences with child welfare. The budget includes incentives for engaging survivors.

TABLE 5: INCENTIVES DISTRIBUTION LIST

County	Group	Engagement	Number
Washoe	CWS Staff	Focus Group	2
	CWS Leadership	Key Perspective Interview	3
	Domestic Violence Providers	Focus Group	1
	Courts	Key Perspective Interview	1
	Survivors	Focus Group	1
	Child Advocacy Centers	Key Perspective Interview	1
Clark	CWS Staff	Focus Group	3
	CWS Leadership	Key Perspective Interview	3
	Domestic Violence Providers	Focus Group	1
	Courts	Key Perspective Interview	1
	Survivors	Focus Group	1
	Child Advocacy Centers	Key Perspective Interview	1
Rural	CWS Staff	Key Perspective Interviews	3–5
	CWS Leadership	Key Perspective Interviews	3–5
	Domestic Violence Providers	Key Perspective Interview	3–5
	Courts	Key Perspective Interview	1
	Survivors	Focus Group	1
	Child Advocacy Centers	Key Perspective Interview	2

County	Group	Engagement	Number
Tribes	Northern Paiute	Key Perspective Interview	1
	Southern Paiute	Key Perspective Interview	1
	Shoshone	Key Perspective Interview	1
	Washoe	Key Perspective Interview	1
	Las Vegas Indian Center	Key Perspective Interview	1
	Nevada Urban Indians	Key Perspective Interview	1

We will use a structured discussion process to assure we obtain consistent information while permitting active facilitation and flexibility responsive to each informant’s particular role and experience. We will use a Strengths, Weaknesses, Opportunities, and Threats (SWOT) framework to conduct the interviews and collate information obtained to inform the assessment and recommendations for QA/QI and training modules. Strengths and opportunities can be leveraged and built on to further enhance the CWS, while weaknesses and threats offer a picture of gaps requiring additional planning and resources, including training and capacity building.

Together, the multipronged approach to data collection and analysis, using both primary and secondary data sources, will achieve the ultimate assessment goals to:

- *Establish an understanding of the practice and use of information and related or external systems and resources in the circumstance of reported child maltreatment cases with domestic violence as a potential removal reason*
- *Gain an understanding of major “pain points” related to current practice from the perspective of senior and organizational leadership as well as CWS caseworkers*
- *Compare the document review, key interview, survey, and focus group takeaways to identify and prioritize training and capacity-building opportunities*

Throughout the preliminary assessment process, our team will have an eye toward ensuring the data collected will be relevant and utilized to inform the plan for training and education. There will be one interim deliverable following the document and data review described as Activity #2 that details the approach and updates key research questions for the online survey and interviews and/or focus groups.

Ultimately, the report will include an introduction and background on the assessment, a detailed methodology, key findings by the four focus areas, and recommendations for training and education. It will also include relevant attachments and appendices referencing data sources used for the assessment. A comprehensive outline, which we will review with DCFS leadership, will inform the structure and content of the final report. We will also determine with DCFS a drafting and review process.

2.2 Develop Plan for Implementation

More and more attention has been paid to the co-occurrence of child maltreatment and domestic violence over the past few decades. HMA has assembled a team of experts who have been at the forefront of planning and developing services to address the needs of children caught in these situations. Our team includes domestic violence experts with 20+ years of experience developing interventions and protocols to address the needs of children and provide access to trauma-informed interventions. Our team also has child welfare experts with decades of experience designing and overseeing statewide CWS systems and training case managers and supervisors to achieve the best outcomes possible for families. We will rely on these experiences to translate the strengths and needs assessment results into a robust training plan customized to the needs of Nevada and each of the three CWS jurisdictions.

HMA will analyze and summarize the results from the background review and child welfare/domestic violence system assessments in the three jurisdictions and tribes and develop a comprehensive training plan to be implemented across the CWS. The plan will include training opportunities focused on priority needs, as well as train-the-trainer-opportunities. HMA will develop the content for each type of training in partnership with DCFS and the Workforce Innovations Team and designed to build on existing domestic violence training content to improve outcomes in child welfare cases that include domestic violence. Continuing education units (CEUs) will be obtained for all trainings.

HMA will structure the training plan to include a core curriculum on domestic violence that can be administered across Nevada in coordination with existing Academy (pre-service) Specialty (in-service) training, and supervisor training offered as part of Nevada's current child welfare training efforts. Additionally, the plan will include individualized sessions that address specific and unique issues that arise for any of the three CWS jurisdictions. These modules may include support for working with tribal other specific populations, and issues specific to rural communities. HMA will design this content to be integrated into current training plans for each jurisdiction as either a stand-alone model or content enhancements for existing training courses, such as "Child Welfare Training Academy Case Planning Skills Practice" offered in Clark County.

Goals of the training plan include addressing specific needs that increase the ability of caseworkers to identify domestic violence and assess severity across the life of a child welfare case, identify red flags for potential lethality, and implement strategies to maximize the ability of the non-offending parent to maintain custody of the child. Where possible, the goal is to improve safety and protective factors while ensuring the well-being of the child and the family.

TABLE 6: POTENTIAL LEARNING OBJECTIVES BY TOPIC

Topic	Learning Objectives
<i>Understanding child welfare and domestic violence</i>	<ul style="list-style-type: none"> ■ <i>Dynamics of domestic violence</i> ■ <i>Domestic violence lethality</i> ■ <i>Define child welfare and intersectionality with domestic violence and how domestic violence contributes to ACEs</i> ■ <i>Recognize how the failure of the child welfare and domestic violence domains to work together harms non-offending parents and children</i> ■ <i>Identify key guiding principles for shared work</i> ■ <i>Summarize domestic violence prevalence in child welfare cases in Nevada</i>
<i>Importance of the science and art of the intersectionality of domestic violence and child welfare practice</i>	<p><i>Understanding practice in Nevada related to:</i></p> <ul style="list-style-type: none"> ■ <i>What is current policy and practice orientation regarding witnessing? What are best practice approaches? Where is there alignment/disagreement?</i> ■ <i>How do you approach cases when the only issue at play is domestic violence? If the non-offending parent won't leave, what happens?</i> ■ <i>Holding a focus on trauma and child safety when dealing with a non-offending parent</i> ■ <i>Helping non-offending parents think about child safety and develop safety plans that include children</i>
<i>Understanding the policy and practice environment in Nevada</i>	<ul style="list-style-type: none"> ■ <i>Current law and policy in Nevada</i> ■ <i>Practice expectations within the system of care</i> ■ <i>Identifying both public and private partners</i>
<i>Share gap analysis and proposed approaches</i>	<ul style="list-style-type: none"> ■ <i>Confirm identified factors in SWOT</i> ■ <i>Revisit current training modules in pre-service and in-service curricula</i> ■ <i>Share new practice expectation, revised curricula, and learning goals</i>

Topic	Learning Objectives
<p>Module around changing policy and practice</p> <p>Whole family approach</p>	<ul style="list-style-type: none"> ■ Children in the care of non-abusing parents ■ Separate service plans for adult victims and perpetrators ■ Assessment of harm and development of service plans for children ■ Whole family service plan ■ Battered women who maltreat their children ■ The parent-child dyad and how to treat ■ Child-friendly, trauma-informed approaches ■ Boys and girls over the age of 12 and behavioral health needs ■ Avoidance of blaming strategies ■ Potentially dangerous or inappropriate interventions ■ Avoidance of placements with perpetrators
<p>Joint service models</p>	<ul style="list-style-type: none"> ■ Preferred model for Nevada ■ Joint protocols ■ Access to services ■ Prevention, intervention, treatment, and stabilization
<p>Batterer interventions</p>	<ul style="list-style-type: none"> ■ Integrate the impact of domestic violence on children, non-violent parenting, and responsible fatherhood strategies
<p>Improving court practice</p>	<ul style="list-style-type: none"> ■ Understanding the availability of legal remedies to domestic violence-impacted families ■ Jurisdiction on the basis of witnessing domestic violence ■ Removal of the abuser before removal of the child ■ Separate service plans ■ Batterer intervention programs ■ Identification of extended families and resources ■ Avoidance of couples counseling ■ Safe/visitation and visitation exchanges ■ Role of a domestic violence advocate
<p>Family justice centers and child advocacy centers</p>	<ul style="list-style-type: none"> ■ How to integrate into child welfare practice

Once the priority training content has been identified, HMA will work with DCFS to identify indicators to measure knowledge acquisition in practice and administrative settings. Table 7 below represents our milestones and outcomes that will support assessing programmatic effectiveness.

TABLE 7: PROGRAM MILESTONES AND OUTCOMES

Milestone	Outcome
Completed registration platform for webinars	<ul style="list-style-type: none"> ■ Demographic information collected and individual participants identification numbers assigned
PowerPoint slide decks	<ul style="list-style-type: none"> ■ Meets and exceeds statutory requirements ■ Adult learning styles reflected in content and presentation
Approved CEUs for social workers	<ul style="list-style-type: none"> ■ Training approved by Board of Social Work Education in the state ■ Training approved for social work continuing education
Completed pre- and post-test for each training module	<ul style="list-style-type: none"> ■ We will present data from the post-course test in the quarterly report provided. We will base training effectiveness on receiving a score of 70 percent or higher on a post-test.
Completed course evaluation	<ul style="list-style-type: none"> ■ Evaluation will provide continuous quality improvement data utilized by subject matter experts to make modifications to training ■ Evaluation will assess trainees' satisfaction with the course as required in the RFP
Completed virtual presentation of the curricula	<ul style="list-style-type: none"> ■ 50-minute presentation followed by question and answer session ■ Participants can begin to incorporate specific actions into their practice after completing the course
CEUs administered for live or asynchronous training	<ul style="list-style-type: none"> ■ Meets participant and state needs for continuing education requirements
Completed year 2 survey to evaluate applying knowledge in a practice setting	<ul style="list-style-type: none"> ■ We will assess knowledge application by utilizing the year 2 survey of applying knowledge in a practice setting

Performance Measures

HMA will utilize the following performance measures to monitor and evaluate the training curriculum's ability to meet training objectives:

- **Number of people registered for each course**
- **Number of people attending live trainings and completing all training**
- **Number of people utilizing an asynchronous training platform and completing training**
- **Number of people completing the post-course test**
- **Number of people completing the course evaluation**

HMA will work with DCFS to obtain approval for the final training plan and roll out the training across the state. Implementation of the training plan will be done in close coordination with the Workforce Innovations Team and existing training to ensure full integration into existing efforts. All training will support efforts to keep children safe and healthy and to have strong permanent connections to their families.

Our approach to each step in the process, from assessment to implementation plan, will also include a focus on essential aspects of change management in order to create awareness and a desire to change among CWS staff and leadership across the state. HMA will take a phased approach to change management to ensure we are delivering consistent messaging that takes into account CWS staff and leadership as a resource, allowing multiple opportunities for input. This phased approach is described in Figure 1 below and is intended to prepare CWS for implementing the plan and institutionalizing shifts in the approach to child welfare cases involving domestic violence across the state.

FIGURE 1: PHASED APPROACH TO TRAINING IMPLEMENTATION SUPPORT AND CHANGE MANAGEMENT



2.3 Implementation Plan

HMA recognizes that child welfare/domestic violence policies must be implemented across the state with fidelity and this can be a challenge. It is training, supervision, partnership, and effective monitoring that will ensure effective child welfare/domestic violence practices. We will request current training plans, competencies, policy manuals, and other artifacts such as MOUs and workflows to conduct an analysis of variance across the state around child welfare/domestic violence practices and outcomes for children and families impacted by interpersonal violence.

Our training approach will include:

- **Develop a training plan that builds on current pre-service and in-service training modules. The training will be both synchronous and asynchronous using current best practices research and curricula in the field**
- **Obtain approval from DCFS for the final training plan**

- **Identify a pool of qualified team members as trainer candidates**
- **Create a pool of certified trainers within DCFS using a train-the-trainer approach with a credentialing strategy**
- **Our training approach will include real-time observation and coaching strategies, including virtual supervision approaches**
- **Offer up to two four-hour train-the-trainer courses for child welfare staff in each jurisdiction**
- **Offer two four-hour trainings to partner agencies**
- **Offer up to 48 hours of synchronous training to CWS staff and leadership**
- **Record all training session to be offered asynchronously**

HMA's clinicians and subject matter experts' approach to developing curricula is based on a thorough understanding of evidence-based curricula already available and reviewing state and national best practices and guidelines to produce a comprehensive and tailored training program for Nevada's child welfare agency.

HMA will ensure curricula meet Nevada's child welfare and domestic violence statutory requirements. The training modules outlined include knowledge of Green Book defined competencies; federal and state regulations; best practices that may affect service delivery; knowledge of cultural and racial identity considerations, and how these identities affect intervention strategies.

HMA subject matter experts have experience developing curricula for adult learners and utilizing case-based examples to aid with consolidating and generalizing what is learned in the course and how it can be applied to the clients the learner provides services to.

Additionally, we will develop all modules with an equity approach designed to improve cultural responsiveness and inclusion in content and delivery. HMA's equity approach includes, but is not limited to:

- **Developing equity-focused principles and values used in curriculum development to ensure consistent inclusion of equity within the content**
- **Addressing core equity, diversity, and inclusion concepts in the curriculum as appropriate, including cultural humility, recognizing and addressing provider bias, and culturally responsive and linguistically appropriate care**
- **Engaging a local curriculum advisory panel for input as a mechanism for centering consumer and community wisdom and voice**
- **Convening curriculum developers and trainers to develop shared language and tools on embedding equity into curriculum content and delivery**
- **Including different facilitation techniques and training modalities to accommodate a range of learning styles**
- **Ensuring equitable access to trainings through closed captioning and translations as needed**

Training Format

The course consists of 12 modules of pre-service training and 12 modules of in-service training. Training will initially be offered as synchronous live training that is interactive and virtual. HMA will record and edit these trainings to be available as asynchronous training to be completed at the learner's own time. Live trainings utilize interactive techniques such as polling questions and chat responses, as well as question and answer segments at the end of each module. We will record the training course and after delivering each segment, upload it to the state-identified learning management system platform. Both Zoom and learning management systems track attendance. We can assign

continuing education credits based on attendance and completing the post-course test and course evaluation.

HMA will offer train-the-trainer sessions in each jurisdiction so they can be customized to the pre-service training used in the regions. These will include interactive techniques related to the content, as well as a focus on facilitation skills, conflict management, and other supports necessary to build confidence and capacity in trainers.

In coordination with our state project liaison and department leadership, HMA will also determine the feasibility of in-person training at identified locations across the state.

During year 1, we will generate a resource library and provide location descriptions/links to materials for training participants. This will allow those who desire a closer look at best practices, guidelines, and research studies to have easy access to this material, along with easy access to tools they can adopt for inclusion in practice settings. This type of decision support allows organizations to reinforce training and increases the likelihood of behavior change.

CEUs will be made available through the Board of Social Work licensure in the State of Nevada

- **Training will be approved for public and private child welfare staff and counselors, treatment providers in the domestic violence field, and court and public safety professionals where there are intersects.**
- **Training will be approved for social work continuing education. HMA has processes in place for providing continuing education through the Association of Social Work.**

The training coordinator and CEU administrator manage the registration system utilized by the state child welfare agency for course participation is Zoom. Currently, HMA collects data on licensure/certification, and we can adjust the system to collect demographic information since the system provides each registrant with a unique participant identification number. This staff member tracks attendance and completion of post-course tests and course evaluations to generate CEUs.

Evaluation

Prior to beginning the training course, registrants need to complete a knowledge and behavioral assessment. We will repeat this assessment periodically during the two-year period. Subject matter experts review course evaluations and post-course tests to inform needed modifications to enhance upcoming trainings. Post-course tests will include a question about intent to apply knowledge in the delivery of care, and a survey conducted of first-year participants during the second year will assess if knowledge application occurred.

The project manager will ensure evaluation data, including demographics and satisfaction, are shared with DCFS quarterly following each live course completion; the data provided will include evaluations completed by participants utilizing either synchronous or asynchronous methods of training and will indicate the utilized method.

Project Management and Collaboration

A strong project management system is critical for executing any project well, particularly one that includes the coordinating aspects of a statewide system. The HMA team will use a formalized system of project management to ensure full and timely execution of the strength and needs assessment and the development and

implementation of the project plan. HMA will engage in the following steps to carry the project through:

- ***Project Initiation: HMA will conduct a kickoff meeting with DCFS and other priority stakeholders, such as the Workforce Innovations Team, and other essential representatives of the regions. The kickoff meeting will allow project personnel to develop a solid understanding of the overall goals of the project and the role each entity will play in ensuring the success of the project. This meeting will be followed by the development of a project charter that articulates the goals, objectives, and scope of the project.***
- ***Project Planning: In addition to preparing for and conducting the kickoff meeting, the early days of the project are filled with detailed planning that will result in the creation of the final project plan. This plan will contain, at minimum, the various components described below.***
- ***Project Execution: The HMA project team executes the project plan in partnership with DCFS and other priority stakeholders agreed upon during the kickoff meeting. This phase includes developing deliverables, reviewing deliverables, creating assessments, and sharing findings and deliverables. HMA will conduct stakeholder engagement activities and complete all activities required for a robust assessment and development and implementation of all components of the training plan.***
- ***Project Control: The HMA team will work with the full project team to ensure the objectives of the project are met by identifying findings and recommendations and delivering reports monthly as required by DCFS.***
- ***Project Close: HMA will verify that all objectives have been met by the project and that zero findings are still outstanding that could negatively impact the potential for DCFS to meet the project goals. The team also conducts a review of the results and outcomes with the full project team.***

We recognize that success means different things to different clients; as such, we will coordinate with the right individuals, identified in partnership with DCFS, to define how success will be measured and tailor the application of the above processes to the specific needs of this project. This includes identifying all project stakeholders, performing risk identification processes, and collecting all relevant requirements to ensure we build the project plan appropriately up front. Project management is an iterative process; we will revisit project planning documents throughout the project and measure and re-measure baselines to ensure all aspects of the project are tracking toward a positive outcome.

Addressing Domestic Violence in the Child Welfare System

TABLE 8: PROJECT TIMELINE

Project Tasks and Activities	2021												2022												2023												
	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A
Task 1 PROJECT MANAGEMENT AND COLLABORATION																																					
1.1 Facilitate project kickoff meeting (all)																																					
1.2 Facilitate regular status meetings																																					
1.3 Coordinate and facilitate monthly HMA/DCFS team meetings																																					
Task 2 COMPLETE PRELIMINARY ASSESSMENT																																					
2.1 Conduct a comprehensive background document review																																					
2.2 Conduct a literature review and environmental scan to identify best practices																																					
2.3 Conduct focus groups and key perspective interviews with internal stakeholders																																					
2.4 Conduct focus groups and key informant interviews with priority external stakeholders																																					
2.5 Develop and deploy the online survey with CWS case managers and supervisors																																					
2.6 Analyze qualitative and quantitative data																																					
2.7 Develop the summary Assessment Report including recommendations																																					
Task 3 DEVELOP TRAINING PLAN																																					
3.1 Develop a training plan that is both synchronous and asynchronous using current best practices research and curricula in the field																																					

Addressing Domestic Violence in the Child Welfare System

Project Tasks and Activities	2021												2022												2023														
	A	S	O	N	D	J	J	F	M	A	M	J	J	A	S	O	N	D	J	J	F	M	A	M	J	J	A	S	O	N	D	J	J	F	M	A	M	J	J
3.2 Obtain approval from DCFS for final training plan																																							
3.3 Identify a pool of qualified teams as trainer candidates																																							
3.4 Create a pool of certified trainers using a train-the-trainer approach with a credentialing strategy																																							
3.5 Implement training with real-time observation and coaching strategies including virtual supervision approaches																																							
3.6 Offer six train-the-trainer courses for child welfare staff																																							
3.7 Offer six trainings to partner agencies																																							
Task 4 IMPLEMENTATION AND EVALUATION																																							
4.1 Implement training plan across jurisdictions																																							
4.2 Work with DCFS to identify appropriate indicators for ongoing project evaluation																																							
Task 5 FINAL REPORT AND CLOSEOUT																																							
5.1 Submit final report to DCFS																																							

Project Risks and Mitigation Strategies

HMA understands the importance of managing our project responsibilities and adheres to professional principles of project management. We will ensure all work is completed in accordance with the requirements specified by the State of Nevada and complete our deliverables under their oversight. We will participate in all project planning and status reporting as requested, which will be coordinated by our project director, Catherine Guerrero.

Ms. Guerrero will assure our staff assigned to the project adhere to the established project schedule and budget for each project task, manage any issues that arise that may cause a delay or excess expenditure, manage quality control including review and approval of all work products as appropriate before delivery to DCFS, and assure communications between HMA and DCFS are effective in meeting project goals.

We proactively identify project risks and constraints, strategies for countering potential obstacles, and mechanisms to identify, alleviate, and resolve issues before they become barriers to successful and timely completion of the project. To support highly coordinated and effective project coordination, we hold weekly or more frequent HMA team meetings and will hold regular meetings with DCFS to review progress to date and coordinate activities.

As the course of the COVID-19 pandemic continues, our team's approach, timelines, and expectations will be adapted to new and emerging information and the potentially changing needs of DCFS and its partners and communities. As states have begun to reopen and virus numbers continue to change as vaccine rates slow, we know flexibility with timelines, processes, and activities will be required. Moving forward, we recognize there will be continued challenges associated with conducting in-person meetings. Our team will bring our skilled use of virtual strategies to complete the work of assessment and training development and delivery; conduct surveys, interviews, and focus groups; and work through reviews and revisions as needed with both central and regional stakeholders.

For purposes of this project, we will use all available engagement platforms to ensure highly interactive meetings can still take place to complete the assessment, engage in effective feedback loops, and provide recommendations and project updates. Specifically, and if necessary, we will conduct virtual or phone-in meetings using Zoom to engage with DCFS staff, leadership, and other key stakeholders. We will use Zoom's many engagement features, including breakout rooms, polling, chat features, and whiteboarding to recreate our typical facilitation practices for in-person meetings. We also plan to use options that are less reliant on technology, such as phone interviews, to engage with individuals who are less comfortable with and/or do not have access to computers and/or internet if necessary.