Families will be partners in every aspect of our system of care. Our locally managed system of care will be upheld by our strong collaborative base. We will embrace a family-centered system of care that is seamless and easy to access. **"Way too many of our youth languish in out-of-home care."** We will facilitate the development, growth and best use of our local resources. Our locally managed system of care will be upheld by our strong collaborative base. Families will be partners in every aspect of our system of care. We will embrace a family-centered system of care that is seamless and easy to access. We will facilitate the development, growth and best use local resources. We will embrace a locally-family-centered system of care that is seamless easy to access. **"Do I have to chase down every service my kid needs every time she needs it?** family-centered system of care that is seamless and acce ll be partners in every aspect of our system of car stem of care that is seamless and easy to access. W care. **"The current budget crisis makes the situation even worse."** and best use of our local ally managed system of care will be upheld by ou ollaborative base. Families will be partners in ev our system of care. We will embrace a strengths will embrace a family-centered system of care t s and easy to access. We will facilitate the develop and best use of our local resources. We will embra s, family-centered system of care. We will facilitate ent, growth and best use of our local resources. W the development, growth and best use of o es. wth and best use of our local resources. Our pheld by our strong collaborative base. We will e that is seamless and easy to access. Our locall by our strong collaborative base. Families will be of care. We will facilitate the development, growth r **"If we don't get the case management piece right, we don't have a true system of care."** We will embrace a family-centered system of care that is seamless and easy to access. We will facilitate the development, growth and best use of our local resources. Our locally managed system of care will be upheld by our strong collaborative base. Families will be partners in **"There are NO residential substance abuse treatment facilities for non-Native American youth in Washoe County."** Our locally managed system of care will be upheld by our strong collaborative base. Families will be partners in every aspect of our system of **"If not fixed quickly, some problems become life-long disabilities."** Families will be partners in every aspect of our system of care. We will facilitate the development, growth and best use of our local resources. Our locally managed system of care will be upheld by our strong collaborative base. Families will be partners in every aspect of our system of care.

<u>THESE VOICES OF FAMILIES IN WASHOE COUNTY ARE CALLING ON US TO ACT.</u>

"2020 VISION"

A Call to Action

Washoe County
Children's Mental Health
Consortium

Ten Year Plan for Children's Mental Health:

January 2010—December 2020

Prepared by members of the Washoe County Mental Health Consortium, with support from Kari Earle, M.Ed.

Who We Are…

The Washoe County Children's Mental Health Consortium was formed in 2002 to fulfill the legislative requirements of NRS 433B and to strengthen the local partnership working toward creating an integrated system of behavioral health care for the children and families of Washoe County. NRS 433B established Mental Health Consortia in each of three jurisdictions in Nevada. These Mental Health Consortia cover Clark County, Washoe County, and the rest of the state (Rural Jurisdiction). The functions of the Mental Health Consortia are to:

- assess the need for behavioral health (mental health and substance abuse) services for children in the jurisdiction,
- assess how well the current system is meeting this need, develop an annual plan on how the need can be better met, and
- report this information to the Legislative Committee on Children and Youth on a regular basis.

The Consortium has adopted the attributes from Nevada Children's Behavioral Health Consortium's "Building Nevada's System of Care for Children and Their Families". For a full list of the Consortium's members, please refer to the inside back cover of this report.

We Believe That…

….Families have a central role in determining the care that their children receive.

….The youth 's view needs to be taken into account and valued.

….Intensive service coordination and resource-sharing will provide the foundation from which quality services emerge.

….The locus of services as well as management and decision-making responsibility should occur in the community.

….Funding, policy, and practice need to be integrated and coordinated to the highest extent possible.

….Services must be integrated.

….Linkages between child-serving agencies need to be well-defined.

….Quality is fundamental to implementation.

….Services should be delivered with respect for the values, beliefs, traditions, customs, and parenting styles of families.

Our Goals

Families will be partners in every aspect of our system of care.

Our locally managed system of care will be upheld by our strong collaborative base.

We will embrace a family-centered culture of care that is seamless and easy to access.

We will facilitate the development, growth, and best use of our local resources.

This Plan is a Call to Action.

We must change the way we serve youth with mental health needs. This will require that State agencies, local government, social service agencies, nonprofit organizations, community supports, families and youth themselves—all the partners in Washoe County's system of care—work together with greater innovation and shared accountability. We want a system that responds to the needs of children and their families with policies and services that work, and we want those services delivered in the most coordinated, efficient manner possible.

Expect change.

By 2020, families in Washoe County will:

- ✓ Be partners in every aspect of our system of care.
- ✓ Be supported by:
  - preventative services to facilitate healthy social and emotional development in all children,
  - universal screening to identify children with behavioral health issues as early as possible,
  - education and support to assist all families in caring for their children.
- ✓ Be able to remain intact and thrive here as they are embraced with the help they need, in their neighborhoods and on their terms.

Serve youth in their home communities.

Every month, there are 45 children living out of state and away from their families and homes in Washoe County because the treatment services they need are not available for them here.

Help families help themselves.

Washoe County high school students who said they had thought about suicide or attempted suicide has increased every year... from 8.6 percent in 2001 to 14.6 percent in 2009.

Help youth succeed in school.

Among Nevada youth ages 12 to 17, one out of every 10 students suffered an episode of Major Depression within one year.

Support youth to succeed as adults.

Mental health care is the single most overwhelming need of adolescents in foster care. Foster youth entering adulthood with Serious Emotional Disturbance are more likely to become homeless and more likely to be involved in criminal activity than those without an illness.

We envision a community in which all children with mental health needs and their families will have access to a comprehensive, strengths-based, and seamless array of culturally relevant services designed to meet each child's individual needs.

Introduction

10 YEARS: 3 PHASES, 4 GOALS, and 4 PRIORITIES

This plan is a "Call to Action" for policy makers, providers, supporting organizations, families, and youth to do what it takes over the next ten years to create a system of care for children with mental health issues and their families in Washoe County. Washoe County Children's Mental Health Consortium ("the Consortium") is committed to act on the priorities it has established for the coming decade.

Families have told us that:

- Too many youth are placed out of state;
- Services are fragmented and barriers to access are frustrating and unyielding;
- Success at school is the foundation for success in life;
- Youth with mental health needs face an uphill transition from childhood to adulthood.

We acknowledge the complexity of establishing a seamless, comprehensive system of care for these families of youth with mental health needs, coupled with resource limitations and policy barriers, and will implement this 10-year plan in three phases.

Phase 1 (2010 – 2012) - Institute low cost/no cost services and policies that leverage existing resources and relationships and have the capacity to yield high-impact results for youth and their families.

Phase 2 (2013 – 2020) - Incorporate essential evidence-based practices that may be more expensive and more challenging to implement, but are critical to actually increasing positive outcomes.

Phase 3 (2016-2020)- Establish the policy changes and strategic funding necessary to sustain a viable, community-driven system of care that allows Washoe County to realize the following goals, which have been established since the Consortium's inception in 2001.

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Priorities for Action

This plan builds on the strengths of the Consortium's existing partnership with the State agencies that are charged to serve children with serious emotional disorders. It is in the context of that partnership that we will jointly address the ways in which current policies and practices (e.g., regulations, funding, reporting requirements) can be strengthened or altered to support local systems of care.

There are four inter-related priorities in the Consortium's Ten-Year Plan. These priorities target every level of our system of care and every phase of child development:

I. Serve Youth in Their Home Communities.

II. Help Families Help Themselves.

III. Help Youth Succeed in School.

IV. Support Youth to Succeed as Adults.

For each of these priorities, there are fundamental cross-cutting elements that provide the framework for communicating the Consortium's broad level strategies for the next ten years. These are:

a) access to services,
b) youth and family involvement,
c) leadership and policy issues, and
d) collaborative funding.

Evidence-based and promising practices will be incorporated into very aspect of this framework . Many of these apply to more than one of our priorities. Finally, recognizing that co-occurring issues require special consideration, we have also included a special section at the end of the plan to address specific concerns, issues, and recommendations related to the co-occurrence of mental health problems and other serious needs of youth and their families related to substance use disorders, trauma, and developmental disabilities.

To support implementation of this plan, Washoe County's Consortium will continue to operate with the use of workgroups for each goal that will include discussions of the following areas:

a) Evidence-based Practice;

b) Better Access to Services;

c) Youth and Family Involvement; and

d) Braided and Blended Funding.

A graphic representing the Consortium's operating framework and priorities for this 10-year plan is depicted on the next page.

Organizing Framework for 10-year Plan Implementation

Evidence-Based and Promising Practices

The integration of science and practice is a priority for the Consortium to ensure that the local system of care is characterized by quality, robustness, and evidence on prevention, assessment, treatment, access, engagement, and retention of targeted patient populations. Effectively implemented evidence-based practice requires a contextual base, collaborative foundation, and creative partnership among families, practitioners, and service systems. We believe that children and adolescents should receive the best available evidence-based mental health care based on scientific knowledge and integrated with clinical expertise in the context of patient characteristics, culture, and preferences. Evidence-based care should be provided as consistently as possible with children and their families across clinicians and settings. Care systems should demonstrate responsiveness to youth and their families through prevention, early intervention, treatment, and continuity of care. Equal access to effective care should cut across age, gender, sexual orientation, and disability, inclusive of all racial, ethnic, and cultural groups.

The availability of evidence-based and promising practices also demonstrates Washoe County's good faith efforts with respect to assuring that State funding is utilized in the most cost-efficient manner to purchase quality services with proven effectiveness.

Co-Occurring Issues

Useful assessment processes for children with Serious Emotional Disturbance should include assessment of other co-occurring issues, such as developmental disability or substance abuse. Over the next ten years, resources for coordinated substance abuse screening, assessment and treatment that are integrated into natural settings (physician offices, schools, etc.) will be increased. Efforts will continue to make integrated treatment for mental health and substance use disorders available locally for dually diagnosed youth. To establish a broader range of informal supports, emphasis will be placed on offering preventive measures for children of all ages that have proven to be effective. Additionally, funding support for family-based activities will be sought to promote overall family health and wellness through organized recreational opportunities, home-based support, and neighborhood events.

This planning cycle will also incorporate focused joint training for education on recognizing and understanding the dynamics of youth substance abuse for education professionals and others that provide school-based services and activities. Training will incorporate up-to-date information on current trends, issues and risks, as well as support a broader understanding within schools of the services and supports available throughout the community and in local neighborhoods.

1 Serve Youth in Their Home Communities

Enhance Washoe County's capacity to provide community-based, wraparound treatment and care to serve youth locally in a manner that supports safety, stability, and permanency.

Needs, Gaps, and Barriers

Children with serious behavioral health needs are often placed in hospital and residential treatment settings. Access to home and community services, engagement of youth and families, and care management supports can reduce the prolonged use of expensive hospitalizations and residential treatment. There is an overreliance on more restrictive levels of care due to the significant gaps in the current continuum of care. Compliance with the Americans with Disabilities Act translates into an explicit mandate for States to have a comprehensive, effectively working plan to serve people – including children with serious emotional disturbance - in the most integrated setting appropriate to their needs.[1] This includes children with intellectual or developmental disabilities. Neglecting the needs of these children has tragic policy and personal consequences, and is also extremely costly. Currently in Washoe County, children often remain "stuck" in inappropriate, overly restrictive, and out-of-area facilities because intensive community-based services are unavailable or unaffordable. It is not uncommon for families to give up custody of their children to the child welfare system or have their children arrested in order to access mental health care.[2]

Nationwide data suggests that youth with mental health needs are inundating the juvenile justice system, and Washoe County is no exception. The National Alliance for the Mentally Ill reports that approximately one in five families of children with serious emotional disturbance have been told to give up custody of their child to the state or turn their children over to the juvenile justice system to get help.[3] This tragedy is played out too frequently in Washoe County, where the only alternative for privately insured families that have no access to residential care is to relinquish custody or have their child arrested so that Medicaid coverage can be instituted.[4]

Furthermore, current funding sources, including private insurance, Fee-for-Service Medicaid, and Medicaid Managed Care do not provide full access to all behavioral health care services and strategies available for Washoe County's youth. Specifically, there is currently no available residential treatment facility in Washoe County for youth with substance use disorders, and no acute psychiatric care for children that have a developmental disability or display aggressive behavior. This severe breakdown in the residential spectrum of our local continuum of care results in youth being stuck in placements unable to meet the youth's treatment needs such as shelter care, detention facilities, or sent out of state. Even when services do exist, the current inability for distinct funding sources to be braided or blended in order to meet the individual child's needs means that families often are forced to change service providers with whom they've established trust and rapport in order to receive the wraparound services that allow them to remain in their own community.

In response to the gap in the continuum of local residential treatment care and to prevent children from being stuck in shelter care or placements unable to meet the child's treatment needs, Washoe County Department of Social Services implemented a treatment program in Kids Kottage, the department's congregate abuse and neglect shelter. The REACH program conducts a mental health assessment and delivers individualized rehabilitative mental health services to youth in a structured therapeutic environment. A multidisciplinary clinical team consisting of a psychologist, psychiatrist and clinical social worker provides clinical supervision, assessment and therapy.

Existing Resources

Nevada's State agency system provides certain behavioral health services, but for a limited population based on existing eligibility and funding criteria. In Washoe County, there is one for-profit provider of inpatient psychiatric care, but children with severe behavioral health issues are restricted from admission. Both Washoe County Juvenile Services and Washoe County Social Services have 'in-house' mental health professionals as well as contract funding to provide assessment and treatment. In addition, Washoe County School District has funding and a mandate to provide services to children with disabilities on an Individualized Education Plan . Additionally, some evidenced-based practices and promising practices are available and in use throughout the community; these include – Parent-Child Interaction Therapy, Trauma-focused Cognitive Behavioral Therapy; Positive Behavioral Supports; Aggression Replacement Training; and Multidimensional Family Therapy; and a promising practice –Wraparound in Nevada, which provides comprehensive, strengths-based intensive case management services for children with Severe Emotional Disturbance in the custody of a child welfare agency.

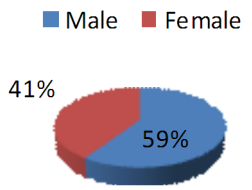
Northern Nevada Child and Adolescent Services' five program areas are: Early Childhood Mental Health Services, Outpatient, Wraparound in Nevada (northern region), Family Learning Homes, and the Adolescent Treatment Center.

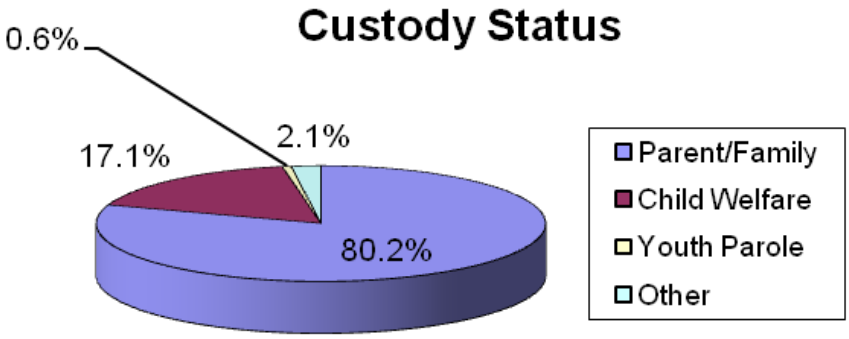
The profile of children served in these programs during 2008-09 breaks down as follows:

Custody Status

Parent/Family	639	80.20%
Child Welfare	136	17.10%
Youth Parole	5	0.60%
Other	17	2.10%

797 Children Served (Average Age = 11.25)





Diagnosis

In fiscal year 2009 46.5% of children met criteria for more than one diagnostic category. Children can have up to three Axis I diagnoses recorded. Each diagnostic occurrence is counted. The most prevalent Axis I diagnoses of children at their most recent assessment are reflected in the following age groups.

*Age Group 0-5:	Age Group 6-12:	Age Group 13+
Adjustment Disorder (21) Posttraumatic Stress Disorder (20) Deprivation/Maltreatment Disorder (18) Neglect of Child (12) Oppositional Defiant Disorder (11) Adjustment Disorder with Anxiety (11) Sensory Stimulation-Seeking/Impulsive (10)	Posttraumatic Stress Disorder (61) Attention Deficit/Hyperactivity Disorder (51) Oppositional Defiant Disorder (51) Neglect of Child (34) Adjustment Disorder with Mixed Disturbance of Emotions and Conduct (32) Reactive Attachment Disorder (25) Disruptive Behavior NOS (21)	Post Traumatic Stress Disorder (71) Oppositional Defiant Disorder (52) Mood Disorder (NOS) (42) Attention Deficit/Hyperactivity Disorder (32) Depressive Disorder NOS (21) Cannabis Abuse (20)

**The DC: 0-3R and the DSM-IV-TR are used for diagnosing children in this age group.*
**NOS = Not Otherwise Specified*

Nevada PEP's Statewide Family Network delivers Family Support Services utilizing a strengths-based approach,. Services are available to support families who have children with serious emotional disturbances. Information, Referral and Assistance Services are provided for families of children with Serious Emotional Disturbance who contact Nevada PEP for assistance and do not have a service coordination plan or are not currently eligible or connected to care. Related outreach activities and training and education services are provided for families and System of Care partners and organizations. Family-to-Family support services identified in a service coordination plan provide needed stabilization, preventative care or crisis intervention. Nevada PEP is funded by the U.S. Substance Abuse and Mental Health Services Administration, and is the Statewide Family Network for Nevada, with a Division of Child and Family Services-funded Family Specialist in Washoe County.

Once a person accesses the services and receives a contract, the services are wonderful. However, the time it takes to get the service funded can be long.

-2009 survey respondent

In 2008-09, **Mojave Mental Health Services** served a total of 283 children (ages 4-18 years) in its medication clinic, outpatient therapy, and targeted case management services. The average age was 11 years old, and the five most frequent diagnoses served were:

Post Traumatic Stress Disorder

Attention Deficit Hyperactive Disorder – Combined Type

Mood Disorder- NOS

Bipolar Disorder – NOS

Depressive Disorder –NOS

Sierra Regional Center serves individuals with developmental disabilities and related conditions including 407 children through its service coordination and other services. In addition, Sierra Regional Center provides specialized support and programming to facilitate the transition of young adults to community living and from school to work.

Washoe County Department of Juvenile Services provided 216 psychological evaluations, 191 psychiatric evaluations, 592 emergency mental health evaluations and 412 substance abuse evaluations in the FY 09. Juvenile Services has created a specialty mental health unit to serve youth with the most serious mental health needs. The mental health unit currently serves 83 youth. These are youth who have been or are currently in residential treatment centers as well as youth who have been declared incompetent to stand trial. Juvenile Services has also created a specialty Substance Abuse Unit to supervise youth with the most serious substance abuse concerns. Currently, 57 youth are being served in the Substance Abuse Unit. The Mental Health Unit serves 10% percent of all youth on probation and the Substance Abuse Unit serves 7% of all youth on probation. Taken together, 17% of probationers present with behavioral health needs so severe as to require specialized probation supervision. These numbers are remarkable when one considers that the general probation caseload also includes youth with behavioral health needs that have not risen to a level that requires specialized supervision.

Strategies to Serve Youth in their Home Communities

A number of outcome indicators have been identified to assess the impact of the systems of care for children with SED and their families. These include the effect on:

1. Out-of-home and out-of-community placements;
2. Utilization of restrictive service options, and increased use of less restrictive placements and services;
3. Child's functioning;
4. Educational status;
5. Law enforcement status;
6. Family involvement;
7. Satisfaction with services; and
8. Costs.

Of all the children in Washoe County Department of Social Services' legal custody during 2008-09, 153 (17%) have severe emotional disturbance. This is more than triple the national average of five percent for the general population. To ensure that children are receiving services in the most integrated setting appropriate for their needs, the Consortium will work to compile and report on these indicators in a way that allows both the state and all stakeholders to track progress in moving children to less restrictive settings and enabling them to achieve true community integration in school and at home, and outside of the criminal justice system.

Better Access to Services

We recognize that if frontline practice changes and new resources are developed, but families do not know how to access services or the delivery system remains fragmented, then a viable system of care will still not exist. The Consortium is committed to shaping a system of care that crosses agency and program boundaries and approaches the service and support requirements of families holistically.

In working to establish multi-system accountability for jointly held outcomes related to the children and families that we mutually serve, our primary strategy for ensuring that children and their families can "find the right door" to the services they need will hinge on the development of a collaborative agreement between Washoe County Social Services, Washoe County Juvenile Services, Nevada PEP's Strengthening Families with Education, Empowerment, and Encouragement, and other Consortium members to establish and fund a "Systems Advocate" position designed to aid families resolve barriers to accessing services.

Youth and Family Involvement

The Consortium will continue to prioritize representation and full inclusion of representatives from family members and from those who work with advocacy organizations such as Nevada PEP and the local affiliates of the National Alliance for the Mentally Ill, as well as some youth or young adults themselves, who can give input into planning. Known child advocacy groups and individuals in a mental health advocacy organization with particular knowledge and interest in children's issues will also be fully included in planning. In addition to participating in the actual planning, we will continue to conduct regular surveys and focus groups with families and youth to get information on the current barriers and strengths of our mental health service system for children with Serious Emotional Disturbance.

The Consortium will continue to partner with Nevada PEP, Nevada's Statewide Family Network. Nevada PEP is a full system partner and essential component with the responsibility to ensure family voices are incorporated into the Child/Family Team process and Individual Service Coordination planning and implementation. Nevada PEP provides leadership through activities at all levels that encourage fidelity to fundamental principles of System of Care; including family driven, child-centered, strengths-based service planning and delivery. As a system partner, Nevada PEP provides the parent perspective to all system partners to ensure the system is functioning in the best interest of families and children.

Leadership and Policy

The fact that there is no currently identified State authority for children's mental health in Nevada creates a vacuum of leadership and results in shallow support for the local consortia. Washoe County supports the designation of the Division of Child and Family Services to fill this vital role so that planning can occur that supports the recognition that children should be served in the most integrated setting.

Given the multi-agency involvement of many of these children, it is imperative that the entities involved (e.g. early intervention, education, mental health, child welfare, juvenile justice, developmental services, Medicaid) establish a method for collectively identifying the number of children who are at risk of placement or currently placed in inappropriate and costly settings so that active efforts can support securing the necessary resources for these children to be served in integrated, community-based settings.

Washoe County strongly supports revising Nevada's Medicaid State Plan so that all children identified as Seriously/Severely Emotionally Disturbed are deemed medically needy and therefore eligible for Medicaid Fee for Service, coupled with ensuring that the State matching funds are provided to pull in the federal dollars needed to support a more cost-effective, comprehensive, local system of care.

The Consortium seeks to reduce barriers to mental health care that occur when medically indigent children experience changes in medical coverage. We propose that the Department of Health and Human Services:

1. Allow State-run programs to enroll as behavioral health care providers for youth with Serious Emotional Disturbance who are covered by Managed Care Medicaid and Nevada Checkup. This policy change would create a consistent behavioral healthcare home for the most challenged youth and eliminate frequent changes in providers and lapses in services.
2. Expand eligibility and funding for Wraparound in Nevada to serve all ages of children and youth who are both involved with the Juvenile Justice system and in parental custody. Currently the Division only provides these services to youth involved with the child welfare system or youth covered by Fee for Service Medicaid.

Braided and Blended Funding

There is clear evidence around the country that successful systems of care integrate resources behind a common plan for each child and family, to which all the collaborating agencies are committed. These systems operate flexibly, making continuous efforts to improve the quality and accessibility of services. This approach is supported by blending various funding streams and/or by braiding major program funding or by doing some of both. Under this approach, each family has one care plan that is coordinated through a single accountable entity but funded with resources from various programs.

"If we could just bust the barriers for 40 kids to get the help they need locally so that they can stay near their families and in their home communities, this will all be worth it."

Expanding Wraparound

We will develop a model that will help 40 children using the wraparound approach. The project will be overseen by a case supervision collaborative that includes representation by Northern Nevada Child and Adolescent Services, Washoe County Juvenile Services, Washoe County Social Services, Washoe County School District, and Nevada PEP. All 40 children and their families will have the services of a lead case manager who coordinates care across multiple agencies. Wraparound case management will be provided that is focused on the family's strengths, needs and desires as defined by the family.

There is clear evidence around the country that successful systems of care integrate resources behind a common plan for each child and family, to which all the collaborating agencies are committed. These systems operate flexibly, making continuous efforts to improve the quality and accessibility of services. This approach is supported by blending various funding streams and/or by braiding major program funding or by doing some of both. Under this approach, each family has one care plan that is coordinated through a single accountable entity but funded with resources from various programs.[5]

Within this plan, it is a high priority for the Consortium to partner with Nevada Department of Health and Human Services to resolve the barriers for families that are currently inherent in the rigid funding mechanisms that are utilized to support the provision of children's mental health services and supports. Our role is to articulate a clear vision of what needs to be financed and create a funding strategy that takes maximum advantage of different funding sources—federal and other—so that child and family needs drive agency decisions on which services to provide.

2 Help Families to Help Themselves.

The Consortium will promote the coordination of formal and informal strategies and resources that support youth and family autonomy in actively managing and finding solutions to fit their needs.

Needs, Gaps and Barriers

Many families reporting their experiences of caring for children with mental health difficulties indicate that they often "go it alone." Much can be learned from parents and other 'natural supports' who can help professionals to better understand the needs of the individual child and thus assess, diagnose, and treat with more precision, as well as to incorporate that learning into improved service delivery going forward.

Children with serious emotional disturbance have the right to receive services in the most integrated setting appropriate to their needs.[6] They further have the right to be raised in their families and communities, with their individual needs guiding the service array provided. These rights require that the local system of care ensure that services are interwoven and connected with the web of informal supports (families, friends, neighbors, churches) so that children with special needs have ready access to supportive people to care for them and help them without bias.

Informal supports spring from the relationships that are built when children and their families cultivate friendships, resolve problems, obtain assistance, and gain a sense of belonging. Leveraging these supports in a manner that is integrated with the formal components of the system of care enhances the ability of youth to live interdependently as active community participants, providing and receiving the assistance they need to do so.

In order to accomplish this, the current philosophy and practice of case management must be reconfigured to acknowledge the strength of these informal supports in responding to the uniqueness of families in a way that formal systems cannot. This includes utilizing the supports in a child's cultural circle to overcome language and cultural barriers that are typically present in a mainstream service system.

Existing Resources

In August 2008, Washoe County Department of Social Services implemented a Family Group Decision Making model, called Family Solutions Team. The model is mirrored after the American Humane Association's Family Group Decision Making process which holds that when agency decision-making practices are planned and dominated by professionals it deprives children and families from support and assistance of their extended family and community network. Family Solutions Teams are held with 72 hours of a family's involvement with child protective services. Families are encouraged to invite kin and other informal supports from their faith community, neighborhood, or school, or anyone that the family believes can help them help themselves. A trained facilitator conducts the two hour meetings.

Forty percent of families who participate in a Family Solutions Team meeting prior to a protective custody hearing develop safe alternatives to their children coming into foster care. Washoe County Department of Juvenile Services has implemented a family meeting model to coordinate case planning for children and families served by the mental health specialty unit.

With the availability of the 2-1-1 referral system available through United Way, the Crisis Call Center, as well as other agency-specific resource guides, the Consortium has a fairly good handle on the formal supports that exist, and they are listed throughout this plan. Admittedly, however, work that needs to be done to gain a better grasp of what is available informally for children with mental health needs and how to access those supports. Nevada PEP is designated as the Statewide Family Network and is a key partner in the Consortium and a valued resource and liaison. In 2008-09, Nevada PEP served 131 families in Washoe County, and received 48 new referrals for Family Support Services. Over the course of the past year, they made 1100 individual assistance contacts, facilitated 63 IEP (Individualized Education Plan)/school meetings, made 41 home visits, attended 24 court visits, and participated in 141 child and family team meetings.

Nevada PEP has made it possible for parents of youth with Serious Emotional Disturbance to find their voice, to have a say about their needs, the needs of their children, and the needs of the community. Other Consortium representatives wear multiple hats in representing their organization as well as serving as a voice for their service populations in the planning process. Certain resources available through faith-based forums such as churches, synagogues, and youth groups, health care providers, and community support groups like 12-step programs and parent-led support groups are better known. The network of neighborhood-based Family Resource Centers provides an excellent bridge in linking the formal and informal supports to work on behalf of children and their families, and is often underutilized for this purpose.

Strategies to Help Families Help Themselves

Better Access to Services

"I am an educated, English-speaking professional that works in this system, and after twelve years of meeting and talking with everyone up and down the chain of command and beating my head on the wall, I still have not been able to figure out how to get my own daughter what she needs."
(Consortium member)

Professionals, community stakeholders, families, youth, and their advocates will be surveyed to obtain feedback about their most pressing needs and the current barriers, challenges, and strengths in the current system designed to meet those needs. Survey results will be utilized to provide direction for the Consortium related to improving the existing continuum of care.

To support parents and youth in their central role as the hub of the network, it is imperative that they have the necessary information, education, and guidance to make informed decisions throughout the process.

The Consortium will assess the existing network of formal and informal supports, as well as current practice with respect to transition planning and services in all of the arenas that impact children. It is vital that youth have seamless access to the entire continuum of services, especially during transitions of any kind. The combined leadership will also identify solutions to barriers that presently exist for transitioning youth, and these will be incorporated via a modified and inclusive transition planning process, which will include all significant changes— i.e. preschool to kindergarten, grade school to middle school, middle to high school, developmental transitions, changes in placements and the transition to adulthood.

Youth and Family Involvement

Research has consistently demonstrated that family participation improves the process of delivering services and their outcomes. For example, for children with serious mental health problems, the more the family participates in planning services, the better family members feel their children's needs are being met; participation in service planning also helps service coordination. Family participation promotes three changes in the way children are served:

- increased focus on families;
- provision of services in natural settings; and
- greater cultural sensitivity.

> "It is in the collective intelligence of people at all levels, who need to use one another as resources, often across boundaries, and learn their way to solutions."
> *Adapted from: R. Heifetz and D. Laurie: The Work of Leadership. Harvard Business Review, 1998.*

Family members are presently involved in some elements of Washoe County's system of care. For example, a parent partner co-presents with agency representatives to provide an overview to community groups. Over the next ten years, the Consortium will develop a plan in conjunction with other community and business supports (such as Nevada Works) to train and hire family members as outreach workers, service coordinators, and direct support services providers. This approach is expected to enhance family awareness of the system and increase professional sensitivity to family-level capabilities and strengths. Family members will also assist with new staff orientation in key agencies and may also be involved in evaluation activities. Nevada PEP is designated to support families of children with Serious Emotional Disturbance based on a peer to peer model.

Leadership and Policy

The formation of strategic alliances between formal and informal leaders is both powerful and productive. These leaders must learn to share leadership both publicly and privately, which becomes fundamental to creating an effective system of care.

In addition to leadership, it is important to address professional training in the context of service delivery that incorporates the integration of formal and informal supports. Even professionals who are trained to be experts in their field need to develop the additional skills to find out how families view support and what would be most helpful to them. Family members must be co-trainers as partners in the system of care.

Braided and Blended Funding

The Consortium will work to establish a Memorandum of Understanding between the Department of Health and Human Services and Washoe County Consortium agencies to cooperatively engage in breaking down the current financing barriers to expanding effective services for children and youth served by multiple agencies. Implementation of this single strategy will go far to promote and integrate Washoe County's network of formal and informal supports so that youth and their families truly have access to a seamless system of care.

3 Help Youth Succeed in School.

The Consortium will work with community agencies and Washoe County School District to support system wide implementation of Positive Behavioral Supports so that youth can develop pro-social skills while remaining in their home school and family setting, and the need for more intrusive or aversive interventions will be reduced.

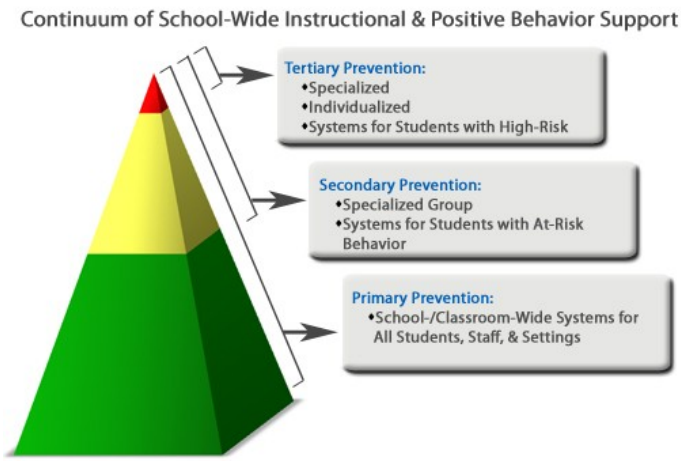
Needs, Gaps, and Barriers

Over half of high school students with a mental disorder ages 14 and older drop out of high school—the highest dropout rate of any disability group.[7] Schools are influential forces in the development of pro-social and problem behavior and provide opportunities for prevention and treatment. Limited access to behavioral health care increases the likelihood that untreated behavioral concerns will emerge in schools. Traditionally, special education services have served students with special needs, wherein they were referred, evaluated, and placed in special education classes, effectively segregating them from their peers during one of the most critical developmental phases of childhood.

Improving student academic and behavior outcomes is about ensuring that all students have access to the most effective and accurately implemented instructional and behavioral practices and interventions possible. School-wide Positive Behavioral Supports provides an operational framework for achieving these outcomes. Rather than a curriculum, intervention, or practice, Positive Behavioral Supports is a decision making framework that guides selection, integration, and implementation of the best evidence-based academic and behavioral practices for improving important academic and behavior outcomes for all students.

Based on the most recent data available from Washoe County School District, 10,229 children (ages 5-21) have an identified disability. Of these, 3% (338) are classified as having an "emotional disturbance", with the largest proportion of those ranging in age from 7-17. In addition to these, nearly 40% (4026) are designated with a learning disability, and it is well-known that children with learning disabilities have high rates of mental health problems and behavioral difficulties.

Schools that establish the capacity to implement School-wide Positive Behavioral Supports with integrity and durability have teaching and learning environments that are less reactive, aversive, dangerous, and exclusionary, and more engaging, responsive, preventive, and productive. This evidence-based approach addresses classroom management and disciplinary issues (e.g., attendance, truancy, antisocial behavior) in a manner that improves supports for students whose behaviors require more specialized assistance. Most importantly, it maximizes academic engagement and achievement for all students – including those with mental health issues.



Existing Resources

Washoe County has many on-going programs and initiatives in place to provide additional supports for school-age children and youth with mental health conditions. Specifically, the Education Alliance fosters collaborative partnerships between K-12, higher education, businesses, parents, and the community, taking an active role in advocating for a seamless educational system that helps all students successfully achieve their career and life goals. This organization plays a central role in school and community relationship building, focusing on using community resources to strengthen academics. The Parent Information Resource Center, a statewide federally funded grant program, offers programs and activities to strengthen partnerships among parents and school personnel in meeting educational needs of children and ultimately leading to gains in student academic achievement. Nevada PEP is the Statewide Parent Training and Information Center which offers parent and professional education. Nevada PEP offers transition services to families with students up to age 26. PEP has a good working relationship with school districts statewide. The Nevada Positive Behavior Supports collaborative provides training and consultation for agencies and schools to build capacity for successful living supports to Nevada youth of all ages. Washoe County's School District, Department of Juvenile Services, Department of Social Services, and the Children's Cabinet collaborate to promote school success by coordinating services for youth leaving detention, youth in foster care, and youth in specialized classrooms.

Strategies to Help Youth Succeed in School

Better Access to Services

As part of this plan, the Consortium will encourage all Divisions within the Nevada Department of Health and Human Services to work with the school district to support the provision of behavioral health services using the wraparound approach. A plan to provide cross-system professional training and support will be developed that encourages a 'customer service' mentality to take hold in school settings and elsewhere. This will also support development of a community culture that adopts a common language for working together, with children and their families.

Youth and Family Involvement

Washoe County School District is actively working to incorporate the family's voice in all of its programming, policy, and activities. As an example, NV PEP is involved in school district meetings with the charge to identify barriers and potential disconnects as decisions are made and new directions are considered. Additionally, Washoe County School District is in the midst of making a significant philosophical shift to K-12 'vertical alignment', which promotes a lasting relationship with children and their families throughout their education. Other efforts that will be incorporated into this planning cycle include the use of parent engagement facilitators that can serve as natural supports for both children and parents, and provide important support and guidance in helping families navigate the system to ensure that their needs are being met in the most sensitive and culturally responsive manner, in accordance with the Consortium values dictating that these supports are community-based and family-driven. Efforts are coordinated collaboratively with System of Care partners such as Nevada PEP, Washoe County Juvenile Services, and the Children's Cabinet.

Leadership and Policy

New leadership for the Washoe County School District offers renewed opportunities to strategize on issues that impact children with mental health needs and their families. In light of budget shortfalls and economic downturn, it is increasingly important to ensure that the number of counselors available throughout the district is maintained or increased. Past surveys conducted by the Consortium clearly demonstrate that the window of opportunity that exists to identify and assist children at-risk is most likely to begin with school personnel. By providing better services to elementary school students, the possibility of preventing them from dropping out of school and/or entering the juvenile justice system decreases. It is also critical to offer more services at this juncture because most student's family are more engaged in the school system at this time than any other period in a student's educational journey.

Braided and Blended Funding

Now that Washoe County School District is seeking to implement Positive Behavioral Supports district-wide, it is anticipated that a more cohesive approach to programming and problem-solving will take root in a manner that will positively impact other areas of the system. Over the course of the next ten years, the Consortium will work in partnership with the school district to look at existing action plan cycles and develop action plans in coordination with funding cycles. Trainers will also be engaged to work with each school, utilizing a core set of strategies that looks at how to address the needs of individual communities more cohesively across departments.

4 Support Youth to Succeed as Adults

Develop, fund and implement system-level policies coupled with successful strategies to help youth with mental health needs transition to postsecondary education, employment, and independent lives.

Needs, Gaps, and Barriers

Many youth with diagnosed mental health needs experience poor transition outcomes. It is estimated that:

-up to 50% of incarcerated youth and young adults have an emotional disturbance,
-up to 20% have a serious emotional disturbance,
-at least 10% have a specific learning disability[8], and
-65% will drop out of school before obtaining their high school diploma[9].

> "There are few services and a great need for programs that help youth move into adulthood."
> -2009 survey respondent

In comparison to other youth who drop out of high school, youth with emotional disturbances are three times as likely to live in poverty.[10] They experience longer delays before obtaining employment, and have higher unemployment rates than youth with other types of disabilities that, overall, exhibit unemployment rates of over 60 percent.

One of the major barriers to providing service continuity during this stage of life is the current practice of segmenting Nevada's mental health services into child/ adolescent and adult service systems. This division creates age-defined eligibility criteria, target population definitions, and program funding in a manner that creates a barrier to creating a true continuum of services. While having age-tailored services for children, adolescents, and adults should theoretically improve the quality of care for those age groups, on a practical level it often results in the unavailability of appropriate services to effectively support transition. In fact, this artificial dichotomy most often forces a disruption of service prompted solely by a change in age, so that a youth who is accessing an adolescent service must leave that service and seek an appropriate one in the adult system. This disruption is abrupt and problematic for several reasons; existing therapeutic relationships are forced to end, disruptions such as these can be very stressful, and service disruption can lead to service loss.

The barriers are many:

1. The individual often lacks the know-how to set up an appointment to get into adult services;
2. Adult services and children's services look very different;
3. Child mental health services are more intensive than adult services; and
4. There is a lack of independent living programs and evidence-based practices for youth transitioning to adulthood.

The primary gap in services is the lack of any acute care setting that will accept youth exhibiting aggressive behavior. The other significant concern is the fact that Nevada's systems for child mental health and adult mental health are separate and disconnected, making transitions and planning all the more difficult for youth as well as professionals on both sides of the divide.

Existing Resources

The Washoe County Ready for Life collaborative is focused on ensuring that all youth make successful transitions to adulthood, and includes family members, youth, business owners, policy makers, educators, counselors, community activists, public and nonprofit service providers. The Consortium will actively link its efforts under this priority area to the Ready for Life work, which is committed to taking necessary action and providing support to potentially disconnected youth of Washoe County, so that:

- These youth have improved educational outcomes and are knowledgeable, engaged, financially independent and employable;
- Employment options are expanded for these youth, in settings that lead to new business growth and personal/professional growth of individuals;
- Community awareness and a shared responsibility to promote success of potentially disconnected youth is created; and
- A culture that has high expectations for all students and demonstrates a commitment to personal educational achievement and employment is shaped.

In addition to linking with the Washoe County Ready for Life , we will leverage the support that Nevada PEP provides through its transition services and training, as well as services available through workforce development programs such as Job Corp, and the program and funding that currently exists through the Division of Child and Family Services to support youth aging out of foster care.

Strategies to Support Youth to Succeed as Adults

Better Access to Services

Interventions and practices put in place as part of this plan will incorporate a youth-oriented approach that supports youth in transition, recognizing that youth with mental health needs are not the same as adults. The features designed to address these challenges will incorporate the following considerations:

1) Individualized mental health interventions will be youth-friendly and innovative, focused on assisting youth/young adults in managing their conditions, engaging in social relationships, identifying life goals, and understanding their choices for achieving those goals;

2) Assessment and service planning processes need to begin long before the transition is initiated, and should facilitate the identification of individual strengths, talents, and skills that can lead to education and career goals;

3) Exposure to work and career options is necessary, including individualized support by program staff to identify training, work-based experiences, and jobs that are most appropriate and rewarding for individual clients; and

4) Access to a range of transitional housing options in the community must be available that fits the individual's readiness to live independently.

Youth and Family Involvement

It is critical for youth and families to guide our efforts to develop and implement services and policy in this area. Nevada PEP currently trains and employs family members of children with Serious Emotional Disturbance and behavioral disorders to provide family-to-family support. Consortium-sponsored training will be developed to assist parents understand how to better access valuable resources within the community, and to support youth and parents in establishing direct contacts with those in the System of Care that can provide immediate assistance when it is needed. The training package will also focus on teaching providers and other professionals in the System of Care on how to support families in the planning, design and use of our community resources.

> "They (Nevada PEP) have gone above and beyond and I am thankful every day for the blessing they have been and would like them to be honored for the work they have done and continue to do."

We will incorporate on-site and "non-traditional" approaches to mental health interventions that work with youth and young adults at their own pace and in a highly individualized, youth friendly way, and will integrate life skills training in non-mental health settings in order for youth to have better access to interim supports. Finally, we will support those

Leadership and Policy

There is a pressing need to develop policy and practice that supports a formal referral process across agencies that serve youth into adulthood, and provide access to multidimensional services with integrated eligibility determination mechanisms. We will actively encourage stronger linkages at both the State and local level between the government entities that serve children and those that serve adults. We will seek to formalize our existing partnerships within the community and the State with memoranda of understanding to provide the comprehensive array of services needed by youth and young adults with mental health needs. This will be supported by formal community governance structures (e.g., advisory bodies) as needed that will be put in place to address service gaps, allow collaborative identification of appropriate services, and create the possibility of seamless care. This approach will facilitate our ability to better understand and address the linkages between significant, but currently disconnected, policy issues impacting youth in their transition to adulthood and the world of work.

Braided and Blended Funding

The majority of people with severe mental illness desire competitive employment, and exposure to work can be an effective way to help them achieve their goal. For youth and young adults with mental health conditions, exposure to work should emphasize the following: work-based learning; customized employment; competitive jobs that are based on a person's preferences for type and amount of work; integrated work settings; job-seeking when the unemployed person expresses interest; and "follow-along" supports from mental health and vocational specialists to maintain the job or transition to another one. The Consortium will work with the State and local Workforce Investment Boards to identify opportunities and resources that will support specialized programming in these areas. We will also link with the Washoe County Ready for Life movement that is focused on helping youth successfully transition to adulthood.

Across the nation, jurisdictions with the ability to identify, access, and leverage funding streams are the ones that are most successful in their ability to enhance and expand program services. We will analyze private funding sources available in Washoe County and look at opportunities to reconfigure the use of public funding sources from local, state, and Federal levels. Finally, we will work diligently with State-level agencies and the Nevada legislature to promote systems change to the benefit of the population of transition-age youth with mental health needs. This effort will seek to leverage the State's authority to target funding, more effectively utilize Medicaid funding and service options, and develop statewide coordination plans that seek to improve connections to schools and other delivery systems that help prepare youth for adulthood and work.

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Washoe County
Children's Mental Health
Consortium

On Any Given Day in Washoe County…..

...There are 3 kids in every high school classroom suffering from depression or thinking about suicide.

...There are 45 families whose children are living away from them so they can receive the residential treatment services that are unavailable here at home.

…1 out of every 5 children in Washoe County need some form of mental health care, but less than 20% of them are getting the help they need, and over 60% of them are not getting any help at all.

...There are 153 children in the legal custody of the Washoe County Department of Social Services plagued by a severe emotional problem—more than three times the national average.

It is time for us to act.