



NEVADA CHILDREN'S BEHAVIORAL HEALTH CONSORTIUM

“Building Nevada’s System of Care for Children and Their Families”

Membership:

- Clark County Children’s Mental Health Consortium
- Clark County Children’s Mental Health Consortium Family Member
- Rural Mental Health Consortium
- Rural Mental Health Consortium/Family Member
- Washoe County Children’s Mental Health Consortium
- Washoe County Children’s Mental Health Consortium Family Member
- Division of Child and Family Services
- Division of Health Care Financing & Policy
- Division of Health
- Division of Mental Health & Developmental Services
- Washoe County Dept. of Social Services
- Clark County Dept. of Family Services
- Nevada Youth Care Providers
- Nevada PEP
- Substance Abuse Prevention and Treatment Agency
- Substance abuse provider
- Solutions Recovery Inc
- Family and Juvenile Courts
- Clark County School District
- Washoe County School District
- Clark County Dept. of Juvenile Justice
- Washoe County Dept. of Juvenile Services
- Inter-Tribal Council

NEVADA’S SYSTEM OF CARE

Nevada’s System of Care meets the multiple and changing needs of families, children, and youth through a comprehensive, integrated, and coordinated continuum of services and supports.

Definitions:

Family – can be defined in a myriad of ways such as: adult(s), children, and youth in a parenting relationship; legal guardians; adoptive relationship; substitute or foster care; or emancipated youth. Throughout this document the word family will be used in place of any specific situation.

Comprehensive – a full array and timely access to services that families, children and youth need

Integrated – the elimination of service delivery silos

Coordinated – agencies working together to ensure services are seamless

Philosophy:

System of care is not a program — it is how care is delivered whether voluntarily or involuntarily; directly or indirectly. System of Care is a committed and sustainable approach to services that values and responds to the importance of family, school and community, that seeks to promote the full potential of every child, youth and family member by addressing their individual physical, emotional, intellectual, educational, cultural and social needs while balancing risks that may be identified for the child, youth and/or family.

Attributes:

Family Driven: Families have a key-decision role in the care of their own children as well as in policies and procedures governing care for all children in their own community, state, and tribe. This includes: choosing supports, services, and providers; setting goals; designing and implementing programs; monitoring outcomes; partnering in funding decisions; and determining the effectiveness of all efforts to promote the behavioral health and wellbeing of children and youth.

Youth Guided/Youth Directed/Youth Driven: Recognizes that youth must be heard and listened to but that in order for their full, authentic involvement we must provide them with tools and opportunities to participate in the process.

Strengths-based: Recognizes and builds upon each family's unique strengths which are the cornerstone for immediate and future success.

Comprehensive array of Traditional and Non-traditional Services: Includes the full range of services and supports from public and private agencies, and the community. Non-traditional services can include, but are not limited to, recreation, faith-based, and the performing arts. These services must be accessible in a timely and meaningful manner to support positive outcomes for families.

Common Intake and Assessment: Commitment by all partners to the collection of common information that with proper consent can be shared across systems.

Outcomes, Evaluation, and Quality Improvement: Outcomes are evaluated at the individual, agency, and system levels to measure the quality of care. Results from evaluation and quality improvement processes are used to make decisions and to guide policy making. Evaluation and quality improvement activities include:

- How to best meet the needs of children, youth and families;
- Determining if services and supports are working and used;
- Determining the cost of services and supports
- Assessing the need for additional resources and services;
- Providing feedback to those who provide services and information; and,
- Continually assessing the system of care's capacity to respond to feedback and implement change.

Evaluation and quality improvement aids in building a system of care by examining what we are doing and how we can do it better. The results of all evaluations and quality improvement activities are provided to families, system partners and community stakeholders.

Workforce Practices: Provides state-of-the art and effective organizational supports to workforce development initiatives and continuous improvement processes in service development and delivery. State of the art workforce development practices include an organizational culture which supports worker well-being, evidence based practice in recruitment, retention, and selection strategies, clinical supervision programs, mentoring, evaluation and goal setting, team building, organizational culture change management, and other related initiatives. The intention is to facilitate family and youth choice in achieving positive outcomes for children and families, and to support the service delivery system.

Culturally and Linguistically Competent/Responsive: Recognizes that every family has individual cultural values. Services are responsive with an awareness and respect of the importance of values, beliefs, traditions, customs, and parenting styles of families. Services also take into account the varying linguistic needs of individuals who speak different languages, have varying literacy skills, and who need a variety of communication formats.

Community-based Services and Supports: Afford families early intervention and services in the communities where they live. Such services and supports allow families to remain intact **and** recognizes that children, youth and families thrive in the context of their homes, communities and schools.

RESOURCES

Tips and Additional Talking Points:

Youth Guided/Youth Directed/Youth Driven: The process from youth guided to youth driven is a continuum to engage youth with the final goal of authentic youth involvement. At this point in time we must begin by implementing youth guided policies with the goal of moving these policies through youth directed to youth driven. When we have reached youth driven policies they will include policies such as: youth setting agendas and calling meetings; youth informing the public about current policies and having a position platform; and youth being able to function as self advocates and peer advocates in the policy making process.

Strengths-based: A recognition that type and context of strengths can vary from family to family. A request for information and/or services can be the starting point for dealing with strengths in some families.

Common shared information: This attribute is an essential component of a seamless system to expedite services to a family.

Workforce practices: The success of this attribute lies in building the infrastructure needed to ensure that we have the right people with the right skills doing the right things at the right times. Workforce practices which build the needed infrastructure include: evaluation and goal setting, supervision, mentoring/coaching, professional development (of which training is one service component), recruitment, retention, selection, performance appraisals, developing teams and delegating authority for decision making to teams, workforce performance, organizational readiness and culture change management, etc. These work force development elements will build our infrastructure to support our workforce in moving the system forward toward improved services, including a better and broader service array, and improved outcomes for children and families.

Community based: By offering a wide range of community-based services we are promoting safety, permanency and well being of children, youth and families.

Performance and Quality Improvement: This process commits us to “continuous quality improvement” in Nevada’s System of Care.

The following references provide additional information on System of Care, Family-Driven Care, and Youth Guided, Directed and Driven Care.

Pires, S.A. (2002). *[Building systems of care: A primer](#)*. Washington, DC: Human Service Collaborative.

Working Definition and tools: www.ffcmh.org/systems_whatism.htm

Webinar and supporting documents – follow links under Defining Family Driven Care to: View the PowerPoint slides for the Webinar; View the definition of family-driven care; Read the story "Journey to Family-Driven Policy;" or post a message to the discussion board: www.tapartnership.org/advisors/family/the_family_page.asp

Achieving the Promise: Report of the President’s Commission on Mental Health Web site: www.mentalhealthcommission.gov/reports/FinalReport/toc.html

McCarthy, J., Marshall, A., Collins, J., Arganza, G., Deserly, K. & Milon, J. (2003) A family’s guide to the child welfare system from www.tapartnership.org/advisors/ChildWelfare/resources/AFamilysGuideFINAL%20WEB%20VERSION.pdf

Substance Abuse and Mental Health Service Administration System of Care Web site: www.systemsofcare.samhsa.gov