

SUMMARY OF ANNUAL PLAN 2017

Compiled with input from the members and participants of the Washoe County Children's Mental Health Consortium.

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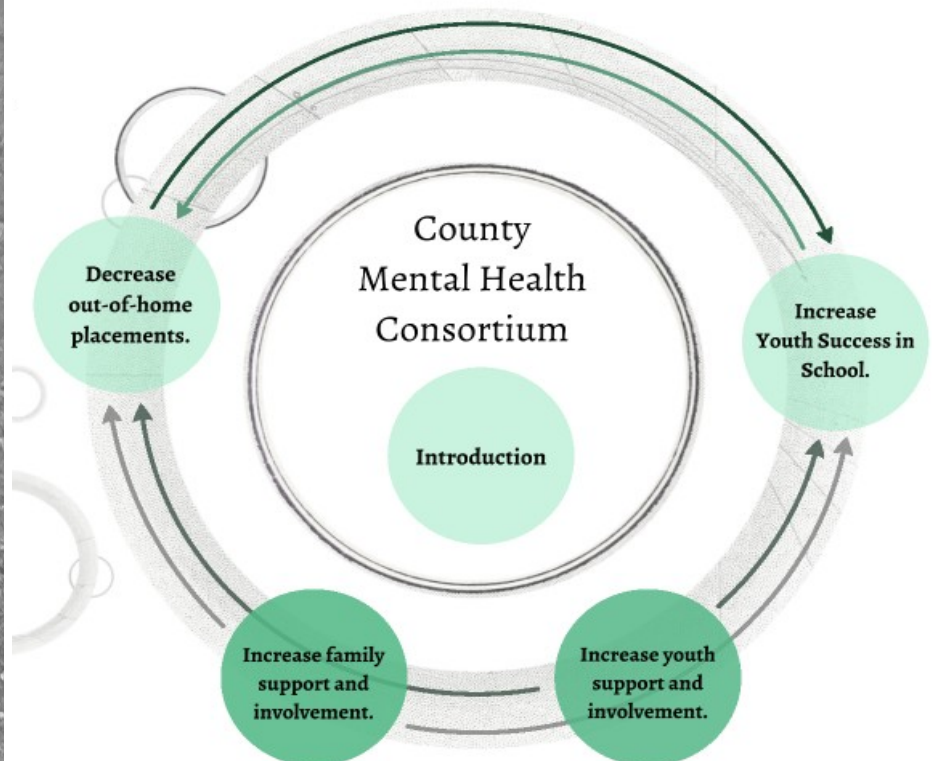


INTRODUCTION

Nevada Revised Statute (NRS 433B) established Mental Health Consortia in each of three Mental Health Service/Child Welfare/Juvenile Justice jurisdictions in Nevada. The functions of the Consortia are to assess the need for mental and behavioral health services for children up to 18 years of age, assess how well the current system is meeting the need in the community, and develop an annual plan on how the need can be better met.

The Washoe County Children’s Mental Health Consortium, henceforth referred to as “ Consortium,” was formed in 2002 to fulfill the legislative requirements of NRS 433B in order to strengthen local partnerships and work toward creating an integrated system of behavioral health care for children and families of Washoe County based on System of Care values and principles.

In the Consortium’s initial plan, “ 2020 Vision’ A Call to Action, Ten Year Plan for Children’s Mental Health: January 2010 – December 2020, four workgroups were formed to address four corresponding areas of priority. The Consortium continues to focus efforts on the four goals listed below. This annual plan outlines accomplishments made over the previous year, identified priorities for the next year



SUMMARY OF ACCOMPLISHMENTS

During 2017, the Consortium and its 4 workgroups engaged in intensive planning processes. This process recognized the need to acknowledge a new context of services, which includes Nevada's movement toward the implementation of a statewide System of Care (SOC) for children's behavioral health and the development of new membership within the Consortium and its workgroups. This planning process included an update of goals for the remaining time on the 10 year plan, designation of activities and priorities that will help to achieve those goals and initial implementation of those activities.

WORK GROUP GOALS

Each of the 4 workgroups updated their goals as follows:

1. Developing access to care

- Provide leadership in organizing a System of Care that is unique to the needs of Washoe County.
- Provide leadership in the development of a responsive intervention system that includes assessment and wraparound services (i.e. a local System of Care).
- Support ongoing capacity development for the continuation of the above goals.

2. Encouraging families to advocate for themselves

- Develop a culturally and trauma-informed, community-based feedback system that collects input from the families regarding their needs and experiences and effectively shares the family experience with agencies.
- Create opportunities for families to receive training, information and support in advocating for themselves while also participating in system-change efforts.
- Sustain the established collaboration and feedback system with agencies.

3. Helping youth succeed in school

- Increase youth involvement in suicide prevention planning within schools.
- Increase youth, family and community awareness and participation of youth suicide prevention events and training.
- Strengthen and increase knowledge of school to community partnerships to facilitate access to mental health services.
- Increase youth independent access to mental and behavioral health services when parental consent cannot be attained (i.e. youth consent policy).

4. Youth in transition

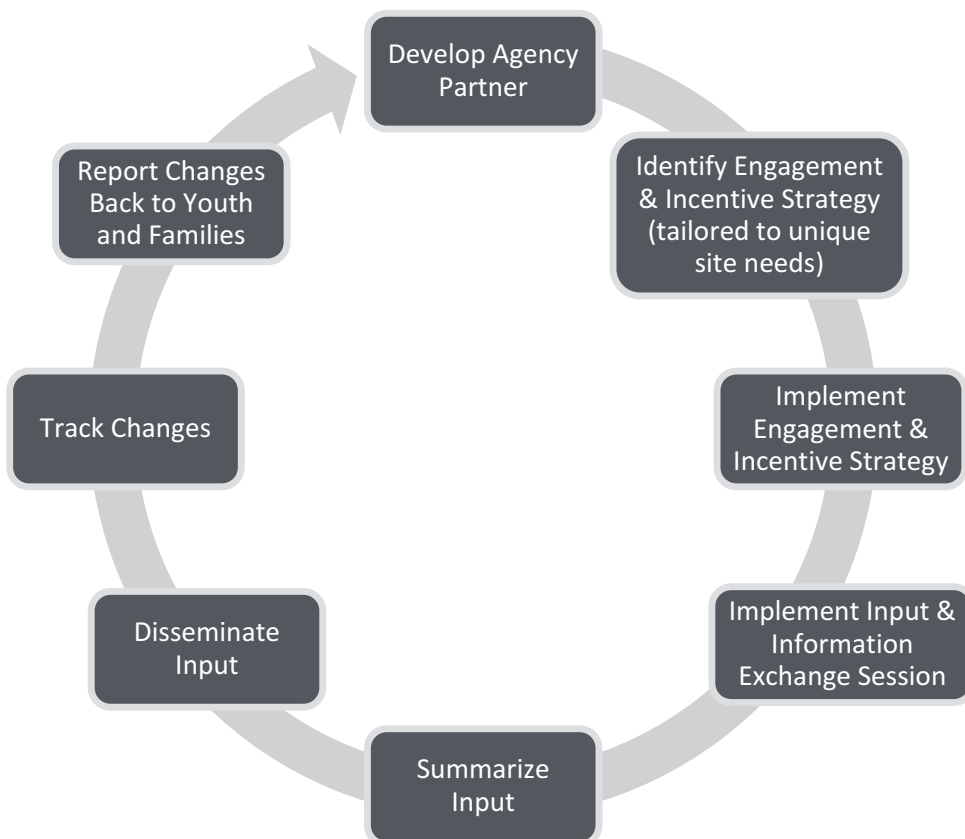
- Develop a culturally-informed, community-based feedback system that collects input from the youth regarding their needs and experiences and effectively shares this information with Primary and Secondary Partner Agencies.
- Establish community provider commitments with Primary and Secondary Partner Agencies to collaborate and implement culturally-informed strategies that incorporate youth input into their service array for Youth In Transition.
- Sustain the established collaboration and feedback system with Primary and Secondary Partner Agencies.

YOUTH AND FAMILY ENGAGEMENT

An accomplishment to highlight is a new priority that was set by the Consortium and its workgroups to increase youth and family engagement, create intentional opportunities to seek input and listen to youth and families and to develop strategies to incorporate that input in to service provision within Washoe County. Four sets of strategies were put in place to accomplish this aim:

1. Add “Youth and Family Voice” to meeting agendas. As an agenda item, this allows for intentional time dedicated to hearing from youth and families as well as engage in discussion of informal trends that providers have observed with this population.
2. Workgroups 2 and 4 are implementing a “Engagement Model” to their workgroup activities (see below).
3. While still a “work in progress,” members are taking steps to monitor their facilitation and participation in meetings so that they can be mindful of their youth and family friendliness.
4. The Consortium has partnered with the Washoe County School District to engage, support and welcome youth participation during Consortium meetings.

ENGAGEMENT MODEL



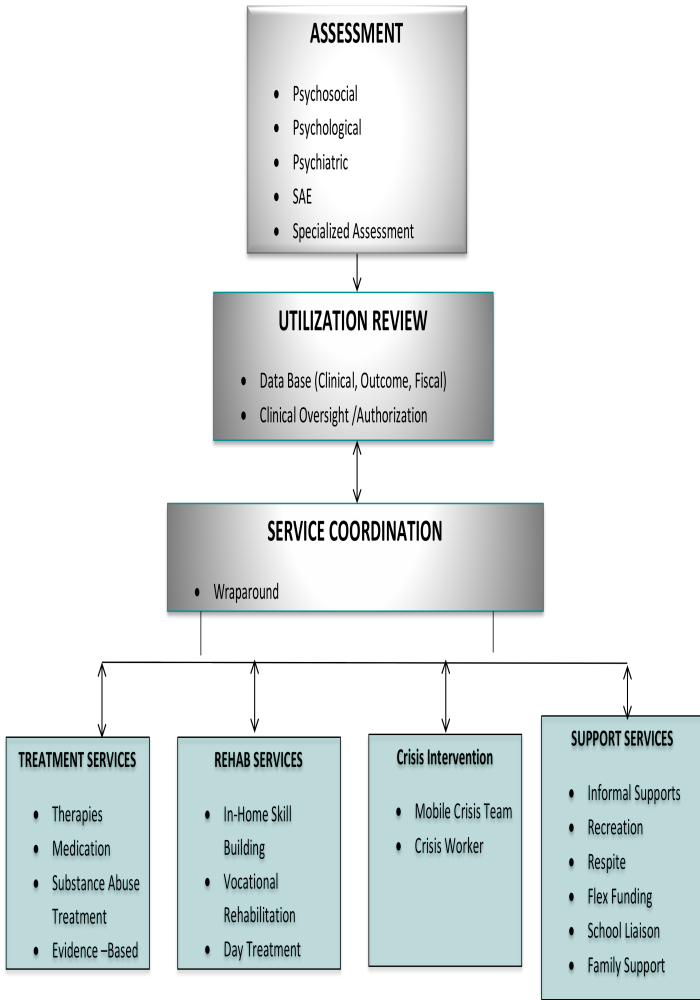


WORKGROUP 1

DEVELOPING ACCESS TO CARE

ACCOMPLISHMENTS

Home in Nevada Team (HINT) Model



Goal One developed by the workgroup is to “provide leadership in organizing a System of Care that is unique to the needs of Washoe County.” Under this goal, the following accomplishments were achieved:

- Initiated conversations with representatives from the Division of child and Family Services (DCFS) to discuss priorities and needs for Washoe County within the context of the Nevada System of Care (SOC).
- Representatives from DCFS, Nevada SOC have been actively participating in the Workgroup meetings.
- The Nevada PEP partners developed and distributed an updated “Access to Care Guide” with information on the Medicaid managed care plans.

Goal Two developed by the workgroup is to “provide leadership in the development of a responsive system that includes assessment and wraparound services.” Under this goal, the following accomplishments were achieved:

- The initial concepts of a local Home in Nevada Team (HINT) were developed including the development of a pilot case flow system that is/would be a partnership between Washoe County Juvenile Services and the Nevada children's mobile crisis response teams.

WORKGROUP 1 (CONTINUED)

DEVELOPING ACCESS TO CARE

Workgroup 1 recognizes that as Nevada shifts to a SOC, the workgroup and Consortium will need to strategically adapt, compliment and enhance the local service provision system to respond to the changing service landscape. Within this, there is a recognized need to collect accurate and comprehensive data for Washoe County. There is also a need to identify and strengthen the local service array. In order to achieve its goals, Workgroup 1 will work on the following during 2018:

2018 PLANNED ACTIVITIES

1. Facilitate specific conversation(s) with the Nevada Division of Child and Family Services' (DCFS) SOC staff on current SOC activities in Washoe County. Within the conversation(s), the following points will be communicated and a focus of development efforts:
 - Define a specific role for the workgroup/Consortium within the Nevada System of Care.
 - Washoe county is missing a strategy to bring family services together as one resource.
 - Identify and target the children who are going out of state.
 - Identify a system of assessment and services that would be designated for families that are not triaged as "high need."
 - While a local model of services has been identified that leverages state and county resources (see below), there is a need to secure additional resources (i.e. funding, staff, space) to fully implement the concept.
2. Develop a Strategic Plan for a Washoe County based "Home In Nevada Team" (HINT):
 - The team would serve as a systematic hub of multiple agencies conducting assessments and providing wraparound (in coordination with the state's current initiative to describe a tiered case management approach).
 - Implement the CANS assessment. There will be a need to procure resources to conduct this assessment for families who are not initially connected with a system or service provider.
 - Identify the pool of providers that would be a part of the team. This includes a definition and identification of professionals who would provide clinical leadership on the teams.
 - Begin making contacts with providers to discuss their role and involvement in a Washoe County SOC.
 - Develop a budget to fund 2 hint teams in Washoe County. Utilize the budget and concept to propose to prospective funders and partners in the system.
 - Identify providers in the state and identify gaps.
 - Coordinate the local capacity of mobile crisis, assessment services, wraparound teams, clinical leadership, day treatment, rehabilitative, habilitative, in-home services, and respite to develop the service array necessary for Washoe County.

WORKGROUP 2

HELPING FAMILIES

HELP THEMSELVES

Families in Washoe County who have children with mental and behavioral health needs frequently experience frustration, isolation and confusion in navigating education and treatment systems for their children. Families are often told that their children have to be placed in treatment services outside of the community because there is not an array of available local services. There is a need to provide opportunities for families to be involved in system change.

Workgroup 2 engaged in a planning process to re-visit the description of the situation faced by parents, care givers and families (see above). They prioritized the need to increase family engagement with the Consortium and to identify strategies that create opportunities to gather information from families to pass along to providers in the community.

ACCOMPLISHMENTS

- The workgroup has consistently announced opportunities for families to advocate for systems change through policy during public meetings related to children’s mental and behavioral health, Medicaid, schools, state law and other groups working for change.
- Families have participated in the workgroup meetings during “Family Voice” agenda items as well as during planning discussions.
- At the recommendation of Workgroup 2, the Consortium provided fiscal support to the Nevada Partners in Policy-Making program to increase opportunities for parents/caregivers to receive training on advocacy and influencing policy. The workgroup had three family members participate in the training.
- The Workgroup assessed the recommended array of services based on a System of Care approach. They reviewed what currently exists and assessed, from the parent and provider perspective, the extent to which those services are available in the community. From this assessment, the workgroup prioritized areas that are gaps in services (see next page 9).

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Two parents that attended the Partners in Policy Making training described their experience with the training:

“... a very rewarding and educational experience. I have learned what it truly means to be in an inclusive and secluded world and how people are so easily discriminated against. I have learned the power of advocating for myself and others and the value of educating others on these topics as well.”

“... I found my breath of fresh air, I found others who faced similar situations, I found hope, strength and wisdom.”

WORKGROUP 2 (CONTINUED)

HELPING FAMILIES HELP THEMSELVES



“Family Voice”

Workgroup 2 added a standing item on their meeting agendas that aimed to create a space for families to give input, describe experiences and share information on the needs of families. The following summarizes some of the needs and experiences expressed by families and providers during this agenda item:

- It is difficult for families to be able to stay on top of available providers according to their insurance. In many cases, once a family locates a possible provider they frequently learn that there is a wait list or that the provider no longer accepts the client’s insurance.
- When a provider changes the types of insurances they accept, it can disrupt a family who had once been established because they have to get established with a new provider.
- Families report that, in the event a provider isn’t working out for them, they often feel like they can’t change providers due to their insurance or difficulty in finding another provider.
- Families described their experiences in regards to behavioral and mental health concerns in the educational setting and the on-going need for specific training for all educational personnel in recognizing mental health needs, identifying supports available; and appropriate referral follow-up training. Nevada PEP provided family support services to 488 families in Washoe County.
- Families reported a need for respite services. Aside from needing a break from time to time, crisis events such as a death in the family, require extra support to the child with little room for the parent/caregiver to cope with their own grief.
- A tribal community member reported the need to engage families from the Pyramid Lake tribal community. With the expansive nature of Washoe County, it is easy to categorize services as available/not available without recognition of rural or culturally unique areas of the County.
- The workgroup recognized the need for families and family serving systems to better understand the social and emotional/early childhood mental health needs of children ages 0-6.

WORKGROUP 2 (CONTINUED)

From the parent and provider perspective, the Workgroup assessed the perceived availability of recommended services based on a System of Care approach. Based on that review and discussion, the following priorities were identified for consideration in future workgroup activities.

1. Screening for social and emotional/mental health needs.
2. Develop opportunities to support the whole family system through an array of family centered therapeutic services that includes: respite, intensive home based services, family therapy and day treatment options before and after the school day.
3. Behavioral management skills training for families and providers.
4. Examine service needs and capacity for the provision of early childhood social and emotional services.



The workgroup will utilize the following description of early childhood social and emotional/mental health as a guide for future planning and discussions:

“Infant-early childhood mental health (I-ECMH) is the developing capacity of the child from birth to 5 years of age to form close relationships, manage and express emotions, and explore the environment and learn.

Infant-early childhood mental health, sometimes referred to as social and emotional health, is the developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture. Strategies to improve I-ECMH fall along a promotion, prevention and treatment continuum.”

Source: <https://www.zerotothree.org/resources/110-infant-early-childhood-mental-health>

WORKGROUP 2 (CONTINUED)

HELPING FAMILIES HELP THEMSELVES

Workgroup 2 has now developed updated its goals, actively engaged families, reviewed existing reports and tool kits and has identified some additional priorities for the work group to consider. In response to these activities and in order to further its goals, Workgroup 2 will work on the following during 2018:

2018 PLANNED ACTIVITIES

Workgroup 2 has developed and has been using a Logic Model to guide its planning, activities and discussions. From that effort, the following activities were developed during this past year and the workgroup will continue to work on these during 2018.

1. Continue the standing agenda item for “family voice” in workgroup meetings. The workgroup has identified a need to include the “voice” of families with young children. There is concern that there has been a gap in an understanding of their needs. The workgroup will work with the local early intervention programs to reach out to and invite families of young children to the Workgroup 2 meetings.
2. Provide incentives for youth and family attendance at workgroup 2 meetings.
3. Implement “engagement model” (see pg. 4) to gather information on formal and informal strategies and resources that support family and youth autonomy in actively managing and finding solutions to fit their needs (using the service array to organize the information).
4. Help families to navigate and understand the Nevada System of Care.
5. Ensure family and youth voice is represented in all 4 workgroups as well as the main consortium in order to form strategic alliances between formal and informal leaders, ensuring shared leadership with families to address identified issues and support the ongoing improvement of an effective system of care.
6. Continue process of working with families to review, comment and respond to existing and future needs assessment reports.
7. Inform families of opportunities to advocate for systems change through policy during public meetings related to children’s mental and behavioral health, Medicaid, schools, state law and other groups working for change.
8. Identify and provide access to training opportunities for family members to learn advocacy skills.
9. Identify strategies to engage family serving organizations in workgroup 2 meetings so that they may conduct a question and answer session about their organization and services available with workgroup 2 participants.

Congratulations!

CLASS OF 2029



WORKGROUP 3 HELPING YOUTH SUCCEED IN SCHOOL

ACCOMPLISHMENTS

Workgroup 3's biggest accomplishment for 2017 is the recruitment and engagement of new members. The workgroup has now doubled in size. This renewed membership is resulting in new information and collaborative opportunities for action.

The new membership also brought a renewed partnership with the Washoe County School District and other community agencies. As a result, the school district has taken steps to recruit and include youth in future workgroup efforts. Additionally, the "voice" of the school district has brought additional experiences and insights that will be important to carry in to 2018 planning efforts.

The continued active involvement of Nevada's Office of Suicide Prevention has provided ongoing support for youth in schools through suicide prevention. In this effort, the following accomplishments have been achieved:

- Implementation of "Safe Voice," a suicide, bullying and violent event intervention program has been implemented in the school district.
- The Catholic Diocese reached out to offer their youth and families suicide prevention awareness. This included a team of Diocese leadership and youth leaders, suicide prevention advocates, volunteer mental health professionals and translators. Signs of Suicide (SOS) youth education was presented to about 120 youth; simultaneously, suicide prevention awareness was presented by the Suicide Prevention Coordinator to over 100 family members with Spanish translation offered by a leader in the church community.

Suicide is the leading cause of death for Nevada youth ages 8-17.

Source: National Center for Injury Prevention and Control, Centers for Disease Control Prevention, WISQARS™ database.
<https://www.cdc.gov/injury/wisqars/fatal.html>

WORKGROUP 3 (CONTINUED)

HELPING YOUTH SUCCEED IN SCHOOL

RECOMMENDED PRIORITIES

In light of recent engagement of new members and a renewed partnership with the school district, Workgroup 3 has begun a planning effort for 2018. Within that effort, the workgroup has identified the following priorities and also requests that the State Department of Health and Human Services continue efforts or provide support in the following areas:

- *Safe Schools Professionals program*: The workgroup recommends continued support of this program, which originates from the State Department of Education. The workgroup wants to see the program become successful and would like to support the Department of Education with its implementation.
- *Transportation for youth in crisis*: The workgroup has identified a need to have a transportation option for youth in crisis who do not have parents that can transport them safely to treatment. The most common available option is to have police transport the child. However, this creates a feeling for the child that they are in “trouble,” which can contribute to trauma and stigma.
- *Legal holds*: Explore opinions and options for “legal holds” for children. In what situations are they warranted? How is it communicated with parents and caregivers? Are there options that are not stigmatizing for the child and their family?
- *Unaccompanied youth*: Unaccompanied youth that are not system-involved are not able to access medical and mental and behavioral health services (age of consent, parental permission). The workgroup intends to and requests support from the state in understanding this situation further and to explore options for a youth to access and pay for services when a guardian or caregiver is not available.
- *Continued support from the Office of Suicide Prevention*: The Office of Suicide Prevention has supported the infusion of evidence-based prevention practices throughout the community and within the school district. The workgroup would like to see continued involvement of this office and wants to support the office in their Washoe County efforts.

2018 PLANNED ACTIVITIES

The workgroup will continue to develop action-oriented strategies that address the priorities listed above. This includes, but is not limited to the following:

1. Engage in community and school-based suicide awareness events. Within this, explore possible partnerships with faith-based communities and other culturally-based groups.
2. Review the success and lessons learned from the Clark County School District’s threat assessment unit. Explore options for expanding successes to Washoe County.
3. Explore options with the school district in supporting the school district in disseminating information on the Safe Voice program.
4. Gather, summarize and disseminate information on laws and policies that impact youth access to services and legal holds.



WORKGROUP 4

YOUTH IN TRANSITION

ACCOMPLISHMENTS

Workgroup 4 has developed and continued to utilize a Logic Model to guide its planning, activities and discussions. The following highlights some of the accomplishments of the workgroup from the past year:

- Established and maintained standing agenda item for Youth Voice. This created a dedicated time for youth and providers to discuss specific successes and challenges faced by youth in transition.
- The workgroup has provided incentives for youth and family attendance at Workgroup 4 meetings and other engagement events (i.e. bus passes, incentive cards and backpacks).
- The “Engagement Model” described earlier in this report was implemented with youth at the Eddy House, which is a local agency that provides services to this population. The youth were asked what incentives would be useful to them and would encourage participation in providing “voice” to the planning process. They stated that it would be helpful to have backpacks and suggested items to include in them. To implement the engagement model, the workgroup supported the development and delivery of 6 life skills workshops at the Eddy House. For each workshop, 25-27 youth (ages 13-25) attended and 5 youth attended all 6 workshops. At the end of the workshop series, the youth were asked to complete a feedback survey offering their perspective on their experiences. As a result, 55 backpacks and items were purchased and distributed as an incentive for completing the survey.
- The workgroup sponsored 3 young adults to attend the California Mental Health Advocates for Children and Youth (CMHACY) conference. Topics included student accommodation; creating cultures of healing; prevention and recovery for psychosis; legislation related to sex trafficking.



In response to providing surveys in exchange for backpacks:

“Awesome that our advice is being listened to and that people are willing to find out what our needs are.”

“I believe it is a huge help and provides very good essentials for young adults struggling to survive.”

WORKGROUP 4 (CONTINUED)

YOUTH IN TRANSITION

Workgroup 4 has continued to update its goals, actively engage youth and is making plans to replicate the engagement model. In response to these activities and in order to further its goals, Workgroup 4 will work on the following during 2018:

2018 PLANNED ACTIVITIES

Workgroup 4 has developed and has been using a Logic Model to guide its planning, activities and discussions. From that effort, the following activities will continue during 2018:

1. Continue standing agenda item for youth voice.
2. Continue to provide incentives for youth and family attendance at workgroup 4 meetings.
3. Replicate the youth engagement model with youth at the Eddy House by providing life skills workshops as an engagement strategy to gather information on needs, strategies and resources that support youth. Workshop topics will be updated according to feedback from the youth.
4. Explore options for replicating the youth engagement model at other sites.
5. Continue to develop and strengthen youth friendly strategies for encouraging participation.
6. Identify, implement and support strategies for disseminating youth input to local providers and track system and/or program changes made based on that feedback.
7. Identify, implement and support strategies for disseminating information on available resources to youth.
8. Identify partner agencies and recruit representatives to participate in the workgroup.
9. Identify gaps and/or missing areas of information and partnerships when challenges arise (youth perception and partner agency perception).

YOUTH INPUT

Youth that participated in the life skills workshops at the Eddy House were asked for feedback on the workshops and for input on their experiences in seeking and accessing services. The following is a highlight of their input:

Most youth described the helpfulness of the workshops as "Somewhat" or "Very Much."

The youth requested future workshop topics in the following areas:

Anger Management

Survival Skills

Family Issues

How to Stay Goal Oriented

How to Find Meaningful Jobs

Cooking and Sewing

Banking Skills

Addiction

Art Therapy

Mindfulness Exercises

REGION SPECIFIC PRIORITIES



Following this year of intensive planning, exploration of issues and inclusion of youth and parent voice, each of the workgroups of the Washoe County Children’s Mental Health Consortium (WCCMHC) have identified priorities and next steps for action. Given these efforts and in order to maximize success in schools, support families and prevent children from going out of the state to receive services, the WCCMHC requests the following from the State of Nevada, Department of Health and Human Services:

- Continue fiscal and administrative support to the WCCMHC to support the goals set forth in this plan.
- Support attention to the priority areas identified by each of the workgroups that comprise the Consortium (included in previous sections of this report).
- The Consortium is aware of the implementation of a System of Care in Nevada and will continue to support that effort. Within that effort, the Consortium requests continued involvement of System of Care staff within the Consortium workgroups and activities. Additionally, as the state plans to sustain this System of Care, the Consortium recommends exploring options for more active involvement of the Consortium in guiding the development, enhancement and coordination of a local array of children’s mental behavioral health services that are appropriate for the needs of youth and families in Washoe County.
- Continue partnership with the State Department of Health and Human Services, Division of Child and Family Services Program Planning and Evaluation Unit and the System of Care Unit to collect and review data on an ongoing manner.
- Continue efforts to blend and braid funding across state systems to improve access to quality children’s mental health services.
- Support families who have the youth in custody to increase access to care.
- The workgroups of the Consortium have identified that youth and families who are not initially connected to a system or provider have a difficult time establishing that initial connection and navigating the multiple and sometimes conflicting process that the systems entail. The Consortium recommends continued efforts to build a process for that “point of entry” for youth and families. This includes the enhancement of the 211 system so that it can be more responsive to changing provider contexts, includes options organized by insurance and is easy for families and providers to navigate.
- Continue to facilitate a robust collaboration with the State Department of Education in the development of services and supports that promote the safety and well-being of youth in schools. This includes support of the Safe Schools Professionals program as well as the continued exploration of new services such as school-based health centers and ongoing support of prevention programs aimed at suicide, bullying and critical incident events.
- Expand funding for family-to-family support for Washoe County youth with serious mental and behavioral health needs to enhance positive outcomes, expand access to an array of services, and impact policy decision making for Washoe County children and youth.