Rural
Mental Health Consortium

Third Annual Plan

July 1, 2004

RURAL MENTAL HEALTH CONSORTIUM
THIRD ANNUAL PLAN

Section I: Membership

The Rural SED Consortium seeks a diverse membership representative of parents, consumers, professionals, resource agency staff and community partners in order to provide advocacy for children in need of mental health services in rural Nevada.

***Appointed Members*:**

Ruth Aberasturi, Chair	Carson City School District
Lorraine Vazquez, Vice Chair	Foster Parent
Joanna Wilson	Carson City School Board
Larry Robb	Division of Child and Family Services
Larry Buel	Division of Mental Health Development Services
John Simms	Carson City/Storey Juvenile Probation
Kim Borders	Nevada Parents Encouraging Parents (PEP)
Jane Ripley	Winnemucca Juvenile Probation/Children's Services
Tom Hughes	Community Child Advocate
Joshua Etchegoyhen	Division of Health Care, Finance and Policy
Melissa Bakker	Business Representative

Non-voting Members

Carol Johnston	Division of Child and Family Services
Ted Tuso	Division of Child and Family Services
Retta Dermody	Nevada Parents Encouraging Parents (PEP)
Sue Palmer, Secretary	Division of Child and Family Services

Section II: Overview

The Consortium, established by AB-1, has met thirteen (13) times since the submittal of the last plan dated January 6, 2003, report to monitor and plan for integrated services to children with Severe Emotional Disturbance (SED) and their families in rural Nevada. The Consortium measured needs in all of the rural counties and used this data to shape a comprehensive program. A list of accomplishments is contained in Section IV of this report.

Following the submission of the second annual plan in January 2003, the rural Consortium has continued to gather information to define the need for children's mental health services in rural Nevada while coordinating the delivery of services. In the previous report, it was noted that the data reflected a large proportion of rural children and youth with SED in DCFS custody were placed in restrictive residential care. Two conclusions were gleaned from the data: 1) that the system was overusing higher level of care placements to address mental health needs; and 2) that the lack of an individualized family centered approach resulted in 86% of the funding being spent on less than 10% of the children who need services in Nevada.

The AB-1 funding was provided for the development and implementation of strategies to address the needs of rural children with SED in DCFS custody through community based resources. Under that mandate and in response to the overuse of higher levels of care in the target population, the Consortium facilitated a plan for the development and implementation of Wrap In Nevada (WIN), integrated family support teams, early assessment/collaboration teams, and service pilots. Follow-up studies are showing that children and families are benefiting from this initiative and the implementation of the Consortium plan. (See Section V). In addition, established resources in communities are beneficiaries of support and coordination efforts that reduce the use of expensive residential treatment programs. The development of coordinated community based resources will continue to be one of the focuses of this Consortium.

The Consortium has seen great success with the first phases of the AB-1 roll out plan including a promising reduction in the number of children under DCFS custody in higher levels of care and an increase of services for targeted children with SED and families in rural communities. Children diagnosed with SED under DCFS custody have benefited from these efforts. However, there remains a significant unmet need. According to data reported in 2002, less than 13 % of the children who need individualized and coordinated services are receiving them, and of the children screened by the Consortium, only 56% are receiving services at the level of their need.

The next steps in the process will include the continuing support and development of community based resources that serve another population of children with SED. One of our recommendations includes the development of a pilot for children with SED in the Juvenile Justice System at the Carson City Detention Center, which may include children from Carson City, Storey, Douglas and Lyon Counties.

Section III: Vision and Values

Developing a network of resources and providers that are respectful and responsive to the integrity and competence of each family's culture and expertise is vital to good outcomes for children. Community based services benefit families. In turn, healthy families build healthy communities.

Children, families and communities need services that foster well-being, safety and nurturance. Best practice behavioral health services for children and families are family-driven, family centered and community based.

Vital to the development and maintenance of well-being, safety and nurturance is:

- A coordinated and integrated behavioral health system for children and families in Rural Nevada that is seamless and easy to access. We can build on the strengths of our communities by implementing locally controlled systems of care;
- A system of local services and supports that is customized to meet the needs of families and offers early access to behavioral health services for children so that families can raise their own children;
- A consistent, collaborative and family-driven approach that provides support and growth for children and families while respecting the dignity and independence of the family.
- A plan for and an ongoing collaborative effort for the development and expansion of resources in local communities with consumer involvement at all levels of decision-making around services and supports for children and families;
- A Consortium of professionals, policy-makers, agency personnel, community representatives, volunteers, concerned citizens, advocates, family members and youth who pool their ideas, efforts and vision in order to develop and implement the plan for resource support and development to serve the needs of children and families.

Section IV: Accomplishments

- Developed an eleven (11) member Consortium. Appointed a representative from the business community in 2003. Developed First Annual Plan in August 2002, and Second Annual Plan in January 2003.

- Developed a prototype of collaborative interagency support for children with behavioral health needs and their families.

- Completed two hundred fifty two (252) surveys as part of initial efforts to identify needs in rural Nevada. Surveys identified 57.4 % of the children in the child welfare and juvenile justice systems as being underserved. Early access was identified as the highest priority and counseling as second.

- Trained five (5) WIN (Wrap in Nevada) staff located in Elko, Fallon, Silver Springs and Carson City (2). The five (5) WIN positions have served a total of ninety-two (92) children through May 2004. The sixth position will begin serving the Pahrump area in July 2004.

- Promoted a heightened awareness of SED (Severely Emotionally Disturbed) children's needs and Division of Child and Family Services (DCFS) higher level care placements in rural communities through interagency cooperation efforts. Consortium efforts and planning steps have improved the relationship between DCFS, Juvenile Probation Office, Mental Health, schools, etc. in several rural communities.

- DCFS Utilization Review Team reviewed all children in higher levels of care. These children were assessed for alternative services that would reduce the level of residential care.

- There has been a 41% reduction in higher level of care, from ninety-six (96) in 2001 to fifty-seven in April 2004.

- Early assessment/Community based processes have been implemented to serve Carson City, Eureka, Douglas, Lincoln, Nye, Churchill, Humboldt, White Pine, Pershing, Lander, Elko, Storey, Esmeralda, Lyon, and Mineral Counties to assess children who are entering emergency shelter care, substitute care or for Child Protective cases that need mental health intervention to avoid potential out of home placement.

- Community based assessment teams work to coordinate their efforts and provide feedback to the Consortium. They have developed strategies to improve timeliness of services and early access to treatment in their communities. Efforts continue to smooth out the processes and develop additional resources for clinical assessments, treatment options and family programs in order to prevent unnecessary out of home placements and match children in need of mental health services with resources.

- Reviewed Dr. Rast's study utilizing the control group-experimental group model in order to document effectiveness of wrap services. Reviewed semi-annual progress report. Consortium reviewed the data to evaluate the effectiveness of the wraparound service pilot

project. A progress report, dated January 2004, was submitted on June 17, 2004, to the Children, Youth and Family Committee showing success rates.

- Rural Clinics developed contracts with Lander, Pershing and Humboldt County Probation to provide mental health services to incarcerated youth in detention facility. The Consortium supports the principles that resulted in this arrangement and will report information on services that are working and data collected by this project (See page 9).

- Children's Mental Health Block Grant approved a $25,000 grant to Rural Clinics. $19,845 was for a contract psychiatrist one day per month in the Silver Springs, Fallon & Winnemucca clinics, and $5,155 for children with SED support services such as social, educational, and pharmaceutical related to the child and family's needs in order to maintain an SED child in their home community with their family. Funds were available through September 2003.
  This temporary allocation of funds resulted in:
  Fallon area children with SED received six (6) days (30.5 hours) of direct psychiatric services from April through September 30, 2003; Winnemucca area children with SED received six (6) days (42 hours) of direct psychiatric services from April through September 30, 2003; and Silver Springs area children with SED received seven (7) (43.5 hours) of direct psychiatric services from March through September 30, 2003.

- Rural Clinics has continued to provide child psychiatrist services that were initiated through the Children's Mental Health Block Grant in Silver Springs, Fallon, Winnemucca and Carson City.

- Dr. McKay presented workshops on the assessment, diagnosis and treatment of bipolar and co-occurring disorders in children with SED to Rural Clinics, DCFS and Juvenile Detention staff on September 30, 2003, May and June 2004.

- Tri County (Humboldt, Lander & Pershing) Frontier Community Coalition has begun development of a Substance Abuse Prevention Coalition. Other groups that meet in this area include MDT's (multidisciplinary teams) for child abuse neglect cases and the Rural Clinics community stakeholder and provider group, which discusses mental health delivery issues for families and children.

- Child Protection Multi-disciplinary Team (MDT) meetings are held monthly in every rural district to staff identified families and children in need of services. Meeting locations have been expanded to include multiple community locations in each district.

- WIN and clinical program staff are participating in clinical staffings with child welfare workers to provide clinical consultations on children when they are first brought into care or likely to be placed into emergency shelter care.

- Collaboration developed between Carson City Mental Health Center (Rural Clinics) Carson City office and the Carson City Juvenile Detention Center has resulted in the provision of 2 hours per week of mental health services for youth in detention who are displaying symptoms that may indicate severe emotional disturbance (SED).

- Expansion of WIN services to Pahrump with position in place July 1, 2004 to serve children with SED in custody of DCFS.

- Rural Consortium developed two new work groups in Spring 2004. The Educational Work Group will develop and help distribute information regarding SED and developmental disabilities, advocacy services and resources, to local communities. The Juvenile Justice work group will look at data, resources and grants in order to develop strategies to provide needed services for youth with mental health needs in the Carson City Detention Center, as part of a pilot program endorsed by the Consortium. Both groups will actively seek members from families who have children with SED.

- Fourteen (14) children in DCFS custody, served by WIN for at least six (6) months, have achieved reunification as of January 30, 2004.

Section V: Data and Statistical Information

- Currently, there are 30 foster care children with SED in DCFS custody identified in Rural Nevada in need of services. These are children that have been assessed and are on waiting lists. Ten (10) of the children are in need of WIN services. Twenty (20) of the children are in need of outpatient mental health services.

- In April 2004, Rural Clinics had a caseload of 1211 children and adolescents. Among these 1211 children, 600 were classified as SED. In addition, Rural Clinics maintains a waiting list that averages more than 54 children waiting two (2) weeks or more for assessment and services.

- A study was performed to contrast traditional out patient mental health services with the wrap service utilized by WIN. The control group was provided traditional mental health services, whereas the experimental group was given wrap services in a community based setting. All children were children under DCFS custody who were SED. Characteristics of each group were similar. James Rast, Ph.D., was the consultant who designed and monitored the study. The average level of care has decreased steadily for youth in WIN but has remained constant for youth receiving traditional services.

- A survey was conducted by Dr. Rast in 2002, to determine the mental health needs of children in the child welfare system in Nevada. The data shows that only 28% (196 out of 693) of the Rural Nevada children with SED in custody are receiving the appropriate level of services. The results for the children under DCFS custody in Rural Nevada are shown below with Dr. Rast's footnote:

LEVEL OF MENTAL HEALTH NEEDS MET FOR CHILDREN WITH SED IN CUSTODY OF DCFS IN RURAL NEVADA

RECEIVING APPROPRIATE LEVEL OF SERVICES	UNDERSERVED	CHILDREN WITH SED RECEIVING NO SERVICES
196	263	234

This table uses data from the Child and Adolescent Level of Care Utilization System Screening (CALOCUS) of children and youth in the Child Welfare System to estimate need. For each of these children the current level of service was determined and compared to the level of need. The assessments were then extrapolated to the entire population of children in child welfare custody.

- Wrap in Nevada (WIN) has served more than 92 Rural Nevada Children between March 2002 and May 2004.

- The 6th Judicial District/Winnemucca contract with Winnemucca Mental Health Center/Rural Clinics has resulted in the following services for children in detention through March 2004: 51 contacts, 68 ½ hours of service for Mental Health Assessment, Counseling, Crisis Intervention and Substance Abuse Treatment. The contract is paid out of Administrative Assessment funds from the Court.

Section VI: 2004-5 Goals, Objectives and Next Steps

All services are family centered, strength-based, consumer driven, culturally competent and collaborative. The overall goal is to adequately serve children and families with competent, family-need driven services that they have selected.

GOALS	ANNUAL OBJECTIVE	NEXT STEPS
I. Early Assessment and Access for Rural Children with SED in Need of Mental Health Services.	**I.A.** Increase education and outreach efforts.	**I.A.1.** Continue efforts at outreach and education with partner PEP, agencies, school districts, and communities. **I.A.2.** Create Consortium Community Education Group. Work group will focus on education, outreach and early intervention made up of Nevada PEP, an educator a service provider and parents. **I.A.3.** Contact consumers and agencies in communities and support the development of local groups to partner with PEP and other Consortium partners in disseminating information.
	I.B. Increase early intervention services in Rural Communities.	**I.B.1.** Promote and coordinate early intervention through local communities and Consortium partners. Identify agencies and providers that are working to increase early intervention services and invite them to attend consortium meetings and work groups. **I.B.2.** Support efforts of local groups, school districts and agencies to increase services and capacity. Review legislative requests and advocate for expanded services. **I.B.3.** Continue to include in Consortium and encourage agencies and providers to work together and coordinate efforts. Promote changes to develop expansion of services where replication now exists.
	I.C. Continue to note existing instruments used to screen or assess children with SED. Consider having one of the work groups such as the educational work group identify and define various instruments that will assess children's mental health issues and those related to immediate risk and safety.	**I.C.1.** Review instruments currently used by agencies and organizations in communities. Share information with stakeholders and professionals to assist with early assessment and access. Provide contacts/resource information through which consultation will result in a better selection of instruments by agencies and providers.

GOALS	ANNUAL OBJECTIVE	NEXT STEPS
I. Early Assessment and Access for Rural Children with SED in Need of Mental Health Services. CONTINUED	**I.D.** Identify, develop and empower local community resources, family advocate groups and family members to work together to identify and assist children with SED and their families in finding and utilizing assessment and treatment resources. Expand and increase circulation of PEP newsletter to educate and increase awareness in rural communities. **I.E.** Expand access to include the Juvenile Justice population of children with SED in the Carson City Juvenile Detention Center, which would include children from Storey, Douglas and Lyon Counties, through a 12-month pilot program. Carson City Juvenile Detention Center will utilize the Massachusetts Youth Screening Instrument (MAYSI) for use in their facility. Develop a new work group to review Juvenile Justice data regarding children with mental health needs and report findings/recommendations to the consortium.	**I.D.1.** Family advocates, PEP and Consortium designees to contact local school districts, community service groups and resources, and local offices. **I.D.2.** Consortium Work Group to be active by summer 2004. Develop and print informational brochure. **I.D.3.** Identify families, local resources and providers for P.E.P. mailing list. **I.E.1.** Review work group data and recommendations regarding need. **I.E.2.** Provide consultation on a plan for screening and intervention services for families and children with mental health needs. Support efforts to locate and implement services. **I.E.3.** Coordinate efforts with Carson City Juvenile Detention Center and Mental Health representatives including Nevada Division of Carson City Mental Health Center (Rural Clinics) for evaluation, referral and treatment services and protocols **I.E.4.** Review work group information regarding the determination of eligibility of identified population for Medicaid and other programs. Review programs and grant information from work group. Identify service and program gaps to report in annual plan. **I.E.5.** Support efforts of new Juvenile Justice work group to build a plan for future comprehensive services such as assessment of all youth screened in by the MAYSI, case management, resource availability, referral and follow-up. **I.E.6.** Support the design of a plan for data collection and analysis for the pilot. Assist Juvenile Justice work group to identify agencies or programs that currently collect, review and evaluate relevant data. As part of recommendation for position and funding of Statewide Mental Health Coordinator to collect data regarding children with SED and programs, include programs and children in the Juvenile Justice System. Data

GOALS	ANNUAL OBJECTIVE	NEXT STEPS
I. Early Assessment and Access for Rural Children with SED in Need of Mental Health Services. CONTINUED		**I.E.6. CONTINUED** shared with Consortium as part of data reported in annual plan. Identify need for additional resources as pilot program continues. **I.E.7.** Assist work group in supporting a plan to recruit additional resources in the Juvenile Justice system and continue to evaluate effectiveness of services provided. Identify any need for changes in protocol or for additional services. **I.E.8.** Advocate for expanding the population to be served if additional funding allocated by original AB-1 is available.
	I.F. Support for interim plan for Carson City Juvenile Detention Center. Carson City Mental Health Center has implemented a program of two (2) hours a week for screening and treatment services for children in the detention at the Carson City Juvenile Detention Center.	**I.F.1.** Support plan by establishing Juvenile Justice work group and advocating for additional resources for Juvenile Justice. **I.F.2.** WIN has offered to provide consultation regarding case management ideas and strategies; Nevada PEP has offered to provide training. **I.F.3.**Promote coordinated data collection and data sharing between Carson City Mental Health Center (Rural Clinics), CCJDC and the consortium.
	II.A. Develop new and expand existing crisis/early access teams in Rural Nevada.	**II.A.1.**Review and identify need for expansion of teams to include additional communities and new stakeholders. **II.A.2.** Add new crisis/early access team in Pahrump.
	II.B. Continue to review WIN data and target resource development as needed.	**II.B.1.** Collect and review WIN reports; partner with WIN to fine-tune and expand opportunities to provide services in communities.
	II.C. Continue to support the Rural Clinics serving children with SED in the Juvenile Justice System Pershing, Humboldt and Lander Counties.	**II.C.1.** Include County and Rural Clinics data in reports. Report on and promote program successes.

GOALS	ANNUAL OBJECTIVE	NEXT STEPS
II. Keep Children Close to Home through education, support, advocacy, empowerment, best practice philosophy and principles, and enhancement of available resources in local communities.	**II.C. CONTINUED**	**II.C.2.** Share program and resource information among local and State agencies, community programs, and PEP to encourage resource partnering. Include information on advocacy and supports available through PEP and other support and advocacy programs. Invite interested parties to attend Consortium meetings and work groups. **II.C.3.** Collaborate to determine ways to assist in developing plan and coordinating efforts at increasing and developing resources to serve children with mental health needs and their families.
	II.D. Continue to support Rural Clinics efforts to provide service coordination for non-custody but Medicaid eligible children with SED placed in residential group homes.	**II.D.1.** Rural Clinics will provide data to Consortium on non-custody but Medicaid eligible children with SED placed in residential care. **II.D.2.** Review agency findings as they assess needs and consult to develop recommendations; take steps to identify or develop resources to bring these children back to their home communities with local services adequate to serve them. **II.D.3.** Promote cooperation between and consultation to agencies, communities and families through partners WIN and P.E.P. to help implement strategies for coordinating resources and empowering families.
	II.E. Identify rural children in parental custody who are in acute care residential settings, paid for by DCFS programs but served Rural Clinics. Coordinate information through Rural Clinics and acute care settings. Rural Clinics/DCFS to review/evaluate circumstances that led up to escalation resulting in a higher level of care.	**II.E.1.** Rural Clinics and DCFS team to review what did not work to maintain these children in their communities. Collaborate on corrective solutions. **II.E.2.** Develop procedures and protocols for solutions. Implement new procedures into local community offices, direct staff to implement corrective solutions.

GOALS	ANNUAL OBJECTIVE	NEXT STEPS
II. Keep Children Close to Home through education, support, advocacy, empowerment, best practice philosophy and principles, and enhancement of available resources in local communities. CONTINUED	**II.E. – CONTINUED**	**II.E.3.** Maintain review teams to monitor cooperation of agencies and effectiveness of plan. Implement corrective action if necessary to ensure that plan is in place and working.
	II.F. Continue to develop new and expand existing community resources. Look at strategies to keep children at home or bring them home with adequate treatment resources in local communities. Advocate for expanded and improved services. Continue to reduce higher level of care placements through existing services. Promote family centered and family driven resource development.	**II.F.1.** DCFS and Rural Clinics to review children in higher levels of care in other regions or out of state. Work with communities to assist in resource development or other strategies to work toward bringing those children home or closer to home. **II.F.2.** Review requests for positions and resources from agencies and programs. Assess proposed legislation and legislative requests. Incorporate information into recommendations when appropriate for advocacy and resource development for children and families in need of services. **II.F.3.** Support and promote services such as WIN and PEP in communities. Assist with advocacy for communities that seek additional resources for their children and families. **II.F.4.** Support and promote review through Utilization Review Team (URT) and individual workers alternatives to higher levels of care. Seek advocacy to involve or re-involve families who might feel disempowered in the treatment and care of their children. **II.F.5.** Review and document needs in communities in relation to children with SED and support plans for resource expansion to serve unmet needs.
	II.G. DCFS is expanding WIN services to Pahrump.	**II.G.1.** Hire and train new staff. Provide community training. Identify target population and begin services.

GOALS	ANNUAL OBJECTIVE	NEXT STEPS
II. Keep Children Close to Home through education, support, advocacy, empowerment, best practice philosophy and principles, and enhancement of available resources in local communities. CONTINUED	**II.H.** Rural Clinics caseload data for April 2004 shows 1211 youth in service with 600 labeled SED. DCFS-CBS-Reno uses standard caseload ratios for children that are 12:1 for Service Coordinators and 35:1 for Clinicians. These ratios would accommodate needs of children with SED and their families in Rural Nevada, and provide consistent staffing ratios for Nevada Children. Rural Clinics would need an additional 26.6 Clinical FTE (to serve 931 youth at a 35:1 ratio) and an additional 50 Service Coordinators FTE (600 youth with SED at a 12:1 ratio). The Children's Mental Health Section would include a Clinical Program Manager II dedicated to developing comprehensive, least restrictive, evidence based, family directed programs for children with SED and their families aimed at keeping families intact and children at home. These staff will work with children and their families wherever services are needed (in schools, homes, juvenile centers and other locations as needed). Services will involve early identification of at risk children, comprehensive evaluations, parent training, wraparound services and individual and family therapy These services will be family centered and family controlled with families participating fully in the selection of treatment team members and the development of treatment goals.	**II.H.1.** Team with Rural Clinics to provide education and information to community residents, service organizations and others interested in issues around children's mental health. **II.H.2.**Develop a plan to integrate and coordinate new services with Consortium efforts to keep children close to home. **II.H.3.** Offer a partnership to new program to include Consortium, parents, PEP and WIN. **II.H.4.** Support MHDS/Rural Clinics request for additional positions to be funded to meet unmet needs of children with SED and their families in Rural Nevada. Advocate for caseloads and resources that meet accepted standards of care. Educate Rural Communities regarding this request and the impact of these positions and resources in their communities.

GOALS	ANNUAL OBJECTIVE	NEXT STEPS
II. Keep Children Close to Home through education, support, advocacy, empowerment, best practice philosophy and principles, and enhancement of available resources in local communities. CONTINUED	**II.I.** Promote interagency collaboration on data collection and data sharing with Consortium.	**II.I.1.** Work closely with MHDS, DCFS, Medicaid and Counties to identify data elements needed to be reported by Consortium and support the development of a coordinated management information system to track behavioral health care utilization, outcomes and spending patterns. Recommend a Statewide Mental Health Coordinator be funded to centralized data collection regarding needs, services and programs for families and children with SED. **II.I.2.** Consult with partners and communities to identify data that they collect and data that they need in order to advocate and receive essential feedback. **II.I.3.** Meet with all parties and come to agreement on who will collect what data, how data will be collected, and mechanisms for sharing information with Consortium until recommended Mental Health Coordinator is funded and hired.
	II.J. Embrace and adopt Systems of Care principles and a family centered, family driven practice philosophy. Systems of Care principles: *Community-based*; *Child and Family Involvement*; *Interagency Collaboration*; *Culture Competence*; *Individualized and strength-based*; *Accountability*.	**II.J.1.** Support and promote training and coaching of Systems of Care principles. Develop resources to train providers in services that are strength-based, solution oriented, family centered, and respectful of the family. Empower families to participate in a phases of intervention. **II.J.2.** Develop ideas and implement approach to empower families and increase their participation on the consortium.
	III.A. Increase education and outreach efforts by creating a brochure to be disseminated to schools, Family Resource Centers, and other rural area services. Include Nevada PEP's 1-800 number as a resource for information and referrals. Develop new work groups that focus on education, outreach and participation by families.	**III.A.1.** Identify consumers/parents to participate in the new Education work group. **III.A.2.** Develop work group focusing on parent and youth involvement made up of Nevada PEP, WIN, Educator, Rural Clinics and DCFS. Add two consumer/parent and youth to work group. **III.A.3.** Encourage parent participation on Consortium. Include a consumer/family member on every work group and maintain at least one family member as an officer on Consortium.

GOALS	ANNUAL OBJECTIVE	NEXT STEPS
III. Expand consumer involvement at all levels of decision-making involving behavioral health services and supports for children and families in rural Nevada.	**III.B.** Continue to develop new and existing community resources, and parent and professional trainings.	**III.B.1.** MHDS/Rural Clinics, WIN, Juvenile Justice and Nevada PEP would collaborate as an instructional training team of Individual with Disability Education Act (IDEA), System of Care, and Wraparound to parents and professionals. **III.B.2.** Juvenile Justice and Nevada PEP would meet as consortium members with Juvenile Judges to discuss the Individual Education Plan (IEP) process, and share training curriculum to educate them on the process and include strategies for children and their families who deal with mental health issues. **III.B.3.** Schedule two Consortium meetings each year in rural districts outside of Carson City. **III.B.4.** Invite and place on the agenda every meeting one or more representatives or representative groups of interested persons from at least one rural community not represented by the current membership.

Section VII: Summary

The Legislation that created the Rural Consortium as a resource to develop ideas and action plans to serve the needs of families and children with SED, has inadvertently created a bifurcated children's mental health system in Rural Nevada. DCFS was assigned with the responsibility for developing the Consortium. Funding was provided to serve DCFS custody children with SED. However, Rural Clinics is the agency mandated with the responsibility for providing children's mental health services in Rural Nevada.

DCFS collects data on children that they serve. Rural Clinics collects data on the number of children that they serve. The Department of Education collects data on the number of children with special needs. Consortium partner WIN has furnished data on numbers they have served, and all are within the identified, DCFS custody population. Consortium partner P.E.P. also collects data on their program's activities such a training and advocacy, and reports to the Consortium. Other agencies and programs also collect data on children with mental health and special education needs. However, there is neither a centralized data collection system nor a mechanism to collect data on children with SED waiting for services or unable to access all of the services that they need.

Ninety-two (92) children with SED under the custody of DCFS have received services under AB-1 since WIN began providing services in March of 2002. The remaining populations without adequate identification and assessment (albeit some overlap) include children in the Juvenile Justice System, School District Referrals, children under Nevada Check-up, other children not under DCFS custody, and children on waiting lists for Rural Clinics. We support the expanded use of AB-1 funds, if available, to provide services for children with SED in other populations in Rural Nevada.

There is a consensus among rural Juvenile Justice personnel that a significant number of children who come to their agencies have mental health needs. We have proposed a pilot program for the Juvenile Detention Facility in Carson City. Carson City Mental Health Center (Rural Clinics) has offered a position for two (2) hours per week. The Juvenile Justice Center will screen youth, collect data and provide space for a case manager and therapist. As part of our advocacy to expand the use of AB-1 funds, if available, the Consortium recommends funding for a WIN position and a therapist at the Juvenile Detention Facility in Carson City. The therapist position would complete assessments and provide intervention including crisis and suicide evaluation, in order to provide critical services necessary for youth in detention who have serious mental health needs.

There is a new program currently in Winnemucca that serves youth in the Juvenile Justice System from Pershing, Humboldt and Lander Counties. This arrangement was born of an agreement and contract between Counties/Judicial District and Winnemucca Mental Health Center (Rural Clinic), using administrative funds to pay for services. The Consortium applauds the principles that resulted in this arrangement.

Our partners, WIN and PEP, have been providing much needed services to children and families in Rural Nevada in spite of a variety of challenges. We will continue to partner with them and advocate for their growth and funding. In Rural Nevada, distances between communities and limited resources provide a challenge to families trying to access private and agency providers. We need additional

resources, the inclusion and expansion of existing resources and a unifying system of care that partners providers, agencies and families. It is also imperative that licensed MFT's and LCSW's be reimbursed by Medicaid and that family support services be included for reimbursement.

Rural Clinics would require a specific section (see item II.H. in goals) be created in their agency to manage and provide services for children and families. Families and children with SED in Rural Nevada require the same specialty care from a children's mental health system that is available in other parts of Nevada. The Consortium supports the Rural Clinics request and would advocate that they become part of the Systems of Care and Family Centered Philosophy of service delivery.

There is a need for a centralized system to collect data that will identify children with Mental Health needs receiving services, on waiting lists for services, and those who need services and are not referred or on waiting lists. Agencies responsible for specific data collection need to be identified and provided with whatever resources are necessary to report this information to the Consortium. In addition, the Consortium needs to identify obstacles to providing services and work with agencies, families and providers to remove barriers and develop or request needed resources. System providers and families need to be considered as important information providers and feedback resources for the Consortium. An information network needs to be developed in rural Nevada.

A system of care philosophy and family centered/family directed practice is to be a part of the Rural Children with SED plan for service provision. Training will need to be provided and services coordinated in order to achieve this goal. Families and youth need to be empowered and welcomed as part of the Consortium. Their view and solutions are critical to good outcomes. We support a goal of increasing participation of consumers in workgroups and as part of the Consortium.

Section VIII: Recommendations

- Access to competent providers in communities where children reside is critical to ensuring safety, family integrity and stability, efficient cost and good outcomes. Therefore, in tandem with the DHCFP 2003 Behavioral Health Plan For System Redesign report, the Rural SED Consortium supports opening up all services allowing providers to be reimbursed for services provided through specialty clinics (including Managed Care). This would allow for Licensed Clinical Social Workers and Licensed Marriage and Family Therapists to be reimbursed by Medicaid for services to families and children with SED.

- Implement a pilot program for children in need of mental health services at Carson City Juvenile Detention Center. Support initial efforts by Carson City Juvenile Probation to use the MAYSI-2 for identification and Carson City Mental Health Center (Rural Clinics) to provide two (2) hours per week of intervention. Determine the methodology for identification and assessment. Coordinate pilot services with Carson City Mental Health Center (Rural Clinics) efforts to serve youth with SED in the Detention Facility. The goal is to implement similar services in the remaining rural detention centers. Expand services to meet needs through available AB-1 funding, including a WIN position and a fulltime clinician for assessment, crisis and suicide evaluation. Continue to look at community-based solutions for intervention, assessment and ongoing services for children who are SED. When requested, offer training on the WIN philosophy and process to those working in the pilot program.

- Identify children with SED who are non-DCFS custody with unmet needs, and include them in the Consortium service population wherever possible. Provide technical assistance through WIN, PEP and other Consortium partners. Assist in developing and sharing resources for children in rural communities with SED who have unmet needs. Look for grant and State funded opportunities to expand available services.

- Support rural clinics concept paper that requests a clinical program manager to oversee a program with additional staff providing services to children with unmet mental health needs and their families in Rural Nevada.

- Nevada P.E.P. will continue to coordinate with the Rural Consortium, WIN, and Nevada Family Resource Centers to partner with training in all rural areas. The Consortium supports family education as crucial to the mental health needs of children. Thus, the Consortium endorses the expansion of Mental Health Rehabilitative Services to include family support as a new service proposed by the new Medicaid Mental Health Level of Care System.

- Recruitment of Child Mental Health Specialists to serve families in Nevada is a critical need in many rural Nevada communities. Rural Mental Health will research an internship program that would support and train Licensed Clinical Social Workers and Licensed Marriage and Family Therapists to serve in rural Nevada. This recruitment program would reduce wait lists for Mental Health Services and maintain children in their local communities.

Item II.H. shows the April 2004 need for fifty (50) service coordinators/WIN FTE's to properly serve the six hundred (600) children with SED in service in Rural Clinics. In addition, the April 2004 Rural Clinics data shows the need for 26.6 additional clinical FTE to properly serve the 1211 children as adolescents in service.
The consortium recognizes the importance of a graduated approach to resolving the gaps in services and recommends fifteen (15) service coordinators/WIN positions and ten (10) clinical positions for Rural Clinics. The survey identified a need for new-targeted case managers for rural clinics to serve the unmet need. The Consortium recommends funding 11 new targeted case management positions in this legislative session in order to start addressing this need. These positions would be located in the Rural Clinics site offices at a cost of approximately $800,000/FTE Grade33. The Consortium urges the Legislature to send a letter of intent to the Department of Human Resources to develop a plan to meet this need.

- It is recommended that a Statewide Mental Health Coordinator position for children's mental health be established and funded. There is need for a centralized, coordinated data collection and tracking system for children with SED in rural Nevada. In addition to data collection from agencies, programs and communities, this position would provide leadership, advocacy and coordination of resources and children's mental health services.

- The Consortium acknowledges the need to expand services to additional populations of children with SED and their families. Therefore, we support additional funding and Wraparound Service (WIN) positions be placed in MHDS/Rural Clinics to serve children who are non-DCFS custody referred by parents, the Department of Education or the Juvenile Justice System.

- Extend Medicaid coverage for children six months after they exit from the child welfare system.

- The Consortium recommends continued funding under AB-1 to meet the initial target of serving 327 DCFS custody children with SED.

- The Consortium supports Systems of Care principles and a family centered, family driven practice philosophy. Systems of Care principles: *Community-based*; *Child and Family Involvement*; *Interagency Collaboration*; *Culture Competence*; *Individualized and strength-based*; *Accountability*. It is recommended that agencies delivering services to families and children in rural Nevada adopt and practice these principles.

- The Consortium supports training in Systems of Care, Family Centered/Family Directed Services, and Solution Oriented Process for agencies, providers, community partners and advocates, citizens and family members.

- The Consortium supports participation of families and youth on workgroups and as consortium members, and will continue to invite family members to be involved in the Consortium. It is recommended that outreach efforts be expanded to include the identification and accommodation of interested consumers. This could include reimbursement for travel-related expenses and the scheduling of Consortium meetings or establishment of new work groups in various rural communities.

ADDENDUM

Accomplishments of partner resources in conjunction with Consortium plan

WRAP IN NEVADA (WIN):

- 92 Children have been served in Rural Nevada. Fourteen (14) children in DCFS custody served by WIN at least six (6) months have achieved reunification as of January 30, 2004
- Two (2) WIN staff have been granted certifications as WIN Facilitators.
- Completed trainings in Carson City & Reno
- Met with Boys & Girls Club of Mason Valley
- Met with Rural Mental Health-Silver Springs, Yerington, Dayton, Fernley, Carson City
- Met with Mojave Mental Health
- Met with West Hills Hospital
- Met with Willow Springs Center
- Met with Behavioral Health Services-Carson Tahoe Hospital
- Met Lyon County Family to Family Connection
- Met with Central Lyon Youth Connections
- Met with Boys & Girls Club of Carson City
- Met Big Brothers/Big Sisters
- Met Mentor Center of Northern NV, Western Nevada Community College
- Consulted with "Just Kids" Program Silver Springs
- Met several times with Silver Springs Elementary & Middle School
- Consulted with Yerington Intermediate School
- Met with CASA - Carson City

- Met with Carson Middle School
- Met with Children's Behavioral Services
- Met with CC Adult Probation
- Advocated for families with Lyon County Adult Probation
- Met with Lyon County Juvenile Probation
- Met Health Access - Washoe County
- Advocated for families with Lyon County Human Services
- Met with a variety of Private Mental Health Therapists & Counselors - Reno
- Held meeting at JOIN
- Consulted with Koinonia Foster Homes
- New Frontier Treatment Center
- Worked jointly with Rural Regional Center
- Worked with Silver Springs Christian Church
- Met with Volunteers of America
- Met with A.L.I.V.E. Lyon County
- Held meetings with Boy Scouts, Lyon County
- Recruited supported from Silver Springs Little League
- Met with a Private Guardian
- Advocated for families with Nevada Rural Housing
- Faith Christian Academy - Gardnerville
- Pinion Hills Elementary School, Douglas County School District
- WIC program - Carson City
- Carson City Senior Center
- Job Connect

Elko

- 06/16/04 Community Activities
- March 2003 to date

Community Council Meetings:

Elko:
04/04/03; 05/02/03; 10/03/03; 12/05/03; 02/06/04; 03/05/04; 06/04/04
Lovelock:
03/26/03; 04/16/03
Ely:
06/05/03
Winnemucca:
03/26/03; 04/16/03
Wendover:
11/07/03; 11/20/03; 04/08/04;

Other Community Meetings, etc.:

04/05/03 - Girl Scout House/Bridge Builder project for DCFS Elko Office

05/16/03 - DCFS Foster Parent Ice Cream Social - Elko

07/30/03 - Forms Seminar TANF-Food Stamps - GBC

08/21/03 – Initial IEP - Crescent Valley

08/13/03 - Northern Nevada Transit Coalition

09/17/03 - Circle of Care meeting (suicide prevention) - Winnemucca

09/26/03 - Safe House meeting (domestic violence shelter) - Winnemucca

10/10/03 - Safe House/and Suicide prevention - Winnemucca

10/23/03 – Initial IEP - Elko

11/06/03 - Safe House - Winnemucca

11/14/03 - Ethics Workshop - GBC

11/19/03 - Suicide Prevention - Winnemucca

11/25/03 - IEP Meeting go over evaluations - Crescent Valley

12/04/03 – Tour NYTC - Elko

12/10/03 - Foster Parent Christmas Party - Elko

01/23/04 - IEP Meeting - Twin Falls, ID

01/30/04 - Safe House Meeting - Winnemucca

02/06/04 - Safe House Meeting - Winnemucca

03/05/04 - IEP Meeting - Crescent Valley

03/30/04 - IEP Meeting - Elko

04/19/04 - Wendover Health Fair

04/21/04 - IEP Meeting - Spring Creek

06/16/04 - PEP Training in Elko for IEP's

Presentations:

04/16/03 - Wraparound Presentation at Mental Health (Rural Regional) - Winnemucca

04/28/03- Meeting at Southside Elementary School with Principal, Vice Principal and Counselor re: Wrap Presentation - Elko

04/18/03 - Meeting with Elko Grammar School #2 - Principal

04/18/03 - Meeting with Mountianview Elementary – Principal - Elko

05/09/03 - Northside Elementary – Principal – Elko

05/09/03 - Elko Jr. High - Principal and Counselor

05/23/03 - Elko High School - Principal

05/08-13-15-20-22-27/03; 06/02/03 - Foster Parent Training:

07/16/03 – 4th Judicial District Court Master - Wrap Presentation – Elko

09/17/03 - Battle Mountain Mental Health -Wraparound Presentation

11/20/03 - Wendover Community Council

PARENTS ENCOURAGING PARENTS (PEP):

- Assisted 33 families of children with SED from rural communities by supplying informational materials, referrals and individual services since June 2003.

- Nevada Parents Encouraging Parents (PEP) representative appointed to the rural Consortium.

- Provided seven (7) trainings to parents and professionals in five (5) counties between June 2003 and April 2004:
  Mineral County— Individualized Education Plan (IEP) Clinic/Appropriate Evaluation and IEP Process
  Churchill County—IEP Clinic/Appropriate Evaluation and IEP Process
  Lyon County—IEP Clinic/ Appropriate Evaluation and IEP Process
  Douglas County—IEP Clinic/What is PEP and CFC
  Pershing County—Appropriate Evaluation and IEP Process

- Provided the following trainings and outreach between April 2002 and May 2003:
  Elko County—Understanding Individual Disability Education Act (IDEA)
  Carson City—What is CFC? Collaborating for Children
  Douglas County— IEP for parents and professionals
  Battle Mountain-IEP for parents and professionals
  Ely—Understanding IDEA for parents and professionals

Presentation on “What is PEP and CFC” to WIN Project staff from Carson City and Elko.

- Nevada PEP sponsored two (2) parents from rural communities to attend the Clark County School Special Education conference.

- Nevada PEP assisted children in the Juvenile Justice System from Lander County to access services.

- Assisted families and children with SED from Lander, Lyon and Douglas counties with Individual assistance concerning appropriate evaluation, IEP’s and Behavior Plans to help with educational success.

- Participated on the Transition Forum focusing on examining and eliminating the barriers that prevent all Vocational Rehabilitation consumers, who are making the transition into the adult world, from receiving the services needed to obtain and retain competitive employment through a collaborative process including students with SED.

- Introduced two parents from rural communities to the Transition Forum.
- Introduced a parent to the Rural Consortium, who attended two meetings and is now a member of the Rural Consortium.

- Attended NAMI support group for families of Mental Health Patients sharing concerns of families with children with SED. Also attended a Statewide Family Network Conference in Louisville, Kentucky focusing on parent/family participation in System of Care and Wrap Around Programs in their state.

- Attended a National FAPE Conference in Washington DC, focusing on behavior issues and school success of children with SED. Also attended an information night sponsored by Brain Power for parents in Douglas, Carson Lyon and Churchill counties.

- Attended conference on Bipolar in Fallon, NV, as well as 3 Medicaid meetings.

- Attended conference in Las Vegas focusing on children in the Juvenile Justice System with SED.