Rural
Mental Health Consortium

Fourth Annual Plan

July 15, 2005

RURAL MENTAL HEALTH CONSORTIUM
FOURTH 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	Foster Parent
Joanna Wilson	Carson City School Board
Ted Tuso	Division of Child and Family Services
Ray Kendell	Division of Mental Health Development Services
John Simms, Vice Chair	Carson City/Storey Juvenile Probation
Retta Dermody	Nevada Parents Encouraging Parents (PEP)
Jane Ripley	Winnemucca Juvenile Probation/Children's Services
	Community Child Advocate
Kathyrn Cordell	Division of Health Care, Finance and Policy
Melissa Bakker	Business Representative

Non-voting Member

Sue Palmer, Secretary	Division of Child and Family Services

Structure and By-Laws

During the past year the consortium has taken three steps to strengthen the overall consortium which include:

- Changing the by-laws to allow members to be on tele-conference to allow more representation for rural areas away from Carson City;
- Changing the by-laws to allow members to have proxy votes by informing the chairperson 24 hours in advance and sending the proxy prior to the meeting; and
- Scheduling the meetings on consistent days, months in advance so members are better able to plan their schedules and ensure representation at the meetings.

Section II: Overview

The Consortium, established by AB-1, has met eleven (11) times since the submittal of the last plan dated July 1, 2004. The focus of the first three reports and the work of the consortium during that time were to complete the requirements of the legislation around assessment. During the past three years there has been significant improvement in mental health services for children and youth in the child welfare system through the implementation and expansion of the wraparound in Nevada (WIN) program. AB-1 funding was provided for the development and implementation of strategies to address the needs of children with SED in DCFS custody through community based services. 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 in DCFS custody that are higher levels of care and an increase of services for children with SED and their families in rural communities. Children diagnosed with SED in DCFS custody have benefited from this initiative and the implementation of the Consortium plan. This was a primary intent of the AB-1 legislation however the responsibility of the consortium extends to all children and families who have mental health needs in the jurisdiction. While new efforts and programs have been initiated for other groups of children and youth, the overall need for mental health services and how well this need is being met has not changed noticeably. For this reason the consortium decided last year to focus on developing an implementation plan of items Consortium members could accomplish without significant additional resources. The needs to be addressed are summarized in Section VI and the goals and action plans are in Section VII.

There remains a significant unmet need. According to data reported in 2002, less than 13 % of the children who need individualized and coordinated services in rural Nevada are receiving them. Current updates of this assessment estimate that these levels have not changed.

The consortium has developed four primary goals for this year's plan, which are:

I. Improve early assessment and access to behavioral health services for children in rural Nevada who need mental health services.

II. Keep children close to home through education, support, advocacy, empowerment, best practice philosophy and principles, and enhancement of available resources in local communities.

III. Expand consumer involvement at all levels of decision-making involving behavioral health services and supports for children and families in rural Nevada

IV. Develop a new needs assessment protocol and process for the rural jurisdiction, which includes the various partners into a way that coordinates information and helps focus the Consortium to address priority areas in relation to all of the children and youth in need.

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, Second Annual Plan in January 2003, Third Plan in July 2004, and the Fourth Plan in July 2005.

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

- WIN had a 42% increase over last report period with 131 children served from June 2004 through June 2005.

- WIN recruited and hired a supervisor and clerical position to help support the Rural Region.

- Expansion of WIN services, recruited and hired for a new WIN facilitator in Ely to serve children with SED in custody of DCFS.

- Trained eight (8) new facilitators all to replace vacated positions.

- Program manager attended "Train the Trianer" conducted by Vroon and Associates.

- Based on one hundred ninety-two (192) child and family team participant's survey's, the rural staff averaged 3.75 on a scale of 4.0 (4 being the highest degree of satisfaction). These surveys recorded 12 measures of satisfaction.

- 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.

- 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.

- 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).

- 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.

- 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.

- Nevada PEP has hired a parent from a rural community who is raising a child who suffers from a SED as Nevada PEP's Rural Wraparound in Nevada Family Specialist.

- The Nevada PEP Rural Consortium Member was able to bring a youth with Serious Emotional Disturbance, and the parent as well to share their experiences and frustrations with the Rural Consortium. The development of the relationships built between the consortium members and this family this young adult made it through senior year. There were many trials during the last year of school. He had a severe relapse and became involved with juvenile justice. At the same time it became apparent that he had and inappropriate IEP, with and inappropriate diagnosis. The family supported by members of the Rural Consortium was able to get through these traumatic times and see and participate in graduation ceremonies for the year of 2005. During this time the parent and young adult were able to participate in the Children's Mental Health State Infrastructure Grant stakeholders meeting.

- Nevada PEP has been able to hire a bi-lingual person who will focus on our Collaboration for Children Project and will assist Nevada PEP's Rural Wraparound in Nevada Family Specialist with Spanish speaking families.

- Nevada PEP has been written into the SIG Grant as the family partner and organization to provide parent prospective through the state.

- Nevada PEP introduced the parent of a child suffering from a Serious Emotional Disturbance to the Rural Consortium. This parent is also a School Board member and has become a voting member of the Rural Consortium as well.

- Nevada PEP was able to attend the "Train the Trainer of High Fidelity Wraparound" with DCFS partner.

- Nevada PEP attended training in functional behavior assessment with state partners.

- The Nevada PEP Consortium member, the Nevada PEP Rural Wraparound in Nevada Family Specialist, with two other Consortium members attended the Rural Mental Health Symposium. One from our partner, DCFS, and the other Juvenile Justice. While in attendance they were able to attend with two other State of Nevada stakeholders. A representative from Mental Health and Development Services, Coordinator of Support Programs, and the other a DCFS Mental Health Counselor working with the Youth Parole Board.

- Nevada PEP provided training and support services to rural communities. Educating families and service providers on issues concerning children and youth with Serious Emotional Disturbances.

Section V: Data and Statistical Information

Currently, there are 30 children in foster care 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. After 18 months of follow-up these trends have remained the same.

The 2003 surveys found that for children in the juvenile justice system, the rate of unmet need was much higher. That study suggested that 79% of the juvenile offenders need some level of behavioral health services and 54% need intensive levels of community-based services.
Within the juvenile justice system, 71.1% of youth with a need for mental health services were underserved and 36.7% of youth with SED were receiving no behavioral health services. Our update of this information finds little change in these estimates.
It has been agreed that Carson City WIN would begin to track the number of youth who were held in detention to determine if a WIN facilitator position would be justified in the next plan.

Section VI: Summary of Needs

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. The diffuse responsibility presents challenges and opportunities. The challenges include: fragmented responsibility, resources and data. The opportunities are that coordination across stakeholders for behavioral health can have pervasive impacts for coordination of care in all the ways that child and family needs cross agency boundaries.

Our goal is to use the Consortium as a focal point to build a coordinated system for children and families in rural Nevada. To do this we plan to address goals to coordinate services and data use to drive decision-making.

Currently each system collects some data on the children they serve. No one agency is responsible for data collection across agency lines. 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.

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. We plan to address this through Goal IV.

Each partner is responsible for providing services based on specific eligibility criteria. No one agency is responsible for overall behavioral health services for children and their families. 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 partner's 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. We begin to address these issues in Goals I and II.

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. We are addressing this need through Goal III.

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

The Consortium operates under a set of values that 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. The Consortium has developed four goals and related yearly objectives for 2005. The four goals are listed with their related objectives below:

I. Improve early assessment and access to behavioral health services for children in rural Nevada who need mental health services.
   - Establish a single standardized screening instrument that establishes a consistent basis for full assessment throughout the rural areas.
   - Continue to research the procedures to establish ongoing mental health interventions in the Regional Juvenile Justice System.

II. Keep children close to home through education, support, advocacy, empowerment, best practice philosophy and principles, and enhancement of available resources in local communities.
   - Work to develop a greater collaboration between the Division of Child and Family Services and Rural Clinics Administration
   - Workgroup to track the children and youth who are out of community across systems to begin to figure ways to reduce the number and length of these stays

III. Expand consumer involvement at all levels of decision-making involving behavioral health services and supports for children and families in rural Nevada
   - Develop new work groups for education, outreach and participation by families.
   - Increase education and outreach efforts by creating a brochure to be disseminated to schools, Family Resource Centers, and other rural area services.

- Continue to develop new and existing community resources, and parent and professional trainings.

IV. Develop a new needs assessment protocol and process for the rural jurisdiction, which includes the various partners into a way that coordinates information and helps focus the Consortium to address priority areas in relation to all of the children and youth in need in the region.
   - Form a workgroup to determine the data sources and needs from the various partners in the consortium.
   - Develop a proposal for the fifth annual assessment. The rural mental health Consortium has organized into workgroups to develop these plans and will use these workgroups to develop specific implementation plans with time lines and responsibilities prior to the October 2005 meeting.

2005 Goals, Objectives and Next Steps

Goal One: Early Assessment and Access for Rural Children with SED in Need of Mental Health Services.	
ANNUAL OBJECTIVE	**NEXT STEPS**
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.	**I.C.1.** Review instruments currently used by agencies and organizations in communities. **1.C.2** 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.
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	**I.D.1.** Develop collaboration with 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 2005. Develop and print informational brochure.

and treatment resources. Expand and increase circulation of PEP newsletter to educate and increase awareness in rural communities.	**I.D.3.** Identify families, local resources and providers for P.E.P. mailing list.
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.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. A member of the Consortium to work with the Statewide Mental Health Coordinator to collect data regarding children with SED and programs, include programs and children in the Juvenile Justice System. Data 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 and Carson City Mental Health Center to provide crisis intervention and follow-up care.	**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. **I.F.4** Establish protocol between Carson City Juvenile Detention Center, Carson City Mental Health Clinic and W.I.N.

Goal Two. Keep Children Close to Home through education, support, advocacy, empowerment, best practice philosophy and principles, and enhancement of available resources in local communities.	
ANNUAL OBJECTIVE	**NEXT STEPS**
II.A. Develop new and expand existing crisis/early access teams in Rural Nevada. Research existing models.	**II.A.1.**Review and identify need for expansion of teams to include additional communities and new stakeholders.
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 **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	**II.E.1.** Rural Clinics and DCFS team to review what did not work to maintain these

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.	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. **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.
II.H. Rural Clinics will continue to develop mental health programs for children with a ration of 12:1 for service coordinators and 35:1 for clinicians. 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	**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

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.	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. **II.H.5.** Develop a system of data collection in the area of partnership between Rural Clinics and DCFS on programs for SED children.
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*; *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

Goal Three: Expand consumer involvement at all levels of decision-making involving behavioral health services and supports for children and families in rural Nevada.	
ANNUAL OBJECTIVE	**NEXT STEPS**
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 P.E.P.'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.
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.

Goal Four: Develop a new needs assessment protocol and process for the rural jurisdiction, which includes the various partners into a way that coordinates information and helps focus the Consortium to address priority areas in relation to all of the children and youth in need in the region.	
ANNUAL OBJECTIVE	**NEXT STEPS**
IV.A. Develop a cross system workgroup to plan the new assessment protocol and process.	**IV.A.1.** Coordinate with the state and state infrastructure grant and include some joint membership. **IV.A.2.** Recruit membership from DCFS, rural clinics, juvenile justice, schools, P.E.P., and others who know their data systems and needs.
IV.B. Complete a needs and feasibility assessment to define what should be in revised protocol.	**IV.B.1.** Complete a survey/interview of key people across systems to determine needs for data information. **IV.B.2.** Review current data availability across systems.
IV.C. Develop recommendations for revisions	**IV.C.1.** Summarize assessment findings and develop prototype of coordinated report. **IV.C.2.** Develop specific recommendations for DCFS and DHR review and legislative approval.