Rural

Mental Health Consortium

Fifth Annual Plan

July 15, 2006

RURAL MENTAL HEALTH CONSORTIUM
FIFTH ANNUAL PLAN

Section I: Membership

The Rural Mental Health 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	Community Member
John Simms, Vice Chair	Carson City/Storey Juvenile Probation Department
Patricia Hedgecoth	Division of Child and Family Services
Ted Tuso	Division of Child and Family Services
Lorraine Vazquez	Foster Parent
Ray Kendell/SueAnn Bawden	Division of Mental Health and Development Services
Retta Dermody	Nevada Parents Encouraging Parents (PEP)
Melissa Bakker	Battle Mountain School Board Member/Parent
Jane M. Ripley	Chief Juvenile Probation Officer, Sixth Judicial District Court-Youth and Family Services
Jan Marson	Business Representative
Coleen Lawrence/Jean Estrada	Division of Health Care, Finance and Policy

Section II: Overview

The Consortium has met thirteen (13) times since the submittal of the last plan dated July 15, 2005. Eleven of these meetings were regular monthly meetings, one was to assess progress and develop goals for the work in 2006 and the last was to develop this plan. The legislation that established this consortium focused on ensuring the needs were being met for children in the child welfare system and has provided funding for the development and implementation of strategies to address the needs of children with Serious Emotional Disturbances (SED) in child welfare custody through community based services. The focus of the first four reports and the work of the consortium during that time were to complete the requirements of the legislation around assessment and to improve behavioral health services for children in the rural area who were in the child welfare system. These efforts have been largely successful.

During the past four 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, expansion of intensive family services, and reorganization and training for child welfare staff. The Consortium has seen great success with the first phases of the roll out plan including a promising reduction in the number of children in Division of Child and Family Services (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 legislation however the responsibility of the consortium extends to all children and families who have behavioral health needs in the jurisdiction.

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. 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 to focus efforts on the larger system of behavioral health system for children and their families in rural Nevada. The rural region while covering a large geographical region includes only 13.1% of Nevada's population. In addition, the Consortium realizes that the membership of the consortium has many other duties and responsibilities and decided that while it is important to address the goals that are most important to the overall system that the objectives needed to be small enough that they can be accomplished in the following year. The consortium has developed five primary goals for this year's plan, which are:

I. Improve overall access to behavioral health services for children and their families in the rural areas of Nevada to keep kids close to home.

II. Improve the workforce to provide behavioral health services in rural Nevada.

III. Improve integration of efforts and local supports to meet the behavioral health needs for children and families in rural Nevada.

IV. Expand consumer involvement at all levels of the behavioral health system in rural Nevada.

V. Improve information for decision making for the consortium.

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; and,
- 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

- During the past year, the consortium has reached out to rural communities and had meetings in Winnemucca and Elko. In addition, the consortium has hosted stakeholders meetings to get their input on the current state of children's behavioral health services in rural Nevada and to prioritize needs for the fifth annual plan.

- The Consortium completed the development of a Rural Mental Health Brochure and distributed copies in English and Spanish. They have contacted consumers and agencies to support the development of local groups to work with PEP and other consortium partners in disseminating information.

- Parents Encouraging Parents (PEP) is providing education opportunities and training for parents to better understand: children's mental health issues, knowledge of and how to access available resources, and how to be involved in system evaluation, planning and implementation. PEP started a support group in one of the rural communities and some families are traveling up to an hour to get there.

- There is has been an expansion of local coalitions in rural Nevada communities who are broadening their scope and partnership and beginning to work more on behavioral health. For example, Family Resource Centers are providing effective coordinated non traditional family support within many rural communities. As a result of these efforts agencies are communicating better and are more willing to go outside their normal practices to help children and families. Through these efforts there is a growing and shared sense of responsibility for all of the kids in the communities.

- There is a more realistic acknowledgement of the need for behavioral health services for children and families and better support to do something about it. Through ongoing presentations to community groups, agencies, organizations and stakeholders, rural consortium members have seen support for behavioral health services increase and the stigma of seeking services is beginning to decline.

- Joint efforts by consortium members in the past year have been able to more clearly define the need for behavioral health services within the juvenile detention facilities and develop plans for ways to accomplish this. Through these efforts one of the top priorities of the consortium for the coming year was developed.

- The Medicaid redesign has helped to better meet the needs of children and families and support providers to address these needs. The development of the new service structure, categories, rates and authorization processes has made it easier to individualize services to meet the unique needs of each child and family. Providers report that the new system is working better and based on these changes there is an increasing desire of out of state providers to come into Nevada and provide behavioral health services.

- Rural clinics are starting an intensive program that has a dedicated supervisor and is interviewing child specific staff to provide intensive services with reduced case loads. This expansion of children's behavioral health services is being done in partnership with DCFS and rural consortium efforts to develop an integrated continuum of care. This joint effort has established the clear need for expanded funding and positions within the rural clinics.

- Early community based needs assessment processes have been implemented for Carson City, Eureka, Douglas, Lincoln, Nye, Churchill, Humboldt, White Pine, Pershing, Lander, Elko, Storey, Esmeralda, Lyon, and Mineral Counties to identify 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.

- 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 Parents Encouraging Parents (PEP) provided training and support services to rural communities. Educating families and service providers on issues concerning children and youth with Serious Emotional Disturbances (SED). During the past year this effort has increased with more training provided and providing information for families who have a child with SED.

Section V: Needs Assessment

During the past year several assessment activities have been completed that helped to inform the needs assessment for this report and the accompanying plan. These consisted of:

- A review of the services provided through rural clinics, Intensive Family Services (IFS) and Wraparound in Nevada (WIN) for children and families in the rural area.
- A review of the needs of youth in the juvenile detention facilities.
- The Rural Region Assessment that gathered information from several sources including: the rural self assessment by area and district offices, community stakeholder assessment, workload surveys, and available data reports from state databases including Unity, SOAR, and the Quarterly Supervisory Case Review.
- A survey of foster parents satisfaction toward Nevada's system of child welfare
- A meeting of stakeholders to review past accomplishments and plans and to set priorities for the upcoming year.

Findings from these assessments that address the status of the rural behavioral health system for children and families include:

- Community context studies suggest that the needs for children and families are becoming greater overtime. Rural Nevada has seen an increase in Methamphetamine as well as other substances. This has pervasive impact on the children in these homes and increases the need for behavioral health, child welfare, law enforcement, and juvenile justice services in these communities. Paired with the transient lifestyles and isolated living situations for many of these families, risk factors for children are much greater in rural Nevada. There is a general lack of community resources in rural Nevada communities for both formal services and natural supports which makes meeting the needs of these children and families even more complex and challenging.

- A study in 2003 found that more than 76% of the children in the child welfare system who needed community-based behavioral health services were not receiving them. The

rural region self assessment in 2006 found that this number had decreased to less than 10%. There has been a steady improvement in availability of behavioral health services for these children and the expansion of WIN and IFS services has resulted in significant improvements in outcomes for these children. The self assessment found a need for more community-based services to keep children and youth in their home communities. The assessment found that of the 90% of the children who were having their needs met, some were being removed from their home communities to receive services to ensure safety because of lack of community-based alternatives.

- 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. Survey results suggest that the waiting lists would be longer but that some families and referral agencies do not refer for rural clinic services because they do not believe they will be available.

- Assessments in 2003 found that for children in the juvenile justice system found 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. Update surveys of this information find no improvement in these statistics in 2006.

- 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.

- One of the goals of the rural consortium is to keep children and youth at home and in their home communities. The rural assessment and assessment of foster parents each found that primary caregivers do not feel that they are being heard and actively involved in the development of the plans for the children for whom they are responsible. While work of PEP and others to train staff and offer more family-centered approaches (e.g., IFS and WIN) has been underway, more than 30% of the caregivers are reporting not being involved. Foster parents in rural Nevada were more dissatisfied with the system than foster parents in Washoe and Clark counties. This was due to less support and less available resources to support them. They also are requesting even more information about the children they are caring for and information about emotional and behavioral disorders.

- The overall assessment of needs has found increasing resources to address behavioral health needs but lack of adequate manpower has created a ceiling to how well these

resources can be used to address the need. Rural clinics, DCFS, and community providers report ongoing difficulty filling positions and retaining staff. An overarching recommendation from the rural assessment is to better protect children in-home and prevent removal from home and community, and to expand coverage of in-home support services and have local positions available in the rural areas that currently do not have dedicated staff. Filling these positions will be a challenge without an integrated recruitment strategy and plans to address staff retention.

- One issue was that 57.4% of the staff interviewed expressed concerns for their own safety related to unsafe vehicles, isolation in rural areas, going into unknown situations (e.g., weapons, violent people, drugs and alcohol, and unrestricted animals). An even more consistent finding was that staff expressed a need for more direct support from supervisors to help them with challenges of working in the rural areas and working across systems.

Section VI: Summary of Needs

The Rural Consortium prioritized the above needs and developed an action plan for SFY 2006/2007. The priorities listed the

- DHHS Division Health and Human Services should develop staff and fund an integrated work force development plan that includes a full time recruiter, development of an interactive website, specialized recruitment materials for the rural communities of Nevada. This plan should include a staff liaison to coordinate with Nevada institutes of higher learning to develop internships, independent studies and to recruit students from rural communities into professional degree programs with emphasis on specific rural curriculum.

- DHHS Division Health and Human Services should request funding for the initial phase-in of behavioral health services to be provided for youth in juvenile detention facilities. Proposals have been developed to staff detention facilities with enough behavioral health staff (working in clusters) to address the needs of youth with these facilities. In the first year a teamof two WIN workers, a group therapist and an IFS therapist could function as the first of these teams.

- Support staff and flexible funding should be provided for someone to coordinate rural consortium activities and to pay expenses for families and others to travel and participate in rural consortium activities.

- The goals of the plan focus on other objectives that rural consortium members can address in the coming year.

Section VII: 2006-2007
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 2006-07. The four goals are listed with their related objectives below:

Goal One: Improve Overall Access to Behavioral Health Services for Children and Their Families in the Rural Areas of Nevada to Keep Kids Close to Home
Objective One: Partner with rural schools for continued phase-in of Positive Behavior Supports in Schools
Objective Two: Begin phase-in of behavioral health supports for juvenile detention facilities
Objective Three: Expand WIN Wraparound in Nevada program for children who are not in child welfare custody
Objective Four: Advocate/support increased funding and resources for family resource centers and family to family programs
Objective Five: Build capacity for residential placements in local communities

Goal Two: Improve the Work Force to Provide Behavioral Health Services in Rural Nevada
Objective One: Develop resources and supports to recruit and sustain staff in rural areas
Objective Two: Develop and implement steps by the consortium and represented organizations to recruit staff
Objective Three: Expand the number of child psychiatrists in the rural region
Objective Four: Improve the cultural and linguistic proficiency of the rural workforce

Goal Three: Improve Integration of Efforts and Local Supports to Meet the Behavioral Health Services for Children and Families in Rural Nevada
Objective One: Expand and strengthen the membership and partnership of the consortium
Objective Two: Create stronger partnerships between the consortium and local community coalitions
Objective Three: Improve collaboration and partnership between the consortium and the family resources centers
Objective Four: Develop sustained support for collaborative/integrated efforts in the rural communities

Goal Four: Expand Consumer Involvement at all Levels of the Behavioral Health System
Objective One: Expand family support and family advocacy services in the rural areas
Objective Two: Enhance family empowerment and system level involvement

Goal Five: Improve Information for Decision Making for the Consortium
Objective One: Develop a cross system workgroup to update the needs assessment process
Objective Two: Determine data needs and use
Objective Three: Develop a plan to implement the assessment process

2006-07 Goals, Objectives and Next Steps

Goal One: Improve Overall Access to Behavioral Health Services for Children and Their Families in the Rural Areas of Nevada to Keep Kids Close to Home

Objective One: Partner with rural schools for continued phase-in of Positive Behavior Supports in Schools		
Action Steps	**Responsible**	**Due**
1. Continue researching on working school-based programs and developing materials to share with school leadership. 2. Research what Nevada is doing about Positive Behavior Support (PBS)and who are key stakeholders in this effort. 3. Partner with PBS stakeholders to develop next steps plan. 4. Meet with the superintendents to provide general information about these programs. 5. Identify resources needed for schools to successful implementation of schools for children and youth with intense needs. 6. Request funds for consortium to support collaborative pilot projects with rural school sites.	**Ruth Aberasturi** **Richard Tree** **Melissa Bakker** **Polly Morton**	**06-30-07**
Objective Two: Begin phase-in of behavioral health supports for juvenile detention facilities		
Action Steps	**Responsible**	**Due**
1. Request funding for and develop a team of behavioral health professionals to support youth and their families in the rural juvenile justice system including a counselor to monitor meds and provide direct services in the detention facilities, two WIN workers and a family support provider to provide wraparound for the families of these kids, and an in-home therapist to support these families. 2. Develop a data report that documents the needs, how well this need is being met and the outcomes of not meeting this need for youth in detention. 3. Advocate with local legislators to support this phase-in. 4. Explore the possibility of using IV-E funding to support juvenile justice programs.	**Ted Tuso** **Jane Ripley** **John Simms** **Polly Morton**	**Upon approval** **07-01-07**
Objective Three: Expand WIN program for children who are not in child welfare custody		
Action Steps	**Responsible**	**Due**
1. Support creation of 10 new positions in rural Nevada to provide WIN services for children with SED and their families who are eligible for Medicaid and not in child welfare custody. 2. Develop a data report that documents the needs, how well this need is being met and the	**Ted Tuso** **Patricia Hedgecoth**	**On-going**

outcomes of not meeting this need for these youth and families based on needs for specific communities. 3. Support creation of 5 new positions in rural Nevada to provide WIN services for youth with SED and their families who are not eligible for Medicaid but in the juvenile justice system. 4. Develop a data report that documents the needs, how well this need is being met and the outcomes of not meeting this need for youth in juvenile justice for specific communities. 5. Review and support the development of a funding source for WIN services for children with SED who are not eligible for Medicaid (e.g., 1915-C home and community based support waiver, TEFRA, or other financing methods)	**Retta Dermody** **Kim Riggs** **Jean Estrada**	
Objective Four: Advocate/support increased funding and resources for family resource centers and family to family programs		
Action Steps	**Responsible**	**Due**
1. Identify and meet with leadership from the local resource centers and determine strategies to support continued and expanded behavioral health services and supports for children and families in their areas. 2. Follow through on the strategies to support and advocate for increased funding and resources for the family resource centers and family to family programs.	**Kim Riggs** **Ruth Aberasturi** **Retta Dermody**	**07-01-07**
Objective Five: Build capacity for residential placements in local communities		
Action Steps	**Responsible**	**Due**
1. Develop information to define the need for local residential placement within rural communities that is mapped to the local rural communities. 2. Invite the Nevada Youth Care Providers to work with consortium to develop plan to meet this need.	**Jan Marson** **SueAnn Bawden**	**07-01-07**

Goal Two: Improve the Work Force to Provide Behavioral Health Services in Rural Nevada

Objective One: Develop resources and supports to recruit and sustain staff in rural areas		
Action Steps	**Responsible**	**Due**
1. Advocate and support hiring of a full time recruiter at DHHS level who will work across divisions to develop and implement a recruitment plan for filling state positions in the rural areas. 2. Advocate and support development of a budget and resources to support the recruiter for travel, materials for recruitment, web-site development/refinement, and other recruitment	**SueAnn Bawden**	**06-30-07**

activities 3. Advocate and support recruitment incentives for staff in rural areas including pay differentials, signing bonuses, and retirement enhancements.		
Objective Two: Develop and implement steps by the consortium and represented organizations to recruit staff		
Action Steps	**Responsible**	**Due**
1. Work with local stakeholders to develop recruitment packages that show the advantages of living in specific rural Nevada communities. 2. Develop more specific and inviting descriptions of the jobs to encourage people to want to apply for the jobs. 3. Contact rural agencies and organizations that do recruitment and develop joint and shared strategies for recruitment (e.g., having school recruiters take job positing for mental health openings to job fairs at universities). 4. Contact local Chamber of Commerce's to put link from their web site to state job postings focusing on easy links between all sites. 5. Encourage any agency with website to include user friendly links to recruitment sites and pages. 6. Contact all Nevada colleges and universities to check on incentive program (tuition forgiveness) for home grown professionals. 7. Develop priorities and approaches to recruit cultural and linguistic diversity for the rural workforce.		**On-going**
Objective Three: Expand the number of child psychiatrists in the rural region		
Action Steps	**Responsible**	**Due**
1. Support the University of Nevada School of Medicine residency program to provide psychiatric services in the rural area through the residency program.	**Becky Richard - Maley**	**On-going**
Objective Four: Improve the cultural and linguistic proficiency of the rural workforce		
Action Steps	**Responsible**	**Due**
1. Advocate and support incentives for bilingual staff (working on certification) in rural areas including pay differentials, payment for tuition, release time. Includes sign language. 2. Advocate and support equitable caseloads for bilingual staff for the additional translation they do. 3. Support the assessment of existing resources including staffing patterns, gaps analysis 4. Partner with the statewide cultural diversity committee to develop and coordinate implementation of the state plan for cultural proficiency and access to services for individuals	**Sharon James Patricia Hedgecoth Ted Tuso Ruth Aberasturi**	**On-going**

with limited English proficiency.		

Goal Three: Improve Integration of Efforts and Local Supports to Meet the Behavioral Health Services for Children and Families in Rural Nevada

Objective One: Expand and strengthen the membership and partnership of the consortium		
Action Steps	**Responsible**	**Due**
1. Develop stronger partnership through active participation from family resource centers, additional families, tribal agency and family representatives, local county coalitions, and school boards. 2. Implement a process to determine satisfaction with and benefit of consortium membership for current members. 3. Develop plan to improve satisfaction with and usefulness of consortium membership for all members also adding youth involvement and utilizing an appointed youth representative as a member.	**Retta Dermondy** **Polly Morton** **A representative of Inter-Tribal Council of Nevada, Inc.** **TBD**	**01-30-07**
Objective Two: Create stronger partnerships between the consortium and local community coalitions		
Action Steps	**Responsible**	**Due**
1. Identify the local community coalitions. 2. Develop strategies to have consortium members (ambassadors) assigned as contacts to each local community coalition and attend and participate in local community coalitions. 3. Ambassadors will report back on local community coalition work and priorities to the consortium. 4. Provide information about consortium activities from the consortium to the community coalitions through the consortium ambassadors. 5. Invite community coalitions to present and participate in consortium planning and stakeholder meetings. 6. Provide agendas, minutes and plans of the consortium to local community coalitions. 7. Request that PEP send newsletters to local community coalitions and Family Resource Centers. 8. Develop press releases and articles about consortium activities for local newspapers.	**To be determined**	**On-going**
Objective Three: Improve collaboration and partnership between the consortium and the family resources centers		
Action Steps	**Responsible**	**Due**
1. Build from the PEP orientation package about systems of care and the work of the consortium to orient family resource centers.	**Retta Dermody** **Kathy Hughes**	**01-30-07**

2. Get the list of all local family resource centers and leadership in each area. 3. Partner with local community coalitions to meet with the key stakeholders of each family resource center to present the orientation and to determine the areas of mutual interest that could be addressed together.	**Polly Morton** **Jean Estrada**	
Objective Four: Develop sustained support for collaborative/integrated efforts in the rural communities		
Action Steps	**Responsible**	**Due**
1. Designate a workgroup to develop a job description including duties and budget to support a paid staff person to support the consortium including coordinating with local coalitions. 2. With the development of the budget begin to advocate for funding to support this after the SIG grant ends.	**Ted Tuso** **Patricia Hedgecoth** **John Simms** **Ruth A.**	**09-30-07**

Goal Four: Expand Consumer Involvement at all Levels of the Behavioral Health System

Objective One: Expand family support and family advocacy services in the rural areas		
Action Steps	**Responsible**	**Due**
1. Request expanded funding to hire one new family support provider for the rural area from the mental health block grant from DCFS. 2. Encourage legislative support to and enhance family advocates for family resource centers in rural areas.	**Ted Tuso** **Becky Richard-Maley** **Patricia Hedgecoth**	**On-going**
Objective Two: Enhance family empowerment and system level involvement		
Action Steps	**Responsible**	**Due**
1. Family Organizations will provide training for rural professional staff in family-centered practice. 2. Family organizations will support the development of additional parent support groups in rural communities.	**Retta Dermody** **Kathy Hughes** **Polly Morton**	**On-going**

Goal Five: Improve Information for Decision Making for the Consortium

Objective One: Develop a cross system workgroup to update and evaluate the data needs assessment process for the rural annual plan.		
Action Steps	**Responsible**	**Due**
1. Coordinate with the state system partners, the state infrastructure grant and encourage joint cooperation. 2. Recruit membership from DCFS, MHDS, rural clinics, juvenile justice, schools, P.E.P., and others who know their data systems and needs.	**To be determined**	**06-30-07**
Objective Two: Determine data needs and use		
Action Steps	**Responsible**	**Due**
1. Review current data availability across systems after reviewing IFC Responses. 2. Determine if there are additional needs.	**To be determined**	**1-30-07**
Objective Three: Develop a plan to implement the assessment process		
Action Steps	**Responsible**	**Due**
1. Summarize assessment findings and develop prototype of coordinated report. 2. Develop specific recommendations for DCFS and DHHS review and legislative approval.	**To be determined**	**06-30-07**