

Washoe County Children's Mental Health Consortium

Summary of the Annual Plan 2015-2016



The Washoe County Children's Mental Health Consortium (WCCMHC) was formed in 2002 to fulfill the legislative requirements of NRS 433B and to strengthen the local partnership working toward creating an integrated system of behavioral health care for children and families of Washoe County. NRS 433B established Mental Health Consortia in each of three jurisdictions in Nevada. The functions of the Consortia are to assess the need for behavioral health services for children, assess how well the current system is meeting the need in the community and develop an annual plan on how the need can be better met.

The Washoe County Consortium continues to focus our efforts on the four goals listed below. The annual plan will outline progress made over the past year and goals going forward in 2015-16.

PRIORITIES OF SERVICES NECESSARY TO IMPLEMENT 10-YEAR PLAN

The Consortium formed four workgroups to address 4 prioritized goals presented in the initial plan, '2020 Vision' A Call to Action, Ten Year Plan for Children's Mental Health: January 2010 – December 2020.

GOAL 1: Serve Youth in Their Home Communities - Enhance Washoe County's capacity to provide community-based, wraparound treatment and care to serve youth locally in a manner that supports safety, stability, and permanency.



Mobile Crisis Program and program expansion to Washoe County:

In the 2014-15 annual plan, WCCMHC requested funding for the Mobile Crisis program to expand to Washoe County. This request was fulfilled with support received from the State of Nevada Governor's Advisory Council on Behavioral Health and Wellness. The Division of Child and Family Services has employed eight professionals, four Psychiatric Caseworkers and four Mental Health Counselors to provide Mobile Crisis response services in Washoe County. The program was rolled out on October 13th, 2014 and is already showing a high hospital diversion rate. After one year of operation, Clark County has accomplished over a 90% hospital diversion rate and this will be a performance measure for Washoe County Mobile Crisis as well.

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Mobile crisis services are dedicated to the goal of helping children or youth remain in the least restrictive setting possible, preferably a family or relative home. Mobile Crisis serves a key function in the system of care by providing community-based services that the youth can access wherever the youth experiences crisis. The ultimate goal of Mobile Crisis is to divert youth from psychiatric hospitalization. In Washoe County, youth are waiting in the Juvenile Services detention center and/or going to high level/high cost services such as out of state residential treatment centers. Washoe County Juvenile Services reports that approximately 70 youth in any given year are placed in a residential treatment center due to mental and behavioral health issues. The majority of these youth were in mental health crisis at the time of detention.

A recent report from the Lincy Institute at University of Nevada Las Vegas reported that Nevada children suffer from a higher rate of depression than children in other states. Nevada's children access mental health services at a much lower rate than those children in other states. A mobile crisis team will work to reduce the impact of a mental health crisis, mitigate the likelihood of future crisis incidents, and stabilize the family situation. The youth can remain in the community, thus reducing the need for costly out of state residential treatment center placement.

As of August 2014, in Clark County, the Mobile Crisis Program has seen tremendous success, as the Mobile Crisis Response Team had received more than 175 crisis calls, and dispatched to 112 crisis situations. It is anticipated that Washoe County will benefit from these services in a similar manner.

Offer full continuum of care in children's mental and behavioral health services in Washoe County:

WCCMHC has identified a need in Washoe County to expand local residential treatment options for children and youth. The lack of community based residential treatment options leads to children being sent to out of state facilities to get needed stabilization and treatment. Residential Treatment Center (RTC) staff frequently recommends that children transition to a less restrictive setting prior to returning to the family home. There is currently a lack of providers offering community based services. This impacts their length of stay in out of state treatment facilities and effective, timely discharge planning. Oftentimes, children are returned back home which is a far less structured environment where the family is not prepared to provide the recommended follow up care. The results are a high recidivism rate and multiple acute hospitalizations.

The Governor's Council recently changed the regulations for RTC which will allow for growth of such facilities in Nevada. The WCCMHC recommends that a concerted effort be made to recruit RTC providers and funding strategies be used to assist those in need such as Money Follows the Person or the 360 program. WCCMHC supports Nevada PEP in administering the 360 program with the focus of providing support to families of children with co-occurring developmental disabilities and behavioral health issues. Nevada PEP would implement the program in conjunction with key community partners and the Developmental Disabilities Council. Through this partnership with public agencies as well as providers and parents, PEP would develop a system that enhances interagency collaboration, empowers families to participate in service planning and delivery, and ensures access to community based, individualized and culturally appropriate health, mental health, recreation, and educational services and supports.

A priority issue under goal 1 is the lack of linking case management services to children with severe mental and behavioral health issues that are being sent to out-of-state facilities for treatment. These children and families are not connected to any state or county entity for mental and behavioral health services prior to going into crisis. As of June 2014, there were 223 children state-wide in out of state placements. This number only includes children on Fee For Service Medicaid and does not reflect uninsured or other insured

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families. Of the 223 children, a percentage is not receiving case management services to assist with discharge planning and identification of resources to successfully reintegrate into their local community.

Out of State (OOS) placement reports for RTC's:

https://dhcftp.nv.gov/BehavioralHealth/BH_OOS.htm

Overall Behavioral Health 'Report Card' for FY 14 that covers all BH programs:

<https://dhcftp.nv.gov/BehavioralHealth/Reports/BH%20Report%20Card%2010-14.pdf>

DCFS has implemented statewide wraparound services for youth in parental custody that also have involvement with other services systems. WCCMHC is recommending that this effort be expanded to include children that do not have involvement with other service systems but are presenting as high risk for out of state placement due to severity of behavioral health need. The point at which the linkage could occur would be through our Medicaid partner/HP fiscal agent-provider at which time they receive the request for out of state placement by the referring psychiatrist. The case manager would review with the parents or caregivers efforts made to this point to access community assistance and assure that all local behavioral provider agencies have been considered. If it is determined that out of state placement is the level of care required, then the wrap-around case manager would provide assistance with admission, monthly treatment reviews, discharge planning including coordination of resources prior to the child's return from out of state placement.

GOAL 2: Help Families to Help Themselves – The Consortium will promote the coordination of formal and informal strategies and resources that support youth and family autonomy in actively managing and finding solutions to fit their needs.



In 2014, the WCCMHC continued to support the Signs of Suicide (SOS) screening program in Washoe County School District (WCSD) middle and high schools. School staff and parents were also offered training as part of this comprehensive screening program.

Accomplishments:

- The Office of Suicide Prevention (OSP) with the material support of the WCCMHC offered 6 Youth Mental Health First Aid (YMHFA), training 133 community members. Because of the vision of WCCMHC and support of YMHFA, the Office of Suicide Prevention will receive a sub-grant from Project Aware from the Department of Education to coordinate expansion of Youth Mental Health First Aid (YMHFA) across the state.
- 108 middle school students in Washoe County and 24 high school students were screened by the Signs of Suicide screening team (WCSD, Children's Cabinet, West Hills and OSP) in the first quarter of the 14-15 school year. Billinghurst, Depaoli and Incline MS and HS are scheduled for the winter, 2015.
- Outreach to high school staff and parents continues with Stephanie Brown from West Hills, the Office of Suicide Prevention and the Children's Cabinet to ensure families are increasingly aware of

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SOS education and screening opportunities; not only to increase understanding of the program but also safety for the students exposed to this empowering opportunity.

- Consistent with the WCCMHC 10-Year Annual Plan, NV PEP's Collaborating for Children Network project supported the development of the first Youth M.O.V.E. Chapter in Nevada in partnership with the Children's Cabinet and the WCCMHC. Youth leaders from Youth M.O.V.E. may participate in state and regional consortia planning, assist with public awareness activities, and provide the youth voice in policy committees and workgroups.

WCCMHC will continue to work to expand the community and school-based youth suicide prevention program encompassing the school-district youth suicide prevention plan, community education and mental health promotion with the desired outcome to increase connectedness of Washoe County youth and families to schools and extend that to the greater community. This will be accomplished through continued expansion of the Signs of Suicide school-based screening program and expanded implementation of Youth Mental Health First Aid.

By offering continuing education credits and training opportunities through Parent University, as well as making the, "Training Trusted Adults SOS staff and parent education video" available on the WCSD website, we hope to increase parent and staff participation. This coordinated approach has been proven to increase early identification of those potentially at risk for suicide or other violence while connecting them to community resources and services. Workgroup 2 will assist with the addition of WCCMHC members trained as trainers with Stephanie Brown from West Hills and representatives from NV PEP to increase the reach and expertise of the training team.

WCCMHC will also support the Trauma-Informed Care training, which is being conducted in Washoe County and Clark County, based on curriculum from the National Child Traumatic Stress Network (NCTSN). Trainings have been conducted with the WCDSS case workers and Foster parents, NEIS Child Development Specialists, child care providers and others. A training of Trainers has also been conducted to increase the trainer pool statewide. Currently, local trainers are from DCFS, WCDSS, and NV PEP. The curriculum is being modified to create a brief training for parents reunifying with children who were in foster care.

Finally, WCCMHC will support Infant Mental Health efforts in Washoe County. This will include community educational efforts to include school district and Early Intervention programs, the expansion of mental health providers who serve the birth to four year old population, and exploration in the development of a specialty court project based on the Safe Babies Court Initiative developed through the National Zero to Three organization. These approaches will ultimately preserve resources to expand and improve services for children and families across all four original goals.

New goal priority for 2015-16: Continue expansion of school-based screenings

The plan is to continue expansion of school-based screening into more schools, including middle and charter schools while reaching out to more school staff and other trusted adults, including parents and caregivers.

WCCMHC also plans to partner with the Rural Children's Mental Health Consortia to expand Youth Mental Health First Aid, Signs of Suicide screening, suicide intervention, and Trauma-Informed Care trainings in rural communities.

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GOAL 3: Help Youth Succeed in School -The Consortium will work with community agencies and Washoe County School District (WCSD) to support system wide implementation of Positive Behavioral Supports so that youth can develop pro-social skills while remaining in their home school and family setting, and the need for more intrusive or aversive interventions will be reduced.

PBIS continues to be a top priority for Workgroup 3. WCSD continues its implementation of the Social Emotional Learning program. Trish Shaffer presented its history, the partnership funding from NoVo and Collaborative for Academic, Social and Emotional Learning (CASEL) foundations, and their positive study outcomes. Washoe County is one of eight of the urban school districts in the "Collaborating Districts Initiative" awarded a grant. The new charge is SEL implementation and education from a counselor perspective and training teachers. The approach is three pronged: 1) integration within academics; 2) strengthening culture and climate with students, staff and families; and 3) direct instruction. WCSD is one of six districts to receive an Institute of Education Sciences (IES) grant. A climate survey with student component was performed focusing on the five competency skills creating a valuable metric. Several research conferences are interested in the survey and metric.

WCSD also adopted "MindUP" curriculum for pre-K through 8, and may purchase the 9 – 12 grades edition for consistency. A year-long needs and resource analysis resulted in teachers accepting the not so in-depth curriculum of "MindUP". Teachers are encouraged to use tools of the counselor if there is a deeper need. "MindUP" is available in English, Spanish, French and German, but other languages may be available if requested. The program is offered in Spanish. School Connect curriculum was chosen for high school freshmen.

The three day, train-the-trainer training process accomplished by the two SEL specialist external coaches to 35 to 37 schools. December 2015 is the goal to complete all schools in the district. With their leaders' approvals, schools elect to participate as they can, so schools may be at different phases of training. The coaches are available to all school district staff whether already trained or seeking information. Afterschool directors are provided more in-depth information on the behavioral aspects of SEL.

WCCMHC will support outreach through the Parent Universities and the teachers making home school visitations. Posters that are in many of the schools are designed by the schools to establish authentic participation. Parent University classes are posted on the WCSD's website. Participation depends on the Parent Involvement Coordinator and how the class was marketed. Marketing by personal live calls and discussion seems to create better attendance. CASEL's website is a phenomenal resource. "NBC New York" is reaching out to Ms. Shaffer to work on a website of resources.

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Nevada PEP has provided 21 workshops for families and professionals related to children's mental health, such as Discipline and Positive Behavioral Supports, Positive Behavioral Interventions, and Understanding ADHD.

Another objective of WCCMHC is bullying prevention and response. The WCSD has a mandatory web-based training that all staff must complete accompanied by a quiz for understanding. There is a web-based reporting mechanism for parents /students. Web-based reporting has been low. There is a policy for mandatory investigation of reports of bullying by students with a record kept on the accuser and the accused. There is now a staff reporting and investigation requirement as well.

To support bullying prevention and response, Nevada PEP has collaborated with Washoe County School District to support families and professionals through trainings. As Nevada's partner with the National Bullying Prevention Center, NV PEP promotes the use of best practice approaches. PEP promotes National Bullying Prevention Month in Nevada and collaborates with community/school groups to raise public awareness. PEP has provided 12 workshops that inform families and professionals on strategies to help overcome and prevent bullying. PEP has collaborated with WCSD to provide, "The End of Bullying Begins with Me" school banners during the Week of Respect. They also provided elementary schools with, "Be a Buddy Not a Bully" pledge bookmarks and specially designed bulletin boards. PEP increases public awareness each October with the, "Take a Step with PEP Against Bullying" campaign and the annual Run Walk and Roll Bullying Prevention event.

New goal priority for 2015-16: Focus on Social Emotional Learning

Workgroup 3 will partner with the WCSD and NV PEP to assist with their focus on Social Emotional Learning by scheduling parent education groups to explain the purpose, focus and benefits of Social Emotional Learning to student adjustment and achievement at school.

Workgroup 3 will work with NV PEP and the WCSD to post videos on their respective (parent portal) websites for SEL and Suicide prevention education. The goal is to broaden our access to parents by partnering with the WCSD and their parent involvement facilitators to explain about the purpose, focus and benefits of Social Emotional Learning for their children in our schools and explore best practices in, "postvention" for school personnel.

GOAL 4: Support Youth to Succeed as Adults - Develop, fund and implement system-level policies coupled with successful strategies to help youth with mental health needs transition to postsecondary education, employment, and independent lives.

First Ladies Summit:

Workgroup 4 in partnership with the Public and Behavioral Health Division assisted the First Lady in organizing and presenting the second, "First Lady's Summit on Children's Mental Health". The Summit highlighted current initiatives including system of care, Mobile Crisis, Child and Adolescent Psychiatry (CAP) Fellowship and University of Nevada, School of Medicine as well as a presentation on legalization of medical marijuana.

Workgroup 4 is planning the third First Lady's Summit on Children's Mental Health entitled, "Connecting the Dots: Youth moving from child to adult services". Participation from all consortiums will be solicited at the January, 2015 statewide Nevada Children's Behavioral Health Consortium.

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Logic Model:

Workgroup 4 continues work on a Logic Model with the assistance of Jill Manit from the School of Social Work at UNR. This process includes visualizing steps to address the goal in the Ten Year Plan by defining and prioritizing the issues associated with challenges that youth face when transitioning to adult services. The group identified two priority items: system transition and youth voice. From this, the group first focused on the "system transition" priority item.

The target population is "Washoe County youth between ages 18 and 26 who are in need of mental health services, are not currently involved in a system, and have entered a partner agency to request help." The group discussed best practices that could achieve the desired outcomes. The workgroup then adopted the guiding principles of "child-centered services" as opposed to agency-centered and a principle of, "no wrong door." Considering the need for this population to engage in services no matter the "door" they enter, the workgroup then decided on an intervention that would implement a "universal intake form and process" to be used by all agencies that the target population may contact for assistance. They named the intervention and the intake instrument the "Network of Opportunities (NOW)" program. See attachment A including Power Point slides for a depiction of the phased approach that the workgroup will utilize for the continued development and implementation of this intervention.

The work on assisting with realizing a "youth voice" began when NV PEP approached The Children's Cabinet to partner with them to submit a youth development section for their federal grant (name the grant – funds the statewide advocacy efforts of NV PEP). Along with this proposal Workgroup 4 agreed to assist as an oversight board. This partnership was successful in obtaining funding and Workgroup 4 has agreed to serve as a resource. And to date has provided input in the development of interview questions for the potential candidate who will establish a Youth Move chapter in Washoe County. When a youth has been hired this part of the Logic Model will continue.



Youth Voice – Youth advocacy:

The work on assisting with realizing a "youth voice" began when NV PEP approached The Children's Cabinet to partner with them to submit a youth development section for their federal grant. Along with this proposal, Workgroup 4 agreed to assist as an oversight board. This partnership has been successful in establishing a, "Youth Move" chapter in Washoe County. The group is having monthly meetings and has received commitments from several partners involved in workgroup 4 to provide space for the monthly meetings and hand out informational flyers to further promote the group.

WCCMHC also supported two youth to attend the national Youth Leadership conference in Georgetown last June. This resulted in a commitment from the current Youth Move leader to grow the program in Washoe County and start a chapter affiliation with the national Youth Move group.

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Youth in Transition Skills Group:

WCCMHC continued its support of the independent living groups conducted at Mojave Mental Health. The Consortium provides funding for group incentives, scholarships for youth do not have Medicaid coverage and bus passes to get to and from the group.

WCCMHC Requests:

1. The Consortium proposes that we maintain our stakeholder role in providing input into development of and changes in policy related to health care reform, Medicaid changes, DCFS Mental Health policies and budget allocations. This includes utilizing the Consortium to vet major policy changes in programming and services to children and youth with serious emotional disturbance during policy development and prior to the public comment period.

Advancement was made toward this proposal in April, 2014 when Mike Willden identified the three county consortiums to identify and consider children's mental health priority issues and make formal recommendations to the Behavioral Health and Wellness Council organized by Governor Sandoval on December 19, 2013.

2. The Consortium requests continuation of funding to complete the goals summarized below and an increase in funding for the addition of a consultant to assist with data collection, attendance at all workgroup meetings to assist with consolidation of workgroup goals and to assist with the administration of regular consortium duties.

Summary of WCCMHC annual plan recommendations for 2015-16:

- Recruit RTC providers in Washoe County to support serving youth in their local community and reduce the number of out of state placements.
- DCFS to provide slots for wraparound services for youth in parental custody that do not have involvement with other service systems but are presenting as high risk for out of state placement due to severity of behavioral health need. The goal is to reduce out of state placements by assuring that community treatment options have been considered and to improve coordination of care and effective discharge planning from out of state facilities when youth return to their local community.
- Expand the community and school-based youth suicide prevention program in Washoe County School District.
- Increase early identification of those at risk for suicide or other violence.
- Support the Trauma-Informed Care Training and Infant Mental Health efforts in Washoe County.
- Develop a plan to continue expansion of school-based screening into more schools, including middle and charter schools while reaching out to more school staff and other trusted adults, including parents and caregivers.

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- Partner with the Rural Children's Mental Health Consortia to expand Youth Mental Health First Aid, Signs of Suicide screening, suicide intervention, and Trauma-Informed Care trainings in rural communities.
- Support outreach through the Parent Universities and the teachers making home school visitations.
- Support bullying prevention and response efforts in Washoe County School District.
- Support partnership between WCSD and NV PEP to assist with their focus on Social Emotional Learning by scheduling parent education groups to explain the purpose, focus and benefits of Social Emotional Learning to student adjustment and achievement at school.
- Maintain a more formalized relationship with DHHS and work through the statewide Nevada Children's Behavioral Health Consortium to make formal recommendations to the Behavioral Health and Wellness Council.