

# Washoe County Children’s Mental Health Consortium Annual Plan Update 2014-2015

## I. LIST OF 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.

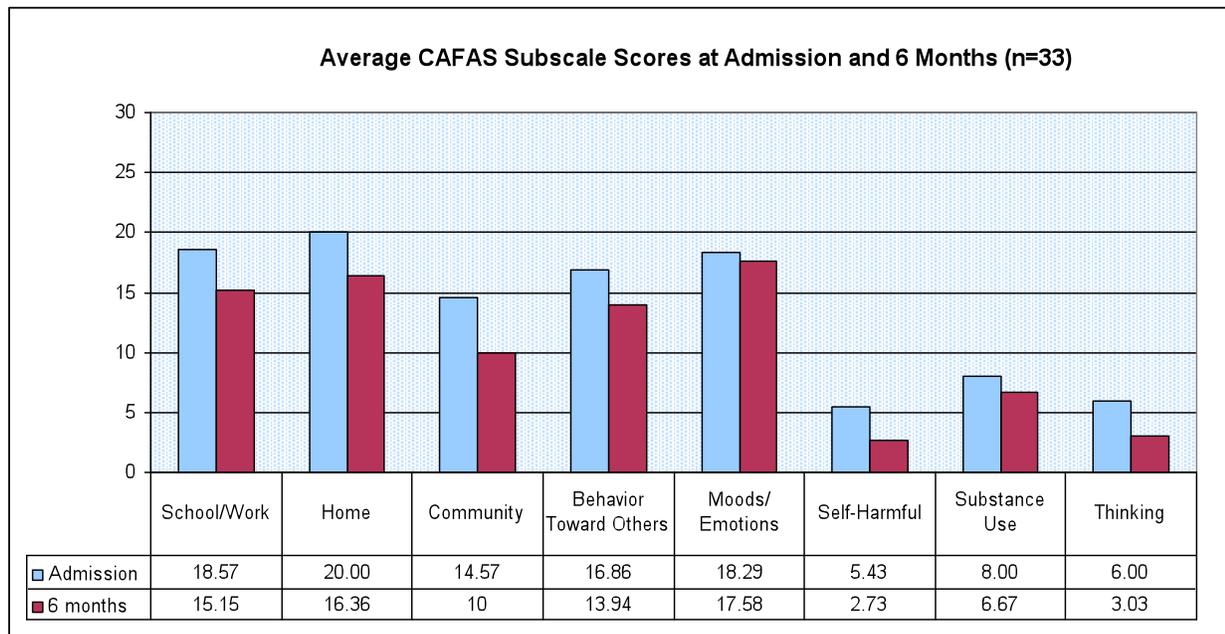
### Progress and Accomplishments

- Wraparound Washoe Expansion (WWE) has evolved to be fully incorporated into the standard of practice in serving family and youth. Therefore, the expansion efforts have been discontinued.
- During the past three years Fiscal Years, WWE served a total of 77 children and adolescents.

During Fiscal Year 2013

- Wraparound Washoe Expansion (WWE) served 27 children and adolescents
- Children and Adolescents served saw significant increases in their functional status (based on the Child and Adolescent Functional Assessment Scale)

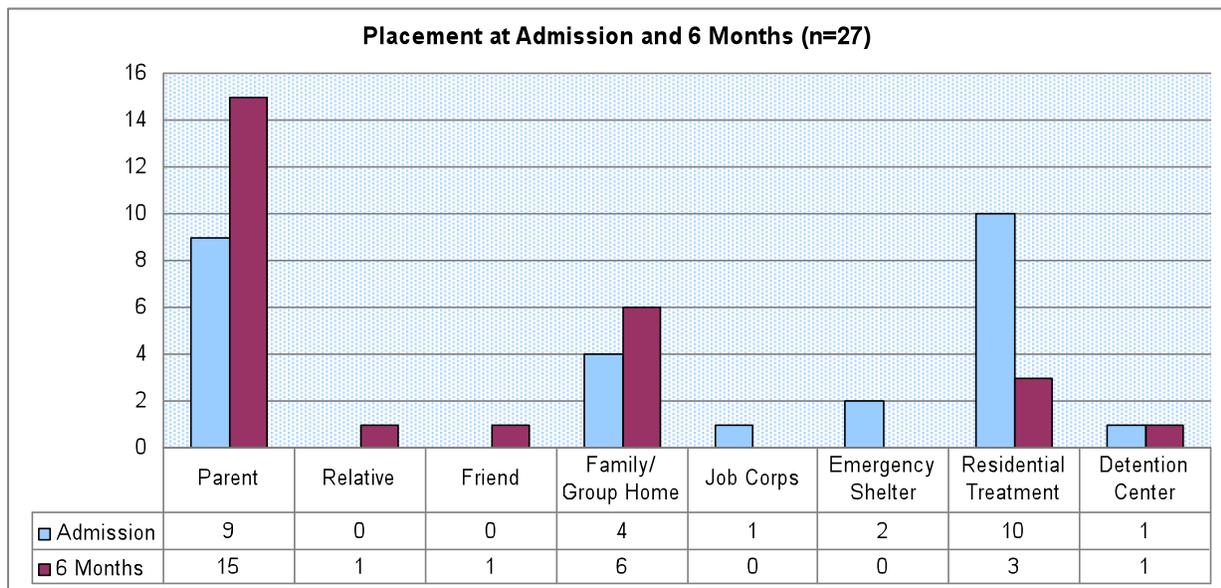
The graph below shows the average CAFAS score on each subscale at admission and 6 months.



## Washoe County Children's Mental Health Consortium Annual Plan Update 2014-2015

- Children and Adolescents served saw a significant increase in least restrictive placements (family, relative, friend), and a significant decrease in residential placement

The graph below shows the placement types from admission to 6 months for children and adolescents served in FY 2013. The graph indicates changes from restrictive to less restrictive placements from admission to 6 months.



- Children and Adolescents served reflected a significant decrease in number of arrests, as well as time in detention

The graph below shows the number of youth who spent time in detention and the number arrested at admission and at 6 months in services.

Juvenile Justice Outcomes	N	Admission	6 months
Number of Youth Who Spent Time in Detention	27	13	8
Number of Youth Arrested	28	13	8

Members of workgroup 1, including Sierra Regional Center, Washoe County Juvenile Services, Washoe County School District and Northern Nevada Child & Adolescent Services continue to provide wraparound services to youth with Severe Emotional Disturbance (SED) or co-occurring disorders that are in the

## **Washoe County Children's Mental Health Consortium Annual Plan Update 2014-2015**

custodial care of their parent/guardian. Working with a Memorandum of Understanding, the Division of Child and Family Services also continues to provide training, supervision and facilities. This collaboration expanded services to 27 children and adolescents in our community in the past year, and a total of 77 in the past three years. In addition, the Division of Child and Family Services (DCFS) devoted an additional existing Wraparound in Nevada position to serve parental custody youth in the juvenile justice system, included as attachment "Wraparound Washoe Expansion for Juvenile Justice Youth Report." The addition of this position was crucial as the grant supporting the Juvenile Services wraparound worker expired.

Juvenile Services also has designated two Outreach Workers to work specifically with youth with Serious Emotional Disturbance who are at risk of court ordered out of home placement in treatment facilities. These workers identify at risk youth, help them access to Medicaid or Nevada Checkup if they are eligible, link the youth to treatment in the community and coordinate services using Child and Family Team Meetings or Wrap Around. The Outreach Workers serve youth who are just entering the system as well as youth who are on Probation. Approximately 80 children have been served to date resulting in none of these youth entering court ordered residential treatment. The Division has also provided two "Wraparound 101" trainings over the past six months, with individuals from Sierra Regional Center, Washoe County School District, and Washoe County Juvenile Services in attendance.

### **Recommendations**

Wraparound Washoe Expansion has proven to be an exceptional collaboration and partnership among agencies in Washoe County. As a result of its success, agencies have committed to ongoing partnership, including ongoing Wraparound training, coaching, and supervision, as well as a newly assigned Sierra Regional Center Developmental Specialist focusing specifically on high fidelity Wraparound services. Washoe County School District and Washoe County Juvenile Services have also agreed to ongoing monthly meetings with Wraparound in Nevada Supervisors and Managers, focusing on ongoing collaborative efforts across agencies. Through continued partnerships, efforts will continue to provide Wraparound services to the community. DCFS has taken the success of this local collaboration and implemented statewide wraparound services for youth in parental custody that also have involvement with other services systems.

***"It was an asset to have this service provided – I don't know how I would have done it myself without the help." – WWE parent***

### **Identified Community Needs**

In a continued effort to promote a coordinated Nevada System of Care for youth with mental and behavioral health needs, Washoe County Consortium is recommending that DCFS develop and implement a Mobile Crisis intervention and stabilization service to Washoe County youth. In the 2013 session, the Clark County Children's Mental Health Consortium received Healthy Nevada funding to develop a mobile crisis project, as youth in Clark County were waiting in emergency rooms to receive mental and behavioral health care. 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 a mental health crisis at the time of detention. Developmental Services has also prioritized the need for crisis stabilization and community placements for youth who have a co-occurring disorder of intellectual disability and a mental health disorder. Currently a gap exists for these youth and they have no placement option that addresses both the developmental disability and the mental health disorder. These youth are typically sent out of state to a Residential Treatment Center due to a lack of community based placement options with trained staff that can address their needs.

## **Washoe County Children’s Mental Health Consortium Annual Plan Update 2014-2015**

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. 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.

### **Goal 1: New Priority – Mobile Crisis**

Each year Washoe County Department of Juvenile Services (WCDJS) works with approximately 70 youth who are placed in out of home mental health treatment programs. At any given time, approximately 35 youth are currently in placement with approximately 25 of these youth placed out of state. The Probation Mental Health Unit comprised of three full time probation officers serves an average caseload of 60 youth who have been in or are currently in out of home mental health treatment programs. The Division of Child and Family Services has recently allocated a full time wraparound facilitator to partner with the mental health unit.

A deeper look at how children rise through the probation system to out of home mental placements indicates that these youth as a rule have multiple contacts with the juvenile justice system prior to being placed on probation and referred for out of home care. In many cases these youth experience more than one overnight stay in detention. These offenses are most often misdemeanors and involve domestic violence, school disturbance, and destruction of property. Early Interventions Services at Washoe County Department of Juvenile Services involve meeting with an Outreach Specialist who makes referrals to mental health providers and administers a sole sanction such as community services. It is often the case that youth with high mental health needs who reoffend have struggled to initiate services in the community. These high risk youth often begin juvenile justice involvement at young ages and in fact start their involvement approximately a year earlier than youth without significant mental health concerns.

WCDJS has allocated two Outreach Specialists to solely address the youth who present with intense needs with regard to mental health and are at high risk to reoffend or have reoffended. These two workers assist families in the Early Intervention arena as well as youth who struggle with mental health needs while on traditional Probation. The specialized service coordination that they provide is much more intensive than what a youth would traditionally be afforded at this early stage of the system. Youth are identified based on review of detention mental health evaluations, court ordered evaluations, department risk assessments and worker referrals. The specialized Outreach Workers provide a continuum of service coordination ranging from assisting with access to services to wraparound services.

The efforts to identify high risk youth with mental health conditions early in their involvement with juvenile justice has highlighted the need for crisis based mental health services in our community. When high risk youth present in Detention or at initial appointments they and their families are often in distress. This distress often takes the form of suicidal behavior, out of control acting out, medication instability, and anger control concerns. These youth are frequently at risk of out of home placements such as detention, treatment placement, or foster care. A program to provide emergency assessment, stabilization, medication intervention and linkage to long term care is an essential piece of a complete community based continuum of care for youth at risk of out of home placement.

The US Supreme Court’s decision in *Olmstead v L.C.* in 1999 determined that individuals with mental disabilities have the right to live in the community rather than in institutions and that “public entities must

## **Washoe County Children's Mental Health Consortium Annual Plan Update 2014-2015**

provide community-based services to persons with disabilities under three conditions: (1) when such services are appropriate, (2) the affected persons do not oppose community-based treatment; and (3) community based services can be reasonably accommodated taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity.

Developmental Services and DCFS, along with other community partners, have identified a need in Washoe County to expand out of home placement options to children and youth with co-occurring disorders. Sierra Regional Center (SRC) is currently serving 398 children and youth under age 18. Approximately 10% of these youth require additional intervention to include Board Certified Behavior Analysis (BCBA) assessment and intervention, mental health therapy, psychosocial rehabilitation or formal involvement with Washoe County Social Services. Fifteen of these children are currently being served by the WIN Wrap-Around Expansion (WWE) Service Coordinator at SRC and currently require intensive wrap-around services due to having recently returned from out-of-state placement (6) or having imminently high risk behaviors that without a higher level of service will result in out of home placement. Four of the six children that returned from out of state placement this year had a previous placement in an RTC. Children's services at Sierra Regional Center, in addition to the Washoe County Consortium, have the following goals: 1) preserve placement with natural families, 2) provide community based out-of home children's placement options, and 3) reduce the number of children sent to out of state treatment facilities.

These out-of state placements were determined necessary due to the lack of supported living arrangements in the community that have qualified, trained staff to address co-occurring disorders. There is also limited availability of higher level treatment services in Nevada that serve children with co-occurring disorders. In addition, existing community treatment facilities have exclusionary criteria for children with an intellectual disability or related conditions such as genetic disorders or medically related conditions such as Cerebral Palsy, seizures disorder or traumatic brain injury.

The lack of community based placement options for children also impacts their length of stay in treatment facilities and effective, timely discharge planning. Often times, RTC staff recommend that children transition to a less restrictive setting prior to returning to the family home. Sierra Regional Center does not currently have a provider that operates a community based home providing specialized services addressing both the intellectual disability and the mental health disorder. Therefore, children are returned back to a far less structured environment where the family is not prepared to provide the recommended follow up care. The result is a high recidivism rate and multiple acute hospitalizations.

The need for crisis-based services in the juvenile justice and developmental disabilities arenas is also apparent in the child welfare and education systems. There are no readily available intensive mental health services to assist youth and families who are identified as high-risk by school staff with the exception of a referral to be evaluated in a local hospital. In addition, families routinely approach Washoe County Department of Social Services when children are facing mental health crisis.

### **Recommendation**

The consortia is asking that DCFS, Sierra Regional Center and Washoe County Juvenile Services work in collaboration to serve youth with co-occurring mental health disorders and intellectual and developmental disabilities. DCFS and Sierra Regional Center plan to request funding to develop and implement a mobile crisis program in Washoe County that includes the use of a family support specialist. All youth regardless of income and insurance status would be able to access this program.

# Washoe County Children's Mental Health Consortium Annual Plan Update 2014-2015

## 2013 Goal 1 Participants

Retta Dermody, NV PEP  
Ryan Gustafson, NNCAS  
Joe Haas, Juvenile Services  
Kelly Wooldridge, NNCAS

**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.

## Progress

Workgroup 2 continues to support stakeholder and parent training as well as increasing efforts in mental health promotion. In June 2013, the WCCMHC and NV Office of Suicide Prevention (OSP) collaborated to send OSP staff to be trained as trainers for the nationally recognized Youth Mental Health First Aid (YMHFA) program. Two community trainings of YMHFA have been offered free of charge. The TeenScreen, school-based screening program was introduced in four Washoe County middle schools during the 2012-2013 academic year, in partnership with the Washoe County School District, Children's Cabinet and the Office of Suicide Prevention. During the 2013-2014 school year, school-based screening continued with the Signs of Suicide (SOS) screening program due to the dissolution of TeenScreen nationally. The SOS program expanded to one high school for the 2013-2014 school year. School staff and parents are also offered training as part of this comprehensive screening program.

## Accomplishments:

- WCCMHC funded 1 trainer to be trained in Youth Mental Health First Aid (YMHFA) as well as materials for 50 community members to be trained for free. The Office of Suicide Prevention sponsored a second trainer. These are the only two trainers in Nevada certified in YMHFA. Twenty-eight community members that work with youth have been trained in the 8-hour Youth Mental Health First Aid curriculum. The next training is planned for May, 2014;
- 197 middle school students in Washoe County schools, Shaw, Clayton, Vaughn, and Mendive were screened by the TeenScreen screening team (WCSD, Children's Cabinet and OSP). The Children's Cabinet also screened 129 youth individually who came to the Children's Cabinet for services;
- Connection to services: Of the 197 students screened, 31 (16%) students scored positive and were referred to mental health services; others were referred to non-mental health services such as primary care, school counselors or were already receiving services;
- Children's Cabinet: Individuals screened: 129. All students identified to be, "at risk" were already receiving services at the Children's Cabinet.
- For school year 2013-2014, Reed High School implemented the Signs of Suicide (SOS) Program. All students were presented the SOS educational program, "Friends For Life." Students received Response Cards for self-referral to school counselors. All staff participated in "Training Trusted Adults." While consent forms for active consent were sent to ALL families, 42 students were given consent for screening and 38 were screened. Of those screened, 15 students (39%) scored positive and 5 students were connected to mental health services (others were already connected to other services or denied services.)

## **Washoe County Children’s Mental Health Consortium Annual Plan Update 2014-2015**

Workgroup 2 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 implementation of Youth Mental Health First Aid. By offering continuing education credits and training opportunities through Parent University, we hope 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. This approach will ultimately preserve resources to expand and improve services for children and families across all four original goals.

### **Recommendation**

The recommendation is that the Washoe County Children’s Mental Health Consortium 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.

### **2013 Goal 2 Participants**

Misty Allen, Division of Public and Behavioral Health  
Joan Bohmann, Ph.D NCSP, Coordinator Psychological Services, Washoe County School District

### **GOAL 3: Help Youth Succeed in School**

#### **Progress**

Katherine Loudon and Joan Bohmann testified to the legislature regarding Children's Mental Health needs and our response to Sparks Middle School. SMS was supported by a combination of community and school district personnel. Trauma Intervention Programs volunteers assisted. We had a variety of parent nights with a bilingual psychologist and counselor on hand. We had psychologists and counselors supporting the feeder elementary schools and psychologists and counselors dispatched to The Boys and Girls Club during the days that school was canceled. The Boys and Girls Club provided wonderful partnership with a safe place to be and local casinos and businesses provided breakfast and lunch to students from Sparks Middle School during the school closure. Additional psychologists and counselors were provided until winter break. Psychological Services continues to provide additional psychological coverage with a planned fading of support. A trauma trained therapist has begun working there following winter break as supported through a School Emergency Response to Violence (SERV) grant.

Nevada PEP has collaborated with Washoe County School District to support families and professionals through trainings. Washoe County School District principals picked the trainings they felt would help support their parents and staff. There were seven “Is Your Child a Target of Bullying?” classes two of which were in at high-risk school. Fifteen “Positive Behavioral Intervention” classes were also provided with seven of those being in at risk schools, and five “Understanding ADHD” classes with two of those being at risk schools. We are glad to be a part of a community working together to encourage our families and increase the successes of our children.

On September 29, 2013 Nevada PEP, Nevada’s Statewide Family Network, recognized Katherine Loudon, WCSD Coordinator of Guidance Counseling Services as the Grand Marshal for PEP’s Annual Run Walk Roll

## **Washoe County Children’s Mental Health Consortium Annual Plan Update 2014-2015**

Against Bullying. Ms. Loudon has been a leader in the school district in the mission against bullying. In October Nevada PEP partnered with 4 WCSD schools to observe Bullying Awareness Month. PEP provided anti-bullying bookmarks, the National Anti-Bullying Pledge, and a school banner honoring the commitment of the students in their efforts to stop bullying.

Two consortium members attended a 2 day strategic planning retreat for the key leaders in Washoe County. Participants were charged with the responsibility of developing comprehensive report to include stakeholder input and best practice recommendations for improving and sustaining a safe and positive school climate.

Due to staff transition and the realignment of programs through WCSD, Workgroup 3 was unable to get an update on Positive Behavioral Intervention and Support (PBIS) and program outcomes for this past year. Workgroup 3 will meet to determine if PBIS continues to be a top priority for Goal 3.

### **Recommendation**

Workgroup 3 will meet to outline priorities and goals for Goal 3.

### **2013 Goal 3 Participants**

Joan Bohmann, WCSD  
Retta Dermody, NV PEP

**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.

### **Update on Existing Goal**

Workgroup 4 in partnership with the (then) Division of Health assisted the First Lady in organizing and presenting the first, First Lady’s Summit on Children’s Mental Health. The Summit highlighted 16 programs from around the state that are focused on children’s mental health. The 103 attendees also heard about statewide initiatives from the State Health Office, Dr Tracey Green, who served as the emcee for the event. An over view of Nevada’s Nevada System of Care was presented and 64 people signed commitments to following Nevada’s Nevada System of Care philosophy.

The Workgroup began work on a Logic Model (Attachment A) to assist the group in visualizing steps to address the goal in the Ten Year Plan – Helping youth transition from children’s services to adult services. With the assistance of Jill Manit, School of Social Work at UNR this process is moving along. This process included 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.

As a collaborative process, the workgroup first described their target population and discussed desired outcomes. They defined the target population as “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.”

## **Washoe County Children's Mental Health Consortium Annual Plan Update 2014-2015**

From there, they 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 attached 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 intake instrument and release of information form (draft) are also attachments (Attachment B and Attachment C).

As part of the efforts to assist youth in their transition to adult services over the past year Northern Nevada Adult Mental Health Services (NNAMHS) has made several changes to facilitate the transition of youth into the adult mental health system. They have designated a single individual in Service Coordination to be the contact person for all youth about to turn 18 years of age who need adult mental health services. When the contact individual receives the referral, she meets with the referring party and the transitioning youth to complete entry paperwork in advance. This significantly reduces the wait times for assessment and referral conducted by our Psychiatric Assessment Services (PAS). NNAMHS also will now open transitioning youth up to 90 days prior to their 18<sup>th</sup> birthday, so that when they do turn 18, all their appointments will have been scheduled and begin without further delay. Throughout the process, the NNAMHS contact has multiple interactions (including a campus tour and introductions to staff with whom they will be working) with the transitioning youth to reduce the shock of moving from the youth system to the adult system. These efforts have resulted in reduced wait times, increased staff contact, and facilitated the intake and referral process to alleviate the need for the youth to accomplish everything on his/her 18<sup>th</sup> birthday, and to increase the likelihood of treatment compliance.

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.

The Workgroup continued its support of the Youth in Transition Skills Group conducted by Mojave (see previous Annual Report summaries for details). The Workgroup budgeted funds for incentives, which were approved by the Consortium. The Consortium also approved the Workgroup's request to scholarship youth who were not covered by Medicaid. One youth was provided a scholarship and reported a positive experience with the program. To date 26 youth have completed the group. The Workgroup has budgeted for incentives and scholarships for the next Youth in Transition session that will begin in February.

### **Recommendations**

- Continue developing the Logic model to assist youth and anticipate data collection beginning in March 2014.
- Work with Nevada's First Lady to present a Children's Mental Health Summit in 2014.
- Continue to support the Youth in Transition group conducted by Mojave by providing scholarships and incentives.
- Support the Youth Move Coordinator and activities as they present themselves.

### **Goal 4 Existing Goal Workgroup Participants**

## **Washoe County Children’s Mental Health Consortium Annual Plan Update 2014-2015**

Pam Becker, The Children’s Cabinet  
Catina Campbell, Mojave  
Cynthia Carstairs, The Children’s Cabinet  
Retta Dermody, NV PEP  
Joe Haas, Washoe County Juvenile Services  
Denise Everett, Quest Counseling  
Ron Kopicko, NV PEP  
Allan Mandell, MHDS  
Jill Manitt, UNR  
Karla Navarro, DCFS  
Cara Paoli, SRC  
Kristen Rivas, DCFS  
Leah Sherbondy, WCCMHC  
Norma Thomas, The Children’s Cabinet  
Valerie Welsh, Washoe County Social Services  
Mala Wheatley, Maple Star  
Sharon Willans, A Child’s World

**In addition to the prioritized goals, the Consortium previously identified two additional requests that remain a priority:**

***PRIORITY:*** During the past year, the Consortium formed a Youth Resources Panel to maximize its efforts to serve youth with serious emotional disturbance. The following is an update on the 2013-2014 identified priority.

A Youth Resources Panel comprised of Consortium members was formed to identify barriers for individual youth whose mental health needs are unable to be met and to develop interagency solutions.

- In addition to Consortium members, the Panel (17+ Workgroup) was expanded to also consists of staff from multiple agencies that include: Washoe County Departments of Social Services and Juvenile Services; Northern Nevada Child And Adolescent Services; Division of Child and Family Services- Youth Parole; Sierra Regional Center; Northern Nevada Adult Mental Health Services; and Mojave Mental Health
- Identified barriers include the detection of youth aging out of public sector agencies (i.e., Child Welfare, Probation, Parole) in need of long-term behavioral health service with public sector agencies, or private sector agencies; criteria for which youth to consider; a forum to discuss the youth’s needs; and packet submission/ a stream-lined referral process to get the youth involved with the proper services.
  - Public sector agencies serving youth (i.e., Child Welfare, Probation, Parole, Children’s Mental Health) started by identifying youth age 17 and older, with the long-term goal to identify youth earlier by:
    - monitoring “deep-end youth” defined as those who have been in multiple treatment placements and/or utilize residential treatment services frequently,
    - Youth who have a history of multiple placements, frequent acute placements, and placement in residential treatment centers

## Washoe County Children's Mental Health Consortium Annual Plan Update 2014-2015

- in an out of state Residential Treatment Center on their 17<sup>th</sup> birthday or later
- The criteria for identifying youth consists of:
  - Youth with severe emotional disturbance for both Medicaid eligible and non- Medicaid eligible youth in need of transition assistance to adult mental health services.
  - Youth identified with Intellectual Disabilities and/or related conditions, or both) in need of long-term habilitative care.
  - Youth who have co-occurring mental health and developmental disorders that prevent them from receiving services from either mental health or developmental services because their intellectual functioning is determined to be either too high for developmental services or too low for mental health services.
  - Youth case management services, therapy; medication management, a rep-payee for SSI, in need of placement.
- A forum to staff youth aging out has been established, consisting of a monthly (or as needed), facilitated staffing held at WCDSS, attended by agencies identified to be involved currently and agencies that need to be involved upon the youth aging out; a document of the facilitated meeting in terms of the tasks in need of completion are disseminated.
- Packet items identified consist of a summary/overview of the youth, placement summary, medication list, psychiatric and psychological evaluation(s), documentation form acute psychiatric hospitalizations and placement in residential treatment centers.
- A stream-line referral process consists of identifying key agency staff at both the public (NNAMHS- intake) and private (Mojave) sector mental health services agencies in order to facilitate pre-admission prior to the youth's 18<sup>th</sup> birthday.

A Memorandum of Understandings (MOU's) will be developed to outline access/eligibility criteria, information sharing procedures, development of services available, and resolution of barriers for:

- A MOU previously established between state mental health agencies was identified. At this time the above process is being utilized versus establishing another MOU.
- The above (17+ Workgroup) will be linked to other initiatives (i.e., the out of state subcommittee).

**PRIORITY:** The Consortium proposes a more formalized relationship with DHHS.

The Consortium proposes to increase its 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.

## II. COST TO PROVIDE THE PRIORITIZED SERVICES NECESSARY TO IMPLEMENT 10-YEAR PLAN:

**Washoe County Children's Mental Health Consortium  
Annual Plan Update 2014-2015**

The Washoe County Consortium would like to support DCFS's and Sierra Regional Center's request for funding through their respective budgets for the mobile crisis program. In addition, the Consortium respectfully requests continued support and funding for Consortium operations and ongoing prioritized goal support in the amount of \$15,000.