

Washoe County Children's Mental Health Consortium

Summary of the Annual Plan 2016-2017



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 2016-17.

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 Response Teams and program expansion in Washoe County:

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 Response Teams (MCRT) serve a key function in the System of Care by providing community based services that the youth can access wherever the youth experiences crisis and regardless of ability to pay or insurance type. The ultimate goal of MCRT is to divert youth from psychiatric hospitalization.

In the 2015-16 annual plan, WCCMHC requested funding for the MCRT program to expand to Washoe County. The request was fulfilled with support received from the State of Nevada Governor's Advisory

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Council on Behavioral Health and Wellness. The Division of Child and Family Services originally employed eight professionals: four Psychiatric Caseworkers and four Mental Health Counselors to provide Mobile Crisis response services in Washoe County. In October, 2015, MCRT was able to add a Clinical Program Manager and Administrative Assistant. The program formally rolled out on October 13th, 2014. As of September 30, 2015, MCRT received 366 phone calls and responded to 173 crises in the community. Of the 173 responses, 143 resulted in hospital diversion which is a rate of 82.7%.

Statewide since program inception, 1,437 calls have been received by Mobile Crisis Response Teams, resulting in 793 hospital diversions which is a rate of 87%.

As the data reflects, since program inception in both Washoe and Clark Counties, a significant diversion rate has been achieved. The WCCMHC supports the expansion of Mobile Crisis Response Teams under the System of Care Grant administered by DCFS and the strategic plan to segway crisis response to intensive wraparound services for SED children requiring this level of intensive case management services. Linking children to comprehensive mental and behavioral health services is key in reducing the high rate of children whose emotional disturbance is undetected or unnoticed and therefore, untreated in our community.

As Mobile Crisis continues to partner with and educate key community stakeholders, it is anticipated that program utilization will continue to increase and the most appropriate as well as the least restrictive services will be utilized within the community. The youth can remain in the community, thus reducing the need for costly out-of-state residential treatment center placement.

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

In the 2015-16 annual plan, WCCMHC identified a need in Washoe County to expand local residential treatment options for children and youth. The lack of community-based residential treatment options led to children being sent out of state to access Residential Treatment Facilities (RTC) to get medically recommended stabilization and treatment.

Although the Governor's Council and state officials changed the regulations for RTC allowing for growth of such facilities in Nevada, no agencies or corporations elected to expand or start RTC facilities in Nevada. Therefore, no progress has occurred toward this goal to-date.

The WCCMHC continues to recommend that a concerted effort be made to recruit RTC providers and funding strategies be analyzed and examined to attract RTC providers to Nevada. The Consortium supports efforts such as private-public partnerships to make this goal a reality and to better serve our children and youth in their home community. Local services would also allow for more direct family involvement and empower families to participate in treatment planning and oversight of the individualized and culturally appropriate plan. Local services would also allow for reduced loss of Washoe County school credits and tighter, more efficient transitions and access to identified wraparound services such as linkage to informal supports and other community-based services.

Lack of linking case management services to children sent out-of-state to Residential Treatment Facilities:

This priority issue under Goal 1 continues to be an area where improvement can be made. A percentage of children sent to RTC facilities are not connected to any state or county entity for mental and behavioral health services prior to going into crisis. According to the DHCFP website, as of July, 2015, there were 215 Medicaid Fee-For-Service covered children statewide in out-of-state RTC placements. This number only includes children on Fee-For-Service Medicaid and does not reflect managed care, uninsured or other

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insured families. The highest number of FFS covered children in RTC placement in 2014 was in August where reports indicate 249 children were in RTC out-of-state placements. It is unclear how many of these child placements could have been diverted to community-based services if a procedural protocol was in place to link children rising to this level of treatment need to appropriate assessment, utilization review and MCRT and wraparound intensive case management services in Washoe County PRIOR to sending them out of state. Because some medical professionals are not familiar with local mental and behavioral health resources, they may consider out-of-state RTC placement prematurely which leads to undue family disruption and difficulty with child reintegration back to their local community.

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

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

Overall Behavioral Health 'Report Card' for FY 15 that covers all BH programs:

<https://dhcfp.nv.gov/BehavioralHealth/Reports/BH%20Report%20Card%2010-15.pdf>

Expand Wraparound Intensive Case Management Services to parental custody children and youth:

DCFS has implemented statewide wraparound services for youth in parental custody that also have involvement with other service systems. WCCMHC is recommending that this effort be expanded to parental custody children and youth 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 for FFS or managed care insured would be through our Medicaid partner/ fiscal agent-provider at which time they receive the request for out of state placement by the referring psychiatrist/medical professional. 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 wraparound 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.

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

An area of ongoing need in Nevada identified by the WCCMHC and the Psychiatric Residential Treatment Facility state-wide workgroup is a full continuum of care for children's mental and behavioral health services. With a full continuum of care, children, parents, families, advocates and treatment professionals would have treatment options to address the level of intensity required based on a child's mental and behavioral health assessed need. Matching the child to the appropriate service level may reduce the incident of crisis situations and escalation to higher levels of treatment. Additional service options would also increase available mental health services in the community and therefore improve access to services while decreasing wait list numbers.

Conversely, if a youth does access RTC placement, RTC professionals frequently recommend children transition to a "step down" program prior to returning to their family home. There is currently a lack of providers in Nevada offering partial hospitalization, intensive outpatient and community based residential treatment, which impacts the child's length of stay in out-of-state treatment facilities. Oftentimes, children are returned back home to family that does not feel prepared to provide the needed structure and recommended follow-up care. The results are high recidivism rates and multiple acute hospitalizations.

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In summary, Washoe County has a large gap between the traditional outpatient level of care (outpatient therapies and routine psychiatric care) and the highest level of care represented by secure residential treatment centers. Efforts to provide intensive outpatient services such as Mobile Crisis and Wraparound services to parental custody youth have been successful; however the capacity is not sufficient to stem the growing tide of out-of-state residential placements. Of particular concern, are youth who are placed by parents directly from the community or via the juvenile justice system. These families, in most cases, are not receiving intensive outpatient services prior to their placement out of state. It is also difficult to access these services upon return from placement. Placement out of the community makes the reintegration into the community all the more difficult and at risk for being unsuccessful.

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.

During the 2015-2016 school year, the WCCMHC continued to support the Signs of Suicide (SOS) screening program in Washoe County School District (WCSD) middle and high schools. WCSD mandated all middle schools offer SOS education and screening. School staff and parents were also offered training as part of this comprehensive screening program.

Accomplishments:

- The Office of Suicide Prevention (OSP) received a sub-grant from Project Aware from the Department of Education to coordinate expansion of Youth Mental Health First Aid (YMHFA) across the state. This included four YMHFA trainers from the Children's Cabinet and one from JTNN, Join Together Northern Nevada.
- All middle school students in Washoe County will be offered screening by the Signs of Suicide screening team (WCSD, Children's Cabinet, West Hills and OSP) in 2015-2016 school year. Presently, 420 students have received training about what to look for and how to help, through the SOS education component, and 111 students were screened. Of those, 22 students screened positive for a mental health concern or suicide risk. These students were then referred to services. Children's Cabinet will continue screening during the second semester.
- 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 SOS education and screening opportunities; not only to increase understanding of the program but also safety for the students exposed to this empowering opportunity.

The WCCMHC will continue to support the work by community providers and the Office of Suicide Prevention to expand the community and school-based youth suicide prevention program. How this will be accomplished will be determined based on the scope of other recent proposals such as the use of the Child and Adolescent Needs and Strengths (CANS) Tool or other collaborative County-Division sponsored initiatives. WCCMHC would like to see earlier identification and intervention of youth experiencing mental health concerns or thoughts of suicide. We are seeing increases in elementary students' depression and distress. YMHFA and SOS screening programs can play a role in this.

Attempts were made to offer continuing education credits and training opportunities through Parent University, (including making the, "Training Trusted Adults: SOS staff and Parent Education video" available on the WCSD website). However, due to the competing demands of training required by the school district

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for district personnel, this goal was not achieved. The WCCMHC is recommending that additional representation from Washoe County School District be appointed to the WCCMHC to create more avenues into this system that has a direct impact on children and families and is an opportune venue to share important information to help families educate themselves and become aware of critical resources to eliminate youth suicide.

WCCMHC will continue to support the Trauma-Informed Care training, which is being conducted in Washoe, Clark and Elko 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 continue to 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.

Medicaid Parent and Consumer Access Guide:

A workgroup of WCCMHC members was formed to develop a guide to assist parents and Medicaid enrollees with how to navigate the Medicaid mental and behavioral health system and to define terminology that parents and consumers may not be familiar with. The guide addresses enrollment, disenrollment, denials and other common terms used by Medicaid and explains options the enrollee has along with contact information needed to resolve issues or answer questions as they arise. The goal is to have the guide available on the DHCFP website as well as children mental health agencies, NV PEP and other sites where Nevada Medicaid is utilized.



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.

Major changes are underway with the Washoe County School District and how student services are being structured. WCSD will be impacted by the addition of the Nevada Department of Education's Office for a

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Safe and Respectful Learning Environment and the addition of contracted behavioral health workers. WCCMHC will reach out to the District to see how we can identify common goals and support these efforts going forward.

WCSD continues its implementation of the Social Emotional Learning program. Washoe County was one of eight of the urban school districts in the "Collaborating Districts Initiative" awarded a grant. The focus 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.

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 reportedly is a staff reporting and investigation requirement as well.

WCCMHC supports NV PEP in the continuation of their partnership with the WCSD and Parent University to bring trainings to parents and professionals in our community. A previous goal existed for NV PEP to work with the WCSD to post videos on their respective (Parent Portal) websites for SEL and Suicide Prevention education. The goal was to broaden 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, "post-vention" for school personnel. Due to the competing demands of training required by the school district for district personnel, this goal did not happen. As a result, the WCCMHC is recommending that additional representation from Washoe County School District be appointed to the WCCMHC to increase the opportunity for collaboration to occur between the WCCMHC and the WCSD as this is an opportune venue to share important children's mental health information and resources and for the consortium to support the school districts vision and goals.

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 Lady's Summit:

Workgroup 4 in partnership with the Public and Behavioral Health Division assisted Nevada's First Lady, Kathleen Sandoval, in organizing and presenting the third, "First Lady's Summit on Children's Mental Health". The theme for the summit was "Connecting the Community Dots". 147 people met and discussed 15 grants that impact youth and young adults' birth through 24 years of age. An overview of each grant was given along with the area in the state to be served and the population that will be covered. This Summit provided the first opportunity to have representatives of many state grants in the same room together. Three state initiatives, a new System of Care grant, Medicaid transformation and School Based-Health Centers were also discussed. Networking was another positive outcome of the Summit and participants reported that this was accomplished and beneficial.

Logic Model:

Workgroup 4 took steps to address the goal in the Ten Year Plan by inviting Dr. Hewitt "Rusty" Clark to Washoe County to provide a seminar on the Transition to Independence Process (TIP) Model. Dr. Clark is the Director of the National Network on Youth Transition for Behavioral Health and a Professor Emeritus at

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the Department of Child & Family Studies, Florida Mental Health Institute in the College of Behavioral and Community Sciences, University of South Florida. Dr. Clark has developed and researched various innovative programs and published extensively, including 5 books and more than 125 professional publications.

The TIP model aims to prepare and support youth and young adults diagnosed with emotional/behavioral difficulties in their movement into adulthood. TIP focuses on securing employment, educational opportunities, establishing a living situation, personal effectiveness/wellbeing, and successful community-life functioning. The TIP model is an evidence-supported practice that has six research studies demonstrating improvements in real-life outcomes.

With the assistance of Jill Manit from the School of Social Work at University of Nevada, Reno, over 125 people were able to attend a seminar facilitated by Dr. Clark about the TIP model at the Joe Crowley Center at UNR at no cost. The Rural Children's Mental Health Consortium provided funding so the seminar could be streamed live on the Internet and others around the state could benefit from Dr. Clark's presentation. In addition to the overview of the TIP model, a panel of representatives from local agencies shared the work currently being accomplished in the community for this young adult population. Refreshments were provided by West Hills Hospital and stipends to youth who attended were provided by The Community Foundation of Western Nevada.

After the seminar, Dr. Clark spent the afternoon and following day visiting local community agencies that serve transition age youth. The visits occurred at The YOU which is an agency that provides "Care and Comfort" services and connections to local service providers to our area's homeless youth. Dr. Clark also visited Mojave Mental Health outpatient agency, Quest House which provides residential substance abuse treatment to teens from all around Nevada; Casa de Vida, an agency which provides residential supports and resources to pregnant teens and The Children's Cabinet, which provides services and resources that address unmet needs through a unique and effective cooperative effort between the private sector and public agencies in Nevada.

Dr. Clark's visit ended with a de-briefing session held at the Northern Nevada Adult Mental Health Campus that was attended by approximately 30 local community professionals. Dr. Clark thanked everyone for their warm welcome and helpfulness, and for providing him with a rich experience including the ability to speak directly to youth during his agency tours. At the conclusion of the de-brief session, those in attendance unanimously agreed that the TIP model would be a beneficial model to improve our current transition age youth service structure in Washoe County.

The Workgroup has received a proposal to implement the TIP model in Washoe County. This proposal has been presented to the Washoe County Consortium for consideration for funding. In addition, Workgroup 4 has provided this information to DCFS and the Nevada Children's Behavioral Health Consortium to consider implementing as part of the System of Care grant.

Youth Voice – Youth Advocacy:

The Youth Move process had some success this past year. A core group of 3 young women attended several WCCMHC workgroup 4 meetings and provided some constructive feedback and ideas for the workgroup to consider when working with transition age youth.

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At the time of this report, the young man who led the group (Ricardo Saldana-Marquez), obtained full-time employment elsewhere and this has temporarily stalled the group. However, the vision and impetus to continue Youth Move still exists and another venue will be explored to continue this important work.

Summary of WCCMHC Annual Plan Recommendations for 2016-17:

GOAL 1: Serve Youth in their Home Communities

The Consortium recommends the following course of action to address the out-of-state placement of youth with serious emotional disturbance:

1. Establish viable local residential treatment programs for our most challenged youth via aggressive recruitment of private new residential providers, establishing a state run or public/private partnership residential treatment facility in the North.
2. Increase capacity of the Mobile Crisis program to enable the program to serve youth at risk for out-of-home placement as opposed to solely serving youth with imminent suicide risk.
3. Increase the Wraparound in Nevada (WIN) program capacity to serve more youth who are at risk for out-of-home placement. This recommendation aims to reduce out-of-state placements by assuring that community treatment options have been considered first and improve coordination of care and effective discharge planning from out-of-state facilities when youth return to their local community.
4. Create a coordinated unit combining Mobile Crisis and Wraparound approaches to focus exclusively on serving youth at risk for out-of-home placement.
5. Establish DCFS as the mental health authority under the System of Care grant so that a comprehensive oversight program can be developed to monitor treatment utilization and outcomes for these most challenged youth.

GOAL 2: Help Families to Help Themselves

1. Increase early identification of those at risk for suicide or other violence.
2. Support the Trauma-Informed Care Training and Infant Mental Health efforts in Washoe County.
3. Support bullying prevention and response efforts in Washoe County.
4. Develop a guide to assist parents and Medicaid enrollees with how to navigate the Medicaid mental and behavioral health system and to define terminology that parents and consumers may not be familiar with.

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GOAL 3: Help Youth Succeed in School

1. The WCCMHC is recommending that additional representation from Washoe County School District be appointed to the WCCMHC to increase the opportunity for collaboration to occur between the WCCMHC and the WCSD, as this is an opportune venue to share important children's mental health information and resources and for the Consortium to support the school district's vision and goals.
2. The WCCMHC recommends exploring additional ways to increase collaboration and participation with the Washoe County School District. Workgroup 3 recommends a review of PBIS efforts to align WCSD and Consortium efforts to help youth succeed in school.

GOAL 4: Support Youth to Succeed as Adults

1. The Consortium supports the implementation of the TIP model in Washoe County. This proposal has been presented to DCFS for consideration for funding and inclusion in the System of Care Implementation Grant Strategic Plan.
2. Support efforts at promoting an Anti-stigma and Suicide Prevention Public Information Campaign recommended by the Governor's Council on Behavioral Health and Wellness. The Office of Suicide Prevention recommends investigating existing national campaigns to promote stigma reduction, recovery and help-seeking.

WCCMHC Requests:

Maintain a more formalized relationship with DHHS and work through the statewide Nevada Children's Behavioral Health Consortium to make formal recommendations on program initiatives and plans for significant change within the children's mental and behavioral health service delivery structure.

Continue to provide funding to the WCCMHC to accomplish the goals set forth in this plan.

IN CONCLUSION

The Washoe County Children's Mental Health Consortium thanks all community partners and Consortia members who participated in the workgroups and contributed to this report. The Consortium looks forward to our ongoing collaboration to build a stronger system of care for Nevada's children and families.