

Washoe County  
Children's Mental Health  
Consortium

# SUMMARY OF ANNUAL PLAN 2018



Compiled with input from the members and participants of the Washoe County Children's Mental Health Consortium.

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[https://commons.wikimedia.org/wiki/File:2015-10-30\\_14\\_28\\_08\\_Panorama\\_west\\_and\\_north\\_towards\\_Mount\\_Rose,\\_Nevada\\_and\\_Reno,\\_Nevada\\_from\\_Geiger\\_Lookout\\_Wayside\\_Park\\_in\\_Washoe\\_County,\\_Nevada.jpg](https://commons.wikimedia.org/wiki/File:2015-10-30_14_28_08_Panorama_west_and_north_towards_Mount_Rose,_Nevada_and_Reno,_Nevada_from_Geiger_Lookout_Wayside_Park_in_Washoe_County,_Nevada.jpg)

# SUMMARY OF ACTIVITIES

For the calendar year of 2018, the Washoe County Children’s Mental Health Consortium spent a considerable amount of time developing a new website to promote communications and access to information for youth, families, caregivers and providers. Additionally, the Consortium facilitated the implementation of the Home in Nevada (HINT) demonstration project to prevent youth involved in the juvenile justice system from having to leave their home due to severe emotional disturbances. The consortium also facilitated development of a concept and delivery of an ethics training for clinicians on person-centered care, which reflects the values and principles of a System of Care. Other accomplishments include an update to the Access to Care Guide, a Washoe County Children’s Mental Health Consortium brochure for community members and the facilitation of a series of data presentations and discussions regarding the identification of ongoing needs in the community such as a review of the *Youth Risk Behavior Survey*, the *Nevada Children’s Report Card*, and ongoing reports from the Nevada System of Care.

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# SUMMARY OF RECOMMENDATIONS

For 2019, the Consortium plans to continue many of the efforts and activities that took place during 2018. The Consortium respectfully recommends a priority to expand the emergency response services for youth and their families who are experiencing a behavioral health crisis. This includes, but is not limited to:

- Continue partnership with Nevada Division of Health Care Financing and Policy and Division of Child and Family Services to further define the local service array necessary to expand the HINT demonstration project and identify potential avenues for Medicaid funding within that service array.
- Under the Nevada System of Care and leadership from the Nevada Division of Child and Family Services, identify strategies to develop a single point of entry for youth, families and providers to access services.
- Sustain the System of Care which includes identifying qualified staff to provide immediate response, immediate clinical assessment, referral to wraparound or other necessary services, development of care plans and service coordination.
- Expand mobile crisis and emergency response services.
- Expand wraparound services.
- Sustain practices that were developed during the Washoe Pilot for specialized foster care.
- Review and expand funding allocation for Department of Education and Department of Public Safety's SafeVoice reporting system in response to high demand (i.e. provide pay for on-call staff).
- Develop community capacity to provide step down services for youth who are discharged from residential treatment centers.
- Develop community capacity to provide short-term crisis stabilization and respite services.

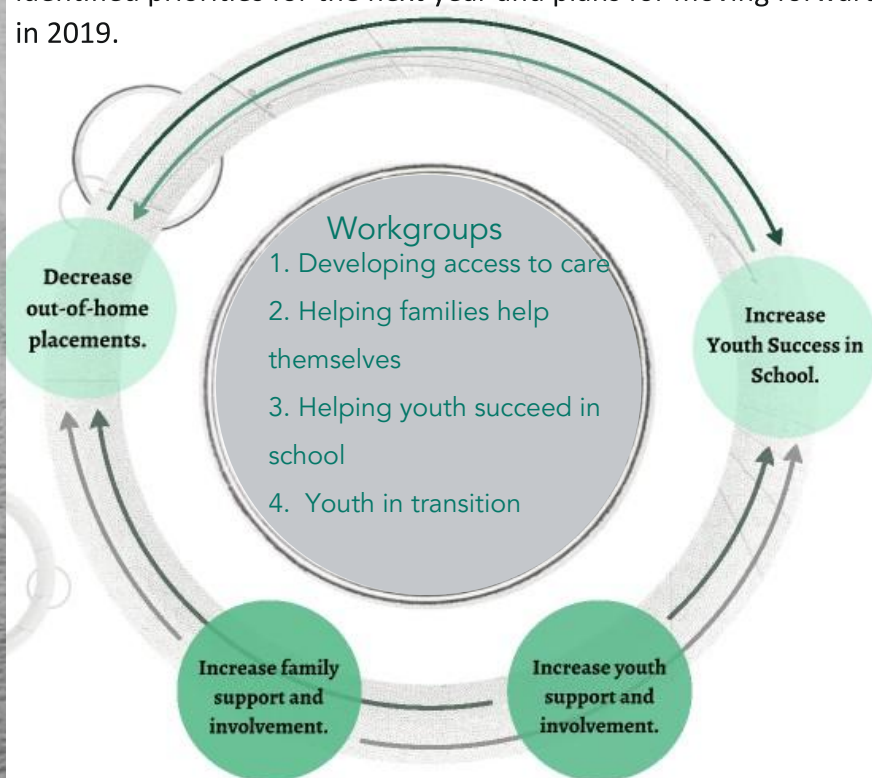
The following report highlights accomplishments of the consortium and planned activities.

# Background

Nevada Revised Statute ([NRS 433B.333-339](#)) established Mental Health Consortia in each of three Mental Health Service/Child Welfare/Juvenile Justice jurisdictions in Nevada. The functions of the Consortia are to assess the need for mental and behavioral health services for children up to 18 years of age, 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 Children's Mental Health Consortium, henceforth referred to as "Consortium," was formed in 2002 to fulfill the legislative requirements of NRS 433B in order to strengthen local partnerships and work toward creating an integrated system of behavioral health care for children and families of Washoe County based on System of Care values and principles.

In the Consortium's initial plan, " '2020 Vision' A Call to Action, Ten Year Plan for Children's Mental Health: January 2010 – December 2020," four workgroups were formed to address four corresponding areas of priority. The Consortium continues to focus efforts according to the four goals listed below. This annual plan outlines accomplishments made over the previous year, identified priorities for the next year and plans for moving forward in 2019.





# STATUS OF GOALS & STRATEGIES

The Consortium members continued to meet within workgroups to implement the strategies identified in the previous year. The Consortium is not proposing any changes to its current goals and strategies at this time. However, the Consortium plans to focus much of its efforts in 2019 on the continued implementation of the identified strategies and to the development of a new 10 year plan. Additionally, the Consortium will identify organizational structure changes necessary to support ongoing implementation of the activities. These efforts will include the continuation of data presentations from local partners, the identification of updated priorities, the development of strategies connected to the identified priorities and the engagement of key partners critical to the success of those strategies.

In summary, the following strategies have been implemented during 2018 (denoted by a check mark) or are in progress (denoted by a dot):

## 1. Developing access to care

- ✓ Provide leadership in organizing a System of Care that is unique to the needs of Washoe County.
- ✓ Provide leadership in the development of a responsive intervention system that includes assessment and wraparound services (i.e. a local System of Care).
- ✓ Support ongoing capacity development for the continuation of the above goals.

## 2. Encouraging families to advocate for themselves

- Develop a culturally and trauma-informed, community-based feedback system that collects input from the families regarding their needs and experiences and effectively shares the family experience with agencies.
- ✓ Create opportunities for families to receive training, information and support in advocating for themselves while also participating in system-change efforts.
- Sustain the established collaboration and feedback system with agencies.

## 3. Helping youth succeed in school

- Increase youth involvement in suicide prevention planning within schools.
- ✓ Increase youth, family and community awareness and participation of youth suicide prevention events and training.
- ✓ Strengthen and increase knowledge of school to community partnerships to facilitate access to mental health services.
- Increase youth independent access to mental and behavioral health services when parental consent cannot be attained (i.e. youth consent policy).

## 4. Youth in transition

- ✓ Develop a culturally-informed, community-based feedback system that collects input from the youth regarding their needs and experiences and effectively shares this information with Primary and Secondary Partner Agencies.
- Establish community provider commitments with Primary and Secondary Partner Agencies to collaborate and implement culturally-informed strategies that incorporate youth input into their service array for Youth In Transition.
- Sustain the established collaboration and feedback system with Primary and Secondary Partner Agencies.

# WORKGROUP 1

## DEVELOPING ACCESS TO CARE

### ACCOMPLISHMENTS

Workgroup 1's activities center on two primary goals. The following reports activities and accomplishments for each goal.

**Goal 1:** To “provide leadership in organizing a System of Care that is unique to the needs of Washoe County.” Under this goal, the following accomplishments were achieved:

- Continued conversations with representatives from the Division of Child and Family Services (DCFS) to discuss priorities and needs for Washoe County within the context of the Nevada System of Care (SOC).
  - Representatives from DCFS, Nevada SOC have been actively participating in the Workgroup meetings.
  - Updated and distributed the “Access to Care Guide” with information on the Medicaid managed care plans.
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Workgroup 1 recognizes that, as the Nevada Division of Child and Family Services (DCFS) works to sustain the Nevada System of Care, the workgroup and Consortium will need to strategically adapt, complement and enhance the local service provision system to respond to the changing service landscape. Within this, there is a recognized need to collect accurate and comprehensive data for Washoe County. There is also a need to identify and strengthen the local service array. In order to achieve its goals, Workgroup 1 will continue to work on the following during 2019:

### 2019 PLANNED ACTIVITIES

**Goal 1:** Continue the development of a partnership with DCFS SOC staff on current SOC activities in Washoe County. Within the conversation(s), the following points will be communicated and a focus of development efforts:

- Define a specific role for the workgroup/Consortium within the Nevada System of Care.
- Washoe County has identified a strategy to bring the continuum of services together as one resource, but further action is needed to implement the strategy.
- Identify a system of assessment and services that would be designated for families that are not triaged as “high need.”
- Continue partnership with Nevada Division of Health Care Financing and Policy to further define the service array necessary to implement the HINT demonstration project and Identify potential avenues for Medicaid funding within that service array.

The HINT demonstration project was developed according to System of Care values and principles and is modeled after similar efforts in other states. It reflects the vision of a System of Care in Washoe County. The HINT model is a partnership between Washoe County Juvenile Services and the Nevada Division of Child and Family Services. It serves high need youth and their families who are in distress, involved in multiple systems and at risk for having to leave their home due to a severe emotional disturbance. The flowchart below depicts the HINT model process and recommended service array to address each youth's unique needs.

### Assessment

- PSYCHOSOCIAL
- PSYCHOLOGICAL
- SUBSTANCE ABUSE EVALUATION
- SPECIALIZED ASSESSMENT

### Utilization Review

- DATA: CLINICAL, OUTCOME, FISCAL
- CLINICAL OVERSIGHT
- AUTHORIZATION

### Service Coordination

- WRAPAROUND

#### Treatment Services

- Evidence-Based Therapies
- Medication
- Substance Abuse Treatment

#### Rehabilitation Services

- In-Home Services
- Vocational Rehabilitation
- Day Treatment

#### Crisis Intervention

- Mobile Crisis Team
- Crisis Worker

#### Support Services

- Informal Supports
- Recreation
- Respite
- Flex Funding
- School Liaison
- Family Support

# WORKGROUP 1 (CONTINUED)

## DEVELOPING ACCESS TO CARE

### ACCOMPLISHMENTS

**Goal 2:** To “provide leadership in the development of a responsive system that includes assessment and wraparound services.” Under this goal, the following accomplishments were achieved:

- Consortium members provided leadership in coordinating a partnership between Washoe County Juvenile Services and the State of Nevada, Division of Child and Family Services Northern Nevada Child and Adolescent Services to fully implement the “Home in Nevada Team” (HINT) demonstration project to provide high-need youth and their families access to care in order to prevent the youth from having to go out of the state to receive treatment services.

The following provides additional information on the HINT demonstration project.

“Although the data is preliminary, Northern Nevada Child and Adolescent Services (NNCAS) Mobile Crisis Response Team (MCRT) and Washoe County Juvenile Services collaboration on the Home in Nevada Team (HINT) model are citing success with preventing higher level of care escalation for the youth seen in this pilot initiative. NNCAS began providing the model in May 2018 and has seen 14 youth and families to date. The HINT model provides assessment, treatment and referral to ongoing services and supports. The System of Care Grant Strategic Plan also addresses and prioritizes access to care for children and families in Nevada.”

**Richard Whitley, Director**

**State of Nevada Department of Health and Human Services**

Letter to the Washoe County Children’s Mental Health Consortium

October 1, 2018

### INITIAL FINDINGS

- To date 15 youth ages 13-17 have been served under the HINT model.
- **Currently, 100% of youth served under the HINT model have have remained in state for treatment.**

# **WORKGROUP 1 (CONTINUED)**

## **DEVELOPING ACCESS TO CARE**

Under Goal 2, Workgroup 1 will continue to work on the following during 2019:

### **2019 PLANNED ACTIVITIES**

In partnership with the Nevada Division of Health Care Financing and Policy and Division of Child and Family Services, develop a Strategic Plan expand implementation of the “Home In Nevada Team” (HINT):

- The team would serve as a systematic hub of multiple agencies conducting assessments and providing wraparound (in coordination with the state’s current initiative to describe a tiered case management approach).
- Support the implementation of the CANS assessment. There will be a need to procure resources to conduct this assessment for families who are not initially connected with a system or service provider.
- Identify the pool of providers that would be a part of the team. This includes a definition and identification of professionals who would provide clinical leadership on the teams.
- Begin making contacts with providers to discuss their role and involvement in a Washoe County SOC.
- Develop a budget to fund 2 HINT teams in Washoe County. Utilize the budget and concept to propose to prospective funders and partners in the system.
- Develop a plan to address gaps in local service array. In particular, develop community capacity to provide step down services following residential treatment for youth and their families.
- Develop community capacity to provide respite services and/or emergent crisis services.



## WORKGROUP 2


### HELPING FAMILIES HELP THEMSELVES

Workgroup 2 family member participants engaged in conversations with providers on how to encourage mental health professionals to consider the “person-centered” values of community mental health as a clinical and ethical imperative. As a result of these discussions, a training was developed by utilizing professional ethical codes to highlight how these ethical principles embody “person-centered” care and approach to mental health assessment, diagnosis, treatment planning and intervention.

On May 5, 2018 a 3-hour CEU ethics training entitled, “Person-Centered Ethics” was delivered to approximately 30 clinical professionals through the Mental Health Peer Connections organization in Reno. The training is currently scheduled to be offered again in May, 2019.

#### **Additionally,**

- The workgroup developed a brochure for the Consortium to distribute to youth, families and stakeholders.
- The workgroup has consistently announced opportunities for families to advocate for systems change through policy during public meetings related to children’s mental and behavioral health, Medicaid, schools, state law and other groups working for change.
- Families have participated in the workgroup meetings during “Family Voice” agenda items as well as during planning discussions.
- Workgroup 2 continued efforts to identify and incorporate “family voice” into the efforts of the Consortium and to implement strategies to inform parents, caregivers and families of resource and advocacy opportunities. The workgroup is currently under transition and will revisit its goals and objectives with the Consortium during 2019.



Families in Washoe County who have children with mental and behavioral health needs frequently experience frustration, isolation and confusion in navigating education and treatment systems for their children. Families are often told that their children have to be placed in treatment services outside of the community because there is not an array of available local services. There is a need to provide opportunities for families to be involved in system change.

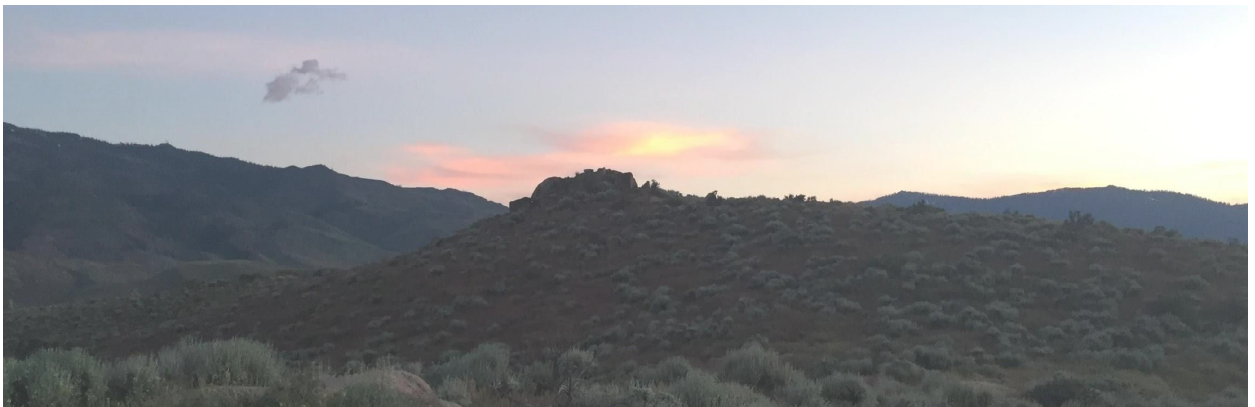
# WORKGROUP 2 (CONTINUED)

## HELPING FAMILIES HELP THEMSELVES

### “Family Voice”

Workgroup 2 continued a standing item on their meeting agendas that aimed to create a space for families to give input, describe experiences and share information on the needs of families. The following summarizes some of the ongoing needs and experiences expressed by families and providers during this agenda item:

- Families continued to report a need for respite services.
- Families reported the need for after school care offered by qualified providers for children with behavioral health needs of all school aged children (Pre-K – 12).
- Families reported an interest in gaining access to web-based trainings that would allow them to participate while remaining at home.
- It is difficult for families to be able to stay on top of available providers according to their insurance. In many cases, once a family locates a possible provider they frequently learn that there is a wait list or that the provider no longer accepts the client’s insurance.
- When a provider changes the types of insurances they accept, it can disrupt a family who had once been established because they have to get established with a new provider.
- Families report that, in the event a provider isn’t working out for them, they often feel like they can’t change providers due to their insurance or difficulty in finding another provider.
- Families described their experiences in regards to behavioral and mental health concerns in the educational setting and the ongoing need for specific training for all educational personnel in recognizing mental health needs, identifying supports available; and appropriate referral follow-up training.
- The workgroup recognized the need for families and family serving systems to better understand the social and emotional/early childhood mental health needs of children ages 0-6.



# WORKGROUP 3

## HELPING YOUTH SUCCEED IN SCHOOL

The continued active involvement of Nevada's Office of Suicide Prevention has provided ongoing support for youth in schools through suicide prevention. In this effort, the following accomplishments have been achieved:

- Implementation of "SafeVoice," a suicide, bullying and violent event reporting system has been implemented in the school district.
- The Consortium has identified a need to further examine the SafeVoice reporting system to identify local trends and to address resource needs to support the high demand.
- The Consortium will support and/or facilitate necessary discussions and partnerships between the Washoe County School District, Nevada Department of Education and the Nevada Division of Child and Family Services to identify the needs and align resources of local and state SOC efforts with Safe Voice.
- The Consortium has identified a need to continue to strengthen its partnership with Washoe County School District in order to incorporate schools into the service array for a local System of Care and to continue offering suicide prevention activities and other health promotion services.

According to the Centers for Disease Control (CDC), "Suicide rates rose in all but one state between 1999 and 2016, with increases seen across age, gender, race and ethnicity ... Only Nevada recorded a decline — of 1 percent — for the overall period, although its rate remained higher than the national average."

[Washington Post 6/7/18](#)

"Misty Vaughan Allen, a suicide-prevention coordinator at the Nevada Department of Health and Human Services (DHHS), told *Newsweek* that the department's work with the Nevada Coalition for Suicide Prevention has helped lower the rate of suicide in the state. ...

'We have to change culture around mental health, giving help and support,' said Allen. 'The more we can do that, the safer our families and communities will be.'"

[Newsweek 6/8/18](#)

# WORKGROUP 3 (CONTINUED)

## HELPING YOUTH SUCCEED IN SCHOOL

### RECOMMENDED PRIORITIES

Workgroup 3 recommends continuing with priorities identified in the 2017 annual report under the new Consortium structure. The recommended priority areas include:

- *Safe Schools Professionals program*: The workgroup recommends continued support of this program, which originates from the State Department of Education. The workgroup wants to see the program become successful and would like to support the Department of Education with its implementation.
- *Transportation for youth in crisis*: The workgroup has identified a need to have a transportation option for youth in crisis who do not have parents who can transport them safely to treatment. The most common available option is to have police transport the child. However, this creates a feeling for the child that they are in “trouble,” which can contribute to trauma and stigma.
- *Legal holds*: Explore opinions and options for “legal holds” for children. In what situations are they warranted? How is it communicated with parents and caregivers? Are there options that are not stigmatizing for the child and their family?
- *Unaccompanied youth*: Unaccompanied youth who are not system-involved and are not able to access medical and mental and behavioral health services (age of consent, parental permission). The workgroup requests support from the state in understanding this situation further and to explore options for a youth to access and pay for services when a guardian or caregiver is not available.
- *Continued support from the Office of Suicide Prevention*: The Office of Suicide Prevention has supported the infusion of evidence-based prevention practices throughout the community and within the school district. The workgroup would like to see continued involvement of this office and wants to support the office in their Washoe County efforts.

### 2019 PLANNED ACTIVITIES

The workgroup will continue to develop action-oriented strategies that address the priorities listed above. This includes, but is not limited to the following:

1. Engage in community and school-based suicide awareness events. Within this, explore possible partnerships with faith-based communities and other culturally-based groups.
2. Review the success and lessons learned from the Clark County School District’s threat assessment unit. Explore options for expanding successes to Washoe County.
3. Gather, summarize and disseminate information on laws and policies that impact youth access to services and legal holds.





# WORKGROUP 4 | YOUTH IN TRANSITION

## ACCOMPLISHMENTS

Workgroup 4 has developed and continued to utilize a Logic Model to guide its planning, activities and discussions. Notably, the workgroup facilitated the development and launch of a website for the Consortium to communicate activities, resources and opportunities. The workgroup incorporated youth input in to the development of the website and subsequent promotional materials. Additionally, the workgroup facilitated the Consortium's participation in the "Stop Stigma" poster contest with the Clark County Children's Mental Health Consortium (winner is featured on the website). Currently, the workgroup is developing a "WCCMHC Access to Care Scholarship Fund" with the aim to support youth access to mental health services.



<http://wccmhc.com>

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## Washoe County Children's Mental Health Consortium

Influencing and Improving Behavioral Healthcare for Washoe County's youth and their families

Nevada Revised Statute (NRS 433B) established Mental Health Consortia in each of three Mental Health Service/Child Welfare/Juvenile Justice jurisdictions in Nevada. The functions of the Consortia are to assess the need for mental and behavioral health services for children up to 18 years of age, 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.

### Our Goals

- Partner with families in every aspect of our system of care.
- Uphold our locally managed system of care with our strong collaborative base.
- Embrace a family-centered culture of care that is seamless and easy to access.
- Facilitate the development, growth, and best use of our local resources.

Email: [wccmhcconsortium@gmail.com](mailto:wccmhcconsortium@gmail.com)

Suicide Hotline: 1-800-273-8255  
<https://suicidepreventionlifeline.org>

Safeplace Hotline: 1-800-536-4588  
OR TEXT "SAFE" and current location to 4HELP (44357) to access a Children's Cabinet Case Manager and a safe place







# LOOKING AHEAD

In 2019, the WCCMHC will begin efforts to assess community need related to children's mental health and develop a new 10 year plan to launch in 2020. The Consortium is currently updating its Bylaws and strategies for holding meetings in order to benefit from full participation of Consortium members and community members.

## Meetings & Contact

The Washoe County Children's Mental Health Consortium meets regularly and is open to the public. We encourage active participation from youth, families and caregivers, providers and other concerned community members.

Meeting announcements for 2019 can be found on the Division of Child and Family Services website:

[http://dcfs.nv.gov/Meetings/2019/2019\\_Meetings/](http://dcfs.nv.gov/Meetings/2019/2019_Meetings/)

Additional information and resources can be found on the Consortium website:

<http://wccmhc.com>

For more information about Consortium meetings and activities, contact us at:

[wccmhconsortium@gmail.com](mailto:wccmhconsortium@gmail.com)