

July 11, 2003

Mr. Edward Cotton, Administrator  
Division of Child and Family Services  
711 East Fifth Street  
Carson City NV 89701

Dear Mr. Cotton:

In 2001, AB 1 created the Children's Mental Health Consortiums and required an Annual Plan from each Consortium. Now in 2003, as per the passage of AB 6 into law and the change in date of submission of the Mental Health Consortium's Annual Plan, the Washoe County Children's Mental Health Consortium is submitting our 2003-2004 Annual Plan for your review.

As you are well aware the focus for many members of the Washoe County Children's Mental Health Consortium these last five months has been with the State Legislature. Given this fact and also that the Committee on Children, Youth, and Families never convened and reviewed our 2003 Annual Plan submitted in January 2003, we are resubmitting the Plan with an addendum.

The addendum will provide an update on the progress of the Next Steps/Recommendations sections that have been addressed to date. You will find in some cases we have been able to map out our timelines and next steps in greater detail.

If you need further information or clarification please call me at (775) 856-0106. The Consortium would like to extend an open invitation to you and/or any member of the Committee for Children, Youth, and Families to attend a meeting of the Consortium.

Submitted on behalf of the full Consortium,

Pam Becker  
Chair

<b>Name</b>	<b>Organization</b>	<b>Name</b>	<b>Organization</b>
Pam Becker	The Children's Cabinet	Retta Dermody	Parents Encouraging Parents
Les Gruner	NN Child & Adolescent Services	Kathy Hughes	Parents Encouraging Parents
Leonard Pugh	WC Dept. of Juvenile Services	Michael Capello	WC Dept. of Social Services
Doug Whitener	WC School District	Cindy Johnson	Sierra Association of Foster Families
Frances Doherty	Juvenile Court Master	Stuart Gordon	Family Counseling Services
Pauline Sala	Bristlecone Family Resources	Dave Caloiaro	Div. of Mental Health & Developmental Services
Robert Queyrel	NV Div. of Health Care Financing and Policy	Candy von Ruden	Special Education Advocate of NV
Linda Howard	NV State Welfare	Joseph Haas	NN Child & Adolescent Services

**Needs/Problems 1.** In order to best serve the children who are Severely Emotionally Disturbed (SED) and their families in Washoe County a collaborative system of care must be developed. This system must eliminate duplicative efforts among agencies, increase capacity, improve the quality and array of services, and promote family and community involvement.

Action Steps	Next Steps/Recommendations	Progress to Date
<p>A1. Assess duplicated services and develop a plan to coordinate existing resources to expand capacity and decrease fragmentation of services</p>	<p><b>1:</b> By January 31, 2003 the committee will establish timelines to ensure progress</p> <p><b>2:</b> Committee identified the need to:</p> <ul style="list-style-type: none"> <li>• Determine a way to coordinate efforts to ensure that if certain assessment and testing is required to fully evaluate a youth it will be provided</li> <li>• Develop paperwork that can be shared across agencies</li> </ul> <p><b>3:</b> Address the issue of confidentiality to ensure that agencies can share information while including parents and advocates</p>	<ul style="list-style-type: none"> <li>• The committee has developed a prioritized action plan and projected dates of completion for all items.</li> <li>• Coordination of assessment activities is ongoing and has been improved by multi-disciplinary team meetings at Washoe County Social Services and Washoe County Juvenile Services.</li> <li>• The committee will develop a guide for agency workers on practices that avoid duplication of assessments and referrals.</li> <li>• The committee has developed <i>Minimal Criteria for Mental Health Assessments</i>.</li> <li>• The Committee supports continued distribution of the Northern Nevada Child and Adolescent Services release of information forms to consortium agencies to facilitate timely exchange of information.</li> <li>• The committee will develop overarching policies and a Memorandum of Understanding to address procedures for sharing information while at the same time preserving client confidentiality.</li> <li>• The committee will develop a universal release of information form and informed consent form for clients to complete as a means of accessing coordinated care from consortium agencies.</li> <li>• Committee membership includes two parent advocates, which will insure parent concerns are addressed in the above activities.</li> </ul>

<p><b>B1.</b> Utilize results of recent surveys of parents, staff, cultural experts, and stakeholders to further assess and identify perceived gaps in services.</p>	<p><b>1:</b> Use survey results to identify areas of need and provide direction for the Consortium including: gaps in services, eligibility and/or additional services with the fiscal impact  <b>2:</b> By January 31, 2003 the committee will establish timelines to ensure progress  Continue to identify populations to survey</p>	<ul style="list-style-type: none"> <li>• Identified next parent population groups to be surveyed.</li> <li>• Child Protective Services, Juvenile Services, and Nevada State Welfare (TANF)</li> </ul>
<p><b>C1.</b> Review each Consortium member's agency's resources committed to SED youths and explore an integrated network.</p>	<p><b>1:</b> Incorporate feedback from WIN Project reviewers and resubmit.  <b>2:</b> Future applications/proposals will be completed according to the guidelines set by the funding source  <b>3:</b> Consortium member agencies will evaluate the work of the Coordinated Assessment committee to identify where duplication exists and areas where resources can be used more efficiently  <b>4:</b> Grant Action Team will meet and develop training and implementation steps</p>	<ul style="list-style-type: none"> <li>• Continuing to monitor potential funding sources.</li> </ul>
<p><b>D1.</b> Explore methods for providing assistance to children/adolescents who are deemed SED but their parents have little or no insurance to pay for needed behavioral health services.</p>	<p><b>1:</b> Provide support to Medicaid for the recommendations they offer to the Governor and the Legislators  <b>2:</b> Continue to investigate possible funding and resource opportunities  <b>3:</b> Continue to identify gaps in services  <b>4:</b> Continue dialogue with Medicaid</p>	<ul style="list-style-type: none"> <li>• Consortium members attended public review of Behavioral Health Plan Redesign.</li> <li>• Consortium provided written feedback.</li> </ul>
<p><b>E1.</b> Involve parents and representatives of all cultural groups as partners in the development of an integrated service delivery system.</p>	<p><b>1:</b> By January 31, 2003 the committee will establish timelines to ensure progress  <b>2:</b> Actively recruit Consortium members from culturally diverse populations</p>	<ul style="list-style-type: none"> <li>• Parent representatives actively participate on all Consortium workgroups.</li> </ul>
<p><b>F1.</b> Establish interagency protocols and memoranda of understanding that form agreements:</p> <ul style="list-style-type: none"> <li>• Dictating how agencies will communicate and share information, expend pooled funds</li> </ul>	<p><b>1:</b> By January 31, 2003 the committee will establish timelines to ensure progress  <b>2:</b> Establish protocols for use and sharing of results of the Child and Adolescent Level of Care Utilization System (CALOCUS) assessment with Consortium members</p>	<p>See progress under A1.</p>

<p>(if feasible), provide inter-agency cross training and coordinate/integrate case management.</p> <ul style="list-style-type: none"> <li>Using a uniform assessment instruments, a common intake process, and a uniform release of confidential information form.</li> </ul> <p>Protocols for the exchange of confidential information between agencies that eliminates the need for families to redo assessments and intake forms.</p>	<p><b>3:</b> Develop a uniform release of information form  <b>4:</b> Develop a uniform intake form</p>	
<p><b>G.</b> The Consortium will establish a working committee to specifically address family empowerment.</p>	<p><b>1:</b> By January 31, 2003 the committee will establish timelines to ensure progress.</p>	<ul style="list-style-type: none"> <li>Parent Involvement Workgroup was formed and has met. The workgroup is chaired by a Nevada PEP representative.</li> </ul>

**Problem/Need 2.** In order to develop and implement the best system of care for children with SED the Consortium must involve family members in all aspects of planning and implementation of a system of care.

Action Steps	Next Steps/ Recommendations	Progress to Date
<p><b>A2.</b> The Consortium will establish a working committee to specifically address family empowerment.</p>	<p><b>1:</b> By January 31, 2003 the committee will establish timelines to ensure progress  <b>2:</b> Continue work on resource manual to include parent’s rights and expectations to ensure a family’s successful participation in agency’s programs.</p>	<ul style="list-style-type: none"> <li>• Consortium member agencies have agreed to disseminate training material distributed by Nevada PEP with the goal of engaging parents.</li> </ul>
<p><b>B2.</b> Establish and implement policies that bring family members to the table as equal partner.</p>	<p><b>1:</b> By January 31, 2003 a committee will be established and timelines developed to ensure progress  <b>2:</b> Continue to integrate need into all committee work</p>	<ul style="list-style-type: none"> <li>• See Need/Problem 1, G. because parents are a part of the Consortium.</li> </ul>
<p><b>C2.</b> Develop policy to protect parents who participate in any Consortium activity from any adverse or retaliatory actions or effects from Consortium agencies</p>	<p><b>1:</b> By January 31, 2003 a committee will be established and timelines developed to ensure progress  <b>2:</b> Continue to integrate need into all committee work</p>	<ul style="list-style-type: none"> <li>• Adopted a grievance procedure in the Consortium By-Laws.</li> <li>• Parents are active participants in all Consortium Workgroups.</li> </ul>

**Problem/Need 3.** Improve the Medicaid program to simplify access to behavioral health services, expand the number of private providers of Medicaid services and provide community-based alternatives to expensive residential and group care services. In Washoe County \$9.6 million was spent through Medicaid on children’s mental health services. Of this amount over 82% or \$7.9 million were spent on residential services.

Action Steps	Next Steps/ Recommendations	Progress to Date
<p><b>A3:</b> Develop an adult and child/adolescent Level of Service (LOS) system</p> <p><b>B3:</b> Incorporate standardized outcome/assessment tools for determining appropriate level of care and needed service.</p> <p><b>C3:</b> Establish service definitions, minimal qualifications and criteria (admission, continuing stay, discharge and exclusionary).</p> <p><b>D3:</b> Establish mental health specialty clinics, which will include the provision of private service providers.</p>	<p><b>1:</b> Consortium members will attend CALOCUS training and use the instrument</p> <p><b>2:</b> Support Medicaid’s requests</p> <p>* Contingently Completed means pending approval by the Governor, Legislators and the Federal Government</p>	<p>Member agencies have been trained in administering the CALOCUS. There is a current plan to make CALOCUS a criterion for presentation at the Utilization review team and the Probation Multidisciplinary Team. The committee has agreed to the Northern Nevada Child and Adolescent Services intake format. This form is currently undergoing revision.</p> <ul style="list-style-type: none"> <li>• The Committee supports continued distribution of the Northern Nevada Child and Adolescent Services release of information forms to consortium agencies to facilitate timely exchange of information.</li> <li>• The committee will develop a universal release of information form and informed consent form for clients to complete as a means of accessing coordinated care from consortium agencies.</li> </ul> <ul style="list-style-type: none"> <li>• Medicaid has established definitions, minimal qualifications, and criteria and will be submitting them to the Center for Medicare and Medicaid Services (CMS) for approval.</li> <li>• Medicaid has established mental health specialty clinic definitions and minimal provider qualifications and will be submitting</li> </ul>

Action Steps	Next Steps/ Recommendations	Progress to Date
<p><b>E3:</b> Expand the role of case management services for Severely Emotionally Disturbed (SED) children to assure better and more consistent service coordination, particularly at placing and keeping children in the most and least restrictive services.</p>		<p>them to CMS for approval.</p> <ul style="list-style-type: none"> <li>• Established the definitions and minimal qualifications and will be submitting them to CMS for approval.</li> </ul>

**Problem/Need 4.** Medicaid-eligible children in Fee for Service (FFS) tend to have more access and receive more services than Medicaid children/adolescents enrolled in Medicaid's health maintenance organization (HMO) and Child Health Insurance Program (CHIP)/Nevada Check-Up programs (certain mental health services, such as medical-model Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)-accredited residential treatment centers (RTCs) and targeted case management services are currently excluded from HMO contracts).

Action Steps	Next Steps/ Recommendations	Progress to Date
<p><b>A4:</b> Assure Medicaid's FFS Level of Service (LOS) and Mental Health Specialty Clinic program coverage also extends to the HMO and Nevada Check-Up populations.</p>	<p><b>1:</b> Consortium members will continue to refer families to all available programs</p>	<ul style="list-style-type: none"> <li>• Consortium members continue to make appropriate referrals.</li> <li>• Medicaid's HMO and NV Check-up contract language was clarified to be consistent with fee for services' coverage of mental health services.</li> </ul>



**Problem/Need 5:** The need is for greater network of master's level professionals to become Medicaid providers to expand mental health service accessibility to children and adolescents, particularly with alcohol and other drug problems.

Action Steps	Next Steps/ Recommendations	Progress to Date
<p><b>A5:</b> In addition to Medicaid permitting Licensed Clinical Social Workers (LCSWs), Marriage and Family Therapists (MFTs), Physician Assistants (PA's) and Advance Practitioner of Nursing (APN) to become providers in the Mental Health Specialty Clinics, to also grant providers status to any professional who holds a master's degree in a health-related field (i.e., social work, psychology, counseling) who is also a state licensed Alcohol and Drug Abuse Counselor, but only if they meet the criteria spelled out in the New Jersey Department Appeals Board (DAB), which addressed a potential legal precedent (will require further research).</p>	<p><b>1:</b> Continue to dialogue with and support Medicaid  <b>2:</b> Support Medicaid's continued evaluation of costs associated with adding other professionals as Medicaid providers</p>	<p>See Need/Problems 1, D.</p>

**Problem/Need 6:** The additional survey conducted by the Consortium continues to highlight the need for counseling services. The second and third needs are financial support followed by a tie with family support and psychiatric services.

Action Steps	Next Steps/Recommendations	Progress to Date
<p><b>A6.</b> Presented WIN Project outline to Legislative Sub-committee on Children, Youth, and Families and requested assistance if the proposal is not funded.</p>	<p><b>1:</b> Legislature will allocate of \$100,000 to provide the infrastructure as outlined in the WIN Project.  <b>2:</b> Legislature will allocate funds to establish 3 new mental health counselors' positions at Northern Nevada Child and Adolescent Services to ensure that SED children in their parents' custody do not escalate to higher levels of care.</p>	<ul style="list-style-type: none"> <li>• Legislature did not allocate any funding; however, NNCAS received MH block grant dollars to establish three new MH counselors.</li> </ul>
<p><b>B6.</b> AB1 funding for services to SED children</p>	<p><b>1:</b> Request the Governor include AB1 funding in his executive budget and ask Legislators to restore full funding for the SED program.</p>	<ul style="list-style-type: none"> <li>• Governor retained AB1 funding for SED program</li> </ul>