January 3, 2003

Mr. Ed Cotton:

The Washoe County Children's Mental Heath Consortium spent the year laying the groundwork for the coming years. We have committed to action steps that, when accomplished, will provide a continuum of services in a family friendly environment for all children and families with an SED diagnosis.

During this year we increased our Consortium membership by two positions, Nevada State Welfare and a parent advocate, and feel these additions will add to our success. We wrote a grant proposal (WIN Project) that did not get funded but received feedback that will be incorporated into a new proposal. The Consortium agreed to serve as an advisory board for a grant proposal that provides case management and intervention services for SED children acting out in school from being placed into the juvenile services system. Consortium members also continued meeting with Medicaid.

The following pages contain the Annual Plan for the Washoe County Children' Mental Health Consortium. We have discussed the action steps, accomplishments and then next steps and recommendations to be taken by the Consortium. We used this same format for looking at our work with Medicaid; and lastly the assistance we need from the Legislature.

Below is a list of our membership. We, as the collective Washoe County Children's Mental Health Consortium submit this plan for your review and acceptance.

Name	**Organization**	**Name**	**Organization**
Pam Becker	The Children's Cabinet	Retta Dermody	Parents Encouraging Parents
Les Gruner	NN Child & Adolescent Services	Rene Baker	Parents Encouraging Parents
Leonard Pugh	WC Dept. of Juvenile Services	Michael Capello	WC Dept. of Social Services
Doug Whitener	WC School District	Dorothy Pomin	Family Foster Care Advocate
Frances Doherty	Juvenile Court Master	Stuart Gordon	Family Counseling Services
Frankie Lemus	Bristlecone Family Resources	Harold Cook	Div. of Mental Health Dept.
David Caloiaro	NV Div. of Health Care Financing and Policy	May Shelton	Community Volunteer
Lori Wilson	NV State Welfare	Candy von Ruden	Advocate
Joseph Haas	NN Child & Adolescent Services	Theresa Anderson	Div. of Child & Family Ser.

Washoe County Children's Mental Heath Consortium 2003 Annual Plan

This Plan consists of the following:

- Restatement of goals from the date of the last plan.
- Statement of problems identified by the Consortium and progress towards resolution.
    - A chart showing action steps, accomplishment and next steps and recommendations
- Statement of problems/needs identified by the Consortium that require assistance from Medicaid if they are to be accomplished
    - chart showing action steps, accomplishment and next steps and recommendations
- Statement of problem/needs identified by the Consortium that require assistance from the Legislature if they are to be accomplished
    - chart showing action steps, accomplishment and next steps and recommendations
- Appendicies
    - Survey results (see appendix A)
    - Update on Severely Emotionally Disturbed (SED) Child Welfare Initiative (see appendix B)

Goals of the Consortium

Goal One: Develop a coordinated and integrated behavioral health system for children and families in Washoe County that is seamless and easy to access. Build on the strengths of our community by implementing locally controlled systems of care.

Goal Two: Implement a system of services and supports that is customized to meet the needs of families and not focused on agencies and providers. The system will provide early access to behavioral health systems for children and families empowering families to raise their own children. Program development will focus on a consistent, collaborative and family-centered approach.

Goal Three: Support the development and expansion of human resources so we can better utilize local resources to meet the needs of Washoe County's children and families. Families and staff must be empowered in their efforts to succeed by providing them information, education and support.

Goal Four: Expand consumer involvement at all levels of decision making involving behavioral heath services and supports for Washoe County's children and families.

Statement of problems identified by the Consortium and progress towards resolution

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	Accomplishments	Next Steps/ Recommendations
A. Assess duplicated services and develop a plan to coordinate existing resources to expand capacity and decrease fragmentation of services	**A1.** Established a committee called "Coordinated Assessment" **A2.** Committee met and mapped: • Core components of an assessment required by all the agencies involved with the Consortium **A3.** Discussed required core components of a uniform medical screening	**1:** By January 31, 2003 the committee will establish timelines to ensure progress **2:** Committee identified the need to: • 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 • Develop paperwork that can be shared across agencies **3:** Address the issue of confidentiality to ensure that agencies can share information while including parents and advocates
B. Utilize results of recent surveys of parents, staff, cultural experts, and stakeholders to further assess and identify perceived gaps in services.	**B1.** Established a committee called "Survey Group" **B2**. Committee met and completed the following: • Identified a population to survey – parents with children deemed SED by the school district • Reviewed survey and made modification to make it easier to understand (e.g. parent-friendly) and complete, using a focus group to determine changes; ensured the data collected could be correlated to previous data collected • Through collaborative efforts of	**1:** 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 **2:** By January 31, 2003 the committee will establish timelines to ensure progress Continue to identify populations to survey

Action Steps	Accomplishments	Next Steps/ Recommendations
	Consortium members sent 305 surveys out and 42 completed surveys were returned (13% return rate). ** See survey results in Appendix A	
C. Review each Consortium member's agency's resources committed to SED youths and explore an integrated network.	**C1**. The Consortium member agencies collaborated and submitted two grant proposals: • WIN Project (Washoe Integrated Network), federal grant request – did not receive funding but did receive feedback on the grant and will be resubmitting during next funding cycle if requests for proposals are solicited. • Assisted Consortium members in applying for grant to create and fund a Crisis Intervention Team – concept of the proposal is to send an interdisciplinary team into classrooms serving the SED population when a situation occurs that might result in the removal of a child and placement with Juvenile Services; grant submitted to Juvenile Justice Title V – received $42,500 of $50,000 grant proposal, currently seeking funds for remainder of funds needed – the Children's Mental Health Consortium agreed to serve as the Advisory Board for the project.	**1:** Incorporate feedback from WIN Project reviewers and resubmit. **2:** Future applications/proposals will be completed according to the guidelines set by the funding source **3:** 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 **4:** Grant Action Team will meet and develop training and implementation steps
D. 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	**D1.** A representative from NV State Welfare has been added to the Consortium for technical assistance and expertise with eligibility issues **D2.** Continued dialoguing with NV Medicaid and NV State Welfare to look at: eligibility to give	**1:** Provide support to Medicaid for the recommendations they offer to the Governor and the Legislators **2:** Continue to investigate possible funding and resource opportunities

Action Steps	Accomplishments	Next Steps/ Recommendations
services.	wraparound services when reunification occurs; providing services to a child when he/she receive a non-SSI disability designation; and exploring the possibility of children placed in juvenile detention facilities being eligible for services. ** See specific Medicaid section	**3:** Continue to identify gaps in services **4:** Continue dialogue with Medicaid
E. Involve parents and representatives of all cultural groups as partners in the development of an integrated service delivery system.	**E1.** Parent Advocates actively participate on the established committees **E2.** Increased Consortium membership by adding an additional Parent Advocate	**1:** By January 31, 2003 the committee will establish timelines to ensure progress **2:** Actively recruit Consortium members from culturally diverse populations
F. Establish interagency protocols and memoranda of understanding that form agreements: • Dictating how agencies will communicate and share information, expend pooled funds (if feasible), provide inter-agency cross training and coordinate/integrate case management. • Using a uniform assessment instruments, a common intake process, and a uniform release of confidential information form. • Protocols for the exchange of confidential information between agencies that eliminates the need for families to redo assessments	**F1.** Established a committee called "Coordinated Assessment" that formulated plan; identified funding for; and scheduled training of Consortium members in the administration and use of the Child and Adolescent Level of Care Utilization System (CALOCUS) **F2.** Conduct the CALOCUS training on January 27, 2003 (Washoe and Rural; January 28th for Las Vegas area) **F3.** Consortium members shared confidentiality protocols specific to each agency and discipline	**1:** By January 31, 2003 the committee will establish timelines to ensure progress **2:** Establish protocols for use and sharing of results of the CALOCUS assessment with Consortium members **3:** Develop a uniform release of information form **4:** Develop a uniform intake form

Action Steps	Accomplishments	Next Steps/ Recommendations
and intake forms.		
G. The Consortium will establish a working committee to specifically address family empowerment.	**G1.** Parent representatives are participating on committees established by the Consortium	**1:** By January 31, 2003 the committee will establish timelines to ensure progress

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	Accomplishments	Next Steps/ Recommendations
A2. The Consortium will establish a working committee to specifically address family empowerment.	**A2-1.** Initiated work on a resource manual to describe each Consortium member agency's services and protocols **A2-2.** Consortium member agency created a workshop training and manual to assist parents in becoming advocates and prepare them to participate on committees/Consortiums	**1:** By January 31, 2003 the committee will establish timelines to ensure progress **2:** Continue work on resource manual include parent's rights and expectations to ensure a family's successful participation in agency's programs.
B2. Establish and implement policies that bring family members to the table as equal partners.	**B2-1.** NV Parents Encouraging Parents (PEP) and advocates are members of all the committees of the Children's Mental Health Consortium. **B2-2.** Incorporated a grievance procedure in the Consortium by-laws to protect parents from adverse or retaliatory efforts of member agencies	**1:** By January 31, 2003 a committee will be established and timelines developed to ensure progress **2:** Continue to integrate need into all committee work
C2. Develop policy to protect parents who participate in any Consortium activity from any adverse or retaliatory actions or effects from Consortium agencies	**C2-1.** NV Parents Encouraging Parents (PEP) and advocates are members of all the committees of the Children's Mental Health Consortium. **C2-2.** Incorporated a grievance procedure in the Consortium by-laws to protect parents from adverse or retaliatory efforts of member agencies	**1:** By January 31, 2003 a committee will be established and timelines developed to ensure progress **2:** Continue to integrate need into all committee work

Statement of problem/needs identified by the Consortium that require assistance from Medicaid and progress to accomplish these goals/action steps/next steps and recommendations:

The Washoe County Children's Mental Health Consortium acknowledges that any and all changes, revisions and redesign of Medicaid's behavioral health program must first receive governor and legislative approval, and be predicated upon available funding.

Problem/Need 1. 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	**Accomplishments**	**Next Steps/ Recommendations**
A: Develop an adult and child/adolescent Level of Service (LOS) system **B:** Incorporate standardized outcome/assessment tools for determining appropriate level of care and needed service.	**A1:** Completed: With the assistance of DCFS, Medicaid has developed a six-tier Level of Service (LOS) system grid. **B1:** Partially Completed: Based upon DCFS' recommendation, Medicaid has agreed to adopt the Child and Adolescent Level of Care Utilization System (CALOCUS) as the standardized assessment tool for determining appropriate levels of care and needed behavioral health services. The first step in facilitating the use of the CALOCUS standardized tool is to offer a "train the trainers" program to DCFS staff on how to complete it. The CALOCUS training will be offered January 27, 2003 in Reno and January 28, 2003 in Las Vegas. The training will be conducted by Dr. Robert Klaehn, a licensed child and adolescent psychiatrist, who, as a member of the American Academy of Child and Adolescent Psychiatry, helped to develop the CALOCOUS screening/assessment tool. (Funding for the training was provided by unspent grant	**1:** Consortium members will attend CALOCUS training and use the instrument **2:** Support Medicaid's requests

Action Steps	Accomplishments	Next Steps/ Recommendations
	dollars from the REAL CHOICE grant monies received in Nevada in 2001).	
C: Establish service definitions, minimal qualifications and criteria (admission, continuing stay, discharge and exclusionary).	**C1:** Contingently Completed*****: With the assistance of DCFS, Medicaid has established service definitions, minimal provider qualifications and criteria (admission, continuing stay, discharge and exclusionary) for approximately 15 mental health service categories. Following an internal review and only with required approval and public hearing Medicaid will submit the state plan reflecting the changes to the federal Center for Medicare and Medicaid Services (CMS) for formal approval.	***** Contingently Completed means pending approval by the Governor, Legislators and the Federal Government
D: Establish mental health specialty clinics, which will include the provision of private service providers.	**D1:** Partially Completed: Medicaid has established a definition of a mental health specialty clinic minimal provider qualifications and minimum services required to be available at mental health specialty clinics. Following an internal review and only with required approval and public hearing Medicaid will submit the state plan reflecting the changes to the federal Center for Medicare and Medicaid Services (CMS) for formal approval. If approved, Medicaid will permit, so long as they meet criteria, both private and public entities to become mental health specialty clinics.	
E: 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	**E1:** When Medicaid completely develops and receives approval for its behavioral health redesign, its contracted targeted case managers, in addition to performing assessment, care planning monitoring and referral of clients to needed medical, social, educational and other support services, will be responsible for assuring and/or completing	

Action Steps	Accomplishments	Next Steps/ Recommendations
restrictive services.	SED screenings and assuring clients are placed in the appropriate and least restrictive level of service (LOS).	

Problem/Need 2. 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	Accomplishments	Next Steps/ Recommendations
A2: 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.	**A2-1:** Mental health services offered through Medicaid's Health Maintenance Organization (HMO) and CHIP/Nevada Check-Up programs must consistently mirror the same scope of services as Medicaid's fee-for-service (FFS) program. To assure consistency with both, the HMO and Check-Up contracts, to be effective July 1, 2003, will address required mental health services, including the mental health rehabilitative treatment services (i.e., intensive community based treatment, rehabilitative skills training, therapeutic foster care and levels I, II and III group homes) for Medicaid's HMO and Check-Up clients; this includes case management services. Additionally, clients enrolled in DHCFP's Medicaid's HMO and Check-Up programs currently have access to medical-model, JCAHO accredited residential treatment center (RTC) programs. While it is true these are HMO-excluded services, clients enrolled in the HMO and Check-Up programs can still, if medically and clinically appropriate, receive RTC services through the FFS program.	**1:** Consortium members will continue to refer families to all available programs

Problem/Need 3: 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	Accomplishments	Next Steps/ Recommendations
A3: 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).	**A3-1:** Medicaid is currently in the process of developing its mental health specialty clinic program to include Advance Practitioners of Nursing (APN), Licensed Clinical Social Workers (LCSWs) and Licensed Marriage and Family Therapists (LMFTs). This is addressed in a state plan amendment and will be submitted to CMS "upon appropriate" approval. Assuming additional funding becomes approved and available, it is Medicaid's intention to also include APNs and persons holding master's degrees in a health-related field who are also state licensed Alcohol and Drug Abuse Counselors to provide services in mental health specialty clinics. (Medicaid will be evaluating the costs and qualifications associated with adding licensed alcohol and drug abuse counselors (LADAC) as qualified Medicaid providers).	**1:** Continue to dialogue with and support Medicaid **2:** Support Medicaid's continued evaluation of costs associated with adding other professionals as Medicaid providers

Statement of problem/needs identified by the Consortium that require assistance from the Legislature and progress to accomplish these goals/action steps/next steps and recommendations:

The Washoe County Children's Mental Health Consortium acknowledges legislative assistance is predicated upon available funding.

Problem/Need 1: 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	Accomplishments	Next Steps/Recommendations
A. Presented WIN Project outline to Legislative Sub-committee on Children and Families and requested assistance if the proposal is not funded.	**A1.** Submitted grant proposal and received word we did not get funded	**1:** Legislature will allocate of $100,000 to provide the infrastructure as outlined in the WIN Project. **2:** Legislature will allocate funds to establish 3 new mental health counselors' positions at Northern NV Child and Adolescent Services to ensure that SED children in their parents custody do not escalate to higher levels of care.
B. AB1 funding for services to SED children	**B1.** Money was reduced due to budgetary constraints and the breadth of services had to be put on hold	**1:** Request the Governor include AB1 funding in his executive budget and ask Legislators to restore full funding for the SED program.