

June 30, 2004

Jone Bosworth, Administrator  
Division of Child and Family Services  
711 East Fifth Street  
Carson City NV 89701

Dear Ms. Bosworth:

As per the regulations of AB1 the Washoe County Children's Mental Health Consortium is submitting our 2004 - 2005 Annual Plan for your review. The first part of the Plan shows the work accomplished in 2003-04. The second section will detail the Problem/Needs identified for 2004 -2005 that will be addressed along with the action steps and next steps/recommendations we anticipate taking to meet the goals that we aspire to fulfill.

The 2003-2004 year was an eventful one for the Consortium.

- We experienced membership turnover in six organizations, some more than once. This had an impact on the various Workgroups that are responsible for the progress towards realizing our goals.
- During this time period the integration of child welfare came about which meant that coordinating of services across Consortium agencies lagged behind as Social Services kept the Consortium abreast of its progress and the many changes occurring within its own agency.
- The Interim Legislative period began with Senator Townsend convening a commission to develop Nevada's Mental Health Plan and the Consortium membership actively participated in the process. This included public testimony and written responses to issues suggested to the Commission. This provided an opportunity to highlight needs of children with SED and their families.
- The Division of Child and Family Services underwent a federal Child and Family Services Review (CFSR). Members of the Consortium participated in the various focus groups conducted during the review and took part in the formation of the Program Improvement Plan (PIP) in response to the findings of the review. Participants from the Consortium advocated for changes that will have a positive impact on not only children with SED and their families but all children and families.

Submitted on behalf of the full Consortium,

Pam Becker  
Chair

## Consortium Membership

Name	Organization	Name	Organization
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
Kris Christensen	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	Harold Cook	Div. of Mental Health & Developmental Services
Walter Pickney	NV Div. of Health Care Financing and Policy	Candy von Ruden	Special Education Advocate of NV
Janice Stenson	NV State Welfare	Joseph Haas	NN Child & Adolescent Services

The Washoe County Children's Mental Health Consortium's 2002 Annual Plan set forth four goals that if met would provide a system of care that is accessible, family-focused, and is capable of responding to our community's needs. These goals having not been met were the basis for the Consortium's work in 2003-04. In preparation for this 2005 Annual Plan the Consortium members reviewed these goals and re-affirmed our commitment to continue our work towards having these goals become a reality. Our goals remain:

**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 local communities 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 that empower families to raise their own children. Program development will focus on a consistent, collaborative and family-centered approach that provides support and growth for Nevada children and families.

**Goal Three:** Support the development and expansion of human resources so that we can better utilize the resources of our local communities and meet the needs of Washoe County 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 health services and supports for Washoe County children and families.

The 2003-2004 Annual Plan identified six Problem/Need areas that served as the impetus for the work over the past year. Each Problem/Need is identified with a table below. The table associated with the Problem/Need lists the Action Steps; Next Steps/Recommendations; and the Progress to Date made by the Consortium.

**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> The Interagency Collaborative Workgroup will establish timelines to ensure progress  <b>2:</b> Workgroup has 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  <b>4:</b> The Workgroup will develop a guide for agency workers on practices that avoid duplication of assessments and referrals.</p>	<ul style="list-style-type: none"> <li>• Workgroup has met on a regular basis and developed a prioritized action plan and projected dates for progress on all items.</li> <li>• Coordination of assessment activities is ongoing.</li> <li>• The Workgroup has developed <i>Minimal Criteria for Mental Health Assessments</i>.</li> <li>• The Workgroup has distributed the Northern Nevada Child and Adolescent Services release of information forms to consortium agencies to facilitate timely exchange of information.</li> <li>• Consortium members, W.C.D. Juvenile Justice and W.C.D. Social Services, developed and signed an MOU which clarifies roles of caseworkers when dealing with youth who are involved in both agencies. As a result team meetings are held on a regular basis.</li> <li>• The Workgroup developed a universal release of information form and informed consent form for clients to complete as a means of accessing coordinated care from consortium agencies. Consortium members are in the process of reviewing the form.</li> <li>• Workgroup membership includes two parent advocates which insure parent concerns are addressed in all activities.</li> <li>• A Multidisciplinary Team (MDT) comprised of workers from Northern Nevada Child and Adolescent Services Washoe County Department</li> </ul>

		<p>of Juvenile Justice conduct joint staffing meetings to better serve clients.</p> <ul style="list-style-type: none"> <li>Members of this Workgroup have testified to the Interim Study Committee on Juvenile Justice (ACR18). And is assisting in the development of a BDR.</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 Workgroup will establish timelines to ensure progress  Continue to identify populations to survey</p>	<ul style="list-style-type: none"> <li>Surveyed families seeking TANF services during the month of March 2004; received 52 completed surveys. See results in appendix.</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 Washoe Integrated Network (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 Interagency Collaborative Workgroup 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. Opportunity to resubmit WIN Project proposal has not materialized.</li> <li>As a Consortium provided a letter of support for NV PEP's application to continue advocacy activities.</li> <li>Youth Parole and Northern Nevada Child and Adolescent Services are using mental health block grant funds to pay for a full time case manager who provides intensive case management services to youth released from the Nevada Youth Training Center.</li> <li>The Children's Cabinet is providing childcare quality funding to the Reno Recreation's Inclusion Program. The funds create a Partnership between UNR, Dept of Psychology, Reno Recreation and the Children's Cabinet to provide behavioral modification programming to keep children in the Reno Recreation program. They were successful in intervening and assisting 18 of 21 (86%) youth in modifying their behavior so they could continue in the programs. The funds also provided 1215 Hours of training to 241 staff.</li> </ul>

		<ul style="list-style-type: none"> <li>The Consortium provided a letter of support for DCFS' grant proposal to Child and Adolescent Mental Health and Substance Abuse State for an infrastructure grant.</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 and provided comments.</li> <li>Consortium members participated in the development of the State Mental Health Plan (authored by Legislative Commission on Mental Health).</li> <li>Consortium members assisted with planning and executing <i>A Forum on Youth</i> in July 2004. During the discussions in this Forum the need for more mental health services was raised.</li> <li>Consortium members provided testimony to the Children, Youth and Families Committee.</li> <li>Consortium members assisted in the planning and execution of the Governor's Summit on Juvenile Justice. One of the focus areas was mental health.</li> <li>Consortium members participated in the federal review of DCFS.</li> <li>Consortium members provided input into the development of DCFS' five year plan and the program improvement plan (PIP) resulting from the federal review.</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 Workgroup 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 Workgroup 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> <li>• Protocols for the exchange of confidential information between agencies that eliminates the need for families to redo assessments and intake forms.</li> </ul>	<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 Workgroup to specifically address family empowerment.</p>	<p><b>1:</b> The Workgroup 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. Regular meetings are conducted.</li> <li>• Workgroup formalized the role of advocates within the Consortium (see appendix).</li> <li>• Identified areas to improve communication with agencies providing services for children with SED.</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 Workgroup to specifically address family empowerment.</p>	<p><b>1:</b> The Parent Advocacy Workgroup 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 disseminate training material distributed by Nevada PEP with the goal of engaging parents. As a result the number of people attending training has increased.</li> <li>• NV PEP has provided training to 80 WCDSS staff.</li> <li>• NV PEP responded to 75 calls/contacts concerning children with SED</li> <li>• NV PEP provided training to an audience of 40 people composed of Foster Parents, CASAs and Surrogates on the Appropriate Evaluation and IEP process.</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> The Parent Advocacy Workgroup will establish timeline to ensure progress  <b>2:</b> Continue to integrate need into all Workgroup 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> The Parent Advocacy Workgroup will be established and timelines developed to ensure progress  <b>2:</b> Continue to integrate need into all Workgroup 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>





Action Steps	Next Steps/ Recommendations	Progress to Date
<p><b>E3:</b> Expand the role of case management services for children who are Severely Emotionally Disturbed (SED) to assure better and more consistent service coordination, particularly at placing and keeping children in the most and least restrictive services.</p>		<p>wraparound services.</p> <ul style="list-style-type: none"> <li>• Project WIN has been started at NNCAS and is proving to be successful</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).

<b>Action Steps</b>	<b>Next Steps/ Recommendations</b>	<b>Progress to Date</b>
<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-Workgroup 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 children with SED 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 children with SED</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>

While the Consortium's goals remain the same different Needs/Problems have been identified. The format of the Annual Plan will remain the same as in previous years. The Problem/Need will be stated followed by a table outlining Action Steps and Next Steps/Recommendations.

**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
A1. Assess duplicated services and develop a plan to coordinate existing resources to expand capacity and decrease fragmentation of services	<ul style="list-style-type: none"> <li>• The committee will develop a guide for agency workers on practices that avoid duplication of assessments and referrals.</li> <li>• Consortium will continue review of universal intake form with the goal of adopting it to streamline services.</li> </ul>
B1. Integrate items in DCFS Program Improvement Plan (PIP) that are relevant to members of the Consortium to assist in successful completion of the Plan.	<ul style="list-style-type: none"> <li>• Consortium members will review the PIP.</li> <li>• Consortium Workgroups will incorporate relevant portions of the PIP into their activities.</li> <li>• Consortium will provide DCFS updates on progress made towards PIP.</li> </ul>
C1. Partner with DCFS when they are awarded a contract for their successful proposal of a Child and Adolescent Mental Health and Substance Abuse State infrastructure grant.	<ul style="list-style-type: none"> <li>• Consortium members will actively participate in project activities as outlined in the project by assisting in various processes and helping to realize anticipated outcomes.</li> <li>• Consortium members will review project activities and incorporate various activities into existing Workgroups and/or establish additional Workgroups to assist in accomplishing tasks.</li> </ul>
D1. Integrate items from the Mental Health Plan that are relevant to members of the Consortium to assist in successful completion of the Plan.	<ul style="list-style-type: none"> <li>• Consortium Workgroups will incorporate relevant portions of the Mental Health Plan into their activities.</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
Continue to invite youth and family members to involve themselves in the Consortium and its various workgroups.	<ul style="list-style-type: none"> <li>• Parents and youth with an SED designation will be provided information on the Consortium and its Workgroups. This information will include the day, time and place of Consortium meetings; and if people express an interest they will be notified of Workgroup meetings.</li> </ul>
Increase the understanding of how to access services of the various	<ul style="list-style-type: none"> <li>• Parent Involvement Workgroup will hold discussions with identified</li> </ul>

agencies within the Consortium	agencies and address pertinent questions (see attached pages). <ul style="list-style-type: none"> <li>• Incorporate into NV.PEP training the information learned from each agency.</li> </ul>
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**Problem/Need 3. The survey conducted with the TANF population reiterated the need for multiple services at one site along with the need for agencies to have flexible hours to meet the needs of families and children.**

Action Steps	Next Steps/Recommendations
Share the survey results with various county and state agencies	<ul style="list-style-type: none"> <li>• Survey the Non-Needy Care Givers who receive TANF benefits</li> </ul>
Incorporate the survey findings into future planning for service delivery	<ul style="list-style-type: none"> <li>• Distribute survey results</li> </ul>

**Problem/Need 4. In order to fill the gaps in services, eliminate waiting lists, and expand services additional funding must be secured.**

Action Steps	Next Steps/Recommendations
Continue to support Medicaid's Behavioral Health Re-design plan	<ul style="list-style-type: none"> <li>• Monitor the progress of the Re-design during the legislative session.</li> </ul>
Continue to seek funds from a variety of sources	<ul style="list-style-type: none"> <li>• Initiate Partnership with UNR Department of Psychology, Reno Recreation and the Children's Cabinet to offer parenting classes' specific to addressing difficult behaviors expressed by children with SED and other disabilities. Use Consortium membership to advertise classes.</li> <li>• Monitor potential funding sources</li> </ul>

# WASHOE COUNTY MENTAL HEALTH CONSORTIUM PARENT INVOLVEMENT WORKGROUP

## 1. **Definition and role of advocates** for children and families in the consortium-

- Advocates serve as the voice for families and children with SED in the Washoe County Mental Health Consortium.
- Our role is to educate and empower parents about their choices regarding agencies and services with the goal of assisting them in becoming fully informed when making decisions for their child.

## 2. **Advocate's process**

- If an issue comes up:
  - Talk to the service provider (line staff) directly
  - Talk to supervisor or program director (follow chain of command)
  - If an issue is repetitive with other advocates than we will ask agency to meet with us.
  - If issue is resolved than we will bring the resolution to the consortium for the purpose of educating everyone
  - If we are unable to resolve an issue than we will bring it to the consortium to seek solutions and/or to inform members of a gap in services.

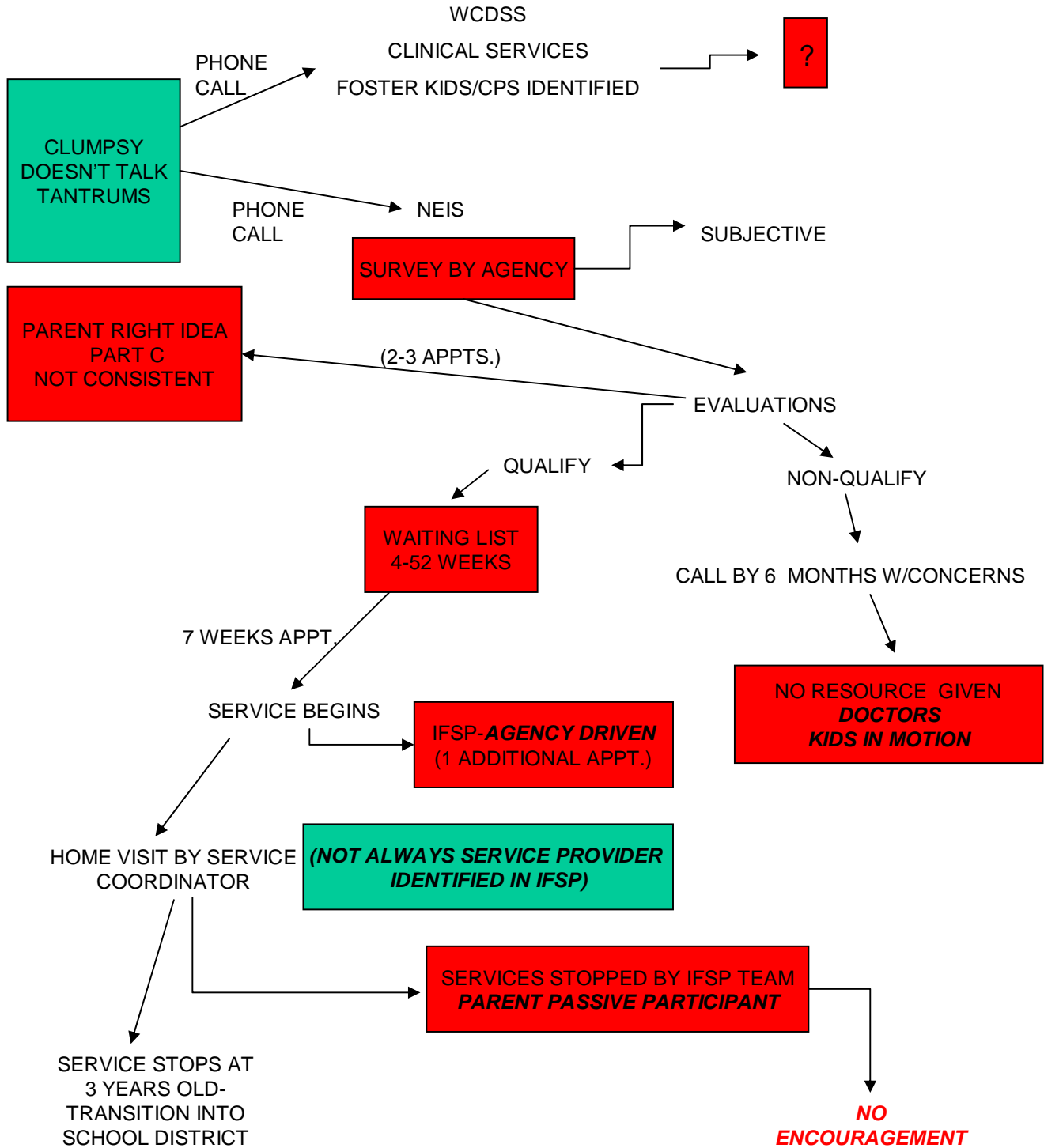
## 3. **Flow Charts**

- The 3 flow charts that follow reflect the collective experience of families as told to advocates
  - The Heading shows the age of the child
  - The first box displays the callers description of their child's behaviors
  - The remaining boxes and arrows show the various agencies contacted and the services that can be accessed. (**NOTE:** these are not all-inclusive; they point out areas for further discussion/clarification and/or areas of training of agency staff)

## 4. **Steps to address identified obstacles on flow charts**

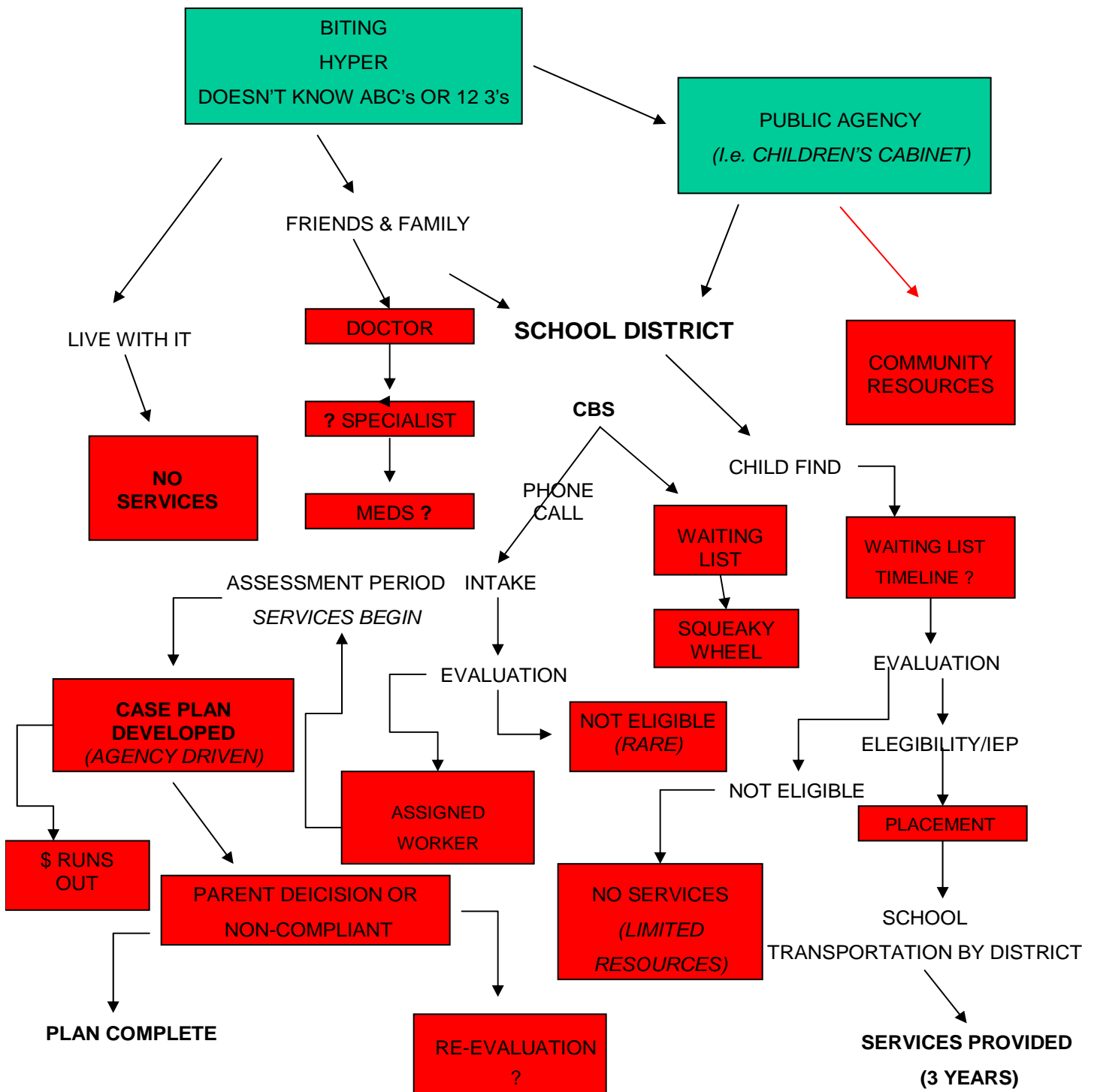
- Conduct discussions with the following agencies
  - Washoe County School District
  - Children's Behavioral Services
  - Juvenile Justice
  - Washoe County Dept. of Social Services
  - Non-profit agencies within the Consortium
- Prior to discussions the Workgroup will provide the agency with discussion points/questions (such as organizational structure; flow of services and mandates/laws governing services)

# 1 1/2-2 YEARS NICU (8 WEEKS)

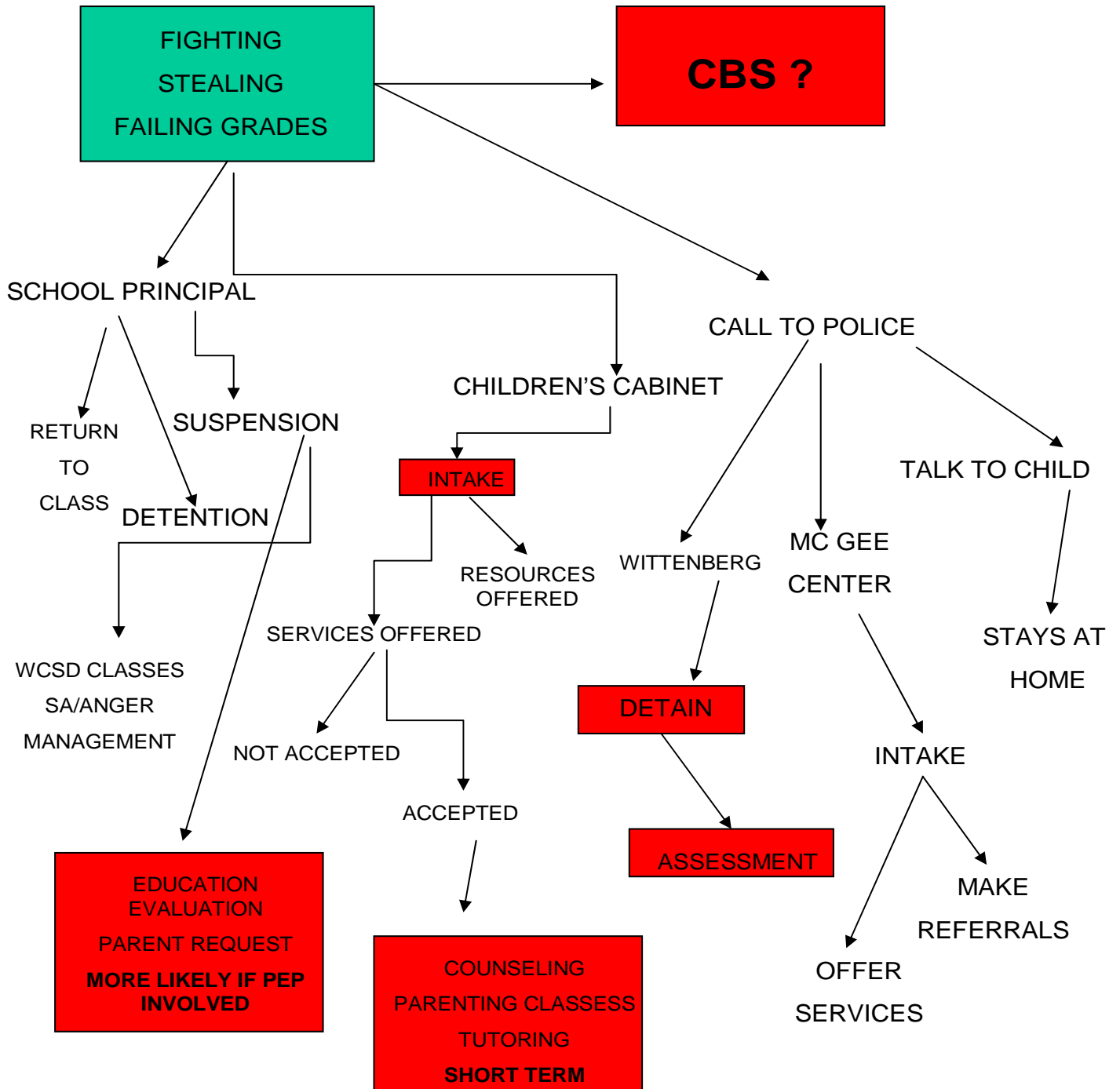




# 5 YEAR OLD NOT IN SCHOOL KICKED OUT OF DAYCARE



# 12 YEARS OLD



## EVALUATION?

# Washoe County Mental Health Consortium

Survey Results  
May 28, 2004

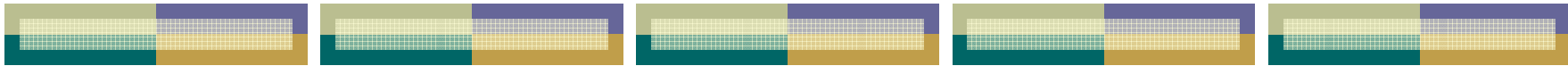


# 2004 Survey Results

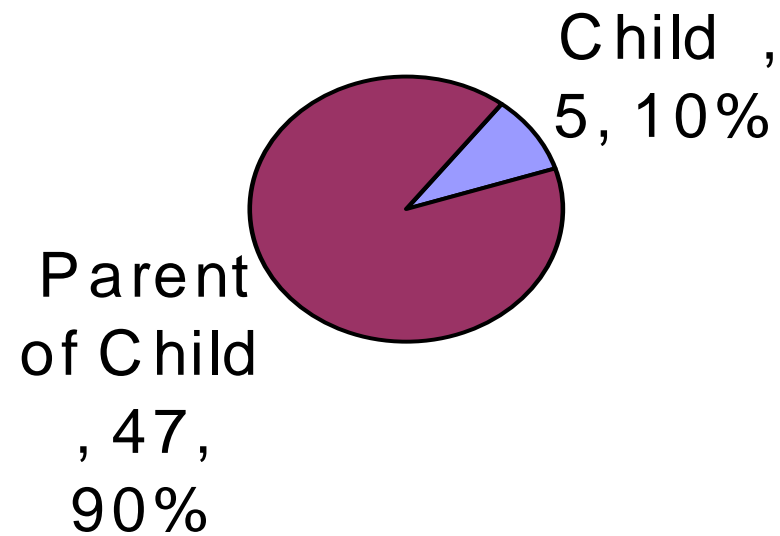
- The population surveyed were people applying for TANF benefits during the month of March. They were attending a meeting that explains TANF requirements specific to seeking and obtaining employment for self-sufficiency.
- 85 surveys were distributed
  - 52 returned completed
  - 20 returned with children under the age of 3 - forms not complete
  - 13 returned partially completed (not included)

Washoe County Mental Health  
Consortium

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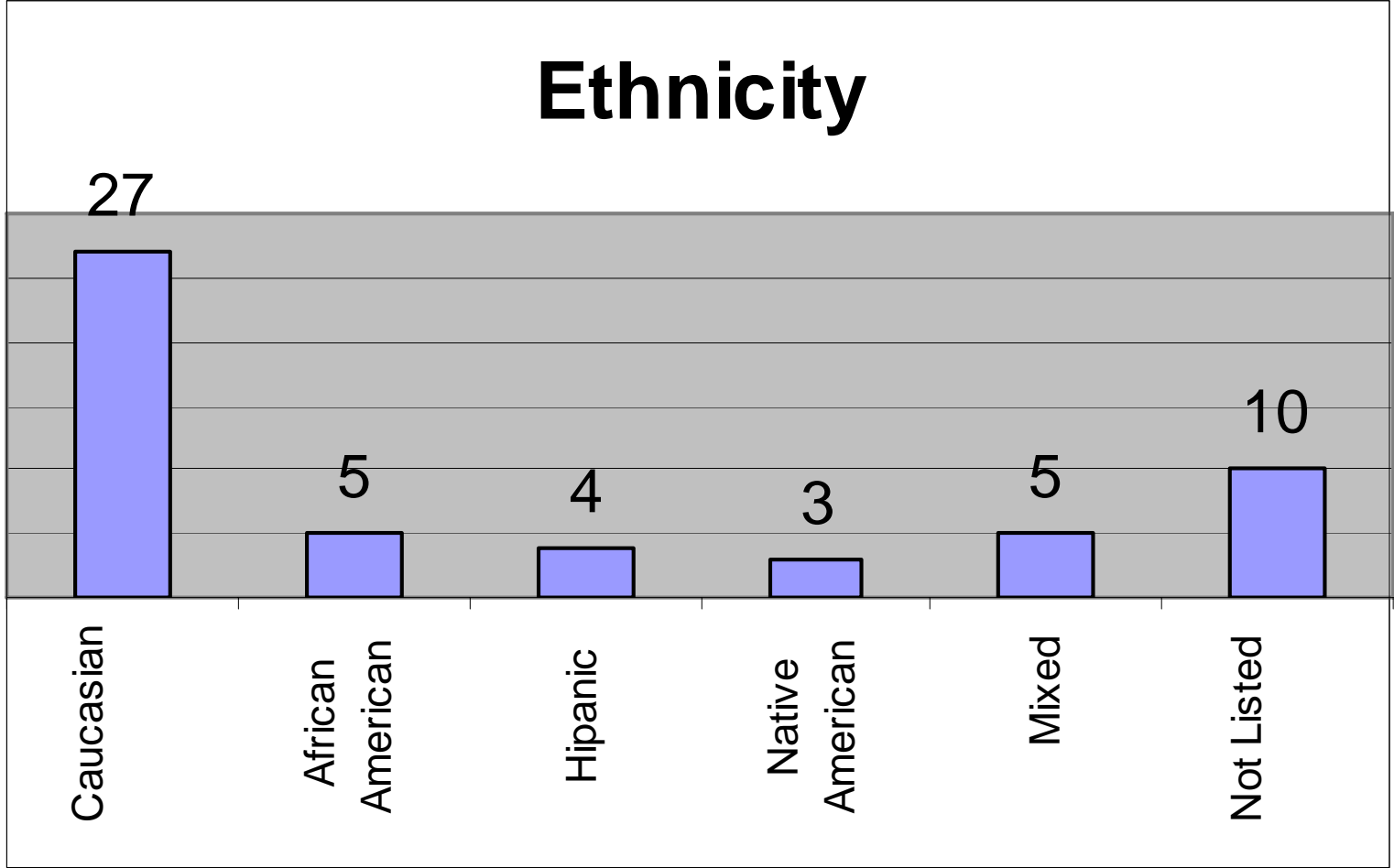
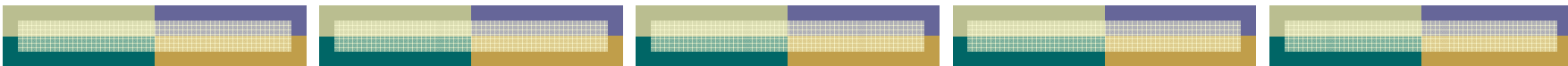
## Who Completed Surveys (n=52)



Washoe County Mental Health  
Consortium

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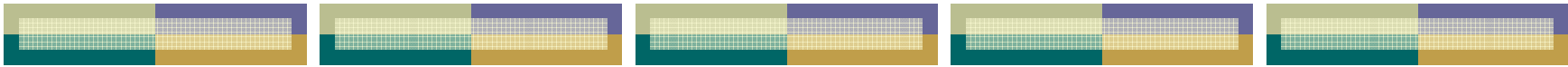




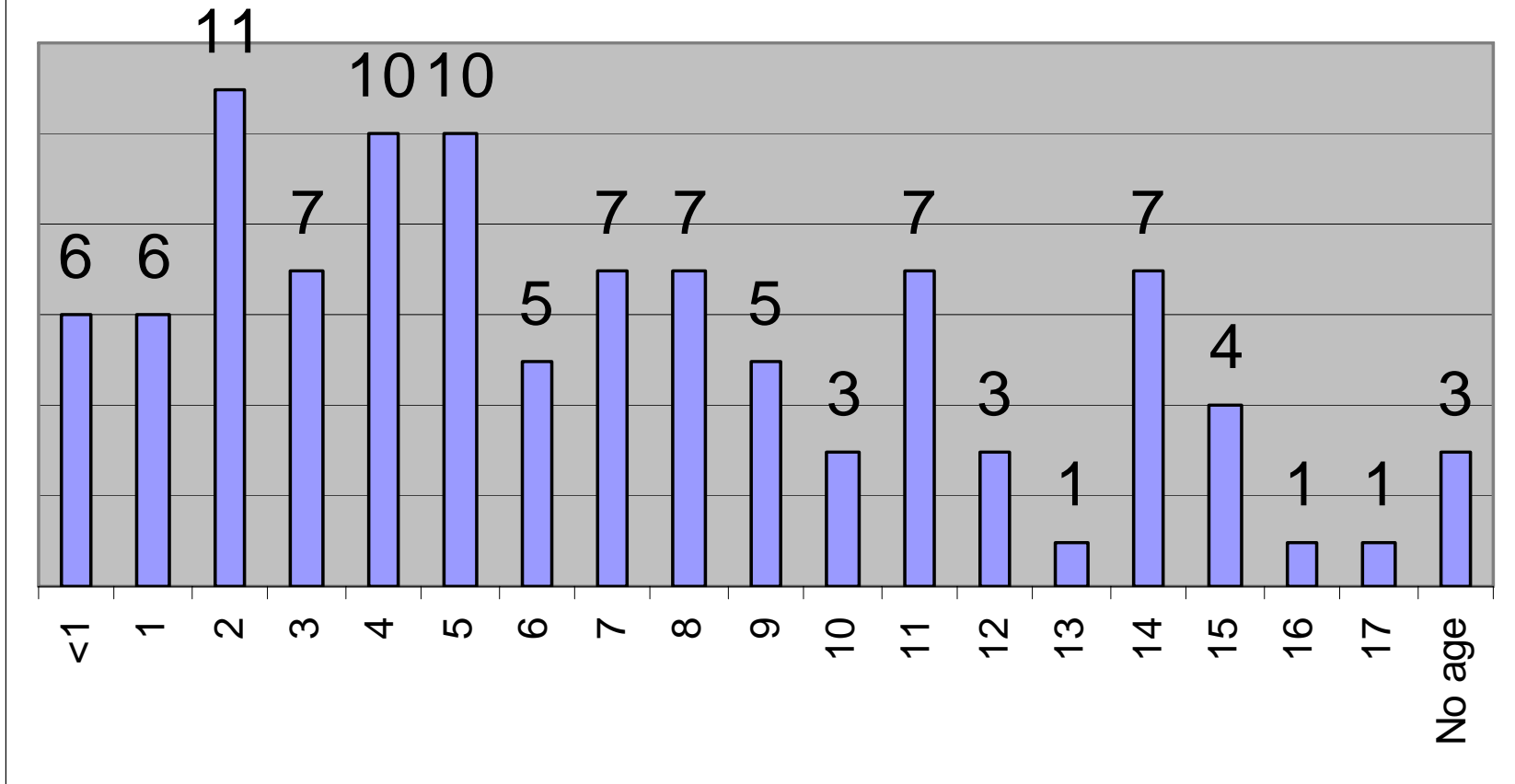
Washoe County Mental Health Consortium

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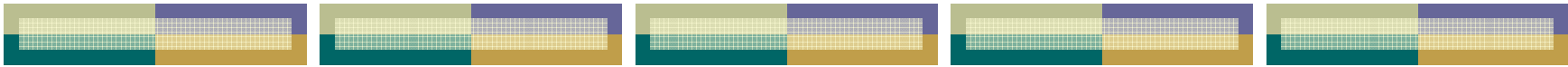
# Ages of Children



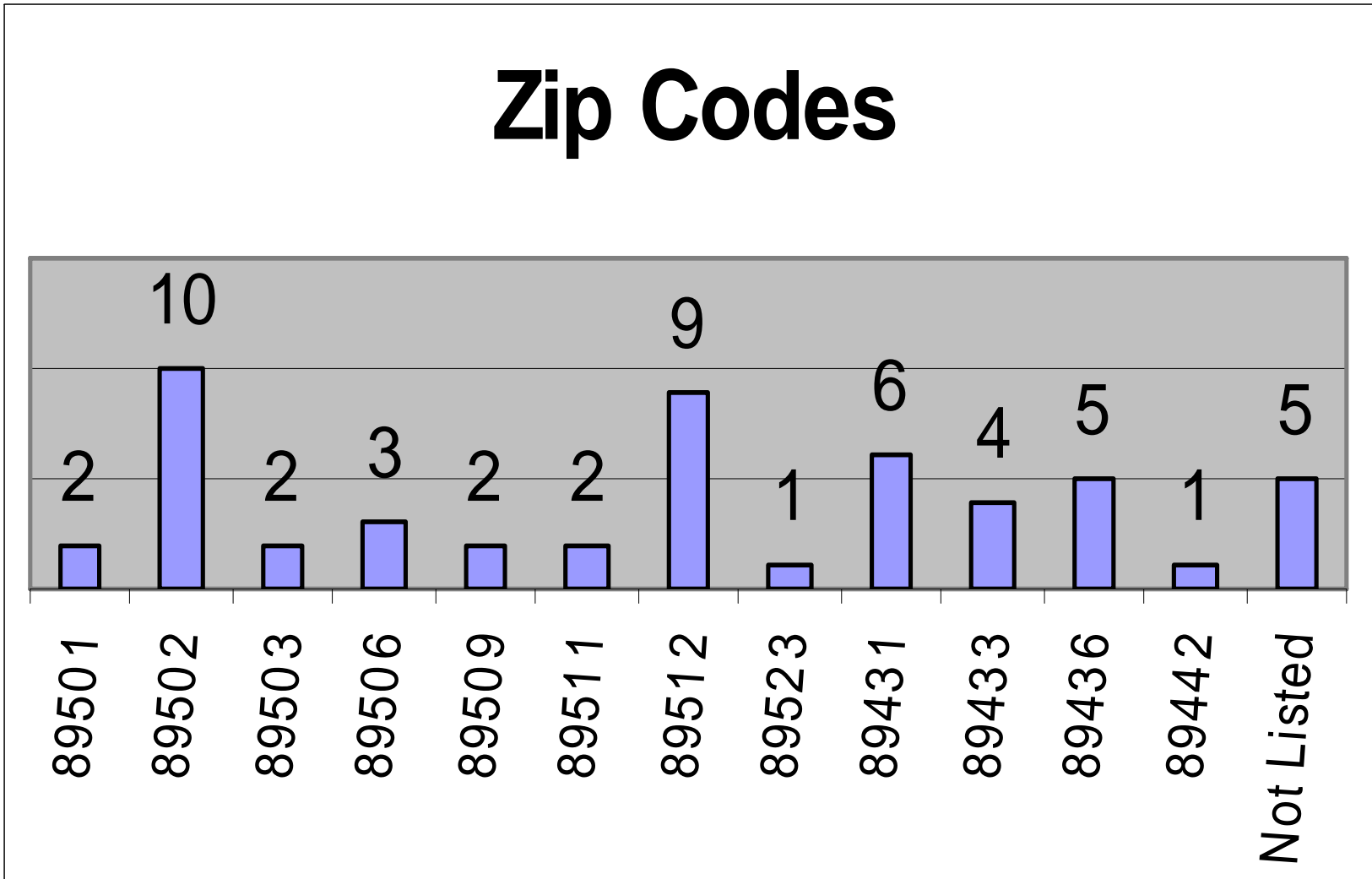
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# Zip Codes

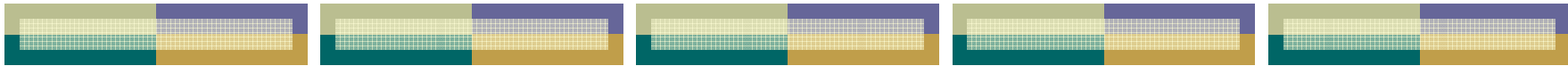


Washoe County Mental Health Consortium

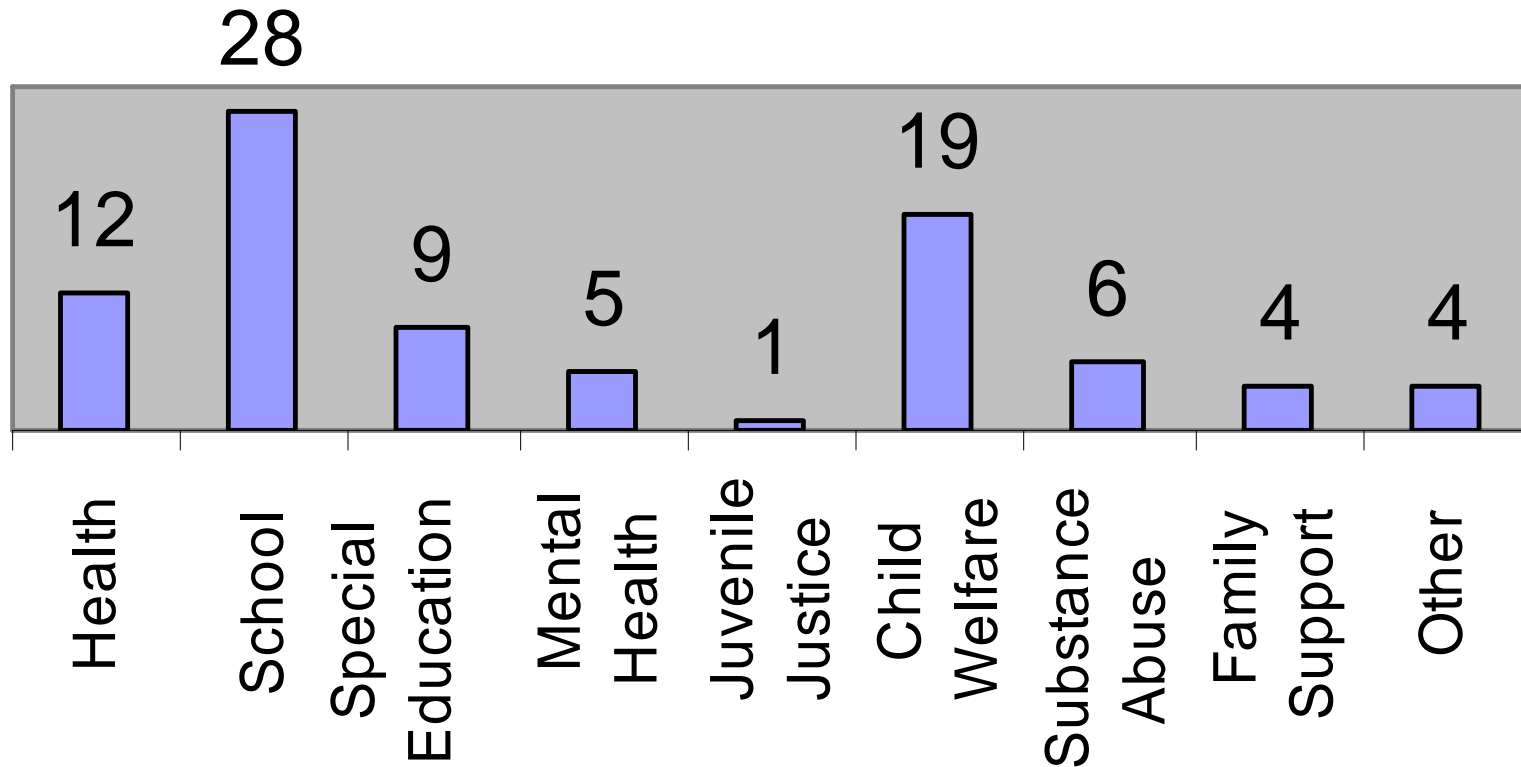
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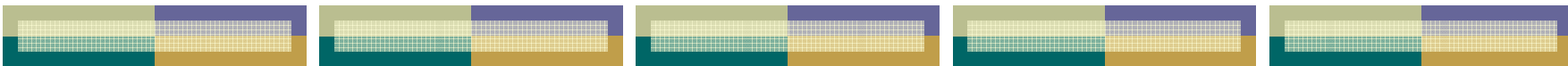
# Family Involvement



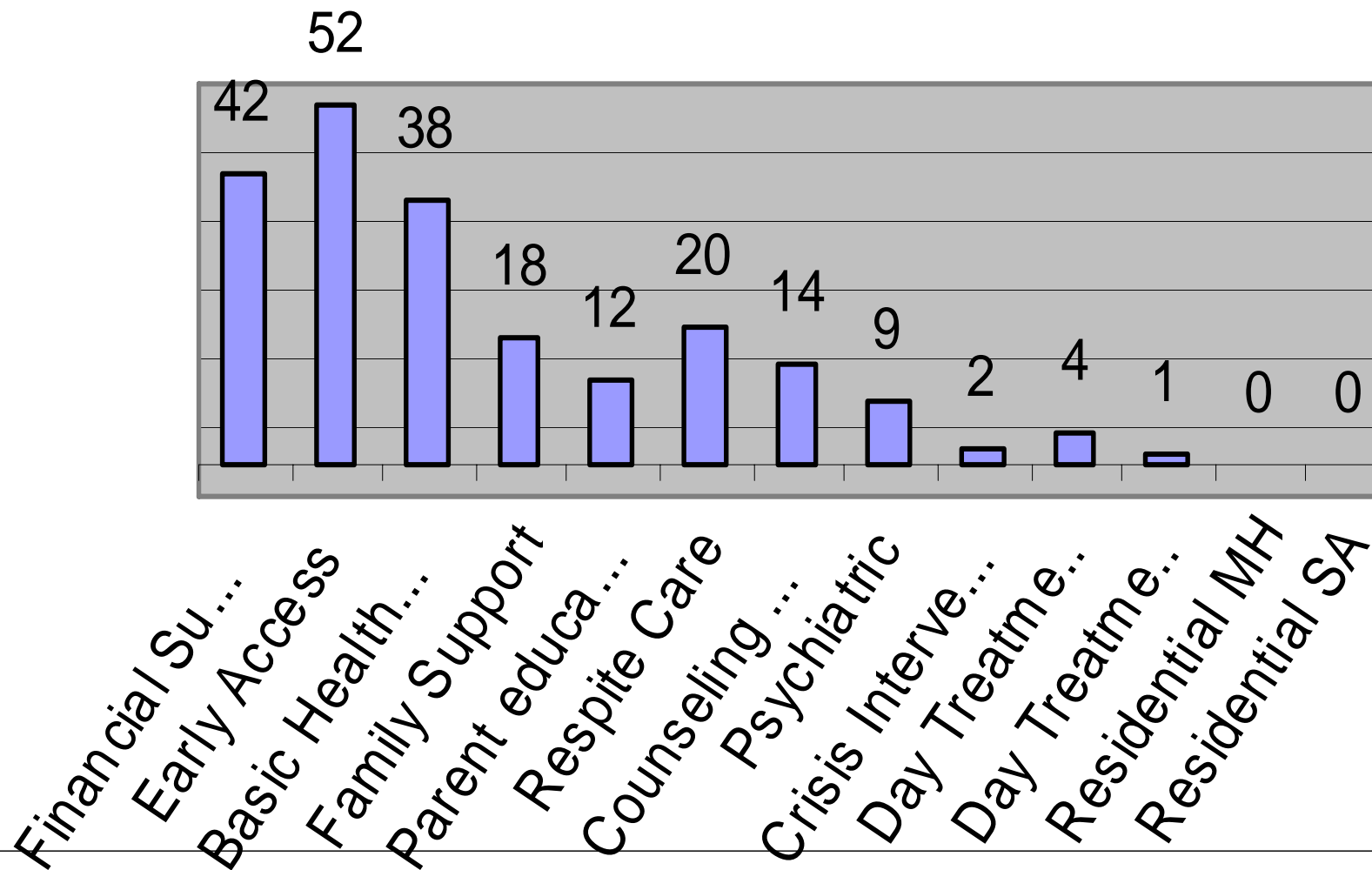
Washoe County Mental Health Consortium

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## Services Priorities (n=52)

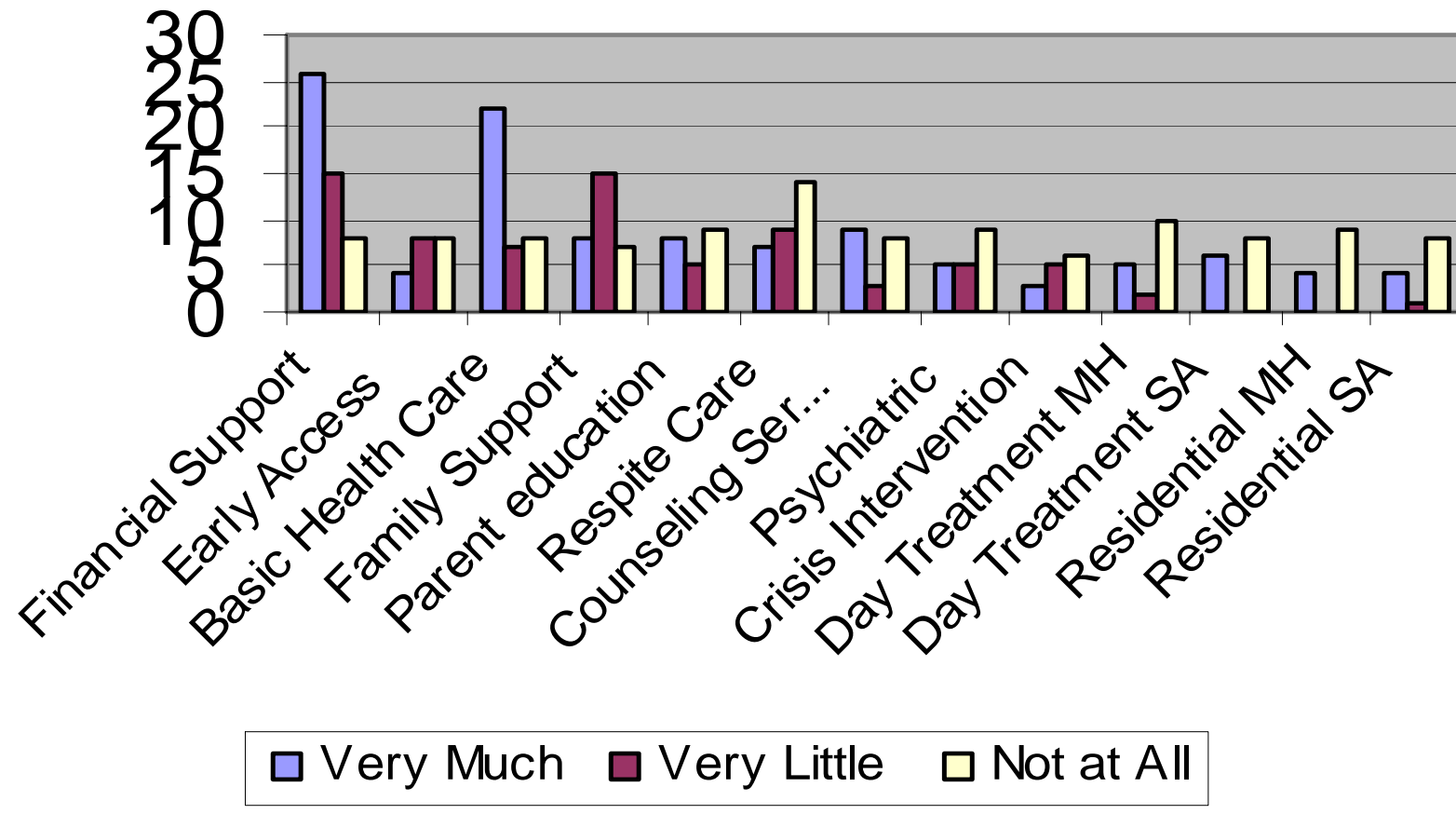


Washoe County Mental Health Consortium

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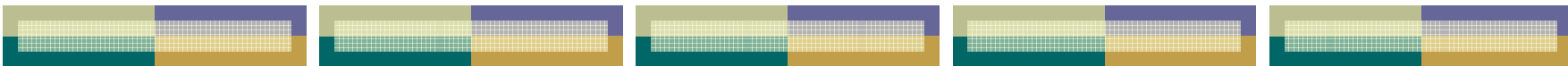


## How Available are Services

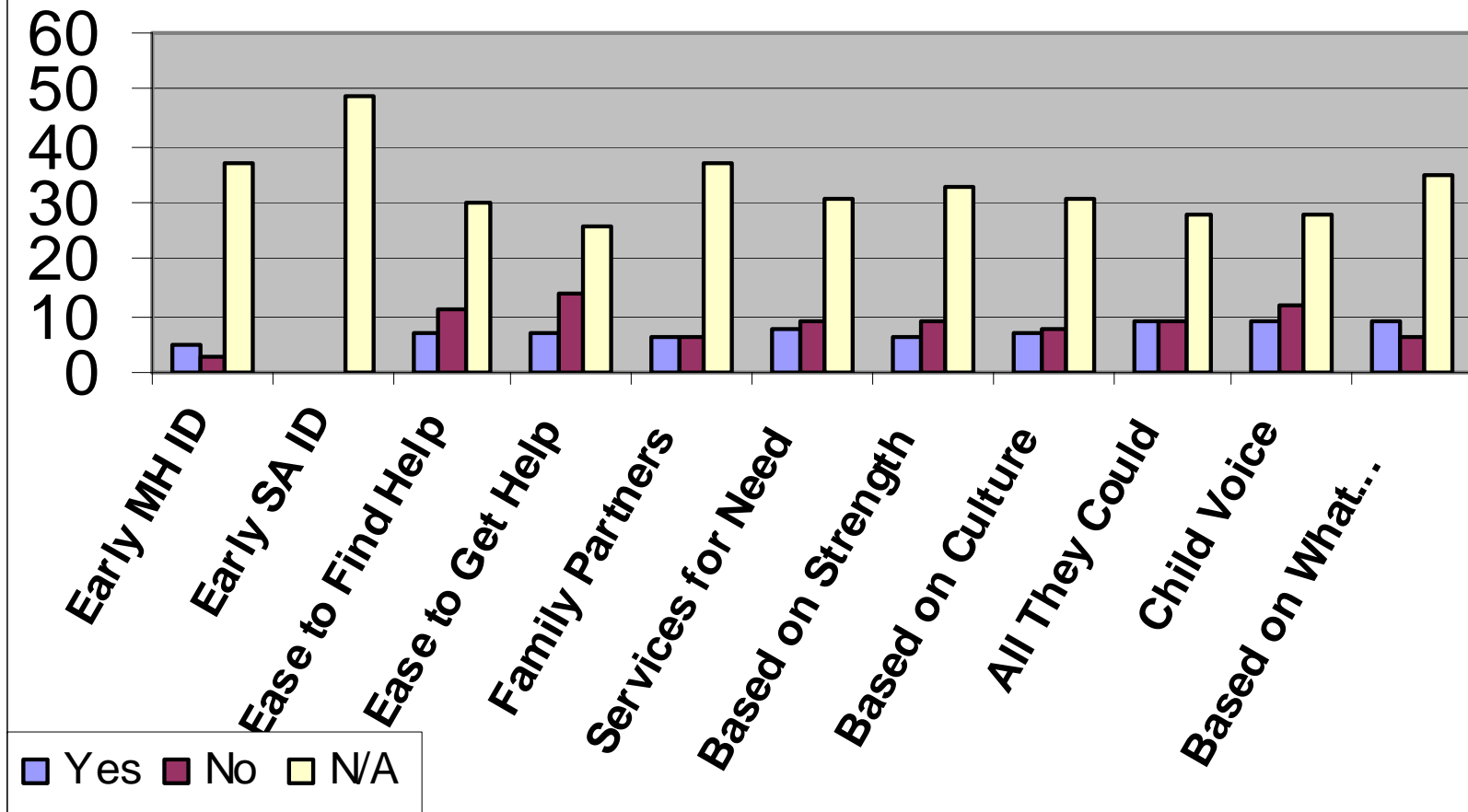


Washoe County Mental Health Consortium

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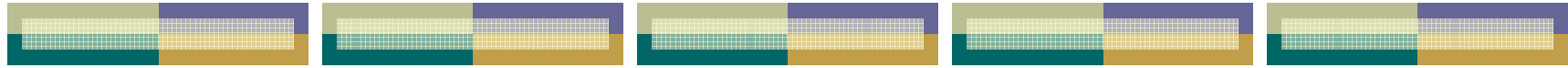
## Service Principle Meeting Need



Washoe County Mental Health Consortium

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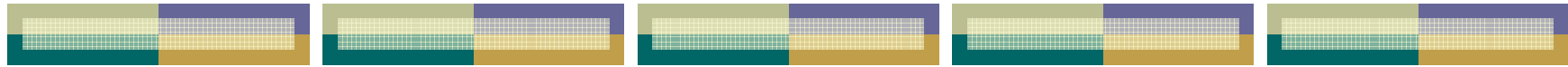
# Comparison of Survey Results

- This is the third survey conducted by the Consortium. The slides that follow highlight the similarities and differences in the results.

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# Survey Populations

## 2002 Survey Population:

Mental Health Clinicians      Child Welfare Case Mangers  
Probation Officers              Special Education Teachers  
Foster Parents

## 2003 Survey Population:

Parents with Children in the School District Who Have the  
Diagnosis of SED

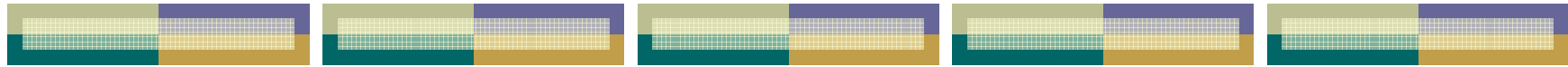
## 2004 Survey Population:

Perspective TANF Recipients (does not include non-needy care  
givers)

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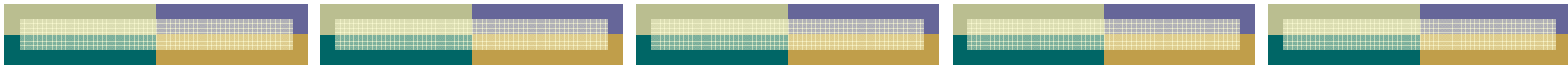
# Completed Surveys

- 2002 – 262 Surveys completed
- 2003 – 42 Surveys Completed
- 2004 – 52 Surveys Completed

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# Ethnicity

<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>Ethnicity</u>
7%	9%	9%	African American
1%	0%	0%	Asian/Hawaiian
8%	11%	9%	Bi-Racial
70%	73%	50%	Caucasian
13%	0%	7%	Hispanic
2%	7%	6%	Native American
0%	0%	19%	No Response

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# Services Requested

<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>Service Requested</u>	<u>2004 %</u>
1	1	6	Counseling Services	27%
4	2	2	Financial Support	81%
3	3	5	Family Support	35%
10	4	8	Psychiatric Services	17%
15	5	9	Crisis Intervention	4%
2	6	1	Early Access	100%
5	7	7	Parent Education	23%
6	8	3	Basic Health Care	75%
7	9	10	Day Treatment-Mental Health	8%
8	10	N/A	Residential – Mental Health	0%
14	11	4	Respite	38%

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# Services Requested

- This is the first survey where 100% of respondents noted a need (Early Access)
- This population notes as their # 3 priority a need for basic health care. It has been suggested to Welfare that health care options be provided to this population during this informational meeting.
- It is interesting that this population identified a need for respite services (4<sup>th</sup> priority). Historically this population has been viewed as the most likely to abuse and neglect their children. This shows an awareness of a need for a break from daily care giving.

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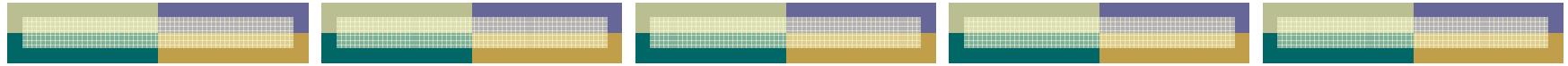


# Service Characteristics

<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>Service Characteristics</u>	<u>2004 %</u>
1	1	1	Go to One Place	33 %
3	2	2	Flexible Hours	31 %
2	3	9	People Work Together	6 %
8	4	8	Develop a Plan	15 %
10	5	5	Important to Children	11 %
5	6	6	Make Services Work	17 %
7	4	3	Somebody is There	27 %
4	9	4	Come to Families	23 %

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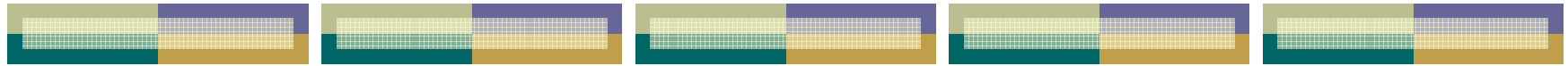
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# Conclusions

- All three survey groups noted that going to one place for services is the most ideal situation.
- The 2<sup>nd</sup> and 3<sup>rd</sup> survey groups were comprised exclusively of parents and they identified a need for agencies to have flexible schedules so that they can access services.





# Next Steps

- Need to survey the Non-Needy Care Givers receiving TANF services
  - This population consists of children who have had parental custody removed for one reason or another, providing for the potential of issues.

