

June 30, 2006

Fernando Serrano
Administrator
Division of Child and Family Services
711 E. Fifth Street
Carson City, NV 89701

Administrator Serrano,

On behalf of the Washoe County Children's Mental Health Consortium I am submitting our Annual Plan for 2006-2007.

The Consortium started the year with a strategic planning session that set the vision, mission, and tone for what became a productive year. The Behavioral Health Re-Design became a reality, Washoe County Juvenile Services has made considerable progress on the Juvenile Detention Alternatives Initiative; Northern Nevada Child and Adolescent Services hired staff that resulted in a reduction of their waiting list; there has been an increase in Consortium attendance; and parents of children with mental health concerns have found a voice through the Family Involvement Workgroup.

In the next year a challenge for the Consortium membership will be to embrace the System of Care Principles and incorporate them into their everyday interactions with children and families. The monthly meetings will serve as a forum to share the successes and difficulties associated with this change. This challenge goes beyond the Washoe County Consortium and as Washoe County Consortium members participate with the State Division of Child and Family Services we will need to be the standard bearers for the adoption of the System of Care Principles throughout the various systems and programs offered by DCFS.

All the goals for the coming year are outlined in the Plan. If after reading this document you have any questions please contact me at (775) 856-0106 or by e-mail pbecker@childrenscabinet.org.

Together serving children and families,

Pam Becker
Chair

Washoe County Children's
Mental Health Consortium

2006-2007 Annual Plan

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Washoe County Children's Mental Health Consortium

2005-2006 Participant Roster

AJ Coronella <i>ReStart</i>	Josh Etchegoyhen <i>First Health Corporation</i>	Mike Pomi <i>Washoe County Department of Juvenile Services</i>
Becky Richard-Maley <i>Division of Child & Family Services</i>	Joyce Larsen <i>Northern Nevada Child & Adolescent Services</i>	Misty Allen <i>Director's Office Dept. of Health & Human Ser.</i>
Bill Langs <i>Washoe County School District</i>	Kathryn Cordell <i>Division of Health Care Financing and Policy</i>	Natalie Armijo <i>Parent</i>
Bunchie Tyler <i>Nevada Alliance for the Mentally Ill</i>	Kathy Hughes <i>Nevada Parents Encouraging Parents</i>	Pam Becker <i>The Children's Cabinet</i>
Carol Galantuomini <i>Washoe County Department of Juvenile Services</i>	Kristy Lane <i>White Pine Boys Ranch</i>	Retta Dermody <i>Nevada Parents Encouraging Parents</i>
Chris Bateman <i>Willow Springs Center</i>	Les Gruner <i>Northern Nevada Child & Adolescent Services</i>	Rosalynne Reynolds <i>Northern Nevada Adult Mental Health</i>
Corrine Taylor <i>Youth Parole</i>	Lisa Wright <i>Northern Nevada Adult Mental Health</i>	Roswell Allen <i>Sierra Regional Center</i>
Dana Roblin <i>Disability Resources</i>	Lourdes Mendez <i>Parent</i>	Ruth Kinkle <i>Parent</i>
Denise Everett <i>Quest Counseling & Consulting</i>	LuAnn Miller <i>Division of Health Care Financing and Policy</i>	Scott York <i>Willow Springs Center</i>
Diane Stump <i>White Pine Boys Ranch</i>	Lydia Snead <i>Parent</i>	Sharon James <i>Division of Child and Family Services</i>
Estela Milo <i>Parent</i>	Mace Delorme <i>Washoe Paiute Social Services</i>	Sharon Willans <i>Division of Child and Family Services</i>
Frances Doherty <i>Second Judicial District Court</i>	Magdalena Contreras <i>Parent</i>	Stephanie Lee <i>Youth Parole</i>
Jane Gruner <i>Sierra Regional Center</i>	Marc Terrell <i>Youth Parole</i>	Stuart Gordon <i>Family Counseling Services</i>
Janice Stenson <i>Div of Welfare & Support Services</i>	Mark Burchell <i>Nevada Alliance for the Mentally Ill</i>	Susan Mears <i>Division of Child & Family Services</i>
Jeff Shaw <i>First Health Corporation</i>	Mary-Ann Brown <i>The Children's Cabinet</i>	Tiffany Young <i>Bureau of Family Health Services</i>
Jill & Ron Kopicko <i>Parents</i>	Matthew Saylor <i>West Hills Hospital and the Jason Foundation</i>	Tom Murtha <i>Second Judicial District Family Court</i>
Jim Durand <i>Washoe County Department of Social Services</i>	Melany Denny <i>ReStart</i>	Tom Strahler <i>Mojave Mental Health</i>
Jodie Bolander <i>West Hills Hospital</i>	Michalle Shown <i>Sierra Association for Foster Families</i>	Tricia Larmer <i>Willow Springs Center</i>
Joe Haas <i>Washoe County Department of Juvenile Services</i>	Mick Hall <i>Bristlecone Family Services</i>	Uriel Vergara <i>High Sierra Area Health Education Center</i>
Kris Christiansen <i>Washoe County School District</i>	Mike Capello <i>Washoe County Department of Social Services</i>	

Consortium History

The Washoe County Children's Mental Health Consortium was established in December 2001, following the passage of AB1 by the Nevada State Legislature and the subsequent adoption of NRS 433B.333.

Mission Statement

The Consortium's mission is to improve mental health services for children with serious/severe emotional disturbance by continuously assessing, evaluating, and monitoring service quality, developing and implementing action steps, and providing community education and advocacy.

Vision Statement

A community in which all children with mental health needs and their families will have access to a comprehensive, strengths-based, and seamless package of culturally relevant services designed to meet each child's individual needs.

Value Statements

- All youth with Serious/Severe Emotional Disturbance should have access to the comprehensive system of care outlined in the Behavioral Health Redesign.
- All youth with Serious/Severe Emotional Disturbance should have access to state of the art modern inpatient treatment facilities.
- All youth with Serious/Severe Emotional Disturbance should have access to Child and Family teams employing an intensive case-management service, such as Wrap-around.
- All services should be family-driven and child-centered.

Legislative Proposals

- ✓ Support and fund the Department of Health and Human Services' request for the capital improvements to Adolescent Treatment Center (ATC) at Northern Nevada Child and Adolescent Services. The capital project replaces the deteriorating facility with a new modern facility with 6 acute beds, 12 residential beds, and 12 beds providing treatment for co-occurring disorders. ATC's catchment area includes all of Northern Nevada.
- ✓ Support and fund Northern Nevada Child and Adolescent Services in their legislative request to add 2.5 FTE Psychiatric Caseworker II positions as intake coordinators for the Early Childhood and Outpatient Programs.
- ✓ Support and fund Northern Nevada Child and Adolescent Services in their legislative request to add 2.0 FTE Development Specialist II positions in order to expand the Early Childhood Day Treatment Program.
- ✓ Support and fund Bureau of Alcohol and Drug Abuse's request for enhancement funds totaling \$3,444,000. These funds will provide services to the children 12 to 18 years of age of which 14,775 have been identified as not having their needs met; 127 now on a waiting list; and 61 having a co-occurring disorder.
- ✓ Support re-writing the Medicaid State Plan so that all children identified as Seriously/Severely Emotionally Disturbed are categorically eligible for Medicaid Fee for Service and provide the funding to match the federal dollars needed to make this a reality.
- ✓ Fund the expansion of Project Wraparound In Nevada (WIN) to serve children and youth who are both involved with the Juvenile Justice system and in parental custody. This builds on the successful pilot project between Project WIN and Youth Parole.
- ✓ Provide at least an additional \$10 million dollars of general fund money to the Department of Education and dedicated for students receiving special education services. This money replaces dollars lost from the federal government. For each child receiving special education services a school district is to be paid an additional 40% to cover the costs associated with the services needed to give the child their education (as per IDEA). Over the years the federal government has been reducing the amount of money available and for the 2006-07 school year the amount of funds from the federal government is about 17% of the total needed.
- ✓ Support the Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse's recommendation to the Legislative Committee on Health Care to draft a bill that creates the Licensed Professional Counselors (LPC) credential in Nevada.

Recommendations to Director Mike Willden **Department of Health and Human Services**

In order to better serve children with a SED designation and their families, the Consortium recommends:

- That you encourage all divisions within DHHS to work with the school districts throughout Nevada to provide behavioral health services;
- That all Medicaid (fee for service and managed care) eligible children and their families have access to and receive the full continuum of behavioral health services provided in the re-design;
- The Nevada Office of Suicide Prevention completes a statewide suicide prevention plan which incorporates strategies to address local suicide prevention and behavioral health promotion needs of children of all ages;
- The State Title IV-E plan be re-written to include funding for youth in the Juvenile Justice System.

The Consortium is prepared to assist in accomplishing the recommendations above by:

- Identifying members to attend meetings and assist in the completion of various projects noted above;
- Providing data as requested; and
- The Consortium has requested information that will confirm or refute the anecdotal information that has been received regarding Medicaid Managed Care and Medicaid Fee for Services recipients not receiving the same array of behavioral health services. We will share the results of our inquiry.

2005-2006 Accomplishments

Goal 1: Conduct a strategic planning retreat that includes the creation of a shared mission and vision; development of a formalized process for workgroups; and develops a plan to further integrate the services of consortium members.

Status: Completed

- Retreat held in August 2005. Please see appendix C for complete summary.

Goal 2: Investigate the replication of the school district-wide survey conducted in Clark County.

Status: Not Completed –

- Goal tabled until later date

Goal 3: Develop a workgroup to address the needs of youth transitioning into the adult mental health system.

Status: Not Completed

- The transition expert from Mental Health and Developmental Services regularly attends Consortium meetings.
- Will investigate working with NAMI Family group as basis for this group's formation.

Goal 4: Develop a consumer group populated by youth who are receiving behavioral health care services.

Status: In Process

- The group was not formed this year but the need for a skilled facilitator was identified. Currently talking to MFTs and LCSWs to explain the concept with the goal of securing the services of an individual to lead the group.
- Funding of the facilitator and incidentals will be provided by DCFS mental health funds.

Goal 5: Increase minority representation on the consortium

Status: In Process

- There are currently representatives for the Latino population and Native American Tribes attending Consortium meetings.
- DCFS mental health funds were used to send 2 Consortium members (including one parent) to the Sheila Piers - Premier Hands on Training for Trainers "Building System of Care: Focusing on Hispanic Communities" national training.

Goal 6: Expand Consortium membership to include key community based organizations such as Health Access Washoe County (HAWC) and Reno Area Alliance for the Homeless (RAAH)

Status: In Process

- ReStart, an organization working with the homeless, has attended meetings and receives all Consortium correspondence

Goal 7: Monitor Washoe County Department of Juvenile Services improvement efforts (Juvenile Detention Alternatives Initiative [JDAI])

Status: In Process

- Presentation regarding JDAI and policy changes made to Consortium in April '06.
- Juvenile Services hired a psychologist

Goal 8: Continue active participation with Division of Child and Family Services, Division of Health Care Financing and Policy, and Washoe County Department of Social Services on efforts to transform “levels of care.”

Status: In Process

- Actively involved with behavioral health re-design;
- Hosted community forum in September '06 for Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, and psychologists to learn about Behavioral Health Networks and the re-design changes and garner interest for their participation as providers in the network. Over 35 people participated in the forum. Sign-in information was shared with Medicaid representatives to allow for follow on-going contact to ensure these people receive all Medicaid updates.
- Consortium members participate in regular phone calls sponsored by DHCFP to address issues arising from the re-design
- Participated in policy formation of mental health rehabilitation services

Goal 9: Continue to actively participate in the State Infrastructure Grant (SIG) committee

Status: In Process

- Active participation is on-going
- DCFS mental health funds have paid for the services of a support person, equipment, and incidentals that are necessary for the successful operation of the Consortium

Goal 10: Continue to work with the state-wide assessment group on designing a universal assessment tool

Status: In Process –

- Members of the Consortium are actively participating on the recently convened state-wide committee.

Goal 11: Explore funding options

Status: In Progress

- Consortium members: Washoe County Juvenile Services and The Children’s Cabinet collaborated and submitted a proposal that would provide for a person to investigate best practices and promising practices of early intervention services that will aid a child and their family before the child penetrates the juvenile justice system further or becomes involved in the system at all.
- Consortium Members and Consortium Staff are actively monitoring all potential funding source

Goal 12: Formalize workgroup structure

Status: Completed

- See Appendix C for the process and summary of activities

Goal 13: Streamline access to services

Status: In Process

- Currently advocating for universal Fee for Service Medicaid eligibility for all children with an SED designation
- During the last legislative session, the Consortium was in full support of adding clinicians to the Early Childhood and Outpatient Programs at Northern Nevada Child and Adolescent Services (NNCAS). These positions were approved and Northern Nevada Child and Adolescent Services has opened a new Outpatient satellite office at 600 Mill Street. The additional positions have resulted in a 40% initial reduction in the wait.
- The DCFS Project WIN Program has completely co-located into the offices of Washoe County Social Services. The co-location has streamlined services for children with SED in the custody of Washoe County.
- In an effort to provide behavioral services to children and families at the earliest possible time, the Children's Cabinet has partnered with early childhood specialists to provide a service called Addressing Behavioral Challenges (ABC). The partners include the University of Nevada, Reno Child and Adolescent Research Center; and the Nevada Office of Early Care and Education. ABC is a technical support service available to child care providers seeking feedback, assistance and/or training in age-appropriate guidance techniques for children under the age of 13 years who are exhibiting challenges in a child care environment. Child care providers can discuss concerns over the phone, request educational materials, schedule child observations (with parental consent), conduct an assessment of the child care environment, and referrals for other early childhood services.
 - During this past year, the ABC Service was requested for 43 children. 42 of the 43 requests resulted in support visits, observation or technical support.
 - 40 of the 43 children showed a reduction in or the elimination of the challenging behaviors and were able to remain in the childcare setting where the service was requested.
 - The parents of the 3 of 43 children chose to move their child to a different childcare setting that would better meet their child's needs. The challenging behaviors of these children were eliminated.
 - The ABC program provided training to 60 childcare providers. The training included subjects such as: aggression, biting, and tantrums.
- In order to maximize the expertise of NNCAS, Early Mental Health Services, staff partnered with the ABC service, to provide training to Childcare Providers in best practices and mental health issues. Thirty-six (36) people attended the training.
- NV PEP provides Family Specialists to support families in the WIN project and attend Child and Family Team meetings.
- As part of the continuum of behavioral health services, Reno Recreation Program in partnership with the University of Nevada Reno, Department of Psychology's Behavioral Analysis Project, and the Children's Cabinet has implemented programming in an effort to address on-going behavioral issues. The goal of this service is to provide interventions that will allow a child to remain in recreation programs. A contracted Behavior Specialist provides instruction in general applied behavior analysis principles to City of Reno recreation employees. Behavioral Specialists provide on-site assessment of individual behavior problems and develop behavior intervention plans.

- Behavioral Specialists provided training and interventions in behavior modification to 240 staff.
- 49 youth were case managed and behavioral plans and interventions were initiated.
- 46 of the 49 youth were successful with the behavioral interventions and were able to remain in the program.

Goal 14: Develop a resource directory

Status: In Process –

- Initial provider survey completed by current Consortium attendees, updates will be made – see summary in Appendix B
- Presentations were made to the Consortium by the following programs:
 - Uriel Vergara, Washoe County Access to Health Care: Specialty Provider Access Network
 - Cindy Benik, Washoe County School District, Transition Program
 - Tiffany Young, Bureau of Family Health Services, Children with Special Healthcare Needs
 - Joyce Larsen, Northern Nevada Child and Adolescent Services, Early Mental Health Services
 - Matthew Saylor, Jason Foundation (suicide prevention)
 - Mike Pomi and Staff, Washoe County Department of Juvenile Services, Juvenile Detention Alternatives Initiative
 - Christy Lane and Diane Stump, White Pine Boys Ranch (residential treatment facility)

Goal 15: Promote the development of provider networks

Status: In Process

- Conducted Community forum attended by over 35 people
- Consortium members are engaged in discussions related to forming behavioral health networks within the community

Goal 16: Identify system of care model (SOC)

Status: Completed –

- SOC workgroup formed and active. Please see Appendix A for details.

Goal 17: Provide on-going support and education for the families of youth with mental health needs

Status: In Process

- Nevada Parents Encouraging Parents (NV PEP) provides a variety of programming. Over the last 12 months, 70 professionals and 98 parents received training on topics including System of Care, disability awareness, Individuals with Disabilities Education Act (IDEA), and understanding and supporting families of children with SED.
- NV PEP provides a monthly support group for families with a child who has an SED designation. The support group provides family members a place to feel accepted and supported.
- Six Consortium members presented a panel discussion at the “Pathways to Permanency” Conference sponsored by the Sierra Association of Foster Families,

June 10, 2006. The audience included foster families, social workers, advocates and potential adoptive parents (16 participants)

- A presentation to the Psychologist Association included discussion of the Washoe County Children's Mental Health Consortium and on the Medicaid re-design. The 26 participants were encouraged to become active in the Consortium and consider registering as Medicaid providers.
- DCFS mental health funding provides stipends to families who attend Consortium meetings and workgroups.
- DCFS mental health funds paid for 3 Consortium members (includes 2 parents) to attend the all-day workshop featuring Bruce Perry.

Goal 18: Increase community awareness about the needs of youth identified as seriously/severely emotionally disturbed

Status: In Process

- Consortium members actively participate in training local law enforcement officials on the needs of the population. Over the last 12 months, 107 police officers, fire personnel, and other first responders participated in the training.

2006-2007 Goals

New

- ✓ Support legislative proposals;
- ✓ Develop a workgroup to address the needs of youth transitioning into the adult system;
- ✓ Monitor members progress towards the adoption and implementation of the System of Care principles;
- ✓ Establish a format for case presentation during the Consortium meetings;
- ✓ Establish a quarterly review of the annual plan as a standing agenda item;
- ✓ Complete a needs assessment of early intervention services;
- ✓ Complete a needs assessment of training needs among community providers of mental health services;
- ✓ Complete the revision of the By-Laws;
- ✓ Develop a consumer group populated by youth currently receiving behavioral health services;

On-Going

- ✓ Continue to monitor the JDAI process of WCJS improvement efforts;
- ✓ Continue active participation with DCFS, DHCFP, and WCSS on efforts to transform "levels of care;"
- ✓ Continue to actively participate in the SIG committee;
- ✓ Continue to work with the state-wide assessment group on designing a universal assessment tool;
- ✓ Continue exploring funding options and writing proposal as appropriate;
- ✓ Continue to seek the streamlining of access to services;
- ✓ Continue the development of the resource directory;
- ✓ Continue to promote the development of provider networks;
- ✓ Continue to provide on-going support and education for the families of youth with mental health needs;
- ✓ Continue to increase community awareness about the needs of youth identified as seriously/severely emotionally disturbed.

Appendix A

Workgroup Summary

2005-2006 Active Workgroups

- ✓ System of Care (SOC)
- ✓ Family Involvement
- ✓ Bylaws
- ✓ Annual Plan
- ✓ Resources
- ✓ Regional Child Welfare Conference

System of Care (SOC)

Members

Les Gruner, *Chair*
Joe Haas, *Co-Chair*
Retta Dermody
Kathy Hughes

Luann Miller
Kathryn Cordell
Josh Etchegoyhen
Pam Becker

Staff

Diane Thorkildson

The SOC workgroup met monthly beginning in late 2005. Initially, the group was tasked with identifying a “best-practice” system of care model to be implemented in Washoe County. Lengthy discussions regarding the feasibility of implementing a universal system ensued. Several models were considered, including systems from Milwaukee and Alaska. In the end, the committee decided that recommending a county-wide system of care was not feasible, due to political and financial realities. However, the committee recommended that the Consortium endorse the following system of care principles:

- Community-based;
- Child and family centered;
- Interagency collaboration;
- Cultural competence;
- Individualized and strengths-based;
- Accountability.

Additionally, the SOC workgroup decided to shift its focus to recommending more reasonable changes to the current services offered in Washoe County. The legislative agenda that appears earlier in the Annual Plan document was produced for consideration by the Consortium.

In the coming year, the SOC workgroup will be focusing on adopting and implementing a universal behavioral management program across all Washoe County agencies and/or programs that serve seriously/severely emotionally disturbed youth; and on monitoring agency’s adoption and implementation of the SOC principles.

Family Involvement

Members

Retta Dermody, Chair
Natalie Armijo, Co-Chair
Kathy Hughes
Lourdes Mendez
Ruth Kinkle

Ron Kopicko
Jill Kopicko
Pam Becker
Magdalena Contreras

The Family Involvement workgroup met monthly for the entire year. The group focused on educating parents about the most effective means through which to share their experiences as consumers of mental health, criminal justice, and educational services. It is anticipated that the training received by the parents will enable some of the parents to provide public testimony during the upcoming legislative session.

The parents shared their experiences in seeking and receiving mental health services for their child(ren). Many similarities were noted in the stories shared. This work will become the basis for future Workgroup efforts. One shared experience of the parents was that when they asked for help at various agencies their all were made to feel as though they were failures as parents. People at the agencies seemed to judge them and say to them if they were only better parents their children would not be having problems rather than listen to the parents and let them explain what had been happening with their child and what the family had attempted to do prior to asking for assistance.

Bylaws

Members

Pam Becker
Kathy Hughes

Staff

Diane Thorkildson

The Bylaws workgroup met a total of three times between January 2006 and June 2006. The bylaws were reviewed and changes were recommended in the following areas:

- Mission statement
- Membership
- Appointment
- Term of office
- Filling of vacancies
- Consortium duties
- Attendance
- Entitlement of vote
- Conflict of interest
- Selection of officers

The Bylaws are currently under review by the entire Consortium. Additional work needs to be completed before a final vote on changes will take place.

Annual Plan

Members

Les Gruner	Luann Miller
Joe Haas	Retta Dermody
Kathy Hughes	Pam Becker

Staff

Diane Thorkildson

The Annual Plan workgroup met three times with the purpose of submitting a draft annual plan to the Consortium. Various versions of the Plan were sent to the Consortium's membership for review. Discussions took place during Consortium meetings in May and June and finalized, adopted, and voted to send to Fernando Serrano at a special meeting held in late June, 2006.

Resources

The Resources workgroup never met formally as a committee. However the Chair and Staff of the Consortium created an initial survey of services currently provided by Consortium member groups. A summary of the information collected can be found in Appendix B. Further development of a resource guide is expected to occur during the next year.

Regional Child Welfare Conference

Members

Les Gruner	Joe Haas
Jim Durand	Kathy Hughes
Pam Becker	

The Association of Foster Families requested the Consortium participate in their conference. The conference, Pathways to Permanency, was held in Reno in June. The group met and decided on the content, order of delivery and presentation style of the panel.

The panel presentation was well received by the approximately 20 participants.

Appendix B

RESOURCE SUMMARY

Advocacy

- Nevada Parents Encouraging Parents (NV PEP)
The agency's mission is to increase the opportunities for home, community, and school success for children with disabilities, including those who are at risk or who have serious emotional disturbances, their families and their service providers, through education, encouragement and empowerment activities. Services include community outreach, education, advocacy, information/referral services, assist in accessing benefits and services and family to family support groups for families with children having emotional and behavioral challenges.

- Initiative to Improve Educational Outcomes for and with Children and Youth in Foster Care
Inter-organizational collaboration to improve educational outcomes.

Chemical Dependency Treatment

Agency	Service	Eligibility	Payment	Wait list time
Family Counseling Service	Evaluations; Group and individual counseling	Unknown	Sliding fee scale; Most insurance accepted	None

Inpatient/Acute Psychiatric Services

Agency	Service	Eligibility	Payment	Wait list time
Westhills Hospital	Acute inpatient care for adolescents ages 13 to 18, and children ages 4 to 12. Dual Diagnosis programs are available for adolescents with a secondary chemical dependency diagnosis.	Youth ages 4-18 with a physician's order for conditions that cannot be safely or effectively treated on an outpatient basis.	Medicaid; Other insurance plans; Private pay	None

Residential Treatment

Agency	Service	Eligibility	Payment	Wait list time
Willow Springs Center	Willow Springs Center is a 76-bed residential treatment facility helping children and adolescents, ages 5 through 17, recover from emotional, psychiatric, behavioral and chemical dependency problems. Services include comprehensive clinical treatment, play therapy, family therapy, group therapy, recreation therapy, and behavior management.	To be considered for admission, patients must be in need of 24-hour care in a setting that is less restrictive than an acute hospital. Children/Adolescents most appropriate for Willow Springs Center exhibit significant psychiatric, emotional and behavioral problems that cannot adequately be treated in the existing home or school environments.	Medicaid; Other insurance plans; Private pay	Usually 5-10 days
Northern Nevada Child and Adolescent Services	The Family Learning Home Program provides 25 beds in 5 family-oriented treatment group homes. Two homes provide treatment for 6 to 12 year olds (9 beds) and three homes provide treatment for 13 to 18 year olds (16 beds). Additional services include: 1) Psychiatric evaluation and medication monitoring; 2) Individual, group and family therapy; and 3) Case management	Youth (ages 6 to 18) presenting moderately severe behavioral and emotional problems	Sliding Fee Scale; Fee For Service Medicaid; Private Insurance	Within 3 to 4 weeks; Triage Most Severe

Outpatient Mental Health Therapy/Counseling and Medication Management

Agency	Service	Eligibility	Payment	Wait list time
Family Counseling Service	Evaluation; Individual and family therapy; Medication assessment and monitoring	Unknown	Sliding fee scale; most insurance accepted	Two weeks

Northern Nevada Child and Adolescent Services	NNCAS provides Early Childhood (age birth to 7) and Outpatient (ages 8 to 18) individualized based treatment. The services include: 1) Individual, group and family therapy; 2) Psychiatric evaluation and medication monitoring; 3) Case management; 4) 24 hour crisis intervention; and 5) Behavioral and psychological assessments.	Early Childhood (age birth to 7) and Outpatient (ages 8 to 18) for children with emotional disturbance and associated developmental delays.	Sliding fee schedule; Medicaid Fee For Service; Private Insurance	3 or 4 Weeks; Triage Most Severe
Mojave Adult, Child, and Family Services	Psychiatric services: Medication management, referrals for therapy, case management, and in-home services	Medicaid Fee For Service	Medicaid Fee For Service	3-4 weeks
Mojave Adult, Child, and Family Services	Individual, Family, and Group Services	Medicaid Fee For Service	Medicaid Fee For Service	3-4 weeks
The Children's Cabinet	The Children's Cabinet offers 10 free family counseling sessions to families who have youth between the ages of 4 and 17 in their families. The counselors are Marriage and Family Therapists, Marriage and Family Therapist Interns, and Licensed Clinical Social Workers. The counseling is a short term, strength based model.	Family with youth between ages of 4-17	No charge for 10 sessions	Approx. 2-3 months for intake appointment and then another 6-8 weeks once intake is complete.

Sexual Abuse Treatment

Agency	Service	Eligibility	Payment	Wait list time
Family Counseling Service	Individual and group therapy for youth survivors of sexual abuse; Summer camp	Child and teen survivors of sexual abuse	No charge for service	None

Referral/Payment Assistance

Agency	Service	Eligibility	Payment	Wait list time
DHCFP	Referral and placement assistance for OP services and treatment homes	Medicaid eligible youth	No charge for service	None
DHCFP	Residential Treatment Homes	Medicaid eligible individuals from approximately age 4 to 20 years of age with a prior authorization from First Health for the service.	No charge	None
DHCFP	Inpatient Psychiatric Hospitals	Medicaid eligible individuals under 21 years of age and over 64 years of age, or of any age if admitted to the psychiatric unit of a general hospital with prior authorization from First Health. The recipient must have an Axis I diagnosis and the services must be medically necessary. Emergency admissions must meet one of three criteria listed in Chapter 400 – Active suicidal ideation and/or suicide attempt within past 30 days, evidence of means to carry out suicide threat, documented aggression within 72 hrs prior to admission.	No charge	None

Case management

Agency	Service	Eligibility	Payment	Wait list time
DHCFP	Assess the recipient's needs, develop a service plan, refers and links recipients to needed services,	Medicaid eligible: Severely Emotional Disturbed children and adolescents (SED);	No charge for service	None

	monitor/follow-up to ensure the service plan is adequately meeting the needs of the recipient.	Persons with mental retardation and related conditions; Developmentally delayed infants and toddlers; Juveniles on probation; Children under DCFS (child protective services); Persons who are blind or visually impaired		
The Children's Cabinet	Case managers are advocates for families and provide resources and referrals. Case managers often work with schools, counselors, and probation officers to help find the best possible outcome for the youth and family involved. The case manager is also available for crisis intervention, to give the family resources, and to just talk to the youth if they need it. The case manager also coordinates services the family is in with The Children's Cabinet.	Family with school aged youth who need support services.	No charge	None
The Children's Cabinet	The Independent Living Program helps foster youth transition out of the foster care system. Any youth aging out of foster care is eligible for case management and financial assistance and with life skills. The case manager will work with the youth to make sure they have all the resources necessary to be successful once they are living on their own.	Youth transitioning out of foster care	No charge	None

Benefit Programs

Agency	Service	Eligibility	Payment	Wait list time
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Division of Welfare	Food Stamps	To be eligible for Food Stamps, a household must meet residency and citizenship requirements; household resources cannot exceed \$2000. in total value; income cannot exceed the limit for the household size	No charge for service	None
Division of Welfare	TANF-Related Medicaid	To be eligible for assistance, a family must meet all requirements of the TANF program with the exception of work participation.	No charge for service	None
Division of Welfare	Child Assurance Health Program (CHAP)	To receive assistance, a child: 1) must meet residency and citizenship requirements; and 2) must be residing with person making application; 3) Only the income of parents (in the home) and the child is countable toward the child's eligibility. 4) Children under 6 years of age have an income limit of 133% FPL 5) Children 6-19 years have an income limit of 100% FPL. 6) There is no resource test.	No charge for service	None
Division of Welfare	Medicaid for Children/Public Agency has assumed financial responsibility (does not include children in custody of DCFS)	1) The public agency must have physical and/or legal custody of the child 2) The public agency must have assumed full or partial financial responsibility for the child. 3)Child must reside in a group/family foster home; private institution; detention facility or public institution. 4) Child must be less than 18 years, or 18 if in school and expected to graduate before 19 th birthday. 5) Must meet citizenship criteria.	No charge for service	None
Division of Welfare	Long Term Institutional (Over 30 Days)	To be eligible, a child: 1)must be an inpatient in a Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF or ICF/MR) or Residential Treatment Center (RTC); and 2)must be disabled; 3)and must meet residency and citizenship requirements; 4) resources cannot exceed \$2000. in total value; 5) and income cannot exceed the limit (300% of SSI)	No charge for service	None
Division of Welfare	Medicaid under the Katie Beckett Program	To be eligible the child: 1) must be under 18 years; and 2) must be living at home; and 3) require a level of care provided in a nursing facility; and	No charge for service	None

		<p>4) have medical costs for home care which are less than if the client were institutionalized ; and</p> <p>5) meet all eligibility criteria of an institutional case except for residing in one, which include:</p> <p>a) meet residency and citizenship requirements</p> <p>b) resources do not exceed the \$2000. in value</p> <p>c) income does not exceed institutional limit</p> <p>Only the child's income and resources are used in determining eligibility. The parent's income is not. However, the parent's income and expenses are used to assess a Parental Financial Obligation. This is used to offset the cost paid by Medicaid.</p>		
Division of Welfare	Medicaid for Recipients of SSI	To receive assistance, the child: 1) must be receiving SSI (automatic eligibility)	No charge	None

Various Community-Based Programs

Agency	Service	Eligibility	Payment	Wait list time
The Children's Cabinet	Community Education entails a variety of classes free to the public. Parenting classes in both Spanish and English address skills for raising children age 0 to 18. We also have Family Wellness classes in which parents and teens learn together about the role of parent as "leader" and the needs of youth to belong and to become individuals. The Family Storyteller is an instructional early literacy class for parents. A specially trained staff person works with the parent of preschool aged children to prepare them for lifelong learning. Finally, we offer presentations on bully prevention where children learn about the ways people bully and what we can do as targets or as bystanders.	Any interested member of the public	No charge	None
The Children's Cabinet	The Drop-In Center is a safe place for youth to come and spend time after school. It is from 2:30-5:30 Monday-Friday at the Boys and Girls Club. A Cabinet FYI staff member is available to run projects, play games, and talk with the youth.	Any school-aged youth	No charge	None
The Children's	Safe Place is a public-private partnership in which any youth in Northern Nevada can walk into any McDonalds, 7-11, any Citifare	Youth under the age of 21 who	No charge	None

Cabinet	bus, the Children's Cabinet, or the McGee and ask for a safe place to stay. The staff is trained to feed the youth and contact us to offer support services for the youth. Our staff will then go to meet with the youth. The youth may then be transported to our shelter at the McGee Center or reunited with family, depending on the situation. Any youth who feels in danger can receive help, whether they are homeless, being bullied, or dealing with domestic violence at home. We also do street outreach to let kids know about the program and hand out the 1-800 number so that youth can call the number directly to get help as well.	needs help		
The Children's Cabinet	Youth doing Stuff is a community focused, youth directed, community youth development program. Youth voluntarily meet weekly to plan and implement community service projects. The youth also are giving training and leadership opportunities as well and team building and fun activities. Currently, the group works with a foster care facility, a few retirement homes, a domestic violence shelter, and the VA Hospital. Youth do art, literacy, and fun activities that they have planned at all these locations.	Youth between the ages of 14-17 or in high school	No charge	None
The Children's Cabinet	Youth who are already involved with programming at The Children's Cabinet also have tutoring available to them after school on Mondays and Wednesday at the Boys and Girls Club. On Tuesdays and Thursdays at The Children's Cabinet, tutoring is offered in our state of the art technology facility which we call "The Computer Cabinet." You have access to computer and internet as well as staff and volunteers to help them with their homework. The tutoring coordinator keeps in contact with the students' teachers in order to further assist the youth in being successful academically. We also have PLATO, a credit recovery program, installed in our Computer Cabinet.	Current Cabinet client already involved in other services	No charge	Between 30 days and a semester

Appendix C

Washoe County Children's Mental Health Consortium Strategic Plan

Background

This document sets out a strategic plan for Washoe County Children's Mental Health Consortium, based on the input provided and decisions made at the 2005 Planning Retreat. This plan reviews the Consortium's strengths, weaknesses, barriers and opportunities; presents a series of statements relating to the Consortium's vision, mission, values and objectives; and sets out its proposed goals and strategies. This plan is intended to:

- Serve as a framework for decisions and for securing stakeholder support,
- Provide a basis for more detailed planning,
- Explain the Consortium's purpose to others in order to inform, motivate & involve,
- Assist benchmarking & performance monitoring, and
- Stimulate change and become building block for next plan.

This plan is intentionally designed to be visionary, conceptual and directional, and it is expected that the Consortium's workgroup structure (explained in further detail below) will formulate a cohesive operational plan which is tactical, focused, realistic and measurable.

Vision

The vision of Washoe County Children's Mental Health Consortium in 3-4 year's time is for:

A community in which all children with mental health needs and their families will have access to a comprehensive, strengths-based, and seamless package of culturally relevant services designed to meet each child's individual needs.

Mission Statement

The central purpose and role of Washoe County Children's Mental Health Consortium is defined as:

Improving the mental health services for children with severe emotional disturbance by continuously assessing, evaluating, and monitoring service quality, developing and implementing action steps, and providing community education and advocacy.

Values

The values and standards governing the actions and decisions of Washoe County Children's

Mental Health Consortium and its relationships with the local community, families and other stakeholders will include the following:

- Breaking down "silo mentality" thinking and behavior
- Collaborative problem-solving based upon a shared vision

- Joint accountability for shared outcomes
- Mutual respect
- Developing systems of care that are community-based, respect each child's individual strengths and needs, and remain responsive to cultural differences

In order to ensure that these values are incorporated into outcomes, the Consortium intends to design the workgroup reporting format so that they are visible throughout the process.

Major Goals

Based on the foregoing, the Washoe County Children's Mental Health Consortium will strive to achieve the following targets over the next 4-5 years. The foundational objective underlying each of these goals is to **improve access** to services for children with mental health needs in Washoe County:

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.

Strengths, Weaknesses, Barriers & Opportunities

This strategic plan addresses the following key strengths, weaknesses, barriers and opportunities for Washoe County Children's Mental Health Consortium:

Strengths:	Weaknesses:
<ul style="list-style-type: none"> • History of successful collaboration and in-kind contributions of members • Measurable achievements to date • Workgroup model for getting work done • Consistent leadership 	<ul style="list-style-type: none"> • Need a comprehensive resource directory • Inconsistent workgroup functioning • Identity and purpose still unclear to some • Have not focused sufficiently on

- SIG grant
- Timing of opportunities for obtaining increased funding in next legislative session
- Expansion of membership

- achieving measurable results, i.e. improving lives of families and kids
- Still do not sufficiently understand community capacity/gap in services

Barriers:	Opportunities:
<p>“Silo” mentality Information sharing that meets confidentiality regulations but doesn’t inhibit service coordination State-led effort to implement a universal assessment process is sluggish – how long do we wait? Incongruent expectations among Consortium members based on insufficient communication</p>	<p>Development of provider networks Develop resource directory Integrate into State Plan Serve as network to distribute information and notices through member agencies Development of a specific legislative proposal for next session to increase funding for children’s mental health Expand identity to include participation from business, representation of culturally diverse population</p>

Key Strategies

At the 2005 Planning Retreat, strategies were devised to pursue the Consortium’s major goals. These strategies are designed to build on the Consortium’s strengths, resolve any weaknesses, leverage and pursue opportunities, and overcome potential barriers to the successful attainment of its mission. The following critical strategies will be pursued by Washoe County Children’s Mental Health Consortium:

1. Formalization of Consortium workgroup structure
2. Utilize workgroup structure to focus on streamlining access to services
3. Development of provider networks
4. Development of a web-based resource directory for resources related to children’s mental health
5. Identify a system model that will guide the direction of the Consortium’s activities and decisions about how to utilize workgroups and their resulting deliverables

Strategic Action Programs

Based on the proposed strategies listed above, the following strategic action programs will be implemented:

1. FORMALIZATION OF WORKGROUP STRUCTURE

In order to formalize the workgroup structure and process, the Consortium will:

- a. Define charter for each workgroup identified.
- b. Identify workgroup chairs and appropriate members. This should be conducted with consideration for family representation and cultural competency.
- c. Identify workgroup product and timeline for producing a measurable outcome.

- d. Incorporate relevant components into workgroup deliverable, including implications for training, resource needs, policy issues, and other special considerations.

Workgroup products and deliverables will be Consortium-driven as well as Consortium-supported. All workgroups will be accountable to the Consortium via written reports and minutes, and will be subject to Nevada's Open Meeting Law requirements for meeting and noticing. In addition, 2005 Planning Retreat participants agreed to the following requirements. Workgroups will:

- a. Be mission-driven and product-oriented, with an expectation that activities will result in measurable, visible outcomes;
- b. Operate on a timeline established by the Consortium, and agreed to by the Workgroup Chair;
- c. Be designated by the Consortium to fit a specifically identified strategy, rather than a general philosophy;
- d. Utilize formal agendas;
- e. Report progress and results to the Consortium utilizing a formatted report.

UTILIZE WORKGROUP STRUCTURE TO STREAMLINE ACCESS TO SERVICES

Streamlined access to services incorporates multiple strategies, including but not limited to:

- Reduction in waiting time to receive services
- Assigning an individual to the lowest level of care appropriate to meet their needs
- Increasing the number of children that are served in the current system
- Improving education and awareness of what resources are available and how they can be accessed, among consumers/families as well as agency staff
- Coordinating and integrating the services of multiple agencies and systems

In order to achieve measurable results in improving access to services in Year 1 of this strategic plan, the Consortium will:

- a. Establish workgroups that will operate under the general structure listed above.
- b. Workgroups will be designed to address:
 - Provider coordination (both public and private)
 - Capacity/Gap assessment
 - Recommendation of an intake management model
 - Provision of interim services to families on waiting lists

DEVELOPMENT OF PROVIDER NETWORKS

In order to facilitate the development of partnerships for the formation of Specialty Clinics (now known as the Behavioral Health Community Networks) in Year 1, the Consortium will:

- a. Serve as a host for community outreach to engage providers in participating in Medicaid presentations to discuss the specific components of the Specialty Clinic model now known as the Behavioral Health Community Network.
- b. Engage in proactive recruitment of providers, in liaison with Nevada Division of Health Care Financing and Policy.
- c. Focus on expanding the breadth of providers involved in Medicaid presentations, e.g. community-based organizations, neuropsychiatry.

RESOURCE DIRECTORY

In order to facilitate improved access to services in Year 1, the Consortium will:

- a. Solicit and calendar presentations from key providers at regular meetings, which will include a written summary that follows a prescribed format and includes information regarding eligibility, population served, key contact information, description of services available, capacity, and funding/payment options.
- b. The Consortium will follow up to disseminate the information gathered from these presentations to staff of member agencies and families.
- c. The information will also be posted on the DCFS website and updated at least annually.

Key stakeholders for resource directory development that may be solicited for presentations were identified as: Family Resource Centers, Crisis Call Center, United Way, Triage Center, Mojave Mental Health. Additional presenters will be identified by the Consortium.

IDENTIFY A SYSTEM OF CARE MODEL

In order to inform and guide the direction of the Consortium's activities and decisions about how to utilize workgroups and their resulting deliverables, the Consortium will:

- a. Establish a workgroup to review "best practice" models for implementing locally controlled systems of integrated behavioral health care for children. This model will encompass the following necessary components:
 - Triage
 - Assessment
 - Treatment
 - Case management
 - Family support
 - Aftercare
- b. Evaluate workgroup recommendations and select a model that is relevant and adaptable for Washoe County.
- c. Design and implement a pilot group to test the effectiveness of the selected model and measure impact on improving access to and quality of services.
- d. Expand the pilot group to system-wide implementation (Year 2).

Next Steps

- 1) Retreat summary will be presented to the Consortium Executive Committee no later than September 9, 2005.
- 2) Set up subcommittee meeting for second week in September 2005 to frame out expectations and operational structure for workgroups on improving access.
Subcommittee: Leonard Pugh, Pam Becker, Les Gruner
- 3) Review subcommittee recommendations and determine whether meeting frequency should be changed.
- 4) Set up meeting for Consortium to host provider meetings with Medicaid; establish workgroup. **Co-chairs: Mike Capello, Les Gruner**
- 5) Consortium members will designate primary contacts within their agencies to address consortium-referred triage needs and will work collaboratively to provide administrative support, as needed. (Systemic issues will continue to be addressed under "Member Items" in standing agenda.)