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REFERENCES	DHCFP MEDICAID SERVICES MANUAL
	MSM 100
	MSM 400
	MSM 1500
	MSM 2500
	DHCFP Medicaid Provider Enrollment Agreement and Contracts
	POLICY DOCUMENTS
	DCFS SAMHSA System of Care Grant Award/RFP, October 1, 2015
	State of Nevada, DCFS Workforce Development Plan (DRAFT), SAMHSA SIG Grant, 2005
	DCFS GLOSSARY OF TERMS: (REV. 01-17-14)
ATTACHMENTS	ATTACHMENT A: System of Care Values and Principles

I. POLICY

It is the policy of the Division of Child and Family Services (DCFS) to provide a broad array of culturally relevant and evidence-informed services to improve the overall health, safety and well-being of children and youth experiencing severe emotional disturbances (SED) and their families within the State of Nevada.

II. PURPOSE

The purpose of this policy is to describe the strategic plan for integrating System of Care (SOC) values and principles (Attachment A: System of Care Values and Principles) into Nevada's behavioral health service delivery model for children and youth with severe emotional disturbances (SED).

III. STATEMENT OF NEVADA'S SOC PHILOSOPHY

DCFS is committed to leading, supporting and transforming Nevada's continuum of services towards a SOC service delivery model that can provide intensive, community-based services to children and youth with SED who often have co-occurring social/emotional, behavioral, developmental, learning, and/or physical health disabilities requiring multi-system involvement and service supports. The Nevada SOC service delivery model embraces the cultural, linguistic, trauma-informed, socio-economic, and other needs of children, youth and families who require these multi-systemic services. The service delivery model will provide a broad array of evidence-informed services that can be flexible and individually customized in design in order to reduce the need and reliance on out-of-home, and frequently out-of-state, placements.

The full implementation of the SOC service delivery model requires multiple, purpose-driven strategies that constitute the conceptual foundation for a statewide System of Care for children, youth and families. These strategies are broadly identified as program strategies, fiscal strategies and regulatory strategies, as follows:

- A. Implementing Policy, Administrative, and Regulatory Changes
 - 1. Creating or assigning a viable, ongoing focal point of management and accountability at the state level (e.g., agency, office, staff, etc.) to support expansion of the SOC approach.
 - 2. Developing interagency structures (e.g., memoranda of understanding and interagency agreements, etc.) to set policy, guide, and support expansion of the SOC approach.
 - 3. Developing and implementing strategies directed at reducing racial, ethnic, and geographic disparities in service delivery across child-serving systems to support expansion of the SOC approach, improving the cultural and linguistic competence of services.
- B. Developing and Expanding Services and Supports Based on the System of Care Philosophy and Approach (Attachment A: System of Care Values and Principles)
 - 1. Expanding the wraparound approach to service delivery.
 - 2. Creating or expanding family-driven and youth-guided services and expanding family and youth involvement in the planning and delivery of their own services to improve outcomes to support expansion of the SOC approach.
- C. Creating and Improving Financing Strategies
 - 1. Increasing the use of blended and braided funding to finance services by adding new services, changing existing service definitions, obtaining waivers, using Early and Periodic Screening, Diagnostic and Treatment (EPSDT) using the rehabilitation option, etc., to finance services and supports to support expansion of the SOC approach.
 - 2. Maximizing the use of federal system of care grants to finance infrastructure and/or services to support expansion of the SOC approach.
 - 3. Redeploying funds from higher cost to lower cost services without compromising quality or sufficient care.
- D. Providing Training, Technical Assistance and Coaching
 - 1. Creating and implementing ongoing workforce development services and capacity, including but not limited to training and technical assistance capacity.

2. Using data on the outcomes and cost effectiveness across systems and services to promote expansion of the SOC approach.

E. Generating Support

- 1. Strengthening a strong family partnership and establishing an effective youth connection to support and be involved in expansion of the SOC approach (e.g., through funding, involvement at the system and policy levels, contracting for training and services, etc.).
- 2. Cultivating partnerships with community provider partners and other key stakeholders to support expansion of the SOC approach.

These specific strategies represent distinct pathways which DCFS has identified to leverage systems change or enhancement in seeking to meet the DCFS SAMHSA SOC vision, mission, and values identified program and service needs. By utilizing these strategies, Nevada will establish a framework grounded in System of Care values and principles (Attachment A: System of Care Values and Principles).

IV. DEFINITIONS (Please see *DCFS Glossary of Terms* dated 01-17-14 for additional definitions)

A. <u>Braid/Blended Funding</u>

Blending and braiding different funding sources is essential for financing systems of care. No one source of funds will support an integrated and coordinated network of community-based services and supports organized around the needs of children and youth with serious mental health needs and their families. While the funding sources and specific target populations vary, Medicaid/EPSDT services are almost always included for low-income children.

B. EPSDT

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are preventive and diagnostic services available to most recipients under age 21. In Nevada, the EPSDT program is known as Healthy Kids. The program is designed to identify medical conditions and to provide medically necessary treatment to correct such conditions. Healthy Kids offers the opportunity for optimum health status for children through regular, preventive health services and the early detection and treatment of disease (MSM 1500).

EPSDT services may also identify behavioral health conditions and may allow medically necessary treatment for behavioral health conditions when such conditions are identified by a qualified EPSDT provider.

C. System of Care (SOC)

A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

D. Workforce Development

WFD is a systematic process for identifying needs, characteristics and competencies that are required to meet the agency's strategic goals and for identifying the objectives and

developing the methods to meet those goals, such as supervision, mentoring, evaluating data, training, recruitment and retention, etc. It is the long term strategy for ensuring that over time the right staff is providing the right services at the right time.