

State of Nevada
Commission on Behavioral Health,
Children's System of Care Behavioral Health Subcommittee

Nevada System of Care, Implementation Grant Strategic Plan Supplement Three

Year Three: Progress Update

Document update prepared by:
Division of Child & Family Services, Systems of Care project team and contractors

Last Updated: July 2018

NEVADA SYSTEM OF CARE STRATEGIC PLAN
A Snapshot of Quarterly Accomplishments

| | |
|---|--|
| <p style="text-align: center;">FAMILY-DRIVEN AND YOUTH-GUIDED SUPPORT</p> <p><i>Activities that support the inclusion of youth and families in all levels of SOC.</i></p> | <ul style="list-style-type: none"> • The Youth M.O.V.E. Nevada Chapter continued to recruit new members and hold meetings to generate the authentic youth voice; and selected priority activities for the upcoming months. Mental Health Stigma and Bullying. • Youth M.O.V.E. Nevada and SOC Grant staff collaborated on an anti-bullying/anti-stigma video presentation. The video was submitted to SAMHSA for their review and consideration for an ECCO Award. The video was also released to stakeholders and posted on various social media sites. • The family and youth voice are consistently present at the SOC subcommittee and workgroup meetings. • SOC materials, policies, and forms are continuously reviewed for family friendly language. • Nevada PEP consistently distributes Nevada SOC resources and communication materials to parents and families. • Mobile Crisis Response Teams refer Rural, Washoe, and Clark families to Nevada PEP for peer support. • Families were engaged to participate in the Readiness Implementation Measure Study. • Family and youth representatives continue to be trained by NWIC in Wraparound. • Youth and Family peer support specialists attend and contribute to all SOC Trainings, including monthly offerings of CLAS, System of Care overview, Trauma Informed Care and CMHI/NOMS trainings. • Youth and family representatives and SOC partners attended the Tampa Conference, March 3-7, 2018. |
| <p style="text-align: center;">PROGRAM AND SYSTEM LEVEL ACCOMPLISHMENTS</p> <p><i>Activities that support the Nevada SOC infrastructure such as service array development, training, evaluation and system-level changes to support expansion of SOC.</i></p> | <p><u>SOC Program Development</u></p> <ul style="list-style-type: none"> • There have been over 600 children and families served by Nevada SOC to date. • Data presentations from National Wraparound Implementation Center (NWIC) and UNR external evaluation team were presented to the sub-committee and workgroups. Additional wraparound technical assistance was sought and provided by NWIC on high fidelity wraparound. These efforts led to a review and updated description of the Nevada SOC target population. This review includes updating description of the population that should be served by wraparound and the development of a tiered case management program to clarify youth and family access to care on a continuum with wraparound targeting highest need youth and families. • Nevada SOC established that High Fidelity Wraparound will continue to be provided by DCFS until an adequate number of certified Wraparound Supervisors and Coaches complete training. <p><u>System-Level Changes/Activity</u></p> <ul style="list-style-type: none"> • Nevada Medicaid has agreed utilize the Child and Adolescent Needs and Strengths (CANS) assessment as a tool to determine service intensity tool. DCFS staff and NWIC presented ways to use the CANS (to May 3, 2018 – SOC Sub-Committee meeting) as criteria for Wraparound. These 5 Criteria for “high needs” Wraparound appropriate youth include: 1.) CASII Score of 4 or higher; 2.) Involvement with multiple systems; 3.) Imminent risk of out-of-home placement; 4.) History of 3 or more interventions; 5.) Underlying needs for other family members. • Technical assistance was sought and received from SAMHSA and other state systems on opportunities for system level structural changes that promote a SOC. This includes exploration of waiver options, development of a certification system for publicly funded children’s behavioral health providers and structural feasibility of establishing a state authority on children’s behavioral health. The information was presented for discussion at the June SOC Subcommittee meeting. Draft concept papers are under development and incorporate the TA and feedback from stakeholders. • DCFS Administrative staff met with SAMHSA TA staff to discuss options with Medicaid funding to support home and community-based services in Nevada. The results of this consultation were shared with the SOC Sub-Committee May 3, 2018 meeting. • Collaboration continues with the Division of Public and Behavioral Health to implement CCBHCs across the state. |

| | |
|---|---|
| | <ul style="list-style-type: none"> • DCFS has established that the SOC Sub-Committee will be the open meeting where Medicaid funding issues, such as a State Plan Amendment, will be discussed and drafted prior to the 2019 Nevada Legislative session. • SOC staff regularly participate in regional children’s mental health consortia meetings in order to provide SOC updates, respond to questions and seek feedback from the groups as stakeholders in the SOC. <p><u>Quality Improvement and Evaluation</u></p> <ul style="list-style-type: none"> • A 2nd “Rating Tool for Implementation of the System of Care Approach” survey was distributed to statewide children and family stakeholders. Highlights from this second survey will be presented to the SOC Workgroups during August 2018 meetings. • Nevada SOC completed a 2nd round of quality assurance reviews with all Sub Grantees and provided feedback to each agency regarding their The reviews are conducted to assure adherence to the following standards – Provide clinical services that are aligned with SOC Values and Principles; Utilize evidence-based services and Wraparound; Document clinical care and manage Protected Health Information (PHI) according to Federal HIPAA regulations and State Administrative Code. • Data is currently being cleaned and shared with appropriate SOC Workgroups for their planning purposes. • Baseline data collection for wraparound fidelity is in process. • Training efforts on data collection protocol continues on ongoing-basis. • The SOC evaluation team has presented SOC data upon request by the SOC sub-committees and workgroups. The team has also presented SOC data to the children’s mental health consortia for their use in planning purposes. • The SOC has begun geo mapping the service array within the state to identify gaps in service and to provide a tool for families to identify service availability in Nevada. • The SOC has funded a PBIS initiative for youth correctional facilities and our youth acute psychiatric facility. • All WIN staff have been trained in the latest wraparound curriculum and continue to receive ongoing training and support from the National Wraparound Implementation Center. |
| <p style="text-align: center;">PROVIDER DEVELOPMENT</p> <p><i>Activities that support the development and expansion of providers consistent with SOC principles.</i></p> | <ul style="list-style-type: none"> • SOC currently has approximately 8 trainings developed with additional training under development for SOC providers. Over 1500 people have attended trainings by the SOC since 1/1/17. • Wraparound training for staff and sub grantees from NWIC has been completed and supervision and coaching is ongoing. • Workforce development trainings on SOC topics continued. This includes, but not limited to, Systems of Care, cultural competence (CLAS), Wraparound, suicide awareness and prevention, Trauma Informed Care and working effectively with LGBTQ+ identified youth. • SOC Workforce Development workgroup invited Directors of statewide licensing boards (LCSW, MFT, CPC) to meetings to discuss licensing changes in the state and engage in a dialogue with providers about barriers to licensure. The licensing boards presented to the SOC their perception of workforce challenges in the state. • DCFS received a grant from the Annie E Casey Foundation to implement Building Bridges Initiative (BBI) across all residential programs in Nevada both public and private. One June 21, 2018 in Las Vegas, BBI staff conducted an in-person training on Business Transformations for Residential Provider Leaders. Residential Provider Leaders will participate in a follow-up conference call July 2018 with BBI staff to learn Strategies to Develop Youth-guided Care. In September 2018, BBI staff will conduct in-person training for staff involved in public and private residential care. • A comprehensive training platform is currently under development. SOC partnered with the University of Nevada, Reno – Center for the Application of Substance Abuse Technologies (CASAT) to develop a platform that will make many SOC Trainings available by Webinar. This platform also allows for participants to register for trainings online and request available CEU credits. • SOC staff have developed a training on Medicaid billing for providers that resulted in one subgrantee becoming sustainable without further funding from the SOC grant. |
| <p style="text-align: center;">SERVICE ARRAY DEVELOPMENT</p> | <ul style="list-style-type: none"> • SOC staff, stakeholders and family/youth representatives continued to meet with Building Bridges Initiative (BBI) staff to plan for BBI trainings. In June, BBI staff conducted in-person training on Business Transformations for Residential Provider |

| | |
|---|--|
| <p><i>Activities that support the development and expansion of evidence-based interventions consistent with SOC principles.</i></p> | <p>Leaders in Las Vegas. In September, BBI staff will provide in-person training for all residential direct service staff.</p> <ul style="list-style-type: none"> • SOC staff and select subgrantees attended the Advancing School Mental Health Conference and gained valuable information pertinent to our school based mental health initiatives. • The SOC has also funded additional programs for FY 18 as part of its service array development. Funding has been increased to open two additional school- based health centers, a rural Intensive Outpatient Program and a Positive Behavior Intervention Support (PBIS) program for our psychiatric hospital and correctional facilities. • The SOC has funded a PBIS initiative for youth correctional facilities and our youth acute psychiatric facility. • SOC continues to work with Duke University to provide training and consultation on the Together Facing The Challenge model for specialized foster care providers. • All WIN staff have been trained in the latest wraparound curriculum and continue to receive ongoing training and support from the National Wraparound Implementation Center. |
| <p>COMMUNICATIONS</p> <p><i>Activities that support implementation of the communication plan in order to support to support expansion of the SOC approach.</i></p> | <ul style="list-style-type: none"> • Integrated children’s behavioral health resources and links to Facebook, Twitter and a single web-page on the DCFS website. This same information is regularly distributed by Nevada PEP and Youth M.O.V.E. • Language Link posters were developed that describe translation services for families and these posters were distributed to all SOC participant service and support areas. • The SOC social media strategy continues to include frequent postings to Twitter and Facebook and is connected to PEP’s social media program. The SOC is now part of the DCFS website and has a list of all trainings on the site as well as registration link. • The SOC electronic newsletter continues to be distributed monthly. • See ECCO award submission comment in “Family-driven and Youth-guided” section above. |

NEVADA SYSTEM OF CARE STRATEGIC PLAN
Supplement One

The following update to the Nevada System of Care Strategic Plan contains notes on action steps and progress completed to date. A column labeled “Progress Update” was added and updates are noted. Additionally, strategies and the outcomes/benchmarks were amended to increase clarity (changes are noted in red). When appropriate, future activities planned for year two of the grant are noted.

Goal 1: Generating support from stakeholders for the transition of DCFS for direct care to an oversight function.

Generate support among families and youth, providers, and decision policy makers at state and local levels, to support expansion of the SOC approach, transitioning the Division of Child and Family Services, Children’s Mental Health from a direct care provider to an agency that primarily provides planning, provider enrollment, utilization management through an assessment center, technical assistance and training, continuous quality improvement.

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|---|--|---|---|--|
| G1-1. Develop DCFS as a lead authority in children’s behavioral health services for the State of Nevada (policy and standards development, technical assistance, performance-based contracts, and quality improvement). | <ul style="list-style-type: none"> • Begin drafting changes to Medicaid policies to establish DCFS as the state authority for publicly funded children’s behavioral health services. • Define stakeholder engagement strategies necessary to proceed with establishment of DCFS as lead authority for publicly funded children’s behavioral health services. • Develop a communication and advisory process for the Clark, Washoe, Rural and Statewide Children’s Mental Health Consortia to act as the mechanism to sustain stakeholder involvement for DCFS as the lead authority • Review the priorities of each of the Consortia and make adjustments to the Strategic Plan and Communication plans. | DCFS Clark, Washoe and Rural Mental Health Consortia SOC Subcommittee | 6/2018-present: SOC is collecting technical assistance and additional research on structural options for delivering children’s behavioral health across the state according to SOC principles and values. Draft proposals for Nevada options are under development. | |
| | Conduct SOC Readiness Assessment and other implementation Assessments <ul style="list-style-type: none"> • System of Care Readiness and Implementation and Measurement Scale (SOC-RIMS). • Disseminate readiness assessment findings to communities. | DCFS Contracted readiness assessment provider SOC external evaluators | 10/24/2016: SOC-RIMS Assessment complete 11/2016: Reports disseminated 12/2016: Communication workgroup review of reports | Community-based readiness and SOC implementation assessment reports generated and disseminated to workgroups and the SOC Subcommittee. |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|--|---|--|
| | <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Communication workgroup develop plans to conduct targeted dissemination of material to specific communities. • Utilize readiness assessment to inform planning. <ul style="list-style-type: none"> - Review identified service needs. - Review identified implementation concerns • Identify targeted strategies to move communities on the continuum of readiness for Systems of Care. • Conduct readiness assessment updates to measure progress • Update Strategic and Communication Plans as appropriate. • Conduct the “Rating Tool for Implementation of the System of Care Approach” <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Review implementation patterns (i.e. services provided, number of children receiving services, case load sizes) and develop goals and projections for year three. • Repeat the Rating Tool for Implementation of SOC (spring 2018) and disseminate findings with comparison to year one findings. Discuss recommendations for changes based on these findings. • Disseminate and discuss 2nd RIMs report. • Collaborate with Youth M.O.V.E to implement the national instrument titled “Assessment of Youth and Young Adult Voice at the Agency Level” or Y-VAL to relevant stakeholders. | <p>Communication Workgroup</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP Workgroup</p> | <p>2/2017: Summary of readiness report created and presented to workgroups</p> <p>6/2017: Plans are in place to implement a follow-up RIMS survey.</p> <p>9/2017: Families were engaged to participate in the Readiness Implementation Measure Study.</p> <p>9/2017: Second RIMS survey was completed to measure readiness and implementation.</p> <p>9/2017: A survey using the “Rating Tool for Implementation of the System of Care Approach” was completed. Highlights from the findings were presented to the SOC Subcommittee (August 2017, January 2018), Workforce Development Workgroup (November 2017), Communications Workgroup (December 2017) and Special Populations Workgroup (December 2017).</p> <p>12/2017: Received 2nd completed RIMs report for all areas.</p> <p>12/2017: Plans to organize a “bricks and mortar” assessment center have ended. DCFS plan to</p> | <p>Communication workgroup disseminate to community.</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|---|--|---|
| | | | <p>primarily provides planning, provider enrollment, utilization management, technical assistance and training, continuous quality improvement continue.</p> <p>7/2018: The second administration of the “Rating Tool for Implementation of the System of Care Approach” completed.</p> | |
| | <p>Conduct a gap analysis</p> <ul style="list-style-type: none"> • Identify existing services, funding sources and service provider type using a geo map format to assist in identifying gaps. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Communication workgroup develop plans to conduct targeted dissemination of material to specific communities (February 2017). • Provider Standards & EBP workgroup Compare findings of gap analysis to findings of community readiness to inform planning (February 2017). <ul style="list-style-type: none"> - Review identified service needs. - Review identified implementation concerns • Provider Standards & EBP workgroup identify targeted strategies to address identified gaps. • Update Strategic and Communication Plans as appropriate. • Conduct readiness assessment updates to measure progress. <p><u>Year Three Plans</u></p> | <p>DCFS</p> <p>Contracted gaps analysis provider</p> <p>Communication Workgroup</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP Workgroup</p> | <p>1/2017: Report complete.</p> <p>2/2017: Summary of Gaps Analysis created and presented to workgroups.</p> <p>3/2017: Recommendations from Gaps Analysis report incorporated in to 2017 workgroup goals.</p> <p>1/2018: Service array gaps identified in the “Rating Tool for Implementation of the System of Care Approach” shared with workgroups.</p> | <p>Community-based gap analysis reports generated and disseminated to workgroups and the SOC Subcommittee.</p> <p>Communication workgroup disseminate to community.</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|--|---|--|--|
| | <ul style="list-style-type: none"> Prioritize items from the Gaps Analysis synopsis and Consortia plans to determine the plan moving forward. | | | |
| | <p>Develop Policy/Regulation (SOC provider enrollment tied to public funding reimbursement). See Goal 2 (funding structures).</p> <ul style="list-style-type: none"> Include parent choice options Applicable to children who are entering the System of Care. SOC values and training Wraparound requirements <p><u>Year Two Plans</u></p> <p>✓ Develop provider enrollment policy (will outline standards of accountability, i.e. fidelity).</p> <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Determine a strategy to leverage funding to support the SOC Service Array. This strategy may include a Medicaid State Plan Amendment and children's services federal Waiver application. | <p>DCFS DHCFP</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP workgroup</p> | <p>10/2016: Developed procedure for drafting and approving development of policies.</p> <p>11/2016: Policies drafted</p> <ul style="list-style-type: none"> SOC Values & Principles Policy CLAS Standards Policy Wraparound Policy <p>12/2016: Policies drafted</p> <ul style="list-style-type: none"> Provider Enrollment Policy <p>6/2017: A "Provider Enrollment Application" and "Provider Enrollment Agreement" have been drafted and are currently under review.</p> <p>9/2017: The provider enrollment package is complete. It contains enrollment forms and provider standards for training as well as wraparound standards.</p> | <p>Relevant policies developed that meet the intent of the SOC Principles.</p> |
| | <p>Develop accountability-based contracts that include:</p> <ul style="list-style-type: none"> Medicaid reimbursement standards SOC Practice Standards Fidelity <p><u>Year Two Plans</u></p> | <p>DCFS DHCFP</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP workgroup</p> | <p>9/2016 – present: Sub-grants awarded include SOC requirements (needs to be revised to include high fidelity wraparound).</p> | <p>Revised sub-grant developed for performance-based contracts.</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|--|---|---|---|
| | <ul style="list-style-type: none"> Continue development of provider enrollment policy (will outline standards of accountability, i.e. fidelity). Review sample contracts from other states. Develop a revised sub-grant contract that identifies accountability standards (i.e. fidelity). <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> As policies are in place, this item will remain as is until the Medicaid State Plan Amendment or Waiver process has been completed. | | <p>6/2017: Sustainability and clinical services reviews with sub-grantees has begun. Corrective action plans are developed for sub-grantees when appropriate.</p> <p>1-5/2018: DCFS Administrative staff met with SAMHSA TA staff to discuss options with Medicaid funding to support home and community-based services in Nevada. The results of this consultation were shared with the SOC Sub-Committee May 3, 2018 meeting.</p> <p>07/2018: SOC staff are currently reviewing the most effective options to support children's behavioral health services & supports and will present findings to the SOC Subcommittee and other workgroups, as needed.</p> | |
| | <p>Quality Improvement Program - Develop Behavioral Health quality indicators</p> <p>Develop provider training in quality indicators and use (see Goal 3 and 4)</p> <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Examine recommendations provided by SAMHSA toolkits and resources. Obtain examples from other states. Develop draft quality improvement plan. | <p>DCFS</p> <p>DCFS PEU</p> <p>SOC subcommittee</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP workgroup</p> | <p>3/2017: DCFS has developed and is currently piloting a Quality Assurance tool for behavioral health quality indicators.</p> <p>3/2017: DCFS developed a tool for fiscal analysis.</p> <p>3/2017: Baseline evaluation planned for fidelity of WIN program. Baseline will be</p> | <p>Quality Indicators and Training Program developed and implemented.</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|--|-------------------|--|-----------------------|
| | <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Implement the Continuous Quality Improvement program with current SOC sub-grantees. This includes the development and follow-up on corrective action plans. • Expand the Continuous Quality Improvement program to additional services offered through DCFS. | | <p>compared to post-training fidelity results. Tools utilized from National Wraparound Implementation Center (NWIC).</p> <p>6/2017: Developed a “Clinical Service Delivery Tool,” which addresses quality assurance for sub-grantees on fiscal responsibility. A process for a standardized corrective action plan is currently under development.</p> <p>6/2017: Sustainability and clinical services reviews with sub-grantees has begun. Corrective action plans are developed for sub-grantees when appropriate.</p> <p>9/2017: SOC has completed initial quality assurance review of all sub grantees and provided a corrective action plan where needed. This will continue on a quarterly basis along with the sustainability plans.</p> <p>2018: Nevada SOC completed a 2nd round of quality assurance reviews with all Sub Grantees and provided feedback to each agency regarding their The reviews are conducted to assure</p> | |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|-------------------------------|---|---|
| | | | adherence to the following standards – Provide clinical services that are aligned with SOC Values and Principles; Utilize evidence-based services and Wraparound; Document clinical care and manage Protected Health Information (PHI) according to Federal HIPAA regulations and State Administrative Code. | |
| | <p>State Entity Programs Alignment</p> <ul style="list-style-type: none"> Develop cross-agency decision-making strategy and protocol (see Goal 2) <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> DCFS continue efforts according to initial discussions. Present updates and reports to SOC subcommittee as appropriate. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> DCFS will participate in a system-wide “Nevada Community Living Behavioral Health Plan,” which is coordinated by the State of Nevada Department of Health and Human Services. The goal of this group is to ensure that there are comprehensive programs throughout Nevada, in compliance with the Olmstead decision, with particular attention to transitional age youth. | DHHS DCFS DPBH DHCFP | <p>11/2016: Initial discussions have begun with DHCFP and Department administration. Collaborative frameworks are under development.</p> <p>6/2017: Collaboration has begun with the Division of Public and Behavioral Health to implement CCBHCs across the state.</p> <p>12/2017: DCFS participated in the initial meeting of the “Nevada community Living Behavioral Health Plan.”</p> <p>2018: Nevada Medicaid has agreed utilize the Child and Adolescent Needs and Strengths (CANS) assessment as a tool to determine service intensity tool.</p> | Completed reports summarizing community-based findings. |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|--|---|---|---|
| | | | DCFS staff and NWIC presented ways to use the CANS (to May 3, 2018 – SOC Sub-Committee meeting) as criteria for Wraparound. | |
| | <p>Utilization Management:</p> <ol style="list-style-type: none"> 1. Child & Family Team (CFT) process will decide what services are needed. 2. Develop process and/or protocol for utilizing CFT model for recommending service and supports. 3. Develop a process and/or protocol for assessing fidelity to the CFT model. 4. Develop an overarching review system for services and expenditures recommended by teams that is flexible according to the regional differences within the state, in alignment with the goal of DCFS becoming the authority for children’s behavioral health. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Develop Nevada SOC model that includes utilization management component. • Identify existing tools to measure fidelity. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Review model policies from other states that use CFTs for utilization management. • Develop tier-based system for case management (including wraparound services). This system will include a CFT component. • Develop and implement a CFT training for community behavioral health providers. | <p>DCFS Program Planning & Evaluation Unit</p> <p>SOC Subcommittee</p> <p>Workforce Development</p> | <p>5/2018-present: SOC is collaborating with Medicaid to identify strategies for utilization review.</p> <p>1/2018 – present: A tier-based case management system that describes case management as a continuum with high fidelity wraparound for highest need youth is under development. Draft concepts have been presented to SOC sub-committee and workgroups for feedback.</p> | <p>CFT process/ protocol developed</p> <p>CFT fidelity assessment completed (obtained from NWIC).</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|---|---|---|---|--|
| <p>G1-2. Develop DCFS as an emergency response, assessment, and care coordination entity.</p> | <p>Mobile Crisis</p> <ul style="list-style-type: none"> • Provide Mobile Crisis services in Clark County. • Reallocate existing outpatient positions in Clark County to Mobile Crisis. • Enhance Mobile Crisis services in Washoe County • Connect families to Wraparound when appropriate <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Continue providing services. • Implement revised evaluation plans. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Continue to expand hours of service. • Identify system-level outcomes and collect data (i.e. referrals in to other services, emergency room diversion). • Begin discussions on reallocating existing DCFS positions to mobile crisis and other DCFS programs. • Review findings on referrals to the WIN program and modify strategies accordingly (i.e. was the referral to WIN an appropriate referral). | <p>DCFS</p> <p>DCFS PEU</p> <p>UNR Program Evaluation</p> | <p>11/2016: Mobile Crisis expanded to 24 hours in Clark County</p> <p>11/2016: Program feedback - Paperwork requirements of completing NOMs doesn't suit the nature of the service provided. Modifying evaluation plan to adjust the requirements.</p> <p>11/21/2016: Consulted with SAMHSA Project officer regarding evaluation plans. Received technical assistance on use of NOMS. SAMHSA approved no longer utilizing the NOMs for MCRT.</p> <p>12/1/16. Evaluation team met with MCRT to clarify current data collection. It was determined that the relevant NOMs baseline data will be integrated in to MCRT documentation process. Baseline NOMs will no longer be required for MCRT.</p> <p>3/2017: When appropriate transition services have begun to link clients from mobile crisis to WIN.</p> | <p>Increased number of children & youth who receive mobile crisis services in each region.</p> <p><u>Instruments/Indicators:</u> Baseline NOMS # of clients served</p> <ul style="list-style-type: none"> • Establish % increase in # served after yr. 2 • #service episodes <p>Baseline NOMs (other agencies/Wraparound)</p> <ul style="list-style-type: none"> • Referral made from MCRT <p>DCFS SOC Unit -Avatar</p> <ul style="list-style-type: none"> • # of clients served • Establish % increase in # served after yr. 2 • #service episodes • Discharge dates <p>DCFS SOC Unit –Avatar</p> <ul style="list-style-type: none"> • Referral source (i.e. MCRT) • Compare MCRT clients to other services received |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|--|---|---|--|
| | | | <p>6/2017 (ongoing): Mobile crisis teams refer families to Nevada PEP for peer support.</p> <p>7/2017: Children’s Mobile Crisis services in Washoe County expanded hours of operation and added another team.</p> <p>12/2017: MCRT South reports a hospital diversion rate of 86% for 2017.</p> | |
| | <p>Mobile Crisis</p> <ul style="list-style-type: none"> • Implement Mobile Crisis services in rural counties. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Continue providing services. • Implement revised evaluation plans. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Continue to fund rural mobile crisis. • Begin discussions with Department of Public and Behavioral Health to continue mobile crisis services and to fund the continuation and expansion of mobile crisis services in rural Nevada. | <p>DCFS</p> <p>DPBH</p> | <p>11/2016: Mobile Crisis expanded to rural counties through SOC grant.</p> <p>3/2017: When appropriate transition services have begun to link clients from mobile crisis to WIN.</p> | <p>Increased number of children & youth who receive mobile crisis services in rural regions.</p> <p><u>Instruments/Indicators:</u></p> <ul style="list-style-type: none"> • Baseline NOMS <ul style="list-style-type: none"> ○ # of clients served ○ Establish % increase in # served after yr. 2 ○ #service episodes • DCFS PEU <ul style="list-style-type: none"> ○ Referral patterns ○ Discharge dates |
| | <p>Diagnostic and Evaluation Services (Develop “no wrong door” assessment program)</p> <ul style="list-style-type: none"> • Develop provider Memoranda of Understanding and information sharing agreements • Develop and provide assessment services | <p>DCFS</p> <p>Provider Standards & EBP workgroup</p> | <p>11/2016: North – DCFS Assessment Center under development. Identifying location and initial staffing plans.</p> <p>11/2016: DCFS staff began process of identifying agencies</p> | <p>Progress toward development of northern neighborhood-based assessment center and southern Nevada centers.</p> <p><u>Instruments/Indicators:</u></p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|--|-------------------|--|---|
| | <ul style="list-style-type: none"> Establish data collection protocol for assessment center <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Engage southern Nevada Neighborhood Care Centers to integrate SOC values and principles. Examine the structures necessary to implement SOC and data collection requirements. Continue partnership with Juvenile Justice (JJ) in the implementation of juvenile justice assessment center to serve youth in the juvenile justice system. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> There will not be a physical location established for a Washoe County-based assessment center. Partner with the Washoe County Consortium to discuss new strategies for developing a plan for accessibility to services including response, assessment and care coordination (in light of updated information from the SOC). | | <p>that they need an MOU with and initiate process.</p> <p>10/17/16-present: DCFS working strategically with JJ to begin implementation of juvenile justice assessment center.</p> <p>3/2017: “The Harbor, Juvenile Assessment Center” in Las Vegas is operational and providing assessment services to youth.</p> <p>3/2017: The Washoe County assessment center is still under development.</p> <p>3/2017: MOUs with Nevada State Department of Education and Nevada Aging and Disability Services Division are currently under development.</p> <p>6/2017: A Northern Nevada Assessment Center is under development.</p> <p>6/2017: Collaboration has begun with juvenile justice to explore development of a juvenile justice assessment center.</p> <p>9/2017: Nevada Medicaid has agreed to the implementation of the Child and Adolescent Needs and Strengths assessment tool for</p> | <p>(Dependent on Evaluation Protocol TBD)</p> <ul style="list-style-type: none"> Baseline NOMS <ul style="list-style-type: none"> # of clients served Establish % increase in # served after yr. 2 NOMS Discharge <ul style="list-style-type: none"> K1-2 CANS <ul style="list-style-type: none"> Client characteristics Service needs DCFS SOC <ul style="list-style-type: none"> Completed MOUs DCFS PEU <ul style="list-style-type: none"> Referral patterns Discharge dates |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|---|--|---|
| | <p>Wraparound in Nevada (WIN)</p> <ul style="list-style-type: none"> • Gradually train community providers in the wraparound model. • Develop a system of training and quality assurance for wraparound providers. • DCFS will continue to provide wraparound services to youth and families in the event that wraparound is not otherwise available to them (i.e. uninsured youth or to youth who cannot access the service through their service providers). <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Continue providing services. • Continue data collection plans. • Update training protocol to include follow-up training and fidelity assessment. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Refine the target population for high fidelity wraparound and a mechanism for referral. Update intake form and baseline data collection forms to reflect criteria contained in target population definition. • Determine demand and capacity to meet the need of the defined population. • DCFS will maintain authority and oversight over wraparound services throughout the state of Nevada. | <p>DCFS</p> <p>Provider Standards & EBP workgroup</p> | <p>DCFS and is now considering its use as a tool to determine service intensity.</p> <p>11/2016: Training system developed and has been developed and has been initiated with sub-grantees.</p> <p>11/2016: High fidelity wraparound training provided. WCSD and Children's Cabinet participated in this training.</p> <p>11/2016: WIN designated as wraparound providers for SOC sub-grantees until they are trained.</p> <p>1/2017: Data collection for NOMS and CMHI began.</p> <p>3/2017: Sub-grantees who are performing their own wraparound services have begun to submit data.</p> <p>3/2017: Additional and refresher trainings on data collection provided to sub-grantees who are doing their own wraparound services.</p> <p>3/2017: Contract for provision of training and supervision for high</p> | <p>Number of providers trained and frequency of trainings.</p> <p><u>Instruments/Indicators:</u></p> <ul style="list-style-type: none"> • IPP WD2 <ul style="list-style-type: none"> ○ # of providers trained • Fidelity Assessments (See Strategy G1-1, UM) <ul style="list-style-type: none"> ○ Service characteristics |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|-------------------|---|-----------------------|
| | <ul style="list-style-type: none"> • DCFS will work closely with the National Wraparound Implementation Center (NWIC) and UNR external evaluation team to examine WIN discharge data to determine length of stay in wraparound, reasons for discharge and set target numbers to be served. • DCFS will also work closely with the National Wraparound Implementation Center (NWIC) and UNR external evaluation team to determine how services are different between Washoe, Clark and rural counties and if this explains differences in length of stay. DCFS will also examine wait lists and determine number of children on the waitlist that need the need for High Fidelity Wraparound and determine caseload sizes for WIN. | | <p>fidelity wraparound services under development.</p> <p>6/2017: A sub-contract has been secured with the National Wraparound Implementation Center (NWIC) to provide training and technical assistance. Within this, 6 coaches will become certified trainers.</p> <p>6/2017: Research is underway to identify national “waiver” programs. This option aims to include respite and wraparound services.</p> <p>10/2017: External evaluators shared discharge rates and reasons for discharge from high fidelity wraparound with the SOC Subcommittee</p> <p>1/2018: External evaluators shared discharge rates and reasons for discharge from high fidelity wraparound with Workforce Development Workgroup.</p> <p>2/2018: External evaluators shared discharge rates before and after high fidelity wraparound training with special populations workgroup.</p> | |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|--|--|--|---|
| | | | <p>2/2018: External evaluators shared baseline data on youth served by high fidelity wraparound with the SOC Subcommittee and Special Populations Workgroup to help determine whether highest risk youth are being served.</p> <p>5/2018: NWIC presented data on obtained from PEU on characteristics of population being served by high fidelity wraparound with the SOC Subcommittee to determine whether highest risk youth are being served.</p> <p>June-July, 2018: Based on data presented to workgroups, Nevada PEP and SOC staff, the target population for high fidelity wraparound was revised and a tiered case management system for service provision for all SED youth is under development.</p> | |
| | <p>Transition to Adult Services</p> <ul style="list-style-type: none"> • Continue implementation plans for the Transition to Independence Program (TIP) in Washoe County. • Explore options for implementing the TIP statewide. • Collaborate with DPBH to develop and implement Youth in Transition Programming. | <p>Washoe County Mental Health Consortium, Workgroup 4</p> <p>DCFS</p> <p>DPBH</p> <p>Children's Cabinet</p> | <p>11/2016: South -GROW program (transitional living for young adults)</p> <p>11/2016: Rural - Identifying current need for Youth in Transition.</p> | <p><u>Instruments/Indicators:</u> (Dependent on Evaluation Protocol TBD)</p> <ul style="list-style-type: none"> • Baseline NOMS <ul style="list-style-type: none"> ○ # of youth served ○ Establish % increase in # served after yr. 2 • NOMS Discharge <ul style="list-style-type: none"> ○ K1-2 |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|---|---|--|---|---|
| | <ul style="list-style-type: none"> Establish data collection protocol for youth in transition programs <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Develop outcome measures once service implementation begins. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> DCFS will participate in a system-wide “Nevada Community Living Behavioral Health Plan,” which is coordinated by the State of Nevada Department of Health and Human Services. The goal of this group is to ensure that there are comprehensive BH services throughout Nevada with particular attention to transitional age youth. DHHS has created a “Centralized Analytic Unit” for the purpose of providing accurate data from all DHHS programs together. Once data is ready, review for implications for SOC. DCFS will continue to meet with Department of Health Care Finance and Policy and Department of Public and Behavioral Health to identify funding barriers for youth in transition who are in need of services. Explore possibilities of linking data systems to identify gaps in service delivery for transitional age youth. Create a MOU between DFCS and DPBH clearly outlining responsibility, timelines, and funding for transitional age youth. | <p>Rural Child Welfare</p> <p>Provider Standards & EBP Workgroup</p> | <p>11/2016: Rural -Children’s Cabinet is implementing a Youth in Transition program</p> <p>11/2016: WCMHC, Workgroup 4 is updating their logic model to remove TIP program and update with new strategies.</p> <p>6/2017: Collaboration has begun with the State Youth Treatment Program in the development of their action plan for transitional age youth.</p> <p>6/2017: Efforts are underway for a sub-contract for youth in transition in rural communities.</p> <p>12/2017: DCFS participated in the meeting of the “Nevada community Living Behavioral Health Plan.”</p> | <ul style="list-style-type: none"> CANS <ul style="list-style-type: none"> Client characteristics Service needs DCFS PEU <ul style="list-style-type: none"> Referral patterns Discharge dates |
| <p>G1-3. Develop DCFS as a “safety net” provider of children’s mental health services.</p> <p>These are services that have been identified as</p> | <p>Early Childhood Behavioral Health Services</p> <ul style="list-style-type: none"> Day treatment services Outpatient treatment services | <p>DCFS</p> <p>Special Populations Workgroup</p> | <p>11/2016: RFP released for day treatment services (early childhood through adolescence).</p> | <p># of new ECBH services based on results of gap analysis</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|---|---|---|--|--|
| <p>not available in the community or there are not a sufficient number of providers to meet the need.</p> | <ul style="list-style-type: none"> Psychiatric services Wraparound <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Assess and revise this section after the results of the gap analysis is released in January 2017. Response plan developed in February 2017. Develop outcome measures once service implementation begins. | <p>Provider Standards & EBP Workgroup</p> | <p>6/2017: Service array sub-grants completed for: Apple Grove (youth day treatment, Las Vegas) and The Center (LGBTQ training).</p> <p>12/2017: Completed a contract for a training in Child Parent Psychotherapy program for DCFS providers.</p> | <p># of new outpatient services based on results of gap analysis</p> |
| | <p>Outpatient Services</p> <ul style="list-style-type: none"> Psychiatric services Community treatment homes Wraparound <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Develop outcome measures once service implementation begins. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Determine a strategy to leverage funding to support the SOC Service Array. This strategy will include a Medicaid State Plan Amendment and application of federal children's services Waiver. Develop a plan to collect data on children and families who are within the SOC, but are served by outpatient providers. Develop provider capacity to sustain outpatient services by billing Medicaid for services. Develop a training program for providers on opportunities and infrastructure needed to bill Medicaid. | <p>DCFS</p> <p>Special Populations Workgroup</p> <p>Workforce Development Workgroup</p> | <p>10/2016: Sub grants completed for:</p> <ul style="list-style-type: none"> First Episode Psychosis PEP SOC Expansion Rural MCRT WCSD School Coordinated Care Center Grow Transitional Living Program Healthy Homes Program UCF School linked behavioral health services <p>11/2016: RFP released for day treatment services (early childhood through adolescence).</p> <p>4/2017: A sub-grant was awarded to Apple Grove for day treatment services.</p> <p>10/2017: New sub-grants added for FY 18 include a rural Intensive Outpatient Program, and a PBIS contract for DWTC and our correctional facilities.</p> | |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|--|--|--|
| | <ul style="list-style-type: none"> • Include respite services as part of the service array offered to families. Include respite services as a waiver covered service. Research how other states have developed respite programs and seek TA. | | Increased funding was added for school based health centers and the FEP program. | |
| | <p>Community Treatment Homes</p> <ul style="list-style-type: none"> • To coordinate the development of Community Treatment Home providers throughout the state. • Implement specialized foster care treatment homes (EBP = Together Facing the Challenge) <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Develop outcome measures once service implementation begins. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Continue training specialized foster care providers. • Implement certification and oversight strategies for specialized foster care providers. • Continue to work with DHCFP, child welfare and county agencies on a state plan amendment to have a competitive rate to provide SFC in NV. • Have DCFS ATC, FLH and Oasis programs apply for PRTF licensure | <p>DCFS</p> <p>Special Populations Workgroup</p> <p>Provider Standards & EBP Workgroup</p> | <p>11/2016: This section will be assessed after the results of the gap analysis is released in January 2017. Response plan to be developed in February 2017.</p> <p>2/2017: Synopsis of the gaps analysis reported a need for increased residential treatment facilities and day treatment programs to support community-based services.</p> <p>3/2017: Recommendations from gaps analysis report incorporated in to 2017 workgroup goals.</p> <p>12/2017: Implemented training program for Together Facing the Challenge for specialized foster care providers.</p> <p>12/2017: PRTF licensure process for ATC, FLH and Oasis has begun</p> | <p># of new community treatment homes based on results of gap analysis.</p> <p>DCFS PEU - Together Facing the Challenge evaluation</p> <ul style="list-style-type: none"> • Fidelity • Permanency outcomes • Symptom reduction • |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|---|---|---|--|--|
| <p>G1-4. Develop a “provider enrollment” system for children’s behavioral health care providers who receive reimbursement for services from public funds that consists of a statewide, universal set of quality standards that are consistent with SOC principles and values.</p> | <p>Engage community stakeholders and providers</p> <ul style="list-style-type: none"> • Update SOC “Commitment Letter” • Update stakeholder list (agency directors, providers, etc.) • Obtain signed commitment letters • Develop sub-grants that require commitment to SOC principles and values, high fidelity wraparound and data collection requirements. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Expand the number of providers who are available to provide high fidelity wraparound (recruitment and training). <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Develop a “provider enrollment package” to be utilized throughout the state. • Partner with Medicaid to gain a recognition of the DCFS SOC provider enrollment system for children’s behavioral health providers. | <p>Regional Consortia</p> <p>DCFS</p> <p>Communications Workgroup</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP Workgroup</p> | <p>9/2016-present: DCFS infused SOC language in to SOC sub-grants</p> <p>3/2017: Contract under development with National Wraparound Implementation Center (NWIC) to provide training and supervision for high fidelity wraparound with sub-grantees.</p> <p>9/2017: Wraparound training for staff and sub grantees from the National Wraparound Implementation Center (NWIC) has been completed and supervision and coaching is ongoing.</p> <p>11/2017: DCFS has decided that wraparound will be done exclusively by DCFS and a tiered case management model will be developed to address the needs of families not served by wraparound.</p> <p>6/2018-present: A proposal for provider certification is under development with input from SOC Sub0Committee.</p> | <p>DCFS SOC Unit - # and description of new SOC sub-grants</p> |
| | <p>Engage DHHS, Legislators, and other Policy Makers to review the Nevada Medicaid State Plan</p> | <p>DCFS</p> <p>Governance Workgroup</p> | <p>10/4/16: DCFS met DHCFP to discuss the relationship between the State Medicaid Plan and the SOC.</p> | <p>All services outlined in the joint CMS/SAMHSA bulletin are in the NV State Plan</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|--|---|--|---|
| | <ul style="list-style-type: none"> Advocate for all services outlined in the joint CMS/SAMHSA bulletin are in the NV State Plan Advocate the use SOC values and principals throughout the State plan <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Continue to work with Medicaid to infuse SOC principles and values in to Medicaid policies for providers <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Meet with Medicaid representatives to develop the language needed to change Medicaid Policy to be consistent with SOC values and principles. | | <p>6/2017: Nevada Medicaid agreed to the implementation of the Child and Adolescent Needs and Strengths (CANS) assessment tool for DCFS. Nevada Medicaid is participating on the implementation team.</p> <p>9/2017: Nevada Medicaid is now considering use of the CANS as a tool to determine service intensity.</p> | <p>SOC values and principals integrated throughout the State plan</p> |
| | <p>Develop Policy/regulation (SOC provider enrollment tied to public funding reimbursement).</p> <p>Develop SOC Provider Enrollment Process (also see Goal Three).</p> <ul style="list-style-type: none"> Provide technical assistance Provide training <p><u>Year Two Goals</u></p> <ul style="list-style-type: none"> Explore possibility of expanding SOC training to include history of SOC in Nevada Explore possibility of maximizing training through expansion to community at-large. <p><u>Year Three Plans</u></p> | <p>DCFS DHCFP</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP Workgroup</p> | <p>9/2016 – present: DCFS has implemented a pilot process of training requirements of sub-grantees:</p> <ol style="list-style-type: none"> Trained in SOC principles and values Trained in high fidelity wraparound CANS training Evaluation training <p>12/2016: Trauma-informed care training implemented.</p> <p>2/2017: CLAS training developed and implemented.</p> | <p>(See Goal Three)</p> <p># trained</p> <p># trainings</p> <p># providers given TA</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|-------------------|---|-----------------------|
| | <ul style="list-style-type: none"> Continue to provide quarterly quality assurance reviews as part of a continuous quality improvement program for all subgrantees. Explore incorporation of the provider enrollment package into Medicaid standards. | | <p>6/2017: A sub-contract was developed with The Center to develop an LGBTQ training that is in accordance with new state law.</p> <p>6/2017: Partnered with state Department of Education to provide a trauma-informed care training to school social workers.</p> <p>6/2017: Policies currently under development include: wraparound, provider enrollment, LGBTQ, provider standards, complaint process, child and youth rights and responsibilities.</p> <p>9/2017: The provider enrollment package is complete. It contains enrollment forms and provider standards for training as well as wraparound standards.</p> <p>9/2017: Standards have been created for providers in the System of Care. New standards developed include: wraparound and SOC training, provider enrollment, LGBTQ, provider standards, complaint process, child and youth rights and responsibilities (rev.).</p> | |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|---|---|---|--|---|
| | | | <p>9/2017: SOC has completed initial quality assurance review of all sub grantees and provided a corrective action plan where needed. This will continue on a quarterly basis along with the sustainability plans.</p> <p>Ongoing: All trainings developed are implemented as requested and in an ongoing manner. A training calendar has been developed and is accessible to community providers.</p> | |
| | <p>Develop Standards of Care for Children’s Mental Health Providers and Sub-Contractors</p> <ul style="list-style-type: none"> • Engage stakeholders in the development process. • Accountability-based contracts that include adherence to the SOC principles and values. • Fidelity to EBPs <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • See above | <p>DCFS DHCFP</p> <p>Provider Standards & EBP Workgroup</p> <p>Governance Workgroup</p> | <p>12/2016: Provider requirements under development that include:</p> <ul style="list-style-type: none"> • Standards • Training • Accountability <p>12/2016: DHCFP completed RFP process and selected providers.</p> <p>* See provider enrollment and quality assurance process above.</p> | <p>DHCFP: Revised RFP containing updated policies that include SOC.</p> |
| <p>G1-5. Expand availability of community-based children’s behavioral health services that are consistent with SOC Principles and Values.</p> | <p>Develop provider network</p> <ul style="list-style-type: none"> • Identify and recruit prospective providers • Develop regional training capacity and provide training (see Goal 3) • Develop the provider network in response to the findings from the gap analysis • Develop partnerships with state-funded medical and professional schools for the provision of | <p>Regional Consortia</p> <p>University of Nevada Las Vegas (UNLV)</p> <p>University of Nevada Reno (UNR)</p> | <p>9/2016: DCFS has begun to identify community based providers and completed sub-grants to begin providing services consistent with SOC Values and Principles. Training</p> | <p># of providers recruited into network based on gap analysis</p> <p>Increase in # of partners who can offer internships</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|---|--|-----------------------|
| | <p>services, fellowships, externships, and internship programs.</p> <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Utilize evaluation data to increase understanding patterns of referral sources and SOC enrollment (i.e. summer months' decline). Develop outreach strategies in accordance with referral and enrollment patterns. | <p>Provider Standards & EBP Workgroup</p> | <p>of providers on SOC Values and Principles has also begun.</p> <p>9/2017: The provider enrollment package is complete. It contains enrollment forms and provider standards for training as well as wraparound standards.</p> <p>9/2017: Standards have been created for providers in the System of Care. New standards developed include: wraparound and SOC training, provider enrollment, LGBTQ, provider standards, complaint process, child and youth rights and responsibilities (rev.).</p> <p>1/2018-present: SOC Workforce Development workgroup invited Directors of statewide licensing boards (LCSW, MFT, CPC) to meetings to discuss licensing changes in the state and engage in a dialogue with providers about barriers to licensure. The licensing boards presented to the SOC their perception of</p> | |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|---|--|--|
| | | | workforce challenges in the state. | |
| | <p>First Episode Psychosis</p> <ul style="list-style-type: none"> Implement initial in Washoe County with expansion to Clark County. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Continue providing services. Continue data collection plans. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Continue providing services under the RFP | Children’s Cabinet | <p>10/2016: FEP implemented in Washoe and Clark counties</p> <p>12/2017: RFP initiated for new provider of FEP services statewide</p> | <p># served in Washoe County</p> <p># served in Clark County (NOMS and CMHI)</p> |
| | <p>Develop a workgroup to address youth referred to and returning from out of state placement</p> <ul style="list-style-type: none"> Partner with DHCFP’s PRTF and DPBH workgroups to implement steps listed below. Include family voice and representation within workgroup activities. Families should receive assessment and wraparound services prior to referral to OOS while youth is OOS and to continue during the transition home and after returning from OOS. <ul style="list-style-type: none"> Youth should have access to intensive in-home services Youth should have access to a full continuum of care in Nevada to include respite, acute, short term residential and RTC Recruit RTC and other “step down” facilities to Nevada | DCFS DHCFP DPBH Nevada PEP Special Populations and Evidence-Based Practices (EBP) Workgroup | <p>9/2016: Special Populations workgroup established.</p> <p>Washoe County has also begun a pilot program to address out of state placements for juvenile justice children.</p> <p>6/2017: The Special Populations and EBP workgroup continues to explore EBP options for this population.</p> <p>12/2017: NNCAS has begun working with existing workforce resources to create a pilot HINT team to address youth placed out of state.</p> <p>12/2017: A RFP has been completed to create an</p> | <p>Special Populations Workgroup established</p> <p># in out of state placement during past 12 months (NOMS section A Q8)</p> <p>Of those, what services were received through SOC (NOMS section K)</p> <p># discharged out of state (NOMS Section J Q3)</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|---|---|--|
| | <u>Year Three Plans</u> <ul style="list-style-type: none"> Continue to work within existing workforce resources to increase wraparound involvement for youth placed out of state or at risk of being placed OOS. | | additional RTC facility in Southern Nevada | |
| | <p>Youth with co-occurring behavioral health and developmental and intellectual disabilities will have a full continuum of services</p> <ul style="list-style-type: none"> Define co-occurring services Revise MOU with ADSD ADSD case managers to receive Wraparound training Develop pilot program based off of SAMHSA Building Bridges Initiative Wraparound fidelity assessment <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Continue Building Bridges Initiative Continue revision of MOU with ADSD, PBH and inclusion of DHCFP. | DCFS ADSD Special Populations Workgroup | <p>7/2015: AB 307 was passed during the legislative session that called for provision of service delivery in NV for children with co-occurring IDD and behavioral health dx.</p> <p>10/2016: DCFS has partnered with ADSD to provide funding through the SOC grant for training of Registered Behavioral Technicians that treat youth with co-occurring behavioral health and developmental disabilities.</p> <p>12/2017: DCFS has begun revision of the MOU WITH ADSD and PBH with inclusion of DHCFP.</p> <p>12/2017: SOC has begun a Building Bridges Initiative with children’s residential providers throughout Nevada</p> <p>Continue to work with ADSD on AB 307 to expand the service array to Nevada’s children with</p> | MOU revised # ADSD case managers trained # received co-occurring services (NOMS K 1-6) |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|---|---|--|--|---|
| | | | <p>co-occurring IDD and behavioral health dx.</p> <p>6/2018: Building Brides staff conduct provider trainings and technical assistance (Las Vegas).</p> | |
| <p>G1-6. Enhance family-driven supportive services.</p> | <p>Family Peer Support</p> <ul style="list-style-type: none"> • Adopt National Certification for Parent Support Providers • Increase Capacity • Develop Parent Support Provider Standards • Develop Required Training Curriculum • Develop Enrollment Process <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Review evaluation data from a parent perspective and develop strategies to incorporate parent feedback in to system level changes (i.e. enrollment decline during summer months). • Determine DCFS required Training Curriculum for Family Peer Support. • Develop an agency enrollment process for Family Peer Support | <p>DCFS</p> <p>Nevada PEP</p> <p>Special Populations Workgroup</p> <p>Provider Standards & EBP Workgroup</p> | <p>12/2016: NV PEP, SOC Parent Partner, has nationally Certified Parent Support Providers. National PSP standards developed. NV will need to adopt the standards and certification process when Medicaid State Plan is amended.</p> <p>6/2017: Nevada PEP added Family Specialists in Reno and Las Vegas and reported the numbers for the IPP report. An additional Family Specialist has become a Nationally Certified Parent Support Provider.</p> <p>9/2017: Nevada PEP added a Statewide Family Network Coordinator who will have a northern/rural focus. The Nevada PEP Director of Operations became a Certified Parent Support Provider.</p> <p>12/2017: The SOC adopted the National Certification of Parent Support Providers to provider direct Family Peer Support. The</p> | <p># family members that provide Family Peer Support services (IPP WD5)</p> <p># families that receive family peer support (NOMS Section K, Support Services 3 and Nevada Specific Services 11)</p> <p>Quarterly reports from PEP</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|--|---|--|
| | | | <p>standards are outlined in the Family Peer Support Contract. Nevada PEP has required Training Curriculum for Family Peer Support.</p> <p>12/2017 Nevada PEP reorganized SOC positions to gain a Regional Programs Director.</p> | |
| | <p>Respite Care</p> <ul style="list-style-type: none"> • Develop provider agreements with Scope of Work • Recruit and identify trained providers of respite services • Identify reimbursement rate • Explore options for tiered rates <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Include respite services as part of the service array offered to families. Include respite services as a waiver covered service. Research how other states have developed respite programs and seek TA. Consider model where families identify the respite provider and has a monthly funding allocation to cover service costs. | <p>DCFS: develop process and protocol</p> <p>Regional Consortia: assist with recruitment</p> | <p>6/2017: Research is underway to identify and apply for federal children's services "waiver".</p> | <p># families that receive respite care (NOMS Section K, Nevada Specific Services 6)</p> |
| | <p>Parent Voice at all levels of SOC Expansion</p> <ul style="list-style-type: none"> • Recruit and support parents for each consortia • Develop youth activities/meetings • Promote family support meetings and training activities to increase involvement | <p>Nevada PEP</p> <p>Regional Consortia</p> <p>Provider Standards & EBP Workgroup</p> | <p>6/2017: Parent and Youth groups have been meeting and learning about the goals of the SOC and using their voice for systems of change. Most of the youth and families who are engaged cannot attend</p> | <p># individuals who are involved in planning bodies that represent the family and youth voice</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|--|---|---|--|---|
| | <ul style="list-style-type: none"> Recruit and support parents to provide their Voice to decision-makers and planning bodies <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Continue to recruit the family members to provide their voice to workgroups and committees | | <p>workgroup meetings, scheduled during work or school hours. Nevada PEP is holding evening focus groups on specific topics.</p> <p>9/2017: Nevada PEP conducted outreach to engage family and youth to participate in the RIMS statewide.</p> <p>9/2017: SOC Workforce Development activities/training workshops include the family voice in partnership with mental health staff.</p> <p>9/2017: Families were engaged to participate in the Readiness Implementation Measure Study.</p> <p>12/2017 Complete and Ongoing</p> | |
| G1-7. Enhance youth-guided supportive services | <p>Youth Peer Support Programs</p> <ul style="list-style-type: none"> Determine the mental health related peer services to be implemented in priority order Recruit and support youth/young adults to engage in SOC Expansion activities Develop chapter(s) of Youth M.O.V.E. Develop Social Media Plan to reach youth/young adults. Increase Capacity Design, fund, and implement mental health related peer services with enrollment standards | <p>Nevada PEP</p> <p>DCFS</p> <p>Provider Standards & EBP Workgroup</p> <p>Department of Education, Office for Safe and</p> | <p>6/2017 (ongoing): The Youth Voice has been represented on the Strategic and Communication plan/Social Media Plan Committee. NV PEP provides youth and family outreach through various social media outlets daily.</p> | <p># youth that provide services (IPP WD5)</p> <p># youth that receive peer support (NOMS Section K, Nevada Specific Services 12)</p> <p>Social media plan developed</p> <p>New peer services developed</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|----------------------------------|---|---|
| | <u>Year Three Plans</u> <ul style="list-style-type: none"> • Continue to implement social media plan • Outreach to existing youth organizations • Build membership • Work on bullying and anti-stigma priorities • Incorporate the youth voice in SOC training activities | Respectful Learning Environments | <p>9/2017: The Youth M.O.V.E. Nevada Chapter continued to recruit new members and hold meetings to generate the authentic youth voice.</p> <p>12/2017: A new Youth Facilitator is in orientation in Southern Nevada.</p> <p>1/2018-present: The Youth M.O.V.E representative is actively involved in SOC meetings and workgroups. The representative is starting to ask youth-guided questions to guest speakers at SOC meetings.</p> | |
| | <p>Authentic and Integrated Youth Voice in SOC Activities (Youth Leadership using Youth M.O.V.E National Model)</p> <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Work on bullying and anti-stigma priorities • Incorporate the youth voice in SOC training activities • Incorporate the youth voice in statewide planning for Transition Aged Youth (TAY) • Seek TA from National Youth M.O.V.E. to continue to support the growth of Youth M.O.V.E. Nevada. | Nevada PEP | <p>6/2017: The Nevada Chapter of the National Youth M.O.V.E. is official. A statewide Youth M.O.V.E. Nevada Logo and marketing meeting was held; resulting in an approved logo, and active accounts on Twitter, Instagram and Facebook.</p> <p>9/2017: Youth M.O.V.E. Nevada is developing operational processes and continuing to</p> | <p>Nevada will have an official Youth M.O.V.E Charter from the National Youth M.O.V.E. Board.</p> <p># of Youth M.O.V.E. activities</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|--|--|---|---|--|
| | | | <p>provide the youth voice to SOC workgroups. Youth M.O.V.E. is collaborating with the SOC team and the UNR evaluators to develop a plane to engage youth in SOC evaluation.</p> <p>9/2017: Collaboration continues with the State Youth Treatment Program in the development of their action plan for transitional age youth.</p> <p>12/2017: The Youth voice has begun to be incorporated into SOC evaluation activities.</p> | |
| <p>G1-8. Develop “telehealth” capacity for enhancing services throughout the state (also see Goal 3).</p> | <ul style="list-style-type: none"> • Coordinate with Nevada Public and Behavioral Health and WICHE for planning and implementing a telemedicine program. • Explore and secure network video opportunities. • Identify and implement standards of care within telemedicine for crisis services and children’s behavioral health. <p><u>Year Three Plans</u> Plan to address this in the workgroups and subcommittee to determine the need for developing telehealth capacity</p> | <p>Provider Standards & EBP Workgroup</p> | <p>DCFS has begun to implement telehealth across the Division (ex: Rural MCRT)</p> | <p>Establish MOU with WICHE for telemedicine</p> <p>NV standards for telemedicine for crisis services and children’s behavioral health developed</p> |
| <p>G1-9. Develop statewide stakeholder communication and training program for SOC principles and values.</p> | <p>Develop System of Care training teams (see Goal 3)</p> | <p>DCFS Nevada PEP</p> | <p>7/2016: DCFS SOC unit has developed the Technical</p> | |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|--|--------------------------------------|--|---|
| | <u>Year Three Plans</u> <ul style="list-style-type: none"> Continue to provide SOC trainings to providers, stakeholders and SOC partners in line with the Communication Plan | Provider Standards & EBP Workgroup | Assistance and Training Unit to provide these trainings. Nevada PEP is the Family Partner in the workforce development trainings. | |
| | Develop a Strategic Marketing Plan and implement information sessions in concert with communication messages (from communication plan). <u>Year Three Plans</u> <ul style="list-style-type: none"> Continue to enact the strategic marketing plan as per the Communication Plan. | DCFS training team Nevada PEP | 6/1/2016: Strategic marketing plan developed as part of our Communication Plan. | Strategic marketing plan developed Implement communication plan? |
| | Utilize communication with identified “Champions” as described in Communication Plan. <u>Year Three Plans</u> <ul style="list-style-type: none"> Continue to reach out to identified SOC Champions to spread the external messages identified in the Communication Plan | | 10/2016: The Communications workgroup has begun working closely with Nathan Orme, DCFS Public Information Officer to develop a consistent message. 12-2016 – 3/2017: Logo developed and communication materials have been drafted (brochure, website, newsletter, social media, etc.). 6/2017: Communication materials are regularly distributed across networks (newsletter, social media, information posters). 9/2017: The SOC social media strategy now includes frequent postings to Twitter and Facebook and is connected to PEP’s social | |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|------------------------------------|-------------------|--|-----------------------|
| | | | <p>media program. The SOC is also a part of the DCFS website now and has a list of all trainings on the site as well as a link to be able to register for them.</p> <p>9/2017: The SOC electronic newsletter continues to be distributed on a regular basis.</p> | |

Goal 2: Funding Structures

Maximize public and private funding at the state and local levels to provide a SOC with accountability, efficiency and effective statewide funding sources.

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|--|---|--|--|--|
| <p>G2-1. Identify current public funding sources that are associated with the provision of children’s behavioral health services and/or workforce development (i.e. Medicaid State Plan, Early Periodic Episode Screening, Diagnosis and treatment, Nevada 1915 waivers, block grants, general funds, local and regional funding).</p> | <p><u>Year Two Plans</u> Review braided funding recommendations developed in 2007 as a part of the State Infrastructure Grant (Sheila Pires report).</p> <ul style="list-style-type: none"> Identify additional strategies for identifying funding sources. Identify elements and strategies of the report that are still applicable. Explore options for updating and utilizing recommendations from the report. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Work with Medicaid and other SOC stakeholders in the SOC subcommittee to identify and establish funding sources to sustain SOC implementation | <p>DCFS SOC team</p> <p>Governance workgroup</p> | <p>12/2016: Report reviewed and distributed to governance workgroup for review and recommendations.</p> <p>3/2017: DCFS developing list of desired services that would support a System of Care and will present the list to DHCFP for discussion.</p> <p>3/2017: DCFS currently exploring different waiver options for possible implementation in Nevada.</p> <p>6/2017: DCFS convened a meeting with DCFS Children’s Mental Health, DHCFP NV Medicaid, and other agencies to discuss options for effective statewide funding to support Nevada SOC (meeting rescheduled to June, 2017).</p> <p>6/2017: Research is underway to identify national “waiver” programs for possible adaptation and adoption within Nevada.</p> | <p>Braided funding recommendations developed and disseminated.</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|---|--|--|
| | | | <p>9/2017: Discussions continue with other states to explore models for the alignment of funds to support the SOC.</p> <p>9/2017: Discussions continue regarding the development of a waiver and state amendment programs for possible adaptation and adoption within Nevada. This option aims to include wraparound services. SAMHSA is helping with Technical Assistance in this area.</p> | |
| | <p><u>Year Two Plans</u> Identify County-Based Funding Sources</p> <ul style="list-style-type: none"> • Explore existing funds that counties use to fund behavioral health • Meet with county representatives to identify possibilities to maximize public resources for funding • Identify other Regionally-Based Funding Sources <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Year three plans continue the same as year two plans | <p>Mental Health Consortia</p> <p>DCFS SOC team</p> <p>Governance workgroup</p> | <p>12/2016: Request made to consortia Chairs to add identification of regional and county-based funding to consortium meeting agenda.</p> <p>Ongoing: SOC staff are participating and presenting updates to regional consortia for purpose of clarifying SOC goals and identifying options to address local needs.</p> | <p>Report summarizing funding sources.</p> |
| | <p><u>Year Two Plans</u> Identify State-Based Funding Sources</p> <ul style="list-style-type: none"> • Develop plans for budgeting funds for sustainability and enhancement of mobile crisis • Identify budget and match implications for a possible reduction in billable direct-care services by DCFS staff (due to provision of less state-offered services). • Explore partnerships with CCBHC grants (NV Public & Behavioral Health) | <p>DCFS SOC team</p> <p>Governance workgroup</p> | <p>9/28/2016: DHCFP (Gloria McDonald) compiled a table of current initiatives across the state, funding sources and scope of initiatives.</p> <p>6/2017: Collaboration has begun with the State Youth Treatment Program in the</p> | <p>Report summarizing funding sources.</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|---|---|--|--|---|
| | <ul style="list-style-type: none"> Explore partnerships with Youth Treatment Grants (SAPTA) <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Year three plans continue the same as year two plans <p><u>Year Two Plans</u> Identify Federally-Based Funding Sources</p> <ul style="list-style-type: none"> Explore and develop plans for the possible equitable and timely distribution and allotment funds through the Children's Mental Health Block Grant <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Year three plans continue the same as year two plans | | <p>development of their action plan for transitional age youth.</p> <p>6/2017 (ongoing): Collaborate with the Division of Behavioral Health to implement CCBHCs across the state.</p> | <p>Report summarizing funding sources.</p> |
| <p>G2-2. Develop strategies for enrolling and providing support for families who need insurance and entitlement program services utilizing a public awareness and marketing campaign that ensures recognition of Nevada's diversity and is culturally and linguistically competent.</p> | <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Meet with Directors of Nevada Insurance Exchange and Department of Welfare to collaborate on enrolling families in services Utilize the marketing plan developed by the Insurance Exchange and Welfare to reach families who could benefit from enrollment in expanded SOC services. This approach would be familiar to families due to ACA enrollment. Collaborate with Directors of Nevada Insurance Exchange and Department of Welfare (DWSS) to reduce stigma and ensure parity. Work with these entities to infuse SOC language in policies, applications, marketing materials, and other documents. Train DWSS staff and other state and local partners in SOC values and principles. <p><u>Year Three Plans</u></p> | <p>DCFS SOC Staff</p> <p>Communications Workgroup</p> <p>Governance Workgroup</p> <p>Special Populations Workgroup</p> | <p>12/2016: DCFS developing MOU with DWSS to enroll families in insurance and entitlement programs (pilot testing process through children's mobile crisis program). Program partners eligibility workers with mobile crisis team to develop immediate eligibility for services.</p> <p>2018: Trainings have been delivered to DWSS staff.</p> | <p>Strategies developed and disseminated.</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|---|---|--|--|---|
| | SOC staff will begin training DWSS staff on SOC values and principles | | | |
| G2-3. Work with Department of Health and Human Services and Medicaid on incorporating into any RFP for managed care contracts to use Systems of Care implementation practice. | <ul style="list-style-type: none"> • DCFS will partner immediately with DHCFP to make appropriate adjustments to new RFP that will include SOC language and adherence to SOC Standards of Care. • DCFS and DHCFP will communicate with MCOs regarding changes and implications of upcoming RFP. <ul style="list-style-type: none"> • DCFS to participate in review of RFP on managed care proposals throughout the State. • SOC Values and Principals added to RFP and any future RFP. | DCFS SOC Staff Governance Workgroup | SOC language was incorporated in to the RFP for MCOs. Selected MCOs attended to SOC values and principles in their applications. | Integration of SOC values and principles completed. |

Goal Three: Workforce development to ensure we have the providers we need to serve the youth.

Implement workforce development mechanisms to provide ongoing training, technical assistance, and coaching to ensure that providers are prepared to provide effective services and support consistent with the SOC approach.

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|---|--|--|--|-----------------------|
| <p>G3-1. Develop elearning- electronic capacity for enhancing services in rural regions of Clark and Washoe counties and rural counties throughout the state (also see Goal 1).</p> | <ul style="list-style-type: none"> • Develop technology capacity for elearning etc. • Develop software and hardware capacity and infrastructure. • Identify technology platforms for the provision of elearning. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Current SOC/DCFS training website can no longer be supported. DCFS investigating other available options through sister agencies | <p>Universities, Lincy Institute, CSAT, NV partnership.</p> | <p>12/2016: DCFS has made contact with the Lincy Institute, CASAT and the Nevada Partnership for Training to identify elearning platforms for the rural communities.</p> <p>9/2017: The SOC will now have all their trainings on the Nevada Partnership for Training Website. Everyone may register there for all SOC trainings and will be able to get CEU's.</p> <p>6/2018: UNR CASAT is developing a training platform to translate SOC training to webinar format.</p> | |
| <p>G3-2. Service Array Development</p> | <p>In accordance with identified regional gaps:</p> <ul style="list-style-type: none"> • Recruit professionals specific to the identified service array gaps. • Develop retention programs for professionals • Work with partners to identify and/or develop incentive programs for recruitment <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Recruit professionals specific to the identified service array gaps. | <p>Mental Health Consortia WICHE Professional Associations/Boards Governance Workgroup</p> | <p>9/2016: DCFS has retained Strategic Process to perform the Gaps Analysis for Nevada. The Provider Standards workgroup has begun to identify our current service array.</p> <p>12/2016: DCFS SOC Team and Provider Standards & EBP Workgroup developed a list of</p> | |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-------------------------------------|---|----------------------------------|---|-----------------------|
| | <ul style="list-style-type: none"> Work with partners to identify and/or develop incentive programs for recruitment. | | <p>evidence-based practices for children’s behavioral health and a recommended Nevada SOC Service Array resource.</p> <p>9/2017: SOC continues to work with Duke University to provide training and consultation on the Together Facing The Challenge model for specialized foster care providers.</p> | |
| | <p>Examine challenges associated with reciprocity in professional licensing and develop a plan to address the challenges.</p> <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Year three plans continue the same as year two plans | <p>DPBH</p> <p>DCFS SOC team</p> | <p>1/2018-present: SOC Workforce Development workgroup invited Directors of statewide licensing boards (LCSW, MFT, CPC) to meetings to discuss licensing changes in the state and engage in a dialogue with providers about barriers to licensure. The licensing boards presented to the SOC their perception of workforce challenges in the state.</p> | |
| | <p>Provide SOC provider enrollment technical assistance new and existing professionals.</p> | <p>DPBH</p> <p>DCFS SOC team</p> | <p>9/2017: The provider enrollment package is complete. It contains enrollment forms and provider standards for training as well as wraparound standards.</p> | # providers given TA |
| G3-3. SOC Provider Training Program | <p>Policy/regulation development (SOC practice tied to public funding reimbursement).</p> | <p>Governance Workgroup</p> | <p>9/2017: SOC Standards have been developed and continue to</p> | PD1 |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|--|--|-------------------------------------|
| | | | <p>be developed for SOC providers.</p> <p>5-6/2018: SOC subcommittee has engaged in discussions of pros, cons and considerations regarding a provider certification process.</p> | |
| | <p>Provider Enrollment Program</p> <ul style="list-style-type: none"> • Identify providers in need of updated information and training. • Provide training for quality indicators and support. • Develop website with commonly asked questions and answers (as described in Communication Plan). | Governance Workgroup | <p>9/2016: SOC providers have begun to be trained on federal data collection tools as well as SOC Values and Principles.</p> <p>9/2017: The provider enrollment package is complete. It contains enrollment forms and provider standards for training as well as wraparound standards.</p> | <p># trained</p> <p># trainings</p> |
| | Develop training mechanism in partnership with Governor's office and University System (WICHE) | | | |
| | <p>New and Ongoing Provider Training Content Development</p> <ul style="list-style-type: none"> • System of Care • Wraparound model • Child and Family Team model • Crisis intervention services • Family Engagement Strategies • Youth-guided service principles • Cultural and linguistically appropriate service practices • Evidence-based practices in children's behavioral health | <p>Special Populations Workgroup</p> <p>Provider Standards & EBP Workgroup</p> | 11/2016: DCFS has met with the National Wraparound Implementation Center to develop a training program on the latest wraparound methods and fidelity tools. | |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|---|--|--|--|
| | <p>Implement workforce development and provide training consistent with SOC approach.</p> <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Continue to implement workforce development and provide training consistent with SOC approach. • SOC to monitor provider compliance with identified provider standards and provide assistance, guidance, and improvement plans as required. • SOC support providers with implementation of EBP as training is offered to providers and assure the use of SOC values. • Workgroups continue to give input into the existing provider training programs and make recommendations for quality improvement. | <p>DCFS in collaboration with Special Populations Workgroup and Provider Standards & EBP Workgroups.</p> | <p>5/9-5/11/2017 (Las Vegas): NWIC delivered 3-day Introduction to Wraparound training to Wraparound facilitators, supervisors, coaches and managers from DCFS programs and units as well as select sub-grantees.</p> <p>5/2017: DCFS identifying and developing LGBTQ training resources.</p> <p>9/2017: Workforce development trainings on SOC topics continued. This includes, but not limited to, Systems of Care, cultural competence, wraparound, suicide awareness and prevention and working effectively with LGBTQ identified youth.</p> <p>(Ongoing): All trainings developed are implemented as requested and in an ongoing manner. A training calendar has been developed and is accessible to community providers. Nevada PEP is the Family Partner in the workforce development trainings.</p> | <p>5/9-5/11/2017: 47 individuals received NWIC training.</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|---|---|--|--|---|
| <p>G3-4. School Partnerships with Behavioral Health Providers</p> | <ul style="list-style-type: none"> • Develop partnership between DCFS and DOE to align the SOC Strategic Plan and DOE's Theory of Action in order to maximize efforts. • Work with DOE to infuse SOC values and principles into funding mechanisms under the Office of Safe and Respectful Learning. • Partner with the DOE and funded school districts to infuse SOC values and principles into policies, procedures and practice. • Extend training opportunities to newly hired school-based mental health professionals funded under the DOE Office for Safe and Respectful Learning. <p>Year Three Plans</p> <ul style="list-style-type: none"> • SOC staff will connect with Christy McGill of DOE's Safe and Respectful Schools Office to on how to infuse SOC Values and Principles into the DOE and also to discuss training school based mental health professionals | <p>Department of Education, Office for Safe and Respectful Learning Environments</p> <p>DOE, Office of Safe and Respectful Learning's State Management Team</p> <p>Special Populations Workgroup</p> | <p>12/2016: SOC staff has connected with Christy McGill of DOE's Safe and Respectful Schools Office to begin discussion on how to infuse SOC Values and Principles into the DOE and also to discuss training school based mental health professionals.</p> <p>6/2017: SOC staff provided a trauma-informed care training for DOE school social workers.</p> <p>12/2017: SOC team worked with State Department of Education to send a number of School-based mental/behavioral health professionals attended CANS training in Reno on Dec. 13.</p> <p>[date] SOC staff and select subgrantees attended the Advancing School Mental Health Conference.</p> <p>2018: The SOC has also funded additional programs for FY 18 as part of its service array development. Funding has been increased to open two additional school- based health centers, a rural Intensive Outpatient Program and a</p> | <p>Increased number of school-based providers meeting school based health clinic standards.</p> |

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|-----------------|------------------------------------|-------------------|---|-----------------------|
| | | | Positive Behavior Intervention Support (PBIS) program for our psychiatric hospital and correctional facilities. | |

Goal Four: Establish a management structure to ensure SOC values and into the future.

Establish an on-going locus of management and accountability for SOC to ensure accountable, reliable, responsible, evidence and data-based decision making to improve child and family outcomes and to provide transparency at all levels.

| CORE STRATEGIES | SERVICES/PROGRAMS/ ACTION STEPS | RESPONSIBLE PARTY | PROGRESS UPDATE | OUTCOME/ BENCHMARK |
|--|--|---|---|--|
| <p>G4-1. Recruit and retain an external evaluator for the project who will develop an evaluation plan and timeline to ensure compliance with Federal evaluation requirements. Tailor the required evaluation system to meet the needs of Nevada.</p> | <ul style="list-style-type: none"> • Recruit external evaluation team. • External evaluators collaborate with SAMHSA and National Evaluation Team to adapt the evaluation to meet local evaluation needs. • Provide NOMs and CMHI training to WIN and some contracted providers. • Pilot test data entry portals. • Collect and enter data according to SAMHSA guidelines <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Client level data collection will begin in accordance with national level requirements. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Integrate findings from Year Two in to Year Three activities • Revise NOMS and CMHI instruments to simplify data collection, improve data quality, and integrate more state-specific measures • Implement new procedures to improve interview rates | <p>DCFS Management, immediate</p> <p>External evaluation team</p> | <p>6-8/2016: External evaluator contract process and evaluation planning began.</p> <p>7/2016-present: Pilot test data collection systems.</p> <p>12/2016: Client level data collection systems are established and WIN providers have been trained.</p> <p>6/2017: Training efforts on data collection continues.</p> <p>6/2017: Data collection has begun with efforts underway to clean and refine the data.</p> <p>6/2017: Preparations are in place to develop an updated evaluation plan as directed by SAMHSA.</p> <p>11/2017: NOMS and CMHI revisions complete.</p> | <p><i>External evaluator hired</i></p> <p>NOMS and national evaluation (CHMI) data collected and entered according to federal deadlines.</p> <p>100% of NOMS / CMHI baselines completed as interviews (SAMHSA expectation)</p> <p>80% of NOMS / CMHI follow-up interviews completed as interviews (SAMHSA expectation)</p> |

| | | | | |
|---|--|--|--|--|
| | | | <p>11-6/2018: WIN and other appropriate providers trained on new data collection instruments and procedures.</p> <p>1-6/2018: New procedures to improve interview rates implemented. Follow-up interview rates increased.</p> | |
| <p>G4-2. Create an internal evaluation system that develops a system of accountability that monitors the implementation of the policy that ties SOC practice to public funding reimbursement.</p> | <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Develop process evaluation plan and procedures. • Develop process for updating readiness and gap analysis reports. Readiness assessment will be updated in December 2017. • Develop system level assessment of SOC principles (Are the values being integrated?) • Develop process for measuring fidelity. • Develop a process to compare services provided to the need and demand for services. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Assess discharge rates and reasons for discharge from high fidelity wraparound. • Re-administer SOC Rating tool to determine changes in SOC the implementation of SOC principles and values. | <p>DCFS SOC team</p> <p>External evaluation team</p> | <p>1/2017: Data collection for NOMS and CMHI began.</p> <p>3/2017: SOC and Evaluation team developing a format for a new quarterly report system that identifies numbers served and system activities (NOMs, CMHI, Training, Assessment Centers, Certified CANs providers, etc.).</p> <p>3/2017: Evaluation team working with SOC staff to design a system level assessment for the SOC principles.</p> <p>3/2017: Developing a process for disseminating and collecting data according to the SOC “Rating Tool” for measuring implementation. Will gather information on the availability of specific services and categories from the Gaps</p> | |

| | | | | |
|--|--|--|---|--|
| | | | <p>Analysis.</p> <p>6/2017: Beth Stroel is providing technical assistance to develop and implement the SOC Rating Tool to assess the initial implementation efforts of the SOC.</p> <p>6/2017: In efforts to standardize and streamline data tracking, SOC has been incorporated in to the EMR system.</p> <p>9/2017: SOC Rating Tool implemented with Nevada Stakeholders and final report completed.</p> <p>9/2017-1/2018: Reports documenting results from the SOC Rating Tool was shared with the SOC subcommittee and workgroups.</p> <p>9-12/2017: Reports documenting early discharge from wraparound were developed and shared with SOC subcommittee and workgroups.</p> <p>1-5/2018: Reports describing target population were developed and shared with SOC subcommittee and workgroups</p> | |
|--|--|--|---|--|

| | | | | |
|--|--|--|--|--|
| <p>G4-3: Develop process and procedures for disseminating SOC findings to stakeholders in an ongoing basis to improve the overall SOC (in accordance with Communication Plan).</p> | <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Develop dissemination material that is appropriate for specific audiences. • Disseminate evaluation findings for use in sustainability planning. | <p>DCFS SOC Team</p> <p>External Evaluation Team</p> <p>Communications Workgroup</p> | <p>3/2017: SOC and Evaluation team developing a format for a new quarterly report system that identifies numbers served and system activities (NOMs, CMHI, Training, Assessment Centers, Certified CANs providers, etc.).</p> <p>Twice a month: Evaluation findings are shared twice a month with the SOC Evaluation team (The evaluation team consists of individuals from the DCFS SOC management team, DCFS SOC Quality Assurance Program, UNR external evaluation team, and Nevada PEP)</p> <p>Ongoing: External evaluators provide interview rates and discharge rates to SOC staff and WIN staff on a monthly basis.</p> <p>Ongoing: Evaluation findings are shared on a regular basis with the SOC subcommittee and appropriate workgroups. New analyses and reports are generated based on workgroup feedback.</p> <p>Ongoing: The communication workgroup integrates evaluation findings into their communication plan. As outcome results become available, the communications workgroup will disseminate to</p> | |
|--|--|--|--|--|

| | | | | |
|---|--|------------------------------------|---|--|
| | | | stakeholders. | |
| G4-4: Develop an overall system sustainability plan that is grounded in SOC values and principles (i.e. management, funding, services). | <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Engage DHCFP in identifying access to Medicaid funding tied to adherence to SOC. Explore options for expanding funded services (i.e. amendments to Medicaid State Plan). Integrate SOC requirement language in to all future MCO RFPs. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Identify 2019 Legislative objectives and priorities | DCFS SOC Team SOC Sub-Committee | 6/2018-present: SOC is collecting technical assistance and additional research on structural options for delivering children's behavioral health across the state according to SOC principles and values. Draft proposals for Nevada options are under development. | |