Report from the Behavioral Health Committee of the Nevada Children's Commission

Submitted June 19, 2020

Committee Members: Joe Haas and Jared Busker DCFS staff Ross Armstrong, Kathryn Roose, Dr. Megan Freeman, and Kathy Cavakis provided subject matter advice and resource material to the Committee. Meeting attendees included Cynthia Carstairs and Dan Musgrove.

Committee Activities to Date

- Drafted a letter identifying funding priorities to address the behavioral health needs of youth in the Dependency and Juvenile Justice System
- Reviewed Consortia Annual Plans and System of Care/Behavioral Health Commission Strategic Plans
- Meetings held on 4/27 and 6/08.
- Drafted a document to address the Commission work plan

Workplan Tasks

The committee reviewed the 2020 Workplan Overview and addressed items under the areas of Training Development and Technology and Data Sharing Capability.

Training Development

Develop Inventory of current training including information related to NRS/NAC and available training platforms.

The committee obtained and reviewed the following documents:

- **Treatment Foster Care, Nevada Requirements and Together Facing the Challenge Overview:** This document identifies the use of a nationally recognized training curriculum known as Together Facing the Challenge (TFTC). TFTC is based on research findings that suggest a focus on the relationship between supervisors and treatment parents, the use of effective behavior management strategies, and supportive/involved relationships between treatment parents and youth. The Division of Child and Family Services (DCFS) Statewide Policy Manual clearly defines target populations, admission criteria, and training requirements for Specialized Foster Care. Training for all foster parents includes topics such as controlling behavior, suicide awareness/prevention, administration of medication, and trauma awareness. Foster care parents receive 8 hours initial training and four hours yearly training. Direct care staff in specialized foster care (SFC) receive at least 40 hours of specialty training initially with 20 hours

of continued education yearly. Certification is required on the use of physical restraint. The policy for training of SFC staff details a robust curriculum with a host of topics relevant to caring for children with Serious Emotional Disturbance.

- **DCFS Training Policy:** This document addresses training provided to child welfare personnel. This document reflects that child welfare staff are provided training that includes topics such as mental health conditions, substances abuse conditions, sexual exploitation of children, trauma, child development, and cultural factors. The curriculum is administered by the State University Systems and is comprised of a comprehensive 2-year curriculum as well as continuing education.
- **Behavioral Health Provider Training Requirements for Licensed Providers in the State of Nevada:** This document outlines the licensing requirements and continuing education requirements for the state boards governing the various licensed disciplines.

Identify and prioritize gaps in training to include research on evidence based or best practice trainings

The committee sees no concerning gaps in providing comprehensive training for foster parents, specialized foster parents and child welfare workers. In fact, the comprehensive nature of the training appears to be a strength in the system. Areas for further staff development identified by DCFS administration include the topics of System of Care Values and Accessing/Connecting Behavioral Healthcare Services for families and children served by the Child Welfare and Juvenile Justice systems.

Develop Implementation plan to fill gaps identified and prioritized by the Commission

Future directions of the Commission could include presentations by the National Council of Juvenile and Family Court Judges. This organization provides comprehensive training for Family Court Judges and has an array of training materials to include child development, trauma, and behavioral health. In addition, the Council operates an evidence-based practice center under the purview of the Juvenile Justice Oversight Committee (JJOC). NAC 62B.100 requires training for Institutional staff in juvenile justice facilities to have training in suicide awareness and trauma informed care. Staff for the JJOC would also be able to report out on training related to these topics and general behavioral health that is mandated/provided for facility staff. DCFS currently has training modules on System of Care that could easily be adapted for Child Welfare and Juvenile Justice. The Division would also be able to develop training in assisting families to identify and access behavioral health resources.

Identify any necessary statutory changes.

The training requirements for Child Welfare are very clearly stated in Statute. As the legislative session approaches, the Commission may consider reviewing any proposed bill drafts and the work of legislative committees on Child Welfare and Juvenile Justice to provide input.

Technology and Data Sharing Capability

Create an inventory of current technology and data systems including:

- Real and perceived barriers to data sharing
- Current successes in data sharing

- Current successes in technology innovations

Inventory of Current Databases and Existing Data Reports

The local and state Child Welfare agencies utilize the UNITY system. Queries could conceivably be made on a variety of behavioral health indicators. Past efforts on Therapeutic Foster Care have developed a data report card which could form the basis for tracking outcomes. Some of these elements could be applicable to youth in traditional foster care as well. Washoe County prepares a data book that has behavioral health indicators such as removals related to treatment needs and children in behavioral health placements. Existing reports from other jurisdictions could be reviewed as well.

The State and local Juvenile Justice Systems are moving toward a common data and case management system (Tyler Technologies) which could also be queried for potential behavioral health indicators. The local agencies provide quarterly and yearly reporting of data to the state.

The Division of Child and Family Services prepares an Out of State Placement Report as required by Statute. This report clearly tracks the number of youth placed out of state by the Child Welfare and Juvenile Justice agencies.

The Division of Child and Family Services mental health programs (including Wraparound in Nevada) utilize the Avatar System. This system provides the basis for robust reports included in a Chart Pack. The Chart Pack provides detailed information on youth in emergency rooms, residential program censuses, numbers served in all programs, and waitlists.

The Division of Child and Family Services System of Care has a robust evaluation component coordinated between the Program Evaluation Unit and the University of Nevada.

The Counties and the State Department of Education have data systems that could conceivably be queried.

Medicaid information systems can also be queried for services and cost provided to youth.

Real and perceived barriers to data sharing:

The existing databases and the centralized role of DCFS as the holder of statewide data present relatively few barriers to data that is relevant to the current activities of the Commission regarding behavioral health. A report to the Commission by DCFS staff could shed light on the ease of developing queries across the various data systems and the potential need for a “data warehouse”. There are also potential gaps in including educational data in combined queries.

Current successes in data sharing:

The Division of Child and Family Services is uniquely positioned to gather state-wide data from local reports already submitted to the State by local jurisdictions as well as its own UNITY and AVATAR Databases. These reports are readily available.

Current successes in technology innovation:

The development of a Statewide Juvenile Justice database is an example of technological innovation. The amount of data available in existing reports documented above is also a strength.

Identify core goals of technology use and data sharing and prioritize gaps in current technology and data systems.

The Behavioral Health Committee respectfully recommends the development of a focused priority each year to target specific system improvements for youth with Serious Emotional Disturbance. The priorities identified in the letter recommending funding priorities provide a start for first year efforts. The following strategy is offered.

Develop Implementation plan to fill gaps identified and prioritized by the Commission.

- Request that the DCFS provide a data report to the Commission on the prevalence of Mental Health Conditions in Child Welfare populations. UNITY and Avatar could be the source of this report.
- Request that the DCFS present a report to the Commission that reflects the number of Out of State Placements paired with in-state bed availability and census of in-state programs. This could identify the number of beds and increases in community-based programs that would reduce the current need for out of state placement.
- Request that DCFS present a report on the Wraparound/Service Coordination programming provided under the System of Care. This report should include youth served, youth served in Child Welfare and Juvenile Justice, services provided to youth in residential treatment, current caseloads, staff vacancies and outcome data.
- Request that DCFS and local jurisdictions report on the number of youth entering child welfare custody for reasons associated with a preexisting mental health condition. This could also include data on voluntary relinquishment of custody.
- Request that DCFS provide an ongoing data report regarding implementation of the Family First Prevention Services Act.
- Request the DCFS provide a summary of the training curriculum components related to behavioral health.
- Monitor progress on the development of training for child welfare and juvenile justice staff on system of care and access/referral to behavioral health care services.
- Following a review of the above data, consider the development of a System of Care Training for Child Welfare/Juvenile Justice management staff that specifically addresses the use of community-based service coordination and short-term residential stabilization to divert or shorten residential treatment stays.

Next Steps for the Committee

- Work with DCFS to establish the above data and training initiatives
- Expand Committee to include a representative of Nevada PEP to obtain family input.

- Expand committee to include Child Welfare behavioral health specialists from DCFS, Washoe County and Clark County Child Welfare.
- Expand Committee to include behavioral health specialists recommended by the Nevada Association of Juvenile Justice Administration as well as DCFS.
- Request the Commission pursue additional membership for youth who are currently or have been in Foster Care.