

Washoe County
Children's Mental Health
Consortium

2008-09

ANNUAL PLAN

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July 15, 2008

Administrator Comeaux,

I am providing you with the Washoe County Children's Mental Health Consortium's 2008-09 Annual Plan as required by law.

This year the Consortium was able to:

- ❖ Replicate the school survey conducted by Clark County in 2002. The results are very similar;
- ❖ Develop a logo with the assistance of members of the Glenn Group in order to begin social marketing campaigns to bring community awareness to children's mental health issues;
- ❖ Write grants to fund services: one for a media campaign – funded; one for a comprehensive system of care written in partnership with the Division of Child and Family Services – not funded; and one to develop a formal system of suicide prevention written in partnership with Office of Suicide Prevention – will not know the outcome until September 2008;
- ❖ Participate in Nevada's Children's Behavioral Health Consortium and embrace Nevada's System of Care Principals and Philosophy.

As we look at the fiscal landscape in the state and locally in Washoe County, the Consortium is cognizant that new services for youth with mental illness will be negligible but we must maintain what is currently available or we risk decimating a fragile system that will sink us lower than 50th in caring for the mental health needs of our youth.

The Consortium stays committed to maximizing current resources and investigating, and where possible, applying for additional funds to provide a comprehensive array of services to children and families in our community. We believe the new fiscal year holds possibilities for all of us to make our community more responsive to those who ask for services.

Together serving children and families,

Pam Becker
Chair

Legislative Agenda

The Washoe County Children's Mental Health Consortium supports to a member the System of Care Values adopted by the Department of Health and Human Services, The Division of Child and Family Services, and the Nevada Children's Behavioral Health Consortium. **Sadly, we have a long way to go before this System of Care Values can be realized and reflected in the children's mental health service delivery system in Washoe County.**

The following three priorities will make tremendous strides in moving the service delivery system in line with the System of Care Values and dramatically improve services for all Seriously Emotionally Disturbed youth.

- The Consortium seeks to reduce barriers to mental health care that occur when medically indigent youth and children of the working poor experience changes in medical coverage. We propose that the Department of Health and Human Services allow state run mental health programs to enroll as behavioral health care providers for youth with Seriously Emotional Disturbance who are covered by Managed Care Medicaid and Nevada Checkup. This policy change would create a consistent behavioral healthcare home for the most challenged youth and eliminate frequent changes in providers and lapses in services.
- The Consortium seeks to create a System of Care for youth with a Seriously Emotionally Disturbed designation in Washoe County and calls on the Division of Child and Family Services to open up Project Win wraparound services to parental custody youth regardless of system involvement or medical coverage. Currently the Division only provides these services to youth involved with the child welfare system or youth covered by Fee for Service Medicaid.
- The Consortium seeks to decrease out of state residential treatment by encouraging the Department of Health and Human Services to prioritize the modification, expansion, and enhancement of the Adolescent Treatment Center as it progresses towards becoming an accredited Residential Treatment Center.

The Consortium is keenly aware of the immense fiscal challenges that face the State and its Departments and have taken these challenges to heart in crafting our recommendations. Two out of our three priorities seek to create policy changes with minimal fiscal impact that provide essential evidenced based services for all Seriously Emotionally Disturbed youth and provide a fiscal landscape that promotes consistent and continuous services for youth with the most severe difficulties. The final recommendation for improvement in residential services provides support for the previously established and funded study of improving and expanding residential care in the Northern Region.

Enacting these priorities will create a system of care that intervenes in a manner that supports early intervention and reduces costly in state and out of state residential placement.

Thank you for considering these recommendations on the behalf of Nevada's youth.

Consortium Goals for 2008-09

As the Consortium works towards operationally implementing Nevada's System of Care philosophy and principles, the following are areas that we see as critical to the full inclusion and focus of assisting children and their families to be successful:

Continue to work with the Division of Health Care Finance and Planning to obtain data on Medicaid Managed Care and NV Check-up as well as Fee for Services Medicaid for the purpose of comparison and analysis of use.

- * At this time, there is anecdotal information that suggests the three insurance types do not provide consistent services to the children they insure. The Washoe, Clark and Rural Consortia have all heard this from families insured by the various insurance options. None of the Consortia have been able to convince families to "go on record" as having problems. It is the belief of the Consortia that if data can be collected on the same types of services and compared across the spectrum, we would be able to show that a difference in services received is real or perceived.
- * Advocates from the Consortia agree that if the data supports the fact that children covered by all the various insurance types are receiving the same type and the same amount of services across the board they will work with families and the community at large to dispel what would be proven to be a misconception.

Engage the child serving agencies within the Department of Health and Human Services in a dialogue about the current trend towards a for-profit business model. The Consortium recognizes this to be the national trend, but it fails to acknowledge that the needs of children and families often require a level of service delivery that does not always provide a monetary return on staff's time.

- * This dialogue would include but not limited to: billable hours; recognition of paid training time to maintain licenses that are critical if the state is implement and maintain evidence-based practices; and practices to encourage and retain state employees.

Begin work with the Washoe County School District to strategize on increasing the number of counselors available in the elementary schools. The results from the survey completed this year and compared to results from Clark County clearly show a window of opportunity exists to identify and assist children at-risk. With current counselor staffing patterns at the elementary level in Washoe County at 750 students to one counselor versus the national standards of 250 students to one counselor this is a starting point. By providing better services to elementary school students the possibility of keeping them from dropping out of school and/or entering the juvenile justice system decreases. It is also critical to offer more services at this juncture because majorities of student's family are more engaged in the school system at this time than any other period in a student's educational journey.

- * It is hoped that the group meeting to discuss this issue would continue to review and analyze the data collected from the survey and make further recommendations for improved services to elementary school children
- * The response to intervention model should be expanded across the district to include positive behavioral supports to address children's behavioral needs.

Mental Health Survey – Elementary School Sample

The Washoe County Children’s Mental Health Consortium modeled our elementary school assessment/survey after the elementary school assessment which was first conducted by the Clark County Children’s Mental Health Consortium in 2004.

The survey results demonstrate two clear points.

- **Mental health difficulties for Nevada youth are remarkably similar in both Clark and Washoe counties with approximately 20% of the youth in each county screening positive for a mental health concern.**
- **Mental health affects youth regardless of socioeconomic background. In fact, in both Washoe and Clark counties children from moderate socioeconomic background showed the most positive screens, followed by children in high and then low socioeconomic groups.**

Method

As with the Clark County plan the Washoe County survey workgroup used the same instruments to screen and assess a sample of students to determine potential need for behavioral health services. With a total Washoe County school population of over 63,000 students, it was decided to focus the assessment on one segment of the school population. The elementary grades were selected because it is easier to get quality screening data, early access should begin during these grades, and follow-up assessments over time could be used to assess the overall impact of changes in the system.

Sample Population. To select the sample population for the assessment, a stratified sampling process was developed that identified socio economic groupings within the school district. There are 33,884 students in the elementary grades (1-6) of the Washoe County school system (the Clark County elementary levels were children in kindergarten thorough 5th grade). The goal was to take a sample of 1.5% the same as Clark County. The schools picked for the Washoe County survey provided a sample of 1.4% or 464 students. The schools can be classified as high, medium, or low socioeconomic status based on the percentage of students within the school who qualify for free and reduced lunches.

The information presented in this Annual Plan provides general information on the population survey and is only a part of the information gathered. Most of the data highlights the similar results of the Washoe and Clark data. A separate paper will outline all the results of the survey.

The breakdown of the 464 students screened according to grade:

- 69 Students in Grade: 1
- 83 Students in Grade: 2
- 65 Students in Grade: 3
- 86 Students in Grade: 4
- 79 Students in Grade: 5
- 82 Students in Grade: 6

The breakdown of the 464 students screened according to socioeconomic status:
 146 Students in School ranked Low Socioeconomic Status
 170 Students in School ranked Middle Socioeconomic Status
 148 Students in School ranked High Socioeconomic Status

Table One: Gender and Ethnic Breakdown of the 464 Students Surveyed

	Survey Sample	District-wide
Male	51.3%	51.8%
Female	48.2%	48.7%
American Indian/Alaskan Native	1.9%	2.4%
Pacific Islander/Asian	8%	6.3%
Hispanic	33.1%	31.5%
African American	4.9%	3.8%
Caucasian	52.1%	55.9%

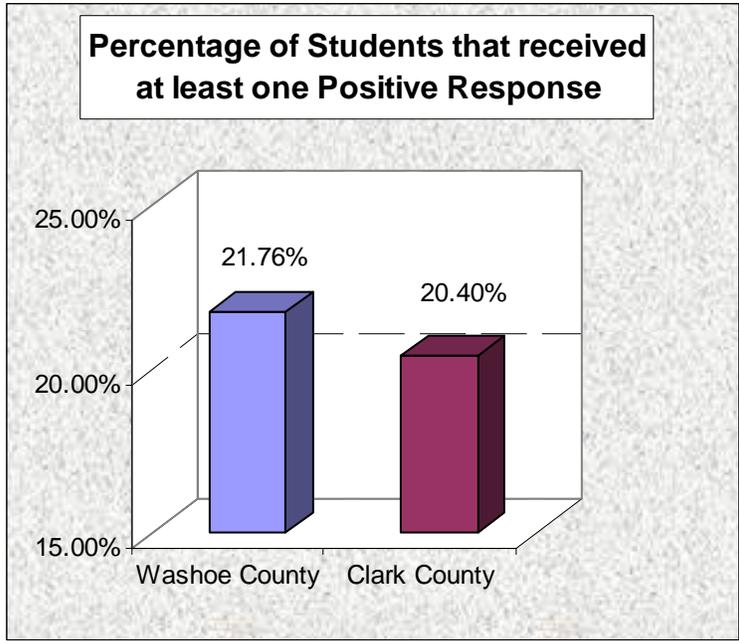
Once the schools were chosen a meeting was held with the teacher. They were presented with the screening tool. They were asked to complete a form on each one of their students. There were eleven questions on the form and each questions could be answered by yes, no, or don't know. The teachers were instructed not to guess at any answers just to respond to information they knew about the students. Below in Table Two are the questions that the teachers answered for each student.

Table Two: Mental Health Screening Questions

1	Has this child been a danger to self or others in the past 6 months?
2	Has this child experienced severe physical or sexual abuse or has he/she been exposed to extreme violent behavior in his/her home in the past two years?
3	Does this child have behaviors that are so difficult that maintaining him/her in his current living or educational situation is in jeopardy?
4	Has the child exhibited bizarre behaviors in the past six months?
5	Might the child benefit from psychotropic medication consultation and/or prescription refill?
6	Does the child have problem with social adjustment?
7	Does the child have problems making and maintaining healthy relationships?
8	Does this child have problems with personal care?
9	Does this child have significant functional impairment?
10	Does this child have significant problems managing his/her feelings?
11	Is the child known to abuse alcohol and/or drugs?

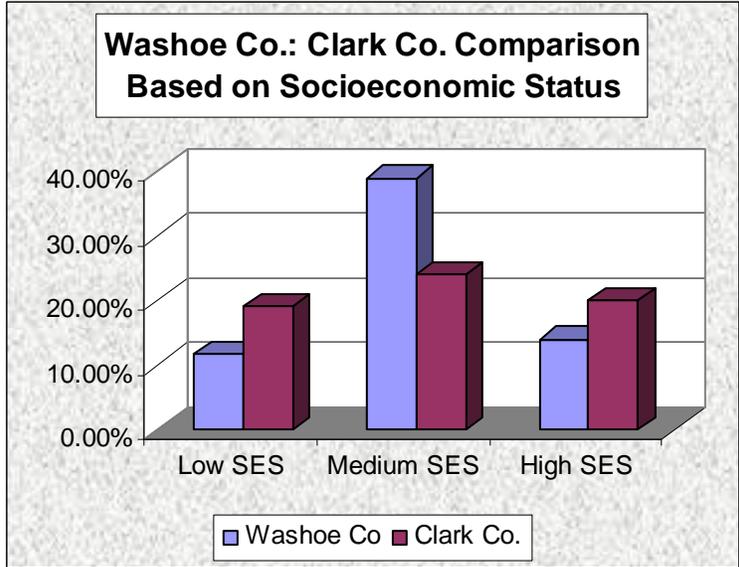
In Washoe County 101 students of the 464 students or 21.76% screened received at least one positive response on the screening tool. In Clark County the results showed 20.4% received at least one positive response. The percentages can be seen in Chart One.

Chart One: Percentage of Students with at least One Positive Response by County



The results based on the socioeconomic status of the schools surveyed were then compared to the same data from the Clark County survey. The results are similar only the percentages are different. This data can be seen in Chart Four.

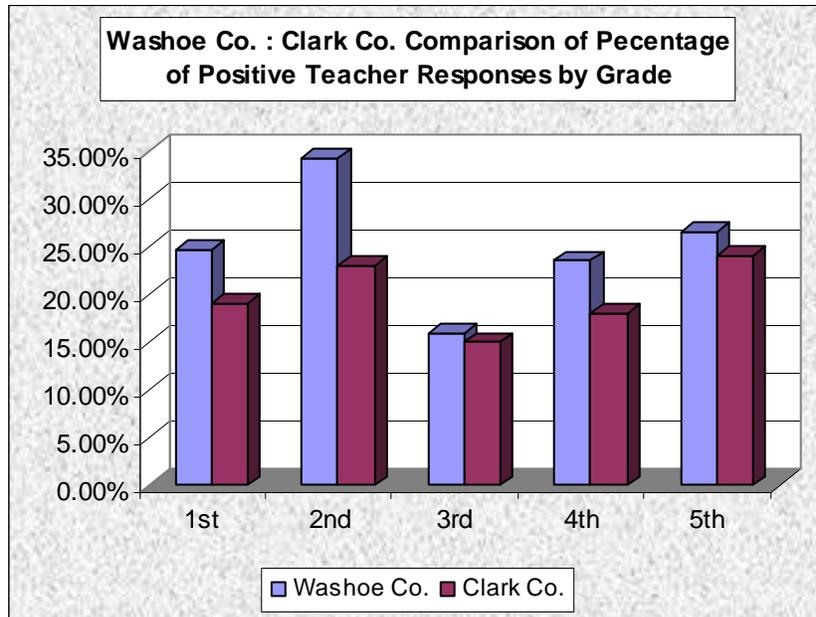
Chart Four: Comparison of the Percentages of Positive Responses Based on Socioeconomic Status



The percentage of positive responses to the mental health screening was then reviewed by grade in Washoe County and compared to the same data in Clark County***. The results of the Clark County survey revealed similar findings. Both surveys showed that second and fifth graders are most at risk followed by first graders, fourth graders, and than third graders. This information is shown in Chart Six.

***NOTE: Clark County surveyed kindergartners through fifth graders and Washoe surveyed first through sixth graders so kindergarten and sixth grade data is not included.

Chart Six: Comparison of the Percentages of Positive Response by Grade Level



The full report on the survey data from Washoe County will be compiled in a separate document and distributed. The upcoming report will include information not included in this annual plan.

The Consortium wishes to thank the teachers, counselors, school principals, and Washoe County School District Counseling staff for their assistance with this project. The School District has had active membership on the Consortium since its inception. It is our hope that the information contained in this Plan and the more inclusive report provides background and data to allow us to seek funding to increase services.

Additional resources were provided by the State Infrastructure Grant through the assistance of Becky Richard-Maley and Kristin Rivas. The database for the collection of information was created and modified by Marty Elquist of the Children’s Cabinet. Jamie Burnett, The Child Care Resource and Referral Program Director, and her staff in the Quality Program at the Children’s Cabinet provided funding and in-kind donations to secure thank you gifts for the teachers that participated in the project.

Family Involvement Workgroup

The Family Involvement workgroup met a total of 10 times during the 2007-2008 fiscal year. There has been an increase in family participation and the group was able to give input in the development of the Child-Adolescent State Infrastructure Grant Parent/Youth Survey. The families will be asked to participate in the survey at a later date.

The workgroup continues to focus on empowering families and enhancing the understanding of System of Care philosophy and principles. During this past year, the workgroup invited

Northern Nevada Child and Adolescent Services and the State of Nevada Early Childhood Comprehension Systems Coordinator to discuss how their agency practices System of Care values when working with families. Nevada Parents Encouraging Parents (PEP) continues to support and mentor family members to participate on the Family Involvement Workgroup.

As the workgroup discussed Nevada's System of Care philosophy and principles the continuum of services necessary for children with serious emotional disturbances was a focus point. **It was very telling that every participant had a primary physician for their child and that this was the first person they asked for help when they expressed their concerns ranging from behavior to physical issues.** These concerns were not acknowledged by the physician, leaving the family without supports or resources to address their child's special needs.

The fact that every family had a primary physician highlights the urgency in educating the medical community to the importance of comprehensive early periodic screenings diagnosis and treatment (EPSDT). The workgroup is aware that some efforts are currently occurring in the state in particular with the state Bureau of Health and with the Clark County Children's Mental Health Consortium. The workgroup will track the progress in this area and provide assistance as needed.

Development of Social Marketing Capabilities

The Consortium has long recognized the importance of reaching out to the community at large in order to promote community awareness of children's mental health issues, encourage referrals of at risk youth and increase community support for mental health services.

The Consortium created a logo with the assistance of members of the Glenn Group. The Consortium is appreciative of the leadership of Jan Johnson on our behalf. The logo graces the front of this report.

The logo was a critical first step in initiating a Social Marketing campaign that began with a public service announcement (PSA) regarding youth and mental health.

Public Service Announcement (PSA) – Theater Advertisement

The Washoe County Children's Mental Health Consortium applied for funding from the Kidview Foundation of the Western Nevada Community Foundation to run a mental health public service announcement in movie theaters in Washoe County. It was anticipated that by running the announcement in movie theaters that children and youth would see the many forms that mental health can take and that if they needed to talk they could either call the number listed in the announcement or go to the website listed.

After running the announcement the Consortium planned to conduct a survey to see if youth had seen the announcement and what they remember. The announcement ran in theaters during the holiday season and films that ran the announcement were picked because of their appeal to the youth market.

The workgroup ran a test sample of the survey. The results of this test group showed that out of 25 youth who took the survey none could recall seeing the announcement. This went along with

the informal survey of the Consortium members where 3 people had gone to the theater to see a total of 5 films during the holiday season and only one person actually saw the announcement.

The Consortium decided to forego running the announcement in the theaters during the spring break because it did not appear to be a productive use of the funds.

The Consortium will be sending a report on this project to the Kidview Foundation. The Consortium wishes to express its thanks to the Trustees of the Kidview Foundation and the staff of the Western Nevada Community Foundation for their support of our efforts to reach youth. Although the project was not successful it is imperative that the Consortium continues to seek avenues to reach young people so that they seek assistance if they find challenges in their life.

System of Care Grant Targeted to Youth in the Juvenile Justice System

The federal government issued a request for proposal seeking applicants to develop services for youth with mental health issues and involvement with the juvenile justice system. The Consortium partnered with the Division of Child and Family Services to submit a proposal. The proposal focused on the need for wraparound services for youth in parental custody.

This proposal was not funded but the work that accompanied the proposal provided a road map for the Consortium to use that will help us provide more services to youth and their families. As was stated in our legislative agenda, wraparound services to youth in parental custody are a major focus of the Consortium.

The Consortium wishes to thank everyone involved in the writing of the proposal but particularly Patty Merrifield, DCFS Deputy Administrator for Children's Mental Health Services, and Kristen Rivas with the state SIG. Without their support a proposal would never have been completed and sent.

Suicide Prevention Grant

This grant proposal was written in partnership to extend the work of Office of Suicide Prevention that was begun in Clark County and extending it throughout the rest of Nevada. The Consortium has identified suicide prevention efforts as a critical element in keeping our youth alive and well. The results of efforts will not be known until August or September of this year.

The Consortium wishes to thank Misty Allen, Office of Suicide Prevention for taking the lead in this effort and wants to recognize and thank the efforts of everyone involved in writing this proposal.

Data on Washoe County Children

Children in the Washoe County Juvenile Justice System

During calendar year 2007, Washoe County Juvenile Services provided the following evaluation services.

- 877 emergency mental health evaluations;

- 327 psychological evaluations;
- 193 psychiatric evaluations;
- 632 Substance Abuse Evaluations

Children in the Division of Child and Family Services System in Fiscal Year 2006-07

Nevada children’s mental health services in concept and philosophy are based upon System of Care values and principles. System of Care incorporates a comprehensive spectrum of mental health and other necessary services for children with emotional and behavioral disorders. These services are organized into a coordinated network to meet the multiple and changing needs of children and their families. Services offered under System of Care need be responsive to the cultural context and characteristics of the populations they serve.

Of the 1608 children admitted to DCFS programs, 1121 (69.7%) were served in the southern region (Clark County), **419 (26.1%) were served in the northern region** (Washoe County), and 68 (4.2 %) were served in the rural counties.

Residential and Psychiatric Inpatient Services - Northern Region: Family Learning Homes accounted for 1.9% (n=31) and the Adolescent Treatment Center (ATC) accounted for 1.4% (n=23) of the statewide admissions

DCFS Children’s Demographic Characteristics Based on 419 Children

Age	Gender	Race	Ethnic Origin
0-5 year old: 21.6%	44% females	81.6% of the children admitted were Caucasian	Children of Hispanic origin accounted for 20%
6-12 year old: 34.4%	56.0% males	7.1% were African American	
13-18 year old: 44%		9.1% were Mixed Race	
		1.2% were American Indian/Alaskan Native	
		.7% were Native Hawaiian/Pacific Islander.	

DCFS Children’s Custody Status

Custody Type	Southern Region (n=572)	Northern Region (n=335)
Parent/Family	58.2%	87.0%
Child Welfare	37.1%	8.1%
Youth Parole	2.0%	1.0%
Other	2.7%	3.9%

Washoe County School District

As of December 2007 there were 8562 children, ages 3 years to 22 years of age, in the school district identified with a disability. Of this group 334 or 3.90% had a designation of severely emotionally disturbed (SED). The children with an SED designation are ages 6 to 22, those younger than 6 years of age are considered developmentally delayed.

Head Start Programs through Community Services Agency

The Head Start Program at the Community Services Agency uses the Devereux Early Childhood Assessment (DECA), a standardized, norm-referenced assessment of *protective factors* in preschool children, with all the children in their program. The DECA rates three within-child protective factors including: **Initiative** (doing things for him/herself), **self-control** (control his/her anger), and **attachment** (the ability to form a long-lasting relationship with significant adults such as parents, teachers, and other family members). Along with protective factors, the DECA also assesses each child's **behavior** at home and in the classroom.

CSA assessed 536 children using the DECA this past year. The chart below shows the aggregated data:

Protective Factor Initiative			Protective Factor Self Control			Protective Factor Attachment			Behavior	
Concern	Typical	Strength	Concern	Typical	Strength	Concern	Typical	Strength	Concern	Typical
6%	77%	17%	3%	65%	32%	10%	75%	15%	13%	87%

Participant List

<u>Access to Health Care</u> Sherri Rice John Keeley	<u>NV Urban Indians</u> Frances Benally	<u>Private Practioner</u> Zora Young, MD
<u>Attorney General's Office</u> Angie Elquist Tammy Tovey-Stephenson	<u>Nevada Youth Empowerment Project</u> Susan McQueen Jason Stancil	<u>Quest Counseling & Consulting, Inc</u> Denise Everett
<u>The Bridge Center</u> John Haldeman	<u>NNAMHS</u> Becky Pinkston Rosalyne Reynolds	<u>Reagan Homes</u> Steve Reagan
<u>BFHS, NV State Health Div.</u> Margie Franzen-Weiss Janet Serial Muriel Kronowitz	<u>Northern NV Child and Adolescent Services</u> Jane Griffen Joyce Larsen Kelly Wooldridge	<u>Reno Area Alliance of the Homeless</u> Theresa Lemus
<u>The Children's Cabinet</u> Pam Becker Meg Cleary	<u>Parent</u> Carolina Hernandez	<u>Second Judicial District Court</u> Judge Frances Doherty Tom Murtha
<u>DHHS</u> <u>Office of Suicide Prevention</u> Misty Allen	<u>Parent</u> Jill Kopicko	<u>Sierra Behavioral Solutions</u> Joshua Etchegoyhen
<u>DHCFP-Medicaid</u> Jon Kirwan LuAnn Miller	<u>Parent</u> Lourdes Mendez	<u>Sierra Regional Center</u> Jane Gruner Roswell Allen
<u>DCFS</u> Patty Merrifield	<u>Parent</u> Estela Milo	<u>Washoe County Juvenile Services</u> Mike Pomi Joe Haas Carol Galantuomini
<u>DCFS SIG</u> Becky Richard-Maley Kristen Rivas Susan Mears	<u>Parent</u> Brenda Renteria	<u>Washoe County School District</u> Kris Christiansen Scott Reynolds Bill Langs Claudia Rossi
<u>Human Potential Development</u> Rosetta Johnson	<u>Parent</u> Luz Santana	<u>Washoe County Social Services</u> Mike Capello Shannon McCoy Theresa Anderson
<u>Mojave Mental Health</u> Sharon Willans Tom Strahler	<u>Parent</u> Janice Stenson	<u>West Hills Hospital</u> Matthew Saylor Sasha Goodman Molly King
<u>My Journey Home, Inc.</u> Elaine Voight Fran Zito	<u>Parent</u> Diane Thorkildson	<u>Willow Springs Center</u> Scott York Tricia Larmer
<u>NAMI</u> Mark Burchell Bunchi Tyler	<u>Parent and NV PEP</u> Kathy Hughes Ron Kopicko Retta Dermody Natalie Armijo Lydia Snead Rene Baker	<u>Youth</u> Juan Chinchilla
<u>NV State Welfare</u> Dena Schmidt	<u>Parent of Children in Foster Care</u> Diane Monahan	<u>Youth Parole Bureau</u> Linda Bowmer Stephanie Lee Marc Terrell Corinne Taylor Jennifer Black