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

Nevada System of Care, Implementation Grant Strategic Plan

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Document prepared for the Nevada Division of Child and Family Services by:
Children's System of Care Behavioral Health Subcommittee,
Strategic Plan Workgroup

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EXECUTIVE SUMMARY

In 2015, the *Mental Health America* report ranked Nevada 49th in the nation for access to mental health services and poor outcomes for those receiving services. This access and quality of care issue is particularly concerning given that over 30% of adolescents in Nevada self-reported significant levels of anxiety or depression. In 2009, almost one-quarter of Nevada's public middle school students seriously thought about killing themselves, more than 30% had used alcohol or illegal drugs, and over 13% had attempted suicide. For Nevada's younger children, nearly 20% of elementary school children have behavioral health care needs.

"Systems of Care" is an evidence-based framework that has been implemented across the nation in response to the need to address access and quality of care for children and youth with behavioral health needs. For nearly 25 years, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) has invested resources in the development of systems of care for children with behavioral health challenges and their families. Such resources are intended to improve quality and outcomes while controlling costs.

Increasingly over the past 15 years, the concept and philosophy of a "system of care" has provided a guide and organizational framework for system reform in children's mental health. The definition first published in 1986 (Stroul & Friedman) states that a system of care is:

A comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families.

In 2015, in response to the growing behavioral health needs of children and youth, the State of Nevada was awarded a Systems of Care Implementation Grant from the Substance Abuse and Mental Health Services Administration. The grant aims to develop the state's Division of Child and Family Services as a lead authority in children's behavioral health services for the state while also increasing the availability of emergency response behavioral health services, increasing access to assessment and care coordination services, developing a provider network and implementing strategies to recruit and train the workforce in the principles and values of a system of care.

The purpose of the Strategic Plan is to present a statewide approach for implementing a System of Care in Nevada. This plan is the result of nearly 20 years of collaborative efforts across the state of Nevada to move the state toward a System of Care. The plan is comprised of a combination of strategies identified by the state's regional mental health consortia and it builds upon early stages of planning and implementation from previous System of Care and State Incentive Grants.

CHILDREN'S BEHAVIORAL HEALTHCARE NEEDS IN NEVADA

The following is a snapshot of the behavioral health needs of children and youth in Nevada. When other risk factors such as poverty, race, ethnicity, and geographic location (considering access and isolation from care) are considered, then the needs become even more complex than what is presented below:

- 19.3% of elementary school children have behavioral health care needs

- Over 30% of adolescents self-reported significant levels of anxiety or depression (CCCMHC, 2010). In 2009, almost one-quarter of Nevada's public middle school students seriously thought about killing themselves, more than 30% had used alcohol or illegal drugs, and over 13% had attempted suicide (CCCMHC, 2010 as cited in DCFS 2015)

- Rates for youth placed in out of state Residential Treatment Centers have steadily increased over the last five years

- The 2013 Gaps Analysis presented at the Governor's Council for Behavioral Health and Wellness reported only 27% of Nevada's SED children were receiving treatment services

- The 2015 Mental Health America report ranked Nevada 49th in access to mental health services and poor outcomes for those receiving services

- Rates of youth receiving treatment in an emergency room for a behavioral health diagnosis has steadily increased over the last five years. Youth are more likely to receive costly acute care as their first treatment episode rather than outpatient treatment services

- The state's regional consortia has addressed this lack of access in their respective ten year plan and their annual updates

- According to the Nevada Division of Health Care Financing's (DHCFP) fee-for-services data and data on submissions from managed care organizations[1], from fiscal years 2011 to 2015, the average age of a Medicaid child receiving a mental health diagnosis for the first time was 8.95 years of age

  From the same data set, the 10 most common diagnoses included:

  1. Posttraumatic stress disorder
  2. Attention deficit disorder w hyperactivity
  3. Expressive language disorder
  4. Episodic mood disorder (Not otherwise specified)
  5. Oppositional defiant disorder
  6. Disturbance of Conduct (Not otherwise specified)
  7. Emotional disturbance of childhood or adolescence (Not elsewhere classified)
  8. Adjustment dis w mixed disturb emotion & conduct
  9. Depressive disorder (Not elsewhere classified)
  10. Anxiety state (Not otherwise specified)

[1] the DHCFP data warehouse is comprised of claims data submitted by over 15,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, DHCFP heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.

In fiscal year 2015 Nevada has already served 33,550 children and youth at a cost of nearly 2 million dollars in Medicaid reimbursements, which has already surpassed past years reports. This high need, coupled with Nevada's poor rankings in access and outcomes demands a change in how children, youth, and families access services and the quality of services received.

"SYSTEMS OF CARE" WHAT IS IT, DOES IT WORK?

For nearly 25 years, the Substance Abuse and Mental Health Services Administration (SAMHSA) has invested resources in the development of systems of care for children with behavioral health challenges and their families. Such resources are intended to improve quality and outcomes while controlling costs.

Increasingly over the past 15 years, the concept and philosophy of a "system of care" has provided a guide and organizational framework for system reform in children's mental health. The definition first published in 1986 (Stroul & Friedman) states that a system of care is:

A comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families

The concept of a system of care was never intended to be a discrete "model" to be "replicated," but rather an organizing framework and value-base system (See Appendix A for a list of System of Care Principles and Values). System of Care is not a program. Rather, it is how care is delivered whether voluntary or involuntary; directly or indirectly. Flexibility to implement the System of Care concept and philosophy in a way that fits the particular state and community is inherent in the approach.

System of Care is a committed and sustainable approach to services that values and responds to the importance of family, school and community, that seeks to promote the full potential of every child, youth and family member by addressing their individual physical, emotional, intellectual, educational, cultural and social needs while balancing risks that may be identified for the child, youth and/or family (NCBHC, 2010). In 1993, SAMHSA launched the Comprehensive Community Mental Health Services for Children and Their Families Program, commonly referred to as the "Children's Mental Health Initiative" (CMHI). As of Fiscal Year (FY) 2010, the CMHI had funded 173 communities in all 50 states (including tribes). Nevada is the 38th state to receive a state wide System of Care Implementation Grant.

Studies of outcomes from states and communities who have adopted a System of Care approach have further informed the implementation of the system of care approach and have provided substantial evidence that this approach is effective for children and youth who have serious behavioral health conditions (Stroul, Goldman, Pires, & Manteuffel, 2012)

For example, outcomes for children and youth include improved functioning in the following areas:

- Child Emotional Well Being - children and youth served in systems of care experience significant decreases in emotional and behavioral symptoms, such as depression, anxiety, and aggression.

- Schools—children and youth served in systems of care consistently show improvements in school attendance and grades as well as reduced suspensions, expulsions, and detention and behavior toward others.
- Improvements for youth involved with the Juvenile Justice System—youth served in systems of care demonstrate reduced involvement in the juvenile justice system, including reduced arrests and associated costs, decreased contact with law enforcement, and reduced rule breaking behavior
- Improvements for Children Involved with the Child Welfare System—children and youth served in systems of care have increased stability of living situations, with fewer out-of-home placements and disruptions in placements.
- Reductions in Rates of Suicide— systems of care are keeping children and youth alive by reducing rates of suicide attempts, and substantial decreases are found in the percentage of youth who talk about suicide.

In addition, there is also a growing body of evidence indicating that the system of care approach is cost effective and provides an excellent return on investment. The national evaluation of the CMHI found that utilizing a system of care approach resulted in the following fiscal impact:

- Children and youth served with the System of Care approach were less likely to receive psychiatric inpatient services (ICF International, 2013). From the 6 months prior to intake to the 12-month follow-up, the average cost per child served for inpatient services decreased by 42%.
- These youth were less likely to visit an emergency room (ER) for behavioral and/or emotional problems, and, as a result, the average cost per child for ER visits decreased by 57%.
- These youth were also less likely to be arrested, with the average cost per child for juvenile arrests decreasing by 38%.

According to the Nevada Children's Behavioral Health Consortium (NCBHC, 2010), expanding Nevada's System of Care is an evidence-based framework that would meet the multiple and changing needs of families, children, and youth through a strength-based, family-driven, culturally competent, comprehensive, integrated and coordinated continuum of services and supports.

SYSTEMS OF CARE IN NEVADA

Nevada began transitioning to a System of Care approach in 1998, after receiving a seven year SAMHSA grant that created and sustained Neighborhood Service Centers in Clark County, Wraparound in Nevada statewide and Family Peer-Support Services. During the early phase of this grant, key leaders, organizations and staff received training and consulted with early developers of Systems of Care. Entities such as child welfare agencies, the education system, juvenile justice, and other community partners collaborated to further develop the neighborhood service delivery model. The following details the history and evolution of the state's shift to a System of Care.

In 2001, the Nevada Legislature created regional mental health consortia to conduct needs assessments and provide planning utilizing SOC values and principles. The consortia were established for Clark County, Washoe County, and the Rural Region (comprised of all remaining Nevada counties). In 2004, Nevada received a Child and Adolescent State Infrastructure Grant established a state level Behavioral Health Consortium and provided the infrastructure needed to begin to implement and sustain reform of the behavioral health care system across Nevada. In 2006, the state began efforts to

submit a proposal to SAMHSA to continue the Systems of Care transformation, but was unable to secure the required state match necessary to complete the application. In 2009, the mandates for all consortia were modified and required that consortia develop 10-year strategic plans that would be used to guide funding and services for their respective regions. Coming together as a statewide effort, the Nevada Children's System of Care Behavioral Health Subcommittee, which includes the regional consortia and other key stakeholders have been examining commonalities across the regional strategic plans, developing a statewide logic models and taking other steps toward the shift to a System of Care. Additionally, in 2013, Nevada's Governor created the "Governor's Behavioral Health and Wellness Council" and charged them with assessing the state of behavioral health services in Nevada and to identify ways to close gaps and improve the system for providing services (State of Nevada, Executive Department 2013). This Council utilized the ongoing efforts of the Nevada Children's System of Care Behavioral Health Subcommittee as a resource as they made recommendations to improve children's behavioral health services in the state.

These efforts align with the System of Care Implementation Grant and formed the basis of the current grant's goals that were outlined in the grant application. This grant was applied for in the Spring of 2015. The grant period is September 30, 2015- September 29, 2019.

It is important to note that publicly funded children's behavioral health services operate out of two state entities. Within the state's Department of Health and Human Services, the Division of Child and Family Services (DCFS) is responsible for the provision of services in Clark County and Washoe County while the Division of Public and Behavioral Health's Rural Community Health Services is responsible for children's behavioral health in the remaining counties of Nevada.

NEVADA SYSTEM OF CARE IMPLEMENTATION APPROACH AND GOALS

The Nevada System of Care implementation grant builds upon previous successes in the state and aims to infuse and expand the System of Care philosophy throughout children's behavioral health policies and services across the State of Nevada. In their review of effective implementation and expansion strategies, Stroul and Friedman (2011) suggest that "creating or assigning a viable, ongoing focal point of accountability and management at the state and local levels (e.g., agency, office, staff) to support system of care expansion proved to be essential in providing continuous leadership and management for systems of care." Given this finding, this grant will develop DCFS as the lead authority in children's behavioral health services for the State of Nevada. As such, DCFS will become responsible for the development and implementation of policies and standards for publically funded children's behavioral health services. While DCFS will remain a "safety net" provider of services, the agency will also shift to providing technical assistance and training to providers of publically funded services. DCFS will collaborate with other state and local agencies to create and improve financing strategies and to oversee performance-based contracts with providers.

Under this implementation grant, DCFS will also expand children's behavioral health services to include mobile crisis, the First Episode Psychosis program (Enliven), wraparound, diagnostic and evaluation services, utilization management and care coordination. Additionally, DCFS will develop and/or coordinate the enhancement of youth-guided and family-driven supportive services such as peer support and respite programs.

These activities are summarized into four broad goals. These goals serve as the organizing framework from which activities are planned, implemented and evaluated. The goals are:

Goal One

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.

Goal Two

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

Goal Three

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.

Goal Four

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.

POPULATION OF FOCUS AND KEY STAKEHOLDER GROUPS

The System of Care grant from the SAMHSA requires that two municipalities be selected for implementation of the expansion of the System of Care. Given this, Clark County in Southern Nevada and Washoe County in Northern Nevada were selected; however, the impact of system transformation will also take into account the needs of the rural and frontier regions of Nevada. The population of focus will be children and youth statewide who are determined to be Severely Emotionally Disturbed (SED) or at risk to become SED and their families and /or caregivers. This includes those youth preparing to transition to adult behavioral health services.

This Strategic Plan centers on the key stakeholders for children's behavioral health services in the state. The key stakeholders in this system transformation include:

- Parents and Caregivers
- Youth
- Workforce
- Community Providers (residential and other behavioral health providers)
- Stakeholders (i.e. consortia, Commission, coalitions, tribal communities)
- School Districts
- Religious organizations
- Healthcare providers (physicians, hospitals)
- Medicaid, Managed Care, and HMOs
- University system

- Professional boards (i.e. Social Work, Marriage and Family Therapy, Psychology, etc.)
- Legislators
- Juvenile Justice
- Child Welfare

The process of developing the Strategic Plan is multi-faceted and, as previously stated, is the result of nearly 20 years of system transformation efforts. Prior to the award of the current SAMHSA grant, collaborators from across the state were building on the successes of previous System of Care and State Incentive Grants. More recently, members of the Nevada Children's System of Care Behavioral Health Subcommittee developed a comprehensive Logic Model outlining the initial priorities and goals in efforts to align systems, increase access to behavioral health services, improve quality of care, and to address the state's workforce needs. These previous efforts indicated a level of readiness for the state to move forward with their application to SAMHSA to begin full implementation of a System of Care.

Members of the Nevada Children's System of Care Behavioral Health Subcommittee developed this Strategic Plan as a collaborative effort. The Subcommittee meets on a monthly basis and agreed to develop a draft document that will serve as a recommended Strategic Plan for the Division of Child and Family Services as they implement the System of Care grant. The subcommittee members volunteered to work in smaller workgroups in order to expedite the development process and met over a period of 2 months to develop the draft. The draft was presented to and reviewed by the full Subcommittee on December 3, 2015 for final approval and delivery to the Division of Child and Family Services.

CONNECTION TO SYSTEM OF CARE COMMUNICATION PLAN

This Strategic Plan is designed outline the specific strategies and action steps for the implementation of Systems of Care in Nevada. Thus, this plan works in concert with the corresponding Communication Plan, which aims to support achievement of the overall System of Care Implementation Grant's goals through effective and efficient communication strategies. While the Strategic Plan will outline the specific goals, objectives, and activities of the program, the Communication Plan outlines how the planning, implementation and achievement of those goals will be communicated with youth, families, caregivers, and key stakeholders.

ATTENTION TO APPROPRIATE CULTURAL AND LINGUISTIC COMMUNICATION NEEDS

Attention to the cultural and linguistic needs of children and families is a core value of the Systems of Care approach. It recognizes that every family has individual cultural values. Services are responsive with an awareness and respect of the importance of values, beliefs, traditions, customs, and parenting styles of families. Services also take into account the varying linguistic needs of individuals who speak different languages, have varying literacy skills, and who need a variety of communication formats (NCBHC, 2010). Therefore, it is critical that the Strategic Plan also attend to the unique cultural and linguistic needs of Nevada's children, families and caregivers.

State Infrastructure Grant (SIG)

Nevada was award a State Infrastructure Grant from 2004-2009. The goals for this grant included: Goal 1: Development of a common vision and plan for developing an integrated and comprehensive behavioral health system across agencies; Goal 2: Strengthen and streamline the interagency coordination and funding mechanisms needed to support the developing System of Care; Goal 3: Develop the needed service and provider infrastructure to implement the integrated and comprehensive behavioral health system; Goal 4: Develop the infrastructure to support continuing

development of the work force for the integrated and comprehensive behavioral health system; and Goal 5: Strengthen the state level infrastructure for performance management and quality improvement efforts

In order to refrain from duplicating efforts, it is important to note some "lessons learned" during the implementation of the SIG grant. Many efforts of the SIG called for both formal and informal "leadership champions" to ensure successful execution for the work to be done. Leadership should focus not only on the development of a plan, but also the implementation of a plan through completion of the plan. Secondly, organizational readiness and sustainability planning around the implementation of evidence based practices to support the training is needed. Lastly, social marketing regarding the transformation efforts would assist in obtaining both informal and formal leadership champions, internal and external "buy in" to the goals, and the roadmap for implementation of this strategic plan.

NEVADA SYSTEM OF CARE STRATEGIC PLAN

As previously stated, the four goals of Nevada's SOC Implementation grant will serve as the organizing framework for the Strategic Plan. In September 2015, a "Crosswalk of Consortia Goals and System of Care Expansion Grant Priorities" was completed, which was a review of the regional mental health consortia 10-year plans with identification of elements in each plan that aligned with the SOC Implementation Grant goals. Thus, the following specific actions steps are presented as the result of collaborative efforts across the state of Nevada and are connected to the appropriate SOC goals. The State of Nevada, Division of Child and Family Services (DCFS) will be responsible for the implementation and monitoring of the action steps identified.

The population of focus will be children and youth statewide who are determined to be Severely Emotionally Disturbed (SED) or at risk to become SED and their families and /or caregivers. This includes those youth preparing to transition to adult behavioral health services.

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 Functions not Locations***	***Responsible Party/ Timeline***	***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).	Conduct SOC Readiness Assessment • System of Care Readiness and Implementation and Measurement Scale (SOC-RIMS).	DCFS Contracted readiness assessment provider	Community-based readiness reports generated.
	Conduct a gap analysis • Identify existing services, funding sources and service provider type using a geo map format to assist in identifying gaps.	DCFS Contracted readiness assessment provider SOC subcommittee workgroup	Community-based gap analysis reports generated.
	Develop Policy/Regulation (SOC provider enrollment tied to public funding reimbursement).	DCFS DHCFP	Provider Enrollment Policy.

Core Strategies	*Services/Programs* *Action Steps* **Functions not Locations**	*Responsible Party/ Timeline*	*Outcome/ Benchmark*
	• Include parent choice options • Applicable to children who are entering the System of Care.		
	Develop performance-based contracts that include: • Medicaid reimbursement standards • SOC Practice Standards	DCFS DHCFP	Protocol developed for performance-based contracts.
	Quality Improvement Program - Develop Behavioral Health quality indicators • Develop provider training in quality indicators and use (see Goal 3 and 4)	DCFS	Quality Indicators and Training Program developed and implemented.
	State Entity Programs Alignment • Develop cross-agency decision-making strategy and protocol (see Goal 2)	DHHS DCFS DPBH	Completed reports summarizing community-based findings.
	Utilization Management • Child & Family Team (CFT) process will decide what services are needed. • Develop process and/or protocol for utilizing CFT model for recommending service and supports. • Develop a process and/or protocol for assessing fidelity to the CFT model. • 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	DCFS Program Planning & Evaluation Unit	

Core Strategies	*Services/Programs* *Action Steps* **Functions not Locations**	*Responsible Party/ Timeline*	*Outcome/ Benchmark*
	the goal of DCFS becoming the authority for children's behavioral health.		
G1-2. Develop DCFS as an emergency response, assessment, and care coordination entity.	Mobile Crisis • Provide Mobile Crisis services in Clark County. • Reallocate existing outpatient positions in Clark County to Mobile Crisis. • Enhance Mobile Crisis services in Washoe County	DCFS	Increased number of children & youth who receive mobile crisis services in each region.
	Mobile Crisis • Implement Mobile Crisis services in rural counties.	DPBH	Increased number of children & youth who receive mobile crisis services in rural regions.
	Diagnostic and Evaluation Services (Develop "no wrong door" assessment program) • Develop provider Memoranda of Understanding and information sharing agreements • Develop and provide assessment services	DCFS	Progress toward development of neighborhood-based assessment center. Completed MOUs. Increased access to services (i.e. "no wrong door").
	Wraparound in Nevada (WIN) • Gradually train community providers in the wraparound model.	DCFS	Number of providers trained and frequency of trainings.

Core Strategies	*Services/Programs* *Action Steps* **Functions not Locations**	*Responsible Party/ Timeline*	*Outcome/ Benchmark*
	• 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).		
	Transition to Adult Services • 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.	Washoe County Mental Health Consortium, Workgroup 4 DCFS DPBH Children's Cabinet	Progress toward implementation of TIP
G1-3. Develop DCFS as a "safety net" provider of children's mental health services. These are services that have been identified as not available in the community or there are not a sufficient number of providers to meet the need.	Early Childhood Behavioral Health Services • Day treatment services • Outpatient treatment services • Psychiatric services • Wraparound	DCFS	
	Outpatient Services • Psychiatric services • Community treatment homes • Wraparound	DCFS	

Core Strategies	*Services/Programs* *Action Steps* **Functions not Locations**	*Responsible Party/ Timeline*	*Outcome/ Benchmark*
	Community Treatment Homes • To coordinate the development of Community Treatment Home providers throughout the state.	DCFS	
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.	Engage community stakeholders and providers • Update SOC "Commitment Letter" • Update stakeholder list (agency directors, providers, etc.) • Obtain signed commitment letters	Regional Consortia DCFS	
	Engage DHHS, Legislators, and other Policy Makers to review the Nevada Medicaid State Plan • Advocate all services outlined in the joint CMS/SAMHSA bulleting are in the NV State Plan • Advocate the use SOC values and principals throughout the State plan		
	Develop Policy/regulation (SOC provider enrollment tied to public funding reimbursement). Develop SOC Provider Enrollment Process (also see Goal Three). • Provide technical assistance • Provide training	DCFS DHCFP	
	Develop Standards of Care for Children's Mental Health Providers and Sub-Contractors	DCFS DHCFP	DHCFP: Revised RFP containing updated

Core Strategies	*Services/Programs* *Action Steps* **Functions not Locations**	*Responsible Party/ Timeline*	*Outcome/ Benchmark*
	• Engage stakeholders in the development process. • Performance-based contracts that include adherence to the standards.		policies that include SOC.
G1-5. Expand availability of community-based children's behavioral health services that are consistent with SOC Principles and Values.	Develop provider network • 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 services, fellowships, externships, and internship programs.	Regional Consortia University of Nevada Las Vegas (UNLV) University of Nevada Reno (UNR)	
	First Episode Psychosis • Implement initial in Washoe County with expansion to Clark County.	Children's Cabinet	
	Develop a workgroup to address youth referred to and returning from out of state placement • Partner with DHCFP's PRTF and DPBH workgroups to implement steps listed below. • Include family voice and representation within workgroup activities. • Youth should receive assessment and wraparound services prior to referral to OOS and upon return • Youth should have access to intensive in home services	DCFS DHCFP DPBH Nevada PEP	

Core Strategies	*Services/Programs* *Action Steps* **Functions not Locations**	*Responsible Party/ Timeline*	*Outcome/ Benchmark*
	• Youth should have access to a full continuum of residential care to include respite, acute, short term residential and RTC • Recruit RTC and other "step down" facilities to Nevada		
	Youth with co-occurring behavioral health and developmental disabilities will have a full continuum of services • Revise MOU with ADSD • ADSD case managers to receive Wraparound training • Develop pilot program based off of SAMHSA Building Bridges Initiative	DCFS ADSD	
G1-6. Enhance family-driven supportive services.	Family Peer Support • Adopt National Certification for Parent Support Providers • Increase Capacity • Develop Parent Support Provider Standards • Develop Required Training Curriculum • Develop Enrollment Process	DCFS Nevada PEP	
	Respite Care • Develop provider agreements with Scope of Work • Recruit and identify trained providers of respite services • Identify reimbursement rate • Explore options for tiered rates	DCFS: develop process and protocol Regional Consortia: assist with recruitment	

Core Strategies	*Services/Programs* *Action Steps* **Functions not Locations**	*Responsible Party/ Timeline*	*Outcome/ Benchmark*
	Parent Voice at all levels of SOC Expansion • Recruit and support parents for each consortia • Develop youth activities/meetings • Promote family support meetings and training activities to increase involvement • Recruit and support parents to provide their Voice to decision-makers and planning bodies	Nevada PEP	
G1-7. Enhance youth-guided supportive services	Youth Peer Support Programs • 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	Nevada PEP DCFS Commission Sub-committee Department of Education, Office for Safe and Respectful Learning Environments	
	Authentic and Integrated Youth Voice in SOC Activities (Youth Leadership using Youth M.O.V.E National Model)	Nevada PEP	
G1-8. Develop "telemedicine" capacity for enhancing services throughout the state (also see Goal 3).	• Coordinate with Nevada Public and Behavioral Health and WICHE for planning and implementing a telemedicine program. • Explore and secure network video opportunities.		

Core Strategies	*Services/Programs* *Action Steps* **Functions not Locations**	*Responsible Party/ Timeline*	*Outcome/ Benchmark*
	• Identify and implement standards of care within telemedicine for crisis services and children's behavioral health.		
G1-9. Develop statewide stakeholder communication and training program for SOC principles and values.	Develop System of Care training teams (see Goal 3)	DCFS	
	Develop a Strategic Marketing Plan and implement information sessions in concert with communication messages (from communication plan).	DCFS training team	
	Utilize communication with identified "Champions" as described in Communication Plan.		

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/ Timeline***	***Outcome/ Benchmark***
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 1115 waivers, block grants, general funds, local and regional funding).	Review braided funding plan developed in 2007 as a part of the State Infrastructure Grant. • Identify additional strategies for identifying funding sources. • Identify elements and strategies of the report that are still applicable. • Explore options for updating the report.		
	Identify County-Based Funding Sources • Explore existing funds that counties use to fund behavioral health • Meet with county representatives to identify possibilities to maximize public resources for funding	Mental Health Consortia	Report summarizing funding sources
	Identify State-Based Funding Sources • 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).		
	Identify other Regionally-Based Funding Sources	Mental Health Consortia	

Core Strategies	*Services/Programs* *Action Steps*	*Responsible Party/* *Timeline*	*Outcome/* *Benchmark*
	Identify Federally-Based Funding Sources • Develop plans for budgeting funds for Children's Mental Health Block Grant		
G2-2. Develop a system 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.	• 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.		
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.	• 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.		

Core Strategies	*Services/Programs* *Action Steps*	*Responsible Party/* *Timeline*	*Outcome/* *Benchmark*
	• DCFS to participate in review of RFI on managed care proposals throughout the State • SOC Values and Principals added to RFI and any future RFP		

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/ Timeline***	***Outcome/ Benchmark***
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).	• Develop technology capacity for elearning etc. • Develop software and hardware capacity and infrastructure. • Identify technology platforms for the provision of elearning.	Universities, Lincy Institute, CSAT, NV partnership.	
G3-2. Service Array Development	In accordance with identified regional gaps: • 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	Mental Health Consortia WICHE Professional Associations/Boards	
	Examine challenges associated with reciprocity in professional licensing and develop a plan to address the challenges.		
	Provide SOC provider enrollment technical assistance new and existing professionals.		
G3-3. SOC Provider Training Program	Policy/regulation development (SOC practice tied to public funding reimbursement).		
	Provider Enrollment Program • 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).		
	Develop training mechanism in partnership with Governor's office and University System (WICHE)		
	New and Ongoing Provider Training Content Development • 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		
G3-4. School Partnerships with Behavioral Health Providers	• 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	Department of Education, Office for Safe and Respectful Learning Environments DOE, Office of Safe and Respectful Learning's State Management Team	Increased number of school-based providers.

	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.		

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/ Timeline***	***Outcome/ Benchmark***
G4-1. Recruit and retain an external evaluator for the project who will develop an evaluation plan and timeline including process to inform stakeholders of findings (in accordance with Communication Plan).	Implement Policy/regulation (SOC practice tied to public funding reimbursement). Develop system of accountability that monitors the implementation of the policy that ties SOC practice to public funding reimbursement Quality Improvement Program • Develop Behavioral Health quality indicators • Develop provider training in quality indicators and use (see Goal 1) • Develop quality assurance of provider system Monitor overall service capacity development in relation to demand.	DCFS Management, immediate	*External evaluator hired*

CONCLUSION

As described above, Nevada's System of Care is an evidence-based organizing framework that aims to align publicly funded children's behavioral services in order to maximize access for children, youth, and families while also utilizing resources efficiently. This Strategic Plan is the result of a process to move the state of Nevada toward a comprehensive System of Care for children's behavioral health services. This plan was developed at a "point in time" at the start up of the implementation grant. It will be continually modified as the project moves through its various stages of implementation and process data are used to improve the plan and implementation.

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APPENDIX A – SYSTEM OF CARE PRINCIPLES