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

Nevada System of Care, Implementation Grant Communication Plan

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Children's System of Care Behavioral Health Subcommittee

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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 following Communication Plan is supplemental to the statewide Strategic Plan and is designed to provide both an internal and external messaging strategy to inform youth, families, caregivers, and key Nevada stakeholders about the Nevada System of Care and the availability of children's behavioral health services in the state of Nevada.

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 staffs 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

COMMUNICATION PLAN

Members of the Nevada Children's System of Care Behavioral Health Subcommittee developed this communication plan as a collaborative effort and in concert with the development of the Strategic Plan. The Subcommittee meets on a monthly basis and agreed to develop a draft document that will serve as a recommended communication plan for the Division of Child and Family Services as they implement the System of Care grant activities. The subcommittee members volunteered to initially 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 reviewed and amended by the full Subcommittee for final approval and delivery to the Division of Child and Family Services.

CONNECTION TO SYSTEM OF CARE STATEWIDE STRATEGIC PLAN

This communication plan is designed to support the achievement of the overall System of Care Implementation Grant's goals through effective and efficient communication strategies. Thus, this plan is closely tied to the corresponding "Nevada System of Care Implementation Grant, Strategic Plan." While the Strategic Plan outlines 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 other key stakeholders.

COMMUNICATION PLAN GOALS

In a report outlining specific strategies that demonstrated evidence of effectiveness across other states that have expanded their System of Care, "generating support for the system of care approach" was identified as one of the five core strategies necessary for achieving an effective System of Care (Stroul, & Friedman, 2011). Thus, the Communication Plan aims to outline specific audiences, strategies, and communication means that have been identified as critical to the achievement of the overall program goals and necessary for generating the needed support for the overall program.

The following communication activities were completed following the notice of the award and focused on the key messages of announcing Nevada's award and providing a broad overview of the program's goals and start-up objectives:

- DCFS Children's Mental Health Management Team informed of grant award, purposes and goals
- Email sent to DCFS Children's Mental Health staff informing them of grant.
- Press release regarding award of SOC Implementation Grant (9/2/15)
- SOC Subcommittee (consists of stakeholders, community partners, and members from each consortia) informed that Nevada has been awarded SOC Implementation Grant
- SOC Subcommittee forms initial workgroups to assist in planning and grant implementation (Strategic Planning Workgroup and Communication Workgroup)
- Grant positions announced
- Grant presented to Interim Finance Committee (10/21/15)
- The Enliven Program (First Episode Psychosis) included in the Strategic Plan held an "Open House" on February 2, 2016 to announce the program to the public. Additional presentations were held with other community stakeholders.

- The Administrator of the Division of Child and Family Services reports monthly to the Legislative Sub-Committee on Health Care on progress related to this project.

While there are plans to continue the "announcement phase" of the award (i.e. a presentation to the state legislative Health and Human Services Committee), this communication plan focuses on moving beyond the announcements by implementing activities that achieve the following communication goals:

1. To increase effectiveness of the overall project by promoting consistent and clear communication within and across the Nevada System of Care.
2. To increase the general public's awareness of Children's behavioral health needs in Nevada.
3. To increase awareness of the Nevada System of Care amongst key stakeholders.
4. To educate the key stakeholders of the Nevada System of Care goals, implementation strategies and achievement of the project's milestones.
5. To increase youth, caregiver and family awareness of available services and access to those services through Nevada's System of Care.
6. To involve key stakeholders in decision-making process at certain key milestones.
7. To develop leaders across the state that will become "trusted sources" of key information related to Nevada's System of Care.

ATTENTION TO APPROPRIATE CULTURAL AND LINGUISTIC COMMUNICATION NEEDS

Attention to the cultural and linguistic needs of children and families is a core value of t he Systems of Care approach. Cultural and linguistic competence is defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations" (Cross, Bazron, Dennis & Isaacs, 1989). 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 communication plan also attends to the unique cultural and linguistic needs of Nevada's children, families and caregivers.

According to the Center for Public Education, the top 5 languages spoken by Limited English Proficient students in Nevada for the period of 2000-2001 are:

Spanish = 91.5%
Tagalog = 1.9%
Chinese (unspecified) = 1.0%
Vietnamese = 0.6%
Korean = 0.5%

The strategies and communication mediums identified in this plan are intentionally diversified in order to reach broad populations with varied sources of information. Cultural and linguistic communication-specific recommendations from the Technical Assistance Partnership for Child and Family Health (2010) were incorporated into this Communication Plan and are included in Appendix B of this document. Additionally, the National Culturally and Linguistically Appropriate Services (CLAS, 2013) standards

informed the Communication Plan and will be utilized as a resource during implementation activities, as appropriate. These standards are included in Appendix C of this document.

Additionally, as each communication strategy is implemented, the content and delivery of messages will be tailored, as appropriate, according to the specific cultural and linguistic needs of the key audience(s) of the message(s). The DCFS System of Care Grants Manager will be responsible for attending to this need and will assign staff as necessary during implementation of the communication strategies. The Division of Child and Family Services Program Planning and Evaluation Unit already measures specific activities related to cultural and linguistically appropriate services and will work closely with the project evaluator to assure the ongoing measurement of these items through the System of Care activities.

NEVADA SYSTEM OF CARE PRIMARY MESSAGES

The messages briefly stated below serve as the core components of the communication plan and take into consideration the goals identified above relating to informing stakeholders about the grant, its services, and its outcomes. These messages will be adapted appropriately for specific audiences and delivery mediums (see Table 1 below).

Internal messages:

- Continue to stress the importance of Systems of Care and reference the external messaging
- System of care is an effective, proven approach that needs to be widely implemented to create a better future for children, youth and their families.
- A System of Care is a process of change. The systems and duties within will transition. This will include shifts in employment design, work duties, etc.
- Nevada needs a Systems of Care
- Clarification for DCFS' role in the oversight and provision of publically funded children's behavioral health services
- Quality of Care oversight and Quality Improvement

External messages:

- System of care is an effective, proven approach that needs to be widely implemented to create a better future for children, youth and their families
- Today, many Nevada children and youth with mental health concerns lack access to the care they need. If not helped, children and youth have a much higher risk of several negative outcomes
- Nevada needs a Systems of Care
- System of care is culturally informed and linguistically sensitive and flexible
- Children and youth who use the system of care approach function better at home, in school, in the community and throughout life
- Statewide implementation of the system of care approach will benefit all Nevadans, regardless of whether mental health challenges are part of their daily lives
- Clark County updates, Washoe County updates, rural (within Clark and Washoe)
- Clarification for DCFS' role in the oversight and provision of publically funded children's behavioral health services
- Consumer oriented messages in accessing care and expectations of care
- Provider enrollment process
- Lists of enrolled providers

CHAMPIONS/LIAISONS

In order to effectively and efficiently deliver the messages to the identified target audiences, key leaders and/or agencies have been identified as the initial "Champions" or "Liaisons" that will serve in a critical role for the delivery of the messages (See Table One and Table Two below). These champions will receive training on the background and supporting data for effectively delivering the messages.

Additionally, when appropriate, technical assistance will be sought from SAMHSA to assist in training the identified champions. For example, use of social media for advocacy training will need to be provided to the new Coordinator of the youth program through Nevada PEP.

FEEDBACK LOOP

An important component of this Communication Plan is the recognition that it is not only important to deliver messages to the key stakeholders, but it is equally important to receive messages from those stakeholders. Thus, the "Champion/Liaisons" identified in Table One and Table Two below are not only the deliverer of the messages, but they will also serve as recipients of input and feedback from stakeholders.

The process for gaining input from community-based stakeholders has already begun. As outlined in the Strategic Plan, the System of Care Readiness and Implementation and Measurement Scale (SOC-RIMS) has been selected for implementation in the two identified municipalities of this grant with potential for further implementation in rural communities. Community members will complete the questionnaire indicating levels of knowledge and awareness about Systems of Care. The instrument developers will, in turn, provide a report for those communities describing the extent to which they are "ready" for a System of Care.

RESOURCES

In order to effectively and efficiently deliver the messages according to the strategies identified above, it is important to secure necessary resources and supports for the implementation of the strategies. The following includes, but is not limited to, specific items for budget considerations:

- Development of a System of Care Website
- Printing costs for fact sheets and mailers
- IT support for developing and managing listservs
- Media training for Key Messengers

Table One: Internal Communication Plan

Audience & Communication Goal (s)	Champion/Liaison	Key Messages/ Milestones	Medium/Strategy	Frequency	Progress
State of Nevada Governor's Office *Communication Goals 1, 4, 6*	• DHHS	• SOC purpose and goals • Progress • Outcomes	• One on one meetings	Ongoing, as appropriate.	
SAMHSA *Communication Goals 1 & 4*	• DCFS Management and grant staff	• Implementation progress, future plans, and outcomes	• Reports • Meetings • Phone calls	According to designated timelines and as requested.	Completed the annual report in accordance with timeline requirements 12/31/16 Monthly grants projects analyst call
DCFS Staff *Communication Goals 1,3, 4, 6, 7*	• DCFS Management • DCFS Planning and Evaluation Unit • System of Care Staff	• SOC purpose and goals • Impacts on service provision • Updates regarding system changes • Training and TA opportunities	• Electronic mail • Staff meetings • Town Halls • White Papers • Facebook • Twitter • SOC Website Announcements • Staff and Public Information Forums	Ongoing, as appropriate.	• SOC training completed for ATC and Family Learning home • SOC/CLAS training completed for Rural MCRT February 8th-10th, 2017 • SOC/CLAS training scheduled for Intake, CCS, and ES in southern NV. • Conduct training on an ongoing basis—see attached

Audience & Communication Goal (s)	Champion/Liaison	Key Messages/ Milestones	Medium/Strategy	Frequency	Progress
					• New hires will have an SOC introduction at time of academy starting in February, 2017 • SOC website and social media development is being discussed in the communications workgroup and is being developed in collaboration with Nathan Orme. • Newsletter design was completed 2/2017 and will be distributed monthly. • System of Care brochure design was completed 2/2017 and will be available for all interested parties. Brochures will be accessible at all DCFS locations and at SOC sub-grantee locations.

Table Two: External Communication Plan

Audience & Communication Goal (s)	Champion/Liaison	Key Messages/ Milestones	Medium/Strategy	Frequency	Progress
Youth *Communication Goals 2, 5, 6*	• Youth Program Coordinator- NV PEP • School Districts- Clark County, Washoe County and Rural Youth Leadership Groups • DCFS Staff	• Inclusion of youth voice • Availability of services • Progress & milestones with feedback	• Nevada PEP • Social media • Schools • Agencies • Public Places • Media • Social Media • Other youth serving organizations	Youth Program Coordinator - Monthly Schools - Monthly	• Nevada PEP youth program coordinator are participating in the communications workgroup and advising on development of communication tools • Children's Mental Health Awareness Activities planned for May 2017
Caregivers/Family *Communication Goals 2, 5, 6*	• NV PEP • NAMI • DCFS Staff • Children's Cabinet • Family Ties	• SOC purpose and goals • Consumer empowerment & education • Availability of services • Progress & milestones with feedback	• Nevada PEP • News Networks • Schools • Providers • Monthly health-related campaigns • "Expert" Columns • Media • Information fairs • Other family serving organizations	Ongoing, as appropriate.	• SOC website and social media development is being discussed in the communications workgroup and is being developed in collaboration with Nathan Orme. • Nevada PEP participates in all trainings related to SOC and advises regarding family voice and choice
Providers (via Provider Networks, Boards and Associations)	• DCFS Provider Agreements • NV youth Provider Network	• SOC purpose and goals • "Commitment" requirements • Training and TA opportunities	• Electronic Mail • Public Meetings • Direct Training/TA • Letters • Medicaid	Ongoing, as appropriate.	• Newsletter has been created and will be distributed monthly. • System of Care brochure has been developed and

Audience & Communication Goal (s)	Champion/Liaison	Key Messages/ Milestones	Medium/Strategy	Frequency	Progress
Communication Goals 1, 3, 4	• Rural Community Health Services • CCBHC Clinics • Children's Cabinet • DCFS Staff • School Based Health Centers • County Emergency Rooms • Health Care Providers • First Episode Psychosis	• Progress & milestones with feedback	• Monthly health-related campaigns • DCFS website • Listservs		will be available for all interested parties. Brochures will be accessible at all DCFS locations and at SOC sub-grantee locations. • SOC website and social media development is being discussed in the communications workgroup and is being developed in collaboration with Nathan Orme.
Educators/Schools *Communication Goals 2-7*	• Nevada Public School Districts • DCFS Staff • NV PEP • Mobile Crisis Unit • CCSD Mental Health Transition Team • State Management Team for Safe Schools Healthy Students Grant • State DHHS Suicide Prevention Unit	• SOC purpose and goals • "Commitment" requirements • Training and TA opportunities • Availability of services and enrolled providers	• Direct training and messaging • DCFS Website • Listservs • Direct Training/TA • Letters	Ongoing, as appropriate.	• Newsletter has been created and will be distributed monthly. • System of Care brochure has been developed and will be available for all interested parties. Brochures will be accessible at all DCFS locations and at SOC sub-grantee locations. • SOC website and social media development is being discussed in the

Audience & Communication Goal (s)	Champion/Liaison	Key Messages/ Milestones	Medium/Strategy	Frequency	Progress
	• School Based Parent Associations and Advisory Committees • LGBTQ organizations • Director, Nevada Department of Education, Office of Safe and Respectful Learning Environments				communications workgroup and is being developed in collaboration with Nathan Orme.
Legislators *Communication Goals 1, 3, 4, 6*	• DCFS/DHHS Management and Administration • Consortia • Commission on Behavioral Health • State Health Officer • Department Of Education- Office for Safe of Respectful Learning Environments. • Southern Nevada Forum • DCFS Staff	• SOC purpose and goals • Information and data related to access to care • Clarification of maintenance of safety net • State of children's mental health in Nevada • Structure of children's mental health in Nevada (and comparisons to other states) • Progress • Outcomes	• One on one meetings • Public meeting presentations • Reports	Ongoing, as appropriate.	• Reports are given to Legislative staff by the deputy • Kristy McGill with Safe and Respectful Learning Environments will be the SOC/ Department of Education liaison, presenting the connection to the legislators.

Audience & Communication Goal (s)	Champion/Liaison	Key Messages/ Milestones	Medium/Strategy	Frequency	Progress
Statewide Consortia *Communication Goals 1, 2, 4-7*	• DCFS Staff, Management, and Administration • Planning and Evaluation Unit-System of Care Staff • Statewide members and leadership	• Vehicles of TA and Training • Leaders in the dissemination of Children's Mental Health Planning and Data – 10 Year Strategic Plans	• Public meeting presentations • Reports • Media • Social Media • DCFS website	Ongoing, as appropriate.	• Report to each consortia on a monthly basis about updates
Commission on Behavioral Health *Communication Goals 1-7*	• DCFS Staff, Management, and Administration • Planning and Evaluation Unit-System of Care Staff • Commission members and leadership	• Vehicles of TA and Training • Leaders in the dissemination of Children's Mental Health Planning and Data – 10 Year Strategic Plans • Governors letter representing statewide identification of Children's Mental Health in the state of Nevada • Approval of Statewide Policy and Procedures Governing Children's Mental Health in the State of Nevada • Progress	• Public meeting presentations • Reports	Ongoing, as appropriate.	• Report to commission on quarterly basis on progress made by SOC. • Report to subcommittees every other month

Audience & Communication Goal (s)	Champion/Liaison	Key Messages/ Milestones	Medium/Strategy	Frequency	Progress
		• Outcomes			
Other youth-involved systems (see key stakeholder list on page 9) *Communication Goals 1-3, 5-7*	• Division of Public and Behavioral Health • County and State Child Welfare Agencies • Statewide Juvenile Justice organizations • Foster Care Licensing • Private Children's Hospitals • Aging and Disability Services Division, DRC and SRC • Dept of Welfare • LGBTQ Orgs.	• Mental health needs of children in foster care • DCFS role • Training	• Training • Collaboration with DCFS • Inclusion of SOC principles • MOUs • One on one meeting with Administration- JJ, Child Welfare etc. • Collaboration and facilitation with families in regards to education and linkage to services	Ongoing, as appropriate.	• Explore MOUs with ADSD, Dept of Education • No Wrong Door policy, cross training • JJ, CASA Carson City TIC trainings scheduled in April, June 2017
Medicaid – DHCFP *Communication Goals 3,5*	• MCOs • Fee for Service	• Collaboration and development of relationships within the System of Care • Improve the quality of care in order to decrease costs and improve service array for	• Direct contacts • Statewide and regional consortia meetings • Video conferencing	Ongoing, as appropriate.	

Audience & Communication Goal (s)	Champion/Liaison	Key Messages/ Milestones	Medium/Strategy	Frequency	Progress
		Children's Mental Health Services throughout Nevada. • Enhance Provider network for Children's Mental Health Services. • Return on Investment of the implementation of SOC • Statewide Provider enrollment collaboration with DCFS			
Specific communities (rural areas of Clark and Washoe) *Communication Goals 1-7*	• Consortia • Commission • DCFS • Nevada Statewide Coalition Partnership • School Districts • Tribal Councils • Specific community contacts • CCBHC	• Collaborate with PBH to work with Rural Clinics • Collaborate with Dept of Ed.	• Local media • Statewide and regional consortia • Public meeting presentations • Video conferencing	Ongoing, as appropriate.	• Trained Rural MCRT Feb 2017 • Upcoming training for CASA/JJ in Carson City • Will bring "SOC: Who We Are" to tribal contacts, military contacts, community agencies, stakeholders, and other suggested groups
Other Community Partners (i.e. non-		• SOC purpose and goals	• One on one meetings	Ongoing, as appropriate.	

Audience & Communication Goal (s)	Champion/Liaison	Key Messages/ Milestones	Medium/Strategy	Frequency	Progress
profit organizations)	• Develop new contacts within these stakeholder groups	• Information and data related to access to care • Statewide Provider enrollment collaboration with DCFS • Progress • Outcomes	• Public meeting presentations •		
Statewide Tribal Organizations					•
Military Family Organizations					•

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. System of Care implementation supports improvement in the behavioral health delivery system across Nevada. Thus, buy-in amongst decision makers and key stakeholders is critical to the success of the project. The Communication Plan outlined above serves as an initial guide for communicating necessary elements and developing opportunities for input and feedback. The aim of this plan is to increase the effectiveness of the overall project through consistent and open communication. This plan was developed at a "point in time" at the start up of the implementation grant. It will be continually modified as new stakeholders and champions are developed and as the project moves through its various stages of implementation.

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Overview
Blueprint (PDF - 1299 KB)

Principal Standard

1 Provide Effective, Equitable, Understandable, and Respectful Quality Care and Services

Governance, Leadership, and Workforce

2 Advance and Sustain Governance and Leadership that Promotes CLAS

3 Recruit, Promote, and Support a Diverse Governance, Leadership, and Workforce

4 Educate and Train Governance, Leadership, and Workforce in CLAS

Communication and Language Assistance

5 Offer Communication and Language Assistance

6 Inform Individuals of the Availability of Language Assistance

7 Ensure the Competence of Individuals Providing Language Assistance

8 Provide Easy-to-Understand Materials and Signage

Engagement, Continuous Improvement, and Accountability

9 Infuse CLAS Goals, Policies, and Management Accountability

10 Conduct Organizational Assessments

11 Collect and Maintain Demographic Data

12 Conduct Assessments of Community Health Assets and Needs

13 Partner with the Community

14 Create Conflict and Grievance Resolution Processes

15 Communicate the Organization's Progress in Implementing and Sustaining CLAS

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