

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

Nevada System of Care, Implementation Grant
Strategic Plan Supplement One

Year One: Progress Update
Year Two: Planning

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January 5, 2016

NEVADA SYSTEM OF CARE STRATEGIC PLAN
A Snapshot of Year One Accomplishments

FAMILY-DRIVEN AND YOUTH-GUIDED SUPPORT DEVELOPMENT	<ul style="list-style-type: none"> • Nevada PEP added Family Specialists in Reno and Las Vegas. • Parent and Youth groups have been meeting and learning about using their voice for systems of change. • The Youth Voice has been represented on the Strategic and Communication plan/Social Media Plan Committee. NV PEP provides youth outreach through various social media outlets daily. • Nevada PEP's Youth Facilitators have met with youth to develop and gain approval for a Nevada Chapter of the National Youth M.O.V.E.
NEVADA SOC PROGRAM DEVELOPMENT	<ul style="list-style-type: none"> • SOC program manager and staff hired. • SOC Readiness Assessment (SOC-RIMs) complete. • External and internal evaluation teams have implemented required and supplemental evaluation activities. • A logo, motto and Style Guide have been developed for communication materials.
SYSTEM LEVEL ACCOMPLISHMENTS	<ul style="list-style-type: none"> • First round of sub-grants included SOC language in requirements. • SOC Policies Drafted: SOC Values & Principles, CLAS Standards, Wraparound and Provider Enrollment. • Initial discussions have begun with other state entities to explore possibilities for alignment of funds. • DCFS has partnered with ADSD to provide funding for training of Registered Behavioral Technicians that treat youth with co-occurring behavioral health and developmental disabilities. • DCFS has begun to implement telehealth across the Division. • DCFS developing MOU with DWSS to enroll families in insurance and entitlement programs (pilot testing process through children's mobile crisis program). • SOC language was incorporated in to the RFP for MCOs. Selected MCOs attended to SOC values and principles in their applications.
PROVIDER DEVELOPMENT	<ul style="list-style-type: none"> • A training system has been developed and initiated with all sub-grantees. • All WIN providers have received Wraparound training. • All WIN providers have received NOMs training.
SERVICE ARRAY DEVELOPMENT	<ul style="list-style-type: none"> • Children's mobile crisis services implemented in Washoe County, Clark County and rural areas of northern Nevada. • Children's mobile crisis services in Clark County have been expanded to 24 hour service. • A DCFS Northern Nevada Assessment Center is under development. • DCFS has partnered with Juvenile Justice to explore development of a Juvenile Justice Assessment Center. • Service array sub-grants completed for: First Episode Psychosis, PEP SOC Expansion, Rural MCRT, WCSD School Coordinated Care Center, Grow Transitional Living Program, Healthy Homes Program, and UCF School linked behavioral health services. • An RFP has been released for day treatment services. • Youth in Transition programs have been implemented in Washoe County (Enliven) and Clark County (Grow). • First Episode Psychosis implemented in Washoe County with planned expansion to Clark County. • A comprehensive list of evidence-based practices for children's behavioral health a recommended Nevada SOC Service Array resource has been developed.

NEVADA SYSTEM OF CARE STRATEGIC PLAN
Supplement One

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

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

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

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
<p>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).</p>	<p>Conduct SOC Readiness Assessment</p> <ul style="list-style-type: none"> • System of Care Readiness and Implementation and Measurement Scale (SOC-RIMS). • Disseminate readiness assessment findings to communities. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Communication workgroup develop plans to conduct targeted dissemination of material to specific communities. • Utilize readiness assessment to inform planning. <ul style="list-style-type: none"> - Review identified service needs. - Review identified implementation concerns • Identify targeted strategies to move communities on the continuum of readiness for Systems of Care. • Conduct readiness assessment updates to measure progress 	<p>DCFS</p> <p>Contracted readiness assessment provider</p> <p>Communication Workgroup</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP Workgroup</p>	<p>10/24/2016: SOC-RIMS Assessment complete</p> <p>11/2016: Reports disseminated</p> <p>12/2016: Communication workgroup review of reports</p>	<p>Community-based readiness reports generated and disseminated to workgroups and the SOC Subcommittee.</p> <p>Communication workgroup disseminate to community.</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<ul style="list-style-type: none"> Update Strategic and Communication Plans as appropriate. 			
	<p>Conduct a gap analysis</p> <ul style="list-style-type: none"> Identify existing services, funding sources and service provider type using a geo map format to assist in identifying gaps. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Communication workgroup develop plans to conduct targeted dissemination of material to specific communities (February 2017). Provider Standards & EBP workgroup Compare findings of gap analysis to findings of community readiness to inform planning (February 2017). <ul style="list-style-type: none"> Review identified service needs. Review identified implementation concerns Provider Standards & EBP workgroup identify targeted strategies to address identified gaps. Update Strategic and Communication Plans as appropriate. Conduct readiness assessment updates to measure progress. 	<p>DCFS</p> <p>Contracted gaps analysis provider</p> <p>Communication Workgroup</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP Workgroup</p>	<p>1/2017: Report complete.</p>	<p>Community-based gap analysis reports generated and disseminated to workgroups and the SOC Subcommittee.</p> <p>Communication workgroup disseminate to community.</p>
	<p>Develop Policy/Regulation (SOC provider enrollment tied to public funding reimbursement). See Goal 2 (funding structures).</p> <ul style="list-style-type: none"> Include parent choice options Applicable to children who are entering the System of Care. SOC values and training Wraparound requirements 	<p>DCFS</p> <p>DHCFP</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP workgroup</p>	<p>10/2016: Developed procedure for drafting and approving development of policies.</p> <p>11/2016: Policies drafted</p> <ul style="list-style-type: none"> SOC Values & Principles Policy CLAS Standards Policy 	<p>Relevant policies developed that meet the intent of the SOC Principles.</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<u>Year Two Plans</u> <ul style="list-style-type: none"> Develop provider enrollment policy (will outline standards of accountability, i.e. fidelity). 		<ul style="list-style-type: none"> Wraparound Policy 12/2016: Policies drafted <ul style="list-style-type: none"> Provider Enrollment Policy 	
	Develop accountability-based contracts that include: <ul style="list-style-type: none"> Medicaid reimbursement standards SOC Practice Standards Fidelity <u>Year Two Plans</u> <ul style="list-style-type: none"> Continue development of provider enrollment policy (will outline standards of accountability, i.e. fidelity). Review sample contracts from other states. Develop a revised sub-grant contract that identifies accountability standards (i.e. fidelity). 	DCFS DHCFP Governance Workgroup Provider Standards & EBP workgroup	9/2016 – present: Sub-grants awarded include SOC requirements (needs to be revised to include high fidelity wraparound).	Revised sub-grant 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) <u>Year Two Plans</u> <ul style="list-style-type: none"> Examine recommendations provided by SAMHSA toolkits and resources. Obtain examples from other states. Develop draft quality improvement plan. 	DCFS SOC subcommittee Governance Workgroup Provider Standards & EBP workgroup		Quality Indicators and Training Program developed and implemented.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<p>State Entity Programs Alignment</p> <ul style="list-style-type: none"> Develop cross-agency decision-making strategy and protocol (see Goal 2) <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> DCFS continue efforts according to initial discussions. Present updates and reports to SOC subcommittee as appropriate. 	<p>DHHS DCFS DPBH DHCFP</p>	<p>11/2017: Initial discussions have begun with DHCFP and Department administration. Collaborative frameworks are under development.</p>	<p>Completed reports summarizing community-based findings.</p>
	<p>Utilization Management Can we combine all referenced items to UM and Quality Indicators? Can we include all elements of the SOC (including Wraparound and CFT process)?</p> <ol style="list-style-type: none"> 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 the goal of DCFS becoming the authority for children’s behavioral health. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Develop Nevada SOC model that includes utilization management component. Identify existing tools to measure fidelity. 	<p>DCFS Program Planning & Evaluation Unit</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP workgroup</p>		<p>CFT process/ protocol developed</p> <p>CFT fidelity assessment completed</p>

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

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<p>Mobile Crisis</p> <ul style="list-style-type: none"> Implement Mobile Crisis services in rural counties. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Continue providing services. Implement revised evaluation plans. 	DPBH	11/2016: Mobile Crisis expanded to rural counties through SOC grant.	<p>Increased number of children & youth who receive mobile crisis services in rural regions.</p> <p><u>Instruments/Indicators:</u></p> <ul style="list-style-type: none"> Baseline NOMS <ul style="list-style-type: none"> # of clients served Establish % increase in # served after yr. 2 #service episodes DCFS PEU <ul style="list-style-type: none"> Referral patterns Discharge dates
	<p>Diagnostic and Evaluation Services (Develop “no wrong door” assessment program)</p> <ul style="list-style-type: none"> Develop provider Memoranda of Understanding and information sharing agreements Develop and provide assessment services Establish data collection protocol for assessment center <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Engage southern Nevada Neighborhood Care Centers to integrate SOC values and principles. Examine the structures necessary to implement SOC and data collection requirements. Continue partnership with Juvenile Justice (JJ) in the implementation of juvenile justice 	DCFS Provider Standards & EBP workgroup	<p>11/2016: North – DCFS Assessment Center under development. Identifying location and initial staffing plans.</p> <p>11/2016: DCFS staff began process of identifying agencies that they need an MOU with and initiate process.</p> <p>10/17/16-present: DCFS working strategically with JJ to begin implementation of juvenile justice assessment center.</p>	<p>Progress toward development of northern neighborhood-based assessment center and southern Nevada centers.</p> <p><u>Instruments/Indicators:</u> (Dependent on Evaluation Protocol TBD)</p> <ul style="list-style-type: none"> Baseline NOMS <ul style="list-style-type: none"> # of clients served Establish % increase in # served after yr. 2 NOMS Discharge <ul style="list-style-type: none"> K1-2

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	assessment center to serve youth in the juvenile justice system.			<ul style="list-style-type: none"> • CANS <ul style="list-style-type: none"> ○ Client characteristics ○ Service needs • DCFS SOC <ul style="list-style-type: none"> ○ Completed MOUs • DCFS PEU <ul style="list-style-type: none"> ○ Referral patterns ○ Discharge dates
	<p>Wraparound in Nevada (WIN)</p> <ul style="list-style-type: none"> • Gradually train community providers in the wraparound model. • Develop a system of training and quality assurance for wraparound providers. • DCFS will continue to provide wraparound services to youth and families in the event that wraparound is not otherwise available to them (i.e. uninsured youth or to youth who cannot access the service through their service providers). <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Continue providing services. • Continue data collection plans. • Update training protocol to include follow-up training and fidelity assessment. 	<p>DCFS</p> <p>Provider Standards & EBP workgroup</p>	<p>11/2016: Training system developed and has been initiated with sub-grantees.</p> <p>11/2016: High fidelity wraparound training provided. WCSD and Children's Cabinet participated in this training.</p> <p>11/2016: WIN designated as wraparound providers for SOC subgrantees until they are trained</p>	<p>Number of providers trained and frequency of trainings.</p> <p><u>Instruments/Indicators:</u></p> <ul style="list-style-type: none"> • IPP WD2 <ul style="list-style-type: none"> ○ # of providers trained • Fidelity Assessments (See Strategy G1-1, UM) <ul style="list-style-type: none"> ○ Service characteristics
	<p>Transition to Adult Services</p> <ul style="list-style-type: none"> • Continue implementation plans for the Transition to Independence Program (TIP) in Washoe County. 	<p>Washoe County Mental Health Consortium, Workgroup 4</p>	<p>11/2016: South -GROW program (transitional living for young adults)</p>	<p><u>Instruments/Indicators:</u> (Dependent on Evaluation Protocol TBD)</p> <ul style="list-style-type: none"> • Baseline NOMS

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<ul style="list-style-type: none"> Explore options for implementing the TIP statewide. Collaborate with DPBH to develop and implement Youth in Transition Programming. Establish data collection protocol for Youth In Transition programs <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Develop outcome measures once service implementation begins. 	DCFS DPBH Children’s Cabinet Rural Child Welfare Provider Standards & EBP Workgroup	11/2016: Rural - Identifying current need for Youth in Transition. 11/2016: Rural -Children’s Cabinet is implementing a Youth in Transition program 11/2016: WCMHC, Workgroup 4 is updating their logic model to remove TIP program and update with new strategies.	<ul style="list-style-type: none"> # of youth served Establish % increase in # served after yr. 2 NOMS Discharge <ul style="list-style-type: none"> K1-2 CANS <ul style="list-style-type: none"> Client characteristics Service needs DCFS PEU <ul style="list-style-type: none"> Referral patterns Discharge dates
<p>G1-3. Develop DCFS as a “safety net” provider of children’s mental health services.</p> <p>These are services that have been identified as not available in the community or there are not a sufficient number of providers to meet the need.</p>	<p>Early Childhood Behavioral Health Services</p> <ul style="list-style-type: none"> Day treatment services Outpatient treatment services Psychiatric services Wraparound <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Assess and revise this section after the results of the gap analysis is released in January 2017. Response plan developed in February 2017. Develop outcome measures once service implementation begins. 	DCFS Special Populations Workgroup Provider Standards & EBP Workgroup	11/2016: RFP released for day treatment services (early childhood through adolescence).	# of new ECBH services based on results of gap analysis
	<p>Outpatient Services</p> <ul style="list-style-type: none"> Psychiatric services Community treatment homes Wraparound 	DCFS Special Populations Workgroup	10/2016: Sub grants completed for: <ul style="list-style-type: none"> First Episode Psychosis PEP SOC Expansion 	# of new outpatient services based on results of gap analysis

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<u>Year Two Plans</u> <ul style="list-style-type: none"> Develop outcome measures once service implementation begins. 	Provider Standards & EBP Workgroup	<ul style="list-style-type: none"> Rural MCRT WCSD School Coordinated Care Center Grow Transitional Living Program Healthy Homes Program UCF School linked behavioral health services 11/2016: RFP released for day treatment services (early childhood through adolescence).	
	Community Treatment Homes <ul style="list-style-type: none"> To coordinate the development of Community Treatment Home providers throughout the state. Implement specialized foster care treatment homes (EBP = Together Facing the Challenge) <u>Year Two Plans</u> <ul style="list-style-type: none"> Develop outcome measures once service implementation begins. 	DCFS Special Populations Workgroup Provider Standards & EBP Workgroup	11/2016: This section will be assessed after the results of the gap analysis is released in January 2017. Response plan developed in February 2017.	# of new community treatment homes based on results of gap analysis. DCFS PEU - Together Facing the Challenge evaluation <ul style="list-style-type: none"> Fidelity Permanency outcomes Symptom reduction
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 <ul style="list-style-type: none"> Update SOC “Commitment Letter” Update stakeholder list (agency directors, providers, etc.) Obtain signed commitment letters 	Regional Consortia DCFS Communications Workgroup	9/2016-present: DCFS infused SOC language in to SOC sub-grants	DCFS SOC Unit - # and description of new SOC sub-grants

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	<ul style="list-style-type: none"> Develop sub-grants that require commitment to SOC principles and values, high fidelity wraparound and data collection requirements. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Expand the number of providers who are available to provide high fidelity wraparound (recruitment and training). 	Governance Workgroup Provider Standards & EBP Workgroup		
	Engage DHHS, Legislators, and other Policy Makers to review the Nevada Medicaid State Plan <ul style="list-style-type: none"> Advocate for all services outlined in the joint CMS/SAMHSA bulletin are in the NV State Plan Advocate the use SOC values and principals throughout the State plan <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Continue to work with Medicaid to infuse SOC principles and values in to Medicaid policies for providers 	DCFS Governance Workgroup	10/4/16: DCFS met DHCFP to discuss the relationship between the State Medicaid Plan and the SOC	All services outlined in the joint CMS/SAMHSA bulletin are in the NV State Plan SOC values and principals integrated throughout the State plan
	Develop Policy/regulation (SOC provider enrollment tied to public funding reimbursement). Develop SOC Provider Enrollment Process (also see Goal Three). <ul style="list-style-type: none"> Provide technical assistance Provide training 	DCFS DHCFP Governance Workgroup Provider Standards & EBP Workgroup	9/2016 – present: DCFS has implemented a pilot process of training requirements of sub-grantees: 1. Trained in SOC principles and values	(See Goal Three) # trained # trainings # providers given TA

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	Develop Standards of Care for Children’s Mental Health Providers and Sub-Contractors <ul style="list-style-type: none"> Engage stakeholders in the development process. Accountability-based contracts that include adherence to the SOC principles and values. Fidelity to EBPs 	DCFS DHCFP Provider Standards & EBP Workgroup Governance Workgroup	2. Trained in high fidelity wraparound 3. CANS training 4. Evaluation training 12/2016: Provider requirements under development that include: <ul style="list-style-type: none"> Standards Training Accountability 12/2016: DHCFP completed RFP process and selected providers.	DHCFP: Revised RFP containing updated 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 <ul style="list-style-type: none"> Identify and recruit prospective providers Develop regional training capacity and provide training (see Goal 3) Develop the provider network in response to the findings from the gap analysis Develop partnerships with state-funded medical and professional schools for the provision of services, fellowships, externships, and internship programs. First Episode Psychosis <ul style="list-style-type: none"> Implement initial in Washoe County with expansion to Clark County. <u>Year Two Plans</u> <ul style="list-style-type: none"> Continue providing services. Continue data collection plans. 	Regional Consortia University of Nevada Las Vegas (UNLV) University of Nevada Reno (UNR) Provider Standards & EBP Workgroup	9/2016: DCFS has begun to identify community based providers and completed subgrants to begin providing services consistent with SOC Values and Principles. Training of providers on SOC Values and Principles has also begun. 10/2016: FEP implemented in Washoe and Clark counties	# of providers recruited into network based on gap analysis Increase in # of partners who can offer internships # served in Washoe County # served in Clark County (NOMS and CMHI)

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<p>Develop a workgroup to address youth referred to and returning from out of state placement</p> <ul style="list-style-type: none"> Partner with DHCFP's PRTF and DPBH workgroups to implement steps listed below. Include family voice and representation within workgroup activities. Families should receive assessment and wraparound services prior to referral to OOS and upon return <ul style="list-style-type: none"> Youth should have access to intensive in home services 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 	<p>DCFS</p> <p>DHCFP</p> <p>DPBH</p> <p>Nevada PEP</p> <p>Special Populations Workgroup</p>	<p>9/2016: Special Populations workgroup established.</p> <p>Washoe County has also begun a pilot program to address out of state placements for juvenile justice children.</p>	<p>Special Populations Workgroup established</p> <p># in out of state placement during past 12 months (NOMS section A Q8)</p> <p>Of those, what services were received through SOC (NOMS section K)</p> <p># discharged out of state (NOMS Section J Q3)</p>
	<p>Youth with co-occurring behavioral health and developmental and intellectual disabilities will have a full continuum of services</p> <ul style="list-style-type: none"> Define co-occurring services Revise MOU with ADSD ADSD case managers to receive Wraparound training Develop pilot program based off of SAMHSA Building Bridges Initiative Wraparound fidelity assessment 	<p>DCFS</p> <p>ADSD</p> <p>Special Populations Workgroup</p>	<p>10/2016: DCFS has partnered with ADSD to provide funding through the SOC grant for training of Registered Behavioral Technicians that treat youth with co-occurring behavioral health and developmental disabilities.</p>	<p>MOU revised</p> <p># ADSD case managers trained</p> <p># received co-occurring services (NOMS K 1-6)</p>
G1-6. Enhance family-driven supportive services.	<p>Family Peer Support</p> <ul style="list-style-type: none"> Adopt National Certification for Parent Support Providers 	<p>DCFS</p> <p>Nevada PEP</p>	<p>11/2016: Nevada PEP added Family Specialists in Reno and Las Vegas and reported the</p>	<p># family members that provide Family Peer</p>

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	<ul style="list-style-type: none"> • Increase Capacity • Develop Parent Support Provider Standards • Develop Required Training Curriculum • Develop Enrollment Process 	<p>Special Populations Workgroup</p> <p>Provider Standards & EBP Workgroup</p>	<p>numbers for the IPP report. Two Family Specialists completed orientation, three are in orientation and one Family Specialist completed and submitted the National Certified Parent Support Provider certification application and will take the certification test December 2016. NV PEP, SOC Parent Partner, has nationally Certified Parent Support Providers. National PSP standards developed. NV will need to adopt the standards and certification process when Medicaid State Plan is amended.</p>	<p>Support services (IPP WD5)</p> <p># families that receive family peer support (NOMS Section K, Support Services 3 and Nevada Specific Services 11)</p> <p>Quarterly reports from PEP</p>
	<p>Respite Care</p> <ul style="list-style-type: none"> • Develop provider agreements with Scope of Work • Recruit and identify trained providers of respite services • Identify reimbursement rate • Explore options for tiered rates 	<p>DCFS: develop process and protocol</p> <p>Regional Consortia: assist with recruitment</p>		<p># families that receive respite care (NOMS Section K, Nevada Specific Services 6)</p>
	<p>Parent Voice at all levels of SOC Expansion</p> <ul style="list-style-type: none"> • Recruit and support parents for each consortia • Develop youth activities/meetings • Promote family support meetings and training activities to increase involvement 	<p>Nevada PEP</p> <p>Regional Consortia</p> <p>Provider Standards & EBP Workgroup</p>	<p>Parent and Youth groups have been meeting and learning about using their voice for systems of change.</p>	<p># individuals who are involved in planning bodies that represent the family and youth voice</p>

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	<ul style="list-style-type: none"> Recruit and support parents to provide their Voice to decision-makers and planning bodies 			
G1-7. Enhance youth-guided supportive services	<p>Youth Peer Support Programs</p> <ul style="list-style-type: none"> Determine the mental health related peer services to be implemented in priority order Recruit and support youth/young adults to engage in SOC Expansion activities Develop chapter(s) of Youth M.O.V.E. Develop Social Media Plan to reach youth/young adults. Increase Capacity Design, fund, and implement mental health related peer services with enrollment standards 	<p>Nevada PEP</p> <p>DCFS</p> <p>Provider Standards & EBP Workgroup</p> <p>Department of Education, Office for Safe and Respectful Learning Environments</p>	<p>The Youth Voice has been represented on the Strategic and Communication plan/Social Media Plan Committee. NV PEP provides youth outreach through various social media outlets daily.</p>	<p># youth that provide services (IPP WD5)</p> <p># youth that receive peer support (NOMS Section K, Nevada Specific Services 12)</p> <p>Social media plan developed</p> <p>New peer services developed</p>
	<p>Authentic and Integrated Youth Voice in SOC Activities (Youth Leadership using Youth M.O.V.E National Model)</p>	<p>Nevada PEP</p>	<p>12/2016: NV PEP's Youth Facilitators have met with youth and developed and has been approved for a Nevada Chapter of the National Youth M.O.V.E. Nevada</p>	<p>Nevada will have an official Youth M.O.V.E Charter from the National Youth M.O.V.E. Board.</p> <p># of Youth M.O.V.E. activities</p>
G1-8. Develop "telehealth" capacity for enhancing services throughout the state (also see Goal 3).	<ul style="list-style-type: none"> Coordinate with Nevada Public and Behavioral Health and WICHE for planning and implementing a telemedicine program. Explore and secure network video opportunities. Identify and implement standards of care within telemedicine for crisis services and children's behavioral health. 	<p>Provider Standards & EBP Workgroup</p>	<p>DCFS has begun to implement telehealth across the Division (ex: Rural MCRT)</p>	<p>Establish MOU with WICHE for telemedicine</p> <p>NV standards for telemedicine for crisis services and children's</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
				behavioral health developed
G1-9. Develop statewide stakeholder communication and training program for SOC principles and values.	Develop System of Care training teams (see Goal 3)	DCFS Nevada PEP Provider Standards & EBP Workgroup	7/2016: DCFS SOC unit has developed its Technical Assistance and Training Unit to provide these trainings.	
	Develop a Strategic Marketing Plan and implement information sessions in concert with communication messages (from communication plan).	DCFS training team Nevada PEP	6/1/2016: Strategic marketing plan developed as part of our Communication Plan.	Strategic marketing plan developed Implement communication plan?
	Utilize communication with identified "Champions" as described in Communication Plan.		10/2016: The Communications workgroup has begun working closely with Nathan Orme, DCFS Public Information Officer to develop a consistent message.	

Goal 2: Funding Structures

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

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
<p>G2-1. Identify current public funding sources that are associated with the provision of children’s behavioral health services and/or workforce development (i.e. Medicaid State Plan, Early Periodic Episode Screening, Diagnosis and treatment, Nevada 1115 waivers, block grants, general funds, local and regional funding).</p>	<p><u>Year Two Plans</u> Review braided funding recommendations developed in 2007 as a part of the State Infrastructure Grant (Sheila Pires report).</p> <ul style="list-style-type: none"> Identify additional strategies for identifying funding sources. Identify elements and strategies of the report that are still applicable. Explore options for updating and utilizing recommendations from the report. 	<p>DCFS SOC team Governance workgroup</p>	<p>12/2016: Report reviewed and distributed to governance workgroup for review and recommendations.</p>	<p>Braided funding recommendations developed and disseminated.</p>
	<p><u>Year Two Plans</u> Identify County-Based Funding Sources</p> <ul style="list-style-type: none"> Explore existing funds that counties use to fund behavioral health Meet with county representatives to identify possibilities to maximize public resources for funding <p>Identify other Regionally-Based Funding Sources</p>	<p>Mental Health Consortia DCFS SOC team Governance workgroup</p>	<p>12/2016: Request made to consortia Chairs to add identification of regional and county-based funding to consortium meeting agenda</p>	<p>Report summarizing funding sources.</p>
	<p><u>Year Two Plans</u> Identify State-Based Funding Sources</p> <ul style="list-style-type: none"> Develop plans for budgeting funds for sustainability and enhancement of mobile crisis Identify budget and match implications for a possible reduction in billable direct-care services by DCFS staff (due to provision of less state-offered services). 	<p>DCFS SOC team Governance workgroup</p>	<p>9/28/2016 : DHCFP (Gloria McDonald) compiled a table of current initiatives across the state, funding sources and scope of initiatives.</p>	<p>Report summarizing funding sources.</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<u>Year Two Plans</u> Identify Federally-Based Funding Sources <ul style="list-style-type: none"> Explore and develop plans for the possible equitable and timely distribution and allotment funds through the Children’s Mental Health Block Grant 	DCFS SOC team		Report summarizing funding sources.
G2-2. Develop strategies for enrolling and providing support for families who need insurance and entitlement program services utilizing a public awareness and marketing campaign that ensures recognition of Nevada’s diversity and is culturally and linguistically competent.	<u>Year Two Plans</u> <ul style="list-style-type: none"> Meet with Directors of Nevada Insurance Exchange and Department of Welfare to collaborate on enrolling families in services Utilize the marketing plan developed by the Insurance Exchange and Welfare to reach families who could benefit from enrollment in expanded SOC services. This approach would be familiar to families due to ACA enrollment. Collaborate with Directors of Nevada Insurance Exchange and Department of Welfare (DWSS) to reduce stigma and ensure parity. Work with these entities to infuse SOC language in policies, applications, marketing materials, and other documents. Train DWSS staff and other state and local partners in SOC values and principles. 	DCFS SOC Staff Communications Workgroup Governance Workgroup Special Populations Workgroup	12/2016: DCFS developing MOU with DWSS to enroll families in insurance and entitlement programs (pilot testing process through children’s mobile crisis program). Program partners eligibility workers with mobile crisis team to develop immediate eligibility for services.	Strategies developed and disseminated.
G2-3. Work with Department of Health and Human Services and Medicaid on incorporating into any RFP for managed care contracts to use Systems of Care implementation practice.	<ul style="list-style-type: none"> DCFS will partner immediately with DHCFP to make appropriate adjustments to new RFP that will include SOC language and adherence to SOC Standards of Care. DCFS and DHCFP will communicate with MCOs regarding changes and implications of upcoming RFP. 	DCFS SOC Staff Governance Workgroup	SOC language was incorporated in to the RFP for MCOs. Selected MCOs attended to SOC values and principles in their applications.	Integration of SOC values and principles completed.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<ul style="list-style-type: none"> • DCFS to participate in review of RFP on managed care proposals throughout the State. • SOC Values and Principals added to RFP and any future RFP. 			

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

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

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
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).	<ul style="list-style-type: none"> • Develop technology capacity for elearning etc. • Develop software and hardware capacity and infrastructure. • Identify technology platforms for the provision of elearning. 	Universities, Lincy Institute, CSAT, NV partnership.	12/2016: DCFS has made contact with the Lincy Institute, CASAT and the Nevada Partnership for Training to identify elearning platforms for the rural communities.	
G3-2. Service Array Development	<p>In accordance with identified regional gaps:</p> <ul style="list-style-type: none"> • Recruit professionals specific to the identified service array gaps. • Develop retention programs for professionals • Work with partners to identify and/or develop incentive programs for recruitment 	Mental Health Consortia WICHE Professional Associations/Boards Governance Workgroup	<p>9/2016: DCFS has retained Strategic Process to perform the Gaps Analysis for Nevada. The Provider Standards workgroup has begun to identify our current service array.</p> <p>12/2016: DCFS SOC Team and Provider Standards & EBP Workgroup developed a list of evidence-based practices for children’s behavioral health and a recommended Nevada SOC Service Array resource.</p>	
	Examine challenges associated with reciprocity in professional licensing and develop a plan to address the challenges.	DPBH DCFS SOC team		

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	Provide SOC provider enrollment technical assistance new and existing professionals.	DPBH DCFS SOC team		# providers given TA
G3-3. SOC Provider Training Program	Policy/regulation development (SOC practice tied to public funding reimbursement).	Governance Workgroup		PD1
	Provider Enrollment Program <ul style="list-style-type: none"> • Identify providers in need of updated information and training. • Provide training for quality indicators and support. • Develop website with commonly asked questions and answers (as described in Communication Plan). 	Governance Workgroup	9/2016: SOC providers have begun to be trained on federal data collection tools as well as SOC Values and Principles	# trained # trainings
	Develop training mechanism in partnership with Governor's office and University System (WICHE)			
	Trainings identified as core to the development of the SOC New and Ongoing Provider Training Content Development <ul style="list-style-type: none"> • System of Care • Wraparound model • Child and Family Team model • Crisis intervention services • Family Engagement Strategies • Youth-guided service principles • Cultural and linguistically appropriate service practices • Evidence-based practices in children's behavioral health 	Special Populations Workgroup Provider Standards & EBP Workgroup	11/2016: DCFS has met with the National Wraparound Implementation Center to develop a training program on the latest wraparound methods and fidelity tools.	

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
G3-4. School Partnerships with Behavioral Health Providers	<ul style="list-style-type: none"> • Develop partnership between DCFS and DOE to align the SOC Strategic Plan and DOE's Theory of Action in order to maximize efforts. • Work with DOE to infuse SOC values and principles into funding mechanisms under the Office of Safe and Respectful Learning. • Partner with the DOE and funded school districts to infuse SOC values and principles into policies, procedures and practice. • Extend training opportunities to newly hired school-based mental health professionals funded under the DOE Office for Safe and Respectful Learning. 	<p>Department of Education, Office for Safe and Respectful Learning Environments</p> <p>DOE, Office of Safe and Respectful Learning's State Management Team</p> <p>Special Populations Workgroup</p>	<p>12/2016: SOC staff has connected with Christy McGill of DOE's Safe and Respectful Schools Office to begin discussion on how to infuse SOC Values and Principles into the DOE and also to discuss training school based mental health professionals.</p>	<p>Increased number of school-based providers meeting school based health clinic standards.</p>

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

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

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
<p>G4-1. Recruit and retain an external evaluator for the project who will develop an evaluation plan and timeline to ensure compliance with Federal evaluation requirements. Tailor the required evaluation system to meet the needs of Nevada.</p>	<ul style="list-style-type: none"> • Recruit external evaluation team. • External evaluators collaborate with SAMHSA and National Evaluation Team to adapt the evaluation to meet local evaluation needs. • Provide NOMs and CMHI training to WIN and some contracted providers. • Pilot test data entry portals. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Client level data collection will begin in accordance with national level requirements. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Integrate findings from Year Two in to Year Three activities 	<p>DCFS Management, immediate</p> <p>External evaluation team</p>	<p>6-8/2016: External evaluator contract process and evaluation planning began.</p> <p>7/2016-present: Pilot test data collection systems.</p> <p>12/2016: Client level data collection systems are established and WIN providers have been trained.</p>	<p><i>External evaluator hired</i></p>

<p>G4-2. Create an internal evaluation system that develops a system of accountability that monitors the implementation of the policy that ties SOC practice to public funding reimbursement.</p>	<p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Develop process evaluation plan and procedures. • Develop process for updating readiness and gap analysis reports. • Develop system level assessment of SOC principles (Are the values being integrated?) • Develop process for measuring fidelity. • Develop a process to compare services provided to the need and demand for services. 	<p>DCFS SOC team</p> <p>External evaluation team</p>		
<p>G4-3: Develop process and procedures for disseminating SOC findings to stakeholders in an ongoing basis to improve the overall SOC (in accordance with Communication Plan).</p>	<p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Develop dissemination material that is appropriate for specific audiences. • Disseminate evaluation findings for use in sustainability planning. 	<p>DCFS SOC Team</p> <p>External Evaluation Team</p> <p>Communications Workgroup</p>		

<p>G4-4: Develop an overall system sustainability plan that is grounded in SOC values and principles (i.e. management, funding, services).</p>	<p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Engage DHCFP in identifying access to Medicaid funding tied to adherence to SOC. • Explore options for expanding funded services (i.e. amendments to Medicaid State Plan). • Integrate SOC requirement language in to all future MCO RFPs. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Identify 2019 Legislative objectives and priorities 	<p>DCFS SOC Team</p> <p>Governance workgroup</p>	<p>12/2016: Initial system structures under development.</p>	
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