

# 2024



Washoe County  
Children's Mental Health  
Consortium

## Annual Report

## Executive Summary

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The Washoe County Children’s Mental Health Consortium is proud to present its 2024 Annual Report, offering a comprehensive overview of the progress, challenges, and achievements in the landscape of youth mental health within Washoe County. Guided by our vision of equitable access to compassionate and comprehensive mental health services and our mission to advocate for timely and appropriate behavioral health support for children, youth, and families, this report reflects our ongoing commitment to fostering a healthier, more inclusive community.

[The U.S. Surgeon General’s 2021 Advisory on the Youth Mental Health Crisis](#) continues to shape the Consortium’s strategic priorities. The Advisory’s emphasis on empowering families, addressing economic barriers, ensuring culturally competent care, and strengthening data collection aligns seamlessly with our goals for 2024. These priorities remain vital as we respond to the lingering mental health challenges exacerbated by the COVID-19 pandemic.

The findings of the [U.S. Department of Justice’s 2022 investigation](#) into Nevada’s reliance on institutional settings for children with behavioral health difficulties underscore the urgent need for systemic reform. The report’s recommendations to expand community-based services, improve oversight, and address gaps in care resonate deeply with the Consortium’s longstanding advocacy for sustainable, local solutions. Ongoing efforts by Nevada Medicaid and other state stakeholders aim to transform the system, with proposed investments of nearly \$200 million to provide home- and community-based services that prioritize family-centered care and prevent unnecessary institutionalization.

Despite these efforts, significant systemic challenges persist. Workforce shortages remain a critical barrier, with population growth outpacing the availability of qualified mental health providers. Low reimbursement rates and cumbersome credentialing processes further limit access, disproportionately impacting families reliant on Medicaid and private insurance. The Consortium also highlights the critical need for expanded training for providers, sustainable funding for essential programs, and local acute care resources for underserved pediatric populations, including those with intellectual and developmental disabilities.

In response to these challenges, the Consortium has achieved notable milestones. The transition of the Mobile Crisis Response Team (MCRT) to Washoe County enhances crisis intervention capacity, while bi-monthly meetings among senior leaders foster collaboration on key behavioral health initiatives and earmarking nearly \$19 million to the 988 Nevada Behavioral Health Crisis Hub. Community efforts, such as the Washoe County School District’s mental health resource fair and collaborative conversations across relevant systems, demonstrate the power of partnerships in bridging gaps and expanding access to care.

The Consortium also aligns with the priorities outlined in the [2023–2028 Silver State Health Improvement Plan](#), which emphasizes social determinants of health, access to care, mental health and substance use, and public health infrastructure. These shared priorities strengthen

our resolve to address systemic barriers and build a comprehensive network of support for youth and families.

As we move forward, the Consortium remains committed to leveraging data, advocating for equitable policies, and fostering collaboration among providers, families, and stakeholders. Through these efforts, we strive to create a community where every child and family has access to the mental health services they need to thrive. This report is both a reflection of our progress and a call to action for continued partnership in achieving this shared vision.

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## WCCMHC Vision, Mission, & Goals

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Per the Nevada Revised Statutes ([NRS 433B.333-339](#)), the Washoe County Children’s Mental Health Consortium (WCCMHC) is the designated consortium for the geographic area of Washoe County. The following Vision, Mission, and Goals were established in its [long-term plan](#):

### Vision and Mission

Our vision for children, youth, and families in Washoe County is:

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*Equitable access to compassionate and comprehensive mental health services and supports within our community.*

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Our mission is to:

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*Advocate on behalf of children, youth, and their families in Washoe County who require timely access to an array of behavioral health treatment services and supports.*

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### Goals

-  **1** Increase access to compassionate care in the least restrictive environment.
-  **2** Decrease and/or buffer children and youth’s exposure to toxic stress.
-  **3** Increase child, youth, and family access to positive community-based experiences.

## Relevant Systemic Factors

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### Surgeon General’s Advisory on Youth Mental Health

As first highlighted in the Consortium's 2021 Annual Report, the issuance of the [U.S. Surgeon General’s Advisory](#) on the Youth Mental Health Crisis marked a crucial acknowledgment of an escalating national issue. Released in December 2021, this Advisory underscored the profound mental health challenges faced by young people in the wake of the COVID-19 pandemic. Nearly three years later, its findings and recommendations remain deeply relevant, resonating with the Consortium’s ongoing assessments and strategic priorities for 2024.

The Advisory outlined several key recommendations (p.13), many of which align seamlessly with the Consortium’s mission and goals for the upcoming year:

- Empower youth and their families to recognize, manage, and learn from difficult emotions,
- Ensure that every child has access to high-quality, affordable, and culturally competent mental health care,
- Support the mental health of children and youth in educational, community, and childcare settings,
- Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers,
- Increase timely data collection and research to identify and respond to youth mental health needs more rapidly.

### United States Department of Justice Civil Rights Division Investigation

As previously reported: The United States Department of Justice Civil Rights Division launched an Investigation of Nevada’s Use of Institutions to Service Children with Behavioral Health Disabilities. On October 4, 2022, the US Department of Justice - [Civil Rights Division published its findings](#)<sup>1</sup> following its investigation of a complaint received on December 17, 2020, to *determine whether Nevada unnecessarily institutionalizes children with behavioral health disabilities*.

The initial paragraph of the *Investigation of Nevada’s Use of Institutions to Service Children with Behavioral Health Disabilities Report’s* (hereafter referred to as the “Report”) “Summary of Findings” states,

*Nevada does not provide its children with behavioral health disabilities with adequate community-based services. Instead, Nevada relies on segregated, institutional settings, like hospitals and residential treatment facilities, to serve children with behavioral health disabilities.* (p. 1)

The Report goes on to describe in detail its methods of obtaining evidence and the in-depth interviews conducted with a vast array of state, county, and community stakeholders, providers and advocates - to include the Director of the State Department of Health and Human Services

and the past and current Administrators of the Division of Child and Family Services. The Report also included the voices of children, youth, and their families who offered vivid portrayals of their lived experiences of having received services in residential treatment facilities. (p. 2)

For the membership of this Consortium, the Report's findings were of no surprise, but were nonetheless "devastating", "sobering", "saddening", and for some, a "reckoning" and an "opportunity" to leverage the Report's findings to support the Consortium's long history of documented recommendations to promote and sustain community-based children's mental/behavioral health services within Washoe County.

The Report's final recommendations for remedial measures are as follows:

- *Ensuring that community-based services are accessible and available with sufficient intensity to prevent unnecessary institutionalization.*
- *Ensuring that the array of services is available statewide as required by Medicaid.*
- *Exercising robust oversight of community-based providers.*
- *Assessing children at serious risk of institutional placement for community-based services and quickly connecting them to appropriate services.*
- *Working with children and families when a child enters a segregated setting to facilitate discharge and transition back to the community. (p. 25)*

<sup>1</sup>Office of Civil Rights, Investigation of Nevada's Use of Institutions to Serve Children with Behavioral Health Disabilities (2022). US Dept of Justice Office of Civil Rights. Retrieved October 4, 2022, from <https://www.justice.gov/opa/pr/justice-department-finds-nevada-unnecessarily-segregates-children-behavioral-health>.

Efforts are underway to address the report's findings. Nevada Medicaid is working in partnership with stakeholders to [transform the state's system](#) for children in foster care and children with significant behavioral health needs. This transformation seeks to avoid unnecessary institutionalization of children in Nevada with behavioral health needs. [The proposal](#) consists of new policies and procedures to screen and assess children early and often for behavioral health needs. Any children with a serious emotional disorder or in foster care would be connected to a new home-and-community based services program funded by Medicaid. The goal would be to wrap services around the child and family in support of the child remaining in the home and community. [The state estimates](#) between 10,000 and 15,000 children would be eligible for this new program with nearly \$200 million (state and total federal Medicaid funds) invested in the program by the end of year three. The services available to an eligible child in the home would include individual and family therapies, psychosocial rehabilitation services (skill building and intensive in-home services), family and youth peer supports, caregiver respite care, and wraparound facilitation. Community-based services would include, but not be limited to, nonemergency medical transportation, day treatment, psychiatric services, medication management, mobile crisis services, crisis stabilization services, partial hospitalization or intensive outpatient care, and youth employment supports.

Nevada Medicaid received State Plan approval to reimburse providers of facility based Intensive Crisis Stabilization Services a daily rate, along with enhanced reimbursement for qualifying



community based mobile crisis team response July 29, 2024. Nevada Medicaid plans to make further developments to support development of mobile crisis teams statewide.

### Division of Public and Behavioral Health Release of Silver State Health Improvement Plan

The Public Health Infrastructure and Improvement Section (PHIIS) provides oversight of statewide improvement in public health infrastructure and quality. This includes workforce initiatives, public health accreditation, data modernization, and public information. Access to health care; mental health and substance use; conditions that promote health and well-being; and robust governmental systems that keep communities healthy and respond to public health emergencies are the major health priorities identified in the [2023-2028 Silver State Health Improvement Plan \(SSHIP\)](#). The SSHIP can be viewed at the state Division of Public and Behavioral Health (DPBH) [Public Health Infrastructure and Improvement Section web page](#) under “Resources.”

The top priorities laid out in the Silver State Health Improvement Plan closely align with the Consortium’s vision, mission and goals:

1. *Social determinants of health*
2. *Access to health care*
3. *Mental health and substance use*
4. *Public health infrastructure*

### CDC Press Release and Data

[CDC data](#) released in August of 2024 highlight improvements in mental health among some United States teens, including decreases in the percentage of students feeling persistently sad or hopeless.

Between 2021 and 2023, several key improvements were observed in youth mental health:

- The percentage of students overall experiencing persistent feelings of sadness or hopelessness decreased from 42% to 40%.
- Among female students:
  - The percentage experiencing persistent feelings of sadness or hopelessness declined from 57% to 53%.
  - The percentage seriously considering attempting suicide decreased from 30% to 27%.
- Among Hispanic students:
  - The percentage feeling persistently sad or hopeless decreased from 46% to 42%.
  - The percentage experiencing poor mental health declined from 30% to 26%.
  - The percentage seriously considering attempting suicide dropped from 22% to 18%.
  - The percentage who made a suicide plan decreased from 19% to 16%.
- Among Black students:
  - The percentage who attempted suicide declined from 14% to 10%.
  - The percentage injured in a suicide attempt dropped from 4% to 2%.

Despite the progress in mental health, there were notable increases in students reporting violence and safety concerns at school or during their commute:

- The percentage of students threatened or injured with a weapon at school increased from 7% to 9%.
- The percentage of students bullied at school rose from 15% to 19%.
- The percentage of students missing school due to safety concerns increased from 9% to 13%.

These trends highlight both areas of improvement and continuing challenges in addressing youth well-being and safety.

### Challenges and Achievements as Noted by Community Providers

The Consortium continues to monitor and seek our community's input and feedback from a broad array of family and community provider voices that keep us informed of the experiences of success and challenge in identifying, accessing, building, and sustaining the broad array of community mental health services to meet the needs for the mental health and well-being of our children, youth, and families. Several themes of need repeatedly surfaced during monthly Consortium meetings again in 2024:

A key systemic factor impacting youth mental health is the critical mismatch between the growing demand for services and the availability of qualified mental health providers. The Consortium has observed significant population growth that has outpaced the capacity of the mental health workforce. While workforce development initiatives have been scaled from successful pilot programs, these efforts alone have not been sufficient to meet the rising need for services.

Compounding this issue is the widespread inability/unwillingness of providers to accept insurance or Medicaid due to unsustainably low reimbursement rates. Even when providers are willing and able to contract with insurance panels, the time and energy necessary to credential is often a barrier to timely bringing on this crucial resource. It can be a lengthy and cumbersome process, often draining the resources of already stretched agencies in the community. This creates a financial barrier for providers and contributes to gaps in access for patients who rely on these payment sources. Moreover, the lack of reliable, updated data on which providers accept insurance and Medicaid further exacerbates the problem. Existing directories and records often overestimate provider availability, creating a misleading impression of network adequacy. In practice, anecdotal evidence consistently highlights the struggle many individuals face in finding providers who will accept Medicaid or insurance, leaving vulnerable populations without necessary care. Addressing these systemic barriers requires coordinated efforts to ensure equitable access to mental health care. Sustainable funding for provider reimbursement, transparent data on insurance participation, and strategic workforce expansion must be prioritized to close the gap between need and availability.

Another significant systemic challenge is the limited training available for child-facing providers to effectively support youth with behavioral health concerns. The ability to serve as a trusted adult for children and adolescents in crisis is critical, yet many people lack the necessary

education and tools to fulfill this role. Expanding training programs to address this gap is essential for improving outcomes for struggling youth in Washoe County.

A pressing challenge is the "funding cliff" that occurs when time-limited grants supporting essential behavioral health services expire. Without consistent and reliable funding sources, the burden of continuing these services often falls on schools and other community organizations, which are frequently unequipped to sustain them. This disrupts service delivery and jeopardizes the progress made during the grant-funded period. Long-term, sustainable funding solutions are needed to ensure continuity and stability for critical programs.

The community continues to face a severe shortage of acute care resources for the pediatric population, particularly for children under 11 years old. This gap leaves families in crisis with few options, often forcing them to seek care out of state, rely on emergency departments, or manage crises at home without adequate support. This not only overburdens families but also exacerbates the strain on local healthcare systems. Developing local acute care resources for this population is a priority for addressing this critical need.

Families of individuals with intellectual and developmental disabilities (IDD) face numerous barriers in accessing specialized childcare, acute care, outpatient, and residential services. The lack of respite care for families further exacerbates the challenges, often leading to crisis situations that could otherwise be prevented. Juvenile services also struggle to find appropriate placements for youth with IDD, highlighting the urgent need for specialized and expanded care options.

Another systemic issue is the need for additional training for graduates of local graduate-level programs. Many new professionals require significant on-the-job training to effectively serve children and adolescents, which places an additional burden on agencies that hire them. These agencies are often overextended, limiting their capacity to provide the necessary orientation and specialized training. Addressing these gaps in education and workforce preparation is critical to ensuring a sustainable and competent mental health workforce.

A notable community achievement is the establishment of bi-monthly meetings for senior leaders to discuss and update regional behavioral health initiatives. These gatherings focus on advancing behavioral health in Washoe County and include updates on efforts such as the development of a behavioral health crisis response system, the Sequential Intercept Model project to divert and deflect individuals with behavioral health challenges from the justice system, and the Youth Mental Health Collective Impact project. Other topics include legislative initiatives, workforce development efforts, and updates on the facility formerly known as West Hills. These meetings have fostered collaboration and alignment across stakeholders, driving progress on key initiatives.

The successful transition of the Mobile Crisis Response Team (MCRT) to Washoe County is another significant milestone. This move enhances the region's ability to provide timely and

effective crisis intervention services, with the intention of reducing the burden on emergency departments and families.

The Washoe County School District hosted a mental health resource fair on voting day, bringing together over 50 community resources and featuring five presenters. This event served as a bridge between schools and the broader community, fostering partnerships and increasing access to mental health resources.

## Family Voice

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The Consortium remains committed to facilitating a safe space to listen to the needs and experiences of youth and families in Washoe County. As we have facilitated the practice of an ongoing “Family Voice” agenda item in our Consortium meetings, we are able to track themes as they emerge throughout the year. The following summarizes the needs and experiences that were expressed during our meetings this past year. The Consortium’s goals have been noted next to each of the themes that arose from Family Voice as they affirm the Consortium’s ongoing commitment to the goals and objectives outlined in our long-term plan and formed the basis for some of the action taken by the Consortium.

- There were fewer reports of families having difficulty in reaching Child Find and that evaluations for special education services were completed in a timelier manner than in previous years (Goal 1 & 3).
- Families reported that they are unaware of the bullying investigation process and how to report an incident of bullying. Families report that school staff have discouraged them from reporting bullying via Safe Voice (Goal 2 & 3).
- WCSD has experienced improvements with staffing shortages both in the educational setting and in transportation; however, it is anticipated that this will be a short-lived relief, as there is a “funding cliff” for mental health services and losses are anticipated (Goal 1 & 3).
- Many families reported that they have had difficulty finding affordable housing due to housing shortages (Goal 1).
- Families are having difficulties finding occupational therapy, ABA therapy, Speech therapy and services for children with complex medical and behavioral needs (Goal 1, 2 & 3).
- Long waitlists are a barrier to accessing mental health evaluations for families seeking a diagnosis for their child (Goal 1 & 3).
- Access to behavioral health services that are community-based for families continues to be a barrier throughout the 2024 year (Goal 1, 2 & 3).

- Families reported food insecurities since SNAP benefits decreased (Goal 3).
- Spanish speaking families reported language barriers that have limited their access to services in their community (Goal 3).

## Community Snapshot

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The Consortium is pleased to highlight some of the many supports and resources in our community that contribute to the success of children and families. Each of the featured agencies is committed to advancing the goals of the Consortium. We are so very proud of the efforts of all the providers, programs, and entities in Washoe County for their perseverance and their efforts to maintain, and in many instances, increase services and care in our community.

### Youth Mental Health Summit

The Washoe County Youth Mental Health Summit 2024 was a collaborative event designed to enhance awareness and provide resources around youth mental health. Hosted by The Children’s Cabinet, Renown Health, Washoe County School District (WCSD), and the State Office of Suicide Prevention, the summit focused on connecting community stakeholders and providing educational insights into mental health challenges faced by young people. Below is a summary of key moments from the event:

#### **Morning Sessions:**

The event began with welcoming speeches from Kim Young, CEO of The Children’s Cabinet, and WCSD Superintendent Joe Ernst, setting a tone of collaboration and urgency for addressing youth mental health.

#### **Keynote Sessions & Presentations:**

Youth Risk Behavior Surveillance System (YRBSS): Dr. Kristen Clements-Nolle shared updates on the latest data regarding youth behaviors and health risks.

Update on West Hills Hospital: Ryan Gustafson, Director of Washoe County Human Services Agency, provided an update on mental health services and facilities in the region.

Developing the Mental Health Professional Pipeline: Dr. Takesha Cooper discussed efforts to build a pipeline of mental health professionals to meet growing demand.

Digital Wellness: Dr. Samuel Ehrenreich highlighted the impact of digital technology on youth mental health, followed by a panel of teens discussing their experiences.

#### **Afternoon Sessions:**

Signs of Suicide Data: Keeli Killian (WCSD) and Kimberley Hargrove (The Children’s Cabinet) presented data on suicide prevention and intervention, followed by a session on the Nevada State Office of Suicide Prevention’s toolkit for schools.

Childhood Brain Development: Natalie Sanchez, MS, MFT, delivered a session on brain development and its relevance to mental health, with a subsequent panel discussion involving teens.

Sports, Athletics, and Mental Health: This session explored the intersection between athletic

participation and mental health, followed by a panel of teen athletes discussing mental health challenges in sports.

#### **Youth Mental Health Resource Fair:**

In the evening, the Youth Mental Health Resource Fair featured over 30 organizations offering resources and support for youth mental health, creating opportunities for families and educators to connect with local services.

#### **New Features:**

The event introduced new elements, including a Digital Wellness Teen Panel and a Childhood Development Teen Panel, giving youth a voice in the conversation on mental health.

This summit served as a vital platform for collaboration, education, and resource sharing, aimed at addressing the pressing mental health needs of young people in Washoe County.

### **Nevada System of Care**

The System of Care (SOC) grant unit has continued its mission of fostering partnerships and advancing the strategic objectives outlined in the four-year plan to support children's mental health throughout Nevada. Efforts in 2024 were focused on expanding access to evidence-based services, enhancing community-based supports, providing technical assistance, and delivering essential training to strengthen the state's behavioral health system for children and youth.

This year, the SOC grant unit's activities exemplify its dedication to creating sustainable and impactful mental health supports across Nevada:

- **Expanding Mobile Response and Stabilization Services:** In collaboration with Rural DPBH, the grant ensured 24-hour access to Mobile Response and Stabilization services, significantly enhancing access to mobile response resources in rural and frontier regions of Nevada.
- **Support for Transitional-Aged Youth:** Funding for Pacific Behavioral Health allowed the continuation of a unique Intensive Outpatient Program (IOP) serving transitional-aged youth in rural Nevada. This program includes mental health assessments, individual therapy, and weekly family and group sessions. Intensive outpatient and in-home therapy services for youth already enrolled in the program were maintained, helping clients connect to additional supports and resources.
- **Community-Based Substance Abuse Interventions:** The Fort McDermott Tribal Wellness Center utilized grant funding to deliver clinical interventions for substance abuse among children, youth, and their families. This additional support enabled the center to secure future funding for sustainable service delivery.
- **Youth Empowerment Through Youth MOVE Nevada:** Youth MOVE Nevada continued to elevate youth voices by hosting youth-led weekly meetings, social media events, and monthly podcasts. The organization also actively contributed youth perspectives to committees, program planning, and evaluation efforts, emphasizing the importance of engaging youth in behavioral health advocacy.
- **Meeting Behavioral Health Needs in Remote Areas:** The Nye Communities Coalition (NYECC) exceeded its contractual goals by providing the required number of clinical treatment hours for youth and surpassing its training targets. Numerous training and

support events were held to address the unique behavioral health needs of children and youth in remote Nevada communities, reinforcing NYECC's positive impact.

- **Strengthening Pediatric Behavioral Health Access:** The partnership with the University of Nevada, Las Vegas School of Psychiatry transitioned to the Pediatric Access Line (PAL) program. Supported by a federal Health Resources and Services Administration (HRSA) grant, this transition ensures the continuity of critical community-based services.
- **Improving Assessment and Cultural Competency:** In collaboration with CME, Magellan Healthcare, training was provided for service providers on the *Child and Adolescent Needs and Strengths Assessment* tool. Direct service staff also participated in the *System of Care 101* and *Advancing Health Equity and Improving Cultural and Linguistic Competency in our Practices* courses. This expanded the understanding and implementation of System of Care values and principles in the work with children, youth and families across Nevada.
- **Respite Provider Training:** In collaboration with the Aging and Disability Services Division (ADSD), the Respite Provider Training project recorded training sessions focusing on mental health and behavior. Efforts continue to secure a vendor for the training platform to make these resources widely accessible.

Through these targeted initiatives, the SOC Grant Unit has demonstrated its commitment to advancing Nevada's behavioral health infrastructure and addressing critical gaps in services for children, youth, and families across the state.

## Washoe County School District

### Mental Health Highlights

#### 1. **Signs of Suicide Program (SOS)**

The Washoe County School District (WCSD) has successfully implemented the Signs of Suicide (SOS) education program across all middle and high schools. Screening in middle schools is conducted in collaboration with The Children's Cabinet. The SOS program is an evidence-based youth suicide prevention initiative designed for students in grades 6–12. It aims to improve knowledge and foster adaptive attitudes about suicide and depression. Through its unique "ACT" approach—Acknowledge, Care, and Tell—a core component of the curriculum empowers students to identify signs of depression and suicidal ideation in themselves and their peers and to seek help from trusted adults.

- **Student Participation:** During the 2023–2024 academic year, over 3,195 seventh-grade students participated in education and screenings through the Signs of Suicide (SOS) program.
- **At-Risk Identification:** Screening data revealed that approximately 33% of students (1,056 individuals) were identified as being at risk for depression or suicidal ideation.
- Participants included:
  - 1,674 boys
  - 1,451 girls
  - 67 students who self-identified as transgender or nonbinary (50 of whom scored at-risk)

- **Risk Categorization:** Risk levels were categorized to enable tailored interventions.
- **Parental Consent:** Parent consent for student screenings increased from 73% in the previous year to 81% for the 2023–2024 school year, reflecting growing trust and engagement from families regarding mental health education and intervention.

The program enhances students’ awareness while equipping school professionals, parents, and community members with tools to support at-risk youth. Collaboration with The Children’s Cabinet and school-based counseling teams ensures that students identified as at-risk receive prompt and appropriate follow-up care, contributing to a comprehensive response to youth mental health needs. This initiative underscores WCSD’s commitment to fostering student well-being and addressing critical mental health concerns proactively.

## 2. **WCSD Mental Health Community Resource Fair**

WCSD hosted a Mental Health Community Resource Fair on December 20, 2024. The goal of the event was to highlight community resources and connect members of WCSD school-based mental health teams with providers to foster collaboration and better support students. This effort, combined with five fantastic and poignant presentations by district and community leaders specializing in working with children and adolescents, provided attendees with a well-rounded experience to enhance their knowledge and improve their work with children and adolescents.

### **Resource Fair Data**

Attendees: Over 172 attendees

Presentations: 5

- The Teen Brain
- Addressing Student Grief & Loss with Quick Somatic Techniques
- Supporting LGBTQ+ Students in Schools
- OCD and Anxiety Disorders in Children
- Byte-Sized Support: AI Solutions for Supporters of Student Mental Health

Community Mental Health Providers who tabled: 55

## 3. **Youth Mental Health First Aid (YMHFA)**

Classes are offered to school staff each semester, including teachers, administrators, and school mental health professionals.

- YMHFA teaches adults working with young people how to identify, understand, and respond to signs of mental health and substance use challenges among adolescents aged 12–18.
- Staff build skills and confidence to provide initial support to struggling youth and learn how to connect them to appropriate resources.



#### 4. **Hope Squad Program – Suicide Prevention**

- Two additional schools—O’Brien Middle School and Damonte Ranch High School—were added to the Hope Squad Program for the 2023–2024 school year.
- Hope Squad uses a peer-to-peer model to empower students to intentionally reach out to peers and become instruments of change.

#### 5. **Resources for Bullying and Cyberbullying**

- Board Policy 5700 (Safe and Respectful Learning Environment) requires the district to train students on all forms of bullying and harassment. Additionally, providing district-wide bullying training supports WCSD Strategic Goal #3 – Safety and Belonging, helping ensure that every student feels welcomed, included, and valued within a safe and supportive school environment. To further this goal, WCSD has partnered with Vector Solutions to provide videos and lessons to schools.

#### 6. **SafeVoice Data Highlights**

- During the 2023-2024 school year, there were a total of 128 high school SafeVoice tips related to mental health. Of these, 20 were related to self-harm, 68 involved suicide threats, and 40 addressed incidents of bullying. This data highlights a critical need for ongoing mental health support and anti-bullying initiatives within the school community.
- At the middle school level, the SafeVoice system received a total of 118 tips related to mental health. These included 19 reports of self-harm, 51 suicide threats, 27 bullying incidents, and 21 cases of cyberbullying. This data underscores the importance of targeted mental health interventions and digital safety education for this age group.

#### **Project AWARE**

WCSD is in the final year of implementing the **Advancing Wellness and Resiliency Education (AWARE) grant funded by the Substance Abuse and Mental Health Services Administration**. The Project AWARE team and pilot school stakeholders have worked to increase mental health literacy within school communities, improve access to school-based mental health services, and strengthen mental health teaming structures in alignment with the existing Multi-Tiered System of Supports (MTSS) framework adopted by the Washoe County School District. Nevada’s Medicaid Plan has been amended to allow reimbursement for a range of school-based mental health services. The AWARE team has actively promoted district infrastructure necessary for Medicaid reimbursement, including options for integrating an Electronic Health Record to document school-based mental health services.

During the past year, the AWARE team facilitated or supported trainings that reached 1,992 participants, including staff, students, and family members. Additionally, 327 students participated in school-based mental health services, which included early intervention group supports and individual clinical mental health services.

WCSD is collaborating with partners to define and align the roles of mental health teams and expand partnerships with community behavioral health providers. Bringing professionals onto our campuses increases our capacity to serve students and enables them to remain in school. The Washoe County School District provides access to mental health teams at all schools. Sustainability of services after grants end and reducing student-to-staff ratios remain frequent topics of discussion.

### **School-based Mental Health Professionals (MHP)**

School-based Mental Health Professionals (MHPs) serve as integral members of school teams with a comprehensive scope of responsibilities. MHPs primarily provide direct clinical services to students needing intensive therapeutic interventions, including conducting assessments, delivering individual and group therapy, and developing culturally competent treatment plans. They also support school staff through professional development and mental health referrals while serving as key members of crisis response teams for suicide prevention and intervention. Their school-wide impact includes collaborating on mental health initiatives like Mental Health Month and providing educational programming on behavioral and social-emotional wellness. Additionally, MHPs maintain detailed clinical documentation in compliance with HIPAA and FERPA regulations, including treatment plans, progress notes, and mandatory reporting forms. Their role uniquely bridges therapeutic intervention with educational support, ensuring students receive necessary mental health services within the school environment while working to improve the overall school climate.

MHP Caseloads: Currently, MHPs are providing direct therapy to more than 282 students. This does not account for the number of students experiencing mental health crises, including suicidal ideation, or for the support provided through group and individual interventions related to violence and substance use, as well as single-support visits for students and families.

### ***School Social Workers***

During the past school year, the School Social Work team for WCSD expanded to 18 staff licensed by the Nevada Board of Examiners for Social Workers as well as the Nevada Department of Education. The team has gradually expanded over the past decade to introduce the vital role of school social work within school mental health teams. School social workers provide services across the continuum, from prevention and mental health promotion activities to crisis intervention. They serve as a resource to strengthen engagement between families and schools and offer outreach services to families to promote access to community-based mental health and other resources. A key focus during the past year has been aligning current school-based practices with the standards set forth by the School Social Work Association of America to guide school social work services.

### ***School Counselors***

School counselors in WCSD are essential advocates and facilitators of student success, balancing academic guidance, mental health support, and systems-level change. However, addressing barriers such as high caseloads, additional duties, and equity challenges is key to enabling them to better serve the diverse needs of all students. By focusing on these areas, WCSD empowers school counselors to continue making a meaningful difference in the lives of students.

School counselors in WCSD play a vital role in supporting the academic, emotional, and social success of all students. Their work helps students develop strategies for academic achievement, manage emotions and interpersonal skills, and prepare for postsecondary options, including higher education, military service, or entering the workforce. Many school counselors manage large caseloads, limiting their ability to provide personalized and proactive support to all students.

**Increasing Mental Health Needs:** The growing prevalence of student mental health challenges requires more time and resources for individualized support, straining existing capacities.

**Equity Gaps:** Addressing disparities in access to resources, opportunities, and academic success among different student groups remains a systemic challenge that counselors continually work to overcome.

**Family and Community Engagement:** Building effective partnerships with families and community organizations can be time-intensive but is crucial for addressing the broader needs of students.

### **School Psychologists**

Due to shortages in community resources, students often receive vital mental wellness supports at school, and school psychologists frequently lead site-based mental health teams. However, staffing shortages (Northern Nevada currently does not offer a public graduate program to train aspiring school psychologists) mean much of their work focuses on crisis response or IEP compliance—just one component of the comprehensive service delivery model advocated for by the National Association of School Psychologists.

School safety is a critical priority, and school psychologists play a key role in both prevention and responsive services. There has been a yearly increase in incidents requiring behavioral threat inquiries and/or behavioral threat assessments at the PK-12 level. School psychologists are essential team members in these processes, responsible for training school teams on behavioral threat inquiries and serving as team leaders for comprehensive behavioral threat assessments. Due to critical staffing shortages, school psychologists are often asked to take on additional sites, reducing the time and opportunity for essential preventative supports needed to establish and sustain effective mental health services at school sites.

### **NVPeds**

NVPeds published 11 monthly Telegrams and 12 Infographics focusing on youth mental health during 2024. Some topics included: *Survivors of Suicide Loss, Healthcare Disparities, Intimate Partner Violence, Food Insecurity, Youth Safety, Technology & Youth Mental Health, Intergenerational Trauma, Youth Overdose Prevention, The Importance of Play, and When Youth Experience Grief*. NVPeds publications were circulated over 9000 times to pediatric providers, clinicians, educators, state and local agency representatives, system partners, program champions, and community members.

NVPeds sponsored 324 participants through 136 training opportunities: 2 in-person/hybrid, 8 live-virtual and 126 asynchronous/self-paced courses, with 13% of trainee attendees representing rural and frontier communities.

During the past year, NVPeds provided sponsorships, support, and technical assistance to expand Nevada’s healthcare workforce by adding the following: 17 Certified CAMS Trained© (Collaborative Assessment and Management of Suicidality), Clinicians, 14 REACH Institute Patient-Centered Mental Health in Pediatric Primary Care Trained PCPs and 35 Certified Circle of Security Parenting Attachment Program Facilitators.

The HRSA Pediatric Mental Health Care Access (PMHCA) grant that funded NVPeds ended in late September, and the program ceased existence when DCFS leadership chose to no longer pursue funding (nor work with the partner agency that received the new HRSA grant) to sustain the program. UNLV was awarded the new HRSA PMHCA grant funding and has a statewide program, the Pediatric Access Line (PAL).

While NVPeds has ceased operations, the Nevada Pediatric Access Line (<https://nvpal.org>) program continues to offer pediatric psychiatry consultations, care coordination, and educational content for practitioners statewide. NV PAL is currently working to coordinate professional development opportunities to ensure PCPs across the state can gain tools, skills, knowledge, and comfort in addressing mental and behavioral health needs among their youth and young adult patients.

Under a HRSA expansion grant, NVPeds collaborated with the Nevada affiliates of NAMI (National Alliance on Mental Illness) and High Sierra AHEC (Area Health Education Centers) to support youth mental health workforce development across the state. This innovative paid internship pilot project provided opportunities for transition-age young adults to enter the healthcare workforce through access to the necessary training, practicum hours, and supervision to earn certification as Peer Recovery Support Specialists and Level 1 Community Health Workers through the Nevada Certification Board. 14 program interns have completed the required training, testing, and internship hours to achieve dual certification.

### Health Psychology Associates

Health Psychology Associates (HPA), established in 2015, is a community-based mental health clinic offering a range of mental health services to individuals of all age groups. We take pride in providing services to a diverse population, including children and families, and accept various insurance plans, including Medicaid.

In the realm of children’s mental health, our providers specialize in offering therapy services, with several psychologists and therapists delivering evidence-based training in child-focused therapies such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT), behavioral parent training, and parent management training. We are looking forward to providing training in evidence-based modalities in 2025 for our staff and expanding opportunities for community engagement in this area. Our team of marriage and family therapists, clinical professional counselors, and their interns actively engage in providing school-based mental health services within the Washoe County School District, with a presence in multiple schools across the district. In 2024, HPA partnered with the Washoe County School District to provide critical training in child and adolescent development in addition to participating in community and school resource fairs.

HPA plays a vital role in the juvenile justice system by conducting juvenile psychological and competency evaluations for Washoe County Juvenile Services. These evaluations contribute to the process of determining appropriate treatment and rehabilitation strategies for youth who have engaged in criminal behavior. Additionally, our clinic offers comprehensive psychological and neuropsychological assessments to evaluate cognitive and developmental functioning, covering conditions such as ADHD, learning disabilities, and autism.

HPA actively supports activities that foster community engagement. During 2024 professionals from HPA were represented as the keynote speaker and expert in adolescent sports psychology at the Children’s Mental Health Summit. Clinicians from HPA serve on the Safe and Healthy Schools Commission for Washoe County School District, Nevada Medicaid Children’s Behavioral Health Workgroup, the University of Nevada counseling and educational psychology advisory board, the Paul McReynolds lecture series steering committee, and the WCCMHC. We are looking forward to providing educational and learning opportunities for professionals in the community in 2025 by highlighting clinical care for children and adolescents as we build off our successful Medicating Normal CEU event, which was a collaboration with the Nevada Psychological Association with approximately 250 attendees.

As part of our commitment to professional development, we provide supervision and training to clinicians and students in both pre- and post-degree programs. HPA proudly serves as a training site for the clinical psychology, counseling and educational psychology, and social work training programs at the University of Nevada, Reno. We look forward to continuing to support our clients, clinicians, and community in 2025.

### Nevada PEP

Family Peer Support, provided by Nevada PEP, is a vital service connecting parents of children with mental and behavioral health needs to other parents with lived experiences. This program aims to:

- Increase family resilience,
- Decrease isolation and internalized blame,
- Promote the importance of self-care for parents,
- Enhance feelings of self-efficacy, and
- Foster acceptance and appreciation of a child’s challenges empowering families to engage with both formal and informal supports effectively.

In 2024, Nevada PEP received referrals from diverse sources, including:

- 47 referrals from the Northern DCFS Children’s Mobile Crisis Response Team,
- 32 referrals from the Washoe County Children’s Mobile Crisis Response Team,
- 30 referrals from the WIN program, and
- 184 family self-referrals.

Over the course of the year, Nevada PEP provided Family Peer Support services to 598 families in Washoe County.

Family Peer Support was identified as a Medicaid-billable service in the May 2013 Joint CMCS and SAMHSA Informational Bulletin, which highlighted its clinical and cost-effectiveness. Despite this, a 2022 United States Department of Justice investigation into Nevada found that Family Peer Support remains insufficiently available to prevent institutionalization. The investigation emphasized the need to revise Nevada’s Medicaid definitions to support the adequate provision of these services.

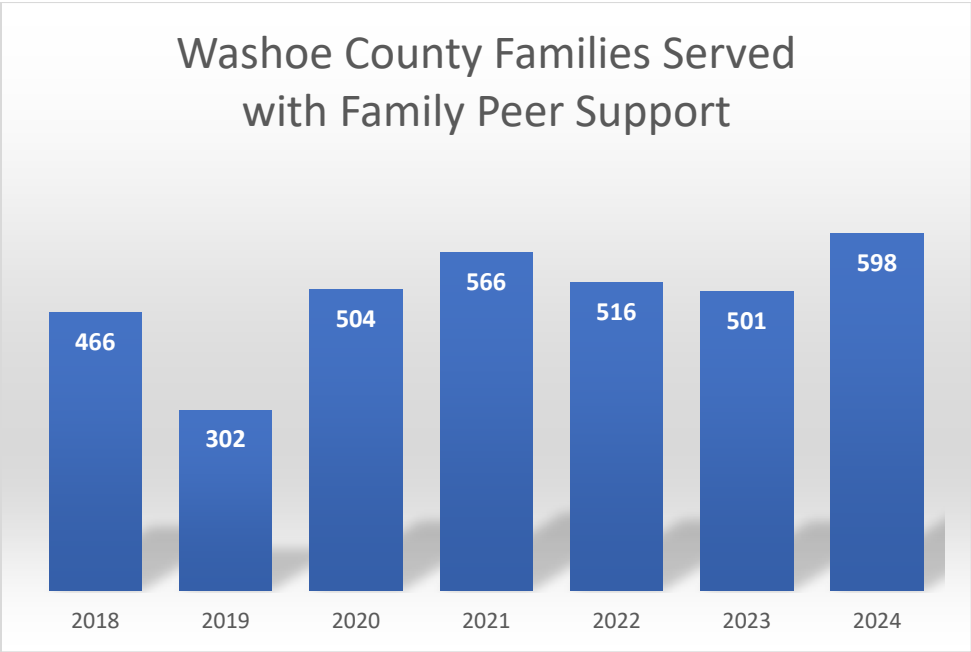
The Division of Child and Family Services (DCFS) has recognized the value of Family Peer Support since its early partnerships with Nevada PEP on grants starting in 1993 and its formal contracting for the service in 2012. This long-standing collaboration underscores the critical role these services play in supporting youth and families. DCFS remains committed to programs that enhance workforce development through training tailored to deliver high-quality services for special populations.

As part of Medicaid’s Children’s Behavioral Health Transformation initiative, Family Peer Support is currently in the developmental stage of becoming a Nevada Medicaid-reimbursable service, with policies, rates, and system updates actively in progress.

#### Next Steps:

1. **Sustaining Funding:** Ensure continued funding for Family Peer Support beyond the availability of ARPA funds to address the needs of non-Medicaid eligible children and youth with behavioral health care needs and co-occurring disorders.
2. **Medicaid Inclusion:** Nevada Medicaid should incorporate Family Peer Support into the State Plan for Medicaid-eligible children and youth with Serious Emotional Disorders (SED), co-occurring disorders, or those at risk, as well as children and youth involved in the foster care system.
3. **Workforce Expansion:** Support the expansion of Family Peer Support services through organizations aligned with System of Care principles and values. This requires the establishment of a state-authorized training and certification process, developed and implemented in accordance with national model standards and recognized core competencies.

Family Peer Support continues to demonstrate its value as a critical component of Nevada's behavioral health system, promoting resilience and well-being for children, youth, and families.



<https://www.youtube.com/watch?v=WVP4Lc9Yef8>

**Community Behavioral Health Collaborative (UNR)**

The Community Behavioral Health Collaborative (CBHC), founded as a pilot project in January 2022, sought to increase access to clinical/therapeutic mental health services and stimulate an increase in the number of qualified clinical mental health professionals, especially at the master’s and doctoral levels.

These goals were further expanded to include the breadth of work the project has been endeavoring to achieve and highlight the intended long-term impact of the CBHC. The current program goals include:

- Program Goal 1:** Improve access to mental health care for at-risk and high-needs individuals and families in Reno and surrounding areas.
- Program Goal 2:** Meaningfully contribute to behavioral health workforce development efforts in Northern Nevada.
- Program Goal 3:** Enhance communication and collaborative efforts among UNR’s behavioral health programs and between UNR and community partners.

The Community Behavioral Health Collaborative is making significant strides in advancing mental health services, fostering workforce growth, and enhancing community partnerships. The collaborative's multifaceted approach encompasses intern placement, site development, diverse client services, program partnerships, clinical supervisor training, and ongoing initiatives for program enhancement.

The CBHC has reached a turning point regarding its position within the UNR community. After an initial period of growth and learning, the project is now in a more resourced position within CASAT and the School of Public Health to progress with its goals and objectives. As we continue

to gather data from our UNR and community partners, we will be able to refine our offerings to prioritize and target the student, program, and community needs that are most relevant and the most in line with our capabilities as a project. With a defined role within CASAT, we are now able to engage in a more active public and university presence through our website and social media platforms, active engagement in multidisciplinary groups, and marketing/outreach on and off campus.

### Quest Counseling

In 2024, Quest Counseling & Consulting expanded services by doubling its staff and clinical team, and by hiring a new psychiatrist specializing in children and adolescents. Quest also started the Youth Opioid Intervention Program providing immediate care and resources for adolescents and young adults who have experienced opioid misuse and/or overdose. Quest continued to expand 24/7 crisis management services and collaborated with local area hospitals and community agencies to ensure comprehensive, caring, and quality treatment to each client and their family.

### Nevada Association for Infant and Early Childhood Mental Health

In 2024, the Nevada Association for Infant and Early Childhood Mental Health (NV-AIECMH) welcomed membership and launched Infant and Early Childhood Mental Health Endorsement® to all infant and early childhood providers across Nevada. The Association sponsored a Child Parent Psychotherapy cohort of 30 therapists from 4 private/nonprofit organizations and 2 government agencies. The Association continued the work begun in 2023 to serve as the central hub for infant and early childhood providers across the state. We are committed to educating all stakeholders on the critical importance of centering babies, young children, and their families; and to supporting decision makers in centering Infant Mental Health principles as they make policy and funding decisions for Nevada's children.

### Sierra Regional Center

In 2024, Sierra Regional Center (SRC) continued to increase outreach efforts within Washoe County School District (WCSD), local charter schools, and local organizations by providing services to youth with intellectual and developmental disabilities along with their families. SRC continued to organize several community events, including Santa Night and cultural events tailored for families, such as celebrations for Cinco de Mayo and Dia De Los Muertos. SRC continued to receive relevant community information via our Tribal Liaison Position for northern regional centers, ensuring effective consultation on teams and the exploration of community-based and tribal-based resources as viable options. Additionally, SRC continued with the Youth Intensive Support Services (YISS) pilot program to address high intensity behavioral youth cases. SRC continues to focus on providing opportunities for those with Intellectual and Developmental Disabilities so they can live and experience a meaningful day in their community setting.

### Washoe County Department of Juvenile Services

Over the last year, Washoe County Department of Juvenile Services (WCDJS) continued to provide Multi-Systemic Therapy (MST) Services to juvenile justice involved youth in Washoe



County. MST, an evidence-based and scientifically proven therapy model, strategically targets high-risk juvenile offenders susceptible to rearrest, future violence, and out-of-home placement. WCDJS had two therapists with small caseloads (5 families) that provided MST Services to families/youth in their homes, schools, and their communities during non-traditional hours.

MST Services employs an ecological model, drawing from research-based treatment techniques that address the entire family structure, not just the youth. Endorsed by key entities, including the Office of Juvenile Justice and Delinquency Prevention, American Parole and Probation Association, and the U.S. Department of Health and Human Services, Office of the U.S. Surgeon General, the program operates internationally in 15 countries and across 35 states. WCDJS has the first MST Services Team in Nevada.

The implementation of MST through Juvenile Services was a response to the escalating community need for intensive, evidence-based interventions for juvenile offenders assessed as high-risk for out-of-home placement, while prioritizing public safety. MST continues to serve as a solution to continued diminished community behavior health resources and the on-going challenges related to closure or reduction of out-of-home placement services, evolving juvenile justice reform efforts, insurance funding obstacles, and the 2022 State of Nevada Department of Justice investigation.

Working with parents/caregivers, MST therapists develop interventions specific to the youth/family to support and enhance caregivers’ abilities to address their child’s needs and challenges, along with barriers. MST Services transform youth’s lives from facing serious antisocial, delinquent, and other behavioral challenges to adapting prosocial activities, peers and school success for continued success after MST Services conclude.

To date, WCDJS’ MST Services Team has served a total of 35 youth. The profile of youth provided MST Services consists of having an average of seven delinquency referrals, five, and around 80% being high-risk to the community, all with a substance abuse or mental health diagnosis. The treatment's overarching goal is to achieve 85%, residing at home, 75% with no new arrests, 85% engaged in school or employment, and significantly reduced risk levels by the conclusion of the program.

### Office of Suicide Prevention

There were 117 statewide trainers in Nevada. The number of statewide trainers refers to the total number of individuals outside of the Office of Suicide Prevention who serve as trainers for various programs throughout the state of Nevada. These trainers are responsible for conducting training sessions, workshops, or educational programs related to suicide prevention and mental health with support and oversight from the Office of Suicide Prevention.

Training Type	Sessions	Participants
safeTALK	65	1146

<b>ASIST</b>	<b>32</b>	<b>570</b>
<b>Youth Mental Health First Aid (Spanish YMHA Included)</b>	<b>7</b>	<b>121</b>
<b>Mental Health First Aid</b>	<b>9</b>	<b>140</b>
<b>Safe Messaging</b>	<b>5</b>	<b>54</b>
<b>Suicide Prevention 101 (Youth &amp; Spanish Suicide Prevention 101 Included)</b>	<b>37</b>	<b>1000</b>
<b>Community and Parents' Firearm Safety</b>	<b>6</b>	<b>45</b>
<b>Awareness</b>	<b>6</b>	<b>312</b>
<b>Signs of Suicide</b>	<b>8 Schools</b>	<b>1750</b>
<b>Total Sessions/People Trained</b>	<b>153</b>	<b>5,138</b>

Language barriers can be a deterrent to communities in learning about suicide prevention. In 2024, the Office of Suicide Prevention translated the Suicide Prevention 101 training into Spanish in collaboration with various Spanish-speaking partners and communities. The training will be widely rolled out statewide in 2025.

The Garrett Lee Smith Youth Suicide Prevention Grant is a SAMHSA funded grant that supports states and Tribes with implementing youth (up to age 24) suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use and mental health programs, foster care systems, pediatric health programs, and other child-and youth-serving organizations. After 12 years, the Nevada Office of Suicide Prevention was awarded the grant to provide training, suicide intervention support, and postvention support in three rural school districts. The grant will run from 2024 to 2029.

In 2024, the Nevada Office of Suicide Prevention stood up the first ever statewide Suicide Prevention Month taskforce, bringing together 50+ government agencies, school districts, nonprofits, and organizations together to develop a Statewide Toolkit to be used for September Suicide Prevention Month. The taskforce helped to light the state up in purple and turquoise, brought awareness campaigns, and trainings across the state to highlight Suicide Prevention Month with the theme of “Changing the Narrative on Suicide Prevention.”

Following the loss of a Northern Nevada youth athlete, Project Stay was created by the family to encourage the sports and youth community to S.T.A.Y. (S-Say Something, T-Take Action, Ask About Suicide, and Y -You Belong Here. Through partnership with the Office of Suicide Prevention and Renown Health, sports teams are awarded funding if 95% of their coaching staff gets training in suicide prevention. This initiative started out in Northern Nevada, but with additional funding oncoming, will be expanding to a statewide initiative.

Providing support to community members who have experienced a suicide loss or suicide attempt in their family or by a loved one is crucial. The Office of Suicide Prevention offers two support groups: Survivors of Suicide Loss (SOSL) and the Family's Love Support group, which meet monthly to provide free opportunities for community members. SOSL is a peer led group focused on suicide bereavement. Family's Love Support is a support group for guardians and parents living with a child 8-18, who experiences suicide ideation, or has attempted suicide., offering support and resources to help keep the child safe in recovery.

The Office of Suicide Prevention is eager to expand our training opportunities, support building systems for prevention, and continue to decrease stigma in 2025. In addition to our ongoing prevention efforts, the Office of Suicide Prevention has identified the following key priorities to reduce deaths from suicide.

**Diversity, Equity, and Inclusion: Spanish, Native Tribes, Deaf and Hard of Hearing, Rancher/Farmer Populations:** Suicide can impact anyone of all ages, cultures, and demographics. The Office of Suicide Prevention is dedicated to expanding our reach in prevention efforts to underserved communities where there has previously been limited support or training opportunities. Nevada has a unique population landscape and outreach efforts for Spanish-speaking, Native Tribes, Deaf and Hard of Hearing, and Rancher/Farmer populations are much-needed initiatives that will be prioritized in the coming year. With the Transformation Transfer Initiative, provided by NASMHPD, the TTI provides a \$250,000 grant to provide crisis care and suicide prevention for underserved youth. In partnership with the Rural Clinics Department of the Division of Public and Behavioral Health, the state received this grant to advance the Project Stay initiative in rural and underserved communities in Nevada.

**Reducing Access to Lethal Means (RALM):** The CDC reports firearms continue to be the leading means of suicide, with 54% of all United States suicide deaths attributed to firearms. However, lethal means can include anything which can cause death or harm to a person, and could be medication, motor vehicles, and other household items. It is important to educate communities on how to remove or limit access to lethal means, especially during times of high risk. The Nevada Office of Suicide Prevention has the RALM program (SB 294 in Policy Implementation) and statewide partnerships to provide gun safes, gun locks, and medication deactivation bags to support Nevadans in Reducing Access to Lethal Means. OSP supports two community workgroups in RALM efforts Washoe Suicide Prevention Alliance (WSPA) and the University Medical Center Firearms Safety Taskforce. The Washoe Suicide Prevention Alliance (WSPA) is a dedicated partnership that brings together local gun shops, healthcare providers, public health officials, veteran services, and passionate suicide prevention advocates. Our mission is to save lives by raising awareness and providing essential resources for suicide prevention in our community. WSPA offers free resources including gun locks, temporary safe firearm storage options, and locations for opioid overdose reversal medications. Additionally, WSPA provides safe medication disposal options and suicide prevention training tailored for both the community and the firearm industry. In 2024, WSPA partnered with various local gun shops

who are willing to provide safe and temporary storage of firearms for people who may be in crisis. The website can be found here-[Washoe County Temporary Safe Gun Storage](#).

**Committee to Review Suicide Fatalities (CRSF):** The CRSF, will meet eight times in 2025. The eight meetings will include five business meetings and three case review meetings. The business meetings will last 90 minutes and cover the policies and protocols for the committee. One of the goals is to address some legislative edits to the NRS which Governs the committee. Each review meeting will last 4 hours each where the committee will conduct an in-depth review of at least 45 suicide deaths. Ultimately the CRSF will produce an annual report to the Director of Health and Human Services in which actionable recommendations can be implemented in Nevada to continue to reduce the suicide rate for Nevadans. The Nevada Crisis Response System has made significant strides in 2024, advancing its mission to create a sustainable, equitable, and effective framework for addressing behavioral health crises across the state. Working in collaboration with the Office of Suicide Prevention, this comprehensive system is designed to ensure that every Nevadan, regardless of geographic location, socioeconomic status, or cultural background, has access to timely, quality crisis care when they need it most.

DPBH has successfully expanded its crisis program, thanks in part to grants awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and funding from a \$0.35 monthly surcharge on phonelines with a Nevadan area code. This surcharge, established through Senate Bill 390, is deposited into the Crisis Response Account, and as of November 2024, these efforts have yielded more than \$19 million, which has been allocated to fund the 988 Nevada Behavioral Health Crisis Care Hub. To enhance crisis response capabilities, statewide, CRS has utilized these funds to secure a contract with Carelton Behavioral Health. Carelton will play a vital role in providing 988 call center services and infrastructure needs across Nevada. This includes establishing a Southern Nevada 988 Call Center and overseeing the operations of the existing Northern Nevada Call Center, housed under Crisis Support Services of Nevada. To ensure timely and effective responses, CRS is developing mobile crisis certification standards. These standards will streamline the dispatch process for mobile crisis teams and create standardized mobile crisis response teams that are available 24 hours a day, 7 days a week, 365 days per year. Currently, various organizations provide mobile crisis services throughout the state, but none are dispatched through the 988-call center. The contract with Carelton Behavioral Health will allow the 988 Call Center(s) to begin dispatching mobile crisis teams directly from the 988 Lifeline. Additionally, Nevada is expanding its crisis stabilization infrastructure. These facilities, known as Crisis Stabilization Centers, will offer additional support to individuals utilizing the 988 Lifeline, who may require additional behavioral health services beyond the Lifeline of Mobile Crisis response. Renown Behavioral Health in Washoe County and University Medical Center in Clark County are actively constructing these Crisis Stabilization Centers. with Renown Behavioral Health projecting a grand opening in early January.

## Koinonia

Koinonia Family Services provides Specialized Foster Care, Day Treatment, and Outpatient Behavioral Health Services, serving approximately 75 to 100 youth in Washoe County across various programs at any given time.

Specialized (Treatment) Foster Care – Koinonia is committed to providing services to at-risk youth and foster children. Since 1994, we have specialized in treatment-level foster care, now referred to as Specialized Foster Care, in Washoe County and Northern Nevada. Every child or youth must meet specific criteria to qualify for this level of care, as defined through both contracts and statutes. This includes the presence of a qualifying mental health diagnosis and a clear need for a highly trained specialized foster family, supported by Koinonia. We maintain a holistic approach to care, focusing on all aspects of a child’s development, including physical, social, emotional, cognitive, cultural, and spiritual growth, within a strength-based treatment framework. Our service philosophy and clear treatment model provide guidance for our dedicated Specialized Foster Parents and staff.

Day Treatment – Koinonia has been providing Day Treatment Services in Washoe County since 2001. Our award-winning program is divided into two distinct groups: Pre-Adolescent (ages 6 to 13) and Adolescent (ages 13 to 18). Services are provided after school to at-risk youth and foster children with behavioral and emotional difficulties. Our Day Treatment Program has been recognized by CARF (Commission on Accreditation of Rehabilitation Facilities) for its excellence. Peer reviewers from across the United States and Canada have highlighted our program as a standout in the field.

Outpatient Behavioral Health Services – Outpatient psychotherapeutic services are provided by highly trained, licensed mental health professionals. Our team consists of clinicians who are experts in working with individuals affected by complex trauma. They hold certifications in a variety of trauma-informed care modalities, including Eye Movement Desensitization and Reprocessing (EMDR), ensuring a comprehensive and individualized approach to healing. We have therapists with over 20 years of experience and specialists with more than 15 years of expertise in working with youth who have engaged in problematic sexual behaviors. Additionally, we provide supervision and training to clinicians working toward licensure and offer practicum opportunities for students pursuing careers as licensed clinicians. Our services include individual, group, and family therapy.

## Pacific Behavioral Health

Pacific Behavioral Health has significantly expanded its in-person services by establishing a team of traveling therapists who provide support directly within rural school districts. This initiative ensures that students in these underserved areas have greater access to mental health care.

Additionally, the organization has made substantial strides in broadening telehealth services across rural Nevada, further addressing the unique challenges of providing care in remote locations. Through grant funding from the Nevada Department of Education, Pacific Behavioral

Health has served over 200 students who have experienced trauma, demonstrating its commitment to supporting vulnerable populations.

The Virtual Intensive Outpatient Program (IOP) for Youth in Transition, tailored for individuals aged 14 to 24, remains a cornerstone of the organization's efforts. This program continues to provide essential services to young people across rural Nevada, ensuring that youth in areas lacking access to such resources receive the care they need to thrive.

#### National Alliance on Mental Illness (NAMI) Northern Nevada; serving Washoe County

With the completion of initial grant funding to the This Is Me: Youth PRSS paid internship, NAMI Northern Nevada secured funding (through community and statewide sponsorship support, as well as federal grant funding with NAMI Nevada statewide affiliates) to continue to program in 2024 and now into 2025. The program is now open to young adults aged 18-24 years and adults aged 25+ years who are in active recovery. The program has increased in competitiveness with over 65 applicants in 2024 and a capacity to on-board six interns. Outreach efforts continue to provide no-cost peer support services to partnering agencies, community organizations, individuals and their families. NAMI Northern Nevada now has three PRSS-Supervisors to assist with overseeing the program (including the Executive Director, Program Manager, and Volunteer Coordinator).

Helpline calls have increased from 20-30 calls per month to now 60-70 calls per month. Currently with one employee overseeing callbacks, we will expand the role of our PRSS interns and Outreach team to offer support here as the community resources grow in need.

The NAMI Connections Support Group and NAMI Family Support Group now offer in-person groups at the NNAMHS location off Galletti Way. This is a major accomplishment as support groups had been virtual since 2020 due to COVID and has been made possible by the increase in volunteer interest and availability. Our goals for 2025 are to establish weekly in-person offerings for each group.

NAMI on Campus clubs are now appearing around the county with Edward C Reed High School registering as the first NAMI on Campus High School club in the state of Nevada (led by Roni Green and Senior Ashlin McPeak). The University of Nevada, Reno has also officially registered their NAMI on Campus club. Each will be working towards providing safe environments for youth and young adults to explore health coping skill, get involved in the community, and improve healthy decision making through improved mental health efforts. Washoe County is now home to the most active NOC clubs in the state with NAMI Northern Nevada as their guide.

#### Nevada Division of Child and Family Services

#### **Infant/Early Childhood Mental Health and Children's Clinical Services – Psychotherapy and Targeted Case Management**

- Licensed Therapist and Licensed Therapist Interns (MFT/CPC/LCSW) are providing weekly intensive child and family psychotherapy to include targeted case management as needed.
- Therapists are receiving training in “Child Parent Psychotherapy” (CPP), an evidence-based, infant/early childhood mental health dyadic psychotherapy model grounded in the research around infant/early childhood development, attachment theory, and understanding how early traumatic experiences and “toxic stress” impact the parent/child relationship and ongoing growth and development.
- Therapists are also providing intensive family therapy for children 8-18 years to include targeted case management.
- NNCAS now employs Spanish-speaking LCSW therapist and Clinical Program Manager.

#### **Early Childhood Day Treatment Program at NNCAS (new program commenced in June 2024)**

- The EC Day Treatment Program in Reno serves children ages 3-6 years who have been identified as having serious emotional disturbance (SED). Operating four days a week with two 3-hour sessions per day, the program provides a structured, nurturing environment where safety in relationships is a priority. Using the principles of Conscious Discipline, we focus on teaching essential emotional regulation, social skills, and problem-solving strategies. Our goal is to equip children with the tools they need to thrive in school settings, foster healthier relationships at home and with peers, and have ability of emotion regulation. The program is inclusive of weekly dyadic parent/child psychotherapy and targeted case management.
- The EC Day Treatment Program also provides bachelor’s level students a paid position as a State employee - Public Service Intern I to complete required practicum experience hours.
- One of the EC Day Treatment “teachers” is Spanish-speaking bilingual.

#### **IECMH Workforce Development (new program commenced in 2024)**

- DCFS continues as an approved clinical fieldwork/experience site with the University of Nevada Reno School of Social Work AND School of Counseling Psychology (Marriage and Family Therapy/Clinical Professional Counseling) programs.
- Practicum students and student interns may apply for Public Service Intern 2 positions that provide temporary State employment obtaining the required program clinical training hours at the NNCAS community-based, children’s mental health clinic.
- The Public Service Intern 2 position ends six months post-graduation, allowing for time to become a licensed intern with the respective Nevada Board of Examiners.
- Practicum students and student interns receive training in relationship-focused, trauma-informed psychotherapy models of care and treatment to include the ZERO TO THREE Diagnostic and Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC: 0-5). This training prepares graduates to enter the mental health workforce trained and ready to provide direct psychotherapeutic services in our community.
- Two current LCSW Practicum students are bilingual in Spanish and English.

### **UNR School of Medicine Child/Adolescent Psychiatry Fellowship Training Clinic at NNCAS**

- The partnership with the UNR School of Medicine Child/Adolescent Psychiatric Fellowship program addresses both the need for accessible, no-cost, high quality child/adolescent psychiatric evaluation and medication management services AND provides a valuable clinical fellowship training experience.
- NNCAS continues to support access of dependent children and youth within Washoe County Human Service Agency to trauma-informed psychiatric evaluation and ongoing medication management.

### **Safe Babies NV Project**

- Safe Babies NV Project is a collaborative project supporting our most vulnerable children birth to 3 years and their parents involved in Nevada’s child welfare system in accessing needed assessments, services, and supports at the time when needed most.
- The Safe Babies NV Project provides ongoing subaward funding to Washoe County “Safe Babies Court Team” in its efforts support immediate access to adult substance use treatment and recovery programs for involved parents, enhanced access to “Peer Parent Support Specialists” through Tru Vista Foundation, and access to direct supportive funding for families of children birth to three to prevent child welfare involvement and support family reunification.

Additional information about these agencies and mentioned programs can be found in Appendix A.



## Summary of Recommendations

The Consortium respectfully recommends the following to be implemented in Washoe County:

### Recommendation 1

Commit funding, infrastructure, and legislative support to maintain and expand existing programs and services that benefit youth and families in Washoe County.

REQUEST	ESTIMATED COST
<p><b>It takes many resources and providers to effectively respond to a youth experiencing an Acute Mental Health Crisis. Often, with appropriate and compassionate care, crisis stabilization occurs between 1-7 days. The Consortium requests Acute Care Reimbursement set at a daily rate be given to providers to offset expenses that are not reimbursable, cover uninsured patients, and assist families that can't afford deductibles or copays. The Consortium envisions this funding to be made available regardless of the patient's insurance status.</b></p>	\$600/day
<p>Washoe County is currently experiencing a critical lack of available residential or in patient treatment options for youth to remain in the community. Specialized populations (e.g., under 12 years old, dual diagnosis, aggressive behaviors, etc.) are at an even greater disadvantage for options. In addition, staffing shortages are preventing utilization of all available beds. The Consortium requests Supplemental Payments to providers in Washoe County to offset real costs for residential treatment and care. The Consortium envisions this funding to be made available regardless of the patient's insurance status.</p>	\$200-\$500/day
<p><b>The Consortium continues to advocate for the ongoing sustainability of System of Care principles and values throughout the service array available to youth and families in Washoe County. To this end, the Consortium requests a dedicated paid position for a SOC representative to assist the Consortium Chair in surveying the community, tracking implementation, compiling information, and developing strategies to strengthen Washoe County's System of Care.</b></p>	\$65,000 for 1.0 FTE

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Families in Washoe County continue to struggle from a lack of safe and affordable Respite Care for children with behavioral needs including IDD, SED, autism, physical disability, and high-risk behavior. The Consortium recognizes Neuro Restorative Rehabilitation Center offers medical based respite care. In 2019, the Consortium requested the development of a taskforce to establish funding support. Now, the Consortium is requesting that funding be allocated to support and sustain Planned and Crisis Respite Services for non-foster care youth and families.

\$600/month/family  
or  
\$60/day/child

**The Consortium recognizes NAMI of Northern Nevada’s Family to Family model, and NV PEP’s Family Peer Support model. The Consortium also notes CASAT has developed a successful Peer Support model including training and certification for substance use. The Consortium supports efforts to expand this effort to include Mental Health Peer Support and Family Peer Support to reduce stigma and enable families to meet youth mental health needs more effectively.**

To be determined

In July, Washoe County Human Services Agency took over Children’s Mobile Crisis Response Team (MCRT) for Washoe County families. MCRT is designed to divert children (under the age of 18) from Emergency Room visits during a crisis. MCRT is staffed to provide in home and community response 8AM-11PM with 24-hour hotline response 7 days per week. Though the Consortium is pleased with this expansion, we recognize that 24/7 In Person Mobile Crisis Response is an unmet need in Washoe County. The Consortium requests infrastructure and funding be implemented to sustain 24/7 In Person Mobile Crisis Response to Washoe County families. The Consortium supports investigating partnerships and funding options with community agencies to support the 24/7 availability, offering competitive salaries to retain staff, and consider strategies to reduce duplicative workload (for example, streamlined single assessments from trusted community partners). MCRT is a team approach consisting of a Mental Health Professional and Case Worker who meet with a youth and their caregiver wherever they are comfortable to provide crisis assessments. Mobile Crisis teams can provide stabilization services to families while connecting them to long-term providers after assessments when appropriate.

To be determined

## Recommendation 2

Promote innovative programs to respond effectively to the ongoing and increasing youth mental health crisis in Washoe County.

REQUEST	ESTIMATED COST
<p><b>Washoe County families deserve compassionate, least restrictive care when they have a youth experiencing a mental health crisis. Therefore, The Consortium requests the creation of an Intensive In-Home Crisis Stabilization Program. We believe an effective program will use criteria to determine eligibility, criteria to determine which in home interventions to offer, and the program will comprehensively support the family system through the crisis. The Consortium respectfully submits a model being implemented in Maryland for consideration: <a href="https://www.sheppardpratt.org/care-finder/care-and-connections-for-families/">https://www.sheppardpratt.org/care-finder/care-and-connections-for-families/</a></b></p>	<p>\$500,000 to serve 90 youth annually</p>
<p>In Washoe County, youth are routinely routed into Emergency Departments and then held there for several days to several weeks as the hospital staff scramble to find suitable and safe discharge plans for youth. The Consortium supports every effort to safely prevent youth from needing to enter the Emergency Department due to a mental health crisis. The Consortium requests exploration of a pilot for children with an emphasis or special point of entry for under 12 to access a Triage and Stabilization Center located in close vicinity to the pediatric emergency department at Renown Hospital to divert youth from the Emergency Room and into appropriate care.</p>	<p>To be determined</p>
<p><b>A Qualified Residential Treatment Program is a specific category of non-foster family home setting, for which public child welfare agencies must meet detailed assessment, case planning, documentation, judicial determinations and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive federal Title IV-E funding for the placement. QRTPs are a subset of licensed group care facilities; they do not wholly replace them. The Consortium requests support and funding be allocated to Washoe County to provide QRTP settings for identified special populations (e.g. pregnant youth, etc.)</b></p>	<p>To be determined</p>

## Additional Considerations

The challenges identified in Washoe County over the past year highlight the continued urgency of addressing critical systemic issues. The housing and rental market remains a significant concern, with unprecedented price increases putting renting families at heightened risk. The rise in no-cause evictions has further complicated the ability of families to secure safe and timely rehousing. In response, the Consortium emphasizes the pressing need for a streamlined mechanism to facilitate pass-through funding, enabling families to meet basic needs during these ongoing housing crises.

Mental Health Parity issues remain a key focus, as trends noted in previous evaluations continue to impact the community. Many providers are shifting to private practice, favoring cash-pay clients due to inadequate reimbursement rates from insurance companies. Concurrently, families are struggling with high-deductible insurance plans that limit their access to affordable mental health care. This combination of provider preferences for higher compensation and financial barriers for families contributes to reduced accessibility to mental health services within the region.

The Consortium also underscores the critical need for enhanced systems to support data collection and sharing. Collaborative efforts with the Department of Children and Family Services (DCFS) and the Department of Health and Human Services (DHHS) are essential to formalize processes for ongoing state and county-level data collection. The focus remains on gathering comprehensive data related to children's mental health service utilization, analyzing the gap between service utilization and community need, and assessing the capacity of state-funded programs to meet those needs. Establishing such a system is vital for strengthening the Consortium's advocacy for the health and well-being of youth and families in Washoe County.

In addition to the funding recommendations above, the Consortium is respectfully requesting that **the allocation for administrative expenses for the Consortium remain at \$15,000 per year.**

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## Goals, Objectives, and Strategies



# 1

Increase access to compassionate care in the least restrictive environment.

### Objectives:

- A. *Expand early identification and assessment services*
- B. *Expand crisis and stabilization services to prevent out-of-home placements*
- C. *Expand access to an array of evidence-based substance abuse and mental health services on a continuum from prevention to recovery*
- D. *Increase racial, linguistic, and cultural equity in access to services and supports*
- E. *Expand workforce to meet demand*
- F. *Expand and sustain school-based services and supports*
- G. *Coordinate key system contacts and partnerships*

### Goal 1 Accomplishments

In the pursuit of Goal 1, the Consortium achieved several noteworthy accomplishments, reflecting its commitment to enhancing mental health services in Washoe County.

- **Expanded Mobile Response and Stabilization Services:** In collaboration with Rural DPBH, a grant with SOC ensured 24-hour access to Mobile Response and Stabilization services, significantly enhancing access to mobile response resources in rural and frontier regions of Nevada.
- **Support for Transitional-Aged Youth:** Funding for Pacific Behavioral Health allowed the continuation of a unique Intensive Outpatient Program (IOP) serving transitional-aged youth in rural Nevada. This program includes mental health assessments, individual therapy, and weekly family and group sessions. Intensive outpatient and in-home therapy services for youth already enrolled in the program were maintained, helping clients connect to additional supports and resources.
- **Community-Based Substance Abuse Interventions:** The Fort McDermott Tribal Wellness Center utilized grant funding to deliver clinical interventions for substance abuse among children, youth, and their families. This additional support enabled the center to secure future funding for sustainable service delivery.
- **Meeting Behavioral Health Needs in Remote Areas:** The Nye Communities Coalition (NYECC) exceeded its contractual goals by providing the required number of clinical treatment hours for youth and surpassing its training targets. Numerous training and support events were held to address the unique behavioral health needs of children and youth in remote Nevada communities, reinforcing NYECC's positive impact.
- **Strengthening Pediatric Behavioral Health Access:** The partnership with the University of Nevada, Las Vegas School of Psychiatry transitioned to the Pediatric Access Line (PAL) program. Supported by a federal Health Resources and Services Administration (HRSA) grant, this transition ensures the continuity of critical community-based services.
- **Respite Provider Training:** In collaboration with the Aging and Disability Services Division (ADSD), the Respite Provider Training project recorded training sessions

focusing on mental health and behavior. Efforts continue to secure a vendor for the training platform to make these resources widely accessible.

- **Juvenile Psychological and Competency Evaluations:** HPA plays a vital role in the juvenile justice system by conducting juvenile psychological and competency evaluations for Washoe County Juvenile Services.
- **Peer Support Services:** Nevada PEP provided Family Peer Support services to 598 families in Washoe County.
- **Client Services and Workforce Development:** University of Nevada, Reno Community Behavioral Health Collaborative gained a more permanent position within the UNR community. After an initial period of growth and learning, the project is now in a more resourced position within CASAT and the School of Public Health to progress with its goals and objectives.
- **Expansion of Services:** Quest Counseling & Consulting expanded services by doubling its staff and clinical team, and by hiring a new psychiatrist specializing in children and adolescents.
- **Youth Opioid Intervention Program:** Quest started the Youth Opioid Intervention Program providing immediate care and resources for adolescents and young adults who have experienced opioid misuse and/or overdose.
- **Expansion of Crisis Management Care:** Quest continued to expand 24/7 crisis management services and collaborated with local area hospitals and community agencies to ensure comprehensive, caring, and quality treatment to each client and their family.
- **Increased Outreach Efforts:** Sierra Regional Center (SRC) continued to increase outreach efforts within Washoe County School District (WCSD), local charter schools, and local organizations by providing services to youth with intellectual and developmental disabilities along with their families.
- **Intensive Support Services:** SRC continued with the Youth Intensive Support Services (YISS) pilot program to address high intensity behavioral youth cases.
- **MST Services to Families and Youth:** WCDJS had two therapists with small caseloads (5 families) that provided MST Services to families/youth in their homes, schools, and their communities during non-traditional hours, serving a total of 35 youth.
- **Establishment of First MST Service Team:** WCDJS has the first MST Services Team in Nevada.
- **Increased Trainers for Suicide Assessments:** There were 117 statewide trainers in Nevada.
- **Translated Trainings:** Office of Suicide Prevention translated the Suicide Prevention 101 training into Spanish in collaboration with various Spanish-speaking partners and communities.
- **Received Grant Funding:** Nevada Office of Suicide Prevention was awarded The Garrett Lee Smith Youth Suicide Prevention Grant a SAMHSA funded grant.
- **Suicide Prevention Taskforce:** Nevada Office of Suicide Prevention stood up the first ever statewide Suicide Prevention Month taskforce, bringing together 50+ government agencies, school districts, nonprofits, and organizations together to develop a Statewide Toolkit to be used for September Suicide Prevention Month.

- **Support Groups:** Survivors of Suicide Loss (SOSL) and the Family’s Love Support group, which meet monthly to provide free opportunities for community members. SOSL is a peer led group focused on suicide bereavement. Family’s Love Support is a support group for guardians and parents living with a child 8-18, who experiences suicide ideation, or has attempted suicide., offering support and resources to help keep the child safe in recovery.
- **Diversity, Equity and Inclusion:** In partnership with the Rural Clinics Department of the Division of Public and Behavioral Health, the state received grant funding to advance the Project Stay initiative in rural and underserved communities in Nevada.
- **Free Suicide Prevention Resources:** Washoe Suicide Prevention Alliance (WSPA) offered free resources including gun locks, temporary safe firearm storage options, and locations for opioid overdose reversal medications, safe medication disposal options and suicide prevention training tailored for both the community and the firearm industry. WSPA partnered with various local gun shops who are willing to provide safe and temporary storage of firearms for people who may be in crisis.
- **Access to care:** Working in collaboration with the Office of Suicide Prevention, The Nevada Crisis Response System is a comprehensive system designed to ensure that every Nevadan, regardless of geographic location, socioeconomic status, or cultural background, has access to timely, quality crisis care when they need it most.
- **Washoe County Youth Mental Health Summit:** Connect Washoe County successfully hosted the Third Annual Youth Mental Health Summit, fostering a platform for critical discussions and insights.
- **Consortium’s Scholarship:** The Consortium's Scholarship continued to offer financial support to youth, parents, and caregivers. The application process remained family-friendly, respectful, barrier-free, and supportive.
- **Safe Space for Collaboration:** The Consortium maintained its role as a safe space, fostering collaboration among providers, family members, and key stakeholders.
- **Dissemination of Information:** Utilizing both meetings and electronic communications, the Consortium effectively disseminated information about available mental health services, ensuring accessibility for those in need.
- **Student Participation:** During the 2023–2024 academic year, over 3,195 seventh-grade students participated in education and screenings through the Signs of Suicide (SOS) program.
- **Washoe County School District Fair:** WCSD hosted a Mental Health Community Resource Fair on December 20, 2024. Over 172 attendees, 5 presentations and 55 community partner tables.
- **Youth Mental Health First Aid (YMHFA):** YMHFA teaches adults working with young people how to identify, understand, and respond to signs of mental health and substance use challenges among adolescents aged 12–18.
- **Hope Squad Program – Suicide Prevention:** Two additional schools—O’Brien Middle School and Damonte Ranch High School—were added to the Hope Squad Program for the 2023–2024 school year.

- **Resources for Bullying and Cyberbullying:** Board Policy 5700 (Safe and Respectful Learning Environment) requires the district to train students on all forms of bullying and harassment.
- **SafeVoice Data Highlights:** During the 2023-2024 school year, there were a total of 128 high school SafeVoice tips related to mental health. Of these, 20 were related to self-harm, 68 involved suicide threats, and 40 addressed incidents of bullying. This data highlights a critical need for ongoing mental health support and anti-bullying initiatives within the school community. At the middle school level, the SafeVoice system received a total of 118 tips related to mental health. These included 19 reports of self-harm, 51 suicide threats, 27 bullying incidents, and 21 cases of cyberbullying. This data underscores the importance of targeted mental health interventions and digital safety education for this age group.
- **School based Mental Health Providers:** MHPs are providing direct therapy to more than 282 students. This does not account for the number of students experiencing mental health crises, including suicidal ideation, or for the support provided through group and individual interventions related to violence and substance use, as well as single-support visits for students and families.
- **Social Work in the Schools:** During the past school year, the School Social Work team for WCSD expanded to 18 staff licensed by the Nevada Board of Examiners for Social Workers as well as the Nevada Department of Education.
- **Presentations and Updates:** The Consortium received informative presentations from various community partners, enhancing awareness and understanding. Topics covered included updates on school-based health centers, child and family services, Medicaid changes, pediatric mental health care access programs, system of care grants, mobile crisis response, juvenile assessment center expansion, updates from certified community behavioral health clinics and more:
  - Magellan of Nevada Overview- Lisa Mariana, CEO, Magellan Healthcare of Nevada
  - Updates from Medicaid- Sarah Dearborn, Social Services Chief II, Nevada Department of Health and Human Services, DHCFP
  - Update on Certified Community Behavioral Health Centers (CCBHC)- Lori Follett, Social Services Specialist III, Division of Healthcare Financing and Policy
  - Nevada Office of Suicide Prevention update – Misty Vaughan Allen, MA, Statewide Suicide Prevention Coordinator, Nevada Department of Health and Human Services (DHHS)
  - Early Childhood Day Treatment Program at Northern Nevada Child and Adolescent Services- Rhonda Lawrence, Clinical Program Manager II/NV ITCP Project Director, Northern/Southern Nevada Child and Adolescent Services, Division of Child and Family Services
  - Status of Division of Child and Family Services, Deputy Attorney General Review- Kristan Rivas, Clinical Program Planner II, Planning and Evaluation Unit, Division of Child and Family Services.



- Updates from Medicaid- Sarah Dearborn, Social Services Chief II, Division of Health Care Financing and Policy
- Washoe County Children’s Mental Health Consortium (WCCMHC) Youth Summit- Annie Zucker, Youth Mental Health Collective Impact Advisor, Children’s Cabinet
- Washoe County Human Services Mobile Crisis Update- Jessica Goicoechea, Human Services Coordinator

**Within Goal 1, Objectives 1A-1G remain in effect for the Consortium’s Long-Term plan with no additional updates and changes.**



**2** Decrease and/or buffer children and youth’s exposure to toxic stress.

*Objectives:*

- A. *Develop and implement responsive relationship policies*
- B. *Develop and implement policies that support evidence-based services and supports that develop core life skills*
- C. *Develop and implement policies that decrease sources of toxic stress*

## Goal 2 Accomplishments

The primary focus of this goal is to instigate system change through the implementation of policies. Therefore, the Consortium's initial efforts are directed at heightening awareness, garnering buy-in, and securing commitment to the goal. The following accomplishments are in line with this strategic approach:

- **Regular Collection of Family Voice Experiences:** Throughout the year, the Consortium consistently gathered insights from educators, parents of students, and students themselves. This Family Voice initiative promptly enlightens Consortium attendees, predominantly service providers, about the needs of youth and families in Washoe County.
- **Child Parent Psychotherapy Cohort:** Nevada Association for Infant and Early Childhood Mental Health (NV-AIECMH) welcomed membership and launched Infant and Early Childhood Mental Health Endorsement® to all infant and early childhood providers across Nevada. The Association sponsored a Child Parent Psychotherapy cohort of 30 therapists from 4 private/nonprofit organizations and 2 government agencies.
- **Improving Assessment and Cultural Competency:** In collaboration with CME, Magellan Healthcare, training was provided for service providers on the *Child and Adolescent Needs and Strengths Assessment* tool. Direct service staff also participated in the *System of Care 101* and *Advancing Health Equity and Improving Cultural and Linguistic Competency in our Practices* courses. This expanded the understanding and implementation of System of Care values and principles in the work with children, youth and families across Nevada.
- **Provided Critical Training:** HPA partnered with the Washoe County School District to provide critical training in child and adolescent development in addition to participating in community and school resource fairs.
- **Continuing Education Events:** HPA provided educational and learning opportunities for professionals in the community by highlighting clinical care for children and adolescents through a Medicating Normal CEU event, which was a collaboration with the Nevada Psychological Association with approximately 250 attendees.
- **Increased Collaboration:** SRC continued to receive relevant community information via our Tribal Liaison Position for northern regional centers, ensuring effective consultation on teams and the exploration of community-based and tribal-based resources as viable options.
- **Project STAY:** Project STAY was created by the family to encourage the sports and youth community to S.T.A.Y. (S-Say Something, T-Take Action, Ask About Suicide, and Y -You Belong Here. Through partnership with the Office of Suicide Prevention and Renown

Health, sports teams are awarded funding if 95% of their coaching staff gets training in suicide prevention.

- **Funding for Crisis Support:** \$19 million was allocated to fund the 988 Nevada Behavioral Health Crisis Care Hub because of surcharge on Nevada area code phone lines.
- **Publications and Circulation:** NVPeds published 11 monthly Telegrams and 12 Infographics focusing on youth mental health during 2024. Publications were circulated over 9000 times to pediatric providers, clinicians, educators, state and local agency representatives, system partners, program champions, and community members.
- **Training Opportunities:** NVPeds sponsored 324 participants through 136 training opportunities: 2 in-person/hybrid, 8 live-virtual and 126 asynchronous/self-paced courses, with 13% of trainee attendees representing rural and frontier communities.
- **Expansion of Workforce Development:** NVPeds provided sponsorships, support, and technical assistance to expand Nevada’s healthcare workforce by adding the following: 17 Certified CAMS Trained© (Collaborative Assessment and Management of Suicidality), Clinicians, 14 REACH Institute Patient-Centered Mental Health in Pediatric Primary Care Trained PCPs and 35 Certified Circle of Security Parenting Attachment Program Facilitators.
- **Successful Pilot Project:** Under a HRSA expansion grant, NVPeds collaborated with the Nevada affiliates of NAMI (National Alliance on Mental Illness) and High Sierra AHEC (Area Health Education Centers) to support youth mental health workforce development across the state. This innovative paid internship pilot project provided opportunities for transition-age young adults to enter the healthcare workforce through access to the necessary training, practicum hours, and supervision to earn certification as Peer Recovery Support Specialists and Level 1 Community Health Workers through the Nevada Certification Board. 14 program interns have completed the required training, testing, and internship hours to achieve dual certification.
- **Project AWARE:** AWARE team facilitated or supported trainings that reached 1,992 participants, including staff, students, and family members. Additionally, 327 students participated in school-based mental health services, which included early intervention group supports and individual clinical mental health services.
- **Sponsorship of School District:** Procurement of books focusing on Trauma-Informed Practices in schools.
- **Active Participation in the Youth Mental Health Summit:** A substantial number of Consortium members actively engaged in the Third Annual Washoe County Youth Mental Health Summit. This collective involvement demonstrates the Consortium's commitment to its objectives and reinforces the collaborative approach to achieving system-wide changes.

**Within Goal 2, Objectives 2A-2C remain in effect for the Consortium’s Long-Term plan with no additional updates and changes.**



3

Increase child, youth, and family access to positive community-based experiences.

*Objectives:*

- A. *Inform and support implementation of standards of quality care in accordance with the SOC values and principles, reducing toxic stress, and preventing ACEs.*

*B. Develop, implement, and sustain services and supports that decrease impact of effects of isolation, loneliness, and loss of connection on youth.*

### Goal 3 Accomplishments

- **Newsletter and Podcast:** NVPEP offers a newsletter, and a youth inspired, and youth led podcast that explores mental health and youth serving systems, highlighting lived experiences and bringing important topics to the table.
- **Youth Empowerment Through Youth MOVE Nevada:** Youth MOVE Nevada continued to elevate youth voices by hosting youth-led weekly meetings, social media events, and monthly podcasts. The organization also actively contributed youth perspectives to committees, program planning, and evaluation efforts, emphasizing the importance of engaging youth in behavioral health advocacy.
- **Regular Participation of Nevada System of Care Representative:** A representative from the Nevada System of Care consistently engaged in Consortium meetings. This engagement provided Consortium members with insights into the strategic plans of the System of Care (SOC) and allowed them to offer valuable input regarding the direction of those plans, particularly concerning Washoe County residents.
- **Community Outreach Events:** SRC continued to organize several community events, including Santa Night and cultural events tailored for families, such as celebrations for Cinco de Mayo and Dia De Los Muertos.
- **Sustained Consortium Membership:** Throughout the past calendar year, the Consortium maintained its presence in both the designated voting member roster and guest participation in meetings. This ongoing commitment fosters increased collaboration among parents, families, and organizations. The strong collaborative relationships built will be strategically leveraged in the upcoming calendar year to further advance the objectives of this goal.
- **Suicide Prevention Taskforce:** The Nevada Office of Suicide Prevention taskforce helped to light the state up in purple and turquoise, brought awareness campaigns, and trainings across the state to highlight Suicide Prevention Month with the theme of “Changing the Narrative on Suicide Prevention.”

**Within Goal 3, all objectives remain in effect for the Consortium’s Long-Term plan with no additional updates and changes.**

### Planned Activities for 2025

The Consortium intends to implement and/or continue to support the following activities in this calendar year:

- Support “Aca Entre Nos” presentations across Spanish language communities (Objective 3B)

- Support WCSD and The Children’s Cabinet in offering a School Based Mental Health Peer Support Model to students in Washoe County (Objective 1C, 1F, 3B)
- The Office of Suicide Prevention will continue to offer Suicide Prevention 101 in Spanish with stakeholder feedback. (Objective 1G, 2A, 3B)
- Continue the established Bridge Support Program with School Involvement, offering tailored supports for youth and families coping with suicide attempt or suicide loss (Objective 1C, 3B)
- Monitor data reports provided by The Children’s Cabinet and Washoe County School District from the Signs of Suicide screenings of 7<sup>th</sup> grade students and discuss implications and additional supports (Objective 1C, 3B)
- Research and support efforts to increase the behavioral healthcare workforce including recruitment and retention of behavioral health interns of all backgrounds (Objective 1E)
- Support Washoe County School District in prioritizing mental health and well-being of students, families, and all staff including educators and support staff (Objective 1F)
- Promote and collaborate to host the Fourth Annual Washoe County Youth Mental Health Summit (Objective 3B)
- Support the expansion and sustainability of school-based supports with an emphasis on assisting the district in creating effective safety nets for students to assure they are getting the right kind of care in the least restrictive environment (Objective 1F, 3B)
- Continue the scholarship program to facilitate access to care (Objective 1C)
- Continue to track relevant data points on needs, successes, barriers, and access to compassionate care in collaboration with others (e.g., YRBS, nevadatomorrow.org, AB181, etc.) (Objective 3A, 3B)

## Conclusion

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In closing this annual report, the Washoe County Children’s Mental Health Consortium provides a detailed account of the progress made in advancing our long-term strategic plan. This report highlights both the strengths within our community and the critical areas requiring further development to enhance programs, services, and supports for the well-being of youth and families. The Consortium reaffirms its steadfast commitment to the goals outlined in the Long-Term Plan and remains dedicated to revisiting and refining these goals in the current calendar year.

We are committed to the ongoing collection, evaluation, and application of timely data to drive informed decision-making as we work toward our objectives. In partnership with local stakeholders, the Consortium will continue to monitor the implementation of recommendations from the Department of Justice regarding youth mental health services in Washoe County.

Our vision remains focused on cultivating a sustainable and interconnected community—a network of compassionate individuals, organizations, and programs working collaboratively to ensure that every child and family has access to the tailored supports and services they need. Realizing this vision depends on continued cooperation, communication, and collaboration among local providers, governmental agencies, and nonprofit organizations.

To strengthen our advocacy and impact, we emphasize the importance of working with the Department of Children and Family Services (DCFS) and the Department of Health and Human Services (DHHS) to develop an enhanced data collection and sharing system. A formalized, continuous process for reporting state and county-level data—focused on children’s mental health service utilization, gaps between need and utilization, and an analysis of current program capacity—is vital. Such a system will significantly bolster the Consortium’s efforts to advocate effectively for the needs of youth and families in Washoe County.

We also respectfully request the continued allocation of \$15,000 annually to support the Consortium’s administrative expenses, ensuring that our operations remain robust and effective.

Finally, we extend our heartfelt gratitude to the members, parents/caregivers, youth, community partners, and guests who contribute their time, expertise, and advocacy. Your dedication and collaborative spirit remain integral to advancing the cause of children’s mental health and the overall well-being of families in Washoe County. Together, we will continue striving toward a brighter, healthier future for our community.

# 2025 Membership

## THE WASHOE COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

**Annie Zucker, Chair**

The Children's Cabinet  
*Non-profit Children Serving Agency*

**Jessica Goicoechea-Parise, Vice-Chair**

Washoe County Human Services Agency  
*Child Welfare Representative*

**Natalie Sanchez**

Health Psychology Associates  
*Youth Advocacy Representative*

**Rhonda Lawrence**

Northern Nevada Child & Adolescent Services  
*DCFS Representative*

**Sarah Dearborn**

Division of Health Care Financing and Policy  
*Medicaid Representative*

**Katherine Loudon**

Washoe County School District  
*Washoe County School District Representative*

**Stephanie Brown**

Reno Behavioral Healthcare Hospital  
*Business Community Representative*

**Mala Wheatley**

Pacific Behavioral Health  
*Mental Healthcare Representative*

**Ana De La Maza**

Quest Counseling and Consulting  
*Substance Abuse Provider Representative*

**Crystal Ninette**

Aging and Disability Services Division  
*Local Tribal Provider Representative*

**Misty Allen, Secretary**

Nevada Office of Suicide Prevention  
*Suicide Prevention Representative*

**Chris Empey, Treasurer**

Washoe County Juvenile Services  
*Juvenile Probation Department Representative*

**Britt Young**

Nevada PEP  
*Parent Representative*

**Dr. Rebecca Arvans**

Sierra Regional Center  
*Aging and Developmental Services Representative*

**Sandy Arguello**

Koinonia Family Services  
*Group Home Representative*

**Kristen Wilson**

UNR Med/Renown Health Pediatric Department  
*Primary Healthcare Representative*

**Holland Schubach**

Community Services Agency  
*Youth Wellness and Prevention Representative*

**Vanessa Justice**

Division of Welfare and Supportive Services  
*State Welfare Division Representative*

**Jacquelyn Kleinedler**

The Children's Cabinet  
*Non-Profit Child Serving Agency Representative*

### ACKNOWLEDGEMENTS

This Annual Report would not be possible without the participation and support of the members of the Washoe County Children's Mental Health Consortium.

*Financial support for the planning process and preparation of this report was provided through the annual Washoe County Children's Mental Health Consortium state funds through the Division of Child and Family Services.*

### MEETING ANNOUNCEMENTS

<http://dcfs.nv.gov>

### ADDITIONAL INFORMATION AND RESOURCES

<http://wccmhc.com>

### CONTACT US AT:

[wccmhconsortium@gmail.com](mailto:wccmhconsortium@gmail.com)



## References and Appendices

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## Appendix A: Providers, Programs, and Resources

**Connect Washoe County** <https://www.childrencabinet.org/connect-washoe-county/>

**Nevada System of Care** [https://dcfs.nv.gov/Programs/CMH/SOC/Nevada\\_System\\_of\\_Care/](https://dcfs.nv.gov/Programs/CMH/SOC/Nevada_System_of_Care/)

**Pacific Behavioral Health** <https://pbehavioralhealth.com>

**The Children’s Cabinet** <https://www.childrencabinet.org>

**Health Psychology Associates** <https://hpareno.com/>

**Washoe County School District** <https://www.washoeschools.net>

**Nevada PEP** <https://nvpep.org>      **Youth MOVE Nevada** <https://nvpep.org/youth-move/>

**Community Behavioral Health Collaborative** <https://behavioralhealthnv.org/the-collaborative-unr/>

**Quest Counseling and Consulting** <https://www.questreno.com>

**Renown Health and UNR School of Medicine** <https://med.unr.edu/unrmed-renown>

**NAMI** [www.naminorthernnevada.org](http://www.naminorthernnevada.org)

**Nevada Association for Infant and Early Childhood Mental Health** <https://nvaiecmh.org/>

**Sierra Regional Center** <https://adsd.nv.gov/Programs/Intellectual/Intellectual/>

**Willow Springs** <https://willowspringscenter.com>

**Washoe County Juvenile Services** <https://www.washoecounty.gov/juvenilesvs/Directions.php>

**Koinonia** <https://kfh.org/>

**Nevada Division of Child and Family Services** <https://dcfs.nv.gov/>

**Nevada Office of Suicide Prevention** <https://suicideprevention.nv.gov>

**Nevada Pediatric Psychiatry Solutions** <https://nic.unlv.edu/nvpeds.html>

**Washoe County Children’s Mental Health Consortium** [www.wccmch.com](http://www.wccmch.com)

**Washoe County Health District** <https://www.washoecounty.gov/health/>

Washoe County Human Services Agency <https://www.washoecounty.gov/hsa/>