

# 2023



Washoe County  
Children's Mental Health  
Consortium

## Annual Report

## Executive Summary

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The Washoe County Children's Mental Health Consortium presents its 2023 Annual Report, reflecting a year of challenges and opportunities amidst the complex landscape of youth mental health. This year's report is particularly significant as it addresses the steadfast work of our community partners in addressing the impact of the COVID-19 pandemic on youth mental health and developmental trajectories.

The US Department of Justice (DOJ)- Civil Rights Division investigation reveals that Nevada falls short in providing adequate community-based services for children with behavioral health disabilities. The state disproportionately relies on segregated, institutional settings such as hospitals and residential treatment facilities, perpetuating a systemic failure in meeting the needs of these vulnerable populations. The Consortium, while not surprised by these findings, acknowledges their devastating nature, serving as a sobering reckoning and an opportunity to reinforce longstanding recommendations for community-based mental/behavioral health services within Washoe County.

The DOJ's remedial recommendations echo the Consortium's historical advocacy efforts, emphasizing the necessity of accessible and intensive community-based services to prevent unnecessary institutionalization. The Consortium aligns itself with the DOJ's call for robust oversight of community-based providers, timely assessment of at-risk youth, and concerted efforts to facilitate discharge and transition back to the community. These recommendations serve as a catalyst for the Consortium's ongoing commitment to promoting sustainable and community-centric mental health services.

In tandem with the DOJ investigation, the Nevada Department of Health and Human Services (DHHS) updated its Strategic Plan for Behavioral Health Community Integration in early 2023. The plan outlines comprehensive measures to support youth mental health, including enhancing essential services, improving residential treatment standards, managing at-risk youth to prevent institutionalization, and bolstering family engagement in transition planning. These strategic initiatives closely align with the Consortium's vision of a collaborative system emphasizing community-based care and timely intervention for youth mental health.

The Consortium recognizes the acute shortage of community service agencies and providers. The overworked state of educational professionals and paraprofessionals compounds the struggle faced by parents and families in accessing the necessary community supports and services for their children. The need for available and accessible community services has never been more critical, yet the shortage remains a daunting obstacle.

The Consortium underscores the urgency of leveraging the DOJ findings and aligning with DHHS's strategic plan to reinforce its advocacy for a comprehensive and collaborative system that prioritizes community-based care. Through continuous efforts and strategic initiatives, the Consortium aims to address the pressing challenges highlighted in this report, working towards the well-being of children, youth, and their families in Washoe County.

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## WCCMHC Vision, Mission, & Goals

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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### Post COVID 19 Pandemic

In the persistent aftermath of COVID-19, both globally and within the State of Nevada, our Washoe County community remains immersed in the ongoing challenges confronting our mental health and public health domains. As public health guidelines evolved, no longer mandating masks in indoor and outdoor public spaces, including schools, and the cessation of "social distancing," our community eagerly embraced the return to essential human connections and communal living. While societal routines may appear to have reverted to pre-pandemic norms, with workers returning to offices and students to classrooms, a discerning observation reveals that numerous aspects of our lives have undergone transformations. Certain elements are notably absent and there has been a ripple effect in our youths' mental health and developmental trajectory.

Within the fabric of our Washoe County community, school district, and childcare sector, precisely when our children, youth, and families require steadfast support and a return to familiar routines, a void is perceived. Many integral members of our essential network of professionals and paraprofessionals continue to be in short supply. There also seems to be a high need for professionals to counsel and establish connections with our children, youth, and families navigating mental health crises, requiring essential mental health services in our community, which are also challenging to find.

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

As delineated in the Consortium's Annual Report for the year 2021, a pivotal development transpired with the issuance of an [Advisory](#) by the United States Surgeon General concerning the burgeoning Youth Mental Health Crisis nationwide. This Advisory, predicated upon the repercussions of the COVID-19 pandemic, materialized in December 2021. The substantive content encapsulated within the US Surgeon General's Advisory persists in its relevance and alignment with the Consortium's comprehensive review conducted in 2023.

The general recommendations in the Advisory (p. 13) mirror the ongoing Goals of the Consortium and the anticipated strategic initiatives outlined for the year 2024:

- Recognize that mental health is an essential part of overall health,
- 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

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>.

## DHHS Strategic Plan for Behavioral Health Community Integration

Nevada's Department of Health and Human Services (DHHS) updated its *Strategic Plan for Behavioral Health Community Integration* in early 2023. The BHCI Plan aims to support youth mental health through:

### Community-Based Services:

- *Enhancing essential services.*
- *Expanding screening tools for early identification.*
- *Improving residential treatment standards.*

### Diversion from Institutions:

- *Managing at-risk youth to avoid institutionalization.*
- *Supporting crisis response aligning with best practices.*

### Transitions to Community:

- *Ensuring successful discharge planning.*
- *Inclusion of families in transition planning.*
- *Reimbursing community providers for engagement.*

### Family Engagement:

- *Strengthening family involvement in planning.*
- *Certification for family peer support providers.*

### Mobile Crisis Response:

- *Improving crisis response for children and families.*

### Data Systems and Early Intervention:

- *Integrated data systems among agencies.*
- *Investing in early intervention and trauma-informed training.*

The strategic plan aligns with the Consortium's longstanding recommendations to create a comprehensive and collaborative system, emphasizing community-based care and timely intervention for youth mental health.

## Mental Health Providers and Services

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 2023:

- A centralized, sustainable, accurate, and updated **mental health resource/referral listing** to include detailed information on the types of services provided, insurances accepted,



capacity, timeframe to initial intake assessment appointment, types of providers available, bilingual/bicultural service providers available, et. al.

- A more vibrant and **productive discussion with Nevada Medicaid** on the changes needed to keep apace of the needs for continuity of care, ease of provider enrollment, streamlined processing of reimbursement, increased provider reimbursement, robust and “welcoming” outreach to private mental health providers, and more coordination and collaboration between managed care organizations on building provider networks and prescription drug formularies, billing codes that address the needs for coordinated care amongst multidisciplinary teams, broader reimbursement and support to create evidence-based, intensive in-home behavioral/mental health supports provided by qualified and supported mental health professionals/paraprofessionals, et. al.
- Mental health workforce development initiatives scaled from successful “pilot” programs with coordinated and sustainable funding sources to **build the mental health workforce pipeline** to meet our needs more efficiently today and for tomorrow.
- Continued collaboration with the Nevada Department of Education and the Washoe County School District to support ongoing initiatives and plans to build and sustain “trauma-informed” schools/classrooms, with the intention of **supporting the entire school community** in areas related to “compassion fatigue”.
- Supporting the critical mental health care needs of children, youth, and families who present to the region’s medical emergency rooms with mental and behavioral health crises with access to **effective diversionary therapeutic interventions** and links to evidence-based, intensive in-home behavioral and mental health supports (see Medicaid point above).

### Family Peer Support

Recognized as a Medicaid billable service since 2013, family peer support has proven both clinically effective and cost-efficient, supported by evidence from major U.S. Department of Health and Human Services initiatives. As noted above, the Department of Justice investigation underscored the need for improvements, leading to expectations of Medicaid's inclusion of family peer support.

With a funding increase secured from ARPA funds, family peer support remains a priority for the Department of Child and Family Services (DCFS). The service's recognition is highlighted by collaborative efforts since 1993, formal contracts since 2012, and ongoing legislative support.

Nevada PEP's family peer support service plays a crucial role in aiding parents of children with mental and behavioral health needs. By focusing on increasing resilience, reducing isolation, and emphasizing self-care, this service aims to enhance families' ability to engage with various support systems. Referrals come from multiple sources, and in 2023 alone, Nevada PEP assisted 501 families in Washoe County.

Looking ahead, sustained funding beyond ARPA is crucial for family peer support's integration into Nevada’s mental health service array, as recommended by the Department of Justice. Advocating for its inclusion in Nevada Medicaid's State Plan is essential, anticipating positive outcomes such as reduced out-of-home placements and relief for families.

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.

- Families reported difficulty in reaching Child Find and that evaluations for special education services are not completed in a timely manner (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 staffing shortages both in the educational setting and in transportation have been a barrier in accessing timely evaluations and individualized services for children and youth (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 2023 year (Goal 1, 2 & 3).
- Families experiencing crises reported that crisis response services are delayed. Families have also expressed concern that professionals are not familiar with the legal hold process (Goal 1, 2 & 3).
- Many families reported that their child has been subjected to informal removals from the educational setting, particularly at the beginning and end of the school year (Goal 1, 2 & 3).
- Families report food insecurity 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.

In the fall of 2023, Washoe County collaborators hosted the Second Annual Washoe County Youth Mental Health Summit. The Summit was planned and implemented by a committee of 20 members representing 11 agencies in Washoe County. This year's Summit featured a Youth Voice Panel, 8 breakout sessions, the introduction of Collective Impact to our community, and a panel discussion highlighting the development and status of Washoe County's Youth Crisis Response System. This year's Summit included presentations and panel participation from 36 local experts and community members with lived experience. This was a collaborative effort with collective action across community partners.

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

### Connect Washoe County

The purpose of Connect Washoe County (CWC) is to address the mental health needs of adolescents in our community. Renown Health, the State of Nevada Office of Suicide Prevention, Washoe County School District, and The Children's Cabinet serve as the core partners. Nevertheless, this project encompasses collaboration with public and private partners throughout the youth-serving mental health system.

In 2023, the CWC partners jointly applied for and were awarded a grant from the State of Nevada. This grant plays a crucial role in assisting families during the immediate hours and days following a youth suicide attempt or a related crisis. The focus is on crisis stabilization, achieved through the provision of information, resources, and in-person support. These efforts aim to bridge the timeframe from crisis intervention to ongoing, longer-term, and family-centered supports.

### Nevada System of Care

The System of Care Grant Unit has maintained ongoing collaborations with rural and frontier communities across Nevada to advance the objectives outlined in the four-year strategic plan. The grant activities in the past year focused on identifying and funding children's mental health programs and supports throughout Nevada, delivering various trainings, providing technical

assistance to grant-funded programs, and participating in statewide outreach activities. These efforts included broadening the range of community-based services by funding direct clinical services, including evidence-based interventions such as Multidimensional Family Therapy, intensive outpatient services, Positive Behavior Interventions and Supports, Child-Parent Psychotherapy, and outpatient psychiatric services.

The System of Care grant unit was awarded a no-cost extension, providing an additional year to disperse the remaining federal funding award. This funding enables continued support for programs that faced challenges in fully implementing programming during year four of the grant. In 2023, the System of Care grant provided funding to numerous community-based children's mental health programs, including:

- Carson Community Counseling Center
- Community Chest Lyon and Mineral Counties
- Ft. McDermitt Wellness Center
- Nye Communities Coalition
- Pacific Behavioral Health
- Positive Behavioral Interventions and Supports (PBIS)
- UNLV Psychiatric Fellows

In 2023, the System of Care grant funded services for nearly 2,000 youth. Notably, the Ft. McDermitt Wellness Center served more than 18 youth in 2023, providing direct clinical substance use/abuse counseling, person-centered case management, and support groups and classes for youth and families.

The System of Care Grant Unit funded the self-directed respite pilot program for youth and their families across rural and frontier communities, further expanding this access to Washoe and Clark Counties. In 2023, the System of Care grant disbursed more than \$72,000 in funding to support self-directed respite for over 50 families in Nevada. With the no-cost extension, the grant will ensure continued funding of respite support for families during the transition of the care management entity (CME), Magellan Health, in February 2024.

Through their parent partner, Nevada PEP, the System of Care Grant Unit funded flexible funding opportunities for children, youth, and families, empowering them to procure goods and services in the educational and social domains. In 2023, flexible funds supported 29 requests, engaging children and youth in community-based activities, educational support, and enrichment activities such as Martial Arts lessons, summer camp, and swimming lessons. The System of Care grant allocated additional flexible funds to address community needs, utilizing the entirety of these funds to support Nevada's children, youth, and families. Flexible funds activities accounted for nearly \$35,000 in dispersed funds in 2023.

The System of Care Grant Unit expanded training and technical assistance through the University of Nevada-Reno (UNR) CASAT Learning platform, offering at least fourteen DCFS-sponsored training accessible to the public. Topics include Overview of System of Care,

Introduction to Developmental Disabilities/Mental Health, and LGBTQ+. System of Care staff, in partnership with NV PEP, delivered live webinar training as well as self-paced training, engaging nearly 400 participants, including professionals and stakeholders throughout Nevada.

Furthermore, System of Care staff provided training, coaching, and technical assistance in the FOCUS care coordination model. FOCUS local coach candidates delivered training, coaching, and technical assistance to Clark County Juvenile Services, resulting in the creation of a new unit specific to providing care coordination for youth in specialized foster care. FOCUS training and technical assistance were also provided to Washoe County School District.

The System of Care Grant Unit continued collaborating with NV PEP and Youth M.O.V.E., ensuring that youth and families are involved at all levels, including planning, evaluation, and implementation efforts that promote and sustain youth and family participation. This partnership offers youth-led weekly meetings, social media events, monthly podcasts, and participation in community-based opportunities to highlight youth voice and mental health acceptance. Youth M.O.V.E. Nevada gathers and provides authentic youth voice on committees and program planning and evaluation groups.

The System of Care Grant Unit persists in its collaboration across child-serving agencies (e.g., substance use, child welfare, juvenile justice, primary care, education, early childhood) and among critical providers and programs to build bridges among partners, fostering relationships between community and residential treatment settings.

Nevada's System of Care grant funded a self-directed respite pilot program designed to support children and youth with complex behavioral health needs across rural and frontier communities. In 2023, the program expanded to include Washoe and Clark Counties. While the initial funding for the pilot program is grant-supported, ongoing respite services will be transitioned to the contracted Care Management Entity (CME), Magellan Health. The System of Care grant received a no-cost extension through September 2024, ensuring continued respite assistance for families during the transition of the CME in February 2024. In 2023, the System of Care grant disbursed more than \$72,000 in self-directed respite for families throughout Nevada.

The implementation of this respite pilot program revealed a shortage of available respite providers, posing a significant obstacle for families seeking respite services. This underscored the need for concerted efforts to expand the pool of qualified respite providers and improve accessibility for families in need of respite support.

The System of Care grant unit and Nevada PEP partnered with the Aging and Disability Services Agency (ADSD) and the Nevada Center for Excellence in Disabilities through the University of Nevada-Reno. The goal was to develop a respite provider training focused on evidence-based practices for youth with complex behavioral health needs, intellectual and/or developmental disabilities. Recognizing the growing demand for respite services within this population, this collaborative project focuses on ensuring the availability of qualified providers who possess the

necessary expertise to address the unique needs of both individuals with behavioral health challenges and developmental disabilities.

By equipping respite providers with specialized training, this initiative seeks to enhance the quality and accessibility of respite services for dually diagnosed youth in Nevada. The respite training will be accessible to individuals seeking the necessary tools to work with this specific population of children and youth. CME respite service providers will also be required to complete these trainings to ensure access to qualified providers for families throughout Nevada.

### Pacific Behavioral Health

Pacific Behavioral Health is proud to announce an expansion of in-person services in rural areas and rural school districts. They have added therapists who travel to Yerington, Silver Springs, Dayton, Carson, Fernley, among other areas, to see clients in their homes and in schools. Additionally, they have increased telehealth services throughout rural Nevada. Their commitment to serving the community is evident in the following achievements:

- Served increasing numbers of students who have experienced trauma through grant funds from NDE (over 100 students this past year).
- Continued the Virtual IOP program for Youth in Transition (ages 14-24) for youth all over rural Nevada, making this service accessible to youth in areas where these services are not traditionally available.
- Continued to provide in-home, in-office, and teletherapy services for clients of all ages in Washoe County.

Pacific Behavioral Health remains dedicated to enhancing accessibility and providing vital mental health services to individuals across both rural and urban communities.

### The Children's Cabinet

In 2023, The Children's Cabinet continued its commitment to providing high-quality mental health services to children and families in Washoe County through various initiatives:

- The Signs of Suicide program, implemented in collaboration with the Washoe County School District, conducted suicide education and screening for 2022-2023 7th graders. A total of 3,462 students were screened, with 34% (1,174) identified as at-risk or at-high-risk for suicide. The program initiated the 2023-2024 suicide prevention education and screening for Washoe County 7th graders in the fall of 2023.
- During the holiday season, The Children's Cabinet, through sponsorships and donations, supported 363 families with its Adopt-A-Family program in Northern Nevada, benefiting a total of 1,497 individuals. The Toy Table initiative extended across the state, reaching areas such as Las Vegas and Elko, supporting a combined total of 466 families. Additionally, 326 families received holiday meals for both Thanksgiving and Christmas.

- In addition to traditional programs, The Children's Cabinet introduced several new initiatives in 2023 to comprehensively support youth and family well-being. Notably, the Department of Labor (DOL) acknowledged The Children's Cabinet's High-Road Training Program (H RTP), also known as Washoe Youth Build, as a successful model for workforce development. The program is now featured on the newly launched DOL High-Road to the Middle-Class Map. Through strategic partnerships with employers and labor/worker organizations, H RTPs deliver industry-driven training aligned with employer needs and regional labor market demands for a skilled work force.

### 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 delivering evidence-based training in child-focused therapies such as Trauma Focused Cognitive Behavioral Therapy (TF-CBT), behavioral parent training, and parent management training. 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.

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.

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 clinical psychology, counseling and educational psychology, and social work training programs at the University of Nevada.

### Washoe County School District

Washoe County School District (WCSD) serves approximately 61,000 students in more than one hundred schools. The majority of WCSD students qualify for Free or Reduced Lunch, and a significant segment of our student population qualifies for Medicaid services and/or are considered "Children in Transition" and do not have a stable home address. We know from the literature that in the post-COVID era, we are experiencing a mental health crisis among our youth. We also know that adverse childhood experiences disproportionately befall children living with these circumstances and, thus, for the families of these students, access to high quality health



and mental health services is critical to foster these students' academic performance and wellbeing.

To meet these demands, the school district has been investing in social emotional supports for student, staff, and families in a variety of ways. This includes and is not limited to embedding dedicated resources within schools, collocating services within schools through agency partnerships, and through services that assist individuals in navigating the service landscape. Washoe County School District went through a rigorous and comprehensive strategic plan process and a new strategic plan was approved in 2023. [Strategic Plan / 2023-2026 WCSD Strategic Plan \(washoeschools.net\)](#). [The emphasis on student and staff well-being is a cornerstone of that plan.](#)

***Goal 3 of our WCSD Strategic Plan is – Safety & Belonging***

**• Key Pillars:**

***✓ Safety & Connectedness ✓ Strong Partnerships Among Families, Communities & Schools.***

***This ongoing and systemic work is essential to the foundational actions within our schools to prevent suicide and to address mental wellness. The District has identified key school-based action steps contributing the safety and educational outcomes of our students.***

WCSD uses evidence-based practices and curriculum. WCSD has been a leader in Multi-Tiered System of Supports (MTSS) and filters academic, behavior, attendance, and mental health supports through its tiered system. The school district is currently in partnership with the CDC and American Institutes of Research (AIR) to study and build out a district-wide tiered approach to providing mental health services and supports. It also partners with WestEd to study its MTSS systems evaluating system effectiveness and benefits to students in terms of social emotional health and academics. The MTSS Department includes a robust behavior support team that employs Board Certified Behavior Analysts and Registered Behavior Technicians RBTs. This Behavioral Health and Management Team within MTSS has continued to implement a family behavior hotline for families. This is available in English and Spanish. [Multi-Tiered System of Supports / Behavioral Health and Management \(washoeschools.net\)](#)

WCSD is a nationally recognized District for our work with Social Emotional Learning (SEL) and has been implementing SEL with the support of Collaborative for Academic and Social Emotional Learning (CASEL) for more than ten years. All schools are provided with SEL curriculum and professional support to integrate SEL programming with academic instruction.

Through multiple experience, the link between social emotional health and student learning has become clear, Students struggling with unmet mental health needs struggle in the classroom. Families at times struggle securing appropriate resources for their children. Toward this end, WCSD began funding Care Solace in 2023 to open up access, through care coordination, to mental health supports for our students. The intent of the system is to minimize the burden for families in navigating the mental health system and securing resources. Although the is primarily aimed at families that have limited insurance or are uninsured, the system has been most successful to



date at meeting the needs of financially secure, house secure families. Care Solace is unable to address the huge gap in accessible care for our at-risk students and families. [Care Solace - Washoe County School District](#)

Washoe County school District continues to partner with the Children's Crisis Collaboration team of professionals in formalized meetings to address Children's Crisis System planning, stabilization, support updates and program updates.

Policies and procedures related to suicide were updated and new training has been implemented.

Family School Partnerships has developed resources, tools and connection opportunities for families and schools. These enable families and schools to work together on behalf of every child. [Family-School Partnerships / Homepage \(washoeschools.net\)](#)

Partnership with the psychiatric fellows at the University of Nevada, Reno School of Medicine (UNSOM) provides collaborative care for students within WCSD, including consultation, collaboration and diagnosis. UNSOM also provides access for students to the SOAR First Episode Psychosis program. As mentioned in the previous report, the closure of West Hills Hospital, an acute care facility, at the end of 2021, severely impacted Washoe County's ability to provide acute mental health and behavioral services for children and youth. This crisis in care has been exacerbated by closure of the NNCAS Learning Homes this year, and an increasing number of community partners refusing to see Medicaid patients. These circumstances have furthered our District's need for community collaboration and support.

Seven Clinically Licensed Mental Health Professionals (MFTs) hired within the 2022-2023 school year to work as employees providing direct services to families. At the site-based level, schools have established multidisciplinary teams that ensure students have access to universal supports and concerns are addressed as they arise. There are now 12 full time clinical licensed mental health professionals working within WCSD schools.

Washoe County School District continues to strengthen and develop community partnerships related to school crisis, stabilization of students and prevention services. The Consortium has helped to make vital connections for families. The consortium has helped to provide support for WCSD in developing a transparent vetting process for co-located school services that is in alignment with best practices and community standards for youth mental health.

WCSD has been successful in leveraging partnerships and funding from WCSD into over \$500,000 of direct school-based psychotherapy and behavior analytic care, provided by community partners and funded by individual insurance. This is a build-out of State of Nevada School-based Health Center Services. WCSD students and families benefit from twenty-five school sites where there is colocated and integrated family, behavioral, and mental health services provided through community partnerships and grants have benefited from these supports.

WCSD is a recipient of the Substance Abuse and Mental Health Services Administration (SAMHSA) Advancing Wellness and Resiliency in Education (AWARE) grant and is collaborating with the state toward essential Mental Health capacity building. There are seven (7) “Project Aware” schools. WCSD is currently in the fourth year of implementation with Project AWARE, designed to increase mental health literacy, improve access to mental health services, and strengthen district infrastructure to support and sustain mental health services within MTSS. WCSD continues to implement the Substance Abuse and Mental Health Services Administration (SAMHSA) Advancing Wellness and Resiliency in Education (AWARE) grant through the leadership of a Project Coordinator, Project Social Worker, and Project Mental Health Professional in collaboration with key stakeholders from seven (7) “Project Aware” pilot schools. WCSD is currently in the fourth year of Project AWARE implementation with a focus to increase mental health literacy, improve access to mental health services, and strengthen district infrastructure to support and sustain mental health services within a Multi-Tiered System of Supports (MTSS) framework. Through three project years, more than 1900 staff, students and parents have participated in trainings related to mental health literacy while over 200 staff received training in specialized mental health topics. A particular focus has been to increase access to Youth Mental Health First Aid training for staff. At pilot schools, 1,012 students participated in school-based behavioral health interventions implemented by school staff, grant staff and/or community mental health partners. Beyond training and service delivery, the AWARE team and stakeholders continue to make progress on infrastructure elements that will be critical for sustaining comprehensive school-based mental health systems and services. A foundation has been set to begin utilizing an electronic health record to improve documentation related to mental health services and prepare for potential Medicaid reimbursement for school-based mental health services in the future. Systems for expanding mental health internships have been strengthened. Finally, the AWARE team has partnered with WCSD Student Voice staff to increase opportunities for students to identify and plan improved mental health supports and training within the district.

WCSD uses Ed Plan software (formerly Easy IEP) for electronic Individualized Education Plan (IEP) and Medicaid reimbursement services. 2023 WCSD expanded Ed Plan to also include OCR Section 504.

The Washoe County Prevention Conference Was held on June 2<sup>nd</sup> 2023. The conference focused on prevention areas such as substance abuse, trafficking, physical and sexual abuse, suicide and topics that support staff working in the field, like ethics, Trauma informs practices, and diversity and equity. Two national speakers had presentations: Collen Bridger from Collen Bridger Consulting on trauma informed organizations and Nancy Pasquale from RyeACT Coalition on substance abuse prevention. This was a one-day conference and had a total of 250 attendees and was well represented with staff from Washoe County School District. Staff members from Washoe County School District presented on topics such as working with the District, Diversity and Equity inclusion and classroom management. This year we are expanding the attendance to 500 people over two days with the continued focus on prevention topics.

WCSD, in alignment with the State of Nevada, has shifted its disciplinary approach to emphasize Restorative Practices and to ensure student support is provided through our MTSS tiered

structure. When there is a perceived threat to student or school safety, school psychologists and school mental health teams play active roles in the facilitation of threat inquiries and behavioral threat assessment processes. School psychologists play an active role in training their school teams in these processes and are active lead members on these teams. The need for Threat Assessments and Emergency Suspensions double last year. This illustrates the lack of capacity of WCSD part to create a proactive system of support to ensure early intervention for students in need, before they are suspended for deemed a significant “threat.”

Between August 2023 and December 2023, WCSD teams have facilitated 170 initial threat inquiries and 24 comprehensive threat assessments. School psychologists are critical resources for administrative teams during threat inquiries, are the facilitators for comprehensive threat assessments, and are instrumental in developing student safety and supervision plans when needed.

Federal IDEA and State law both have mandated the role of the school psychologist as the frontline resource for identification, assessment and support for students with mental health and behavioral needs. There is a significant lack of school psychologists nationwide. The Washoe County School District is faced with a critical shortage of school psychologists. School psychologists not only facilitate evaluations for eligibility for special education services but are vital mental health supports embedded in school sites. School psychologists are uniquely trained to provide direct and consultative academic, behavioral and mental wellness supports to schools and the overall WCSD community. WCSD data indicate a continuing increase in reported mental wellness concerns and increase in reported behavioral threat assessments, and school psychologists are integral members of the site-based mental health teams that address these areas of need.

Based on the feedback from our families, WCSD Parent University took a significant step in expanding the emotional well-being and mental health strand during the 2022-2023 school year. The sessions offered under this strand aimed to build awareness, share information, and provide resources about emotional well-being and mental health. The objective was to help families familiarize themselves and connect with their child's school and community resources. Notable sessions offered during 2023 included:

Parent University through WCSD:

Film screenings with facilitated discussion:

- IndieFlix - Angst: Raised awareness about anxiety, provided tips to manage symptoms, and guided students and families on when to seek help.
- LIKE: Explored the impact of social media on our lives and the effect of technology on the brain. For more information about these films, visit: <https://www.impactful.co/>.

Aca Entre Nos (Community Conversations):

- In partnership with Dr. Cucalon-Calderon, Children’s Cabinet, and members of the CHIP Mental Health subcommittee. Facilitated sessions were hosted among the WCSD Latinx families with the purpose of de-stigmatizing Mental Health and providing access to resources.

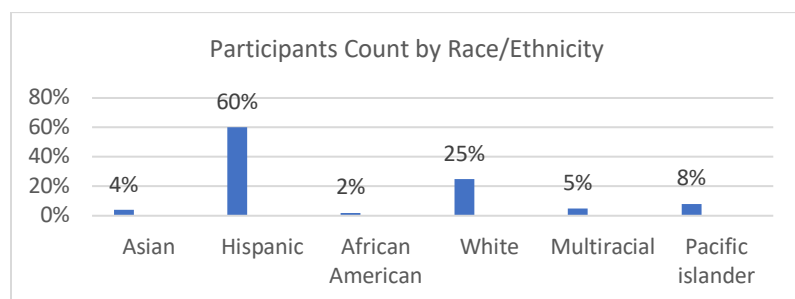
### Family Art:

- In partnership with Arts for All. Family art nights were hosted at different schools with the purpose of giving families an opportunity to connect, nurture family relationships, relieve stress, and be present.

### Enhancing your relationship with your teen:

- In partnership with WCSD Counseling Department and The Children's Cabinet sessions with middle school and high school families were hosted to understand adolescent development and expected changes during this phase.

The data collected during these sessions revealed that 1,160 families participated in offerings under this strand. Ninety percent of the families reported that they would recommend the session to other families. All demographics were reportedly represented except for Native Americans. Additionally, families with students receiving special education services and English language development had a strong presence in the data. Survey data showed that families' self-reported knowledge increased after attending the session. Prior to participating in the session, the knowledge rating was 3.03 on a 5-point scale, which shifted to 4.25 afterwards. Families who reported sessions to be of high quality and usefulness rated the quality at 87% as Outstanding or Above Average, and usefulness at 82% as Outstanding or Above Average.



### Nevada PEP

Family peer support is a vital service provided by Nevada PEP, connecting parents of children with mental and behavioral health needs to other parents with lived experiences. The goals of this service include increasing resiliency, decreasing isolation, reducing internalized blame, emphasizing the importance of self-care for parents, enhancing feelings of self-efficacy, and fostering the acceptance and appreciation of the child's challenges. This, in turn, improves families' ability to engage with both formal and informal supports.

Referrals to the family peer support service come from various sources such as DCFS programs, schools, and community organizations. In the past year (2023), Nevada PEP received 28 referrals from the Northern Nevada Children's Mobile Crisis Response Team, 20 from the WIN program, 27 from other Division of Child and Family Services programs, and 237 family self-referrals. Throughout 2023, PEP provided family peer support services to 501 families in Washoe County.

Family peer support was recognized as Medicaid billable in the May 2013 Joint CMCS and SAMHSA Informational Bulletin. Evidence from major U.S. Department of Health and Human Services (HHS) initiatives demonstrates that these services are not only clinically effective but also cost-effective.

In 2022, a United States Department of Justice investigation in Nevada found that family peer support is not sufficiently available to prevent institutionalization, prompting the need for changes to Nevada's Medicaid definitions. The Division of Child and Family Services (DCFS) has long valued family peer support, partnering with Nevada PEP on grants since 1993 and contracting for the service since 2012. The Department of Justice settlement is expected to lead to Medicaid's inclusion of Family Peer Support.

In August 2022, DCFS secured a funding increase with ARPA funds for family peer support, effective from January 2023 to June 2024. Nevada PEP family peer support specialists follow a two-year national certification process, and in October 2022, DCFS supported a project to develop an in-state family peer support certification process. Both initiatives were recognized as valuable and received support from the Nevada State Legislature Interim Finance Committee.

Looking ahead, funding for family peer support should continue beyond the availability of ARPA funds, becoming an integral part of Nevada's comprehensive children's mental health service array in line with the Department of Justice findings. Nevada Medicaid should include family peer support as a service in the State Plan for Medicaid-eligible children and youth with Serious Emotional Disorders and co-occurring disorders. This investment is anticipated to result in decreased costly out-of-home placements and alleviate strain on families.

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

### Community Behavioral Health Collaborative (UNR)

The Community Behavioral Health Collaborative is dedicated to advancing access to clinical/therapeutic mental health services and fostering the growth of qualified clinical mental health professionals, particularly at the master's and doctoral levels. The collaborative focuses on the following key initiatives.

#### Intern Placement and Supervision:

- Matching various behavioral health master's and doctoral level interns with qualified clinical supervisors at non-profit human services agencies.
- Stimulating interns' exposure to agencies for enhanced recruitment and retention to bolster the qualified clinical supervisors' workforce.
- Coordinating regular graduate-level behavioral health training program meetings to encourage collaboration.

#### Site Development and Growth:

- Growth highlights expanded services at existing sites: STEP2, Boys & Girls Club of Truckee Meadows, and Eddy House and new placements: Catholic Charities, The Children's Cabinet,

Domestic Violence Resource Center, LEAD with Horses, and Renown Health/University Health Center and sites under development: RAVE and Washoe County Child Advocacy Center.

Populations Served, Partnerships and Supervision:

- Serving a diverse demographic with 34% youth, 42% adults (20-40 years), and 24% adults (40-67 years). Termination reasons, session frequency, and preliminary data indicate the importance of community and systemic supports for client retention. Current UNR Behavioral Health Program Partnerships include UNR Counselor Education Program, MSW Program, School of Public Health, Psychiatric APRN program, and School of Medicine for student placements and research initiatives. The Collaborative also offers training and approval of primary and secondary supervisors, with ongoing commitment to providing supervision at Collaborative sites.

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.

### Quest Counseling

In 2023, Quest achieved a successful transition of all its programs to a new location. This relocation not only provided the opportunity to hire additional staff but also enabled an expansion in the number of clients served. The new space introduced a "living room model," aligning with the Crisis Response & Stabilization Model, creating a unique, warm, and soothing environment for clients navigating crises. As part of the Youth Crisis Response System, Quest engaged in partnerships and collaborations with Renown, Northern Nevada Hospital, Reno Behavioral Health Hospital, The Children's Cabinet, Children's Mobile Crisis Team, WCSD, and DCFS. This collaborative effort has proven instrumental in enhancing crisis response effectiveness throughout Washoe County.

Quest proactively conducted presentations for all elementary, middle, and high school counselors and social workers, contributing to an increased number of referrals from WCSD throughout the year.

Amidst these transformative changes and new partnerships, Quest remained committed to providing services to children and adolescents referred by Washoe County Juvenile Services and Child Advocacy Center. The organization sustained its offerings, including medication management, psychosocial rehabilitation, basic skills training, groups, and targeted case management, catering to the needs of children and adolescents aged 5 to 17 years.

### Renown Health and UNR School of Medicine

The affiliated UNR Medical Department of Psychiatry and Renown Behavioral Health operate seamlessly as a unified academic and clinical department, strategically dedicated to addressing the mental health needs of Northern Nevada's youth. Renown Behavioral Health and University

Health Clinics persistently deliver psychiatric care and therapy services, catering to youth in Northern Nevada with private insurance and Medicaid coverage. The University Health SOAR Program remains committed to providing care for adolescents and young adults experiencing their first episode of psychosis.

Collaborating with Renown Children's Hospital, Renown/UNR Medical faculty, along with medical students, residents, and fellows, extend psychiatric care to youth admitted to the Children's Hospital and the Children's Emergency Room. In emergency situations, a 24/7 behavioral health team, comprising nurses and social workers, conducts behavioral health assessments for children and adolescents in crisis in the ER.

The UNR Medical Child and Adolescent Psychiatry Fellowship operates as a community-based program, collaborating with various agencies to offer education and clinical services across diverse settings. Partnerships include the Jan Evans Juvenile Detention Center, Northern Nevada Child and Adolescent Services, and the Washoe County School District for school-based consultations.

Renown and UNR Medical are eager to continue expanding services, education, and research while fostering community partnerships and public education. Anticipated highlights for the upcoming year include the commencement of the Adolescent Intensive Outpatient Program, the expansion of Autism Assessment Services, and the introduction of other specialty services.

The collaborative approach addresses mental health needs alongside general health requirements. In 2023, the new UNR SOM Pediatric Residency Program was established at Renown Health.

Child well-being, socially conscious care, and addressing social determinants of health are integral components of the training for Pediatric Residents and UNR Med Pediatric Clerkship students. Services span Pediatric Primary Care Clinics, Pediatric Subspecialty, Children's Emergency Room, and inpatient services during crises or admissions for other reasons. Behavioral health assessments are conducted by a 24/7 team in the ER, and evidence-based screenings and interventions are provided in primary care settings.

Collaboration with UNR Peds Psychiatry peers is a cornerstone of the care approach, with joint efforts across various care settings. Continuing education initiatives include Pediatric Grand Rounds, featuring mental health care and management in primary care as recurrent topics. In 2023, General Pediatrics facilitated 46,126 child visits, underscoring the commitment to serving the community and making a positive impact on children's lives.

#### National Alliance on Mental Illness (NAMI)

NAMI Smarts for Advocacy is a hands-on training program designed to empower individuals living with mental illness, their friends, and family to channel their passion and lived experiences into effective grassroots advocacy. The program consists of three 1–2-hourlong



workshops or modules, or can be delivered as a single full-day training, focusing on developing key skills:

- Crafting a compelling story in 90 seconds that is inspiring and includes a clear "ask."
- Writing effective emails, delivering elevator speeches, and making impactful phone calls.
- Orchestrating successful meetings with elected officials.

The step-by-step, skill-building structure of NAMI Smarts is suitable for a diverse range of participants, including those new to advocacy and individuals with years of experience. Many participants express that the program has enabled them to condense their stories and articulate clear "asks."

In 2023, NAMI Northern Nevada provided paid internships to five youths aged 18-24, who have now graduated as Youth Peer Recovery Support Specialists and Certified Health Workers (CHWs). This initiative, named 'This is Me,' is done in partnership with DHHS and extends Peer Support Programming to three schools in Washoe County. This internship model was also implemented by each of our Nevada sister affiliates in their respective regions.

Furthermore, the NAMI Northern Nevada support and resources line received 439 successful calls in 2023 and graduated over 20 community members through the Family-to-Family educational course. The NAMI Northern Nevada Connection Recovery Support Group and Family Support Group reached over 600 individuals through virtual platforms.

The evaluation of the Nevada Teen Text Line from May 2022 to June 2023 reveals several significant findings. The program, aimed at providing stigma-free and non-crisis peer support to transitional age young adults (TAYA), demonstrated success with a total of 74,701 text messages exchanged. The data indicates a positive trend with increased usage in the latter half of the program year.

Demographically, the program reached a diverse audience, including females and LGBTQ+ youth, although efforts are needed to enhance outreach to male and gender minority populations. While originally targeted at 14- to 24-year-olds, the program observed engagement from younger users, leading to the removal of the minimum age requirement. Peer Wellness Operators effectively managed emotional escalation during most calls.

The integration of the Nevada Caring Contacts (NCC) program into the Teen Text Line added valuable support for adolescents and TAYA experiencing suicidality and crisis. Of the 66 unique referrals to the NCC program, sixteen graduated, highlighting the program's positive impact.

Areas for improvement include the need to reach a more diverse demographic, particularly males and gender minorities. Data collection methods should be refined to better evaluate program outcomes, possibly through follow-up surveys or interviews. The NCC program could benefit from clearer graduation criteria.



Equity of access could be enhanced by incorporating a chat line not dependent on cell phones or texting. Collaborations with SafeVoice, the Nevada Department of Education, and other community partners can expand program reach. Overall, the Nevada Teen Text Line demonstrated successful implementation, responsiveness to user needs, and effective support for adolescents and transitional age young adults in Nevada.

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

In 2023, the Nevada Association for Infant and Early Childhood Mental Health (NV-AIECMH) was established. With generous financial and structural support from the Children's Cabinet, the Association laid the groundwork to serve as the central hub for infant and early childhood providers across the state. The Association's Leadership Cohort, consisting of seven members, worked diligently to apply for and successfully achieve their Infant Mental Health Endorsement® Status. Looking ahead, the Association is excited about creating opportunities for membership and providing access to endorsement for all individuals working in the field of Infant and Early Childhood in 2024.

### Sierra Regional Center

In 2023, Sierra Regional Center (SRC) intensified outreach efforts within Washoe County School District (WCSD), local charter schools, and organizations providing services to youth with intellectual and developmental disabilities along with their families. SRC organized several well-attended community events, including Santa Night and various support groups. The focus extended to cultural events tailored for families, such as celebrations for Cinco de Mayo and Dia De Los Muertos. To enhance community engagement, SRC introduced a 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 implemented a Youth Intensive Support Services (YISS) Service Coordinator and Supervisor to address high-intensity behavioral youth cases. Finally, SRC successfully coordinated and launched 24-hour Supported Living Arrangement (SLA) homes specifically for youth within the community.

### Willow Springs

Willow Springs Center Residential Treatment for Kids is a 116-bed licensed locked behavioral hospital. We serve adolescents aged 12-17 years who have a primary mental health diagnosis along with secondary and tertiary diagnoses, including substance use disorder. Willow Springs Center uses Dialectical Behavior Therapy (DBT) as our treatment modality. DBT is evidence-based, skill-based, and has excellent outcomes. It has a structured curriculum that teaches kids distress tolerance skills to help manage their mental illness lifelong. DBT is particularly effective in assisting adolescents who struggle with trauma, suicidality, depression, and anxiety.

We have board-certified child and adolescent psychiatrists and a psychologist on staff. With an onsite pharmacy and pharmacist, we are equipped to manage medications as needed onsite. It is crucial to us that our kids stay connected to their family during their time with us, so each patient's therapist holds family therapy weekly, as well as individual therapy. As the kids progress and are safe to do so, they can participate in our ropes course and equine therapy. We

also offer recreational therapy, including pet, art, and music therapy. Groups are held every day, along with four hours of school.

Willow Springs is proud to have a private, fully accredited school within our hospital called Truckee Meadows School. Adolescents can continue their education while staying with us for 3-6 months as part of their overall therapeutic effort. Credits are transferable for grades 6-12 to any school district in the country. If the kids are ready, they can graduate from high school. GED courses and college prep studies are initiated with therapist and parent approval. All teachers are licensed through the Nevada Department of Education.

In addition to our locked RTC, we also provide Outpatient Services for adolescents aged 12-17 years. We have IOP (Intensive Outpatient Program) and PHP (Partial Hospitalization Program) in our Branches Outpatient Services. School and lunch are provided in PHP, and we have a dedicated psychiatrist for those programs. We accept most commercial insurances and are proud to be a Tricare Preferred Provider and part of the Patriot Support Program, helping to support our military families.

### Washoe County Department of Juvenile Services

In July 2023, the Washoe County Department of Juvenile Services reached a significant milestone by expanding its therapeutic services. Two Mental Health Counselors were hired through ARPA funding to implement Multi-Systemic Therapy (MST), benefiting approximately 30-35 youth and their families annually.

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. Operating with a small caseload (4-6 families), therapists conduct intensive interventions in homes, schools, and communities during non-traditional hours, equipping caregivers with the tools necessary to transform the lives of youth facing serious antisocial, delinquent, and other behavioral challenges. MST 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.

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 emerged as a solution amid challenges such as the closure or reduction of out-of-home placement beds, evolving juvenile justice reform efforts, insurance funding obstacles, and a recent Department of Justice investigation.

In the initial cohort of youth, MST participants averaged seven delinquency referrals, nearly five prior detentions, and almost 80% were assessed as 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.

### Nevada Division of Child and Family Services

Northern Nevada Child/Adolescent Services – Infant and Early Childhood Mental Health and Child/Adolescent Psychiatric Services

#### *IECMH Workforce Development:*

- DCFS continues as an approved clinical fieldwork/experience site with the University of Nevada Reno Marriage and Family Therapy (MFT)/Clinical Professional Counseling (CPC) master's level program.
- Student practicum interns can apply for vacant Public Service Intern II positions that enable them to receive a salary while obtaining the required program clinical training hours at the NNCAS IECMH clinic.
- MFT/CPC practicum intern students receive training in relationship-focused, trauma-informed IECMH 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).

#### *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.

#### *NV Infant-Toddler Court Team Expansion Project:*

- The NV ITCP Expansion Project provided subaward funding to Washoe County "Safe Babies Court Team" in its efforts to 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.
- The NV ITCP Expansion Project sponsored attendance at the ZERO TO THREE National "Cross Sites" meeting in Washington D.C. in August of 2023.

### Office of Suicide Prevention

The Office of Suicide Prevention is part of the Bureau of Behavioral Health, Wellness and Prevention in the Division of Public and Behavioral (DPBH). DPBH is one of five divisions within the Department of Health and Human Services, which falls within the Executive Branch of the State of Nevada. It is the primary provider of public health services in many rural areas of the state and provides certain public health services statewide, through the majority of public

health services in urban areas are provided by local health authorities. The Division also provides a wide range of behavioral health services through civil and forensic inpatient psychiatric hospitals in northern and southern Nevada, rural outpatient clinics and programs, and other critical facilities.

In 2023, the Office of Suicide Prevention trained over 5,000 people in various suicide prevention programs held across the state of Nevada. This number does not reflect conferences, presentations, resource tabling events, or roundtable discussions that the team frequently attends and presents at throughout the year. Our Strategic Plan Initiatives include:

- **Suicide Postvention Toolkit:** In partnership with the Office for Safe and Respectful Learning Environments with the Nevada Department of Education, the Nevada Postvention Toolkit has been in development and will be released in 2024 for school districts, community partners and agencies to have a cohesive framework for providing support in the aftermath of a suicide.
- **Safe Messaging on Suicide:** Studies show the way we talk about suicide has a profound impact on suicide attempt and loss survivors, as well as those living with mental health challenges. In 2023, the office debuted the Safe Messaging on Suicide training to help Nevadans learn about updated language regarding suicide and how to better support lived experience. It is our goal to expand this training statewide in the coming year.
- **Diversity, Equity, and Inclusion:** OSP has been collaborating through town halls and stakeholder partnerships to improve resources and outreach for Hispanic and Latino communities, Native Tribes, the Deaf and Hard of Hearing community, Rancher/Farmer Populations. Suicide can impact anybody of all ages, cultures, and demographics. The Office of Suicide Prevention aims to expand our reach on prevention efforts to underserved communities where there has previously been limited support or training opportunities.
- **Reducing Access to Lethal Means:** The CDC reports firearms continue to be the leading means for suicide, with 54% of all United States suicide deaths being attributed to firearms. However, lethal means can be anything that 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 statewide partnerships to provide gun safes, gun locks, and medication deactivating bags to support Nevadans in reducing access to lethal means. We are also partnering with Northern Nevada Public Health's CHIP efforts.
- **Crisis Response Systems: 988, Mobile Crisis and Crisis Stabilization Centers:** In partnership with the Crisis Response Unit within the Department of Public and Behavioral Health, our team has provided training and support for crisis line responders and the staff with various hospitals through the Nevada Zero Suicide Initiative. We will also strengthen the collaboration with the Washoe County Community Health Improvement Plan focusing on the Zero Suicide Initiative and supporting statewide crisis response.

## Forever14

### List of events:

- Defy Darkness 3.0- 100 teens in attendance
- 1000 Easter Baskets with Cookies for Kindness
- F14 Night for First Responders at Reno Rodeo- Honor Guest, Engine 51
- Franktown Meadows Hunter Derby
- Legacy Project- 168 teens over 4 events
- Meet me at the Eddy to kickoff Suicide Prevention and Awareness Month- 300 attended
- The 4<sup>th</sup> Annual Great Race to end teen suicide- 300 volunteers and participants
- F14 at the Reno Aces- 150 teens
- Teen Town Hall- 150 in attendance
- METCON 4 Hope 2.0- 80 participants

In addition to our events listed above, we tabled a dozen or more events hosted by Court Appointed Special Advocate (CASA), Big Brothers Big Sisters (BBBS), Katie Grace (KTG) Foundation, Truckee Meadows Boys and Girl's Club (TMBGC), Walk for Jordan, Women's March, Impala Car Club, and others.

## 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
<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>	\$600/day
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.	\$200-\$500/day
<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>	\$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 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

The Mobile Crisis Response Team is currently available on a telehealth basis to families in Washoe County 24 hours a day, 7 days a week. Funding was committed to expanding MCRT at the end of 2021. 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).

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
<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>	\$500,000 to serve 90 youth annually
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 in order to divert youth from the Emergency Room and into appropriate care.	To be determined
<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>	To be determined



## Additional Considerations

The persisting challenges facing Washoe County underscore the urgency of addressing critical issues highlighted in the previous year's evaluation. The housing and rental market continues to experience unprecedented increases, posing a significant threat to renting families. Evictions without cause have become more prevalent, exacerbating the difficulties for families seeking safe and timely rehousing. The Consortium emphasizes the imperative need for a mechanism facilitating pass-through dollars, enabling families to address their basic needs amidst these housing challenges.

A concerning trend observed in the previous report remains relevant, as the Consortium closely monitors Mental Health Parity issues. The migration of providers to private practice due to a preference for cash pay clients, driven by inadequate insurance reimbursements, persists. Simultaneously, families are increasingly burdened by high deductible insurance plans, limiting their ability to afford mental health services. This dual challenge of providers seeking better compensation and families facing financial barriers to utilizing insurance continues to impact mental health service accessibility in the community.

The Consortium maintains a vigilant stance on the necessity for an enhanced data collection and sharing system, with a focus on garnering support from the Department of Children and Family Services (DCFS) and the Department of Health and Human Services (DHHS). The call for a formalized process for continuous collection and reporting of state and county-level data across the Department's Divisions persists. Specifically, the Consortium seeks comprehensive data related to children's mental health service utilization, an analysis of utilization versus need, and an assessment of the current state-funded program capacity to meet the identified needs. Establishing such a system is deemed instrumental in bolstering the Consortium's advocacy efforts for the overall 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.**

# 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.

- **Washoe County Youth Mental Health Summit (Sept. 22nd):** Connect Washoe County successfully hosted the Second Annual Youth Mental Health Summit, fostering a platform for critical discussions and insights.
- **Renown hosted webinar Empowering Clinicians:** Pediatric Firearm Safety and Strategies for Assisting Caregivers in Limiting Lethal Means with BeSmart and the Office of Suicide Prevention in December.
- **National Hispanic Medical Association:** HMA's 2023 meeting Included a presentation on Navigating Mental Health Stigma in the Latino Community by: Dr. Anayansi Lombardero from UNR Psychiatric Department.
- **Northern Nevada Child and Adolescent Services:** continued Infant/Early Childhood Mental Health workforce development efforts as an approved training site for University of Nevada Reno - Marriage and Family Therapy graduate student interns and offered community trainings on IECMH topics.
- **UNR Medical/Renown Health Pediatric Department:** launched a Pediatric Residency Program.
- **Legislative Action:** Senate Bill 119 was passed, and Medicaid policy became effective November 29, 2023, allowing for increased access to behavioral health services, no longer

limiting what behavioral health services can be delivered through telehealth or audio-only service delivery. This service delivery expansion supports families within Washoe County in greater access to needed behavioral health services supporting previous issues as related to transportation or childcare concerns.

- **Big Brothers Big Sisters:** case managers continued to monitor youth mental health in members and make referrals for families to counseling services as needed.
- **School-Based Mental Health Services:** Through collaborative efforts with community partners, WCSD Mental Health sustained school-based psychotherapy, psychiatry, and behavior analytic services, ensuring vital mental health support within educational settings.
- **Social Media Awareness:** The Social Media Workgroup effectively disseminated multiple messages aimed at reducing stigma and increasing awareness surrounding mental health issues.
- **Suicide Risk Reporting:** WCSD and Children’s Cabinet maintained consistent reporting of suicide risk rates, as evidenced by the School Year 2022-2023 Signs of Suicide Outcomes.
- **Suicide Prevention Policies:** In collaboration with community experts, WCSD proactively reviewed and updated suicide prevention policies, ensuring alignment with best practices.
- **Suicide Support Group:** In partnership with the Stacie Mathewson Behavioral Health & Addiction Institute at Renown, the Office of Suicide Prevention and Shawna Sobrero, the Family's Love Support Group was formed for guardians or family members living with or involved directly/intimately in the life of a child, aged 8-18 years, who experience thoughts of suicide or have attempted suicide.
- **Social-Emotional Learning Curriculum:** WCSD implemented a social-emotional learning curriculum and acquired elementary mental health counselor resources. Suicide risk assessments and prevention programs expanded to elementary and high schools.
- **Workforce Expansion:** Health Psychology Associates played a pivotal role in enhancing youth access to behavioral healthcare. By providing comprehensive training during internships, counselors were equipped to meet the growing demand for mental health services.
- **Teen Text Line:** NAMI Western Nevada launched a Teen Text Line, facilitating stigma-free and non-crisis peer support for transitional age young adults, resulting in the exchange of 74,701 text messages.
- **Nevada Caring Contacts:** The Nevada Caring Contacts program received 66 unique referrals, demonstrating its continued significance in providing specialized support.

- **Early Child/Parent Mental Health Services:** Northern Nevada Child and Adolescent Services (NNCAS) diligently worked towards building resources and nurturing clinicians with expertise in early child/parent mental health services.
- **Advancement in Infant Mental Health:** The NV Association for Infant and Early Childhood Mental Health was officially established, initiating engagement with the Alliance for the Advancement of Infant Mental Health Endorsement®.
- **Youth M.O.V.E Podcast:** Youth M.O.V.E developed a podcast series comprising over 36 episodes covering diverse topics relevant to youth mental health.
- **988 Crisis Hotline:** The 988 Crisis Hotline experienced a steady increase in utilization, with an anticipated annual volume of nearly 100,000 contacts by the end of 2024.
- **Community Conversations:** Aca Entre Nos and WCSD collaborated to facilitate community conversations, destigmatizing mental health for the Hispanic community across at least five middle schools.
- **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.
- **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:
  - Regional School-Based Health Centers Update – Katherine Loudon (Washoe County Schools), Jennifer Lords (Rural School Districts), Christopher Merritt (Clark County School District)
  - Division of Child and Family Services Update – Dr. Cindy Pitlock, Administrative Clinical Director, Division of Child and Family Services (DCFS)
  - Medicaid Update and Changes – Sarah Dearborn, Division of Health Care Financing and Policy (DHCFP)
  - Update on the Pediatric Mental Health Care Access Program Grant Award to DCFS – Beverly Burton, Clinical Program Planner I, Training and Technical Assistance, DCFS and

Nicole Mara, Education and Information Officer, Nevada Pediatric Psychiatry Solutions (DCFS)

- Update on System of Care (SOC) Grant – William Wyss, Department of Child and Family Services (DCFS)
- Nevada Department of Education/Mobile Crisis Response (Washoe and Clark County Schools) – Christy McGill, Deputy Superintendent of Student Achievement, Nevada Department of Education
- The Harbor Juvenile Assessment Center expansion and services – Cheryl Wright, Assistant Director, Clark County Juvenile Justice Services
- Updates on youth and families served at certified community behavioral health clinics (CCBHs) – Shannon Bennett, Bureau Chief, SAPTA Bureau of Behavioral Health, Wellness and Prevention
- Update on the Pediatric Mental Health Care Access Program Grant Award to DCFS – Nicole Mara, Education and Information Officer, Department of Child and Family Services (DCFS)
- Update on changes to Nevada Open Meeting Law (OML) from the 2023 Nevada Legislative Session – Jennifer Spencer, Senior Deputy Attorney General, Department of Health and Human Services (DHHS)
- Division of Child and Family Services update – Marla McDade Williams, Administrator, Division of Child and Family Services (DCFS)
- Care Management Entity (CME) Presentation – Syralja Griffin, MA, LPC, Vice President, General Manager for Magellan Behavioral Health, Inc./Lisa Mariani, Chief Executive Officer, Magellan Behavioral Health of Nevada, Inc.
- Nevada Office of Suicide Prevention update – Misty Vaughan Allen, MA, Statewide Suicide Prevention Coordinator, Nevada Department of Health and Human Services (DHHS)
- Rural Nevada Children’s Mental Health Consortium (RCMHC) Mental Health Summit update – Melissa Washabaugh, Chair, and Sarah Hannonen, Vice Chair, RCMHC

**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. Refer to Family Voice on page 9 of this report and the list of Presenters on page 30 of this report for additional details.
- **Northern Nevada Child and Adolescent Services:** Utilized Childcare Development Funding - Infant & Early Childhood Mental Health Consultation (IECMH Consultation) with local area Quality Rating Improvement System affiliated childcare centers. IECMH Consultation supports childcare professionals in better understanding the impacts of "toxic stress and traumatic experience" for both children and their families through community trainings and site specific "Reflective Consultation Groups."
- **Sponsorship of School District Welcome Meeting:** For the third consecutive year, the Consortium sponsored the School District's Welcome Meeting for School Counselors, Social Workers, and Safe School Professionals. This sponsorship involved the 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 Second 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.

- **Legislative Participation:** The Consortium actively engaged in monitoring, advocacy efforts, and providing letters of support for legislative bills pertinent to youth mental health in Washoe County.

**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 you serving systems, highlighting lived experiences and bringing important topics to the table.
- **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.
- **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.

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



## Planned Activities for 2024

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 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)
- Support The Children’s Cabinet in continuing to offer Living Ideation caregiver and educator workshops in a variety of settings across the community (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 Third 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 concluding this annual report, the Washoe County Children's Mental Health Consortium offers a comprehensive overview of our progress towards the realization of our long-term strategic plan. This document serves to delineate both the strengths inherent in our community and the areas necessitating refinement and expansion within our community's programs, services, and supports for the betterment of youth and families. The Consortium reaffirms its unwavering commitment to the goals articulated in the Long-Term Plan, with a deliberate intention to subject them to review within the current calendar year.

Our commitment extends to the continuous collection, analysis, and utilization of timely data to inform our decision-making processes as we persist in advancing towards our objectives. In collaboration with our esteemed partners, we will continue vigilantly monitoring the implementation of recommendations from the DOJ regarding youth mental health in our community.

We continue to envision a community that is interconnected and sustainable, fostering a network of caring individuals, agencies, and programs, ensuring that each youth and family can access tailored support and services aligning with their unique needs. The realization of this vision hinges upon the ongoing cooperation, communication, and collaboration among local providers, government resources, and non-profit agencies.

To bolster our advocacy and effectiveness, we persist in seeking the support of the Department of Children and Family Services (DCFS) and the Department of Health and Human Services (DHHS) in the development of an enhanced data collection and sharing system. We advocate for a formalized process facilitating the continuous collection and reporting of state and county-level data, specifically pertaining to children's mental health service utilization, an analysis of utilization versus need, and an assessment of current state-funded program capacity to meet identified needs. This strategic approach is needed to significantly enhance the Consortium's advocacy for the well-being of youth and families in Washoe County.

In consideration of our operational needs, the Consortium respectfully requests that the allocation for administrative expenses be maintained at \$15,000 per year.

As we bring this report to a close, we express our gratitude to all members, guests, parents/caregivers, youth, and partners of the Consortium. Your valuable input, feedback, and tireless advocacy remain instrumental in championing the cause of children, youth, and their families in Washoe County.

## 2024 Membership

### THE WASHOE COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

**Natalie Sanchez, Chair**

Health Psychology Associates  
*Youth Advocacy Representative*

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

Washoe County Human Services Agency  
*Child Welfare 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**

Willow Springs Center  
*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*

**Dr. Jose Cucalon Calderon**

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.

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#### MEETING ANNOUNCEMENTS

<http://dcfs.nv.gov>

#### ADDITIONAL INFORMATION AND RESOURCES

<http://wccmhc.com>

#### CONTACT US AT:

[wccmhcconsortium@gmail.com](mailto:wccmhcconsortium@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/>

**UNR, Community Behavioral Health Collaborative** <https://www.unr.edu/public-health/>

**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>

**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/>

Appendix B: Materials distributed by the Consortium

5 • 4 • 3 • 2 • 1 • **CALM**

5 • NAME **5** THINGS YOU CAN **SEE**

4 • NAME **4** THINGS YOU CAN **FEEL**

3 • NAME **3** THINGS YOU CAN **HEAR**

2 • NAME **2** THINGS YOU CAN **SMELL**

1 • NAME **1** THING YOU CAN **TASTE**



Washoe County  
Children's Mental Health  
Consortium

For resources and support  
visit [www.wccmhc.com](http://www.wccmhc.com)



# When I feel upset I can...



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