

2020



Washoe County
Children's Mental Health
Consortium

Annual Report

Executive Summary

The Nevada Revised Statutes (NRS) [433B.333 & .335](#) established and charged the Washoe County Children’s Mental Health Consortium (WCCMHC) to develop a long-term strategic plan for children’s mental health in the geographic region of Washoe County. Earlier this year, the WCCMHC finalized a [long-term plan](#) for the design and implementation of children’s mental health services in Washoe County. This report summarizes WCCMHC accomplishments for the year and identifies areas of priority for the upcoming year.

While the COVID-19 global pandemic fundamentally changed the needs of children, families, and society as a whole, the WCCMHC persisted in its efforts to continue building a robust network of youth, families, providers, and other stakeholders who share a commitment to the health and well-being of Washoe County residents. The primary accomplishments of the WCCMHC for 2020 are:

- Development of a new long-term plan.
- Distribution of scholarships to provide financial support to youth and families accessing behavioral health services.
- Expansion of membership and stakeholder involvement in the Consortium.
- Facilitation of training and information dissemination efforts to increase knowledge of needs, access to services, and evidence-based strategies to support youth and families.

Commitment to Action

As the new long-term plan of the Consortium was developed within this reporting year, there are no recommended changes to the plan. The Consortium remains committed to the identified goals and objectives and will continue to implement them accordingly in the next calendar year. The Consortium acknowledges the global COVID-19 Pandemic that disrupted, changed, and challenged the lives of children, youth, and families this year. The Consortium believes that this pandemic has and will continue to change the context surrounding the needs and resources in our community. Therefore, in 2021, the Consortium aims to prioritize updating its data-informed understanding of such needs in light of the pandemic and will pursue its original three goals within this renewed understanding of the needs. Additionally, the consortium took two important action steps during this past year recommending system-level change in accordance with our goals and objectives:

1. The Consortium prepared and submitted a set of legislative recommendations to the Nevada Legislative Committee on Health Care (Appendix A).
2. The Consortium prepared (in December 2020) and submitted (in January 2021) a letter to state education officials communicating the needs of students and their families as they have been impacted by the pandemic. The letter outlined educational system changes necessary to alleviate child and family stress, develop resilience, and assure access to quality education for all students (Appendix B).

As the recommendations aligned with the Consortium’s long-term plan, we will continue to support and recommend legislative and system-level action according to our goals and objectives.

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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:

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

Our mission is to:

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.

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.

Family Voice

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 found this past year to be particularly critical to continue this agenda item each meeting. 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.

Education (Goals 1-3)

- The transition to virtual schooling was very difficult for families and remains a challenge as families navigate uncertainty related to school schedules.
- Families with youth who have mental health needs, special needs and/or who are on Individualized Educational Plans expressed difficulty in accessing resources for their children (even outside of their schools); and families are feeling uncertain as to how they can support their child’s learning needs in an online environment.
- Distance learning has decreased overall academic performance, and it is an added stressor for youth. Youth have reported feeling “punished” for having technology issues and often spend a majority of their time navigating technology issues as opposed to engaging in their learning.
- Standardized testing is an added stressor for youth, particularly young children, who are still navigating technology and may not have a lot of experience with classroom computers and school computer labs.
- Parents have reported having to sit with their children at the computer all day, which has also impacted their own employment performance.
- While youth have reported having access to technology, they are feeling like they do not have adequate support in utilizing the technology and that they are not academically supported.

Isolation (Goal 3)

- While youth have been tremendously resilient during this time, concern has been expressed about how much resilience we can expect from youth.
- Isolation has been particularly difficult for youth as they have felt isolated from their friendship groups and outside systems of support.
- Youth have reported enjoying spending time with their families.
- Youth are expressing feelings of grief and loss.

Youth Suicide (Goal 3)

- The rate and lasting impact of youth suicide continues to impact youth and families.

- There are family members now actively involved in the Consortium who are leading efforts to eliminate youth suicide in our community and have helped to continue this important conversation.

Family Conflict (Goal 2)

- A combination of stressors such as at-home restrictions, job loss, and virtual schooling has increased conflict within the home.
- Family members are getting kicked out of their homes with no place to go.

Overall Health & Access to Compassionate Care (Goal 1)

- Closures and reduction in capacities have limited access to general health-care and/or families are just not able to prioritize general healthcare. There is concern that youth will emerge from the pandemic with additional unmet healthcare needs.
- Family members described traumatic experiences in how they have been treated by mental health care staff while trying to access supports for their children.

Goals, Objectives, and Strategies

In order to reach the goals and objectives described below, the WCCMHC leadership facilitates collaboration across key state departments and divisions, community-based organizations and stakeholders in order to align resources, reduce barriers to care, and build ample capacity to meet the need.

The goals and objectives of the long-term plan were finalized in March, 2020. As such all activities associated with the goals and objectives remain in progress. The following highlights accomplishments thus far in the implementation of the long-term plan.



1 Increase access to compassionate care in the least restrictive environment.

Goal 1 Accomplishments

The primary accomplishments during the reporting year are under Objective 1G “Coordinate Key System Contacts and Partnerships.”

- During the past calendar year, the Consortium expanded its membership in both the designated voting member roster as well as guest participation in meetings. With the expanded participation, the Consortium was able to reach quorum for nearly every meeting. This change has created greater opportunity for increased collaboration across parents, families, and organizations. These collaborative relationships will be leveraged during the next calendar year to continue addressing this goal.

- The Consortium also reaffirmed its partnership with education professionals. This partnership is critical to the future implementation of objectives under this goal.
- The Consortium’s Scholarship continued to offer financial support for youth, parents, and caregivers to support their needs. The application process is family friendly, respectful, barrier free, and supportive of the applicant.
- The Consortium has become a safe space for participants to share their experiences and increase connections amongst providers, family members, and key stakeholders.
- In October, the Consortium hosted a presentation on the Child and Adolescents Needs and Strengths (CANS) tool and how it is applied to practice.
- The Consortium remains proud to continue its Scholarship program aimed at providing financial support to youth and families in accessing care (see Scholarship Snapshot on next page).

Consortium members commended the leadership of the Consortium Chair in creating a meeting environment that is welcoming, open, and safe. One Consortium member stated that the Chair’s “grace and generosity” opens the door for a meeting that is safe for youth and families to become equal participants. This not only increases the engagement of Consortium members, but it models the goal of “compassionate care.”

Additionally, the Consortium utilized meetings and electronic communications to disseminate information regarding available services and/or access to services. For example, the following items were distributed following the Consortia’s December meeting:

1. The latest Family Wellness Newsletter from WCSD
2. Circle of Security training flyer
3. Various suicide prevention trainings offered by the State
4. Nevada 211 app for youth
5. Psychiatric services through NNCAS

Within Goal 1, Objectives 1A-1G remain in effect for the Consortium’s Long Term plan with no additional updates and changes. For the calendar year, the Consortium aims to implement the following activities:

1. Facilitate a youth mental health summit (Objective 1C, 1F, 1G)
2. Continue to support and collaborate with the Nevada System of Care (Objectives 1A-1C)
3. Continue to identify and support the expansion and sustainability of school-based supports (Objective 1F)
4. Continue the Scholarship program to facilitate access to care (Objective 1C)
5. Continue information dissemination efforts through training and communication (Objective 1C)
6. Conduct ongoing surveys of needs, successes, barriers, and access to compassionate care (Objectives 1E & 1G)

WASHOE COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

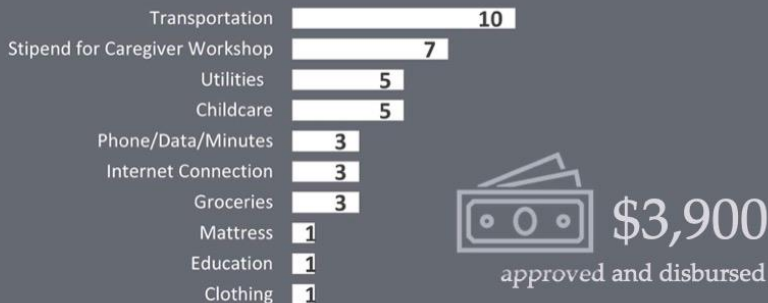
2020 SCHOLARSHIP SNAPSHOT

95% of requested scholarships were awarded

37 scholarships were disbursed to the following age groups:

Age Group	0-3	4-11	12-14	15-17	18-23
Scholarships	12	16	3	5	3

Services scholarship funds supported families with:



"When it comes to getting to my child's appointment for his doctors. I don't drive and I don't have the money to get the bus passes that would help us get to them ..."

"Lost my job due to covid and surgery my son has Autism and I need to get him to therapies as well as have internet for telehealth and school"

"Son is in need of going to Stanford University for further studies into his epilepsy. This will be a week long study and we need money to get there and stay and eat"



Washoe County
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The Consortium wishes to provide small scholarships of financial support to youth and families in order to allow them to access necessary behavioral health services. These scholarships are designed to meet basic needs on a one time basis in order to reduce barriers associated with accessing behavioral health care.



"Lack of work due to COVID-19 ... I am really behind in bills and need mattress for my kids..."

"I have not been able to work due to being a high-risk for COVID-19 because of medical conditions placing the family under financial strain making it extremely difficult to buy winter clothing"

"Need phone data and gas/car fuel for mental health visits and appointments or phone conference meetings with therapist, doctors, and social worker"



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

Goal 2 Accomplishments

The objectives of this goal aim primarily toward system change through policy implementation. As such, the Consortium must first increase awareness, buy-in, and commitment to the goal.

The following accomplishments are in alignment with that plan:

- Consortium member, Rhonda Lawrence, facilitated a presentation “Toxic Stress” for the Consortium (Objective 2C).
- The Consortium noted Washoe County Human Services Agency’s implementation of a key family program from the prior 10 Year Plan: the “Safe Babies Court” in Washoe County (Objective 2A, 2B).
- The Consortium has regularly collected the experiences of educators, parents of students, and student learning experiences during the COVID-19 Pandemic. This “family voice” immediately informs Consortium attendees who are providers of services regarding the needs of the youth and families (see “Family Voice” section above) in Washoe County (Objective 2A, 2C).
- In November, the Consortium hosted the Nevada Youth Legislature to discuss a bill that aims to identify at-risk students in the school system (Objective 2A, 2B).
- In response to the identified needs from our “Family Voice,” the Consortium prepared and submitted a letter to state education officials communicating the needs of students and their families as they have been impacted by the pandemic (letter finalized in 2021). The letter (Appendix B) outlined educational system changes necessary to alleviate child and family stress, develop resilience, and assure access to quality education for all students (Objective 2A-2C).

Within Goal 2, Objectives 2A-2C remain in effect for the Consortium’s Long Term plan with no additional updates and changes. For the calendar year, the Consortium aims to implement the following updated activities:

1. Facilitate a youth mental health summit (Objective 2A)
2. Continue to support and collaborate with the Nevada System of Care (Objectives 2A-2C)
3. Continue to identify and support the expansion and sustainability of school-based supports (Objective 2A)
4. Continue the scholarship program to facilitate access to care (Objective 2B)
5. Continue information dissemination efforts through training and communication (Objective 2A-2C)
6. Conduct ongoing surveys of needs, successes, barriers, and access to compassionate care (Objectives 2A-2C)



3

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

Goal 3 Accomplishments

- A representative from the Nevada System of Care regularly participates in the Consortium meetings, resulting in opportunities for Consortium members to learn about the SOC strategic plans and provide input on the direction of those plans as they pertain to residents of Washoe County (Objective 3A).
- In December, the Consortium hosted a presentation from Hope Means Nevada. The presentation furthered the organization's goal is to save lives by elevating the conversation around suicide (Objective 3B).
- During the past calendar year, the Consortium expanded its membership in both the designated voting member roster as well as guest participation in meetings. This change has created greater opportunity for increased collaboration across parents, families, and organizations. These collaborative relationships will be leveraged during the next calendar year to continue addressing this goal (Objective 3B).

Within Goal 3, Objectives 3A-3B remain in effect for the Consortium's Long Term plan with no additional updates and changes. For the calendar year, the Consortium aims to implement the following updated activities:

1. Facilitate a youth mental health summit (Objective 3B)
2. Continue to support and collaborate with the Nevada System of Care (Objective 3A)
3. Continue to identify and support the expansion and sustainability of school-based supports (Objective 3B)
4. Continue the scholarship program to facilitate access to care (Objective 3B)
5. Continue information dissemination efforts through training and communication (Objective 3B)
6. Conduct ongoing surveys of needs, successes, barriers, and access to compassionate care (Objectives 3A-3B)

Conclusion

The WCCMHC respectfully submits this annual report of its long-term strategic plan. At this time, we are not recommending any changes to the long-term plan. However, we affirm the impact of the global COVID-19 pandemic and aim to collect updated data as it becomes available to further analyze the impact on children, youth, and families. We remain committed to collecting, analyzing, and utilizing timely data to support decision making as we continue to progress on our goals. We intend to conduct regular reviews of our plan in accordance with our specific tasks and activities in the upcoming year. In collaboration with our partners and building upon our strengths, we remain committed to pursuing the legislative recommendations submitted earlier this year as well as our recommendations to the education-system stakeholders for supporting equitable access to education while decreasing youth and family stress during this unprecedented time.

We remain thankful to all the members, guests, parents/caregivers, youth, and partners of the WCCMHC for their input, feedback, and tireless advocacy on behalf of children, youth, and their families in Washoe County.

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**THE WASHOE COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM
2020 (updated) Membership**

Jacquelyn Kleinedler, Chair
Children's Cabinet
Non-profit Agency Representative
Katie Metz, Vice-Chair
Renown
Juvenile Justice Representative

Rhonda Lawrence
Northern Nevada Child & Adolescent Services
DCFS Representative

Sara Dearborn
Division of Health Care Financing and Policy
Medicaid Representative

Dr. Brandy Olson
WCSD Psychological Services
Washoe County School District Representative

Christine Eckles
Washoe County Juvenile Services
Juvenile Probation Department 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

Misty Allen, Secretary
Nevada Office of Suicide Prevention
Suicide Prevention Representative
Chris Empey, Treasurer
Washoe County Human Services Agency
Child Welfare Representative

Brittney Young
Nevada PEP
Parent Representative

Steve Reagan
Reagan Home
Foster Care Representative

Anna Thornley
National Alliance on Mental Illness-Nevada
Parent Advocacy Representative

Dr. Rebecca Arvans
Sierra Regional Center
Aging and Developmental Services Representative

Sandy Arguello
Koinonia Family Services
Group Home Representative

Dr Jose Cucalon
UNR Med Pediatric Department
Primary Healthcare Representative

Lexie Beck
NV PEP / YouthMOVE
Youth Advocacy 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, and the many additional family members, community providers and other stakeholders who participated in workgroups and planning meetings over the past 6 months. These individuals have worked tirelessly to develop a dynamic strategic plan to guide our community for the next decade.

The Consortium would like to express particular gratitude to the **DCFS PEU**, which has attended to administrative tasks; and provided historical knowledge, logistical support, and data reports throughout the year. In addition, **Jill Manit, Ph.D., MSW**, was an invaluable organizer, consultant, and author of this report without whom, we would not have been successful.

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

Meeting Announcements
can be found at
<http://dcfs.nv.gov>

Additional information
and resources:
<http://wccmhc.com>

Contact us at:
wccmhconsortium@gmail.com

Appendix A: Legislative Recommendations

Washoe County Children’s Mental Health Consortium Recommendations for Possible Consideration by the 2019–2020 Legislative Committee on Health Care

1. Name of the individual, group, or entity making the recommendation.

Washoe County Children’s Mental Health Consortium

2. Name and contact information for the person who can provide additional information regarding the recommendation, if necessary.

Jacquelyn Kleinedler, MA, MFT, LADC
Chairperson, Washoe County Children’s Mental Health Consortium
jkleinedler@childrenscabinet.org
wccmhconsortium@gmail.com
775-682-1316

3. Detailed description of the recommendation, including the intent of the recommendation and the problem it aims to address. Include copies of any background information, as necessary. Sufficient detail will help the Committee better understand the purpose of the recommendation.

The following briefly summarizes the efforts of the Washoe County Children’s Mental Health Consortium to develop a long-term plan for children’s mental health in Washoe County (where appropriate, specific page numbers of the full plan are included). We have included potential legislative actions that we believe would support the implementation of the plan. We look forward to partnering with our elected officials to further develop legislative proposals and supporting legislative action. Our contact information is included at the end of the document.

Background

The Nevada Revised Statutes (NRS) [433B.333 & .335](#) established and charged the Washoe County Children’s Mental Health Consortium (WCCMHC) to develop a long-term strategic plan for children’s mental health in the geographic region of Washoe County. The Consortium members include representatives from Washoe County Juvenile Services, Washoe

County Human Services Agency, Washoe County School District, Division of Child and Family Services, Division of Healthcare Financing and Policy, Nevada Office of Suicide Prevention, and multiple community partners. For 17 years the WCCMHC has advocated for the safety and well-being of Washoe County Youth and Families in all areas of their lives. The recently developed plan is intended to guide activities from January 2020 through December 2029. The WCCMHC designed the goals and objectives of the plan to build upon the foundation and successes of the Consortium's past activities and the Nevada System of Care (SOC) while expanding strategies to specifically focus on healthy youth development, resilience, positive community supports and relationships, and community protective factors.

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

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

Our mission is to:

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.

Some of the key issues identified by Consortium members include the limited availability of short-term crisis and stabilization services, rates of suicide and addiction, limited availability of intensive outpatient mental health and substance abuse treatment options, enhancing school-based supports, limited to no availability of respite services, and the need to take more proactive and preventative measures for children, youth, and their families.

Goals

To develop the goals and objectives of this plan, the Consortium relied on information from key sources of evidence and literature. Those informants include System of Care Principles and Values (p. 10), emerging research on ACEs and toxic stress (p. 11-13), the Social Determinants of Health (p. 14), the standards for Culturally and Linguistically Appropriate Services and Health Equity (p.15), and research on Incarcerated Youth (p. 16).

Our primary goals guiding the long-term plan are:

- 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.**

The Consortium is committed to data driven decision making and advocacy for youth and families in our community. To that end, The Consortium has gathered significant and meaningful data points in order to inform the objectives that will guide activities as we implement our strategic plan. Where possible, we focused the reported data on Washoe County youth and families with information on ACEs (p. 17); Poverty (p. 19); Health Insurance (p.20); Serious Emotional Disturbance and Mental Health (p. 21); Out-of-State Placements (p.23); Addiction (p. 25); Suicide (p. 27); School Success (p. 27); Child Abuse and Neglect (p. 27); Housing and Youth Homelessness (p. 28); and our Behavioral Health Workforce (p. 29).

Goals and Objectives at a Glance

1. Increase Access to Compassionate care in the least restrictive environment

Objectives:

- Expand early identification and assessment services
- Expand crisis and stabilization services to prevent out-of-home placements
- Expand access to an array of evidence-based substance abuse and mental health services on a continuum from prevention to recovery

- Increase racial, linguistic, and cultural equity in access to services and supports
- Expand workforce to meet demand
- Expand and sustain school-based services and supports
- Coordinate key system contacts and partnerships

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

Objectives:

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

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

Objectives:

- Inform and support implementation of standards of quality care in accordance with the SOC values and principles, reducing toxic stress, and preventing ACEs.
- Develop, implement, and sustain services and supports that decrease impact of effects of isolation, loneliness, and loss of connection on youth.

Our First Priority in 2020

The members and guests of the WCCMHC identified the elimination of suicide as a top priority for the Consortium. One of our members stated, "Over the past decade, we have seen stigma around mental health and suicide reduced; we have mandated suicide prevention awareness and education, and we have more behavioral health and healthcare providers trained in screening and suicide intervention. Yet, we are seeing our youth rates increase. We must increase connectedness, creativity and innovation as we continue our work in the next decade." Youth rates of suicide have increased from 0.9 in 2008 to 3.8 in 2018.

According to Washoe County Human Services Agency reports, there were 4 youth under 18 who died by suicide during the fiscal year 2019. Already in 2020, our community has lost 1 youth to confirmed suicide and an additional 4 youth to preventable, mental health related deaths. A school district representative recently tallied the staggering loss of 7 students in the past 12 calendar months. The Youth Risk Behavior Survey is a national tracking mechanism that is implemented locally by the University of Nevada, Reno. Among middle school students who participated in the YRBS, 21.3% reported they had ever seriously considered killing themselves. The YRBS further indicated that youth with higher ACE scores are more likely to report suicidal behavior. 43% of Children’s Cabinet clients in a 6-month period reported an ACE score of 3 or higher.

The Children’s Cabinet coordinates and implements the nationally recognized “Signs of Suicide” screening for middle school and high school youth in the Washoe County School District. Results of the screening are not diagnostic but indicate the presence or absence of symptoms that are consistent with depression or suicide. Of the over 1,400 students screened under the Signs of Suicide program in 2019, nearly 430 students resulted in a positive screen (30%), revealing that youth in our community are indeed struggling with depression and suicide.

The WCCMHC aims to eliminate suicide through prevention, intervention, and postvention actions and activities.

Legislative Considerations

The Consortium recognizes that schools are a first line of contact for early detection and intervention for children, youth, and their families. We also know that public and private agencies must collaborate and receive adequate funding in order to eliminate youth suicide in

our community. Therefore, the Consortium respectfully makes the following recommendations to this committee:

1. Since the creation of Safe Voice in 2018, the number of Washoe County youth and families calling for assistance has steadily increased. The Consortium recognizes the need for maintaining and supporting staff in their coverage of the Hotline. The Consortium requests this support be reflected in **a review and expansion of funding allocation for Department of Education and Department of Public Safety's SafeVoice reporting system in response to high demand** (i.e. provide pay for on-call staff and dedicate positions within the School District to screen and respond to SafeVoice calls).
2. In 2015, Washoe County School District mandated screening of all 7th graders for suicide risk. The Children's Cabinet coordinates and implements the Signs of Suicide screening. The Consortium applauds the District's decision to include the parental consent in the online registration packets for 7th graders. As the number of screenings increases, funding must keep pace. The Consortium requests **sufficient funding to assure that every 7th grader is able to participate in the SOS Screening.**
3. The Mobile Crisis Response Team is currently available 8am to 8pm Monday through Friday and 8am to 6pm Saturday and Sunday for youth and families in Washoe County. The Consortium requests **the development of a taskforce to investigate partnerships and funding options with community agencies in order to expand Washoe County access to MCRT to 24 Hours a Day/7 Days a Week.**

4. The Consortium supports **the Office for Suicide Prevention request to fund a position dedicated to supporting youth and assisting families** to keep their youth safe during and after treatment for suicide ideation or attempts.

The Washoe County Children's Mental Health Consortium meets regularly and is open to the public. We encourage active participation from youth, families and caregivers, providers and other concerned community members.

The 10 Year Strategic Plan can be found at:

http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Meetings/2020-2029_WCCMHC_Long-Term_Plan.pdf

Meeting announcements for 2019 can be found on the Division of Child and Family Services website:

http://dcfs.nv.gov/Meetings/2020/2020_Meetings/

Additional information and resources can be found on the Consortium website:

<http://wccmhc.com>

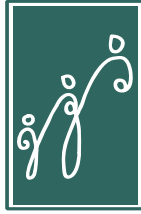
4. **Does the recommendation revise one or more current sections of *Nevada Revised Statutes* (NRS)? If so, please provide the reference to the NRS citation(s).**

Unknown

5. **Does the recommendation require new or expanded funding? If so, please provide any available information or estimates as to the extent of requested funding.**

At the very least, these recommendations require that funding not be cut further than it has in the 2020 Special Session.

Appendix B: Letter



Washoe County
Children's Mental Health
Consortium

January 12, 2021

Jhone Ebert
Superintendent
Nevada Department of Education
JEbert@doe.nv.gov

Richard Whitley
Director
Nevada Department of Health and Human Services
RWhitley@dhhs.nv.gov

Dear Superintendent Ebert and Director Whitley,

The members and participants of the Washoe County Children's Mental Health Consortium are very concerned about the toll COVID pandemic adjustments to education are taking on students and families in Washoe County. The Consortium is respectfully requesting the Nevada Department of Education and the Nevada Department of Health and Human Services take swift and meaningful action that will ease the pressure teachers and families face and communicate the prioritization of mental health and well-being above all other considerations. We add our voice in advocacy for vulnerable populations and seek to amplify the feedback we have received from families, school administrators, teachers, and counselors.

Family Voice is an agenda item at the Consortium monthly meeting to allow members of the community, and those who work with the community, to talk about successes, challenges, and barriers related to the emotional health and well-being of our youth. Over the past four months, the Consortium has heard from guests in the community as well as from members during this special agenda item. The parents, professionals, and young adults in our past four meetings have

described the efforts being made by the school community to adapt to the ever-changing requirements of present educational environments. Members of our educational community are reporting significant increases in stress, fear, anxiety, confusion, and depressive symptoms.

The Consortium members understand that the impacts of the pandemic are community wide, affecting every single resident of Washoe County. We believe support of our youth begins with supporting the important adults in their lives. We turn to teachers and counselors as frontline support of our children for everything from academic leaning, to assuring they are fed, to screening for behavioral health and mental health problems. Furthermore, any academic setbacks students experience while we are in the pandemic can be addressed and corrected post-pandemic, but the psychological and emotional impacts the students are experiencing will be much more insidious, long-lasting, and difficult to address as time goes on. We are asking the Department of Education and the Department of Health and Human Services for adjustments so our energy and focus can be on prioritizing relationships and assuring the emotional safety of our youth, families, teachers, and school counselors. **Our top priorities are as follows:**

1. Waive testing requirements for all students but especially for 2021 and 2022 graduates, for example, making the ACT an optional test. Suspended or postponed testing would reduce potential infections, eliminate unnecessary testing stress, and free up valuable time for instructional opportunities.
2. Relax grading requirements in light of the pandemic and allow the Washoe County School District to set guidelines for attendance, class participation, testing, and graded work to reflect an emphasis on teacher/student relationship and student circumstances.
3. Allocate funding towards mental health supports and services - including providing State assistance to eliminate barriers to billing Medicaid for the District and dedicating funding to supporting mental health professionals in schools. Nevada ranked 51st in the nation in both access to mental health funding and mental health outcomes prior to the pandemic, and the need to rectify resource deficiencies is even more acute now due to COVID-19.

Additionally, we recommend specific adaptations for teachers and counselors, students, and the graduating class.

Supporting Teachers and Counselors

1. Suspend formal teacher evaluations, specifically the SLO, to reduce pressure on teachers.
2. Advocate for the prioritization of school site administrators, teachers, school social workers and school counselors for the COVID vaccine.

3. Allocate funding for barrier free, neutral, confidential mental health support and crisis interventions for teachers and staff. This includes building a sustainable workforce.

Supporting Students

1. Address severe cuts to state level mental health funding that has impacted access to care; and reinstate supports and services for students under age twelve. Gaps in care at the state level through the Department of Public and Behavioral Health and the Department of Education have put an intolerable stress on the students and families in Washoe County.
2. Commit funding to expand existing peer-to-peer connection opportunities for students, including Youth M.O.V.E.
3. Allow teachers, in collaboration with parents, to make student determinations through the formative assessment process, and allow them to make allocation determinations accordingly.
4. Allow schools to adjust academic load on a case-by-case basis for those students who would benefit from focusing on high priority courses; waiving minimum load, if necessary without financial impact to the school district.

Supporting the Class of 2021

The State and County moved swiftly to support the Class of 2020 in graduating under extraordinary circumstances. The Consortium recognizes that, as the pandemic crisis continues, the Class of 2021 requires grace and understanding to facilitate their success. We are not advocating for “going easy on kids,” but rather for assuring an emphasis on psychological well-being balanced with academic performance. For our most vulnerable students, these adaptations will be the difference for their survival. We request that the Nevada Department of Education turn attention to supporting our seniors by

1. Promoting flexibility in graduation requirements.
2. Assuring “No problem” 5th year or an extension of the 4th year.
3. Waive mandatory ACT testing, while continuing to offer this as an option.
4. Expand the scope of NRS 388 that applies to specific populations to include all students who have been impacted by COVID-19 to allow students to combine partial course work for credit and to waive attendance requirements.

The Consortium recognizes, and is grateful for, the collaboration and efforts that have been made by the Nevada Department of Education, The Washoe County School District, and others involved with children's education and mental health. The Consortium also recognizes that the pandemic has created unequal, unstable, and unprecedented circumstances that affect students' ability to learn and teachers' ability to teach. The current Nevada educational requirements were not designed for present pandemic conditions, and thus some mandates either add further stress and inequity or penalize the District (financially or otherwise) for lack of participation. We believe now is the time to optimize the role of our schools in promoting hope, crisis recovery, and community engagement.

We are desperate for swift action, and welcome immediate dialogue with you. You can communicate with the Consortium by contacting the Chair, Jacquelyn Kleinedler, at jkleinedler@childrenscabinet.org; by telephone at 775-682-1316; or the Consortium email at wccmhconsortium@gmail.com

We are appreciative of your time.

Respectfully,

Washoe County Children's Mental Health Consortium

cc: Washoe County School Board of Trustees
Washoe County Superintendent McNeill
Administrator Armstrong