



Washoe County  
Children's Mental Health  
Consortium

January 31, 2023

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Director  
Nevada Department of Health and Human Services  
4126 Technology Way  
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Braden Schrag  
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Nevada Commission on Behavioral Health  
4126 Technology Way, Suite 201  
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RE: Washoe County Children's Mental Health Consortium *2022 Annual Report*

Dear Mr. Whitley and Mr. Schrag:

Attached please find the Washoe County Children's Mental Health Consortium (WCCMHC)'s *2022 Annual Report* based on the 10-Year Strategic Plan. Also attached is an expenditure report for the 2021-22 Fiscal year. These documents are being submitted to you in accordance with the requirements set forth in Nevada Revised Statutes 433B.335. If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Jacquelyn Kleinedler, MA, MFT, LADC  
Chairperson

Washoe County Children's Mental Health Consortium  
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cc: Dr. Cindy Pitlock, DCFS Administrator

2022



Washoe County  
Children's Mental Health  
Consortium

Annual Report

## Executive Summary

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The Washoe County Children’s Mental Health Consortium, established by NRS [433B.333 & 335](#), began 2022 with the continued hope and optimism that the year would be filled with reconnection, recovery, and a return to normal. With our [long-term plan](#) to guide us, we began our work with renewed purpose and shared determination. This report summarizes The Consortium’s accomplishments for the year and identifies areas of priority for 2023.

2022 quickly proved a continuation of the challenges for youth mental health and family well-being in Washoe County. The COVID-19 global pandemic, which fundamentally changed the needs of children and families, continued to have ripple effects across all spectrums of our community socially, educationally, economically, mentally, and emotionally. The Consortium used our monthly meetings and activities to create a sense of community connectedness. The Consortium held space to hear from youth, families, and providers in our county, sharing moments of acknowledgment and support for our lived experiences.

This report is a succinct reflection of our strengths and an honest look at our limitations. Against the backdrop of larger systemic factors, we have catalogued the concerns brought to our attention through Family Voice along with the strengths, services, and accomplishments of many of our community partner agencies. We have compiled specific activities and accomplishments from the year that are aligned with our strategic goals. The report concludes with a comprehensive list of recommendations and activities that we plan to pursue throughout 2023 to meet our vision, mission, and the objectives of our Long-Term Plan.

### Commitment to Action

The Consortium remains committed to the identified goals and objectives of the long-term plan and will continue to implement them accordingly in the next calendar year with no recommended changes. We will continue with our Budget Workgroup to assure efficient and timely allocation and distribution of our annual operating budget and maintain our scholarship program. The Consortium remains committed to creating a meaningfully linked network of providers and resources to maximize our local resources for youth and families. The Suicide and Crisis Lifeline 988 was implemented in July 2022 and is a welcome and much needed addition in this effort. 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

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

## Vision and Mission

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

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

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Our mission is to:

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

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## Goals

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

## Relevant Systemic Factors

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### Post COVID 19 Pandemic

As the world, the United States, and the State of Nevada continue to navigate the ongoing impacts of COVID19, within our home community of Washoe County, we are in an ongoing state of responding to the crises in both our mental health and public health communities of care. As public health recommendations changed to no longer requiring masking in both indoor and outdoor public spaces, including public schools throughout the state, and discontinuation of “social distancing”, our community reengaged in the activities so important to human connection and living. At the same time, we are having to learn to live with persistent risks posed by community spread of mutating variants of COVID19, influenza, and serious RSV (Respiratory Syncytial Virus) infections. RSV infection has been especially harmful in our community’s youngest and most vulnerable infants and young children this Fall/Winter of 2022 in Washoe County.

While much of society seems to have moved on from the concerns we shared during the years of 2020 and much of 2021 – with workers returning to offices and students returning to classrooms, we notice that there are many aspects and people in our lives that are changed and/or missing. As stated in 2021 Annual Report, “the Consortium believes that this pandemic has and will continue to change the context surrounding the needs and resources in our community.”

Within our Washoe County community, school district, and childcare sector, at a time when our children, youth, and families are in the most need of support and a return to the familiar, we seem to be missing many who make up our essential child/youth/family supporting network of professionals and paraprofessionals who:

- reliably and safely transport children to school and home each day;
- keep our school buildings and grounds hygienic and safe;
- create and serve nutritious meals at school;
- provide individualized support to learners with special needs;
- educate learners in classrooms that are safe and calm;
- provide childcare and early learning and developmental experiences to our infants and young children, and finally;
- counsel and connect with children, youth, and families who are experiencing mental health crises and are in need of mental health services in our community.

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

As noted in the Consortium’s 2021 Annual Report, the United States Surgeon General issued an [Advisory](#) on the Youth Mental Health Crisis across the country due to the impacts of the COVID-19 pandemic in December 2021. The descriptions, discussions, and advice within the US Surgeon General’s Advisory, coming at the end of 2021, continue to be relevant and congruent with the

Consortium’s review of 2022 and Summary of Recommendations and our planned activities for 2023.

The general recommendations in the Advisory (p. 13) mirror the ongoing Goals of the Consortium.

- 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)

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<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>.



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)*

Nevada's Department of Health and Human Services (DHHS) will be updating its *Strategic Plan for Behavioral Health Community Integration* (hereafter referred to as the "Plan") in early 2023 and will be directly responding to the Report's recommendations and identified areas in need of remediation and improvement. The Consortium looks forward to the publication of this updated Plan and our continued collaboration towards achieving the identified goals and supporting the implementation of specified strategies in Washoe County that will move our entire state closer to Plan success.

### 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 in 2022:

- 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

Family peer support was identified as Medicaid billable in the May 2013 Joint CMCS and SAMHSA Informational Bulletin which was based on evidence from major U.S. Department of Health and Human Services (HHS) initiatives that show that these services are not only clinically effective but cost effective as well. In 2022, the United States Department of Justice investigation in Nevada found that family peer support is not sufficiently available to families to prevent institutionalization, and that changes need to be made to Nevada’s Medicaid definitions to allow for adequate provision of family peer support. The Division of Child and Family (DCFS) services has long recognized the value of family peer support, from partnerships with Nevada PEP on grants from 1993 to contracting for the service beginning in 2012. Since May 2013, Nevada PEP and DCFS have promoted the inclusion of family peer support in the Medicaid State Plan to no avail. In August 2022, DCFS championed a significant funding increase with ARPA funds for family peer support to begin in January 2023 and run through June 2024. Currently family peer support specialists follow a two-year national certification process, in October 2022, DCFS supported a project to develop an in-state family peer support certification process to increase the workforce, make the service more readily available to families through multiple family-run organizations, and to reduce the hesitancy to include the service in the Medicaid State Plan. Both initiatives were recognized as valuable and were supported by the Nevada State Legislature Interim Finance Committee. Next steps: Funding for family peer support should continue past the availability of ARPA funds as a part of Nevada’s adequate 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 Emotion Disorders and co-occurring disorders. The return on investment would be reflected in a decrease in costly out of home placements and less separation and strain on families.

## Family Voice

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

### Education (Goals 1, 2, and 3)

- Students and families reported the continuation of varied and ever-changing stressors related to education as they exited the 2021/2022 school year and entered the 2022/2023 school year as a direct result of the COVID-19 pandemic.
- Parents have requested students receive increase in Social Emotional Learning curriculum activities in schools, while also asking to receive the same information as their students.
- Throughout the year some parents have reported their students are not getting enough help with academics or mental health.
- Teachers, educators, and support staff have reported increasing pressure and job-related stressors, which have a direct impact on students’ school experiences including IEP implementation.
- Some families have attributed chronic absenteeism of students to a perceived lack of school safety.
- Many parents, youth, and teachers express concern for school safety because of gun violence across the country.
- Our school system is facing a teacher shortage and transportation shortage as we enter the 2022/2023 school year.

### Bullying (Goal 3)

- Youth are still experiencing all types of bullying and are feeling the effects at a much higher rate than before.
- Many agencies report an increase in the number of bullying incidences being reported to them.
- Youth are reporting increased incidences of cyberbullying.

### Youth Suicide (Goal 1 and 3)

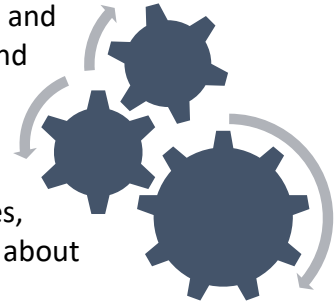
- Many agencies are seeing an increase in suicidal ideation and attempts among teens along with reports of symptoms of depression and anxiety.
- The rate and lasting impact of youth suicide continues to affect youth and families.

### Overall Health and Access to Compassionate Care (Goal 1)

- Many youth and their families have been impacted by the rising cost of food, gas, and housing.
- Many providers are noting a marked increase of teens in need of individual counseling and dealing with a shortage of care providers making it difficult for youth to access services they need.
- Youth are reporting health related anxiety as they transitioned out of pandemic precautions (e.g., mask mandates, etc.).
- Youth are increasingly comfortable talking about and more easily accepting that their mental health is an important issue.
- Parents are having difficulty finding appropriate summer activities for their children.
- Agencies and families repeatedly note a significant lack of resources for assessment, diagnosis, and treatment of mental health issues, including autism spectrum disorders, early childhood issues (0-5), and access for Spanish speaking families.
- 988 has launched and is being advertised and promoted to youth and families, including its addition to the back of student ID cards.
- Many families provided testimony to the Interim Finance Committee, which means their voice is being heard by the Legislature.

## Community Snapshot

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



### Connect Washoe County

In response to community mental health needs, Renown Health partnered with The Children’s Cabinet to launch the Connect Washoe County (CWC) initiative. The Initiative, which is in the

Year 1		Create and Strengthen Linkages in the Community
Year 2		Identify Strategies to fill Service and Support Gaps
Year 3		Assure Sustainability and Economic Viability

second of 3 years, is framed by objectives that are closely aligned with the mission, values, and objectives of the Consortium. CWC is anchored by 4 established community partnerships: Washoe County School District, Nevada’s Office of Suicide Prevention,

The Children’s Cabinet, and Renown Health. Connect Washoe County pulled together multiple community partners to host the First Annual Washoe County Youth Mental Health Summit. The Summit convened on a message of hope and collaboration. Noted speakers included Dr. Steve Nicholas, Dr. Kristen Clements-Nolle, Dr. Kris Deeter, and Dr. Stephanie Woodard. Four Community Resource Conversations, moderated by Punam Mather, included panelists from NAMI Western Nevada, Hope Means Nevada, Health Psychology Associates, Nevada Office of Suicide Prevention, Renown Health, Quest Counseling, The Children’s Cabinet, Crisis Support Services of Nevada, Reno Behavioral Healthcare Hospital, Willow Springs, Thrive Wellness, the Nevada Legislature, University of Nevada Reno, and the Nevada Department of Education.

### Nevada System of Care

The Nevada System of Care is now threaded throughout Washoe County behavioral health services and programs building healthy communities through partnerships, innovation, and hope for all Nevada children, youth, and families. The grant efforts have focused on rural communities, which have had an indirect impact on Washoe County because so many of our rural counties depend on Washoe County community services and support. The grant activities in the past year focused on identifying and funding direct service behavioral health programs and supports throughout Nevada, developing and delivering a variety of trainings, providing technical

assistance to grant-funded programs, and participating in outreach activities throughout the state. Over the last year, System of Care developed and implemented a self-directed respite pilot program focused on supporting children and youth with behavioral health needs and their families. This pilot program has provided an opportunity that has never before been available to families of children & youth with behavioral health care needs in Nevada. Additionally, flexible funding, in partnership with NV PEP, has been made available for the purchase of goods and services to support the needs of children and youth in the social and educational domains. These funds have enabled 90 children and youth to engage in community-based programs, access educational support, and participate in enrichment activities. System of Care has continued to build upon the community training catalog offered through CASAT Learning. In 2022, new training offered included *Advancing Health Equity and Improving Cultural Competence in our Practices* (live and self-paced) and *Addressing the Needs of LGBTQ+ Youth* (self-paced). System of Care staff, in partnership with NV PEP, delivered live webinar training to approximately 400 individuals. Additionally, DCFS offers nine self-paced courses through the CASAT Learning platform. System of Care will continue to build partnerships and relationships with rural, frontier, and tribal communities to build capacity and increase access to children's behavioral health services and supports. System of Care updates were a regular agenda item throughout the year with presentations provided by the grant manager and other staff. Topics included:

- FOCUS Care Coordination Model
- Respite Care
- Flexible funds
- System of Care language to aid in the empowerment of youth and families
- System of Care grant progress and activities

### Pacific Behavioral Health

Pacific Behavioral Health increased in person services in Rural School Districts, adding therapists who travel to the schools, additionally increased telehealth services in Rural Nevada. Pacific Behavioral Health Served over 100 students who have experienced trauma through grant funds from Nevada Department of Education. They also 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 available.

### The Children's Cabinet

In close collaboration with WCSD, The Children's Cabinet provided Signs of Suicide (S.O.S) education and screening to 7<sup>th</sup> grade students in the 2021-2022 school year. Over 4,000 students received the S.O.S education, and 3,187 students were screened across 19 middle schools. Every student screened met one on one with a case manager or therapist and all families received follow up communication and support. Licensed therapists made individualized clinical recommendations for follow up and aftercare for more than 1,100 of those students.

- Direct counseling and case management services supported more than 200 families
- 312 adults were trained in Youth Mental Health First Aid
- 14 high school students graduate from Redfield Academy

The Children’s Cabinet took the lead facilitation role in establishing Nevada’s Infant and Early Childhood Mental Health Association. The kickoff meeting in December of 2022 brought together professionals from across the State to begin the work of development. By the conclusion of the meeting, the Founding Board was developed, and activities have begun to establish the Chapter.

### Washoe County School District

Student safety and mental wellness are areas of priority for the Washoe County School District, whose staff believe “Good mental health is critical to children’s success in school and life” (NASP, 2021). Washoe County School District (WCSD) serves approximately 61,000 students in more than one hundred schools. A large segment of students qualifies for Free or Reduced Lunch, Medicaid services and/or are considered “Children in Transition” and do not have a stable home address. For the families of these students, health and mental health services may not be accessible, thus potentially impacting these students’ academic performance and wellbeing. The closure 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. These circumstances have furthered our District’s need for community collaboration and support. This includes seeking 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 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. WCSD uses evidence-based practices and curriculum. Additionally, WCSD is a veteran Multi-Tiered System of Supports (MTSS) School District with a current grant through 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. New and continuing supports include

- A robust behavior support team that employs Board Certified Behavior Analysts and partners with third- party agencies for additional Applied Behavior Analysis (ABA) services.
- Twenty-five school sites where there is collocated, and integrated family, behavioral, and mental health services provided through community partnerships and grants.
- Partnership with the psychiatric fellows at the University of Nevada, Reno with two Mental Health Administrators providing coordination and access to support services.
- Leading efforts with our local university and key stakeholders to expand Full-Service Community Schools which is, in part, a model for collocating services within schools.
- Seven 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. School teams often collaborate with staff from the Office of Strategies or outside providers when more intensive needs arise. The Office of Strategies staff will continue to work collaboratively with school staff and community partners to ensure that schools have access to appropriate mental health supports at the site-based level and assist with referrals to more intensive, individualized

supports provided at the school site and/or assist with referrals to community agencies as needed.

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. Between August 2022 and January 2023, WCSD teams have completed 113 initial threat inquiries and 20 comprehensive threat assessments. School psychologists are resources for administrative teams during threat inquiries, act as facilitators during comprehensive threat assessments, and are instrumental in developing student safety and supervision plans when needed.

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 third 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. To date, the project has supported mental health literacy trainings to reach 886 staff, students, and parents at participating pilot schools with another 106 staff receiving training in specialized mental health topics. As an example, the grant team recently collaborated with the Nevada System of Care team to train 18 staff and social work interns in the FOCUS model of care coordination to increase capacity for effective case management services. With regard to mental health services, 554 students have participated in school-based interventions implemented by school staff and/or community mental health partners. Beyond training and service delivery, the project is making progress on infrastructure elements that will be critical for sustaining comprehensive school-based mental health systems and services, including a pilot project to test an Electronic Health Record for documenting service plans and service delivery. The Project AWARE team is building strong collaborations to expand mental health services in the District. Project AWARE has established partnerships with community providers and hired an LCSW to deliver therapy services to students on site at 6 out of 7 pilot schools. In the coming school year, we are partnering with our MTSS department and pilot schools to expand tiered mental health services that are data driven and evidence based. We are also working with the Office of Suicide Prevention to establish mental health and suicide prevention trainings to staff and families. Another goal for next year is to increase our collaboration with families to engage them in conversations and planning around student and family mental health. Given the mental health challenges many of our students and families are facing, Project AWARE is working hard to build sustainable mental health services and systems.

WCSD uses *Ed Plan* software (formerly *Easy IEP*) for electronic Individualized Education Plan (IEP) and Medicaid reimbursement services. WCSD is participating on the Collaborative Innovation Improvement Network (COIIN) to examine health services and supports. This involves a national collaboration and assistance with the evaluation and improvement of mental health



and wellness access. Finally, WCSS is using the School Health Assessment and Performance Evaluation (SHAPE) System for School Health Quality Assessment.

### Nevada PEP

Family peer support is a service provided by Nevada PEP that connects parents of children with mental and behavioral health needs to other parents with lived experiences under the goals of: increasing resiliency, decreasing isolation, decreasing internalized blame, increasing realization of importance of self-care for parents, increasing feelings of self-efficacy, and increasing the acceptance and appreciation of the child's challenges with increased ability for families to engage with both formal and informal supports. Families are referred by DCFS programs, schools, and community organizations. Nevada PEP received 65 referrals from Northern Nevada Children's Mobile Crisis Response Team, 14 from the WIN program, and 17 new families from other Division of Child and Family Services programs. Over the last year (2022), PEP provided family peer support services to 516 families in Washoe County.

### UNR-Community Behavioral Health Collaborative

The University of Nevada, Reno- Community Behavioral Health Collaborative has launched its pilot in 2022, implementing its goal to increase accessibility (and availability) of services from UNR behavioral health training programs to in-need local non-profit community Human Services agencies [including Children's Cabinet] by creating a conduit to source interested and available UNR behavioral health interns with emphasis on Physicians, Psychiatry, Psychology, Nurse-Practitioner, licensable MFTs/CPCs, licensable Clinical MSWs, licensable CADC, and others. Implementation of phase 1 has translated to over 100 clinical hours delivered, and the training of 10 community clinical supervisors. Plans for 2023 include expanding direct services and clinical supervision trainings, including an expansion of the partnership with Children's Cabinet.

### Quest Counseling

Quest opened a Child Psychiatric Program offering medication management services and different therapy modalities, including play therapy to children between the ages of 5 and 17. Quest collaborated with The Children's Cabinet and Renown to bridge the gap between ER visits of children in suicidal distress, and therapy services in our community. Quest conducted assessments for children and youth outside our 4 walls and expanded family services by contracting with Crossroads.

### Renown Health and UNR School of Medicine

Representing the intersection of physical health and mental health for the Consortium, a pediatrician from Renown Health and the UNR School of Medicine has collaborated in multiple activities. The doctor initiated a meeting with the State Medicaid pharmacy director about families' difficulties accessing covered medications. This meeting led to the proposal of a draft letter by the State's consortium addressing prior authorization barriers and improving consistency in medication coverage. Renown's efforts have helped form Nevada's Chapter of the National Hispanic Medical Association, launching projects across the community. In November,

The NHMA hosted its first conference, which included a talk about second and third hand smoke exposure as a possible source of toxic stress for kids. Multiple Spanish language doctors partnered with two local Spanish language therapists to continue the “Aca Entre Nos,” a community focused effort to reduce stigma around mental health. The doctor participated as a panelist for the Inaugural Washoe County Youth Mental Health Summit and contributes to a Blogspot at the Nevada AAP webpage speaking about gun violence, toxic stress and adverse childhood experiences.

#### Forever14

Forever14 has been all over the county advancing conversation and human connection to prevent teen suicide:

- participated in Franktown Meadows Hunter Derby where we spoke before hundreds of attendees and athletes in the equestrian world
- participated in the METCON 4 Hope and are now developing a crossfit program for kids
- Teen Ambassadors organized the Moving Towards Hope 5k at Idlewild Park
- took 100 kids and parents to the Ace game
- hosted a Spooktacular Halloween at Sky Tavern and welcomed 50 families
- installed 4 Karma Boxes for our teen ambassadors to service
- gave away over 3000 books to locals schools & Holiday parade
- handed our 1,000 pairs of socks at the Sparks Hometowne Parade.

#### Sierra Regional Center

Sierra Regional Center (SRC) continues to support individuals with Intellectual and Developmental Disabilities throughout the lifespan in the Washoe County area. The focus for all providers through SRC is to work on teams in order to help individuals discover what they want, to listen and to understand, to provide choice, to help people set personal goals, to include appropriate supports, and to evaluate and change, as needed, based upon personal needs. Services are free to anyone with an intellectual or developmental disability that meets eligibility criteria (see NRS435.007(5) and NRS 433.099). Individuals involved with SRC have the opportunity to develop the skills necessary to live independently in the community setting. In the previous year, SRC has focused on continuing to provide high quality services, to develop high integrity behavior services programs for children with disabilities, and to provide opportunities for individuals with disabilities to enjoy common community events (e.g., movie nights, Santa night, dances, etc.).

#### Willow Springs

- New DBT PHP and IOP services
- Quality Award Celebration for safety and quality during COVID-19
- Ranked 5<sup>th</sup> in nation for all UHS RTC schools overall grades 7-12
- Ranked 7<sup>th</sup> in nation for all UHS RTC schools by parent satisfaction surveys
- Equine Therapy added

**Infant & Early Childhood Mental Health**

DCFS in collaboration with The Children’s Cabinet through emergency federal COVID childcare funding has established the first NV Association of Infant & Early Childhood Mental Health.

The Association hosted an amazing in-person, two-day “Kick Off” event in Las Vegas at the Southern Nevada Strong Start Child Care Services Center on December 1<sup>st</sup> and 2<sup>nd</sup> 2022.

The Association intends to bring the Alliance for the Advancement of Infant Mental Health Endorsement <sup>®</sup> to support and enhance Nevada’s birth to six multi -disciplinary workforce in highlighting the importance of social and emotional development.

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

DCFS was one of twelve states awarded \$3.125 million through the HRSA funded Infant-Toddler Court Program (ITCP) Statewide Expansion grant funding opportunity.

This five-year grant award will support the establishment of a state level NV ITCP Leadership Office to coordinate the expansion of the ITCP in two new family court jurisdictions in Las Vegas and Carson and will support the expansion of capacity of the current Safe Babies Court Team ITCP in Washoe County.

**Community Training Collaboration**

DCFS HRSA funded NV PEDS grant is providing funding for a third Child Parent Psychotherapy Learning Collaborative that concludes in February 2023. This Learning Collaboration will add another 14 CPP “Rostered” clinicians serving their communities in Reno, Las Vegas, Pahrump, Elko, Ely, Carson, and Fallon.

NNCAS in partnership with the CCBHC Vitality in Reno has embarked upon an Infant and Early Childhood Mental Health training intensive with the hope of expanding Washoe County’s access to dyadic parent-child IECMH psychotherapy.

**IECMH Mental Health Workforce Project**

DCFS approved American Rescue Plan Act (ARPA) funding to support the addition of 6 “Public Service Intern 2” positions at Northern Nevada Child/Adolescent Services community IECMH clinic.

In collaboration with the University of Nevada Reno Marriage and Family Therapy (MFT)/Clinical Professional Counseling (CPC) master’s level program, student practicum interns will be able to apply for these new Public Service Intern 2 positions and receive a salary for the clinical training hours received at NNCAS.

MFT/CPC Student Practicum Interns 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).

## Goals, Objectives, and Strategies

To reach the goals and objectives described below, the WCCMHC leadership facilitates collaboration across key state departments and divisions, community-based organizations, and stakeholders to align resources, reduce barriers to care, and build ample capacity to meet identified needs. 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 Consortium will review Goals and Objectives in 2023 to refine or update as needed. In the 2021 Annual [Report](#), the Consortium identified key activities for 2022. The table below summarizes outcomes specific to these identified activities.

Activity	Status
Continue to curate and expand the Dynamic Resource Directory housed on the Consortium website (Objective 1G)	Complete
Support Washoe County School District in developing an initial plan for implementing an SBIRT Screening Pilot Project in 10 <sup>th</sup> grade (Objective 1C)	Paused
Support Washoe County School District 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 (Objective 1F)	In Progress
Support The Children’s Cabinet in offering a School Based Mental Health Peer Support Model to Washoe County Schools and private schools throughout the community (Objective 1C, 1F, 3B)	In Progress
Explore the potential for developing a Safe Messaging Committee in collaboration with the Office of Suicide Prevention to offer guidance for any community partner working on suicide prevention messaging in any medium (Objective 1G, 2A, 3B)	In Progress
Identify and support collaboration among community partners to develop a Survivor Response Team with School Involvement that will offer tailored supports for youth and families coping with suicide attempt or suicide loss (Objective 1C, 3B)	In Progress
Support The Children’s Cabinet in offering Living Ideation caregiver and educator workshops in a variety of settings across the community (Objective 1C, 3B)	Complete
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)	Complete

Support SOC Grant activities including plans for a training to provide the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (Objective 1D, 3A)	Complete
Research and support efforts to increase the behavioral healthcare workforce including recruitment and retention of behavioral health interns of all backgrounds (Objective 1E)	Complete
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)	Complete
Resume discussion about hosting a youth mental health summit (Objective 3B)	Complete
Support the expansion and sustainability of school-based supports with an emphasis on assisting the district in defining co-located services and how/when the hand off occurs from school to community partners; create effective safety nets for students to assure they are getting the right kind of care in the least restrictive environment (Objective 1F, 3B)	Complete
Continue the scholarship program to facilitate access to care (Objective 1C)	Complete
Continue information dissemination efforts through training and communication with a primary objective of funding support for Trauma Informed Care training for Washoe County Juvenile Services (Objective 3B)	Complete
Conduct ongoing surveys of needs, successes, barriers, and access to compassionate care – tracking relevant data points in collaboration with others (e.g., YRBS, nevadatomorrow.org, AB181, etc.) (Objective 3A, 3B)	Complete
Monitor activities, reports, and data generated by the State’s Project AWARE Grant as Washoe County School District is a sub-grantee (Objective 1A, 1F, 1G)	Complete



# 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

- Connect Washoe County hosted **the First Annual Washoe County Youth Mental Health Summit** on Oct. 24<sup>th</sup>.
- Through **collaboration with community partners**, WCSD Mental Health has expanded school-based psychotherapy, psychiatry, and behavior analytic services to over 22 schools.
- Our **Social Media Workgroup** provided multiple social media messages designed to reduce stigma and raise awareness.
- WCSD and Children’s Cabinet shared consistent rates of suicide risk on the School Year 2021-2022 **Signs of Suicide** Outcomes
- WCSD continues to collaborate with community experts in suicide prevention to review and update **suicide policy**, which was approved by the Board of Trustees.
- WCSD has a **socio-emotional learning curriculum** and purchased a new elementary mental health counselor resource book “Gizmo’s Pawsome.” Suicide risk assessments and additional prevention programming is expanding to elementary and high schools
- NAMI Western Nevada launched a **Teen Text Line** to assist with mental health and suicide prevention on May 16, 2022
- Northern Nevada Child and Adolescent Services (NNCAS) is working to build resources and clinicians skilled in **early child/parent** mental health services
- Youth M.O.V.E released an **ADHD** podcast
- The **988** Crisis Hotline went live on July 16, 2022. Kim Hopkinson and the Office of Suicide Prevention provided a training for the school counselors, social workers, and psychologists to help promote and direct students to be aware of the 988 hotline.
- Dr. Cucalon Calderon reported on the effort to build outreach efforts and expand the library of mental health Spanish-language resources for the Latino community called “**Aca Entre Nos.**” Ana de la Maza is involved in this collaboration with planned community conversation events to build awareness and connect to services.

- 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 continues to be a safe space for participants to share their experiences and **increase connections** amongst providers, family members, and key stakeholders.
- The Consortium heard multiple **presentations from community partners including:**
  - Children’s Cabinet and WCSD on School Year 2021-2022 Signs of Suicide Outcomes - Jacquelyn Kleinedler and Keelie Killian
  - Report on Nevada Children’s System of Care (SOC) grant activities – Bill Wyss
  - Nevada Office of Suicide Prevention on most recently available youth suicide related data – Misty Allen
  - Mental Health Workforce Development – Valerie Cauhape and Rhonda Lawrence
  - Infant and Early Childhood Mental Health – Rhonda Lawrence
  - Mental Health Workforce Development – Rhonda Lawrence
  - Willow Springs Center – Stephanie Brown and Dr. Steever
  - Launch of 988 Crisis Hotline in Nevada - Kim Hopkinson
  - Project Extensions for Community Health Outcomes – Troy Jorgensen
  - Washoe County School District update on currently available and anticipated services and supports for students and families including impacts of staffing shortages. – Megan Evans
  - Medicaid changes and updates affecting youth and families in Washoe County. – Sarah Dearborn
- 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 for the Consortia’s November 2022 meeting:
  1. Nevada 988 Implementation Plan Project- November 2022
  2. Nevada Pediatric Psychiatry Solutions newsletter – Combat Bullying by Building Resilience in Youth
  3. 2020 FFR Resource Directory
  4. Flint Adolescent Study – University of Michigan: FAS Findings on Substance Abuse
  5. Summit on Improving Community Response to Individuals with Behavioral Health Challenges flyer (DPBH)
  6. Letter to State Directors of Special Education – Quality Education for Highly Mobile Children
  7. Mental Health Spectrum- A resource for psychological wellness: Nov. 2022 issue
  8. Nevada Pediatric Psychiatry Solutions: Issue 5 - Substance Use Disorder in Youth
  9. Project Echo Nevada PowerPoint
  10. Nevada System of Care newsletter – November Edition 2022
  11. CASAT UNR – The Ripple Effect Webinar flyer

**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 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:

- **Letter of Request** was sent to the Washoe County School Board of Trustees and resent to the new Superintendent related to the mental health needs of students (see Appendix B).
- The Consortium has regularly collected the experiences of educators, parents of students, and student learning experiences throughout the year. This **Family Voice** immediately informs Consortium attendees who are providers of services regarding the needs of the youth and families (see Family Voice on page 9 and list of Presenters on page 21) in Washoe County.
- For the second year in a row, the Consortium sponsored the School District's School Counselor, Social Worker, and Safe School Professionals' Welcome Meeting by **purchasing books on the topic of Trauma Informed Practices in schools.**
- Many Consortium members participated in the **First Annual Washoe County Youth Mental Health Summit.**

**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

- 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.
- During the past calendar year, the Consortium **maintained its membership** in both the designated voting member roster as well as guest participation in meetings. This continues to create greater opportunity for **increased collaboration** among parents, families, and organizations. These collaborative relationships will be leveraged during the next calendar year to continue addressing 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 2023

The Consortium intends to implement 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)
- Explore the potential for developing a Safe Messaging Committee in collaboration with the Office of Suicide Prevention to offer guidance for any community partner working on suicide prevention messaging in any medium (Objective 1G, 2A, 3B)
- Identify and support collaboration among community partners to develop a Bridge Support Program with School Involvement that will offer tailored supports for youth and families coping with suicide attempt or suicide loss (Objective 1C, 3B)
- Support The Children’s Cabinet in offering 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 Second 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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The Washoe County Children’s Mental Health Consortium respectfully submits this annual report of progress on its long-term strategic plan. This report summarizes the strengths in our community and areas for improvement and expansion of programs, services, and supports for youth and families. The Consortium reaffirms the Goals outlined in the Long-Term Plan, with intention to review this calendar year. 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 our identified activities while monitoring the implementation of recommendations in our community. We envision our community to be a linked and sustainable network of caring individuals, agencies, and programs so that every youth and family in our community is able to access supports and services that meet their unique needs. This vision cannot be achieved without the ongoing cooperation, communication, and collaboration of local providers, government resources, and non-profit agencies.

We continue to seek the support of DCFS and DHHS in developing an enhanced data collection and sharing system. We believe a formal process for ongoing collection and reporting of state and county-level data across each of the Department’s Divisions related to (1) children’s mental health service utilization, (2) an analysis of utilization vs. need, and (3) an assessment of current state-funded program capacity to provide services that meet the need will greatly improve the Consortium’s ability to advocate for the well-being of youth and families in Washoe County.

The Consortium is respectfully requesting that **the allocation for administrative expenses for the Consortium remain at \$15,000 per year.**

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

# 2023 Membership

## THE WASHOE COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

**Jacquelyn Kleinedler, Chair**

Children's Cabinet  
*Non-profit Agency Representative*

**Katie Metz, Vice-Chair**

Community Services Agency  
*Youth Wellness and Prevention Representative*

**Rhonda Lawrence**

Northern Nevada Child & Adolescent Services  
*DCFS Representative*

**Sara Dearborn**

Division of Health Care Financing and Policy  
*Medicaid Representative*

**Katherine Loudon**

Washoe County School District  
*Washoe County School District Representative*

**Jessica Goicoechea**

Washoe County Human Services Agency  
*Child Welfare Agency Representative*

**Stephanie Brown**

Willow Springs Center  
*Business Community Representative*

**Mala Wheatley**

Pacific Behavioral Health  
*Mental Healthcare 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*

**Ana de la Maza**

Quest Counseling and Consulting  
*Substance Abuse Provider 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 Pediatric Department  
*Primary Healthcare Representative*

**MEETING ANNOUNCEMENTS**

<http://dcfs.nv.gov>

**ADDITIONAL INFORMATION  
AND RESOURCES**

<http://wccmhc.com>

**CONTACT US AT:**

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

**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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## References and Appendices

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### References

- ACEs resource packet: Adverse childhood experiences (ACEs) Basics* (n.d.). Johns Hopkins Bloomberg School of Public Health, The Child & Adolescent Health Measurement Initiative, Academy Health. Retrieved from: [https://www.childhealthdata.org/docs/default-source/cahmi/aces-resource-packet\\_all-pages\\_12\\_06-16112336f3c0266255aab2ff00001023b1.pdf](https://www.childhealthdata.org/docs/default-source/cahmi/aces-resource-packet_all-pages_12_06-16112336f3c0266255aab2ff00001023b1.pdf)
- Annie E. Casey Foundation (2019). *Children living in high-poverty, low-opportunity*. Retrieved from: <https://www.aecf.org/resources/children-living-in-high-poverty-low-opportunity-neighborhoods/>
- Annie E. Casey Foundation (2019). *2019 kids count data book: State trends in child well-being*. Retrieved from: <https://www.aecf.org/m/resourcedoc/aecf-2019kidscountdatabook-2019.pdf>
- Centers for Disease Control (2019). Preventing adverse childhood experiences (ACEs): Leveraging the best available evidence: <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>
- Center for Open Data Enterprise (CODE) (2019). *Leveraging data on the social determinants of health*. Retrieved from: <http://reports.opendataenterprise.org/Leveraging-Data-on-SDOH-Summary-Report-FINAL.pdf>
- Clements-Nolle, K., Lensch, T., Baxa, A., Gay, C., Larson, S., Yang, W. (2018). Sexual identity, adverse childhood experiences, and suicidal behaviors. *Journal of Adolescent Health*. 62(2). 198-204.
- Clements-Nolle, K., Waddington, R. (2019). Adverse Childhood Experiences and psychological distress in juvenile offenders: The protective influence of resilience and youth assets. *Journal of Adolescent Health*. 64. 49-55.
- Congressional Black Caucus (2019). *Ring the alarm: The crisis of Black youth suicide in America*. Retrieved from: [https://watsoncoleman.house.gov/uploadedfiles/full\\_taskforce\\_report.pdf](https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf)
- Harvard University, Center on the Developing Child (2017). *3 Principles to improve outcomes for children and families*. Retrieved from: [https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2017/10/HCDC\\_3PrinciplesPolicyPractice.pdf](https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2017/10/HCDC_3PrinciplesPolicyPractice.pdf)
- Harvard University, Center on the Developing Child (n.d.). *Toxic stress*. Retrieved from: <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>
- Health People 2020 (n.d.). *Social determinants*. Retrieved from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Social-Determinants>
- Justice Policy Institute (JPI)(2014). *Sticker shock: Calculating the full price tag for youth incarceration*. Retrieved from: [http://www.justicepolicy.org/uploads/justicepolicy/documents/sticker\\_shock\\_final\\_v2.pdf](http://www.justicepolicy.org/uploads/justicepolicy/documents/sticker_shock_final_v2.pdf)

- Los Angeles County Health Agency (2019). *A call to action: Supporting a movement for fair and just health outcomes, action plan 2018-2023*. Retrieved from: [http://publichealth.lacounty.gov/CenterForHealthEquity/PDF/CHEActionPlanFinalDraft\\_2.15.2019.pdf](http://publichealth.lacounty.gov/CenterForHealthEquity/PDF/CHEActionPlanFinalDraft_2.15.2019.pdf)
- Mann, C., Hyde, P. (2013). Coverage of behavioral health services for children, youth, and young adults with significant mental health conditions. *Joint CMCS and SAMHSA Information Bulletin*. Retrieved from: <https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/CIB-05-07-2013.pdf>
- McIntyre, E. (n.d.). *Opioid overdose in Nevada presentation*. Department of Health and Human Services, Division of Public and Behavioral Health. Retrieved from: <http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/ClinicalSAPTA/Docs/Opioid%20Overdose%20PPT-Eric%20McIntyre.pdf>
- Nevada Kids County (2017). *Data book 2017: County, regional, and state profiles of child and youth well-being in Nevada*. Retrieved from: <https://www.caanv.org/wp-content/uploads/2018/10/2017-NEVADA-KIDS-COUNT-DATA-BOOK.pdf>
- Nevada Youth Risk Behavior Survey (2017). *Washoe County Special Reports (Middle School and High School)*. 2017 reports available from: <https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey>
- NRI (n.d.). Analytics improving behavioral health. Retrieved from: <http://www.nri-inc.org>
- 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>.
- Pires, S. (2002). *Building systems of care: A primer*. Retrieved from: [https://gucchd.georgetown.edu/products/PRIMER\\_CompleteBook.pdf](https://gucchd.georgetown.edu/products/PRIMER_CompleteBook.pdf)
- Robert Wood Johnson Foundation (n.d.). *Achieving health equity*. Retrieved from: <https://www.rwjf.org/en/library/features/achieving-health-equity.html>
- State of Nevada, Nevada Department of Health and Human Services, Office of Analytics (2019). *Substance Abuse Prevention and Treatment Agency, 2019 epidemiologic profile, Washoe County behavioral health region*. Retrieved from: [http://dhhs.nv.gov/uploadedFiles/dhhsnavgov/content/Programs/Office\\_of\\_Analytics/2019%20Epidemiologic%20Profile%20WASHOE%20FINAL.pdf](http://dhhs.nv.gov/uploadedFiles/dhhsnavgov/content/Programs/Office_of_Analytics/2019%20Epidemiologic%20Profile%20WASHOE%20FINAL.pdf)
- State of Nevada, Division of Public and Behavioral Health (DPBH)(2017). *The scope of opioid use in Nevada, 2016*. Retrieved from: <http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Resources/opioids/Opioid%20Infographic.pdf>
- Sun staff (2018). Advocating for children with special needs and their families. *Las Vegas Sun, Findlay Good Works*. Retrieved from: <https://lasvegassun.com/news/2018/oct/04/advocating-for-children-with-special-needs-and-the/>
- Truckee Meadows Regional Planning Agency (2018). *Regional strategy for affordable housing*. Retrieved from: <http://www.tmrpa.org//files/reports/18-09-12%20WC%20Consensus%20Forecast%202018%20Final%20with%20Appendices.pdf>

- Truckee Meadows Regional Planning Agency (2019). *Regional strategy for affordable housing*. Retrieved from: [https://docs.wixstatic.com/ugd/bdff28\\_8d13137552d04b11bf7d5fa1f50873ed.pdf](https://docs.wixstatic.com/ugd/bdff28_8d13137552d04b11bf7d5fa1f50873ed.pdf)
- United States Census Bureau (2019). *Quick facts, Washoe County*. Retrieved from: <https://www.census.gov/quickfacts/washoecountynevada>
- University of Nevada Reno, School of Medicine, Office of Statewide Partnerships (n.d.) *Nevada instant atlas*. Retrieved from: <https://med.unr.edu/statewide/instant-atlas/county-data-map>
- Washoe County Department of Juvenile Services (n.d.). *Frequently asked questions*. Retrieved from: <https://www.washoecounty.us/juvenilesvs/faq/index.php>
- Washoe County Health District (2018). *Washoe County community health needs assessment*. Retrieved from: [https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA\\_FINAL.pdf](https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA_FINAL.pdf)
- Whitney, D., Peterson, M. (2019). US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. *Journal of American Medical Association, Pediatrics*. 173(4), p389-391. Retrieved from: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377nevada>
- Wojcik, O. (2020). Community health resolutions for a new decade: Five things your community can do to ensure healthier, more equitable 2020s for all. *Culture of Health Blog, January 21, 2020*. Robert Wood Johnson Foundation. Retrieved from: <https://www.rwjf.org/en/blog/2020/01/community-health-resolutions-for-a-new-decade.html>
- World Health Organization & Calouste Gulbenkian Foundation (2014). *Social determinants of mental health*. Geneva, World Health Organization. Retrieved from: [https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809\\_eng.pdf;jsessionid=83C1F267A130C8F7C4E27A4131653218?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf;jsessionid=83C1F267A130C8F7C4E27A4131653218?sequence=1)

## Appendix A: Providers, Programs, and Resources

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

**Forever 14** – youth suicide prevention <https://forever14.org>

**Koinonia Family Services** <https://www.kfh.org/location/reno/>

**LifelsWorthIt.Org** – teen suicide prevention <https://www.lifeisworthit.org>

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

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

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

**Nevada PEP** <https://nvpep.org>

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

**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>

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

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

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

**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/>

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

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

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



## Appendix B: Letters to Washoe County School District with Responses

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Washoe County  
Children's Mental Health  
Consortium

May 5, 2022

Dr. Kristen McNeill  
Superintendent  
Washoe County School District  
kmcneill@washoeschools.net

Board of Trustees  
Washoe County School District  
BoardMembers@washoeschools.net

Dear Superintendent McNeill and Members of the Board of Trustees,

The members and participants of the Washoe County Children's Mental Health Consortium applaud Washoe County School District for the multi-faceted and multi-layered curriculum, services, and programs in place to assess, address, and support the mental health and well-being of youth, families, and staff. WCSD currently provides Social Emotional Learning curriculum across all grade levels; assures Signs of Suicide education and screening are available to all 7<sup>th</sup> grade students; has begun implementing mental health MTSS in school locations that mirrors academic MTSS processes; and provided confidential psychoeducational support for teachers throughout the school year.

The Consortium continues to be very concerned about the toll of the COVID pandemic and other social and community factors on the mental health and well-being of students, families, and school staff in Washoe County. In January of 2021, we wrote to the Nevada Department of Education and the Nevada Department of Health and Human Services asking them to take swift and meaningful action to communicate the prioritization of mental health and well-being above all other considerations. As this school year winds down, we continue to see sustained, and in some instances, increasing reports of youth depression, anxiety, stress, and suicidal ideation. The Consortium recognizes the efforts WCSD has made to support student mental health. Now, more than ever, we are asking WCSD Board of Trustees and Leadership to increase those efforts and prioritize youth and family mental health and well-being over all other activities and expectations.

During our Family Voice agenda item at the Consortium monthly meeting, student and family lived experiences continue to affirm the need for WCSD to protect and expand its efforts. Consistently,

during this school year, 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 meetings have described the unrelenting stress, fear, anxiety, confusion, bullying, and depressive symptoms in youth, family members, and school staff.

The challenges in our community are not unique. Approximately five months ago, on December 7, 2021, the United States Surgeon General released an Advisory<sup>2</sup> characterizing the impact of the pandemic and other factors on youth mental health in our country as “devastating” (p. 3). The Advisory goes on to remind us that, though widespread and increasing, the youth mental health crisis in our country is “treatable, and often preventable” (p. 4). The Advisory further calls for systemic changes to effectively care for the mental health and well-being of our youth, calling such systemic change “essential” (p. 5). The Surgeon General’s Advisory recognizes what we know to be true, which is that a child’s school experience significantly impacts their mental health, for better or for worse. It is crucial for students to have consistent and frequent opportunities to “learn new knowledge and skills, develop close relationships with peers and supportive adults, and find a sense of purpose, fulfillment, and belonging” (p. 19). We are asking you, the Trustees, to actively protect and increase supports for our students, families, and staff by considering ways to assure all the Surgeon General’s recommendations for schools are implemented, enhanced, and preserved (p. 19-20).

Over the past year, the Consortium has discussed many actionable ideas included in the enclosed document, which also outlines the Surgeon General’s school-based recommendations. The Consortium is grateful for the collaboration and efforts that have already been made by WCSD and others involved with children’s education and mental health. The Consortium also recognizes multiple systemic forces, including the pandemic, that have created long lasting and unprecedented circumstances affecting students’ ability to learn and teachers’ ability to teach. We believe now is the time to optimize and expand the role of our schools in promoting hope, crisis recovery, and community engagement.

As School Boards across the nation face increasing pressure<sup>3</sup> to emphasize academics and remove youth mental health supports, including Social Emotional Learning, we call upon the Board of Trustees to remain steadfast in your commitment to assuring every student in Washoe County Schools receives Social Emotional Learning education, that classrooms function in a manner consistent with student mental health and emotional well-being, and that all school staff have the support necessary to provide referrals for those youth, families, and staff who need extra support and care.

We are appreciative of your time and attention.

Respectfully,

Jacquelyn Kleinedler, Chairperson  
on behalf of the Washoe County Children’s Mental Health Consortium  
wccmhconsortium@gmail.com

**Enclosure:** Surgeon General’s *Protecting Youth Mental Health* School-Based Recommendations

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<sup>2</sup> <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>  
<sup>3</sup> <https://www.nbcnews.com/news/us-news/parents-protesting-critical-race-theory-identify-new-target-mental-hea-rcna4991>



Washoe County  
Children's Mental Health  
Consortium

## **US Surgeon General's *Protecting Youth Mental Health***

### **School-Based Recommendations<sup>4</sup>**

#### Washoe County Recommendations

1. **Create positive, safe, and affirming school environments.**
  - a. Continue the development and implementation of Brave Spaces and the supportive education of all staff around the use of inclusive language and language that destigmatizes mental health issues.
  - b. Enhance anti-bullying awareness, policies, education, and training for staff, caregivers, and students.
  - c. Reengage the tabled discussion around later start times for Middle and High School students and take action on this structural change, including addressing the supportive measures required such as budgeting and assuring living wages for classified staff.
  
2. **Expand social and emotional learning programs and other evidence-based approaches that promote healthy development.**
  - a. Strengthen and promote existing SEL curriculum and assure permanent funding.
  - b. Eliminate barriers school sites and central staff face in collaborating with partner agencies to implement additional programs targeting mental health development including Substance Use Education; Life Skills Development; Career Path Certifications; and resources to meet basic needs.

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<sup>4</sup> <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

3. **Learn how to recognize signs of changes in mental and physical health among students, including trauma and behavior changes. Take appropriate action when needed.**
  - a. Assure committed, long term funding and administrative support for ongoing staff access to training on trauma and mental health.
  - b. Because “educators are often the first to notice if a student is struggling or behaving differently than usual” and are well positioned to “connect students to [services]” (p. 20) take necessary steps to assure teachers and other school-based staff are fully supported to take the necessary time needed to assist with linking students and families to in house and community-based resources.
  
4. **Provide a continuum of supports to meet student mental health needs, including evidence- based prevention practices and trauma-informed mental health care.**
  - a. Commit to real sustainability of Project AWARE grant implemented activities so once the grant funding ends, the structures and work remains, including embedded and school cultural change towards tiered supports.
  - b. Assure fair compensation of time and wages to all District staff to obtain annual mental health literacy training (e.g., Youth Mental Health First Aid, etc.).
  
5. **Expand the school-based mental health workforce.**
  - a. Dedicate funding for staff in key positions at the district level to support school sites in implementing best practices in substance use prevention and intervention; crisis intervention; anti-racist practices, discipline based in restorative practices, and support of students with disabilities.
  
6. **Support the mental health of all school personnel.**
  - a. Using a top-down approach and district wide expectation to implement realistic workloads and student-to-staff ratios, providing competitive wages and benefits (*including health insurance with affordable mental health coverage*), regularly assessing staff wellbeing, and integrating meaningful wellness into professional development.

- b. Continue and expand the offering of confidential, teacher support groups and add subgroups including nursing staff, administrators, classified staff, central office staff as the need is identified.
7. **Promote enrolling and retaining eligible children in Medicaid, CHIP, or a Marketplace plan, so that children have health coverage that includes behavioral health services.**
- a. Fund a supportive infrastructure, including support staff, so schools can use Medicaid funds to support enrollment activities and mental health services without adding more responsibilities to their plates.
8. **Protect and prioritize students with higher needs and those at higher risk of mental health challenges**, such as students with disabilities, personal or family mental health challenges, or other risk factors (e.g., adverse childhood experiences, trauma, poverty).
- a. Promote and expand Family Resource Centers and the services each FRC offers.
  - b. Support the expansion of colocated services into more school sites across the district.

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**RE: [EXTERNAL] In support of mental health and emotional well-being**

1 message

**McNeill, Kristen** <KMcNeill@washoeschools.net>

Mon, May 9, 2022 at 1:33 PM

To: WCCMH Consortium &lt;wccmhconsortium@gmail.com&gt;

Cc: Jacquelyn Kleinedler &lt;jkleinedler@childrenscabinet.org&gt;, "LaMarca, Paul" &lt;PLaMarca@washoeschools.net&gt;

Dear Chair Kleinedler,

We would like to thank you and the Washoe County Children's Mental Health Consortium for your thoughtful letter. We truly appreciate your work and your accolades are quite meaningful.

As you stated in your letter, Washoe County School District (WCSD) Board of Trustees and Leadership Team has prioritized the social and emotional needs of our students and staff while understanding the inextricable link between academic learning and social emotional health. Many of these efforts were in place and were being developed prior to the COVID-19 pandemic, and clearly the pandemic fanned the flames which prompted a more urgent response. As a school district, we know we are not alone in this as there is a plethora of national, state, and local data describing the impact the pandemic has had on mental health.

Understanding the direct connection between academic learning and social emotional health, the WCSD Board of Trustees has heard numerous presentations on this issue and followed District recommendations to dedicate federal funds to these efforts through the 2023-24 school year. The District is carefully monitoring current information and will continue to do so to evaluate our recovery from the pandemic especially as it relates to social and emotional needs and academic learning.

On behalf of the Washoe County School District, we applaud your efforts as a consortium and urge you to continue your advocacy for children and families. The District has forged strong partnerships with other governmental agencies, non-profit organizations, as well as other private entities to support these needs. We do this knowing that strengthening our community will be greatly influenced through our collective support of children and families as public education is clearly a major component.

Once again, thank you for your work in this important area and the wonderful support and resources you provide to support our students, families and staff as we know that we cannot do the work of mental health supports in isolation and our partners are critical to this work.

With respect,

Kristen

Kristen M. McNeill, Ed. D

Superintendent

Washoe County School District

Reno, NV 89520





Washoe County  
Children's Mental Health  
Consortium

August 18, 2022

Dr. Susan Enfield  
Superintendent  
Washoe County School District  
kmcneill@washoeschools.net

Dear Superintendent Enfield,

The members and participants of the Washoe County Children's Mental Health Consortium wish to congratulate you on your position as Superintendent of Washoe County Schools and welcome you to our community.

In May of this year, the Consortium sent a letter to former Superintendent McNeill and the Board of Trustees applauding the efforts of Washoe County School District for the multi-faceted and multi-layered curriculum, services, and programs in place to assess, address, and support the mental health and well-being of youth, families, and staff. WCSD currently provides Social Emotional Learning curriculum across all grade levels; assures Signs of Suicide education and screening are available to all 7<sup>th</sup> grade students; has begun implementing mental health MTSS in school locations that mirrors academic MTSS processes; and provided confidential psychoeducational support for teachers throughout the school year.

The Consortium continues to be very concerned about the toll of the COVID pandemic and other social and community factors on the mental health and well-being of students, families, and school staff in Washoe County. In January of 2021, we wrote to the Nevada Department of Education and the Nevada Department of Health and Human Services asking them to take swift and meaningful action to communicate the prioritization of mental health and well-being above all other considerations. As this new school year begins, we expect to continue to see sustained, and in some instances, increasing reports of youth depression, anxiety, stress, and suicidal ideation. The Consortium recognizes the efforts WCSD has made to support student mental health. Now, more than ever, we are asking WCSD Board of Trustees and Leadership to increase those efforts and prioritize youth and family mental health and well-being over all other activities and expectations.

During our Family Voice agenda item at the Consortium monthly meeting, student and family lived experiences continue to affirm the need for WCSD to protect and expand its efforts. Consistently, during the past two school years, 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 meetings have described the unrelenting stress, fear, anxiety, confusion, bullying, and depressive symptoms in youth, family members, and school staff.

The challenges in our community are not unique. In December of 2021, the United States Surgeon General released an Advisory<sup>5</sup> characterizing the impact of the pandemic and other factors on youth mental health in our country as “devastating” (p. 3). The Advisory goes on to remind us that, though widespread and increasing, the youth mental health crisis in our country is “treatable, and often preventable” (p. 4). The Advisory further calls for systemic changes to effectively care for the mental health and well-being of our youth, calling such systemic change “essential” (p. 5). The Surgeon General’s Advisory recognizes what we know to be true, which is that a child’s school experience significantly impacts their mental health, for better or for worse. It is crucial for students to have consistent and frequent opportunities to “learn new knowledge and skills, develop close relationships with peers and supportive adults, and find a sense of purpose, fulfillment, and belonging” (p. 19). We are asking you, the Trustees, to actively protect and increase supports for our students, families, and staff by considering ways to assure all the Surgeon General’s recommendations for schools are implemented, enhanced, and preserved (p. 19-20).

Over the past year and a half, the Consortium has discussed many actionable ideas included in the enclosed document, which also outlines the Surgeon General’s school-based recommendations. The Consortium is grateful for the collaboration and efforts that have already been made by WCSD and others involved with children’s education and mental health. The Consortium also recognizes multiple systemic forces, including the pandemic, that have created long lasting and unprecedented circumstances affecting students’ ability to learn and teachers’ ability to teach. We believe now is the time to optimize and expand the role of our schools in promoting hope, crisis recovery, and community engagement.

As School Boards across the nation face increasing pressure<sup>6</sup> to emphasize academics and remove youth mental health supports, including Social Emotional Learning, we call upon the Washoe County School District to remain steadfast in your commitment to assuring every student in Washoe County Schools receives Social Emotional Learning education, that classrooms function in a manner consistent with student mental health and emotional well-being, and that all school staff have the support necessary to provide referrals for those youth, families, and staff who need extra support and care.

We are appreciative of your time and attention.

Respectfully,

Jacquelyn Kleinedler, Chairperson  
on behalf of the Washoe County Children’s Mental Health Consortium  
wccmhconsortium@gmail.com

**Enclosure:** Surgeon General’s *Protecting Youth Mental Health* School-Based Recommendations

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<sup>5</sup> <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>  
<sup>6</sup> <https://www.nbcnews.com/news/us-news/parents-protesting-critical-race-theory-identify-new-target-mental-hea-rcna4991>





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**Re: [EXTERNAL] In support of student mental health**

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**Enfield, Susan** <Susan.Enfield@washoeschools.net>  
To: WCCMH Consortium <wccmhconsortium@gmail.com>  
Cc: Jacquelyn Kleinedler <jkleinedler@childrenscabinet.org>

Wed, Aug 31, 2022 at 8:14 PM

Thank you Jacquelyn. We completely agree with you on the importance of providing mental health supports in our schools. We will continue to do all we can.

Susan

Get [Outlook for iOS](#)

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**From:** WCCMH Consortium <wccmhconsortium@gmail.com>  
**Sent:** Wednesday, August 31, 2022 5:19:41 PM  
**To:** Enfield, Susan <Susan.Enfield@WashoeSchools.net>  
**Cc:** Jacquelyn Kleinedler <jkleinedler@childrenscabinet.org>  
**Subject:** [EXTERNAL] In support of student mental health

You don't often get email from [wccmhconsortium@gmail.com](mailto:wccmhconsortium@gmail.com). [Learn why this is important](#)

Dear Superintendent Enfield,

I am writing to you on behalf of the Washoe County Children's Mental Health Consortium. Nevada Revised Statute (NRS 433B) established the Consortium to assess the need for mental and behavioral health services for children, assess how well the current system is meeting the need in the community, and develop an annual plan on how the need can be better met. To that end, the Consortium has written the attached letter with enclosure to express our support of school based support for students, families, and staff around mental health and emotional well-being. An earlier version of this letter was shared with former Superintendent McNeill last spring. For more information about the WCCMHC, please visit the following websites:

<https://dcfs.nv.gov/Meetings/WCCMHC/>

<https://wccmhc.com>

Thank you so very much for your time.

Sincerely,

Jacquelyn Kleinedler, MA, MFT, LADC

Chair, WCCMHC

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

[jkleinedler@childrenscabinet.org](mailto:jkleinedler@childrenscabinet.org)

775-682-1316 (cell)

Childrens Mental Health Consortium - FY22

<b>Budget Account:</b>	3145		
<b>Award Number:</b>	General Funds		
<b>CFDA:</b>			
<b>Budget Period:</b>	7/01/21 - 06/30/22		
<b>Grant Award:</b>	\$ 45,000.00		
<b>Rev GL:</b>	2501		
<b>Special Use Cat:</b>	14		
<b>JOB Number:</b>	CCCMHC	RRCMHC	WCCMHC
<b>Reconciled to DAWN</b>	1/13/2023		

	CAT	GL	GRANT BUDGET TOTAL	SFY 22 EXPENDITURES	TOTAL EXPENDED	BALANCE REMAINING
<b>NOGA CATEGORIES</b>	<b>CAT</b>	<b>GL#</b>				
<b>Washoe County Children's Mental Health Consortium</b>						
<b>Personnel/Contractor</b>			\$ 6,600.00	\$ -	\$ -	\$ 6,600.00
Nevada PEP, Inc C24635	14	7060	\$ -	\$ 6,119.46	\$ 6,119.46	\$ (6,119.46)
			\$ -	\$ -	\$ -	\$ -
<b>Supplies/Consortium Support</b>			\$ 1,400.00	\$ -	\$ -	\$ 1,400.00
Software License/Mnt Contracts	14	7073	\$ -	\$ 1,517.37	\$ 1,517.37	\$ (1,517.37)
Registration Fees	14	7302	\$ -	\$ 149.90	\$ 149.90	\$ (149.90)
			\$ -	\$ -	\$ -	\$ -
<b>Outreach</b>			\$ 7,000.00	\$ -	\$ -	\$ 7,000.00
Children's Mental Health Outreach	14	7630	\$ -	\$ 4,050.47	\$ 4,050.47	\$ (4,050.47)
Train the Trainer Registration	14	7301	\$ -	\$ 3,900.00	\$ 3,900.00	\$ (3,900.00)
			\$ -	\$ -	\$ -	\$ -
<b>Operating Total</b>			\$ 15,000.00	\$ 15,737.20	\$ 15,737.20	\$ (737.20)