

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

Nevada System of Care, Implementation Grant
Strategic Plan Supplement Two

Year Two: Progress Update

Document update prepared by:
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NEVADA SYSTEM OF CARE STRATEGIC PLAN
A Snapshot of Quarterly Accomplishments

FAMILY-DRIVEN AND
YOUTH-GUIDED
SUPPORT
DEVELOPMENT

PROGRAM
DEVELOPMENT

SYSTEM LEVEL
ACCOMPLISHMENTS

- The Youth M.O.V.E. Nevada Chapter continued to recruit new members and hold meetings to generate the authentic youth voice.
- A statewide Youth M.O.V.E. Nevada Logo and marketing meeting was held; resulting in an approved logo, and active accounts on Twitter, Instagram and Facebook.
- Youth input was provided on substance use treatment services by Youth M.O.V.E. Nevada in collaboration with the State Youth Treatment Program.
- Daily System of Care (SOC) and children's mental health information is being distributed over Nevada PEP and Youth M.O.V.E. Nevada social media accounts.
- The family and youth voice are present at the SOC workgroup meetings.
- SOC materials, policies, and forms are being reviewed for SOC and family friendly language.
- SOC Workforce Development activities/training workshops include the family voice in partnership with mental health staff.
- Mobile Crisis Response Teams refer families to Nevada PEP for peer support.
- There are over 200 children and families served by the SOC to date.
- The SOC social media strategy was launched.
- The SOC electronic newsletter format was developed and is distributed on a regular basis.
- SOC consumer information posters have been developed and distributed to organizations.
- A training calendar has been developed and is accessible to SOC sub-grantees and community providers.
- A working definition of the target population has been developed.
- A sub-contract has been secured with the National Wraparound Implementation Center (NWIC) to provide training and technical assistance. Within this, 6 coaches will become certified trainers.
- Baseline data for wraparound fidelity has been collected.
- In efforts to standardize and streamline data tracking, SOC has been incorporated in to the EMR system.
- Beth Stroel is providing technical assistance to develop and implement the SOC Rating Tool to assess the initial implementation efforts of the SOC.
- Training efforts on data collection protocol has continued.
- Data is currently being cleaned and refined.
- Preparations are in place to develop an updated evaluation plan as directed by SAMHSA.
- Plans are in place to implement a follow-up RIMS survey.
- DCFS SOC staff attended Mobile Response and Stabilization Services Peer conference to become familiar with national efforts in this service arena.
- DCFS SOC staff attended and presented on mobile crisis teams at the Research and Policy Conference and Young Adult Behavioral Health in Tampa, Florida.
- The "provider enrollment" process is currently under development, which includes an initial application and agreement.
- Initial discussions have begun with other state entities to explore possibilities for alignment of funds.
- Nevada Medicaid has agreed to the implementation of the Child and Adolescent Needs and Strengths assessment tool for DCFS.
- Nevada Medicaid is participating on the implementation team.
- Research is underway to identify national "waiver" programs for possible adaptation and adoption within Nevada. This option aims to include wraparound services.
- Collaboration has begun with the State Youth Treatment Program in the development of their action plan for transitional age youth.
- Policies currently under development include (drafts are currently moving through the process): wraparound, provider enrollment, LGBTQ, provider standards, complaint process, child and youth rights and responsibilities (rev.).
- Developed a "Clinical Service Delivery Tool," which addresses quality assurance for sub-grantees for clinical services. This includes a standardized corrective action plan.
- Developed a "Fiscal Analysis Tool" to assess and assist sub-grantees on fiscal responsibility. A process for a standardized corrective action plan is currently under development.
- Collaboration has begun with the Division of Behavioral Health to implement CCBHCs across the state.

<p style="text-align: center;">PROVIDER DEVELOPMENT</p>	<ul style="list-style-type: none"> • The NWIC has begun implementation of training and technical assistance to state wraparound providers and sub-grantees. • Workforce development trainings on SOC topics continued. This includes, but not limited to, Systems of Care, cultural competence, wraparound, suicide awareness and prevention and LGBTQ youth. • Sustainability and clinical services reviews with sub-grantees has begun. • Collaborated with Nevada Department of Education(DOE) to provide a trauma-informed care training for DOE school social workers. • SOC is taking the lead on the development of training and resources in response to all bills passed during the 2017 legislative session that impact children's behavioral health.
<p style="text-align: center;">SERVICE ARRAY DEVELOPMENT</p>	<ul style="list-style-type: none"> • Children's mobile crisis services continue with plans to expand in Washoe County. • A Northern Nevada Assessment Center is under development. • Collaboration has begun with Juvenile Justice to explore development of a Juvenile Justice Assessment Center. • Service array sub-grants completed for: Apple Grove (youth day treatment), The Center (LGBTQ training). Currently working on sub-contract for youth in transition in rural communities. • A review of possible evidence-based practices to consider for Nevada's Service Array is ongoing.

NEVADA SYSTEM OF CARE STRATEGIC PLAN
Supplement One

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

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

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

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
<p>G1-1. Develop DCFS as a lead authority in children's behavioral health services for the State of Nevada (policy and standards development, technical assistance, performance-based contracts, and quality improvement).</p>	<p>Conduct SOC Readiness Assessment</p> <ul style="list-style-type: none"> • System of Care Readiness and Implementation and Measurement Scale (SOC-RIMS). • Disseminate readiness assessment findings to communities. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Communication workgroup develop plans to conduct targeted dissemination of material to specific communities. • Utilize readiness assessment to inform planning. <ul style="list-style-type: none"> - Review identified service needs. - Review identified implementation concerns • Identify targeted strategies to move communities on the continuum of readiness for Systems of Care. • Conduct readiness assessment updates to measure progress • Update Strategic and Communication Plans as appropriate. 	<p>DCFS</p> <p>Contracted readiness assessment provider</p> <p>Communication Workgroup</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP Workgroup</p>	<p>10/24/2016: SOC-RIMS Assessment complete</p> <p>11/2016: Reports disseminated</p> <p>12/2016: Communication workgroup review of reports</p> <p>2/2017: Summary of readiness report created and presented to workgroups</p> <p>6/2017: Plans are in place to implement a follow-up RIMS survey.</p>	<p>Community-based readiness reports generated and disseminated to workgroups and the SOC Subcommittee.</p> <p>Communication workgroup disseminate to community.</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	
	<p>Conduct a gap analysis</p> <ul style="list-style-type: none"> Identify existing services, funding sources and service provider type using a geo map format to assist in identifying gaps. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Communication workgroup develop plans to conduct targeted dissemination of material to specific communities (February 2017). Provider Standards & EBP workgroup Compare findings of gap analysis to findings of community readiness to inform planning (February 2017). <ul style="list-style-type: none"> Review identified service needs. Review identified implementation concerns Provider Standards & EBP workgroup identify targeted strategies to address identified gaps. Update Strategic and Communication Plans as appropriate. Conduct readiness assessment updates to measure progress. 	<p>DCFS</p> <p>Contracted gaps analysis provider</p> <p>Communication Workgroup</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP Workgroup</p>	<p>1/2017: Report complete.</p> <p>2/2017: Summary of Gaps Analysis created and presented to workgroups.</p> <p>3/2017: Recommendations from Gaps Analysis report incorporated in to 2017 workgroup goals.</p>	<p>Community-based gap analysis reports generated and disseminated to workgroups and the SOC Subcommittee.</p> <p>Communication workgroup disseminate to community.</p>
	<p>Develop Policy/Regulation (SOC provider enrollment tied to public funding reimbursement). See Goal 2 (funding structures).</p> <ul style="list-style-type: none"> Include parent choice options Applicable to children who are entering the System of Care. SOC values and training Wraparound requirements <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Develop provider enrollment policy (will outline standards of accountability, i.e. fidelity). 	<p>DCFS DHCFP</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP workgroup</p>	<p>10/2016: Developed procedure for drafting and approving development of policies.</p> <p>11/2016: Policies drafted</p> <ul style="list-style-type: none"> SOC Values & Principles Policy CLAS Standards Policy Wraparound Policy <p>12/2016: Policies drafted</p> <ul style="list-style-type: none"> Provider Enrollment Policy <p>6/2017: A "Provider Enrollment Application" and "Provider</p>	<p>Relevant policies developed that meet the intent of the SOC Principles.</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			<p>Enrollment Agreement" have been drafted and are currently under review.</p> <p>6/2017: Nevada Medicaid has agreed to the implementation of the Child and Adolescent Needs and Strengths assessment tool for DCFS. Nevada Medicaid is participating on the implementation team.</p>	
	<p>Develop accountability-based contracts that include:</p> <ul style="list-style-type: none"> • Medicaid reimbursement standards • SOC Practice Standards • Fidelity <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Continue development of provider enrollment policy (will outline standards of accountability, i.e. fidelity). • Review sample contracts from other states. • Develop a revised sub-grant contract that identifies accountability standards (i.e. fidelity). 	<p>DCFS DHCFP</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP workgroup</p>	<p>9/2016 – present: Sub-grants awarded include SOC requirements (needs to be revised to include high fidelity wraparound).</p> <p>6/2017: Sustainability and clinical services reviews with sub-grantees has begun. Corrective action plans are developed for sub-grantees when appropriate.</p>	<p>Revised sub-grant developed for performance-based contracts.</p>
	<p>Quality Improvement Program - Develop Behavioral Health quality indicators</p> <p>Develop provider training in quality indicators and use (see Goal 3 and 4)</p> <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Examine recommendations provided by SAMHSA toolkits and resources. • Obtain examples from other states. 	<p>DCFS</p> <p>SOC subcommittee</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP workgroup</p>	<p>3/2017: DCFS has developed and is currently piloting a Quality Assurance tool for behavioral health quality indicators.</p> <p>3/2017: DCFS developed a tool for fiscal analysis.</p> <p>6/2017: Developed a "Clinical Service Delivery Tool," which</p>	<p>Quality Indicators and Training Program developed and implemented.</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<ul style="list-style-type: none"> Develop draft quality improvement plan. 		addresses quality assurance for sub-grantees on fiscal responsibility. A process for a standardized corrective action plan is currently under development.	
	<p>State Entity Programs Alignment</p> <ul style="list-style-type: none"> Develop cross-agency decision-making strategy and protocol (see Goal 2) <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> DCFS continue efforts according to initial discussions. Present updates and reports to SOC subcommittee as appropriate. 	DHHS DCFS DPBH DHCFP	<p>11/2016: Initial discussions have begun with DHCFP and Department administration. Collaborative frameworks are under development.</p> <p>6/2017: Collaboration has begun with the Division of Behavioral Health to implement CCBHCs across the state.</p>	Completed reports summarizing community-based findings.
	<p>Utilization Management:</p> <ol style="list-style-type: none"> Child & Family Team (CFT) process will decide what services are needed. Develop process and/or protocol for utilizing CFT model for recommending service and supports. Develop a process and/or protocol for assessing fidelity to the CFT model. Develop an overarching review system for services and expenditures recommended by teams that is flexible according to the regional differences within the state, in alignment with the goal of DCFS becoming the authority for children's behavioral health. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Develop Nevada SOC model that includes utilization management component. Identify existing tools to measure fidelity. 	DCFS Program Planning & Evaluation Unit Governance Workgroup Provider Standards & EBP workgroup	<p>3/2017: Baseline evaluation planned for fidelity of WIN program. Baseline will be compared to post-training fidelity results. Tools utilized from National Wraparound Implementation Center (NWIC).</p> <p>6/2017: Sustainability and clinical services reviews with sub-grantees has begun. Corrective action plans are developed for sub-grantees when appropriate.</p>	<p>CFT process/ protocol developed</p> <p>CFT fidelity assessment completed</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	BEN CHMARK
<p>G1-2. Develop DCFS as an emergency response, assessment, and care coordination entity.</p>	<p>Mobile Crisis</p> <ul style="list-style-type: none"> • Provide Mobile Crisis services in Clark County. • Reallocate existing outpatient positions in Clark County to Mobile Crisis. • Enhance Mobile Crisis services in Washoe County • Connect families to Wraparound when appropriate <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Continue providing services. • Implement revised evaluation plans. 	<p>DCFS</p> <p>DCFS PEU</p> <p>UNR Program Evaluation</p>	<p>11/2016: Mobile Crisis expanded to 24 hours in Clark County</p> <p>11/2016: Program feedback - Paperwork requirements of completing NOMs doesn't suit the nature of the service provided. Modifying evaluation plan to adjust the requirements.</p> <p>11/21/2016: Consulted with SAMHSA Project officer regarding evaluation plans. Received technical assistance on use of NOMS. SAMHSA approved no longer utilizing the NOMs for MCRT.</p> <p>12/1/16. Evaluation team met with MCRT to clarify current data collection. It was determined that the relevant NOMs baseline data will be integrated in to MCRT documentation process. Baseline NOMs will no longer be required for MCRT.</p> <p>3/2017: When appropriate transition services have begun to</p>	<p>Increased number of children & youth who receive mobile crisis services in each region.</p> <p><u>Instruments/Indicators:</u> Baseline NOMS (through 12/1/16)</p> <ul style="list-style-type: none"> • # of clients served • Establish % increase in # served after yr. 2 • #service episodes <p>Baseline NOMs (other agencies/Wraparound)</p> <ul style="list-style-type: none"> • Referral made from MCRT <p>DCFS SOC Unit -Avatar</p> <ul style="list-style-type: none"> • # of clients served • Establish % increase in # served after yr. 2 • #service episodes • Discharge dates <p>DCFS SOC Unit –Avatar</p> <ul style="list-style-type: none"> • Referral source (i.e. MCRT) • Compare MCRT clients to other services received

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			<p>link clients from mobile crisis to WIN.</p> <p>6/2017: Mobile crisis teams refer families to Nevada PEP for peer support.</p>	
	<p>Mobile Crisis</p> <ul style="list-style-type: none"> Implement Mobile Crisis services in rural counties. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Continue providing services. Implement revised evaluation plans. 	DPBH	<p>11/2016: Mobile Crisis expanded to rural counties through SOC grant.</p> <p>3/2017: When appropriate transition services have begun to link clients from mobile crisis to WIN.</p>	<p>Increased number of children & youth who receive mobile crisis services in rural regions.</p> <p><u>Instruments/Indicators:</u></p> <ul style="list-style-type: none"> Baseline NOMS <ul style="list-style-type: none"> # of clients served Establish % increase in # served after yr. 2 #service episodes DCFS PEU <ul style="list-style-type: none"> Referral patterns Discharge dates
	<p>Diagnostic and Evaluation Services (Develop "no wrong door" assessment program)</p> <ul style="list-style-type: none"> Develop provider Memoranda of Understanding and information sharing agreements Develop and provide assessment services Establish data collection protocol for assessment center <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Engage southern Nevada Neighborhood Care Centers to integrate SOC values and principles. 	<p>DCFS</p> <p>Provider Standards & EBP workgroup</p>	<p>11/2016: North – DCFS Assessment Center under development. Identifying location and initial staffing plans.</p> <p>11/2016: DCFS staff began process of identifying agencies that they need an MOU with and initiate process.</p>	<p>Progress toward development of northern neighborhood-based assessment center and southern Nevada centers.</p> <p><u>Instruments/Indicators:</u> (Dependent on Evaluation Protocol TBD)</p> <ul style="list-style-type: none"> Baseline NOMS

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<p>Examine the structures necessary to implement SOC and data collection requirements.</p> <ul style="list-style-type: none"> Continue partnership with Juvenile Justice (JJ) in the implementation of juvenile justice assessment center to serve youth in the juvenile justice system. 		<p>10/17/16-present: DCFS working strategically with JJ to begin implementation of juvenile justice assessment center.</p> <p>3/2017: "The Harbor, Juvenile Assessment Center" in Las Vegas is operational and providing assessment services to youth.</p> <p>3/2017: The Washoe County assessment center is still under development.</p> <p>3/2017: MOUs with Nevada State Department of Education and Nevada Aging and Disability Services Division are currently under development.</p> <p>6/2017: A Northern Nevada Assessment Center is under development.</p> <p>6/2017: Collaboration has begun with juvenile justice to explore development of a juvenile justice assessment center.</p>	<ul style="list-style-type: none"> # of clients served Establish % increase in # served after yr. 2 NOMS Discharge <ul style="list-style-type: none"> K1-2 CANS <ul style="list-style-type: none"> Client characteristics Service needs DCFS SOC <ul style="list-style-type: none"> Completed MOUs DCFS PEU <ul style="list-style-type: none"> Referral patterns Discharge dates
	<p>Wraparound in Nevada (WIN)</p> <ul style="list-style-type: none"> Gradually train community providers in the wraparound model. Develop a system of training and quality assurance for wraparound providers. <p>DCFS will continue to provide wraparound services to youth and families in the event that wraparound is not otherwise available to them</p>	<p>DCFS</p> <p>Provider Standards & EBP workgroup</p>	<p>11/2016: Training system developed and has been developed and has been initiated with sub-grantees.</p> <p>11/2016: High fidelity wraparound training provided.</p>	<p>Number of providers trained and frequency of trainings.</p> <p>IPP WD2</p> <ul style="list-style-type: none"> # of providers trained

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<p>(i.e. uninsured youth or to youth who cannot access the service through their service providers).</p> <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Continue providing services. • Continue data collection plans. • Update training protocol to include follow-up training and fidelity assessment. 		<p>WCSD and Children's Cabinet participated in this training.</p> <p>11/2016: WIN designated as wraparound providers for SOC sub-grantees until they are trained.</p> <p>1/2017: Data collection for NOMS and CMHI began.</p> <p>3/2017: Sub-grantees who are performing their own wraparound services have begun to submit data.</p> <p>3/2017: Additional and refresher trainings on data collection provided to sub-grantees who are doing their own wraparound services.</p> <p>3/2017: Contract for provision of training and supervision for high fidelity wraparound services under development.</p> <p>6/2017: A sub-contract has been secured with the National Wraparound Implementation Center (NWIC) to provide training and technical assistance. Within this, 6 coaches will become certified trainers.</p>	<ul style="list-style-type: none"> • Fidelity Assessments (See Strategy G1-1, UM) <ul style="list-style-type: none"> ○ Service characteristics

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			<p>6/2017: Research is underway to identify national "waiver" programs for possible adaptation and adoption within Nevada. This option aims to include wraparound services.</p>	
	<p>Transition to Adult Services</p> <ul style="list-style-type: none"> • Continue implementation plans for the Transition to Independence Program (TIP) in Washoe County. • Explore options for implementing the TIP statewide. • Collaborate with DPBH to develop and implement Youth in Transition Programming. • Establish data collection protocol for Youth in Transition programs <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Develop outcome measures once service implementation begins. 	<p>Washoe County Mental Health Consortium, Workgroup 4</p> <p>DCFS</p> <p>DPBH</p> <p>Children's Cabinet</p> <p>Rural Child Welfare</p> <p>Provider Standards & EBP Workgroup</p>	<p>11/2016: South -GROW program (transitional living for young adults)</p> <p>11/2016: Rural - Identifying current need for Youth in Transition.</p> <p>11/2016: Rural -Children's Cabinet is implementing a Youth in Transition program</p> <p>11/2016: WCMHC, Workgroup 4 is updating their logic model to remove TIP program and update with new strategies.</p> <p>6/2017: Collaboration has begun with the State Youth Treatment Program in the development of their action plan for transitional age youth.</p> <p>6/2017: Efforts are underway for a sub-contract for youth in transition in rural communities.</p>	<p><u>Instruments/Indicators:</u> (Dependent on Evaluation Protocol TBD)</p> <ul style="list-style-type: none"> • Baseline NOMS <ul style="list-style-type: none"> ○ # of youth served ○ Establish % increase in # served after yr. 2 • NOMS Discharge <ul style="list-style-type: none"> ○ K1-2 • CANS <ul style="list-style-type: none"> ○ Client characteristics ○ Service needs • DCFS PEU <ul style="list-style-type: none"> ○ Referral patterns ○ Discharge dates

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
<p>G1-3. Develop DCFS as a "safety net" provider of children's mental health services.</p> <p>These are services that have been identified as not available in the community or there are not a sufficient number of providers to meet the need.</p>	<p>Early Childhood Behavioral Health Services</p> <ul style="list-style-type: none"> • Day treatment services • Outpatient treatment services • Psychiatric services • Wraparound <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Assess and revise this section after the results of the gap analysis is released in January 2017. Response plan developed in February 2017. • Develop outcome measures once service implementation begins. 	<p>DCFS</p> <p>Special Populations Workgroup</p> <p>Provider Standards & EBP Workgroup</p>	<p>11/2016: RFP released for day treatment services (early childhood through adolescence).</p> <p>6/2017: Service array sub-grants completed for: Apple Grove (youth day treatment, Las Vegas) and The Center (LGBTQ training).</p>	<p># of new ECBH services based on results of gap analysis</p>
	<p>Outpatient Services</p> <ul style="list-style-type: none"> • Psychiatric services • Community treatment homes • Wraparound <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Develop outcome measures once service implementation begins. 	<p>DCFS</p> <p>Special Populations Workgroup</p> <p>Provider Standards & EBP Workgroup</p>	<p>10/2016: Sub grants completed for:</p> <ul style="list-style-type: none"> • First Episode Psychosis • PEP SOC Expansion • Rural MCRT • WCSD School Coordinated Care Center • Grow Transitional Living Program • Healthy Homes Program • UCF School linked behavioral health services <p>11/2016: RFP released for day treatment services (early childhood through adolescence).</p> <p>4/2017: A sub-grant was awarded to Apple Grove for day treatment services.</p>	<p># of new outpatient services based on results of gap analysis</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STRATEGIES	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<p>Community Treatment Homes</p> <ul style="list-style-type: none"> To coordinate the development of Community Treatment Home providers throughout the state. Implement specialized foster care treatment homes (EBP = Together Facing the Challenge) <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Develop outcome measures once service implementation begins. 	<p>DCFS</p> <p>Special Populations Workgroup</p> <p>Provider Standards & EBP Workgroup</p>	<p>11/2016: This section will be assessed after the results of the gap analysis is released in January 2017. Response plan to be developed in February 2017.</p> <p>2/2017: Synopsis of the gaps analysis reported a need for increased residential treatment facilities and day treatment programs to support community-based services.</p> <p>3/2017: Recommendations from gaps analysis report incorporated in to 2017 workgroup goals.</p>	<p># of new community treatment homes based on results of gap analysis.</p> <p>DCFS PEU - Together Facing the Challenge evaluation</p> <ul style="list-style-type: none"> Fidelity Permanency outcomes Symptom reduction
<p>G1-4. Develop a “provider enrollment” system for children’s behavioral health care providers who receive reimbursement for services from public funds that consists of a statewide, universal set of quality standards that are consistent with SOC principles and values.</p>	<p>Engage community stakeholders and providers</p> <ul style="list-style-type: none"> Update SOC “Commitment Letter” Update stakeholder list (agency directors, providers, etc.) Obtain signed commitment letters Develop sub-grants that require commitment to SOC principles and values, high fidelity wraparound and data collection requirements. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Expand the number of providers who are available to provide high fidelity wraparound (recruitment and training). 	<p>Regional Consortia</p> <p>DCFS</p> <p>Communications Workgroup</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP Workgroup</p>	<p>9/2016-present: DCFS infused SOC language in to SOC sub-grants</p> <p>3/2017: Contract under development with National Wraparound Implementation Center (NWIC) to provide training and supervision for high fidelity wraparound with sub-grantees.</p>	<p>DCFS SOC Unit - # and description of new SOC sub-grants</p>
	<p>Engage DHHS, Legislators, and other Policy Makers to review the Nevada Medicaid State Plan</p>	<p>DCFS</p> <p>Governance Workgroup</p>	<p>10/4/16: DCFS met DHCFP to discuss the relationship between</p>	<p>All services outlined in the joint CMS/SAMHSA bulletin are in the NV State Plan</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	
	<ul style="list-style-type: none"> Advocate for all services outlined in the joint CMS/SAMHSA bulletin are in the NV State Plan Advocate the use SOC values and principals throughout the State plan <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Continue to work with Medicaid to infuse SOC principles and values in to Medicaid policies for providers 		<p>the State Medicaid Plan and the SOC.</p> <p>6/2017: Nevada Medicaid agreed to the implementation of the Child and Adolescent Needs and Strengths assessment tool for DCFS. Nevada Medicaid is participating on the implementation team.</p>	<p>SOC values and principals integrated throughout the State plan</p>
	<p>Develop Policy/regulation (SOC provider enrollment tied to public funding reimbursement).</p> <p>Develop SOC Provider Enrollment Process (also see Goal Three).</p> <ul style="list-style-type: none"> Provide technical assistance Provide training <p><u>Year Two Goals</u></p> <ul style="list-style-type: none"> Explore possibility of expanding SOC training to include history of SOC in Nevada Explore possibility of maximizing training through expansion to community at-large. 	<p>DCFS DHCFP</p> <p>Governance Workgroup</p> <p>Provider Standards & EBP Workgroup</p>	<p>9/2016 – present: DCFS has implemented a pilot process of training requirements of sub-grantees:</p> <ol style="list-style-type: none"> Trained in SOC principles and values Trained in high fidelity wraparound CANS training Evaluation training <p>12/2016: Trauma-informed care training developed and implemented.</p> <p>2/2017: CLAS training developed and implemented.</p> <p>6/2017: A sub-contract was developed with The Center to develop an LGBTQ training that is in accordance with new state law.</p>	<p>(See Goal Three)</p> <p># trained</p> <p># trainings</p> <p># providers given TA</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			<p>6/2017: Partnered with state Department of Education to provide a trauma-informed care training to school social workers.</p> <p>6/2017: Policies currently under development include: wraparound, provider enrollment, LGBTQ, provider standards, complaint process, child and youth rights and responsibilities.</p> <p>Ongoing: All trainings developed are implemented as requested and in an ongoing manner. A training calendar has been developed and is accessible to community providers.</p>	BENCHMARK
	<p>Develop Standards of Care for Children's Mental Health Providers and Sub-Contractors</p> <ul style="list-style-type: none"> • Engage stakeholders in the development process. • Accountability-based contracts that include adherence to the SOC principles and values. • Fidelity to EBPs 	<p>DCFS DHCFP</p> <p>Provider Standards & EBP Workgroup</p> <p>Governance Workgroup</p>	<p>12/2016: Provider requirements under development that include:</p> <ul style="list-style-type: none"> • Standards • Training • Accountability <p>12/2016: DHCFP completed RFP process and selected providers.</p> <p>* See provider enrollment and quality assurance process above.</p>	<p>DHCFP: Revised RFP containing updated policies that include SOC.</p>
<p>G1-5. Expand availability of community-based children's behavioral health services that are consistent with SOC Principles and Values.</p>	<p>Develop provider network</p> <ul style="list-style-type: none"> • Identify and recruit prospective providers • Develop regional training capacity and provide training (see Goal 3) 	<p>Regional Consortia</p> <p>University of Nevada Las Vegas (UNLV)</p>	<p>9/2016: DCFS has begun to identify community based providers and completed sub-grants to begin providing services</p>	<p># of providers recruited into network based on gap analysis</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	
	<ul style="list-style-type: none"> Develop the provider network in response to the findings from the gap analysis Develop partnerships with state-funded medical and professional schools for the provision of services, fellowships, externships, and internship programs. 	University of Nevada Reno (UNR) Provider Standards & EBP Workgroup	consistent with SOC Values and Principles. Training of providers on SOC Values and Principles has also begun.	Increase in # of partners who can offer internships
	First Episode Psychosis <ul style="list-style-type: none"> Implement initial in Washoe County with expansion to Clark County. <u>Year Two Plans</u> <ul style="list-style-type: none"> Continue providing services. Continue data collection plans. 	Children's Cabinet	10/2016: FEP implemented in Washoe and Clark counties	# served in Washoe County # served in Clark County (NOMS and CMHI)
	Develop a workgroup to address youth referred to and returning from out of state placement <ul style="list-style-type: none"> Partner with DHCFP's PRTF and DPBH workgroups to implement steps listed below. Include family voice and representation within workgroup activities. Families should receive assessment and wraparound services prior to referral to OOS and upon return <ul style="list-style-type: none"> Youth should have access to intensive in home services Youth should have access to a full continuum of residential care to include respite, acute, short term residential and RTC Recruit RTC and other "step down" facilities to Nevada 	DCFS DHCFP DPBH Nevada PEP Special Populations and Evidence-Based Practices (EBP) Workgroup	9/2016: Special Populations workgroup established. Washoe County has also begun a pilot program to address out of state placements for juvenile justice children. 6/2017: The Special Populations and EBP workgroup continues to explore EBP options for this population.	Special Populations Workgroup established # in out of state placement during past 12 months (NOMS section A Q8) Of those, what services were received through SOC (NOMS section K) # discharged out of state (NOMS Section J Q3)
	Youth with co-occurring behavioral health and developmental and intellectual disabilities will have a full continuum of services <ul style="list-style-type: none"> Define co-occurring services 	DCFS ASD	10/2016: DCFS has partnered with ASD to provide funding through the SOC grant for training of Registered Behavioral	MOU revised # ASD case managers trained

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<ul style="list-style-type: none"> Revise MOU with ASD ASD case managers to receive Wraparound training Develop pilot program based off of SAMHSA Building Bridges Initiative Wraparound fidelity assessment 	Special Populations Workgroup	Technicians that treat youth with co-occurring behavioral health and developmental disabilities.	# received co-occurring services (NOMS K 1-6)
G1-6. Enhance family-driven supportive services.	<p>Family Peer Support</p> <ul style="list-style-type: none"> Adopt National Certification for Parent Support Providers Increase Capacity Develop Parent Support Provider Standards Develop Required Training Curriculum Develop Enrollment Process 	<p>DCFS</p> <p>Nevada PEP</p> <p>Special Populations Workgroup</p> <p>Provider Standards & EBP Workgroup</p>	<p>12/2016: NV PEP, SOC Parent Partner, has nationally Certified Parent Support Providers. National PSP standards developed. NV will need to adopt the standards and certification process when Medicaid State Plan is amended.</p> <p>6/2017: Nevada PEP added Family Specialists in Reno and Las Vegas and reported the numbers for the IPP report. An additional Family Specialist has become a Nationally Certified Parent Support Provider.</p>	<p># family members that provide Family Peer Support services (IPP WD5)</p> <p># families that receive family peer support (NOMS Section K, Support Services 3 and Nevada Specific Services 11)</p> <p>Quarterly reports from PEP</p>
	<p>Respite Care</p> <ul style="list-style-type: none"> Develop provider agreements with Scope of Work Recruit and identify trained providers of respite services Identify reimbursement rate Explore options for tiered rates 	<p>DCFS: develop process and protocol</p> <p>Regional Consortia: assist with recruitment</p>	<p>6/2017: Research is underway to identify national "waiver" programs for possible adaptation within Nevada.</p>	<p># families that receive respite care (NOMS Section K, Nevada Specific Services 6)</p>
	<p>Parent Voice at all levels of SOC Expansion</p> <ul style="list-style-type: none"> Recruit and support parents for each consortia Develop youth activities/meetings Promote family support meetings and training activities to increase involvement 	<p>Nevada PEP</p> <p>Regional Consortia</p> <p>Provider Standards & EBP Workgroup</p>	<p>6/2017: Parent and Youth groups have been meeting and learning about the goals of the SOC and using their voice for systems of change. Most of the youth and families who are</p>	<p># individuals who are involved in planning bodies that represent the family and youth voice</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<ul style="list-style-type: none"> Recruit and support parents to provide their Voice to decision-makers and planning bodies 		engaged cannot attend workgroup meetings, scheduled during work or school hours. Nevada PEP is holding evening focus groups on specific topics.	
G1-7. Enhance youth-guided supportive services	<p>Youth Peer Support Programs</p> <ul style="list-style-type: none"> Determine the mental health related peer services to be implemented in priority order Recruit and support youth/young adults to engage in SOC Expansion activities Develop chapter(s) of Youth M.O.V.E. Develop Social Media Plan to reach youth/young adults. Increase Capacity Design, fund, and implement mental health related peer services with enrollment standards 	<p>Nevada PEP</p> <p>DCFS</p> <p>Provider Standards & EBP Workgroup</p> <p>Department of Education, Office for Safe and Respectful Learning Environments</p>	6/2017: The Youth Voice has been represented on the Strategic and Communication plan/Social Media Plan Committee. NV PEP provides youth and family outreach through various social media outlets daily.	<p># youth that provide services (IPP WD5)</p> <p># youth that receive peer support (NOMS Section K, Nevada Specific Services 12)</p> <p>Social media plan developed</p> <p>New peer services developed</p>
	<p>Authentic and Integrated Youth Voice in SOC Activities (Youth Leadership using Youth M.O.V.E National Model)</p>	<p>Nevada PEP</p>	6/2017: The Nevada Chapter of the National Youth M.O.V.E. is official. A statewide Youth M.O.V.E. Nevada Logo and marketing meeting was held; resulting in an approved logo, and active accounts on Twitter, Instagram and Facebook.	<p>Nevada will have an official Youth M.O.V.E Charter from the National Youth M.O.V.E. Board.</p> <p># of Youth M.O.V.E. activities</p>
G1-8. Develop “telehealth” capacity for enhancing services throughout the state (also see Goal 3).	<ul style="list-style-type: none"> Coordinate with Nevada Public and Behavioral Health and WICHE for planning and implementing a telemedicine program. Explore and secure network video opportunities. 	<p>Provider Standards & EBP Workgroup</p>	DCFS has begun to implement telehealth across the Division (ex: Rural MCRT)	<p>Establish MOU with WICHE for telemedicine</p> <p>NV standards for telemedicine for crisis</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<ul style="list-style-type: none"> Identify and implement standards of care within telemedicine for crisis services and children's behavioral health. 			services and children's behavioral health developed
G1-9. Develop statewide stakeholder communication and training program for SOC principles and values.	Develop System of Care training teams (see Goal 3)	DCFS Nevada PEP Provider Standards & EBP Workgroup	7/2016: DCFS SOC unit has developed its Technical Assistance and Training Unit to provide these trainings. Nevada PEP is the Family Partner in the workforce development trainings.	
	Develop a Strategic Marketing Plan and implement information sessions in concert with communication messages (from communication plan).	DCFS training team Nevada PEP	6/1/2016: Strategic marketing plan developed as part of our Communication Plan.	Strategic marketing plan developed Implement communication plan?
	Utilize communication with identified "Champions" as described in Communication Plan.		10/2016: The Communications workgroup has begun working closely with Nathan Orme, DCFS Public Information Officer to develop a consistent message. 12-2016 – 3/2017: Logo developed and communication materials have been drafted (brochure, website, newsletter, social media, etc.). 6/2017: Communication materials are regularly distributed across networks (newsletter, social media, information posters).	

Goal 2: Funding Structures

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

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
<p>G2-1. Identify current public funding sources that are associated with the provision of children’s behavioral health services and/or workforce development (i.e. Medicaid State Plan, Early Periodic Episode Screening, Diagnosis and treatment, Nevada 1915 waivers, block grants, general funds, local and regional funding).</p>	<p><u>Year Two Plans</u> Review braided funding recommendations developed in 2007 as a part of the State Infrastructure Grant (Sheila Pires report).</p> <ul style="list-style-type: none"> • Identify additional strategies for identifying funding sources. • Identify elements and strategies of the report that are still applicable. • Explore options for updating and utilizing recommendations from the report. 	<p>DCFS SOC team Governance workgroup</p>	<p>12/2016: Report reviewed and distributed to governance workgroup for review and recommendations.</p> <p>3/2017: DCFS developing list of desired services that would support a System of Care and will present the list to DHCFP for discussion.</p> <p>3/2017: DCFS currently exploring different waiver options for possible implementation in Nevada.</p> <p>6/2017: DCFS convened a meeting with DCFS Children’s Mental Health, DHCFP NV Medicaid, and other agencies to discuss options for effective statewide funding to support Nevada SOC (meeting rescheduled to June, 2017).</p> <p>6/2017: Research is underway to identify national “waiver” programs for possible adaptation and adoption within Nevada.</p>	<p>Braided funding recommendations developed and disseminated.</p>

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<u>Year Two Plans</u> Identify County-Based Funding Sources <ul style="list-style-type: none"> • Explore existing funds that counties use to fund behavioral health • Meet with county representatives to identify possibilities to maximize public resources for funding Identify other Regionally-Based Funding Sources	Mental Health Consortia DCFS SOC team Governance workgroup	12/2016: Request made to consortia Chairs to add identification of regional and county-based funding to consortium meeting agenda.	Report summarizing funding sources.
	<u>Year Two Plans</u> Identify State-Based Funding Sources <ul style="list-style-type: none"> • Develop plans for budgeting funds for sustainability and enhancement of mobile crisis • Identify budget and match implications for a possible reduction in billable direct-care services by DCFS staff (due to provision of less state-offered services). • Explore partnerships with CCBHC grants (NV Public & Behavioral Health) • Explore partnerships with Youth Treatment Grants (SAPTA) 	DCFS SOC team Governance workgroup	9/28/2016 : DHCFP (Gloria McDonald) compiled a table of current initiatives across the state, funding sources and scope of initiatives. 6/2017: Collaboration has begun with the State Youth Treatment Program in the development of their action plan for transitional age youth. 6/2017: Collaboration has begun with the Division of Behavioral Health to implement CCBHCs across the state.	Report summarizing funding sources.
	<u>Year Two Plans</u> Identify Federally-Based Funding Sources <ul style="list-style-type: none"> • Explore and develop plans for the possible equitable and timely distribution and allotment funds through the Children's Mental Health Block Grant 	DCFS SOC team		Report summarizing funding sources.
G2-2. Develop strategies for enrolling and providing support for families who need insurance and entitlement program services utilizing a public awareness and marketing campaign that ensures recognition of	<u>Year Two Plans</u> <ul style="list-style-type: none"> • Meet with Directors of Nevada Insurance Exchange and Department of Welfare to collaborate on enrolling families in services 	DCFS SOC Staff Communications Workgroup	12/2016: DCFS developing MOU with DWSS to enroll families in insurance and entitlement programs (pilot testing process through children's	Strategies developed and disseminated.

CORE STRATEGIES	SERVICES/PROGRAMS/	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
Nevada's diversity and is culturally and linguistically competent.	<ul style="list-style-type: none"> Utilize the marketing plan developed by the Insurance Exchange and Welfare to reach families who could benefit from enrollment in expanded SOC services. This approach would be familiar to families due to ACA enrollment. Collaborate with Directors of Nevada Insurance Exchange and Department of Welfare (DWSS) to reduce stigma and ensure parity. Work with these entities to infuse SOC language in policies, applications, marketing materials, and other documents. Train DWSS staff and other state and local partners in SOC values and principles. 	<p>Governance Workgroup</p> <p>Special Populations Workgroup</p>	<p>mobile crisis program). Program partners eligibility workers with mobile crisis team to develop immediate eligibility for services.</p>	
G2-3. Work with Department of Health and Human Services and Medicaid on incorporating into any RFP for managed care contracts to use Systems of Care implementation practice.	<ul style="list-style-type: none"> DCFS will partner immediately with DHCFP to make appropriate adjustments to new RFP that will include SOC language and adherence to SOC Standards of Care. DCFS and DHCFP will communicate with MCOs regarding changes and implications of upcoming RFP. <ul style="list-style-type: none"> DCFS to participate in review of RFP on managed care proposals throughout the State. SOC Values and Principals added to RFP and any future RFP. 	<p>DCFS SOC Staff</p> <p>Governance Workgroup</p>	<p>SOC language was incorporated in to the RFP for MCOs. Selected MCOs attended to SOC values and principles in their applications.</p>	<p>Integration of SOC values and principles completed.</p>

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

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

CORE STRATEGIES	SERVICES/PROGRAMS / ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
G3-1. Develop elearning- electronic capacity for enhancing services in rural regions of Clark and Washoe counties and rural counties throughout the state (also see Goal 1).	<ul style="list-style-type: none"> Develop technology capacity for elearning etc. Develop software and hardware capacity and infrastructure. Identify technology platforms for the provision of elearning. 	Universities, Lincy Institute, CSAT, NV partnership.	12/2016: DCFS has made contact with the Lincy Institute, CASAT and the Nevada Partnership for Training to identify elearning platforms for the rural communities.	
G3-2. Service Array Development	<p>In accordance with identified regional gaps:</p> <ul style="list-style-type: none"> Recruit professionals specific to the identified service array gaps. Develop retention programs for professionals Work with partners to identify and/or develop incentive programs for recruitment 	Mental Health Consortia WICHE Professional Associations/Boards Governance Workgroup	<p>9/2016: DCFS has retained Strategic Process to perform the Gaps Analysis for Nevada. The Provider Standards workgroup has begun to identify our current service array.</p> <p>12/2016: DCFS SOC Team and Provider Standards & EBP Workgroup developed a list of evidence-based practices for children's behavioral health and a recommended Nevada SOC Service Array resource.</p>	
	Examine challenges associated with reciprocity in professional licensing and develop a plan to address the challenges.	DPBH DCFS SOC team		
	Provide SOC provider enrollment technical assistance new and existing professionals.	DPBH DCFS SOC team		# providers given TA

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	BENCHMARK
G3-3. SOC Provider Training Program	Policy/regulation development (SOC practice tied to public funding reimbursement).	Governance Workgroup		PD1
	Provider Enrollment Program <ul style="list-style-type: none"> Identify providers in need of updated information and training. Provide training for quality indicators and support. Develop website with commonly asked questions and answers (as described in Communication Plan). 	Governance Workgroup	9/2016: SOC providers have begun to be trained on federal data collection tools as well as SOC Values and Principles	# trained # trainings
	Develop training mechanism in partnership with Governor's office and University System (WICHE)			
	Trainings identified as core to the development of the SOC New and Ongoing Provider Training Content Development <ul style="list-style-type: none"> System of Care Wraparound model Child and Family Team model Crisis intervention services Family Engagement Strategies Youth-guided service principles Cultural and linguistically appropriate service practices Evidence-based practices in children's behavioral health 	Special Populations Workgroup Provider Standards & EBP Workgroup	11/2016: DCFS has met with the National Wraparound Implementation Center to develop a training program on the latest wraparound methods and fidelity tools.	
	Implement workforce development and provide training consistent with SOC approach.	DCFS	5/9-5/11/2017 (Las Vegas): NWIC delivered 3-day Introduction to Wraparound training to Wraparound facilitators, supervisors, coaches and managers from DCFS programs and units as well as select sub-grantees.	5/9-5/11/2017: 47 individuals received NWIC training.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			<p>5/2017: DCFS identifying and developing LGBTQ training resources.</p> <p>Ongoing: All trainings developed are implemented as requested and in an ongoing manner. A training calendar has been developed and is accessible to community providers.</p> <p>Nevada PEP is the Family Partner in the workforce development trainings.</p>	
G3-4. School Partnerships with Behavioral Health Providers	<ul style="list-style-type: none"> • Develop partnership between DCFS and DOE to align the SOC Strategic Plan and DOE's Theory of Action in order to maximize efforts. • Work with DOE to infuse SOC values and principles into funding mechanisms under the Office of Safe and Respectful Learning. • Partner with the DOE and funded school districts to infuse SOC values and principles into policies, procedures and practice. • Extend training opportunities to newly hired school-based mental health professionals funded under the DOE Office for Safe and Respectful Learning. 	<p>Department of Education, Office for Safe and Respectful Learning Environments</p> <p>DOE, Office of Safe and Respectful Learning's State Management Team</p> <p>Special Populations Workgroup</p>	<p>12/2016: SOC staff has connected with Christy McGill of DOE's Safe and Respectful Schools Office to begin discussion on how to infuse SOC Values and Principles into the DOE and also to discuss training school based mental health professionals.</p> <p>6/2017: SOC staff provided a trauma-informed care training for DOE school social workers.</p>	Increased number of school-based providers meeting school based health clinic standards.

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

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

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS		PROGRESS UPDATE	OUTCOME/ BENCHMARK
<p>G4-1. Recruit and retain an external evaluator for the project who will develop an evaluation plan and timeline to ensure compliance with Federal evaluation requirements. Tailor the required evaluation system to meet the needs of Nevada.</p>	<ul style="list-style-type: none"> • Recruit external evaluation team. • External evaluators collaborate with SAMHSA and National Evaluation Team to adapt the evaluation to meet local evaluation needs. • Provide NOMs and CMHI training to WIN and some contracted providers. • Pilot test data entry portals. <p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Client level data collection will begin in accordance with national level requirements. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> • Integrate findings from Year Two in to Year Three activities 	<p>DCFS Management, immediate</p> <p>External evaluation team</p>	<p>6-8/2016: External evaluator contract process and evaluation planning began.</p> <p>7/2016-present: Pilot test data collection systems.</p> <p>12/2016: Client level data collection systems are established and WIN providers have been trained.</p> <p>6/2017: Training efforts on data collection continues.</p> <p>6/2017: Data collection has begun with efforts underway to clean and refine the data.</p> <p>6/2017: Preparations are in place to develop an updated evaluation plan as directed by SAMHSA.</p>	<p><i>External evaluator hired</i></p>

<p>G4-2. Create an internal evaluation system that develops a system of accountability that monitors the implementation of the policy that ties SOC practice to public funding reimbursement.</p>	<p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> • Develop process evaluation plan and procedures. • Develop process for updating readiness and gap analysis reports. Readiness assessment will be updated in December, 2017. • Develop system level assessment of SOC principles (Are the values being integrated?) • Develop process for measuring fidelity. • Develop a process to compare services provided to the need and demand for services. 	<p>DCFS SOC team</p> <p>External evaluation team</p>	<p>1/2017: Data collection for NOMS and CMHI began.</p> <p>3/2017: SOC and Evaluation team developing a format for a new quarterly report system that identifies numbers served and system activities (NOMs, CMHI, Training, Assessment Centers, Certified CANs providers, etc.).</p> <p>3/2017: Evaluation team working with SOC staff to design a system level assessment for the SOC principles.</p> <p>3/2017: Developing a process for disseminating and collecting data according to the SOC "Rating Tool" for measuring implementation. Will gather information on the availability of specific services and categories from the Gaps Analysis.</p> <p>6/2017: Beth Stroel is providing technical assistance to develop and implement the SOC Rating Tool to assess the initial implementation efforts of the SOC.</p>	
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			6/2017: In efforts to standardize and streamline data tracking, SOC has been incorporated in to the EMR system.	
G4-3: Develop process and procedures for disseminating SOC findings to stakeholders in an ongoing basis to improve the overall SOC (in accordance with Communication Plan).	<u>Year Two Plans</u> <ul style="list-style-type: none"> • Develop dissemination material that is appropriate for specific audiences. • Disseminate evaluation findings for use in sustainability planning. 	DCFS SOC Team External Evaluation Team Communications Workgroup	3/2017: SOC and Evaluation team developing a format for a new quarterly report system that identifies numbers served and system activities (NOMs, CMHI, Training, Assessment Centers, Certified CANs providers, etc.).	

<p>G4-4: Develop an overall system sustainability plan that is grounded in SOC values and principles (i.e. management, funding, services).</p>	<p><u>Year Two Plans</u></p> <ul style="list-style-type: none"> Engage DHCFP in identifying access to Medicaid funding tied to adherence to SOC. Explore options for expanding funded services (i.e. amendments to Medicaid State Plan). Integrate SOC requirement language in to all future MCO RFPs. <p><u>Year Three Plans</u></p> <ul style="list-style-type: none"> Identify 2019 Legislative objectives and priorities 	<p>DCFS SOC Team</p> <p>Governance workgroup</p>	<p>12/2016: Initial system structures under development.</p> <p>3/2017: SOC staff conducting meetings with sub-grantees to discuss sustainability plans and resources.</p> <p>6/2017: DCFS SOC and PEU units conducted "Sustainability Reviews" with 7 SOC sub-grantees. Clinical Services Reviews were conducted with 5 SOC sub-grantees.</p>	
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