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

Last Updated: December 2017

FAMILY-DRIVEN AND YOUTH-GUIDED SUPPORT DEVELOPMENT *Activities that support the inclusion of youth and families in all levels of SOC.*	• The Youth M.O.V.E. Nevada Chapter continued to recruit new members and hold meetings to generate the authentic youth voice; and selected priority activities for the upcoming months. Mental Health Stigma and Bullying. • 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 and youth voice in partnership with mental health staff. • Mobile Crisis Response Teams refer rural, Washoe, and Clark families to Nevada PEP for peer support. • Families were engaged to participate in the Readiness Implementation Measure Study. • Family and youth representatives were trained by NWIC in Wraparound. • Youth M.O.V.E. Nevada is working on an anti-stigma campaign. • Youth and Family voice was provided at the CMHI training. Family voice was provided at the CANS training. • Youth and family representatives along with the SOC partners attended the Federation of Families Conference. •
NEVADA SOC PROGRAM DEVELOPMENT *Activities that support the Nevada SOC infrastructure (i.e. development of training and evaluation systems, monitoring of implementation).*	• A System of Care retreat was held November 2, 2017. Approximately 90 individuals participated in the retreat representing SOC staff, providers and family and youth other system representatives. Decisions were made regarding wraparound staying under the oversight and provision of DCFS and all feedback from the retreat has been collected and put into an action plan. • SOC staff, stakeholders and family and youth representatives attended the Building Bridges Conference in October 2017. Nevada was selected to receive a grant from the Annie E Casey Foundation to implement a BBI Initiative in Nevada and planning for this Initiative has begun. • SOC staff and select subgrantees attended the Advancing School Mental Health Conference and gained valuable information pertinent to our school based mental health initiatives. • There are over 431 children and families served by the SOC to date. • The SOC social media strategy now includes frequent postings to Twitter and Facebook and is connected to PEP's social media program. The SOC is now part of the DCFS website and has a list of all trainings on the site as well as registration link. • The SOC electronic newsletter continues to be distributed on a regular basis. • The SOC will now have all their trainings on the Nevada Partnership for Training Website. Participants can register for all SOC trainings and will be able to get CEU's. • The target population definition has been-updated for SOC. • Wraparound training for staff and sub grantees from the National Wraparound Implementation Center (NWIC) has been completed and supervision and coaching is ongoing. • Baseline data collection for wraparound fidelity is in process. • Training efforts on data collection protocol continues on ongoing-basis. • Data is currently being cleaned and shared with the SOC subcommittees for planning purposes. • The second RIMS survey was completed to measure readiness and implementation. • A survey using the "Rating Tool for Implementation of the System of Care Approach" was completed. Highlights from the findings were presented to the SOC Subcommittee during its August 2017 meeting.
SYSTEM LEVEL ACCOMPLISHMENTS *Activities that support the alignment of children's*	• Discussions continue with other states to explore models for the alignment of funds to support the SOC. • Nevada Medicaid has agreed to the implementation of the Child and Adolescent Needs and Strengths assessment tool for DCFS and is now considering its use as a tool to determine service intensity. • Discussions continue regarding the development of a children's services waiver and state amendment programs for possible adaptation and adoption within Nevada. This option aims to include wraparound services. SAMHSA is helping with Technical Assistance in this area.

mental health systems with SOC principles.	• Collaboration continues with the Division of Public and Behavioral Health to implement CCBHCs across the state. • The provider enrollment package is complete. It contains enrollment forms and provider standards for training as well as wraparound standards. • Standards have been created for providers in the System of Care. New standards developed include: wraparound and SOC training, provider enrollment, LGBTQ, provider standards, complaint process, child and youth rights and responsibilities (rev.). • SOC has completed initial quality assurance review of all sub grantees and provided a corrective action plan where needed. This will continue on a quarterly basis along with sustainability planning. • DCFS has established that High Fidelity Wraparound will continue to be provided exclusively by the state. Eligibility criteria are being refined to ensure we serve WIN serves children and families that are of the highest need by wraparound and plans have begun for development of a tiered case management model for other children and families. • DCFS has established that the SOC subcommittee will be the open meeting where issues regarding Medicaid funding such as a waiver will be discussed and drafted prior to the 2019 Nevada Legislative session.
PROVIDER DEVELOPMENT *Activities that support the development and expansion of providers consistent with SOC principles.*	• Workforce development trainings on SOC topics continued. This includes, but not limited to, Systems of Care, cultural competence, wraparound, suicide awareness and prevention and working effectively with LGBTQ+ identified youth. • SOC currently has approximately 8 trainings developed with additional training under development for SOC providers. The SOC also supports training done by other providers. Over 1500 people have attended trainings by the SOC since 1/1/17. • As of 12/2017 DCFS received a grant from the Annie E Casey Foundation to implement Building Bridges Initiative across all residential programs in Nevada both public and private. • SOC staff have developed a training on Medicaid billing for providers that resulted in one subgrantee becoming sustainable without further funding from the SOC grant.
SERVICE ARRAY DEVELOPMENT *Activities that support the development and expansion of evidence-based interventions consistent with SOC principles.*	• A review of possible evidence-based practices to consider for Nevada's Service Array is ongoing. • SOC continues to work with Duke University to provide training and consultation on the Together Facing The Challenge model for specialized foster care providers. • The SOC has also funded additional programs for FY 18 as part of its service array development. Funding has been increased to open two additional school based health centers, a rural Intensive Outpatient Program and a Positive Behavior Intervention Support program for our psychiatric hospital and correctional facilities. • The SOC has begun geo mapping the service array within the state to identify gaps in service and to provide a tool for families to identify service availability in Nevada. • The SOC has funded a PBIS initiative for youth correctional facilities and our youth acute psychiatric facility. • All WIN staff have been trained in the latest wraparound curriculum and continue to receive ongoing training and support from the National Wraparound Implementation Center.

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 updates are noted. 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
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).	• Begin drafting changes to Medicaid policies to establish DCFS as the state authority for publicly funded children's behavioral health services. • Define stakeholder engagement strategies necessary to proceed with establishment of DCFS as lead authority for publicly funded children's behavioral health services. • Develop a communication and advisory process for the Clark, Washoe, Rural and Statewide Children's Mental Health Consortia to act as the mechanism to sustain stakeholder involvement for DCFS as the lead authority • Review the priorities of each of the Consortia and make adjustments to the Strategic Plan and Communication plans.	DCFS Clark, Washoe and Rural Mental Health Consortia SOC Subcommittee		
	Conduct SOC Readiness Assessment • System of Care Readiness and Implementation and Measurement Scale (SOC-RIMS). • Disseminate readiness assessment findings to communities.	DCFS Contracted readiness assessment provider	10/24/2016: SOC-RIMS Assessment complete 11/2016: Reports disseminated	Community-based readiness reports generated and disseminated to workgroups and the SOC Subcommittee.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK

	Year Two Plans
	• Communication workgroup develop plans to conduct targeted dissemination of material to specific communities.
	• Utilize readiness assessment to inform planning.
	   - 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.
	
	Year Three Plans
	• Review implementation patterns (i.e. services provided, number of children receiving services, case load sizes) and develop goals and projections for year three.
	• Repeat the Rating Tool for Implementation of SOC (spring 2018) and disseminate findings with comparison to year one findings. Discuss recommendations for changes based on these findings.
	• Disseminate and discuss 2nd RIMs report.
		Communication Workgroup
		
		Governance Workgroup
		
		Provider Standards & EBP Workgroup
			12/2016: Communication workgroup review of reports
			
			2/2017: Summary of readiness report created and presented to workgroups
			
			6/2017: Plans are in place to implement a follow-up RIMS survey.
			
			9/2017: Families were engaged to participate in the Readiness Implementation Measure Study.
			
			9/2017: Second RIMS survey was completed to measure readiness and implementation.
			
			9/2017: A survey using the "Rating Tool for Implementation of the System of Care Approach" was completed. Highlights from the findings were presented to the SOC Subcommittee during its August 2017 meeting.
			
			12/2017: Received 2nd completed RIMs report for all areas.
			
			12/2017: Plans to organize a "bricks and mortar" assessment center have ended. DCFS plan to primarily provides planning, provider enrollment, utilization management, technical assistance
				Communication workgroup disseminate to community.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			and training, continuous quality improvement continue.	

	Conduct a gap analysis
	• Identify existing services, funding sources and service provider type using a geo map format to assist in identifying gaps.
	
	Year Two Plans
	• 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).
	  - 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.
	
	Year Three Plans
	• Prioritize items from the Gaps Analysis synopsis and Consortia plans to determine the plan moving forward.
		DCFS
		
		Contracted gaps analysis provider
		
		Communication Workgroup
		
		Governance Workgroup
		
		Provider Standards & EBP Workgroup
			1/2017: Report complete.
			
			2/2017: Summary of Gaps Analysis created and presented to workgroups.
			
			3/2017: Recommendations from Gaps Analysis report incorporated in to 2017 workgroup goals.
				Community-based gap analysis reports generated and disseminated to workgroups and the SOC Subcommittee.
				
				Communication workgroup disseminate to community.

	Develop Policy/Regulation (SOC provider enrollment tied to public funding reimbursement). See Goal 2 (funding structures). • Include parent choice options	DCFS DHCFP Governance Workgroup	10/2016: Developed procedure for drafting and approving development of policies.	Relevant policies developed that meet the intent of the SOC Principles.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• Applicable to children who are entering the System of Care. • SOC values and training • Wraparound requirements Year Two Plans ✓ Develop provider enrollment policy (will outline standards of accountability, i.e. fidelity). Year Three Plans • Determine a strategy to leverage funding to support the SOC Service Array. This strategy may include a Medicaid State Plan Amendment and children's services federal Waiver application.	Provider Standards & EBP workgroup	11/2016: Policies drafted • SOC Values & Principles Policy • CLAS Standards Policy • Wraparound Policy 12/2016: Policies drafted • Provider Enrollment Policy 6/2017: A "Provider Enrollment Application" and "Provider Enrollment Agreement" have been drafted and are currently under review. 9/2017: The provider enrollment package is complete. It contains enrollment forms and provider standards for training as well as wraparound standards.	
	Develop accountability-based contracts that include: • Medicaid reimbursement standards • SOC Practice Standards • Fidelity Year Two Plans • 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). Year Three Plans	DCFS DHCFP Governance Workgroup Provider Standards & EBP workgroup	9/2016 – present: Sub-grants awarded include SOC requirements (needs to be revised to include high fidelity wraparound). 6/2017: Sustainability and clinical services reviews with sub-grantees has begun. Corrective action plans are developed for sub-grantees when appropriate.	Revised sub-grant developed for performance-based contracts.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• As policies are in place, this item will remain as is until the Medicaid State Plan Amendment or Waiver process has been completed.			
	Quality Improvement Program - Develop Behavioral Health quality indicators Develop provider training in quality indicators and use (see Goal 3 and 4) Year Two Plans • Examine recommendations provided by SAMHSA toolkits and resources. • Obtain examples from other states. • Develop draft quality improvement plan. Year Three Plans • Implement the Continuous Quality Improvement program with current SOC sub-grantees. This includes the development and follow-up on corrective action plans. • Expand the Continuous Quality Improvement program to additional services offered through DCFS.	DCFS DCFS PEU SOC subcommittee Governance Workgroup Provider Standards & EBP workgroup	3/2017: DCFS has developed and is currently piloting a Quality Assurance tool for behavioral health quality indicators. 3/2017: DCFS developed a tool for fiscal analysis. 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). 6/2017: Developed a "Clinical Service Delivery Tool," which addresses quality assurance for sub-grantees on fiscal responsibility. A process for a standardized corrective action plan is currently under development. 6/2017: Sustainability and clinical services reviews with sub-grantees has begun. Corrective action plans are developed for sub-grantees when appropriate.	Quality Indicators and Training Program developed and implemented.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			9/2017: SOC has completed initial quality assurance review of all sub grantees and provided a corrective action plan where needed. This will continue on a quarterly basis along with the sustainability plans.	
	State Entity Programs Alignment • Develop cross-agency decision-making strategy and protocol (see Goal 2) Year Two Plans • DCFS continue efforts according to initial discussions. • Present updates and reports to SOC subcommittee as appropriate. Year Three Plans • DCFS will participate in a system-wide "Nevada Community Living Behavioral Health Plan," which is coordinated by the State of Nevada Department of Health and Human Services. The goal of this group is to ensure that there are comprehensive programs throughout Nevada, in compliance with the Olmstead decision, with particular attention to transitional age youth.	DHHS DCFS DPBH DHCFP	11/2016: Initial discussions have begun with DHCFP and Department administration. Collaborative frameworks are under development. 6/2017: Collaboration has begun with the Division of Public and Behavioral Health to implement CCBHCs across the state. 12/2017: DCFS participated in the initial meeting of the "Nevada community Living Behavioral Health Plan."	Completed reports summarizing community-based findings.
	Utilization Management: 1. Child & Family Team (CFT) process will decide what services are needed. 2. Develop process and/or protocol for utilizing CFT model for recommending service and supports. 3. Develop a process and/or protocol for assessing fidelity to the CFT model.	DCFS Program Planning & Evaluation Unit SOC Subcommittee Workforce Development		CFT process/ protocol developed CFT fidelity assessment completed (obtained from NWIC).

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	4. 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. Year Two Plans • Develop Nevada SOC model that includes utilization management component. • Identify existing tools to measure fidelity. Year Three Plans • Review model policies from other states that use CFTs for utilization management. • Develop tier-based system for case management (including wraparound services). This system will include a CFT component. • Develop and implement a CFT training for community behavioral health providers.			
G1-2. Develop DCFS as an emergency response, assessment, and care coordination entity.	Mobile Crisis • 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 Year Two Plans • Continue providing services. • Implement revised evaluation plans. Year Three Plans • Continue to expand hours of service.	DCFS DCFS PEU UNR Program Evaluation	11/2016: Mobile Crisis expanded to 24 hours in Clark County 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. 11/21/2016: Consulted with SAMHSA Project officer regarding evaluation plans. Received technical assistance on	Increased number of children & youth who receive mobile crisis services in each region. Instruments/Indicators: Baseline NOMS (through 12/1/16) • # of clients served • Establish % increase in # served after yr. 2 • #service episodes Baseline NOMs (other agencies/Wraparound)

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• Identify system-level outcomes and collect data (i.e. referrals in to other services, emergency room diversion). • Begin discussions on reallocating existing DCFS positions to mobile crisis and other DCFS programs. • Review findings on referrals to the WIN program and modify strategies accordingly (i.e. was the referral to WIN an appropriate referral).		use of NOMS. SAMHSA approved no longer utilizing the NOMs for MCRT. 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. 3/2017: When appropriate transition services have begun to link clients from mobile crisis to WIN. 6/2017 (ongoing): Mobile crisis teams refer families to Nevada PEP for peer support. 7/2017: Children's Mobile Crisis services in Washoe County expanded hours of operation and added another team. 12/2017: MCRT South reports a hospital diversion rate of 86% for 2017.	• Referral made from MCRT DCFS SOC Unit -Avatar • # of clients served • Establish % increase in # served after yr. 2 • #service episodes • Discharge dates DCFS SOC Unit –Avatar • Referral source (i.e. MCRT) • Compare MCRT clients to other services received
	Mobile Crisis • Implement Mobile Crisis services in rural counties. Year Two Plans	DCFS DPBH	11/2016: Mobile Crisis expanded to rural counties through SOC grant.	Increased number of children & youth who receive mobile crisis services in rural regions.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK

	• Continue providing services.
	• Implement revised evaluation plans.
	
	Year Three Plans
	• Continue to fund rural mobile crisis.
	• Begin discussions with Department of Public and Behavioral Health to continue mobile crisis services and to fund the continuation and expansion of mobile crisis services in rural Nevada.
			3/2017: When appropriate transition services have begun to link clients from mobile crisis to WIN.	Instruments/Indicators:
				• Baseline NOMS
				  ○ # of clients served
				  ○ Establish % increase in # served after yr. 2
				  ○ #service episodes
				
				• DCFS PEU
				  ○ Referral patterns
				  ○ Discharge dates

	Diagnostic and Evaluation Services (Develop "no wrong door" assessment program)
	• Develop provider Memoranda of Understanding and information sharing agreements
	• Develop and provide assessment services
	• Establish data collection protocol for assessment center
	
	Year Two Plans
	• Engage southern Nevada Neighborhood Care Centers to integrate SOC values and principles. Examine the structures necessary to implement SOC and data collection requirements.
	• Continue partnership with Juvenile Justice (JJ) in the implementation of juvenile justice assessment center to serve youth in the juvenile justice system.
	
	Year Three Plans
	• There will not be a physical location established for a Washoe County-based assessment center.
	• Partner with the Washoe County Consortium to discuss new strategies for developing a plan for accessibility to services including response,
		DCFS
		
		Provider Standards & EBP workgroup
			11/2016: North – DCFS Assessment Center under development. Identifying location and initial staffing plans.
			
			11/2016: DCFS staff began process of identifying agencies that they need an MOU with and initiate process.
			
			10/17/16-present: DCFS working strategically with JJ to begin implementation of juvenile justice assessment center.
			
			3/2017: "The Harbor, Juvenile Assessment Center" in Las Vegas is operational and providing assessment services to youth.
			
			3/2017: The Washoe County assessment center is still under development.
				Progress toward development of northern neighborhood-based assessment center and southern Nevada centers.
				
				Instruments/Indicators:
				(Dependent on Evaluation Protocol TBD)
				• Baseline NOMS
				  ○ # of clients served
				  ○ Establish % increase in # served after yr. 2
				• NOMS Discharge
				  ○ K1-2
				• CANS
				  ○ Client characteristics
				  ○ Service needs
				• DCFS SOC
				  ○ Completed MOUs
				• DCFS PEU
				  ○ Referral patterns
				  ○ Discharge dates

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	assessment and care coordination (in light of updated information from the SOC).		3/2017: MOUs with Nevada State Department of Education and Nevada Aging and Disability Services Division are currently under development. 6/2017: A Northern Nevada Assessment Center is under development. 6/2017: Collaboration has begun with juvenile justice to explore development of a juvenile justice assessment center. 9/2017: Nevada Medicaid has agreed to the implementation of the Child and Adolescent Needs and Strengths assessment tool for DCFS and is now considering its use as a tool to determine service intensity.	

	Wraparound in Nevada (WIN)
	• Gradually train community providers in the wraparound model.
	• Develop a system of training and quality assurance for wraparound providers.
	• DCFS will continue to provide wraparound services to youth and families in the event that wraparound is not otherwise available to them (i.e. uninsured youth or to youth who cannot access the service through their service providers).
	
	Year Two Plans
		DCFS
		
		Provider Standards & EBP workgroup
			11/2016: Training system developed and has been developed and has been initiated with sub-grantees.
			
			11/2016: High fidelity wraparound training provided. WCSD and Children's Cabinet participated in this training.
			
			11/2016: WIN designated as wraparound providers for SOC
				Number of providers trained and frequency of trainings.
				
				Instruments/Indicators:
				• IPP WD2
				  ○ # of providers trained
				• Fidelity Assessments (See Strategy G1-1, UM)
				  ○ Service characteristics

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• Continue providing services. • Continue data collection plans. • Update training protocol to include follow-up training and fidelity assessment. Year Three Plans • Refine the target population for high fidelity wraparound and a mechanism for referral. Update intake form and baseline data collection forms to reflect criteria contained in target population definition. • Determine demand and capacity to meet the need of the defined population. • DCFS will maintain authority and oversight over wraparound services throughout the state of Nevada. • DCFS will work closely with the National Wraparound Implementation Center (NWIC) to examine WIN discharge data to determine length of stay in wraparound, reasons for discharge and set target numbers to be served. • DCFS will also work closely with the National Wraparound Implementation Center (NWIC) to determine how services are different between Washoe, Clark and rural counties and if this explains differences in length of stay. DCFS will also examine wait lists and determine number of children on the waitlist that need the need for High Fidelity Wraparound and determine caseload sizes for WIN.		sub-grantees until they are trained. 1/2017: Data collection for NOMS and CMHI began. 3/2017: Sub-grantees who are performing their own wraparound services have begun to submit data. 3/2017: Additional and refresher trainings on data collection provided to sub-grantees who are doing their own wraparound services. 3/2017: Contract for provision of training and supervision for high fidelity wraparound services under development. 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. 6/2017: Research is underway to identify national "waiver" programs. This option aims to include respite and wraparound services.	

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK

	Transition to Adult Services
	• ~~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
	
	Year Two Plans
	• Develop outcome measures once service implementation begins.
	
	Year Three Plans
	• DCFS will participate in a system-wide "Nevada Community Living Behavioral Health Plan," which is coordinated by the State of Nevada Department of Health and Human Services. The goal of this group is to ensure that there are comprehensive BH services throughout Nevada with particular attention to transitional age youth.
	• DHHS has created a "Centralized Analytic Unit" for the purpose of providing accurate data from all DHHS programs together. Once data is ready, review for implications for SOC.
	• DCFS will continue to meet with Department of Health Care Finance and Policy and Department of Public and Behavioral Health to identify funding barriers for youth in transition who are in need of services.
	• Explore possibilities of linking data systems to identify gaps in service delivery for transitional age youth.
		Washoe County Mental Health Consortium, Workgroup 4
		
		DCFS
		
		DPBH
		
		Children's Cabinet
		
		Rural Child Welfare
		
		Provider Standards & EBP Workgroup
			11/2016: South -GROW program (transitional living for young adults)
			
			11/2016: Rural - Identifying current need for Youth in Transition.
			
			11/2016: Rural -Children's Cabinet is implementing a Youth in Transition program
			
			11/2016: WCMHC, Workgroup 4 is updating their logic model to remove TIP program and update with new strategies.
			
			6/2017: Collaboration has begun with the State Youth Treatment Program in the development of their action plan for transitional age youth.
			
			6/2017: Efforts are underway for a sub-contract for youth in transition in rural communities.
			
			12/2017: DCFS participated in the meeting of the "Nevada community Living Behavioral Health Plan."
				Instruments/Indicators: (Dependent on Evaluation Protocol TBD)
				• Baseline NOMS
				  o # of youth served
				  o Establish % increase in # served after yr. 2
				• NOMS Discharge
				  o K1-2
				• CANS
				  o Client characteristics
				  o Service needs
				• DCFS PEU
				  o Referral patterns
				  o Discharge dates

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• Create a MOU between DFCS and DPBH clearly outlining responsibility, timelines, and funding for transitional age youth.			
G1-3. Develop DCFS as a "safety net" provider of children's mental health services. 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.	Early Childhood Behavioral Health Services • Day treatment services • Outpatient treatment services • Psychiatric services • Wraparound Year Two Plans • 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.	DCFS Special Populations Workgroup Provider Standards & EBP Workgroup	11/2016: RFP released for day treatment services (early childhood through adolescence). 6/2017: Service array sub-grants completed for: Apple Grove (youth day treatment, Las Vegas) and The Center (LGBTQ training). 12/2017: Completed a contract for a training in Child Parent Psychotherapy program for DCFS providers.	# of new ECBH services based on results of gap analysis
	Outpatient Services • Psychiatric services • Community treatment homes • Wraparound Year Two Plans • Develop outcome measures once service implementation begins. Year Three Plans • Determine a strategy to leverage funding to support the SOC Service Array. This strategy will include a Medicaid State Plan Amendment and application of federal children's services Waiver. • Develop a plan to collect data on children and families who are within the SOC, but are served by outpatient providers.	DCFS Special Populations Workgroup Workforce Development Workgroup	10/2016: Sub grants completed for: • 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 11/2016: RFP released for day treatment services (early childhood through adolescence).	# of new outpatient services based on results of gap analysis

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• Develop provider capacity to sustain outpatient services by billing Medicaid for services. Develop a training program for providers on opportunities and infrastructure needed to bill Medicaid. • Include respite services as part of the service array offered to families. Include respite services as a waiver covered service. Research how other states have developed respite programs and seek TA.		4/2017: A sub-grant was awarded to Apple Grove for day treatment services. 10/2017: New sub-grants added for FY 18 include a rural Intensive Outpatient Program, and a PBIS contract for DWTC and our correctional facilities. Increased funding was added for school based health centers and the FEP program.	
	Community Treatment Homes • To coordinate the development of Community Treatment Home providers throughout the state. • Implement specialized foster care treatment homes (EBP = Together Facing the Challenge) Year Two Plans • Develop outcome measures once service implementation begins. Year Three Plans • Continue training specialized foster care providers. • Implement certification and oversight strategies for specialized foster care providers. • Continue to work with DHCFP, child welfare and county agencies on a state plan amendment to have a competitive rate to provide SFC in NV. • Have DCFS ATC, FLH and Oasis programs apply for PRTF licensure	DCFS Special Populations Workgroup Provider Standards & EBP Workgroup	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. 2/2017: Synopsis of the gaps analysis reported a need for increased residential treatment facilities and day treatment programs to support community-based services. 3/2017: Recommendations from gaps analysis report incorporated in to 2017 workgroup goals. 12/2017: Implemented training program for Together Facing the Challenge for specialized foster care providers.	# of new community treatment homes based on results of gap analysis. DCFS PEU - Together Facing the Challenge evaluation • Fidelity • Permanency outcomes • Symptom reduction •

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			12/2017: PRTF licensure process for ATC, FLH and Oasis has begun	
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.	Engage community stakeholders and providers • 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. Year Two Plans • Expand the number of providers who are available to provide high fidelity wraparound (recruitment and training). Year Three Plans • Develop a "provider enrollment package" to be utilized throughout the state. • Partner with Medicaid to gain a recognition of the DCFS SOC provider enrollment system for children's behavioral health providers.	Regional Consortia DCFS Communications Workgroup Governance Workgroup Provider Standards & EBP Workgroup	9/2016-present: DCFS infused SOC language in to SOC sub-grants 3/2017: Contract under development with National Wraparound Implementation Center (NWIC) to provide training and supervision for high fidelity wraparound with sub-grantees. 9/2017: Wraparound training for staff and sub grantees from the National Wraparound Implementation Center (NWIC) has been completed and supervision and coaching is ongoing. 11/2017: DCFS has decided that wraparound will be done exclusively by DCFS and a tiered case management model will be developed to address the needs of families not served by wraparound.	DCFS SOC Unit - # and description of new SOC sub-grants
	Engage DHHS, Legislators, and other Policy Makers to review the Nevada Medicaid State Plan • Advocate for all services outlined in the joint CMS/SAMHSA bulletin are in the NV State Plan	DCFS Governance Workgroup	10/4/16: DCFS met DHCFP to discuss the relationship between the State Medicaid Plan and the SOC.	All services outlined in the joint CMS/SAMHSA bulletin are in the NV State Plan

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• Advocate the use SOC values and principals throughout the State plan Year Two Plans • Continue to work with Medicaid to infuse SOC principles and values in to Medicaid policies for providers Year Three Plans • Meet with Medicaid representatives to develop the language needed to change Medicaid Policy to be consistent with SOC values and principles.		6/2017: Nevada Medicaid agreed to the implementation of the Child and Adolescent Needs and Strengths (CANS) assessment tool for DCFS. Nevada Medicaid is participating on the implementation team. 9/2017: Nevada Medicaid is now considering use of the CANS as a tool to determine service intensity.	SOC values and principals integrated throughout the State plan
	Develop Policy/regulation (SOC provider enrollment tied to public funding reimbursement). Develop SOC Provider Enrollment Process (also see Goal Three). • Provide technical assistance • Provide training Year Two Goals • Explore possibility of expanding SOC training to include history of SOC in Nevada • Explore possibility of maximizing training through expansion to community at-large. Year Three Plans • Continue to provide quarterly quality assurance reviews as part of a continuous quality improvement program for all subgrantees.	DCFS DHCFP Governance Workgroup Provider Standards & EBP Workgroup	9/2016 – present: DCFS has implemented a pilot process of training requirements of sub-grantees: 1. Trained in SOC principles and values 2. Trained in high fidelity wraparound 3. CANS training 4. Evaluation training 12/2016: Trauma-informed care training implemented. 2/2017: CLAS training developed and implemented. 6/2017: A sub-contract was developed with The Center to	(See Goal Three) # trained # trainings # providers given TA

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• Explore incorporation of the provider enrollment package into Medicaid standards.		develop an LGBTQ training that is in accordance with new state law. 6/2017: Partnered with state Department of Education to provide a trauma-informed care training to school social workers. 6/2017: Policies currently under development include: wraparound, provider enrollment, LGBTQ, provider standards, complaint process, child and youth rights and responsibilities. 9/2017: The provider enrollment package is complete. It contains enrollment forms and provider standards for training as well as wraparound standards. 9/2017: Standards have been created for providers in the System of Care. New standards developed include: wraparound and SOC training, provider enrollment, LGBTQ, provider standards, complaint process, child and youth rights and responsibilities (rev.). 9/2017: SOC has completed initial quality assurance review of all sub grantees and provided a corrective action plan where needed. This will continue on a	

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			quarterly basis along with the sustainability plans. 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.	
	Develop Standards of Care for Children's Mental Health Providers and Sub-Contractors • Engage stakeholders in the development process. • Accountability-based contracts that include adherence to the SOC principles and values. • Fidelity to EBPs <u>Year Three Plans</u> • See above	DCFS DHCFP Provider Standards & EBP Workgroup Governance Workgroup	12/2016: Provider requirements under development that include: • Standards • Training • Accountability 12/2016: DHCFP completed RFP process and selected providers. * See provider enrollment and quality assurance process above.	DHCFP: Revised RFP containing updated policies that include SOC.
G1-5. Expand availability of community-based children's behavioral health services that are consistent with SOC Principles and Values.	Develop provider network • Identify and recruit prospective providers • Develop regional training capacity and provide training (see Goal 3) • 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. <u>Year Three Plans</u>	Regional Consortia University of Nevada Las Vegas (UNLV) University of Nevada Reno (UNR) Provider Standards & EBP Workgroup	9/2016: DCFS has begun to identify community based providers and completed sub-grants to begin providing services consistent with SOC Values and Principles. Training of providers on SOC Values and Principles has also begun. 9/2017: The provider enrollment package is complete. It contains enrollment forms and provider	# of providers recruited into network based on gap analysis Increase in # of partners who can offer internships

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CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• Utilize evaluation data to increase understanding patterns of referral sources and SOC enrollment (i.e. summer months' decline). • Develop outreach strategies in accordance with referral and enrollment patterns.		standards for training as well as wraparound standards. 9/2017: Standards have been created for providers in the System of Care. New standards developed include: wraparound and SOC training, provider enrollment, LGBTQ, provider standards, complaint process, child and youth rights and responsibilities (rev.).	

	First Episode Psychosis
	• Implement initial in Washoe County with expansion to Clark County.
	
	Year Two Plans
	    • Continue providing services.
	    • Continue data collection plans.
	
	Year Three Plans
	    • Continue providing services under the RFP
		Children's Cabinet	10/2016: FEP implemented in Washoe and Clark counties
			
			12/2017: RFP initiated for new provider of FEP services statewide
				# 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 • 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 while youth is OOS and to continue during the transition home and after returning from OOS.	DCFS DHCFP DPBH Nevada PEP	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	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)

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• Youth should have access to intensive in-home services • Youth should have access to a full continuum of care in Nevada to include respite, acute, short term residential and RTC • Recruit RTC and other "step down" facilities to Nevada Year Three Plans • Continue to work within existing workforce resources to increase wraparound involvement for youth placed out of state or at risk of being placed OOS.	Special Populations and Evidence-Based Practices (EBP) Workgroup	explore EBP options for this population. 12/2017: NNCAS has begun working with existing workforce resources to create a pilot HINT team to address youth placed out of state. 12/2017: A RFP has been completed to create an additional RTC facility in Southern Nevada	# 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 • Define co-occurring services • Revise MOU with ADSD • ADSD case managers to receive Wraparound training • Develop pilot program based off of SAMHSA Building Bridges Initiative • Wraparound fidelity assessment Year Three Plans • Continue Building Bridges Initiative • Continue revision of MOU with ADSD, PBH and inclusion of DHCFP.	DCFS ADSD Special Populations Workgroup	7/2015: AB 307 was passed during the legislative session that called for provision of service delivery in NV for children with co-occurring IDD and behavioral health dx. 10/2016: DCFS has partnered with ADSD to provide funding through the SOC grant for training of Registered Behavioral Technicians that treat youth with co-occurring behavioral health and developmental disabilities. 12/2017: DCFS has begun revision of the MOU WITH ADSD and PBH with inclusion of DHCFP. 12/2017: SOC has begun a Building Bridges Initiative with	MOU revised # ADSD case managers trained # received co-occurring services (NOMS K 1-6)

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			children's residential providers throughout Nevada Continue to work with ADSD on AB 307 to expand the service array to Nevada's children with co-occurring IDD and behavioral health dx.	
G1-6. Enhance family-driven supportive services.	Family Peer Support • Adopt National Certification for Parent Support Providers • Increase Capacity • Develop Parent Support Provider Standards • Develop Required Training Curriculum • Develop Enrollment Process <u>Year Three Plans</u> • Review evaluation data from a parent perspective and develop strategies to incorporate parent feedback in to system level changes (i.e. enrollment decline during summer months). • Determine DCFS required Training Curriculum for Family Peer Support. • Develop an agency enrollment process for Family Peer Support	DCFS Nevada PEP Special Populations Workgroup Provider Standards & EBP Workgroup	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. 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. 9/2017: Nevada PEP added a Statewide Family Network Coordinator who will have a northern/rural focus. The Nevada PEP Director of Operations became a Certified Parent Support Provider. 12/2017: The SOC adopted the National Certification of Parent	# family members that provide Family Peer Support services (IPP WD5) # families that receive family peer support (NOMS Section K, Support Services 3 and Nevada Specific Services 11) Quarterly reports from PEP

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			Support Providers to provider direct Family Peer Support. The standards are outlined in the Family Peer Support Contract. Nevada PEP has required Training Curriculum for Family Peer Support. 12/2017 Nevada PEP reorganized SOC positions to gain a Regional Programs Director.	
	Respite Care • Develop provider agreements with Scope of Work • Recruit and identify trained providers of respite services • Identify reimbursement rate • Explore options for tiered rates Year Three Plans • Include respite services as part of the service array offered to families. Include respite services as a waiver covered service. Research how other states have developed respite programs and seek TA. Consider model where families identify the respite provider and has a monthly funding allocation to cover service costs.	DCFS: develop process and protocol Regional Consortia: assist with recruitment	6/2017: Research is underway to identify and apply for federal children's services "waiver".	# families that receive respite care (NOMS Section K, Nevada Specific Services 6)
	Parent Voice at all levels of SOC Expansion • Recruit and support parents for each consortia • Develop youth activities/meetings • Promote family support meetings and training activities to increase involvement	Nevada PEP Regional Consortia Provider Standards & EBP Workgroup	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	# individuals who are involved in planning bodies that represent the family and youth voice

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• Recruit and support parents to provide their Voice to decision-makers and planning bodies Year Three Plans • Continue to recruit the family members to provide their voice to workgroups and committees		engaged cannot attend workgroup meetings, scheduled during work or school hours. Nevada PEP is holding evening focus groups on specific topics. 9/2017: Nevada PEP conducted outreach to engage family and youth to participate in the RIMS statewide. 9/2017: SOC Workforce Development activities/training workshops include the family voice in partnership with mental health staff. 9/2017: Families were engaged to participate in the Readiness Implementation Measure Study. 12/2017 Complete and Ongoing	
G1-7. Enhance youth-guided supportive services	Youth Peer Support Programs • 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	Nevada PEP DCFS Provider Standards & EBP Workgroup Department of Education, Office for Safe and	6/2017 (ongoing): 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.	# youth that provide services (IPP WD5) # youth that receive peer support (NOMS Section K, Nevada Specific Services 12)

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• Design, fund, and implement mental health related peer services with enrollment standards Year Three Plans • Continue to implement social media plan • Outreach to existing youth organizations • Build membership • Work on bullying and anti-stigma priorities • Incorporate the youth voice in SOC training activities	Respectful Learning Environments	9/2017: The Youth M.O.V.E. Nevada Chapter continued to recruit new members and hold meetings to generate the authentic youth voice. 12/2017: A new Youth Facilitator is in orientation in Southern Nevada.	Social media plan developed New peer services developed
	Authentic and Integrated Youth Voice in SOC Activities (Youth Leadership using Youth M.O.V.E National Model) Year Three Plans • Work on bullying and anti-stigma priorities • Incorporate the youth voice in SOC training activities • Incorporate the youth voice in statewide planning for Transition Aged Youth (TAY) • Seek TA from National Youth M.O.V.E. to continue to support the growth of Youth M.O.V.E. Nevada.	Nevada PEP	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. 9/2017: Youth M.O.V.E. Nevada is developing operational processes and continuing to provide the youth voice to SOC workgroups. Youth M.O.V.E. is collaborating with the SOC team and the UNR evaluators to develop a plane to engage youth in SOC evaluation.	Nevada will have an official Youth M.O.V.E Charter from the National Youth M.O.V.E. Board. # of Youth M.O.V.E. activities

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			9/2017: Collaboration continues with the State Youth Treatment Program in the development of their action plan for transitional age youth. 12/2017: The Youth voice has begun to be incorporated into SOC evaluation activities.	
G1-8. Develop "telehealth" capacity for enhancing services throughout the state (also see Goal 3).	• Coordinate with Nevada Public and Behavioral Health and WICHE for planning and implementing a telemedicine program. • Explore and secure network video opportunities. • Identify and implement standards of care within telemedicine for crisis services and children's behavioral health. Year Three Plans Plan to address this in the workgroups and subcommittee to determine the need for developing telehealth capacity	Provider Standards & EBP Workgroup	DCFS has begun to implement telehealth across the Division (ex: Rural MCRT)	Establish MOU with WICHE for telemedicine NV standards for telemedicine for crisis 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) Year Three Plans • Continue to provide SOC trainings to providers, stakeholders and SOC partners in line with the Communication Plan	DCFS Nevada PEP Provider Standards & EBP Workgroup	7/2016: DCFS SOC unit has developed the 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

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	<u>Year Three Plans</u> • Continue to enact the strategic marketing plan as per the Communication Plan.			Implement communication plan?
	Utilize communication with identified "Champions" as described in Communication Plan. <u>Year Three Plans</u> • Continue to reach out to identified SOC Champions to spread the external messages identified in the 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). 9/2017: The SOC social media strategy now includes frequent postings to Twitter and Facebook and is connected to PEP's social media program. The SOC is also a part of the DCFS website now and has a list of all trainings on the site as well as a link to be able to register for them. 9/2017: The SOC electronic newsletter continues to be distributed on a regular basis.	

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
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).	Year Two Plans Review braided funding recommendations developed in 2007 as a part of the State Infrastructure Grant (Sheila Pires report). • 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. Year Three Plans • Work with Medicaid and other SOC stakeholders in the SOC subcommittee to identify and establish funding sources to sustain SOC implementation	DCFS SOC team Governance workgroup	12/2016: Report reviewed and distributed to governance workgroup for review and recommendations. 3/2017: DCFS developing list of desired services that would support a System of Care and will present the list to DHCFP for discussion. 3/2017: DCFS currently exploring different waiver options for possible implementation in Nevada. 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). 6/2017: Research is underway to identify national "waiver" programs for possible adaptation and adoption within Nevada.	Braided funding recommendations developed and disseminated.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			9/2017: Discussions continue with other states to explore models for the alignment of funds to support the SOC. 9/2017: Discussions continue regarding the development of a waiver and state amendment programs for possible adaptation and adoption within Nevada. This option aims to include wraparound services. SAMHSA is helping with Technical Assistance in this area.	
	Year Two Plans Identify County-Based Funding Sources • 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 Year Three Plans • Year three plans continue the same as year two plans	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.
	Year Two Plans Identify State-Based Funding Sources • Develop plans for budgeting funds for sustainability and enhancement of mobile crisis	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.	Report summarizing funding sources.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	• 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) Year Three Plans • Year three plans continue the same as year two plans		6/2017: Collaboration has begun with the State Youth Treatment Program in the development of their action plan for transitional age youth. 6/2017 (ongoing): Collaborate with the Division of Behavioral Health to implement CCBHCs across the state.	
	Year Two Plans Identify Federally-Based Funding Sources • Explore and develop plans for the possible equitable and timely distribution and allotment funds through the Children's Mental Health Block Grant Year Three Plans • Year three plans continue the same as year two plans	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 Nevada's diversity and is culturally and linguistically competent.	Year Two Plans • Meet with Directors of Nevada Insurance Exchange and Department of Welfare to collaborate on enrolling families in services • 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,	DCFS SOC Staff Communications Workgroup Governance Workgroup Special Populations Workgroup	12/2016: DCFS developing MOU with DWSS to enroll families in insurance and entitlement programs (pilot testing process through children's mobile crisis program). Program partners eligibility workers with mobile crisis team to develop immediate eligibility for services.	Strategies developed and disseminated.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	applications, marketing materials, and other documents. Train DWSS staff and other state and local partners in SOC values and principles. Year Three Plans SOC staff will begin training DWSS staff on SOC values and principles			

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.	• 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.
	  • 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.
		DCFS SOC Staff
		
		Governance Workgroup
			SOC language was incorporated in to the RFP for MCOs. Selected MCOs attended to SOC values and principles in their applications.	Integration of SOC values and principles completed.

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).	• Develop technology capacity for elearning etc. • Develop software and hardware capacity and infrastructure. • Identify technology platforms for the provision of elearning. Year Three Plans • Current SOC/DCFS training website can no longer be supported. DCFS investigating other available options through sister agencies	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. 9/2017: The SOC will now have all their trainings on the Nevada Partnership for Training Website. Everyone may register there for all SOC trainings and will be able to get CEU's.	
G3-2. Service Array Development	In accordance with identified regional gaps: • 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 Year Three Plans • Recruit professionals specific to the identified service array gaps. • Work with partners to identify and/or develop incentive programs for recruitment.	Mental Health Consortia WICHE Professional Associations/Boards Governance Workgroup	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. 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. 9/2017: SOC continues to work with Duke University to provide	

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			training and consultation on the Together Facing The Challenge model for specialized foster care providers.	
	Examine challenges associated with reciprocity in professional licensing and develop a plan to address the challenges. Year Three Plans • Year three plans continue the same as year two plans	DPBH DCFS SOC team		
	Provide SOC provider enrollment technical assistance new and existing professionals.	DPBH DCFS SOC team	9/2017: The provider enrollment package is complete. It contains enrollment forms and provider standards for training as well as wraparound standards.	# providers given TA
G3-3. SOC Provider Training Program	Policy/regulation development (SOC practice tied to public funding reimbursement).	Governance Workgroup	9/2017: SOC Standards have been developed and continue to be developed for SOC providers.	PD1
	Provider Enrollment Program • 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. 9/2017: The provider enrollment package is complete. It contains enrollment forms and provider standards for training as well as wraparound standards.	# trained # trainings
	Develop training mechanism in partnership with Governor's office and University System (WICHE)			

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
	Trainings identified as core to the development of the SOC ~~New and Ongoing Provider Training Content Development~~ • 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. <u>Year Three Plans</u> • Continue to implement workforce development and provide training consistent with SOC approach. • SOC to monitor provider compliance with identified provider standards and provide assistance, guidance, and improvement plans as required. • SOC support providers with implementation of EBP as training is offered to providers and assure the use of SOC values. • Workgroups continue to give input into the existing provider training programs and make recommendations for quality improvement.	DCFS in collaboration with Special Populations Workgroup and Provider Standards & EBP Workgroups.	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. 5/2017: DCFS identifying and developing LGBTQ training resources. 9/2017: Workforce development trainings on SOC topics continued. This includes, but not limited to, Systems of Care, cultural competence, wraparound, suicide awareness and prevention and working effectively with LGBTQ identified youth.	5/9-5/11/2017: 47 individuals received NWIC training.

CORE STRATEGIES	SERVICES/PROGRAMS/ ACTION STEPS	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
			(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. Nevada PEP is the Family Partner in the workforce development trainings.	
G3-4. School Partnerships with Behavioral Health Providers	• 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. Year Three Plans • SOC staff will connect with Christy McGill of DOE's Safe and Respectful Schools Office to on how to infuse SOC Values and Principles into the DOE and also to discuss training school based mental health professionals	Department of Education, Office for Safe and Respectful Learning Environments DOE, Office of Safe and Respectful Learning's State Management Team Special Populations Workgroup	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. 6/2017: SOC staff provided a trauma-informed care training for DOE school social workers. 12/2017: SOC team worked with Amber Reed to send a number of School-based mental/behavioral health professionals attended CANS training in Reno on Dec. 13.	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	RESPONSIBLE PARTY	PROGRESS UPDATE	OUTCOME/ BENCHMARK
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.	• 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. Year Two Plans • Client level data collection will begin in accordance with national level requirements. Year Three Plans • Integrate findings from Year Two in to Year Three activities	DCFS Management, immediate External evaluation team	6-8/2016: External evaluator contract process and evaluation planning began. 7/2016-present: Pilot test data collection systems. 12/2016: Client level data collection systems are established and WIN providers have been trained. 6/2017: Training efforts on data collection continues. 6/2017: Data collection has begun with efforts underway to clean and refine the data. 6/2017: Preparations are in place to develop an updated evaluation plan as directed by SAMHSA.	*External evaluator hired*

| 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. | Year Two Plans

• 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. | DCFS SOC team

External evaluation team | 1/2017: Data collection for NOMS and CMHI began.

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.).

3/2017: Evaluation team working with SOC staff to design a system level assessment for the SOC principles.

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.

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. | |

			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> • 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.).	

G4-4: Develop an overall system sustainability plan that is grounded in SOC values and principles (i.e. management, funding, services).	Year Two Plans • 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. Year Three Plans • Identify 2019 Legislative objectives and priorities	DCFS SOC Team Governance workgroup	12/2016: Initial system structures under development. 3/2017: SOC staff conducting meetings with sub-grantees to discuss sustainability plans and resources. 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.	