

# Washoe County Children's Mental Health Consortium

July 12, 2005

Jone Bosworth  
Administrator  
Division of Child and Family Services  
Carson City NV

Administrator Bosworth:

On behalf of the Washoe County Children's Mental Health Consortium I am submitting our Annual Plan for 2005-2006.

This plan begins with an overview of the Consortium's accomplishments. It goes on to detail those accomplishments and ends with our goals for the coming year.

As we prepared this report we noticed that the services that are being developed can be viewed as a "follow the dots" picture. What we must do in the coming months is start to connect the dots or we will fail at providing a seamless system for children who are severely emotionally disturbed and their families.

Putting a seamless system of care together is a process that is not without its challenges. Many agencies involved in our Consortium have undergone staff changes and funding cut backs that have required participants to miss meetings. The pull of the legislature during this past year has taken members away from scheduled meetings in order to testify. At the same time these things were happening the Consortium realized its greatest accomplishment to date - **a network**. This is a network of professionals that can come together to respond to the needs of a particular family. As the Consortium was conceived the idea of this network was seen as necessary. But this network did not automatically happen just because a group of people met in a room. Over the years we have come to know each other by understanding the strengths and limitations of each person's job and the agency/organization within which they work.

In the coming years we must work to move this network to a collaboration. A collaboration based on the definition that states collaboration among organizations requires a fundamental change in the way each organization functions. Decision making and planning are shared and participating organizations commit budgets and other resources to be managed by a directorate that represents the partnership (or Consortium in our case).

We have as one of our goals this year to conduct a planning session where the Consortium will develop and agree to a shared vision and mission, and map out the process for formalizing our actions. We agree that these steps are critical to continuing the efforts of our present membership and vital to engaging new participants.

The Washoe County Children's Mental Health Consortium is a dynamic group of individuals committed to improving the lives of children with severe emotional disturbances and their families. I have included a list of all Consortium members and active participants. We look forward to your review of this document and welcome any comments. If you have any questions call me at 856-0106.

In partnership serving children and families,

Pam Becker, Consortium Chair

# Washoe County Children's Mental Health Consortium

## 2004-2005 Roster

Calli Anderson	Student, UNR	Dr. Joe Haas	Northern Nevada Child and Adolescent Services
Pam Becker	The Children's Cabinet	Mick Hall	Bristlecone Family Services
Linda Bowmer	Youth Parole	Ann Hartwick	Northern Nevada Area Mental Health Services
Mary-Ann Brown	The Children's Cabinet	Kathy Hughes	Nevada Parents Educating Parents
Mark Burchell	Nevada Association for the Mentally Ill	Cindy Johnson	Sierra Association of Foster Families
Mike Capello	Washoe County Department of Social Services	Bill Langs	Washoe County School District
Kris Christiansen	Washoe County School District	Stephanie Lee	Youth Parole
Harold Cook	Northern Nevada Area Mental Health Services	Mike Pomi	Washoe County Department of Juvenile Services
Kathryn Cordell	Division of Health Care Financing and Policy - Medicaid	Leonard Pugh	Washoe County Department of Juvenile Services
Retta Dermody	Nevada Parents Educating Parents	Michalle Shown	Sierra Association of Foster Families
Judge Frances Doherty	Second Judicial District Court	Lydia Snead	Nevada Parents Educating Parents
Jim Durand	Washoe County Department of Social Services	Janice Stenson	Nevada State Welfare
Andrea Felesina	Division of Health Care Financing and Policy - Medicaid	Diane Thorkildson	Contract Assistant
Stuart Gordon	Family Counseling Services of Northern Nevada	Bunchie Tyler	Nevada Association for the Mentally Ill
Jane Gruner	Sierra Regional Center	Candy Von Ruden	Special Education Advocate of Nevada
Les Gruner	Northern Nevada Child and Adolescent Services	Sharon Willans	Division of Child and Family Services

WASHOE COUNTY  
CHILDREN'S MENTAL HEALTH  
CONSORTIUM  
ANNUAL PLAN  
2005-2006

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## EXECUTIVE SUMMARY

The Washoe County Children's Mental Health Consortium envisions a community in which children with mental health needs and their families will have access to a comprehensive, strengths-based, and seamless package of services designed to meet each child's individual needs. To that end, for the last four years members of the Consortium have leveraged the power of their respective agencies to improve and enhance the system of care available to vulnerable children and families. Fiscal Year 2005 proved to be very successful for the Consortium. Achievements include:

- Members of the Washoe County Children's Mental Health Consortium are active participants in every significant community initiative related to children's mental health. The networking efforts of consortium members have resulted in a significant increase in the level of connection between various service providers, and thus reduced service duplication while improving access for SED children.
- Project WIN provides comprehensive, strength-based intensive case management services for children with Severe Emotional Disturbance (SED) in the custody of a Child Welfare agency. FY 05 the Project WIN Program served a total of 165 children/ adolescents within Washoe County.
- The Washoe County Children's Mental Health Consortium actively participated in the Division of Health Care Financing and Policy (DHCFP) Behavioral Health Redesign (BHR).
- Members of the consortium continued to work on assessment development with the state-wide workgroup.
- Members of the Consortium actively participate in efforts to improve Washoe County Juvenile Services detention policies.
- Washoe County School District and Willow Springs Center partnered to open the new Pathways Educational program at 650 Edison Way on April 4, 2005. The Pathways program provides comprehensive educational, psychological, and mental health services for students with emotional disabilities currently in grades 7-12.
- The Children's Cabinet along with Early Childhood Professionals developed and implemented an early intervention service, Addressing Behavioral Challenges (ABC). This service educates and supports childcare providers and families to survive and succeed through the process of young children's development.
- Approximately 10 new clinical positions were added to both Northern Nevada child and Adolescent Services and Youth Parole.
- The Washoe County Children's Mental Health Consortium actively assisted DCFS in pursuing and obtaining a State Infrastructure Grant (SIG).

## MISSION AND VISION

The Washoe County Children's Mental Health Consortium was established in December 2001, following the passage of AB1 by the Nevada State Legislature and the subsequent adoption of NRS 433B.333. The legislation required that mental health consortia be established in three jurisdictions throughout Nevada, Washoe County, Clark County, and the remainder of the state.

### **Mission**

The Washoe County Children's Mental Health Consortium works tirelessly at improving the services available for severely emotionally disturbed (SED) children through the following mechanisms:

- Continuously assessing the need for behavioral health services for SED children living in Washoe County;
- Evaluating the capacity of the current system to meet the needs of SED children;
- Developing and implementing action steps for improving the capacity of the system to adequately meet the need of SED children;
- Providing community education and advocacy by regularly reporting all consortium activity to the Legislative Committee on Children, Youth, and Families and the Division of Child and Family Services.

### **Vision**

At the time of the consortium's inception, members established four goals, each designed to help move the consortium closer to its vision of creating a seamless system of care easily accessible by all children with SED and their families living in Washoe County. Over the last four years, significant progress has been made toward achieving each goal. However, the consortium members recognize that much work remains to be completed, and thus, the following goals continue to shape the consortium's activities:

#### *Goal One*

Develop a coordinated and integrated behavioral health system for children and families in Washoe County that is seamless and easy to access. Build on the strengths of local communities by implementing locally controlled systems of care.

#### *Goal Two*

Implement a system of services and supports that is customized to meet the needs of families and not focused on agencies and providers. The system will provide early access to behavioral health systems for children and families that empower families to raise their own children. Program development will focus on a consistent, collaborative and family-centered approach that provides support and growth for Nevada children and families.

#### *Goal Three*

Support the development and expansion of human resources so that we can better utilize the resources of our local communities and meet the needs of Washoe County

children and families. Families and staff must be empowered in their efforts to succeed by providing them information, education and support.

#### *Goal Four*

Expand consumer involvement at all levels of decision making involving behavioral health services and supports for Washoe County children and families.

## **FISCAL YEAR 2005 ACCOMPLISHMENTS**

**The consortium's far reaching influence on a variety of community commissions and coalitions represents the group's most noteworthy accomplishment.** In fact, members of the Washoe County Children's Mental Health Consortium are active participants in every significant community initiative related to children's mental health. The networking efforts of consortium members have resulted in a significant increase in the level of connection between various service providers, and thus reduced service duplication while improving access for children designated SED.

The Consortium's strength is derived from the power of both individual passion and the influence of the respective agencies each member represents. In order to highlight the synergy created by the Consortium, the following accomplishments are listed by member agency. Each member agency is noted in italics.

#### *Goal One*

*Develop a coordinated and integrated behavioral health system for children and families in Washoe County that is seamless and easy to access. Build on the strengths of local communities by implementing locally controlled systems of care.*

#### *Related accomplishments*

- Project WIN (Wraparound in Nevada), a program of the *Division of Child and Family Services*, provides comprehensive, strength-based intensive case management services for children with Severe Emotional Disturbance (SED) in the custody of a Child Welfare agency. FY 05 the Project WIN Program served a total of 165 children/ adolescents within Washoe County. Statewide the Project WIN Program currently serves over 500 children. The State Legislature recently approved that the Project WIN Wrap Facilitator positions, currently contract positions with the State, will become State positions beginning in October 2005. These new State positions will create a more stable workforce which will positively impact the effectiveness of these wrap positions. Untreated Serious Emotional Disturbance in children is a major reason for disrupted permanency. The following statewide outcome data exemplifies the point that addressing mental health needs is essential to achieving these permanent placements for youth in the child welfare system.
  - Fact:** 61.4% of the youth discharged from WIN in Washoe County achieved permanent living arrangements
  - Fact:** 48.9% of the youth discharged from WIN in Washoe County were returned to their family homes

**Fact:** 12.5% of the youth discharged from WIN in Washoe County were placed with guardians, relatives, and adoptive homes or were established in independent living

- The Washoe County Children's Mental Health Consortium actively participated in the *Division of Health Care Financing and Policy* (DHCFP) Behavioral Health Redesign (BHR). **The Consortium's championing of the mission of the Behavior Health Redesign, its assistance in the development of the Specialty Clinic model, provision of technical support, consortium opinions, and the on-going support it provided has allowed for the success of expanded mental health services to Washoe County children and adolescents diagnosed with mental health needs and especially to those with severe emotional disturbances.** The BHR is intended to modify the current Medicaid delivery system for behavioral health services, improve access, and allow for earlier identification and intervention to avoid the escalation of undiagnosed and untreated mental illness. Specialty Clinics will also be developed under the BHR which will expand the use of qualified providers statewide and broaden clinical flexibility for these providers to utilize researched-based practices and incorporate the use of peer and family supports.

**Fact:** Family Counseling Services plans to make application as a specialty clinic.

**Fact:** The Behavioral Health Re-Design became a reality when the 2005 Legislature approved the Medicaid budget and the Governor signed the legislation.

**Fact:** Since passage of the legislation, Washoe County Children's Mental Health Consortium brought together a focus group that provided input into the statewide system of care re-design.

- **Members of the consortium continued to work on assessment development with the state-wide workgroup.** The Assessment Workgroup is charged with exploring a universal mental health assessment that could be used and accepted within and between consortium agencies. In addition, the group highlighted areas for agency collaboration that would require formal agency agreements. In the last year, *DCFS* launched a major grant program addressing system infrastructure. In addition, a statewide assessment committee was formed and will dovetail with grant efforts. The Assessment Work Group and the full Consortium agreed to put local efforts on universal assessment and agency agreements on hold and to actively participate in the statewide efforts working towards the same results. The committee will reconvene as needed to provide input to the statewide efforts and Workgroup members are actively participating in statewide meetings for the grant and standardized assessment committee.
- Members of the Consortium actively participate in efforts to improve Washoe County Juvenile Services detention policies through the Detention Improvement Initiative.

**Fact:** The efforts lead to the submission and successful acquisition of an Annie E. Casey Foundation's Juvenile Detention Alternative Initiative grant. Grant supported efforts began in late 2004.



**Fact:** Policy changes coupled with Washoe County Juvenile Service's move into a new facility resulted in a reduction of the average daily detention population from 84.02 youths to 75.5 youths.

- At the beginning of 2005 Washoe County Department of Juvenile Services began implementing the use of the Massachusetts Youth Screening Inventory (MAYSI). The MAYSI is a screening instrument designed to identify possible mental health issues in juvenile offenders. The information collected in the MAYSI is used for making appropriate housing decisions while the youth is detained to ensure safety and security and then to determine if further assessment or evaluation is needed.

**Fact:** Assembly Bill No. 47 was passed into law. This bill requires that each child who is taken into custody and detained while awaiting a required detention hearing or who is adjudicated delinquent and committed by the juvenile court to a regional or state facility for the detention of children or ordered by the juvenile court, under certain circumstances, to be placed in a facility for the detention of children be screened to determine whether the child is in need of mental health services or is an abuser of alcohol or drugs. The facility in which the child is detained or committed is required to conduct the screening as soon as practicable after the child has been detained or committed to the facility.

- The consortium was represented on all major community initiatives related to mental health. Examples include:
  - ✓ Consortium members actively participated in the Northern Nevada Regional Crisis Intervention Team (CIT). The CIT is regional law enforcement effort to train law enforcement officers to act as first responders who will assess, control, manage and resolve crisis incidents involving persons with mental health disorders. Officers undergo an intensive 45-hour class taught by law enforcement and mental health staff. All major jurisdictions in Washoe County are involved in addition to REMSA. Consortium member agencies including Northern Nevada Adult Mental Health Services, Nevada PEP and Northern Nevada Child and Adolescent Services have been involved in each of the three training cycles. This valuable effort will help insure appropriate law enforcement intervention for Seriously Emotionally Disturbed youth who engage in illegal behavior or experience crisis in the community.

**Fact:** Three trainings were conducted this past year with 72 law enforcement officers in attendance.
  - ✓ Consortium members are participating at various levels to consider the submission of a SAFE Start grant which, if funded, will help to increase services to children exposed to violence. This project is being spearheaded by City of Reno.

### Goal Two

*Implement a system of services and supports that is customized to meet the needs of families and not focused on agencies and providers. The system will provide early access to behavioral health systems for children and families that empower families to raise their own children. Program development will focus on a consistent, collaborative*

*and family-centered approach that provides support and growth for Nevada children and families.*

*Related accomplishment*

- *Washoe County School District* and Willow Springs Center partnered to open the new Pathways Educational program at 650 Edison Way on April 4, 2005. The Pathways program provides comprehensive educational, psychological, and mental health services for students with emotional disabilities currently in grades 7-12. However, it is anticipated by next year (2005-2006 school term) that the program will also expand and serve the elementary population as well. The goal of the program is to ensure that the students learn the appropriate social-emotional skills to be able to return to a regular school campus or to a work setting in the community. The program is tailored to provide the special education services specified in each student's Individual Education Program (IEP), which is developed according to each student's individual needs. The new Pathways program will offer students and families counseling and support services that will be provided by Willow Springs' personnel, such as opportunities to participate in family and group therapy, psychiatrists will provide assessment, and mental health technicians will be assigned to assist in daily therapeutic interventions when necessary. WCSD teachers will provide educational services including curriculum guidance, assessment, textbooks, materials and supplies as well as transportation services. Pathways students will have access to computers in every classroom, a READ 180 computer lab, access to a gym for physical education, a challenging ropes course, and a large outdoor area that includes a patio and basketball courts.

**Fact:** Thirty three (33) students received services through this innovative program during the past school year (2004-2005). All the students were certified as severely emotionally handicapped. Next year, it is anticipated that Pathways will serve approximately 41 students in total district-wide.

- *Washoe County School District* wrote a grant this past year, "To Integrate Schools and Mental Health Services." The outcomes of the goals and objectives addressed in the application will assure that students, who have mental health issues will be identified earlier, will be referred for help more appropriately, and their parents will have access the help and support they need to better understand and help their children.

**Fact:** The Washoe County Children's Mental Health Consortium assisted the School District in this effort by signing a preliminary agreement to assist in developing the final interagency agreement once the grant has been secured.

- *The Children's Cabinet* along with the assistance of Early Childhood Professionals in the community developed and implemented an early intervention service called, Addressing Behavioral Challenges (ABC). This service educates and supports childcare providers and families to survive and succeed through the process of young children's development. To date eleven children (10 boys and 1 girl) have been observed in their day care setting and had parents and teachers complete interviews with early childhood professionals. These children range in age from 18 months to 6 years. They all were attending larger childcare centers (populations larger than 50 children) for an average of 257 days prior to contacting the service.

The most common behaviors displayed by the children included: biting, kicking, aggressive behavior, arguing, and tantrums. Of the recommendations made to childcare providers the most frequent included providing cues to the children prior to transitioning; setting up sensory tables/stations for play at home as well as in childcare setting; praising the child when they are exhibiting appropriate behavior; and creating picture books to assist the child in understanding the daily schedule. At home parents were encouraged to set time to be with each of their children alone (for an average of 10 to 15 minutes per day) along with suggesting how to allow the child to choose the activity to do with the parent during their special time together. Follow-up with five families reveals that 4 of the 5 children were transferred to childcare settings with fewer children with the child being successful in this new environment. One child did not leave their childcare setting, but is doing better after implementing the changes suggested by the service.

**Fact:** Of the 11 families served, all parents reported their child being more successful with a reduction in unwanted behaviors.

- The city of Reno-Parks Recreation and Community Services with funding provided by the *Children's Cabinet* through Child Care Development Funds were able to continue their Behavioral Analysis Project. Data from July to December 2004 was available to report in this plan. The project includes training of staff who work in the before and after school programs at schools within the City of Reno. This training includes behavior modification techniques, token economies, and child development. The project uses the services of a doctoral candidate from the Department of Psychology at UNR to conduct training and one-on-one intervention planning for participants in the programs. An example of the effectiveness of the program: a participant who would throw tantrums when he didn't get his way. These tantrums included: hitting, kicking, spitting, cussing, running away, screaming and crying. A behavior plan was developed after observations and assessments were conducted. The implementation of the behavior plan included: rewarding the participant for playing games and activities that were not his choice (by using a sticker chart which exchanged for small tangible items), ignoring whining and crying (which often resulted in this participant getting his way), allowing the participant if he had good behavior to choose activities and games, asking for a break when frustrated, as well as asking for help, and finally modifying the games so he can participate when his skills are at the same level as the other children. When the behavior plan was implemented, initially the tantrums increased but quickly was followed by elimination of all problem behaviors.

**Fact:** 23 children received direct interventions. It was reported by the site supervisors and staff that intervention procedures were effective in reducing problem behavior for 19 of the 23 participants.

**Fact:** Number of trained staff: 156

**Fact:** Classroom training- Behavior Analysis training was provided to 105 Youth Services staff. This training included basic principles in applying behavior management techniques as well as specific cases that were known to be coming to the program. One 7 hour training on behavior management included staff from the Reno Recreation program as well as some staff from Carson City and Fallon.

**Fact:** On site training regarding individual participant interventions was provided to 51 Youth Services Program Specialists.

**Fact:** 28 sites were provided on-going consultation by the behavior specialist. Subsequent to training, approximately 43 of 51 staff were able to use positive reinforcement and apply appropriate consequences in order to effectively change behavior.

- *DCFS, DHCFP and Washoe County Social Services* are currently focused on the transformation of the systems “Higher Level of Care” (Medicaid’s Rehabilitative Services) and a number of our Consortium members are participating on various workgroups that have been identified to address the following issues:
  - A. Children’s behaviors and emotional needs must be assessed and precisely defined so that treatment services will be matched to meet those needs in their family homes, home-like settings, or within their communities.
  - B. Promote services coming to children rather than children going to the services; develop new treatment service definitions, regulations, provider qualifications/ agreements content and treatment services rates to eliminate the current tiered residential payment system.

**Fact:** Children need and have the right to be served in the least restrictive environment.

### Goal Three

*Support the development and expansion of human resources so that we can better utilize the resources of our local communities and meet the needs of Washoe County children and families. Families and staff must be empowered in their efforts to succeed by providing them information, education and support.*

### Related accomplishments

- *Youth Parole* hired a case manager to serve clients with mental health issues. The Youth Parole Bureau launched a Pilot transitional aftercare program in March 2004. In the Reno office, an intensive case manager was utilized to provide services using the “wraparound” service delivery approach patterned after the WIN program. The focus was to provide intensive case management, transition and aftercare planning for complex needs of youth paroled from the state operated juvenile correction facilities. The approach is family centered, strength based and youth focused. It addresses an unmet need for juvenile offenders with complex needs requiring comprehensive community-based services and proactive, responsive, intense case management. Families are involved as full partners with the primary voice in developing the plan and monitoring service delivery. In their case management role the Youth Parole facilitator coordinates services and natural supports for the youth and family accessing public and private non-profit resources. The target population is youth who have multiple needs including mental health conditions, drug and alcohol use and behavioral challenges. This service delivery approach is expected to improve outcomes through:
  - A. Increased client contact with two to three contacts per week. Contacts occur at home, school and place of employment
  - B. Increased parental involvement
  - C. Increased monitoring of school attendance
  - D. Increased access to transportation to attend individual and group counseling appointments, job interviews and school conferences
  - E. Assistance with job preparation and placement
  - F. Incentives based on youth progress

- During FY 05 *Northern Nevada Child and Adolescent Services* hired a bi-lingual therapist to assist Spanish speaking clients receive culturally sensitive treatment services. Also, the Nevada Legislature approved funding for (7) additional therapist position in the Northern Nevada Child and Adolescent Services Early Childhood (3 positions) and Outpatient (4 positions) Programs. These new positions will allow Northern Nevada Child and Adolescent Services to make a major impact on the current wait lists for these two programs. During the past fiscal year the Early Childhood Program had a monthly wait list of approximately 90 children and the Outpatient wait list of approximately 120 children.
- State Infrastructure Grant (SIG): The Washoe County Children's Mental Health Consortium actively assisted *DCFS* in pursuing and obtaining a State Infrastructure Grant (SIG). The Nevada SIG will support the development of sustainable state and local level infrastructure for integrated planning, financing, work force development, accountability and quality improvement. This infrastructure will create a seamless system that provides integrated access to science-based early intervention and intervention services for children and youth with behavioral health challenges and their families. Nevada has been developing expanded behavioral health services and local systems of care for the past ten years. Even so the current services are fragmented, disconnected and often inadequate. A primary reason for this is that infrastructure development has not kept pace with service growth. The Washoe County Children's Mental Health Consortium was formed in order to coordinate assessment and collaborative planning for children s mental health services. The SIG will aid that Consortium process by funding infrastructure activities including:
  - Reforming a state advisory committee for more collaborative governance functions
  - Developing an integrated cross system vision and plan for behavioral health services
  - Expanding system assessment to include integrated financing and science based services
  - Increasing statewide family support and advocacy capacity
  - Increasing the focus on developing the capacity to provide culturally proficient services and supports for children and families
  - Improving interagency coordinating mechanisms
  - Developing an expanded focus on science based practices at all levels
  - Implementing a workforce development plan that includes a focus on science based services, effective supervision, and strengths-based professional development plans
  - Develop integrated financing plan including Medicaid redesign
  - Implementing an integrated performance management system

**Fact:** The Division of Child and Family Services was awarded a seven year \$3.5 million State Infrastructure Grant.

**Fact:** Members of the Washoe County Children's Mental Health Consortium are active participants in the SIG process.
- *Washoe County School District's Student Support Services*, including the Pathways program, has adopted the ISO (International Organization for Standardization) 9000 series quality system. This is essentially a systematic and independent examination of the organization to determine whether the department, has complied with planned goals and as result, those goals and how they have been implemented determine

the effectiveness of the objectives and the department. This is an ongoing process that reviews goals and objectives on a regular basis and provides constructive feedback to the department in terms of achieving departmental objectives. By having this process in place parents can be assured that their child will receive consistent services in any of the schools within the district.

- NV PEP hired a bi-lingual Collaborating for Children Family Specialist.

#### Goal Four

*Expand consumer involvement at all levels of decision making involving behavioral health services and supports for Washoe County children and families.*

#### Related Accomplishments

- NVPEP provided over 30 training opportunities over the year. The trainings were open to both parents and professionals and were designed to increase and improve consumer participation in behavioral health care services, especially those services connected to the provision of public education. Examples of the trainings include:
  - ✓ Monthly IEP clinics during which parents were taught about how to effectively participate in the IEP process;
  - ✓ Appropriate Evaluation and the IEP process;
  - ✓ Building Positive Parent/Professional Collaboration in the IEP process;
  - ✓ Transition from School to the Workplace;
  - ✓ Erasing the Stigma;
  - ✓ Understanding and Supporting Families of Children with Disabilities; and
  - ✓ NAMI Family to Family Education Classes

**Fact:** 385 people representing parents (natural and foster), relatives, and professionals participated in the trainings.
- The Parent Involvement/Advocacy Workgroup met with representatives of the Washoe County School District and the Washoe County Department of Juvenile Services. During the meetings workgroup members learned how each system worked in relationship to children who have an SED designation. The group will use this information to educate families on how to navigate the system so that the needs of their children are met. The Workgroup will continue to meet with representatives of agencies represented on the Consortium.

## FISCAL YEAR 2006 GOALS

GOAL	RESPONSIBLE PARTY	ANTICIPATED COMPLETION DATE
Initiate a strategic planning retreat during which the consortium accomplishes the following: <ul style="list-style-type: none"> <li>• Creates a shared mission and vision;</li> <li>• Develops a formalized process for workgroups;</li> <li>• Develops a formalized process for “case management” services during the consortium meetings;</li> <li>• Develops a plan to further integrate the services of consortium members.</li> </ul>	All consortium members	December 31, 2005
Investigate the replication of the school district-wide survey conducted in Clark County	Survey workgroup	June 2006
Develop a workgroup to address the needs of youth transitioning into the adult mental health system	Transition workgroup	December 31, 2005
Develop a consumer group populated	Youth workgroup	December 2005

by youth who are receiving behavioral health care services		
Increase minority representation on the consortium	All consortium members	On-going
Expand Consortium membership to include key CBO's, such as HAWC and RAAH	Executive committee member	On-going
Monitor the progress of Washoe County Juvenile Services reform efforts	All consortium members	On-going
Continue and expand consortium participation in community initiatives	All consortium members	On-going
Continue active participation with DCFS, DHCFS, and WCSS on efforts to transform "levels of care"	Workgroup members	December 31, 2005
Continue to actively participate on the SIG Committee	All consortium members	On-going
Continue to work with the state-wide assessment group on designing a universal assessment tool	Assessment workgroup	On-going
Continue to explore funding options for Consortium member's projects	All consortium	On-going