

Washoe County Children's Mental Health Consortium

2007-2008 Annual Plan

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Letter from Consortium Chair

The Consortium process is at a crossroads. We reflect on what has been accomplished and what is left to do and many of us experience a moment of despair because progress is not apparent when we look at the system as a whole. It is only by looking at the pieces that we are rejuvenated. Individuals at the table speak of a new awareness and working relationship with others at the table. Professional to professional and parent to professional our relationships grow and this is good. The questions remain: “How has the system changed for children and families?”; “Are children and families receiving an array of services that they need to be successful?”; “Have we been successful in creating an environment where there is ‘no wrong door’ when children and families seek services?”; “Has the consortium process transformed us all in our approach to responding to children and families?” The easy answer is NO to all the questions. Are we making strides in our efforts to respond to these questions – YES. This annual report gives us an opportunity to look back over a year and rate our efforts on many fronts: statewide because it was a legislative year; in partnerships; and individually as agencies.

Following this letter the Consortium outlines our actions steps for the coming year. We are planning to:

- Build on the efforts of our sister consortium in the south, Clark County Children’s Mental Health Consortium in two ways:
 - by replicating a survey they did in their school district, and
 - by using the public service announcements they created to reach children and youth
- Through collaborative efforts fund a “Systems Advocate” position
- Work with the Department of Health and Human Services to better serve the children and youth who are involved with multiple agencies

As we are at a crossroads we must ask the question, Are we prepared to continue our efforts since we have not yet realized our vision of, “A community in which all children with mental health needs and their families will have access to a comprehensive, strengths-based, and seamless package of culturally relevant services designed to meet each child’s individual needs.” We are responding – Yes We Are!

If there are any comments or questions regarding this report please contact one of the Consortium officers: Pam Becker, Chair at (775) 856-0106 or pbecker@childrenscabinet.org; Retta Dermody, Vice Chair at (775) 448-9950 or RDermody@nvpep.org; Les Gruner, Secretary at (775) 325-7872 or L.Gruner@washoecounty.us.

ACTION STEPS FOR 2007-2008

1. Replicate the assessment and survey done by Clark County School District within the Washoe County School District. Provide results to Washoe County School District, the Department of Health and Human Services, the Department of Education, the Nevada Children's Behavioral Health Consortium, and all relevant Interim Committees of the Legislature. Once the data has been collected and analyzed a strategy for distribution will be finalized.
2. Develop a collaborative agreement between Washoe County Social Services, Washoe County Juvenile Services, Nevada Parents Encouraging Parents (PEP), and other Consortium members to establish and fund a "Systems Advocate" position designed to aid families eligible for Medicaid in resolving barriers in accessing services.
3. Encourage the development of a Memorandum of Understanding (MOU) between the Department of Health and Human Services and the Washoe County agencies involved in the Consortium regarding the delivery of services to children and youth served by multiple agencies.
4. Develop a public awareness campaign modeled after the successful media campaign designed by the Clark County Children's Mental Health Consortium.

CORE DATA ELEMENTS 2006-07

Nationwide, the demand for children's mental health services continues to grow exponentially. Nevada remains among the top ranking states in terms of children evidencing the need for intervention. In fact, among Nevada youths ages 12-17, 10.28% reported a major depressive episode within the last 12 months, ranking Nevada second in the nation for adolescent depression rates.¹ The need for children's mental health services in Washoe County is reflected in the following statistics:

Children in the Washoe County Child Welfare System

During calendar year '06, Washoe County Social Services provided treatment to 155 children designated as severely emotionally disturbed (SED). Of those children, 96 were male and 59 were female.

Children in the Washoe County Juvenile Justice System

During calendar year 2006, Washoe County Juvenile Services detained 1,827 youths. Of those:

- 64% screened positive for mental health and/or substance abuse concerns;
- 805 participated in an emergency mental health evaluation;
- 415 received a psychological evaluation;
- 124 received a psychiatric evaluation.

Children in the Washoe County School System

As of December 2006 there were 8,454 children, ages 3 years to 22 years of age, in the school district identified with a disability. Of this group 324 or 3.83% had a designation of severely emotionally disturbed (SED). The children with an SED designation are ages 6 to 22, those younger than 6 years of age are considered developmentally delayed.

Washoe County Children receiving Services from Northern Nevada Child and Adolescent Services (NNCAS)

In State FY 06, 538 children were served by NNCAS for mental health services. The following percentages reflect an unduplicated count of children admitted for mental health services; i.e. if a youth was admitted to outpatient services and transferred to a residential program, the youth is counted once as an outpatient client.

¹ NSDUH Report, State Estimates of Depression 2004-2005. Accessed June 20, 2007 at <http://oas.samhsa.gov/2k7/states/depression.cfm>

Admission Breakdown:

- 32.9% Early Childhood Mental Health Services (ECMHS)
- 31.7% Outpatient Services
- 20% Wraparound in Nevada for Children and Their Families (WIN) program
- 8.6% The Adolescent Treatment Center (ATC)
- 6.8% Family Learning Homes

Age of Child at Time of Admission:

- 0-5 year olds: 19.1% of the admissions
- 6-12 year olds: 36.1% of the admissions
- 13-18 year olds: 44.6% of the admissions

Parents and caregivers are asked to identify problems their child has encountered at admission. Of the 37 problems listed, the four problems identified below accounted for over half (58%) of all problems reported.

- Adjustment Problems (16%)
- Depression (16%)
- Physical Aggression (13.8%)
- Oppositional Behavior (12.3%)

Washoe County Children in the Medicaid System

Representatives from the Consortium and Nevada Medicaid worked together to obtain information for this annual plan. Data was pulled from the Medicaid system but it is in a format that is not descriptive as is the other data presented in this plan. Efforts will continue to bring this and additional information into a form that tells the story of the children and youth who are receiving mental health services through Medicaid's fee for service and managed care components.

Washoe County Children Receiving Behavioral Health Care Services

Mojave provides Psychiatry, Therapy, and Targeted Case Management services for children. Mojave currently has 517 children open to services in Northern Nevada. There is no waiting list for services at this time.

For 2006, West Hills Hospital generated 545 inpatient admits to child/adolescent programs. 440 youths were admitted to the adolescent program and 105 children to the Children's program.

2006-2007 PLAN SUMMARY

A. Review of legislative/policy accomplishments

Recommendation

Support and fund the Department of Health and Human Services' request for the capital improvements to Adolescent Treatment Center (ATC) at Northern Nevada Child and Adolescent Services.

Outcome: This item was a top three priority for the Department of Health and Human Services. Funding was secured to begin the planning process.

Recommendation

Support and fund Northern Nevada Child and Adolescent Services in their legislative request to add 2.5 FTE Psychiatric Caseworker II positions as intake coordinators for the Early Childhood and Outpatient Programs

Outcome: The positions were included in the Health and Human Services budget and recommended in the Governor's budget. The Legislature approved the positions.

Recommendation

Support and fund Northern Nevada Child and Adolescent Services in their legislative request to add 2.0 FTE Development Specialist II positions in order to expand the Early Childhood Day Treatment Program.

Outcome: Two .51 FTE positions were included in the Health and Human Services budget and recommended in the Governor's budget. The Legislature approved the two .51 FTE positions and the staff will be used to create an Early Childhood Day Treatment Program.

Recommendation

Support and fund Bureau of Alcohol and Drug Abuse's (BADA) request for enhancement funds totaling \$3,444,000. These funds will provide services to the children 12 to 18 years of age of which 14,775 have been identified as not having their needs met; 127 now on a waiting list; and 61 having a co-occurring disorder.

Outcome: Substance Abuse Prevention and Treatment Agency (SAPTA – formerly known as BADA) received funding from the legislature in four areas, under prevention education and awareness the agency received \$5.3 million over the biennium to replace the State Incentive Grant (SIG) from the federal government, which ended this year. These funds support local coalitions state wide and direct service prevention programs in the coalition communities to prevent substance abuse. The agency also received \$2.0 million over the biennium specifically for methamphetamine education and awareness through the community coalitions. In the treatment area SAPTA received \$ 3.83 million over the biennium to reduce waiting lists at currently funded treatment providers. In the co-occurring

area the agency received \$3 million over the biennium to initiate a co-occurring pilot project which will address adults and adolescents with both a serious mental health illness and a substance abuse addiction.

Recommendation

Support re-writing the Medicaid State Plan so that all children identified as Seriously/Severely Emotionally Disturbed are medically needy and eligible for Medicaid Fee for Service and provide the funding to match the federal dollars needed to make this a reality.

Outcome: This recommendation was not included for legislative consideration.

Recommendation

Fund the expansion of Project Wraparound In Nevada (WIN) to serve children and youth who are both involved with the Juvenile Justice system and in parental custody.

Outcome: This item was not included in the DHHS or the Governor's approved budget. During one of the Division of Child and Family Services (DCFS) presentations to the joint money sub-committee it was raised as a necessary service, but it did not receive any other consideration.

Recommendation

Provide at least an additional \$10 million dollars of general fund money to the Department of Education and dedicated for students receiving special education services. This money replaces dollars lost from the federal government

Outcome: This recommendation was not included for legislative consideration.

Recommendation

Support the Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse's recommendation to the Legislative Committee on Health Care to draft a bill that creates the Licensed Professional Counselors (LPC) credential in Nevada.

Outcome: There were two bills introduced on this issue that eventually resulted in one bill being passed that recognizes the licensure of Licensed Professional Counselors.

B. Review of recommendations made to the Director of the Division of Health and Human Services (DHHS)

Recommendation

Encourage all divisions within DHHS to work with the school districts throughout Nevada to provide behavioral health services:

Outcome: Work is beginning in this area.

Recommendation

Medicaid (fee for service and managed care) eligible children and their families have access to and receive the full continuum of behavioral health services provided in the re-design.

Outcome: The Centers for Medicaid and Medicare Services (CMS) denied Family Support Services as an allowable service under Medicaid. New funding avenues will need to be researched. Division of Health Care Financing and Policy (DHCFP) is still awaiting CMS determination on the coverage of treatment homes.

Recommendation

The Nevada Office of Suicide Prevention completes a statewide suicide prevention plan which incorporates strategies to address local suicide prevention and behavioral health promotion needs of children of all ages.

Outcome: Completed

Recommendation

The State Title IV-E plan be re-written to include funding for youth in the Juvenile Justice System.

Outcome: Work is progressing in this area.

C. Review of 2006-2007 Accomplishments

In reviewing the goals from last year many of them are on-going and progress continues to be made. Many Consortium members were actively involved in the legislative process which limited the time members had to give to consortium functions.

Accomplishments:

- The revision of the by-laws was completed and they were used as a model for the Rural Consortium and the Nevada Children's Behavioral Health Consortium.
- Rather than develop a separate directory, the Consortium supports the efforts of Nevada 2-1-1. Members are encouraged to keep their agency's information updated on this site.
- The most activity relating to children and youth with an SED designation was evidenced in Juvenile Detention Alternatives Initiatives (JDAI) activities. Various programming has been suggested and some has been developed for implementation in the coming year. The programs will be aimed at keeping children and youth with an SED designation from penetrating the juvenile justice system or forestalling their involvement.
- Consortium members continue to search for funding opportunities and the Consortium is currently developing a proposal (due date July 30th) that would

fund a media campaign using the youth message developed by the Clark Co. Children's Mental Health Consortium.

- In efforts to provide on-going support and education for the families of youth with mental health needs, the Consortium wrote a letter of support for NV PEP to continue funding as the Statewide Family Network. NV PEP provides training to various staff of Consortium member agencies and trainings for families focusing on children's mental health needs.

D. 2006-2007 Consortium Activity

During 2006-2007, the Consortium met 10 times. Approximately 75 unduplicated people participated in the meetings, and each meeting averaged 25 people in attendance. Meetings included presentations on various topics, including:

- *Access to Health Care*: efforts to provide reduced rate health insurance coverage to sole business proprietors and small business owners;
- *White Pine Boy's Ranch*: plans for an alternative residential treatment facility to be located in White Pine County that would serve juveniles;
- *State Infrastructure Grant*: summary of current status of grant and accomplishments to date;
- *Legislative update*: Assemblyman Bernie Anderson accepted the Consortium's invitation to discuss the upcoming legislative session and provided insight into the process (three legislators did respond that they were unable to attend)
- *State-wide Suicide Prevention Plan*: an overview and invitation to be part of the process;
- *Licensed Professional Counselor (LPC) legislation*: presentation, questions and answers by a LPC currently licensed and recognized in another state.

2006-2007 Participant Roster

Allen, Misty
Office of Suicide Prevention

Allen, Roswell
Sierra Regional Center

Armijo, Natalie
NV PEP Parent

Becker, Pam
Children's Cabinet

Capello, Mike
Washoe County Social Services

Christiansen, Kris
Washoe County School District

Dermody, Retta
NV PEP, Parent

Durand, Jim
Washoe County Social Services

Estrada, Jean
DHCFP

Etchegoyhen, Josh
First Health

Everett, Denise
Quest Counseling

Griffen, Jane
NNCAS

Gruner, Jane
Sierra Regional Center

Gruner, Les
Washoe County Juvenile Services

Haas, Joe
Washoe County Juvenile Services

Haldeman, John
Bridge Counseling

Hughes, Kathy
NV PEP Parent

Keeley, John
Access to Healthcare

Kirwin, John
DHCFP

Kopicko, Ron
NV PEP, Parent

Lang, April
West Hills

Langs, Bill
Washoe County School District

Larmer, Tricia
Willow Springs

Larsen, Joyce
NNCAS

Pomi, Mike
Washoe County Juvenile Services

Miller, LuAnn
DCHFP

Murtha, Tom
Second Judicial District Family Court

Rice, Sherri
Access to Healthcare

Richard-Maley, Becky
DCFS

Shaw, Jeff
First Health

Saylor, Matthew
West Hills

Schmidt, Dena
Nevada State Welfare

Stenson, Janice
Parent

Strahler, Tom
Mojave Mental Health

Taylor, Corrine
Youth Parole Bureau

Thomas, Angela
NNAMHS

Thorkildson, Diane
Consortium Staff

Wright, Lisa
NNAMHS

York, Scott
Willow Springs

Young, Tiffany
Bureau of Family Health Services

Young, Zora
Psychiatrist

SUMMARY OF WORKGROUP ACTIVITIES

System of Care (SOC)

Members

Les Gruner, <i>Chair</i>	Luann Miller
Joe Haas, <i>Co-Chair</i>	Misty Allen
Retta Dermody	Josh Etchegoyhen
Kathy Hughes	Pam Becker
Diane Moynahan	

Additional participants

Kathy Jacobs
Becky Richard-Maley
Patty Merrifield

Staff

Diane Thorkildson

The SOC workgroup met a total of seven times. Initially, the group focused on working with Division of Health Care Financing and Planning (DHCFP) to obtain data regarding children with Medicaid who received mental health services. The preliminary data is included in this plan. The workgroup will continue to work with DHCFP to develop data collection mechanisms designed to further identify community need.

Following the discussions regarding Medicaid, the focus of the workgroup turned toward partnering with the Division of Child and Family Services (DCFS), and the State Infrastructure Grant (SIG) team specifically, to help the state develop a more cohesive definition and understanding of System of Care. Ultimately, the workgroup decided to work directly with the Crisis Call Center/Nevada 211 and Nevada Parents Encouraging Parents (NV PEP) to develop several System of Care trainings to be delivered in Washoe County. As a result, the Crisis Call Center/Nevada 211 provided resource training to both Washoe County Juvenile Services and NV PEP. The workgroup continues to work with NV PEP on the development of System of Care training.

Family Involvement

Members

Retta Dermody, <i>Chair</i>	Tammy Walker
Natalie Armijo, <i>Co-Chair</i>	Jill Kopicko
Kathy Hughes	Pam Becker
Lourdes Mendez	Ruth Kinkle
Jeanetta Scott	Estella Milo
Connie Jager	Jennifer Cunningham
Lynn Yamas	

Additional participants

Kris Christiansen
Dallas McCord
Kevin Schiller

Paul Davis
Ann Drendel-Haas
Jeanne Marsh

Staff

Diane Thorkildson

The Family Involvement workgroup met a total of 10 times and focused on empowering families and enhancing the understanding of System of Care by meeting with administrators from various agencies throughout Washoe County. The agencies included:

- Washoe County School District
- Washoe County Social Services

Member of the workgroup formulated questions prior to each agency meeting. The questions were provided to the visiting administrators in advance and were used to help keep the discussion focused on System of Care issues. NV PEP continues to recruit and mentor family members to participate on the Family Involvement Workgroup.

Annual Plan

Members

Joe Haas
Pam Becker
Retta Dermody

Staff

Diane Thorkildson

The Annual Plan workgroup met several times with the purpose of submitting a draft annual plan to the Consortium. Various versions of the Plan were sent to the Consortium's membership for review.

By Laws

Members

Pam Becker
Kathy Hughes

Additional Participants

Angie Elquist

Staff

Diane Thorkildson

The workgroup met with the purpose of reviewing the existing by-laws and recommending changes to the consortium. The group met four times and produced a revised document that was accepted by the consortium at the December 21, 2006 meeting. The by-laws were approved and signed by Fernando Serrano on January 10, 2007.

The by-laws were used as a model for both the Rural Children's Mental Health Consortium and the Nevada Children's Behavioral Health Consortium.

Survey

Members

Pam Becker
Retta Dermody

Kris Christiansen
Tiffany Young

Additional Participants

Christa Petersen
Scott Reynolds

Leslie Nix Fuentes
Ruth Aberasturi

This workgroup met four times and reviewed the survey that Clark County Children's Mental Health Consortium conducted in the Clark County School District. It was decided by the group that the survey be replicated in Washoe County and that the results be combined with the data from Clark County. The survey will be completed during the 07-08 school year. Once the data has been collected and analyzed a strategy for distribution will be finalized.