

# Washoe County Mental Health Consortium

## EXHIBIT G Mental Health

Document consists of 25 pages.

- ☒ Entire document provided.
- ☐ Due to size limitations, pages \_\_\_\_\_ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail [library@lcb.state.nv.us](mailto:library@lcb.state.nv.us).

Meeting Date 11/4/03

# Members of the Consortium

Name	Organization	Name	Organization
Pam Becker	The Children's Cabinet	Retta Dermody	Parents Encouraging Parents
Les Gruner	Northern Nevada Child & Adolescent Services	Kathy Hughes	Parents Encouraging Parents
Leonard Pugh	WC Dept. of Juvenile Services	Michael Capello	WC Dept. of Social Services
Kris Christensen	WC School District	Cindy Johnson	Sierra Association of Foster Families
Frances Doherty	Juvenile Court Master	Stuart Gordon	Family Counseling Services
Pauline Sala	Bristlecome Family Resources	Dave Caloiaro	Div. Of Mental Health & Developmental Services
Coleen Lawrence	NV Div. of Health Care Financing & Policy	Candy von Ruden	Special Education Advocate of Nevada
Linda Howard	NV State Welfare Washoe County Mental Health Consortium	Joseph Haas	Northern Nevada Child & Adolescent Services



# Goals of the Consortium

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 our community 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 empowering families to raise their own children. Program development will focus on a consistent, collaborative and family-centered approach.

Goal Three: Support the development and expansion of human resources so we can better utilize local resources to meet the needs of Washoe County's 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's children and families.

# Survey #1 (2002)

## Survey Population:

Mental Health Clinicians  
Probation Officers  
Foster Parents

Child Welfare Case Mangers  
Special Education Teachers

Responses: 262 Surveys Received

<u>Priority</u>	<u>Service Requested</u>	<u>All</u>
1	Counseling Services	41.6%
2	Early Intervention	37.0%
3	Prevention Services	33.7%
4	Family Support	29.1%
5	Financial Supports	27.4%
6	Parent Education	26.2%
7	Case Management	17.5%
8	Job Services	13.7%
9	Mentors or Tutors	12.5%
10	Parent Support Groups	9.6%



# System Barriers and Challenges

System Barrier or Challenge	Percent of Respondents
Duplicative and complex paperwork takes too much time away from children and families.	47%
To provide individualized services we need a network of services instead of piecemeal development of programs	43%
Funding eligibility categories force children and families to change providers and come into and out of service	39%
We need access to flexible resources and dollars (guardianship, placement prevention, etc.)	31%
Lack of bilingual services (primarily Spanish) makes it hard to communicate with some families.	23%

# Survey #2 (2003)

## Survey Population:

Parents of children involved in Special Education Programs with Emotional and Behavioral Disorders.

Responses: 305 Surveys Distributed – 42 Surveys Received

<u>Priority</u>	<u>2002</u>	<u>Service Requested</u>	<u>Parents</u>
1	1	Counseling Services	70.0%
2	5	Financial Support	61.0%
3	4	Family Support	56.0%
4	N/A	Psychiatric Services	56.0%
5	N/A	Crisis Intervention	53.0%
6	N/A	Early Access	40.0%
7	6	Parent Education	37.0%
8	N/A	Basic Health Care	32.0%
9	N/A	Day Treatment-Mental Health	32.0%
10	N/A	Residential – Mental Health	32.0%



# Survey #2 (2003)

## Service Characteristics Priorities

Characteristics identified by parents as needed in the community:

<u>Priority</u>	<u>Service Characteristics</u>	<u>Parents</u>
1	Go to One Place	48.0%
2	Flexible Hours	38.0%
3	People Work Together	37.0%
4	Develop a Plan	30.0%
5	Important to Children	28.0%



# Needs/Problems 1

In order to best serve the children who are Severely Emotionally Disturbed (SED) and their families in Washoe County a collaborative system of care must be developed. This system must eliminate duplicative efforts among agencies, increase capacity, improve the quality and array of services, and promote family and community involvement.

Six Action Items identified for this need/problem

Next Steps include:

- Determine a way to coordinate efforts to ensure that if certain assessment and testing is required to fully evaluate a youth it will be provided
- Develop paperwork that can be shared across agencies
- Address the issue of confidentiality to ensure that agencies can share information while including parents and advocates
- Use survey results to identify areas of need and provide direction for the Consortium including: gaps in services, eligibility and/or additional services with the fiscal impact
- Incorporate feedback from WIN Project reviewers and resubmit.
- Future applications/proposals will be completed according to the guidelines set by the funding source





# Needs/Problems 1

## *Continued*

Next Steps continued:

- Consortium member agencies will evaluate the work of the Coordinated Assessment committee to identify where duplication exists and areas where resources can be used more efficiently
- Grant Action Team will meet and develop training and implementation steps
- Provide support to Medicaid for the recommendations they offer to the Governor and the Legislators
- Continue to investigate possible funding and resource opportunities
- Continue to identify gaps in services
- Continue dialogue with Medicaid
- Actively recruit Consortium members from culturally diverse populations
- Establish protocols for use and sharing of results of the Child and Adolescent Level of Care Utilization System
- (CALOCUS) assessment with Consortium members
- Develop a uniform release of information form
- Develop a uniform intake form



# Needs/Problems 1

## *Continued*

Progress to date:

- Coordination of assessment activities is ongoing and has been improved by multi-disciplinary team meetings at Washoe County Social Services and Washoe County Juvenile Services.
- The committee will develop a guide for agency workers on practices that avoid duplication of assessments and referrals.
- The committee has developed *Minimal Criteria for Mental Health Assessments*.
- The Committee supports continued distribution of the Northern Nevada Child and Adolescent Services release of information forms to consortium agencies to facilitate timely exchange of information.
- The committee will develop overarching policies and a Memorandum of Understanding to address procedures for sharing information while at the same time preserving client confidentiality.



# Needs/Problems 1

## *Continued*

Progress to date:

- The committee will develop a universal release of information form and informed consent form for clients to complete as a means of accessing coordinated care from consortium agencies.
- Committee membership includes two parent advocates, which will insure parent concerns are addressed in the above activities.
- Identified next parent population groups to be surveyed - Child Protective Services, Juvenile Services, and Nevada State Welfare (TANF)
- Continuing to monitor potential funding sources.
- Consortium members attended public review of Behavioral Health Plan Redesign.
- Consortium provided written feedback.
- Parent representatives actively participate on all Consortium workgroups.
- Parent Involvement Workgroup was formed and has met. The workgroup is chaired by a Nevada PEP representative.



# Needs/Problems 2

In order to develop and implement the best system of care for children with SED the Consortium must involve family members in all aspects of planning and implementation of a system of care.

Three Action Items identified for this need/problem

Next Steps include:

- Continue work on resource manual to include parent's rights and expectations to ensure a family's successful participation in agency's programs.
- Continue to integrate need into all committee work
- Consortium member agencies have agreed to disseminate training material distributed by Nevada PEP with the goal of engaging parents.
- Adopted a grievance procedure in the Consortium By-Laws.
- Parents are active participants in all Consortium Workgroups.



# Needs/Problems 2

## *Continued*

Progress to date:

- Continue work on resource manual to include parent's rights and expectations to ensure a family's successful participation in agency's programs.
- Continue to integrate need into all committee work
- Consortium member agencies have agreed to disseminate training material distributed by Nevada PEP with the goal of engaging parents.
- Adopted a grievance procedure in the Consortium By-Laws.
- Parents are active participants in all Consortium Workgroups.



# Needs/Problems 3

Improve the Medicaid program to simplify access to behavioral health services, expand the number of private providers of Medicaid services and provide community-based alternatives to expensive residential and group care services. In Washoe County \$9.6 million was spent through Medicaid on children's mental health services. Of this amount over 82% or \$7.9 million were spent on residential services.

Five Action Items identified for this need/problem

Next Steps include:

- Consortium members will attend CALOCUS training and use the instrument
- Support Medicaid's requests



# Needs/Problems 3

## *Continued*

Progress to date:

- Member agencies have been trained in administering the CALOCUS. There is a current plan to make CALOCUS a criterion for presentation at the Utilization review team and the Probation Multidisciplinary Team.
- The committee has agreed to the Northern Nevada Child and Adolescent Services intake format. This form is currently undergoing revision.
- The Committee supports continued distribution of the Northern Nevada Child and Adolescent Services release of information forms to consortium agencies to facilitate timely exchange of information.
- The committee will develop a universal release of information form and informed consent form for clients to complete as a means of accessing coordinated care from consortium agencies.
- Medicaid has established definitions, minimal qualifications, and criteria and will be submitting them to the Center for Medicare and Medicaid Services (CMS) for approval.
- Medicaid has established mental health specialty clinic definitions and minimal provider qualifications and will be submitting them to CMS for approval.
- Established the definitions and minimal qualifications and will be submitting them to CMS for approval.



# Needs/Problems 4

Medicaid-eligible children in Fee for Service (FFS) tend to have more access and receive more services than Medicaid children/adolescents enrolled in Medicaid's health maintenance organization (HMO) and Child Health Insurance Program (CHIP)/Nevada Check-Up programs (certain mental health services, such as medical-model Joint Commission of the Accreditation of Healthcare Organizations (JCAHO)-accredited residential treatment centers (RTCs) and targeted case management services are currently excluded from HMO contracts).

One Action Item identified for this need/problem

Next Steps include:

- Consortium members will continue to refer families to all available programs

Progress to date:

- Consortium members will continue to refer families to all available programs
- Consortium members continue to make appropriate referrals.
- Medicaid's HMO and NV Check-up contract language was clarified to be consistent with fee for services' coverage of mental health





# Needs/Problems 5

The need is for greater network of master's level professionals to become Medicaid providers to expand mental health service accessibility to children and adolescents, particularly with alcohol and other drug problems.

Two Action Items identified for this need/problem

Next Steps include:

- Continue to dialogue with and support Medicaid
- Support Medicaid's continued evaluation of costs associated with adding other professionals as Medicaid providers

Progress to date:

- Consortium members attended public review of Behavioral Health Plan Redesign.
- Consortium provided written feedback



# Needs/Problems 6

The additional survey conducted by the Consortium continues to highlight the need for counseling services. The second and third needs are financial support followed by a tie with family support and psychiatric services.

Three Action Items identified for this need/problem

Next Steps include:

- Legislature will allocate of \$100,000 to provide the infrastructure as outlined in the WIN Project.
- Legislature will allocate funds to establish 3 new mental health counselors' positions at Northern Nevada Child and Adolescent Services to ensure that SED children in their parents' custody do not escalate to higher levels of care.
- Request the Governor include AB1 funding in his executive budget and ask Legislators to restore full funding for the SED program.



# Needs/Problems 6

## *Continued*

Progress to date:

- Legislature did not allocate any funding; however, NNCAS received MH block grant dollars to establish three new MH counselors.
- Governor retained AB1 funding for SED program



# Ongoing Consortium Work Groups

- Assessment: The group continues to focus on the identification of common assessment/evaluation instruments that can be utilized by all community child/adolescent programs. This will be one of our building blocks in developing a coordinated and integrated behavioral health system for children and families in Washoe County that is seamless and easier to access. The committee will develop a guide for agency workers on practices that avoid duplication of assessments and referrals.
- Survey: This group continues to focus on the identification of new population within the community to survey that involves parents, staff, cultural experts and stakeholders to further assess and identify perceived gaps in mental health services. The survey group has recently identified the following parent population groups to consider: Child Protective Services, Juvenile Services and the Nevada State Welfare (TANF).



# Ongoing Consortium Work Groups

## *Continues*

- Family Empowerment: This group continues to focus on the development and expansion of human resources so we can better utilize local resources to meet the needs of Washoe County's children and families. Consortium members have agreed to disseminate training materials distributed by Nevada PEP with the goal of engaging parents.
- M.O.U.'s/Release of Information: This group continues to focus on developing overarching policies and a MOU to address procedures for sharing information while at the same time preserving client confidentiality. This group is currently developing a universal release of information and informed consent forms for clients to complete as a means of accessing coordinated care from consortium agencies.



# Ongoing Consortium Work Groups

## *Continues*


- Grants: This group continues to focus on developing alternative funding sources that will build on the strengths of our community by implementing locally controlled systems of care.



# Legislative Support

Review confidentiality laws

Allowing various departments to pool  
funds for client services



If you would like a copy of the “Washoe  
County Children’s Mental Health  
Consortium Annual Plan 2003” please  
contact Les Gruner @ 688-1648  
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Questions regarding the Washoe County  
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can be directed to  
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Thank you Senator Townsend and  
Committee Members for this opportunity  
to speak before you today

Any questions?