State of Nevada

Department of Health and Human Services

Division of Child and Family Services
Children’s Mental Health
Ryan Gustafson, Deputy Administrator
February 2017
Children’s Mental Health Goals

• Provide evidence based high quality services to those youth and families that cannot be served by community

• Provide continued implementation of the Children’s Mental Health System of Care transformation to include:
  
  • Transition of DCFS for direct care to an oversight function.
  
  • Maximize public and private funding at the state and local levels to provide a SOC with accountability, efficiency and effective statewide funding sources.
  
  • Increase access to community regional providers.
  
  • 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.
## BUDGET INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>FY 18</th>
<th>FY 19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Funding</td>
<td>FTE</td>
</tr>
<tr>
<td>3281-NNCAS</td>
<td>9,285,390</td>
<td>105.04</td>
</tr>
<tr>
<td>3646-SNCAS</td>
<td>27,184,241</td>
<td>276.71</td>
</tr>
</tbody>
</table>
Northern Nevada Child and Adolescent Services

• Children’s Clinical Services
• Early Childhood Mental Health Services
• Wraparound in Nevada
• Family Learning Homes
• Adolescent Treatment Center
• Mobile Crisis Response Team
All Clients Served by Northern Nevada Child and Adolescent Services in SFY2016

Total Clients Served = 1,061

- Mobile Crisis: 213
- Outpatient: 356
- Early Childhood: 202
- Wraparound: 193
- Residential: 97
Southern Nevada Child Services

- Children’s Clinical Services
- Early Childhood Mental Health Services
- Wraparound in Nevada
- On Campus Treatment Homes
- Desert Will Treatment Center
- Mobile Crisis Response Team
Southern Nevada Child and Adolescent Services-3646

• Children’s Clinical Services
• Early Childhood Mental Health Services
• Wraparound in Nevada
• On Campus Treatment Homes
• Desert Will Treatment Center
• Mobile Crisis Response Team
All Clients Served by Southern Nevada Child and Adolescent Services in SFY2016

Total Clients Served = 2,505
Helping People. It’s who we are and what we do.

Number of Children Served Statewide

- Northern Nevada Child and Adolescent Services (NNCAS) - Reno (30%)
- Southern Nevada Child and Adolescent Services (SNCAS) - Las Vegas (70%)
Ages of Children Served Statewide

- 0-5 Years Old: 22%
- 6-12 Years Old: 32%
- 13+ Years Old: 46%
Initiatives
Mobile Crisis Response Team (MCRT)

• Offers crisis response intervention and services to youth at school, at home, or in the community

• Structured, standardized crisis assessments

• Safety plan development and follow-up

• Short-term behavioral health stabilization and safety monitoring

• Promote and support safe behavior in children and families

• Facilitate short term (acute) in-patient hospitalization when needed

• Assist youth and families in accessing and linking to on-going support and services, including Nevada PEP
Referral Sources

North Region

- School: 41%
- Community Agency: 27%
- Police/JJ: 18%
- Other: 14%

South Region

- Hospital ER: 43%
- School: 20%
- Police/JJ: 16%
- Community Agency: 13%
- Parent: 8%
Reason for Crisis

- Suicidal ideation/behavior: 53%
- Severe parent/child conflict: 11%
- Other child behavior problem: 8%
- Homicidal ideation/plan: 6%
- Self-injury: 6%
- Anxiety: 2%
- Peer/relational problem: 2%
- Psychosis: 2%
- Property damage: 1%
- Runaway: 1%
- Other: 8%
Clients Served by Mobile Crisis Response Teams in the **North** and **South** in SFY2016

• 85%

Statewide Hospital Diversion Rate

<table>
<thead>
<tr>
<th>Month</th>
<th>Jul 15</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan 16</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>6</td>
<td>23</td>
<td>20</td>
<td>12</td>
<td>18</td>
<td>25</td>
<td>30</td>
<td>14</td>
<td>25</td>
<td>26</td>
<td>8</td>
<td>37</td>
</tr>
<tr>
<td>39</td>
<td>17</td>
<td>86</td>
<td>79</td>
<td>65</td>
<td>64</td>
<td>69</td>
<td>70</td>
<td>73</td>
<td>79</td>
<td>78</td>
<td>45</td>
<td>45</td>
</tr>
</tbody>
</table>
MCRT Program To Date  
(as of July 31, 2016)

<table>
<thead>
<tr>
<th>ALL CALLS</th>
<th>Las Vegas</th>
<th></th>
<th>Reno</th>
<th></th>
<th>Program Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>% of all calls</td>
<td>Number</td>
<td>% of all calls</td>
<td>Number</td>
<td>% of all calls</td>
</tr>
<tr>
<td>Total Calls</td>
<td>2089</td>
<td>100.0%</td>
<td>750</td>
<td>100.0%</td>
<td>2839</td>
<td>100.0%</td>
</tr>
<tr>
<td>Team Responded</td>
<td>1368</td>
<td>65.5%</td>
<td>360</td>
<td>48.0%</td>
<td>1728</td>
<td>60.9%</td>
</tr>
<tr>
<td>Team Did Not Mobilize*</td>
<td>367</td>
<td>17.6%</td>
<td>198</td>
<td>26.4%</td>
<td>565</td>
<td>19.9%</td>
</tr>
<tr>
<td>Information Only Calls</td>
<td>295</td>
<td>14.1%</td>
<td>156</td>
<td>20.8%</td>
<td>451</td>
<td>15.9%</td>
</tr>
<tr>
<td>Incomplete Response**</td>
<td>57</td>
<td>2.7%</td>
<td>20</td>
<td>2.7%</td>
<td>77</td>
<td>2.7%</td>
</tr>
<tr>
<td>Did Not Mobilize - No Team Available</td>
<td>0</td>
<td>0.0%</td>
<td>16</td>
<td>2.1%</td>
<td>16</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OUTCOME OF CALLS</th>
<th>Las Vegas</th>
<th></th>
<th>Reno</th>
<th></th>
<th>Program Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>% of response calls</td>
<td>Number</td>
<td>% of response calls</td>
<td>Number</td>
<td>% of response calls</td>
</tr>
<tr>
<td>Hospital Diversion</td>
<td>1201</td>
<td>87.8%</td>
<td>288</td>
<td>80.0%</td>
<td>1489</td>
<td>86.2%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>167</td>
<td>12.2%</td>
<td>72</td>
<td>20.0%</td>
<td>239</td>
<td>13.8%</td>
</tr>
<tr>
<td>Stabilization Recommended</td>
<td>894</td>
<td>65.4%</td>
<td>223</td>
<td>61.9%</td>
<td>1117</td>
<td>64.6%</td>
</tr>
</tbody>
</table>

Hospital Diversion Rate          | 87.8%     | 80.0%   |       | **86.2%** |

*Did Not Mobilize = Team referred client to current provider or recommended involvement of law enforcement. Also includes cases where youth was referred immediately to emergency department due to risk of imminent harm from suicide attempt (e.g., overdose).

**Incomplete Response = Team arrived at or began traveling to location, but was unable to assess the child (e.g., family decided they no longer wanted services).
System of Care Implementation Grant

$11 Million 4 -Year Grant Awarded in October 2015

Four Primary Goals –

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

**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.

**Workforce development:** 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.

**Establish a management structure:** 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.
System of Care Grant Progress

• All Grant staff positions filled

• Strategic and Communication Action Plans developed and on the DCFS Website

• Community Readiness Assessment and Gaps Analysis completed and on the DCFS Website

• Four distinct workgroups developed and are each in the planning and implementation stages
  • Governance, Communication, Provider Standards, and Special Populations

• Several sub grants executed with community based providers in SFY 16 and 17

• Data collection and Quality Assurance mechanisms implemented
Children’s Mental Health/Juvenile Justice Partnership

DCFS Children’s Mental Health has partnered with Juvenile Justice in Washoe and Clark County in a number of ways

- In Washoe County, Wraparound in Nevada continues to partner with Washoe County Department of Juvenile Services (WCDJS), continuing it’s Wraparound expansion efforts. This includes ongoing training and supervision to WCDJS staff in Wraparound values and principles.

- In Clark County, Children’s Mental Health staff have been stationed in Summit View Youth Center, providing clinical services to over 60 youth in the facility.
Children’s Mental Health/Juvenile Justice Partnership

DCFS Children’s Mental Health has partnered with Juvenile Justice in Washoe and Clark County in a number of ways

• Children’s Mental Health staff have partnered with Summit View in providing evidenced based program training to Facility staff. Examples of this include Trauma Informed Care and Aggression Replacement Training

• Children’s Mental Health has also offered 24/7 Mobile Crisis Response Services to Summit View

• The DCFS18/19 budget includes transfer of the Mental Health Counselors at each juvenile facility into the CMH budgets for enhanced clinical supervision and clinical training.
The Division proposes that the State-Operated Desert Willow Treatment Center (DWTC) which is located in Las Vegas, be reduced to accommodate the decreased census. The plan is to continue to be available to meet the unmet needs in the Clark County area however, as capacity in the community grows, it is evident that this program can be down-sized.

To accommodate these changes, the Division has worked collaboratively within the Department and found that co-location of services for mental health is a realistic option.

The nearby Rawson-Neal Psychiatric Hospital census is down and there is available space to continue the Adolescent Program with one 10-bed unit for Acute Psychiatric Services and one 10-bed unit for Residential Treatment services for Adolescents segregated from the adults in that facility.
Clients Served in DWTC Acute Programs in CY2016

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan 16</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>12</td>
<td>10</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>13</td>
<td>16</td>
<td>9</td>
<td>13</td>
</tr>
</tbody>
</table>
Clients Served in DWTC **Acute** and **Residential** Programs in SFY2014-16

Helping People. It’s who we are and what we do.
BENIFITS

• With this reduction, 54 positions will be retained, eliminating the remaining 53.

• Opening two units at Rawson Neal allows the State to repurpose the DWTC building. DCFS is currently working with a public/private/not for profit partnership to provide residential treatment services in the DWTC building, providing an additional 54 beds to the community.
Questions
Division of Child and Family Services, Acronyms

A

ABA – Applied Behavioral Analysis
ACA – Affordable Care Act
ACF – Administration of Children and Families
ACL – Administration for Community Living
ADSD – Aging and Disability Services Division
AFDC – Aid Families with Dependent Children
AGP – Amerigroup
AMCHP – Association of Maternal and Child Health Programs
AOD – Alcohol & other Drugs
AOT – Assisted Outpatient Treatment
ASPR – Assistant Secretary for Preparedness and Response
ASTHO – Association of State and Territorial Health Officials
ARRA – American Recovery and Reinvestment Act
ATAP – Autism Treatment Assistance Program

B

BEARS – (Baby) Birth Evaluation and Assessment of Risk Survey
BHCQC – Bureau of Health Care Quality and Compliance
BHWC – Behavioral Health and Wellness Council
BIPP – Balancing Incentive Payment Program

C

CASAT – Center for the Application of Substance Abuse Technologies
CCDP – Child Care and Development Program
CCHD – Critical Congenital Heart Disease
CDPHP – Chronic Disease Prevention and Health Promotion
CDS – Core Data Set
CFR – Code of Federal Regulations
CHIP – Children’s Health Insurance Program
CMO – Care Management Organization
CMS – Centers for Medicare and Medicaid Services
COA – Commission on Aging
COD – Co-Occurring Disorder
COOP – Continuity of Operations Plan
CPC – Civil Protective Custody
CPS – Child Protective Services
CSA – Core Standardized Assessment
CSPD – Commission on Services to Persons with Disabilities

D

DAFS – District Attorney Family Support
DBT – Digital Breast Tomosynthesis
DCFS – Division of Child and Family Services
DHCFP – Division of Health Care Financing and Policy
DPBH – Division of Public and Behavioral Health
DSH – Disproportionate Share Hospitals
DSM-IV – Diagnostic Statistical Manual of Mental Disorders IV
DSRIP – Delivery System Reform Incentive Payment
DWSS – Division of Welfare and Supportive Services

E

ECHO – Extension for Community Health Outcomes
EI – Early Intervention
EITS – Enterprise IT Services
EMS – Emergency Medical Systems
EMSC – Emergency Medical Services for Children
EMR – Electronic Medical Record
EPSDT – Early and Periodic Screening, Diagnostic and Treatment Services
EQRO – External Quality Review Organization

F

FDA – Federal Drug Administration
FFI – Federal Fiscal Year
FFS – Fee For Service
FMAP – Federal Medical Assistance Percentage
HAZTRAK – Hazardous Materials Notification System
HCGP – Health Care Guidance Program
HCBW-AL – Home and Community Based Waiver for Assisted Living
HCBW-FE – Home and Community Based Waiver for the Frail Elderly
HCQC – Health Care Quality and Compliance
HER – Electronic Health Record
HIPPA – Health Insurance Portability & Accountability Act
HPN – Health Plan of Nevada
HPV – Human Papillomavirus
HRSA – Health Resources and Services Administration
HSAG – Health Services Advisory Group

ICJ – Interstate Compact For Juveniles
ICPC – Interstate Compact on the Placement of Children
ICWA - Indian Child Welfare Act
IMS – Information Management Systems

JJ – Juvenile Justice
JD – Juvenile Delinquency
JJAC – Juvenile Justice Advisory Council
JJAG – Juvenile Justice Advisory Group
JJIS – Juvenile Justice Information System
JJRC – Juvenile Justice Resource Center
JJPO – Juvenile Justice Programs Office

Kinship – Kinship in Nevada Project
KinGAP – Kinship Guardianship Assistance Payment Program

MCRT – Mobile Crisis Response Team
MDHS – Mental Health and Development Services
MOU – Memorandum of Understanding

NNCAS – Northern Nevada Child and Adolescent
NYTC – Northern Nevada Youth Training Center
NCANS – National Child Abuse and Neglect Data System
NCIA – National Criminal Justice Association
NIC – National Institute of Corrections
NPT – Nevada Partnership for Training

OPPLA – Other Planned Permanent Living Arrangement
PREA – Prison Rape Elimination Act

SACWIS – Statewide Automated Child Welfare Information System
SED – Severe Emotional Disturbance
SFCP – Specialized Foster Care Program
SNCAS – Southern Nevada Child and Adolescent Services
SOC – System of Care
SOW – Scope of Work
SVYCC – Summit View Youth Correctional Center

TIR – Technology Investment Request

UNITY – Unified Nevada Information Technology for Youth
UNLV – University of Las Vegas, Nevada
UNR – University of Reno, Nevada

VOCA – Victims of Crime Act

WDSS – Washoe County Department of Social Services
WIN – Wrap-around in Nevada