

# 2021



Washoe County  
Children's Mental Health  
Consortium

## Annual Report

## Executive Summary

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The Washoe County Children’s Mental Health Consortium, established by NRS [433B.333 & 335](#), began 2021 much the way our state and country did – with hope and optimism that the year would be filled with reconnection, recovery, and a return to normal. With a new [long-term plan](#) to guide us, we began our work in earnest. This report summarizes The Consortium’s accomplishments for the year and identifies areas of priority for the upcoming year.

2021 quickly proved to be even more challenging for youth mental health and family well-being in Washoe County. The COVID-19 global pandemic, which fundamentally changed the needs of children and families, continued to wreak havoc across all spectrums of our community socially, educationally, economically, mentally, and emotionally. The Consortium made every effort to respond to the pandemic by using our meetings and activities to create a sense of community connectedness. The Consortium held space to hear from youth, families, teachers, and providers in our county, sharing moments of acknowledgment and support for our lived experiences.

This report is a succinct reflection of our strengths and an honest look at our limitations. Against the backdrop of larger systemic factors, we have catalogued the concerns brought to our attention through Family Voice along with the strengths, services, and accomplishments of many of our community partner agencies. The Consortium has compiled specific legislative recommendations and funding requests that we believe cannot be accomplished in our community without direct support from The State of Nevada. We have compiled specific activities and accomplishments from the year that are aligned with our strategic goals. The report concludes with a comprehensive list of recommendations and activities that we plan to pursue throughout 2022 to meet our vision, mission, and the objectives of our Long-Term Plan.

The Consortium is particularly proud of the continued refinement of our web site, which now includes a dynamic resource directory. We established a Budget Workgroup to assure efficient and timely allocation and distribution of our annual operating budget. We established a Social Media Workgroup to create a social media presence that reflects positive and inclusive messages. We maintained our scholarship program. The Consortium remains committed to creating a meaningfully linked network of providers and resources to maximize our local resources for youth and families.

### Commitment to Action

The Consortium remains committed to the identified goals and objectives of the long-term plan and will continue to implement them accordingly in the next calendar year with no recommended changes. The Consortium believes that the COVID-19 pandemic has and will continue to change the context surrounding the needs and resources in our community. Therefore, in 2022, the Consortium aims to prioritize its data-informed understanding of such needs. We will continue to support and recommend legislative and system-level action according to our goals and objectives.

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## WCCMHC Vision, Mission, & Goals

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Per the Nevada Revised Statutes ([NRS 433B.333-339](#)), the Washoe County Children’s Mental Health Consortium (WCCMHC) is the designated consortium for the geographic area of Washoe County. The following Vision, Mission, and Goals were established in its [long-term plan](#):

### Vision and Mission

Our vision for children, youth, and families in Washoe County is:

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*Equitable access to compassionate and comprehensive mental health services and supports within our community.*

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Our mission is to:

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*Advocate on behalf of children, youth, and their families in Washoe County who require timely access to an array of behavioral health treatment services and supports.*

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### Goals

-  **1** Increase access to compassionate care in the least restrictive environment.
-  **2** Decrease and/or buffer children and youth’s exposure to toxic stress.
-  **3** Increase child, youth, and family access to positive community-based experiences.

## Relevant Systemic Factors

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### COVID 19 Pandemic

The COVID-19 global pandemic has persisted since 2020 not receding as so many had hoped and assumed. The year quickly proved to be even more challenging than the year prior for youth mental health and family well-being in Washoe County as mitigation strategies became less restrictive. Pandemic related issues, interruptions, and considerations continued to wreak havoc across all spectrums of our community socially, educationally, economically, mentally, and emotionally. In 2021, many youth and families concluded a hybrid school year or distance learning school year and prepared for the next school year that was intended to be fully in person. Our community was hit with unprecedented wildfire smoke impacts at the start of the new school year that were exacerbated by COVID restrictions and concerns. Families in our community continued to contend with illness, deaths, confusion over mitigation strategies, and politically charged interactions, which lead to increasing anxiety and fear. Our larger functioning systems, including the intricacies of supply chains, public transit, law enforcement, carefully constructed social nets, and direct services to youth and families were in a constant state of uncertainty for much of 2021. Though our State and community have seen significant increases in federal funding, the restrictions and limitations on the funding are complex and often require multiple levels of approval before real change work can begin. The direct payments made from the federal government to families seem to have a profound positive impact on food security, housing security, and general financial security based on preliminary data<sup>1</sup>. The Consortium believes that this pandemic has and will continue to change the context surrounding the needs and resources in our community. Therefore, in 2022, the Consortium aims to prioritize updating its data-informed understanding of such needs in light of the pandemic.

### Housing Crisis

The COVID-19 pandemic appears to have sparked an affordable housing crisis across the country. Washoe County is particularly hard hit. Housing demand, low supplies of construction materials, increasing economic opportunities and population growth have created a lack of housing availability, soaring rents, and home purchase prices that are out of reach for many<sup>2</sup>. Though thorough data is still being collected and analyzed, informal data sources that track housing trends indicate that average rents across Washoe County increased by 38% in 2021 with a 2-bedroom rental jumped in price by 63%, putting this subset at the 3<sup>rd</sup> highest in the nation.<sup>3</sup> The federally implemented eviction moratorium ended in September of 2021. Families in our community are sometimes facing eviction without cause and then face an uphill battle to

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<sup>1</sup> NBC News <https://www.nbcnews.com/business/business-news/millions-kids-thrust-back-poverty-child-tax-credit-expired-s-rcna13450> accessed 1/27/2022

<sup>2</sup> Washoe County Assessor [https://www.washoecounty.gov/assessor/real\\_property/SalesHistoryChart.php](https://www.washoecounty.gov/assessor/real_property/SalesHistoryChart.php) accessed 1/20/2022

<sup>3</sup> News 4 Reno <https://mynews4.com/news/local/reno-amongst-highest-rent-increases-in-the-us> accessed 1/20/2022

find safe and affordable housing for themselves. When a basic need like housing becomes a crisis, addressing mental health needs often drops further down on the list of priorities.

### Surgeon General's Advisory on Youth Mental Health

On December 7, 2021, the United States Surgeon General issued an [Advisory](#) on the Youth Mental Health Crisis across the country due to the impacts of the COVID-19 pandemic. The Advisory characterizes the impact of the pandemic and other factors on youth mental health in our country as “devastating” (p. 3). The Advisory goes on to remind us that, though widespread and increasing, the youth mental health crisis in our country is “treatable, and often preventable” (p. 4). The Advisory further calls for systemic changes to effectively care for the mental health and well-being of our youth, calling such systemic change “essential” (p. 5). The Consortium notes that youth and families in Washoe County are experiencing this mental health crisis. The general recommendations in the Advisory (p. 13) mirror the ongoing Goals of the Consortium.

- Recognize that mental health is an essential part of overall health
- Empower youth and their families to recognize, manage, and learn from difficult emotions
- Ensure that every child has access to high-quality, affordable, and culturally competent mental health care
- Support the mental health of children and youth in educational, community, and childcare settings
- Address the economic and social barriers that contribute to poor mental health for young people, families, and caregivers
- Increase timely data collection and research to identify and respond to youth mental health needs more rapidly.

Elements of the recommendations can be found in our Summary of Recommendations and our planned activities for 2022.

### Mental Health Providers and Services

The Consortium notes several factors in our community that are impacting the availability of mental health providers, appropriate levels of care, matched services to needs, and program supports. The pandemic has sparked both a decrease in the stigma surrounding mental health care and an increase in the need for support. Prior to the pandemic, Nevada was identified as the state with the most youth mental health need and the least access to care, ranked 51<sup>st</sup> (last place) in the nation by Mental Health America<sup>4</sup>. The increased demand for support has amplified this disparity<sup>5</sup>. Agencies provided counseling services have unprecedented wait times. Private practitioners often have full caseloads and are not taking new clients or are scheduling weeks and months out from initial contact. Over the past two years the Consortium has noted multiple systemic factors that influence the availability of providers.

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<sup>4</sup> [https://www.mhanational.org/issues/ranking-states#youth\\_data](https://www.mhanational.org/issues/ranking-states#youth_data) accessed 1/27/2022

<sup>5</sup> <https://med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontier-health-data-book> accessed 1/27/2022

During the second half of the year, Renown Hospital began reporting a significant increase in the number of days youth were sitting in their Emergency Department before safe and appropriate transition could occur due to a lack of providers, lack of mental health crisis stabilization beds, and lack of in-patient treatment beds in Washoe County. The two crisis stabilization hospitals in Washoe County, West Hills and Reno Behavioral Hospital, were indicating they could not maintain staffing and/or funding to open all available beds for services. In December of 2021, West Hills Hospital, one of Washoe County's two mental health crisis hospitals closed permanently. The closure put inordinate pressure on the remaining hospital to expand capacity. The Consortium notes a significant need for training and supportive consultation for providers in treating youth mental health crisis. A significant need remains for multilingual, culturally competent services. And a significant need remains for programs and services that address specialized needs (e.g., children under 12, children with dual diagnosis, children with aggressive behavior, etc.). Washoe County continues to see a critical lack of Intensive Outpatient Services, and a lack of choice for residential treatment with Willow Springs Hospital being the only option for families.

### Medicaid and Health Insurance

Ongoing barriers with mental health care coverage provided by Medicaid and private insurance contribute to lack of access to care and a lack of providers in our community. The enrollment process to become Medicaid providers of mental health care is cumbersome and time consuming, greatly exceeding the level of effort required to become a private insurance provider. Health insurance parity is not enforced in any meaningful way, leaving providers with inadequate reimbursement across the spectrum of mental health services and in all areas of provider credentials. Billing procedures in all areas of insurance are time consuming and require an inordinate level of effort to assure reimbursement. The Consortium notes that even providers with close State affiliation and significant experience with Medicaid billing struggle to keep up with the required paperwork. Private insurers often offer mental health reimbursements well below the community average, and well below usual and customary rates, passing off the difference to clients in the form of extremely high deductibles, copays, and coinsurance. Of recent interest to the Consortium is the confusing and complex formulary system. When a patient changes insurance, they are faced with gaps in medication coverage and are sometimes forced to switch medications all together to assure continued insurance coverage. The implications of cumbersome insurance reimbursement for providers necessarily impacts youth and families as more and more providers switch to private practice settings with private pay fee structures.



## Family Voice

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The Consortium remains committed to facilitating a safe space to listen to the needs and experiences of youth and families in Washoe County. As we have facilitated the practice of an ongoing “Family Voice” agenda item in our Consortium meetings, we are able to track themes as they emerge throughout the year. The following summarizes the needs and experiences that were expressed during our meetings this past year. The Consortium’s goals have been noted next to each of the themes that arose from Family Voice as they affirm the Consortium’s ongoing commitment to the goals and objectives outlined in our long-term plan and formed the basis for some of the action taken by the Consortium.

### Education (Goals 1, 2, and 3)

- Students and families reported varied and ever-changing stressors related to education, which was expected as the School District ended one school year and began the next in the shadow of continued pandemic uncertainty.
- At the beginning of 2021, youth reported looking at the upcoming semester with a loss of hope that their futures would improve. Student and family perspectives varied widely from reporting receiving more support this semester to inflexible teachers and expectations pushing families to opt for home schooling.
- As the 2021-2022 School Year started halfway through 2021, students shared a lot of excitement and improvement in mental health by returning to school. While many of their peers reported continuing to struggle with transition back to in person and sharing feelings of social anxiety.
- Throughout the year some parents have reported their students are not getting enough help with academics or mental health.
- Teachers, educators, and support staff have reported increasing pressure and job-related stressors, which have a direct impact on students’ school experiences.

### Bullying (Goal 3)

- Youth are still experiencing all types of bullying and are feeling the effects at a much higher rate than before.
- Nevada PEP has gotten many calls for referrals through Mobile Crisis relating to bullying in schools.

### Youth Suicide (Goal 1 and 3)

- KTVN aired a two-day report on the Signs of Suicide screening implemented in 7<sup>th</sup> grade, noting many kids scored in the at-risk category.
- Many agencies are seeing an increase in suicidal ideation among teens along with reports of symptoms of depression and anxiety.
- The rate and lasting impact of youth suicide continues to affect youth and families.
- There are family members now actively involved in the Consortium who are leading efforts to eliminate youth suicide in our community and have helped to continue this important conversation.

### Substance Use (Goal 1)

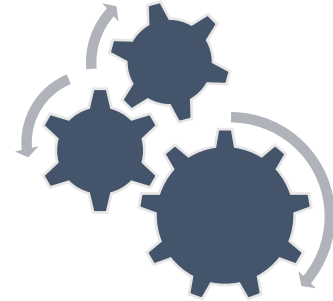
- Teen overdoses have increased during the pandemic, mostly due to the arrival of Fentanyl in our community.
- Many agencies noted an increase in substance use and overdoses among teens.
- Research indicates links between vaping, nicotine, and worsening symptoms of depression and anxiety, as well as higher odds of having a depression diagnosis.

### Overall Health & Access to Compassionate Care (Goal 1)

- Many youth and their families have been impacted by the housing crisis. Families have faced evictions requiring them to suddenly move with very few financial resources to do so.
- Many providers are noting a marked increase of teens in need of individual counseling and dealing with a shortage of care providers making it difficult for youth to access services they need.

## Community Snapshot

The Consortium is pleased to highlight some of the many supports and resources in our community that contribute to the success of children and families. Each of the featured agencies is committed to advancing the goals of the Consortium. We are so very proud of the efforts of all the providers, programs, and entities in Washoe County for their perseverance and their efforts to maintain, and in many instances, increase services and care in our community. Additional information about these agencies and mentioned programs can be found in Appendix A.



### Youth M.O.V.E. Nevada

- Over 100 youth attended weekly peer-led meetings that sought opportunities to advocate for systems change
- Podcasts aired throughout the year were accessed more than 300 times
- More than 6,000 activity books on mental health and anti-bullying were distributed to nearly 60 community providers across Nevada

### Office of Suicide Prevention

- 1,390 Washoe County participants were trained in safeTALK, ASIST, NV Gatekeeper, and SOS
- Increasing awareness around reducing access to lethal means
- CASAT/NOSP collaboration to implement Zero Suicide across Nevada

### Quest Counseling

- Expanded office hours, availability of walk-ins, and telehealth appointments
- Increased admission to various programs and supports by 79%
- 3 new contracts to meet the emerging needs of youth, including direct services in the school setting
- Distributed 2400 Narcan kits

### Forever 14

Activities to raise awareness about suicide prevention:

- 85 teens attended Defy Darkness, a lock-in at a local trampoline park
- 140 teens attended The Legacy Project
- 60 families attended the 2<sup>nd</sup> Annual Great Race
- 4,000 socks collected during the 3<sup>rd</sup> Annual Caleb's Crazy Sock Drive

### The Children's Cabinet




- Direct counseling and case management services supported more than 300 families.
- 155 adults were trained in Youth Mental Health First Aid
- 7 high school students graduate from Redfield Academy
- 2250 Students were screened in partnership with WCSD for suicide risk
- More than 500 educators, caregivers, and providers attended Living Ideation Workshops
- Holiday programs provided gifts for more than 1000 individuals and 350 families received holiday meals and food baskets

## Connect Washoe County

In response to community mental health needs, Renown Health partnered with The Children’s Cabinet to launch the Connect Washoe County initiative. The Initiative, which is planned to span 3 years, is framed by objectives that are closely aligned with the mission, values, and objectives of the Consortium.

- Advance linkages of community support services, government, and health practitioners
- Strengthen, expand, and support interventions and programs within specific environments by building creative and non-traditional care avenues
- Improve and support data collection, analysis, and dissemination efforts for behavioral health needs
- Develop a multi-tiered communication strategy, centering around developing non-traditional partnerships and joint messaging with an emphasis on eliminating the stigma of mental health
- Strengthen networks of care for teens and adolescents and their families
- Combat deaths by suicide through the expansion of prevention, treatment, and family centered support services

Connect Washoe County is anchored by 4 established community partnerships: Washoe County School District, Nevada’s Office of Suicide Prevention, The Children’s Cabinet, and Renown Health. The strategic activities in the first year will be guided by the importance of identifying and engaging community stakeholders and creating effective communication and linkage networks through multiple methods and platforms. The strategic activities in the second year will be focused on refining the linkages and communication efforts and filling identified

Year 1		Create and Strengthen Linkages in the Community
Year 2		Identify Strategies to fill Service and Support Gaps
Year 3		Assure Sustainability and Economic Viability

service and support gaps in our community. The third year of strategic activities will focus on sustainability and economic viability to achieve the vision of an embedded community-supported system of access to mental health supports for youth and families in Washoe County.

## Washoe County Juvenile Services

Washoe County Juvenile Services (WCJS) reported a decrease in overall detention of youth over the past two years during the pandemic. Most youth who are detained present as a risk to the community, have significant mental health needs or a combination of both. WCJS continues to work closely with community providers to provide alternatives to detention that meet the needs of the community, the youth, and families that they serve. Along with State facilities, the County facility faces staffing shortages as well as challenges accessing services for youth who require acute hospitalization or other intensive mental health treatment.

## Nevada System of Care

The Nevada System of Care is now threaded throughout Washoe County mental health services and programs building healthy communities through partnerships, innovation, and hope for all Nevada Children, Youth and Families. The current grant efforts, focused on rural communities, have an indirect impact on Washoe County because so many of our rural counties depend on Washoe County based community services and supports. The grant activities in the past year focused on reducing health care disparities and increasing access to services. System of Care will continue to build partnerships and relationships with rural, frontier and tribal communities to listen and partner in building capacity and access to children's mental health services and supports. System of Care updates were a regular agenda item throughout the year with many presentations provided by the grant manager and other staff. Topics included

- High Fidelity Wraparound and FOCUS models
- System of Care language to aid in the empowerment of youth and families



*System of Care*  
*Language*

This	Not that
Children/Youth/Families	Client/Kiddo/Consumer
Youth/Families served	Case/Caseload
Parent/Caregivers	Mom/Dad
Treatment/Intervention	Placement
Engagement	Not motivated
Youth is missing	Runaway
Family time	Home visit
Concerns/Needs	Problem Behavior
Barrier/Challenges to overcome	Non-compliant/Resistant

## Nevada Office of Suicide Prevention

The Nevada Office of Suicide Prevention (NOSP) maintained and increased services to families in our community throughout this past year. The Office focused on, and partnered with, community providers, firearm owners, firearm sales and shows, and stakeholders to increase awareness, education and tools for improved lethal means safety, a proven suicide prevention strategy. New legislation (AB 181) mandates hospitals report on suicide attempts and deaths with the same process as the mandated opioid overdose reporting. This new data collection will increase the state's ability to build prevention and harm reduction programs with more of an upstream approach and truly preventative approach. Finally, in collaboration with the Department of Education, we have added a Youth Suicide Prevention Coordinator and a Safe Messaging Specialist, positions recommended by the WCCMHC in 2019. These positions will oversee the Project Aware grant for school-based mental health promotion and suicide prevention for Washoe County families. The expansion of our team and programs will allow OSP to focus much more on prevention and overall harm reduction versus intervention, reducing thoughts and attempts, therefore reducing our statewide suicide death rate.

### **Washoe County School District**

- Project AWARE grant, designed to improve mental health literacy, support student mental health needs, and build upon the district's foundation of Multi-Tiered Systems of Support at Damonte Ranch High School, Duncan Elementary, Lemmon Valley Elementary, Smithridge Elementary, Stead Elementary, Traner Middle School, and Vaughn Middle School
- Telepsychiatry and access to psychiatry care are being facilitated district wide
- The Mental Health Programs Administrator has triaged, supported and/or evaluated 73 students
- Expansion of co-located mental health supports to AACT High School, Agnes Risley Elementary, Desert Skies Middle School, Herz Middle School, Hug High School, Libby Booth Elementary, Mt. Rose Elementary, Sun Valley Elementary, and Veterans Elementary

### **Sierra Regional Center**

- Continued all supports to existing clients through COVID restrictions including service coordination, jobs and day training, respite, supported living arrangements, Family Preservation Program, and clinical supports
- Accepted applications and determined eligibility for newly referred individuals

### **Pacific Behavioral Health**

- Increased telehealth services to Rural Nevada in response to COVID
- Expanded services into rural school districts
- Served 50 students who have experienced trauma through grant funds from NDE
- Began a virtual IOP program for Youth in Transition (ages 14-24) for youth all over Rural Nevada, and this program reaches an increasing number of youth in areas where these services are not available

### **Nevada PEP**

- Received 107 referrals from Northern Nevada MCRT
- Received 60 referrals from other DCFS programs
- Provided peer support services to 563 families of youth with behavioral health needs in Washoe County

### **Koinonia**

Koinonia Family Services provides treatment level foster care and mental health services to more than 250 at-risk youth in our community across all services

### **Washoe County Juvenile Services**

- Continued to provide case management services to our clients despite this year's challenges
- Provided probation services, evidence-based youth development programming both in person and virtual, work program, traffic hearings and court hearings for youth in Washoe County while also maintaining a safe and secure detention center

### **Nevada System of Care**

Entered year 3 of the 4-year grant which ends in 2023. Accomplishments include expansion of intensive and intermediate care coordination, access to flexible funding and ready to launch self-directed respite services, training and access to evidence-based and practice informed interventions including Positive Behavioral Interventions and Supports, Child Parent Psychotherapy, Multidimensional Family Therapy and implementing the Child and Adolescent Needs and Strengths planning tool.

## Washoe County School District

Washoe County School District (WCSD) mental health and wellness leaders have worked hard during the past year to increase access to school-based mental health resources and to improve district systems and protocols related to school-based mental health services. WCSD has been building a comprehensive tiered mental health system. This is an interdepartmental and transdisciplinary project that involves both WCSD personnel and community partners working together for our 64,000 students, families, and over 8000 employees. Community Partners Include –University of Nevada, Reno, WellCare, Health Psychology Associates, Quest Counseling and Consulting, Join Together Northern Nevada, Renovations, Human Services Agency (HSA), Children’s Cabinet, Northern Nevada Child and Adolescent Services (NNCAS), Nevada PBIS and many more.

The district has started work on the recently awarded “Project AWARE” grant, designed to improve mental health literacy at 7 pilot schools, support student mental health needs, and build upon the district’s foundation of Multi-Tiered Systems of Support to strengthen system efficiency and effectiveness. The grant has also provided the district with access to technical assistance through the Mental Health Technology Transfer Center and the National Center for School Mental Health to help build school-based mental health system capacity. In addition to Project AWARE, the district is also working on School-Based Mental Health Services grant that is designed to strengthen the workforce development pipeline of school counselors, school social workers, and school psychologists.

At the Tier 3 or treatment level, WCSD has been building out a system of intensive mental health support co-located at school sites. These supports include diagnosis and assessment, psychotherapy, and psychiatry support through a telemedicine and direct model. These services are provided by licensed school personnel, and by community partners who have come alongside school teams to co-locate their services at schools. This model makes services much more accessible to students and families. It also maximizes the trust and relationship families already have with their school mental health professionals, so students and families feel comfortable with community providers, establishing that much needed therapeutic relationship.

In close collaboration with WCSD, The Children’s Cabinet provided Signs of Suicide (S.O.S) education and screening to 7<sup>th</sup> grade students in the 2020-2021 school year. Over 4,000 students received the S.O.S education, and 2,200 students were screened across 19 middle schools. Children’s Cabinet was instrumental in providing a flexible screening process for students who were enrolled in full-time, hybrid, and distance learning schedules. Students were able to be screened at their school site or at a Children’s Cabinet location with multiple dates and times to attend. Every student screened met one on one with a case manager or therapist and all families received follow up communication and support. Licensed therapists made individualized clinical recommendations for follow up and aftercare for more than 800 of those students. Washoe County School District remains committed to assessing and addressing youth mental health needs.

### **Washoe County Health District**

- Provided fiscal support to the Children’s Cabinet and Quest Counseling in Reno to improve mental health among children by implementing a Knowledge Campaign focused on (1) youth substance use, and (2) youth mental health awareness
- Continued multiple programs targeting youth that have mental health impacts, including, *The Wolf Pack Coaches Challenge*: a chronic disease and injury prevention program, Youth smoking and vaping prevention programs to reduce use and initiation of tobacco use among youth in schools, and Three Women, Infants and Children (WIC) program clinic sites in Washoe County that, among other services, provide mental health referrals for children and families

### **Nevada PEP**

Family peer support is a service that connects parents of children with mental & behavioral health needs to other parents with lived experience with the goals of increasing resiliency, decreasing isolation, decreased internalized blame, increased realization of importance of self-care for parents, increase feelings of self-efficacy, and increase the acceptance and appreciation of child’s challenges and increase ability for families to engage with both formal and informal supports. Now more than ever before Nevada families need support to know how to help their children. Family peer support specialists help families to navigate barriers and complexities of accessing services and they provide information to improve mental wellness. Families are referred by DCFS programs, schools, physicians, and community organizations.

### **UNR-Community Behavioral Health Collaborative**

The vision is to “increase accessibility (and availability) of services from UNR behavioral health training programs to in-need local non-profit community Human Services agencies by creating a conduit to source interested and available UNR behavioral health interns.” Emphasis on Physicians, Psychiatry, Psychology, Nurse-Practitioner, licensable MFTs/CPCs, licensable Clinical MSWs, licensable CADAC, and others. “Phase 1” is working to increase recruitment and retention into non-profit human services agencies, enhance community clinical supervision capacity via trainings for supervisors, and to provide monthly ongoing clinical supervision consultations to assure quality and accreditation adherence.

### **A Special Message from Reagan Home**

Pam and Steve Reagan (The Reagan Home) will be winding down over the next 18 months. We currently have one youth in our home, although we have averaged about 5 youths in our home over the past 45 years. We have enjoyed our careers and like working with kids. I’ve participated on both the state and county consortiums, partly to support and represent specialized foster homes. There is such a need for quality homes. These homes serve youth not only when they live with us but often are there to offer assistance for many years following their official discharge. Many youths referred to us would otherwise be at high risk of institutional or out of state programs if Nevada options aren’t available. This makes a specialized home highly cost effective. Adequate training, evaluation, and funding must be available to meet our current and future needs.



### Washoe County Human Services Agency

The Clinical Services Team (CST), housed within Washoe County Human Services Agency, continued to serve families within the Reno/Sparks area throughout the year 2021. During this time the team worked diligently to support children and families who were engaged in the child welfare system, while simultaneously working with families in the community to increase stability and sustainability outside of the child welfare system. The team continued to adapt amidst the covid pandemic offering a hybrid of in-person and telehealth interventions for the families served. The team was trained in Circle of Security Parenting, which is utilized to provide parenting groups that emphasizes attachment and attunement between parents and their children. Additionally, CST clinicians were trained in several evidence-based practices to support the well-being of families and the community. This included Eye Movement Desensitization and Reprocessing (EMDR), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Acceptance and Commitment Therapy (ACT) in addition to many other promising interventions. In 2021 CST expanded to support additional program areas over the past year. The CST is providing parenting groups at the Crossroads campus to support and develop healthy relationships between the children and their caregivers. The CST received 480 unique referrals last year. The team also provided initial mental health assessments for 146 children coming into care. Through WCHSA's Opioid Grant, CST clinicians were able to serve 61 families who have been impacted by substance use. This support included direct linkage to substance use treatment, financial support for housing and needed resources, motivational support, and group and individual therapy.

### DCFS Northern Nevada Child and Adolescent Services

Beginning July 1, 2021, the Division of Child and Family Services at Northern Nevada Child and Adolescent Services began an exciting new partnership with the University of Nevada Reno School of Medicine Child and Adolescent Psychiatric Fellows program in conjunction with the Washoe County Human Service Agency (WCHSA). This community-based child and adolescent psychiatric clinic is serving all children and youth in our community regardless of ability to pay or insured status. The clinic is filling an identified “gap in children’s mental health service array” in Washoe County which has been recently redesignated by the Health Resources and Services Administration (HRSA) as an area of “behavioral health shortage”. The UNR School of Medicine is providing an onsite child and adolescent board certified “Attending” MD to supervise all psychiatric evaluations, diagnosis, medication treatment and ongoing management in alignment with Nevada’s System of Care values and that is truly “trauma-informed”. Currently, there are four UNR first and second year Psychiatric Fellows providing a collective 20 hours of service on Monday afternoons, 1pm-5pm. We also have an available Psychiatric Care Coordinator to support families throughout the week with medication refills, mental health crisis response, and referral and follow up to community providers, as needed. In partnership with WCHSA, one of the second year Fellows is providing specialized psychiatric care to children and youth who are living in foster care. This partnership seeks to honor and consider the unique circumstances of each child in conjunction with the “Person Legally Responsible” and involved family and resource family in the entire psychiatric evaluation and decisions on medication treatment. This is especially important as according to the American Academy of Pediatrics recent research presented in October 2021, “one in every three children in foster

care are on psychotropic medications designed to alter their mental state or mood, a significantly higher percentage than children who are not in foster care within the Medicaid program”.<sup>6</sup> This program is supported through “blended” funding from the Federal Children’s Mental Health Block Grant (CMHBG), WCHSA, state general funds, and Medicaid. Division of Child and Family Services supported personnel provide the “medical clinic” infrastructure to include program management and administrative support.

NNCAS Infant and Early Childhood Mental Health Services continued its partnership with the Washoe County Human Service Agency’s Infant and Toddler Court Program, “Safe Babies Court Team” (SBCT) as the sole community provider of the evidence-based infant and early childhood mental health dyadic psychotherapy model, “Child Parent Psychotherapy” (CPP). The SBCT began serving children birth to three years and their families in July 2019. During this past calendar year of 2021, NNCAS provided CPP to 22 children and their caregivers involved in this specialized court program that focuses on the intensive developmental needs of infants and toddlers, birth to three years that are reliant upon caregiving relationship stability and permanency.

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<sup>6</sup> <https://www.aap.org/en/news-room/news-releases/aap/2021/children-in-foster-care-much-more-likely-to-be-prescribed-psychotropic-medications-compared-with-non-foster-children-in-medicaid-program/> accessed 1/28/2022

## Summary of Recommendations

The WCCMHC Long Term plan, anchored by relevant and informative data, draws upon successes and lessons learned from the past decade, as well as the emerging and ongoing needs of youth and families in our community. The Consortium remains committed to the sustainability of System of Care activities in our community. The detailed recommendations below reflect that commitment along with recognition of the need to act to respond to the current mental health crisis and prevent further decline in access to care and quality of services.

The following priority services, programs, and activities are categorized under two broad recommendations that seek effective systemic responses to the current mental health crisis. The estimated costs are based upon collective knowledge and should be considered variable and changeable. The Consortium respectfully recommends the following to be implemented in Washoe County:

### Recommendation 1

Commit funding, infrastructure, and legislative support to maintain and expand existing programs and services that benefit youth and families in Washoe County.

REQUEST	ESTIMATED COST
It takes many resources and providers to effectively respond to a youth experiencing an Acute Mental Health Crisis. Often, with appropriate and compassionate care, crisis stabilization occurs between 1-7 days. The Consortium requests <b>Acute Care Reimbursement</b> set at a daily rate be given to providers to offset expenses that are not reimbursable, cover uninsured patients, and assist families that can't afford deductibles or copays. The Consortium envisions this funding to be made available regardless of the patient's insurance status.	\$563/day
Washoe County is currently experiencing a critical lack of available residential or in patient treatment options for youth to remain in the community. Specialized populations (e.g., under 12 years old, dual diagnosis, aggressive behaviors, etc.) are at an even greater disadvantage for options. In addition, staffing shortages are preventing utilization of all available beds. The Consortium requests <b>Supplemental Payments</b> to providers in Washoe County to offset real costs for residential treatment and care. The Consortium envisions this funding to be made available regardless of the patient's insurance status.	\$200-\$500/day

The Consortium continues to advocate for the ongoing sustainability of System of Care principles and values throughout the service array available to youth and families in Washoe County. To this end, the Consortium requests a **dedicated paid position for a SOC representative** to assist the Consortium Chair in surveying the community, tracking implementation, compiling information, and developing strategies to strengthen Washoe County’s System of Care.

\$65,000 for 1.0 FTE

Families in Washoe County continue to struggle from a lack of safe and affordable Respite Care for children with behavioral needs including SED, autism, physical disability, and high-risk behavior. The Consortium recognizes Neuro Restorative Rehabilitation Center offers medical based respite care. In 2019, the Consortium requested the development of a taskforce to establish funding support. Now, the Consortium is requesting that funding be allocated to support and sustain **Planned and Crisis Respite Services** for non-foster care youth and families.

\$400/month/family  
or  
\$40/day/child

The Consortium recognizes NAMI of Northern Nevada’s Family to Family model. The Consortium also notes CASAT has developed a successful Peer Support model including training and certification for substance use. The Consortium supports efforts to expand this effort to include **Mental Health Peer Support and Family Peer Support** to reduce stigma and enable families to meet youth mental health needs more effectively.

To be determined

The Mobile Crisis Response Team is currently available on a telehealth basis to families in Washoe County 24 hours a day, 7 days a week. Funding was committed to expanding MCRT at the end of 2021. Though the Consortium is pleased with this expansion, we recognize that 24/7 In Person Mobile Crisis Response is an unmet need in Washoe County. The Consortium requests infrastructure and funding be implemented to **sustain 24/7 In Person Mobile Crisis Response to Washoe County families**. The Consortium supports investigating partnerships and funding options with community agencies to support the 24/7 availability, offering competitive salaries to retain staff, and consider strategies to reduce duplicative workload (for example, streamlined single assessments from trusted community partners).

To be determined

## Recommendation 2

Promote innovative programs to respond effectively to the ongoing and increasing youth mental health crisis in Washoe County.

REQUEST	ESTIMATED COST
<p>Washoe County families deserve compassionate, least restrictive care when they have a youth experiencing a mental health crisis. Therefore, The Consortium requests the creation of an <b>Intensive In-Home Crisis Stabilization Program</b>. We believe an effective program will use criteria to determine eligibility, criteria to determine which in home interventions to offer, and the program will comprehensively support the family system through the crisis. The Consortium respectfully submits a model being implemented in Maryland for consideration: <a href="https://www.sheppardpratt.org/care-finder/care-and-connections-for-families/">https://www.sheppardpratt.org/care-finder/care-and-connections-for-families/</a></p>	<p>\$500,000 to serve 90 youth annually</p>
<p>In Washoe County, youth are routinely routed into Emergency Departments and then held there for several days to several weeks as the hospital staff scramble to find suitable and safe discharge plans for youth. The Consortium supports every effort to safely prevent youth from needing to enter the Emergency Department due to a mental health crisis. The Consortium requests exploration of a pilot for children with an emphasis or special point of entry for under 12 to access a <b>Triage and Stabilization Center</b> located in close vicinity to the pediatric emergency department at Renown Hospital in order to divert youth from the Emergency Room and into appropriate care.</p>	<p>To be determined</p>
<p>Renown Health and UNR School of Medicine are developing a multi leveled plan to address the need for youth and family focused mental health providers and the need for increased services in our community. The Center for Excellence in Adolescent Mental Health will be a multidisciplinary training site for all classifications of mental health providers and a centralized service center for youth and families to receive comprehensive behavioral health care. The Consortium requests funding to support our known local partners in developing <b>The Center for Excellence in Adolescent Mental Health</b>.</p>	<p>\$500,000 - \$1.5 million annually</p>
	<p>To be determined</p>

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A Qualified Residential Treatment Program is a specific category of non-foster family home setting, for which public child welfare agencies must meet detailed assessment, case planning, documentation, judicial determinations and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive federal Title IV-E funding for the placement. QRTPs are a subset of licensed group care facilities; they do not wholly replace them. The Consortium requests support and funding be allocated to Washoe County to provide QRTP settings for identified special populations (e.g., pregnant youth, etc.)

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### Additional Considerations

Washoe County is facing unprecedented housing and rental market increases. More and more renting families are being evicted for no cause and are finding it impossible to get rehoused in a safe and timely way. The consortium notes that a mechanism for pass through dollars that families could use to meet their basic needs is a critical need.

We are also closely watching the issue of Mental Health Parity and the way providers in our community are fleeing to private practice in preference of cash pay clients because insurance reimbursements continue to be inadequate. And, on the flip side, families often cannot afford to use their insurance as more and more of them are put on high deductible insurance plans.

We continue to seek the support of DCFS and DHHS in developing an enhanced data collection and sharing system. We believe a formal process for ongoing collection and reporting of state and county-level data across each of the Department's Divisions related to (1) children's mental health service utilization, (2) an analysis of utilization vs. need, and (3) an assessment of current state-funded program capacity to provide services that meet the need will greatly improve the Consortium's ability to advocate for the well-being of youth and families in Washoe County.

In addition to the funding recommendations above, the Consortium is respectfully requesting that **the allocation for administrative expenses for the Consortium remain at \$15,000 per year.**

## Goals, Objectives, and Strategies

To reach the goals and objectives described below, the WCCMHC leadership facilitates collaboration across key state departments and divisions, community-based organizations, and stakeholders to align resources, reduce barriers to care, and build ample capacity to meet identified needs. The goals and objectives of the long-term plan were finalized in March 2020. As such all activities associated with the goals and objectives remain in progress. The Consortium will review Goals and Objectives in 2022 to refine or update as needed. In the 2020 Annual [Report](#), the Consortium identified 6 key activities for 2021. The table below summarizes outcomes specific to these identified activities.

<p><b>1. Facilitate a youth mental health summit</b></p>	<p>Objective 1C, 1F, 1G, 2A, 3B</p>
<p>Delayed due to COVID</p>	
<p><b>2. Continue to support and collaborate with the Nevada System of Care (SOC)</b></p>	<p>Objectives 1A, 1B, 1C, 2A, 2B, 2C, 3A</p>
<p>The Nevada SOC continues to build infrastructure for children’s mental health. Presentations and updates from Nevada SOC staff occur at most meetings. The Consortium disseminates information into our community about current activities. Additionally, the agencies associated with the Consortium remain committed to the SOC Principles in Washoe County. The Consortium indicates commitment to continue partnerships.</p>	
<p><b>3. Continue to identify and support the expansion and sustainability of school-based supports</b></p>	<p>Objective 1F, 2A, 3B</p>
<p>The Consortium’s WCSD representative and WCSD guests provide updates and information to the Consortium regularly. At the start of the school year, the Consortium funded the purchase of educational materials on the topic of Trauma for WCSD School Counselors, Social Workers, and Safe School Professionals. Our School District has made progress on co-located services for students and families including access to food, resources, and on-site mental health care. Our School District has also taken steps to hire more mental health professionals to be on-site and created the designation of safe school professionals.</p>	
<p><b>4. Continue the Scholarship Program to facilitate access to care</b></p>	<p>Objective 1C, 2B, 3B</p>
<p>The Consortium remains committed to funding the Scholarship Program to provide temporary support to families in meeting their children’s mental health needs. The Consortium awarded \$1850 in Scholarships to 13 families in 2021. See snapshot on page 27.</p>	

<b>5. Continue information dissemination efforts through training and communication</b>	Objective 1C, 2A, 2B, 2C, 3B
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The Consortium is proud of the growing Dynamic Resource Directory found on our [webpage](#), which has been designed to link providers of mental health support and suicide prevention in our community. Throughout the year, the Consortium hosted presentations from community providers on a variety of topics related to youth mental health.

<b>6. Conduct ongoing surveys of needs, successes, barriers, and access to compassionate care</b>	Objectives 1E, 1G, 2A, 2B, 2C, 3A, 3B
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The Consortium heard data presentations from multiple sources throughout the year, including narrative and anecdotal stories that reflected more timely indicators of need in our community. We make particular note of unmet needs for children in our community under 12 years old and lacking culturally relevant services in Spanish and other languages.





# 1

Increase access to compassionate care in the least restrictive environment.

### Objectives:

- A. *Expand early identification and assessment services*
- B. *Expand crisis and stabilization services to prevent out-of-home placements*
- C. *Expand access to an array of evidence-based substance abuse and mental health services on a continuum from prevention to recovery*
- D. *Increase racial, linguistic, and cultural equity in access to services and supports*
- E. *Expand workforce to meet demand*
- F. *Expand and sustain school-based services and supports*
- G. *Coordinate key system contacts and partnerships*

### Goal 1 Accomplishments

- The **Dynamic Resource Directory** launched on the WCCMHC website in November.
- Our **Social Media Workgroup** was created to increase presence and messaging through various social media outlets (see page 26).
- The Consortium recognized **National School Social Work Week** with a highlight on Beth Schroeder has been a school social worker for 15 years and has been working in WCSD for 6 years. Ms. Schroeder shared that social workers have moved from counselors/advocates to providers of mental health services in the schools. There are 13 school social workers in the district among other mental health titles spread throughout the district.
- WCSD collaborated with community experts in suicide prevention to review and update suicide policy, which was approved by the Board of Trustees.
- WCSD is collaborating with Washoe County Human Services Agency to update child abuse reporting and documentation policy.
- For the WCSD, the Department of Civil Rights hosted the first **Brave Space** training which will include three course to help faculty support students on civil rights issues.
- Washoe County Juvenile Services is starting the process to create more **de-escalation rooms in schools** to allow for youth in the detention centers to decompress in a safe spot.
- The NV PEDS team has launched **provider lines** that are starting to welcome calls and offering supports.
- A Spanish speaking therapist, Ana de la Maza, and colleagues in our community, offered **quarterly coffee talks to the Hispanic community** hoping to reduce stigma in Latinx community by starting the conversation about mental health.
- The Consortium's **Scholarship** continued to offer financial support for youth, parents, and caregivers to support their needs. The application process is family friendly, respectful, barrier free, and supportive of the applicant.
- The Consortium has become a safe space for participants to share their experiences and increase connections amongst providers, family members, and key stakeholders.
- The Consortium heard multiple **presentations from community partners**

- Dr. Ethan Steever with Willow Springs (How to talk to Children about COVID-19);
- Emma White with LifelsWorthIt.Org (Agency mission, vision, and activities around suicide prevention);
- SOC Grant Manager Kathy Cavakis (Refresher on SOC values, mission, and activities);
- Katie Metz and Jacquelyn Kleinedler (Connect Washoe County);
- Dr. Ken Coll on behalf of UNR Provost Office (UNR-Community Behavioral Health Collaborative);
- Angela Flora with WCSD (Navigating IEPs', 504's and resources for families);
- Unite US (initiative to link resource and referrals across the state);
- JJ Kelley, Middle School Teacher (A day in the life of a teacher during COVID-19).
- The Consortium heard multiple **Data Presentations**
  - Tiffany Tyler-Garner and Tara Raines with Children's Advocacy Alliance (CAA);
  - Rebecca LeBeau with Child Assault Prevention Project;
  - Lexie Beck with Youth MOVE (Bullying and #SafeAllies effort).
- Additionally, the Consortium utilized meetings and electronic communications to **disseminate information** regarding available services and/or access to services. For example, the following items were distributed for the Consortia's September meeting:
  1. Pediatric Psychiatry Brown Bag Series announcement
  2. Nevada Pediatric Psychiatry Solutions newsletter
  3. Nevada Pediatric Psychiatry Solutions newsletter special edition
  4. Connect Washoe County press release
  5. HRSA Provider Funding announcement
  6. Children's Cabinet Living Ideation Workshop flyer
  7. WCSD Distance Learning Options flyer
  8. Section 504 PowerPoint presentation
  9. WCSD IEP at North Start flyer
  10. Tall Cop training flyer
  11. VISN Mental Health Summit flyer

**Within Goal 1, Objectives 1A-1G remain in effect for the Consortium's Long-Term plan with no additional updates and changes.**

## Social Media Workgroup First Media Message

*Do you provide services or resources to families and youth in Washoe County? If so, YOU can help make an impact by joining the Washoe County Resource Directory. Add your resource listing to the Washoe County Resource Directory by visiting: <https://wccmhc.com/resource-directory/> #WCCMHC*



### Washoe County Children's Mental Health Consortium

Make an **impact** and  
be the **bridge** to  
families and youth in  
need

**01.**

Partner with  
providers,  
families and  
youth

**02.**

Development  
and growth of  
local resources

**03.**

Improve  
behavioral  
healthcare

ADD YOUR MENTAL HEALTH RESOURCE TODAY

[wccmhc.com](https://wccmhc.com) | [wccmhconsortium@gmail.com](mailto:wccmhconsortium@gmail.com) | [#WCCMHC](https://twitter.com/WCCMHC)

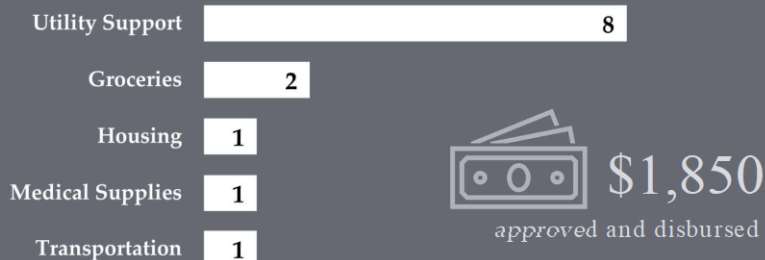
## WASHOE COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM 2021 SCHOLARSHIP SNAPSHOT

95% of requested scholarships were awarded

13 scholarships were disbursed to the following age groups:

Age Group	0-3	4-11	12-14	15-17	18-23
Scholarships	1	4	5	1	2

Services scholarship funds supported families with:



“Child has been going through a lot of depression and anxiety lately due to being triggered by her bully, then being hospitalized. I am just trying to take a little stress off myself so I am not worrying about anything else except her care.”

“I have been very ill and lost my job. I need to help keep my kids in therapy please.”

“Loss of income has resulted in inability to provide transportation, cover co-pays and cover housing/utilities.”



Washoe County  
Children's Mental Health  
Consortium

The Consortium wishes to provide small scholarships of financial support to youth and families in order to allow them to access necessary behavioral health services. These scholarships are designed to meet basic needs on a one time basis in order to reduce barriers associated with accessing behavioral health care.



“Family is experiencing recent household changes and family separation. Funds will assist mother, to meet basic needs for the family and allow for ease of access to family therapy...”

“Due to COVID, I have lost 3 jobs from closures and exposures during the pandemic. All the money I saved for rent is all gone because of rent going up and school cost. I can't afford my utility bills currently and was looking for assistance.”



## 2 Decrease and/or buffer children and youth's exposure to toxic stress.

### *Objectives:*

- A. *Develop and implement responsive relationship policies*
- B. *Develop and implement policies that support evidence-based services and supports that develop core life skills*
- C. *Develop and implement policies that decrease sources of toxic stress*

### Goal 2 Accomplishments

The objectives of this goal aim primarily toward system change through policy implementation. As such, the Consortium must first increase awareness, buy-in, and commitment to the goal. The following accomplishments are in alignment with that plan:

- **Letter of Request** was sent to the Nevada Department of Education to advocate for and support the educational community of Washoe County School District related to the impact of COVID-19 on education. Resulted in letter of reply from DCFS Administrator Armstrong and a meeting with State Deputy Superintendent Gonzalez (see Appendix D)
- The Consortium has regularly collected the experiences of educators, parents of students, and student learning experiences during the COVID-19 Pandemic. This **Family Voice** immediately informs Consortium attendees who are providers of services regarding the needs of the youth and families (see Family Voice on page 8 and list of Presenters on page 24) in Washoe County.
- WCSD hosted a **virtual trauma conference** with breakout sessions on a variety of topics for educators and invited The Children's Cabinet and The Office of Suicide Prevention to participate in presentations.
- The Consortium sponsored the School District's School Counselor, Social Worker, and Safe School Professionals' Welcome Meeting by **purchasing books on the topic of Trauma Informed Practices in schools.**

**Within Goal 2, Objectives 2A-2C remain in effect for the Consortium's Long-Term plan with no additional updates and changes.**



# 3

Increase child, youth, and family access to positive community-based experiences.

*Objectives:*

- A. *Inform and support implementation of standards of quality care in accordance with the SOC values and principles, reducing toxic stress, and preventing ACEs.*
- B. *Develop, implement, and sustain services and supports that decrease impact of effects of isolation, loneliness, and loss of connection on youth.*

**Goal 3 Accomplishments**

- The Consortium submitted **recommendations** in response to the Governor’s Every Nevadan Recovery Framework Plan (see Appendix C)
- To acknowledge Children’s Mental Health Day in May, The Consortium compiled and distributed a **digital Mental Health Newsletter** (see page 30).
- A representative from the Nevada System of Care regularly participates in the Consortium meetings, resulting in opportunities for Consortium members to learn about the SOC strategic plans and provide input on the direction of those plans as they pertain to residents of Washoe County.
- During the past calendar year, the Consortium **maintained its membership** in both the designated voting member roster as well as guest participation in meetings. This continues to create greater opportunity for **increased collaboration** among parents, families, and organizations. These collaborative relationships will be leveraged during the next calendar year to continue addressing this goal.

**Within Goal 3, all objectives remain in effect for the Consortium’s Long-Term plan with no additional updates and changes.**

# Children's Mental Health Awareness Week

## May 3 - May 7



wccmhconsortium@gmail.com  
www.wccmhc.com



### Medicaid Update

#### Provider Type 86 – Specialized Foster Care

- Approved under the authority of a 1915(i) which allows Medicaid to be able to target specific groups, in this case, youth in Specialized Foster Care
- Supports Intensive In Home Services that promote positive social behavior and interpersonal competence.
- Supports Crisis Stabilization Services.
- For more information:

### Forever 14

#### Empowering Teens to Go Above and Beyond...

The Legacy Teen Empowerment Project is an innovative collaboration between Forever14 and Project Discovery that empowers teens with leadership and life skills on an outdoor ropes course with zip lines, climbing activities, fresh mountain air, new friendships, and more!

For more Information:  
<https://forever14.org/>



### Tu Casa Latina

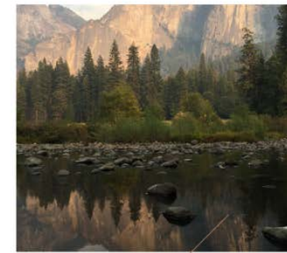
Dedicated to assisting with humanitarian forms of relief for victims of crime, domestic violence, sexual assault, and human trafficking.

- U-Visa
- T-Visa
- VAWA
- Translation of Documents
- Community Education
- Referrals to other local agencies
- For more information:  
email info@tucasalatina.org or call 775-432-9929

### Youth MOVE

We will be releasing a [special podcast episode](#) in addition to sharing numerous digital resources and collaborating with community partners to promote children's mental health awareness. Catch up with us on [Facebook](#), [Twitter](#), and [Instagram](#).

- Weekly Youth MOVE meetings (Every Tuesday- [Training calendar here](#))
- Mental Health Awareness Meeting on May 18th (Theme is TBD)
  - Digital Swag Bag
  - Children's Mental Health Activity Book
  - Daily Social Media Posts



### Youth MOVE Podcast

[YMNV Podcast - Children's Mental Health Awareness](#)

### Quest

- **Active Parenting of Teens:** In this group, parents of adolescents will learn how to be a role model and teach positive values to teens, improve communication and discuss topics such as drug use and mental health.
- **Adolescent mental health group** facilitated by counselors.
- **Medication management** services for teens.
- For more information:  
<https://www.questreno.com/> or  
Instagram: @quest\_reno



### NV PEP Webinars

Great opportunities to learn information to improve education opportunities for your child. Click the links below to get a description and register

- [Bullies, Targets, and Bystanders: Responses That Work](#)  
Tuesday, May 4, 11am – 12pm
- [Help Your Child Focus on Learning](#)  
Thursday, May 6, 5:30pm – 6:30pm
- [Introduction to IEP - Virtual Style](#)  
Friday, May 7, 1pm – 2pm
- [How Is My Child Reading?](#)  
Monday, May 10, 3pm – 4pm
- [Special Education in a Pandemic](#)  
Tuesday, May 11, 5:30pm – 6:30pm

#### For more information:

<https://nvpep.org/>  
p: 775-448-9950

## The Children's Cabinet

The Children's Cabinet offers many programs and services for youth and families for free.

Family Counseling  
Case Management  
YouthBuild  
Home Visiting  
Child Care Subsidy  
Childcare Resources  
Suicide Prevention Education  
... and more



## Youth Mental Health First Aid

Teaches participants how to help an adolescent who is experiencing a mental health or addictions challenge, or is in crisis. *YMHA training will cover various topics of a sensitive nature, including depression/anxiety, substance use, psychosis, or other topics that may potentially be distressing for some. However, YMHA program emphasizes recovery and resilience and aims to teach participants how to provide assistance for youth experiencing a mental health challenge.*

- **Friday, May 7th** 9:00am to 3:00pm
  - **Thursday, May 20th** 9:00am to 3:00pm
  - **Friday, June 11th** 9:00am to 3:00pm
  - **Thursday, June 24th** 9:00am to 3:00pm
- \*\*Participants must complete a 2-hour self-paced module and complete it no later than 48 hour prior to the virtual training. Learners who have not completed the module prior to the deadline will not be able to participate in the training.*
- **To register or for more information contact**  
[tmorgan@childrenscabinet.org](mailto:tmorgan@childrenscabinet.org)



1-800-536-4588

Text SAFE To 44357

777 Sinclair St  
Reno, NV 89501  
775-352-8090

For more information visit our website [www.childrenscabinet.org](http://www.childrenscabinet.org)

## NAMI

NAMI is joining with the Harvard T.H. Chan School of Public Health for a virtual panel discussion focused on the mental health impacts of COVID-19 among adolescents.

May 6, 2021, 3-5 p.m. ET

Panelists include:

- **Archana Basu, Ph.D.**, Research Scientist, Department of Epidemiology, Harvard T.H. Chan School of Public Health
  - **Diana Cha**, Founder and Executive Director, Letters to Strangers
  - **Christine Crawford, M.D.**, Adult and Child Psychiatrist and Associate Medical Director, NAMI ([@ChristyCrawford](https://www.instagram.com/ChristyCrawford))
  - **Karen DeSalvo, M.D.**, Chief Health Officer, Google Health ([@BocSalvo](https://www.youtube.com/channel/UC8BocSalvo))
  - **Carline Faux**, Actress, Producer, Writer and Influencer, NAMI Ambassador ([@carlinefaux](https://www.instagram.com/carlinefaux))
  - **Garth Graham, M.D.**, Director and Global Head of Healthcare and Public Health at Google/YouTube
  - **Aija Mayrock**, Post, Author and Influencer, NAMI Ambassador
- For further details and to register for the event, visit [Adolescent Mental Health in the Time of COVID-19](https://www.nami.org/adolescent-mental-health-in-the-time-of-covid-19).



## Other Resources



<https://study.com/resources/teen-mental-health-resources>  
<https://childmind.org/article/how-to-help-your-depressed-teenager/>  
<https://childmind.org/guide/anxiety-basics/>  
<https://hopefulminds.org/>  
<https://www.dacer.org/>  
<https://www.washoecounty.us/da/childadvocacycenter/index.php>

## ADDITIONAL RESOURCES

### Websites of Interest

- <https://everfi.com/courses/k-12/wellness-mental-health-education/>
- <https://www.nami.org/Get-Involved/Awareness-Events/Mental-Health-Awareness-Month>
- <https://www.mhanational.org/mental-health-month>
- <https://www.samhsa.gov/prevention-week/toolkit>
- **Washoe County Children's Mental Health Consortium – Influencing and Improving Behavioral Healthcare for Washoe County's youth and their families** ([wccmhc.com](http://wccmhc.com))
- [Supporting Children's Mental Health](https://www.supportingchildrensmentalhealth.org/)



### Hotlines

Suicide Hotline: **1-800-273-8255**  
<https://suicidepreventionlifeline.org>

Safeplace Hotline: **1-800-536-4588**

Safe Voice Nevada: **1-833-216-SAFE**  
<http://safevoiceenv.org/>

NAMI Warmline (M - F, 7am to 5pm): **1-800-950-NAMI**

Trevor Life Line: **1-866-488-7386**



Washoe County  
Children's Mental Health  
Consortium

## Newsletter

We are proud to provide this summary of current events and activities in our community that support the emotional health and well being of Washoe County children, youth, and families.

## Who We Are

Nevada Revised Statutes ([NRS 433B.333-339](https://nrs.leg.state.nv.us/nrs-433.html)) established The Washoe County Children's Mental Health Consortium (WCCMHC) as the designated consortium for the geographic area of Washoe County. We are comprised of committed professionals, agency personnel, community representatives, parents, foster parents, youth, community business representatives, and advocates who come together to support youth and families in Washoe County with behavioral health needs.

## Vision and Mission

Our **vision** for children, youth, and families in Washoe County is equitable access to compassionate and comprehensive mental health services and supports within our community. Our **mission** is to advocate on behalf of children, youth, and their families in Washoe County who require timely access to an array of behavioral health treatments services and supports.



## Planned Activities for 2022

In addition to prioritizing support for, and monitoring progress with, the legislative recommendations that begin on page 18, The Consortium intends to implement the following activities in this calendar year:

- Continue to curate and expand the Dynamic Resource Directory housed on the Consortium website (Objective 1G)
- Support Washoe County School District in developing an initial plan for implementing an SBIRT Screening Pilot Project in 10<sup>th</sup> grade (Objective 1C)
- Support Washoe County School District in developing a transparent vetting process for co-located school services that is in alignment with best practices and community standards for youth mental health (Objective 1F)
- Support The Children’s Cabinet in offering a School Based Mental Health Peer Support Model to Washoe County Schools and private schools throughout the community (Objective 1C, 1F, 3B)
- Explore the potential for developing a Safe Messaging Committee in collaboration with the Office of Suicide Prevention to offer guidance for any community partner working on suicide prevention messaging in any medium (Objective 1G, 2A, 3B)
- Identify and support collaboration among community partners to develop a Survivor Response Team with School Involvement that will offer tailored supports for youth and families coping with suicide attempt or suicide loss (Objective 1C, 3B)
- Support The Children’s Cabinet in offering Living Ideation caregiver and educator workshops in a variety of settings across the community (Objective 1C, 3B)
- Monitor data reports provided by The Children’s Cabinet and Washoe County School District from the Signs of Suicide screenings of 7<sup>th</sup> grade students and discuss implications and additional supports (Objective 1C, 3B)
- Support SOC Grant activities including plans for a training to provide the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. These national standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health care organizations. In addition, cultural responsiveness is a key system of care guiding principle to increase access to services (Objective 1D, 3A)
- Research and support efforts to increase the behavioral healthcare workforce including recruitment and retention of behavioral health interns of all backgrounds (Objective 1E)

- Support Washoe County School District in prioritizing mental health and well-being of students, families, and all staff including educators and support staff (Objective 1F)
- Resume discussion about hosting a youth mental health summit (Objective 3B)
- Support the expansion and sustainability of school-based supports with an emphasis on assisting the district in defining co-located services and how/when the hand off occurs from school to community partners; create effective safety nets for students to assure they are getting the right kind of care in the least restrictive environment (Objective 1F, 3B)
- Continue the scholarship program to facilitate access to care (Objective 1C)
- Continue information dissemination efforts through training and communication with a primary objective of funding support for Trauma Informed Care training for Washoe County Juvenile Services (Objective 3B)
- Conduct ongoing surveys of needs, successes, barriers, and access to compassionate care – tracking relevant data points in collaboration with others (e.g., YRBS, nevadatomorrow.org, AB181, etc.) (Objective 3A, 3B)
- Monitor activities, reports, and data generated by the State’s Project AWARE Grant as Washoe County School District is a sub-grantee (Objective 1A, 1F, 1G)

## Conclusion

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The Washoe County Children’s Mental Health Consortium respectfully submits this annual report of progress on its long-term strategic plan along with recommendations for support from the State in legislative and financial aspects. This report summarizes the strengths in our community and areas for improvement and expansion of programs, services, and supports for youth and families. The Consortium reaffirms the Goals outlined in the Long-Term Plan, with intention to review this calendar year. We remain committed to collecting, analyzing, and utilizing timely data to support decision making as we continue to progress on our goals. We intend to conduct regular reviews of our plan in accordance with our specific tasks and activities in the upcoming year. In collaboration with our partners and building upon our strengths, we remain committed to pursuing our identified activities while monitoring the implementation of recommendations in our community. We envision our community to be a linked and sustainable network of caring individuals, agencies, and programs so that every youth and family in our community is able to access supports and services that meet their unique needs. This vision cannot be achieved without the ongoing cooperation, communication, and collaboration of local providers, government resources, and non-profit agencies.

We remain thankful to all the members, guests, parents/caregivers, youth, and partners of the Consortium for their input, feedback, and tireless advocacy on behalf of children, youth, and their families in Washoe County.

## 2022 Membership

### THE WASHOE COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

**Jacquelyn Kleinedler, Chair**

Children's Cabinet  
*Non-profit Agency Representative*

**Katie Metz, Vice-Chair**

Casa de Vida  
*Youth Wellness and Prevention Representative*

**Rhonda Lawrence**

Northern Nevada Child & Adolescent Services  
*DCFS Representative*

**Sara Dearborn**

Division of Health Care Financing and Policy  
*Medicaid Representative*

**Katherine Loudon**

Washoe County School District  
*Washoe County School District Representative*

**Christine Eckles**

Washoe County Juvenile Services  
*Juvenile Probation Department Representative*

**Stephanie Brown**

Willow Springs Center  
*Business Community Representative*

**Mala Wheatley**

Pacific Behavioral Health  
*Mental Healthcare Representative*

**Ana De La Maza**

Quest Counseling and Consulting  
*Substance Abuse Provider Representative*

**Misty Allen, Secretary**

Nevada Office of Suicide Prevention  
*Suicide Prevention Representative*

**Chris Empey, Treasurer**

Washoe County Human Services Agency  
*Child Welfare Representative*

**Brittney Young**

Nevada PEP  
*Parent Representative*

**Steve Reagan**

Reagan Home  
*Foster Care Representative*

**Anna Thornley**

National Alliance on Mental Illness-Nevada  
*Parent Advocacy Representative*

**Dr. Rebecca Arvans**

Sierra Regional Center  
*Aging and Developmental Services Representative*

**Sandy Arguello**

Koinonia Family Services  
*Group Home Representative*

**Dr Jose Cucalon**

UNR Med Pediatric Department  
*Primary Healthcare Representative*

**Lexie Beck**

NV PEP / YouthMOVE Nevada  
*Youth Advocacy Representative*

#### ACKNOWLEDGEMENTS

This Annual Report would not be possible without the participation and support of the members of the Washoe County Children's Mental Health Consortium.

*Financial support for the planning process and preparation of this report was provided through the annual Washoe County Children's Mental Health Consortium state funds through the Division of Child and Family Services.*

#### MEETING ANNOUNCEMENTS

<http://dcfs.nv.gov>

#### ADDITIONAL INFORMATION AND RESOURCES

<http://wccmhc.com>

#### CONTACT US AT:

[wccmhconsortium@gmail.com](mailto:wccmhconsortium@gmail.com)

## References and Appendices

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## Appendix A: Providers, Programs, and Resources

**Connect Washoe County** <https://www.childrencabinet.org/connect-washoe-county/>

**Forever 14** – youth suicide prevention <https://forever14.org>

**Koinonia Family Services** <https://www.kfh.org/location/reno/>

**LifelsWorthIt.Org** – teen suicide prevention <https://www.lifeisworthit.org>

**NAMI** [www.naminorthernnevada.org](http://www.naminorthernnevada.org)

**Nevada Office of Suicide Prevention** <https://suicideprevention.nv.gov>

**Nevada Pediatric Psychiatry Solutions** <https://nic.unlv.edu/nvpeds.html>

**Nevada PEP** <https://nvpep.org>

**Youth MOVE Nevada** <https://nvpep.org/youth-move/>

**Nevada System of Care** [https://dcfs.nv.gov/Programs/CMH/SOC/Nevada System of Care/](https://dcfs.nv.gov/Programs/CMH/SOC/Nevada_System_of_Care/)

**Pacific Behavioral Health** <https://pbehavioralhealth.com>

**Quest Counseling and Consulting** <https://www.questreno.com>

**Sierra Regional Center** <https://adsd.nv.gov/Programs/Intellectual/Intellectual/>

**The Children’s Cabinet** <https://www.childrencabinet.org>

**Washoe County Children’s Mental Health Consortium** [www.wccmch.com](http://www.wccmch.com)

**Washoe County Health District** <https://www.washoecounty.gov/health/>

**Washoe County Human Services Agency** <https://www.washoecounty.gov/hsa/>

**Washoe County Juvenile Services** <https://www.washoecounty.gov/juvenilesvs/Directions.php>

**Washoe County School District** <https://www.washoeschools.net>

**Willow Springs** - 116 bed locked residential behavioral health treatment for adolescents ages 12-17 utilizing both a medical model and Dialectical-Behavior Therapy with oversight from DPBH and the Joint Commission <https://willowspringscenter.com>



## Appendix B: Assembly Testimony

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Madam Chair and members of the committee. For the record, Jacquelyn Kleinedler, Chair of the Washoe County Children's Mental Health Consortium. Thank you for this opportunity. I would also like to thank Dr. Freeman for her recommendation to hear from the Children's Mental Health Consortia today.

I have been a professional in Washoe County's mental health community for over 18 years. It has been my honor to Chair the Washoe County Children's Mental Health Consortium for nearly three years. In March of 2020, The Consortium finalized our current 10-year strategic plan as required by NRS.

We identified 3 overarching goals to guide our conversation, activities, advocacy, and our local and statewide data review strategies. In our effort to begin the path towards realization of our shared vision of equitable and compassionate mental health care for all, we established our first goal to address multiple ongoing and projected community needs in the coming years.

We have started conversations around what increased access, decreased barriers, and least restrictive environments really look like and what it would truly take to make resources with these characteristics available to youth. Achievement of this goal requires expansion of interrelated systems from private and public service agencies. For example, for our school district to succeed in its efforts to co-locate services in their schools and increase collaboration with community partners - multiple local and state stakeholders must work together to provide the necessary resources to meet agreed upon objectives.

As our discussion of goals took shape, we realized that primary preventive support of families and caregivers in their naturally occurring and overlapping systems is necessary. Thus our second goal is centered around activities that educate community stakeholders - including parents - about toxic stress, about ways to buffer children and build resilience and strengthen protective factors. The foundation of Goal 2 lies in the compelling research on Adverse Childhood Experiences documenting future potential impacts of unmitigated toxic stress on children when they become adults and potentially parents themselves.

Our third goal embodies our shared value that children thrive when their family is thriving, and families thrive when their community is thriving. With this goal, we will set out to bridge systems and identify key community factors that enhance physical and emotional health, safety, and well-being.

Each priority on slide 7 brings us a step closer to achieving all three of our long term goals.

The challenges and opportunities of the COVID-19 pandemic continue to dominate our meetings, considerations, and discussions. We intentionally make space to hear the stories of members of our community and look for ways to amplify their voices in local and statewide advocacy.

Through this very process, we have come to understand that teachers and educators – some of the key adults who we rely upon to guide and teach our children - are themselves overwhelmed with the stressors and demands of educating during the pandemic, and many are experiencing what can be characterized as toxic stress.

Thus our attention has turned to advocacy for our educators. In late January, we penned a letter to the superintendent of public instruction and the director of health and human services requesting various forms of support, waiver, and relief.

We believe that the adults who wrap love and support around our youth must also be supported. Alongside this effort, we continue to examine ways to shore up care of children, to address increased reports of anxiety and depression in our youth, and to continue to fight against our ever-existing youth suicide epidemic.

Though the pandemic has highlighted and intensified existing disparities in Washoe County around food, housing and employment insecurity, it has also allowed a particularly unique opportunity for adults and young people in our community to understand the importance of mental health and, through, their shared experiences, to decrease the stigma surrounding accessing mental health care.

We hope to press on this momentum and keep the attention paid to mental health at the forefront. We hope to continue to normalize mental health needs and access to mental health care as a necessary function of overall well-being.

In conclusion, I respectfully ask this committee to keep our children and families in mind as you proceed through the 81st legislative session.

Thank you.

## Appendix C: ARP Funding Suggestions

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The Washoe County Children’s Mental Health Consortium believes the following 3 areas should be funded through the recovery dollars allocated to the State of Nevada.

1. Dollars committed to supporting workforce development for Mental Health Professionals in all areas of degree and licensure in the state. We believe this funding should be allocated to DHHS Division of Child and Family Services to enact a statewide plan to create sustainable infrastructure for the recruitment and retainment of licensed mental health therapists, licensed psychologist, licensed drug and alcohol therapists, psychiatrists, psychiatric nurse practitioners, and behavioral health physician assistants. The funding should directly pay for tuition, post degree supervision fees, and post degree training. We believe an allocation of \$25 million will begin to adequately address the serious lack of mental health providers across the state.

2. Dollars committed to stabilizing the housing markets in Washoe and Clark Counties are desperately needed. Funding should directly pay grants for first time home buyers that cover down payment and closing cost fees and grants for first time home buyers moving to Nevada specifically to work in health care, behavioral healthcare, other human services, and education fields. We believe an allocation of \$50 million is needed to restructure the housing crisis so that first time home buyers are the primary buyers of homes rather than corporations and investors.

3. A direct subsidy program to residents of Nevada structured similarly to the Trauma Recovery Demonstration Grant currently being administer by the Nevada Department of Education. Or the way Child Care Subsidy is administered across the State by The Children’s Cabinet. Providers of medication (pharmacies), providers of mental health care, and landlords would apply to the direct subsidy program to be vendors. Then, the approved vendors would provide the services and mediations and housing to residents who have been approved by the subsidy program, and then the State would reimburse

the providers when providers submit invoices. We believe \$50 million would be needed to adequately support individuals and families in our community who are in immediate need of medication, mental health care, and housing.

The Washoe County Children's Mental Health Consortium is comprised of voting members and members of the public who represent Washoe County School District; Washoe County Juvenile Services; Washoe County Human Services Agency; The State Office of Suicide Prevention; DCFS; Renown Health; The Children's Cabinet; Nevada PEP; Pacific Behavioral Healthcare; Willow Springs; Quest Counseling; foster care providers; parents of students and youth with mental health needs; and multiple other non profit and for profit child serving agencies. Thank you for your consideration.

Sincerely,

Jacquelyn Kleinedler, MA, MFT, LADC

Chair, Washoe County Children's Mental Health Consortium



Washoe County  
Children's Mental Health  
Consortium

January 12, 2021

Jhone Ebert  
Superintendent  
Nevada Department of Education  
JEbert@doe.nv.gov

Richard Whitley  
Director  
Nevada Department of Health and Human Services  
RWhitley@dhhs.nv.gov

Dear Superintendent Ebert and Director Whitley,

The members and participants of the Washoe County Children's Mental Health Consortium are very concerned about the toll COVID pandemic adjustments to education are taking on students and families in Washoe County. The Consortium is respectfully requesting the Nevada Department of Education and the Nevada Department of Health and Human Services take swift and meaningful action that will ease the pressure teachers and families face and communicate the prioritization of mental health and well-being above all other considerations. We add our voice in advocacy for vulnerable populations and seek to amplify the feedback we have received from families, school administrators, teachers, and counselors.

Family Voice is an agenda item at the Consortium monthly meeting to allow members of the community, and those who work with the community, to talk about successes, challenges, and barriers related to the emotional health and well-being of our youth. Over the past four months, the Consortium has heard from guests in the community as well as from members during this special agenda item. The parents, professionals, and young adults in our past four meetings have

described the efforts being made by the school community to adapt to the ever-changing requirements of present educational environments. Members of our educational community are reporting significant increases in stress, fear, anxiety, confusion, and depressive symptoms.

The Consortium members understand that the impacts of the pandemic are community wide, affecting every single resident of Washoe County. We believe support of our youth begins with supporting the important adults in their lives. We turn to teachers and counselors as frontline support of our children for everything from academic leaning, to assuring they are fed, to screening for behavioral health and mental health problems. Furthermore, any academic setbacks students experience while we are in the pandemic can be addressed and corrected post-pandemic, but the psychological and emotional impacts the students are experiencing will be much more insidious, long-lasting, and difficult to address as time goes on. We are asking the Department of Education and the Department of Health and Human Services for adjustments so our energy and focus can be on prioritizing relationships and assuring the emotional safety of our youth, families, teachers, and school counselors. **Our top priorities are as follows:**

1. Waive testing requirements for all students but especially for 2021 and 2022 graduates, for example, making the ACT an optional test. Suspended or postponed testing would reduce potential infections, eliminate unnecessary testing stress, and free up valuable time for instructional opportunities.
2. Relax grading requirements in light of the pandemic and allow the Washoe County School District to set guidelines for attendance, class participation, testing, and graded work to reflect an emphasis on teacher/student relationship and student circumstances.
3. Allocate funding towards mental health supports and services - including providing State assistance to eliminate barriers to billing Medicaid for the District and dedicating funding to supporting mental health professionals in schools. Nevada ranked 51<sup>st</sup> in the nation in both access to mental health funding and mental health outcomes prior to the pandemic, and the need to rectify resource deficiencies is even more acute now due to COVID-19.

Additionally, we recommend specific adaptations for teachers and counselors, students, and the graduating class.

### **Supporting Teachers and Counselors**

1. Suspend formal teacher evaluations, specifically the SLO, to reduce pressure on teachers.
2. Advocate for the prioritization of school site administrators, teachers, school social workers and school counselors for the COVID vaccine.

3. Allocate funding for barrier free, neutral, confidential mental health support and crisis interventions for teachers and staff. This includes building a sustainable workforce.

### **Supporting Students**

1. Address severe cuts to state level mental health funding that has impacted access to care; and reinstate supports and services for students under age twelve. Gaps in care at the state level through the Department of Public and Behavioral Health and the Department of Education have put an intolerable stress on the students and families in Washoe County.
2. Commit funding to expand existing peer-to-peer connection opportunities for students, including Youth M.O.V.E.
3. Allow teachers, in collaboration with parents, to make student determinations through the formative assessment process, and allow them to make allocation determinations accordingly.
4. Allow schools to adjust academic load on a case-by-case basis for those students who would benefit from focusing on high priority courses; waiving minimum load, if necessary without financial impact to the school district.

### **Supporting the Class of 2021**

The State and County moved swiftly to support the Class of 2020 in graduating under extraordinary circumstances. The Consortium recognizes that, as the pandemic crisis continues, the Class of 2021 requires grace and understanding to facilitate their success. We are not advocating for “going easy on kids,” but rather for assuring an emphasis on psychological well-being balanced with academic performance. For our most vulnerable students, these adaptations will be the difference for their survival. We request that the Nevada Department of Education turn attention to supporting our seniors by

1. Promoting flexibility in graduation requirements.
2. Assuring “No problem” 5<sup>th</sup> year or an extension of the 4<sup>th</sup> year.
3. Waive mandatory ACT testing, while continuing to offer this as an option.
4. Expand the scope of NRS 388 that applies to specific populations to include all students who have been impacted by COVID-19 to allow students to combine partial course work for credit and to waive attendance requirements.

The Consortium recognizes, and is grateful for, the collaboration and efforts that have been made by the Nevada Department of Education, The Washoe County School District, and others involved with children's education and mental health. The Consortium also recognizes that the pandemic has created unequal, unstable, and unprecedented circumstances that affect students' ability to learn and teachers' ability to teach. The current Nevada educational requirements were not designed for present pandemic conditions, and thus some mandates either add further stress and inequity or penalize the District (financially or otherwise) for lack of participation. We believe now is the time to optimize the role of our schools in promoting hope, crisis recovery, and community engagement.

We are desperate for swift action, and welcome immediate dialogue with you. You can communicate with the Consortium by contacting the Chair, Jacquelyn Kleinedler, at [jkleinedler@childrenscabinet.org](mailto:jkleinedler@childrenscabinet.org); by telephone at 775-682-1316; or the Consortium email at [wccmhconsortium@gmail.com](mailto:wccmhconsortium@gmail.com)

We are appreciative of your time.

Respectfully,

Washoe County Children's Mental Health Consortium

cc: Washoe County School Board of Trustees  
Washoe County Superintendent McNeill  
Administrator Armstrong



Steve Sisolak  
Governor  
Richard Whitley, MS  
Director



**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
Division of Child and Family Services  
*Helping people. It's who we are and what we do.*



Ross Armstrong  
Administrator

January 19, 2021

Washoe County Children's Mental Health Consortium  
c/o Chair Jacquelyn Kleinedler

Dear Washoe County Children's Mental Health Consortium:

Thank you for your letter dated January 12, 2021 advocating for children, youth, and families in Washoe County. Your dedication to System of Care principles is demonstrated in your willingness to amplify family voice during this difficult time.

During this COVID-19 pandemic we have established a Behavioral Health Advisory Team which has reviewed your letter and will be using it to educate their work as they move forward. At this point in the pandemic we are hearing from all quarters that we need to prioritize children's mental and behavioral health. Whenever the issue of children's mental health arises during the pandemic, academics and virtual schooling invariably enter the discussion very soon after. Under normal circumstances, so much of children's success, resilience, and ability to thrive is tied to their support and success in the school environment. Now, everything has changed. More so than ever, there is a tightly bound reciprocal relationship between the academic environment and mental health. Changes in one reverberate throughout the system and negative outcomes are amplified among the stressors and inequities of this pandemic. We must hear and act on the feedback we have now repeatedly received—that this cannot continue; that we must disrupt the status quo in order to prioritize mental health and emotional wellbeing. Doing so will benefit not only children and youth, but also teachers, school staff, school administrators, parents, and other caregiving adults.

**Unprecedented Collaboration on Behalf of Children, Youth, and Families**

The Department of Health and Human Services has partnered with the Nevada Department of Education in an unprecedented way in funding a statewide behavioral health coordinator within the Department of Education and modifying our Medicaid structure to allow for billing of on-site behavioral health services at schools. While this program is just in its beginning stages, we are committed to providing any technical assistance, feedback, and collaboration needed to accelerate its efficacy in Washoe County.

Your letter indicates that there are barriers to billing Medicaid for the School District. We would like to set up a time to meet with the appropriate members of the Consortium to understand those barriers in a more specific way so that we may take any action that we are able to reduce or eliminate those barriers. Please let me know who is appropriate to include in that meeting and we will get it scheduled.

**Commitment to Mental Health Funding & Resources**

During the 2019 Legislative Session, Governor Sisolak proposed and secured the largest general fund investment into mental health in Nevada history. As you are likely aware, the COVID-19 pandemic has triggered a financial crisis for the State of Nevada and its local government entities. We have worked to secure federal emergency funding for a temporary expansion of our Children's Mobile Crisis Program and have re-tooled the former Wraparound In Nevada program to be able to provide multiple levels of care coordination.

While the fiscal situation has Nevada facing many difficult choices, our commitment to protecting health funding does not waiver. In the Governor's recommended budget for the 2021 Legislative Session, children's mental health staff freezes implemented during the Special Session of 2020 are removed and there are no new service reductions to our Children's Mental Health programs.

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We agree that schools play an important role in promoting hope, crisis recovery, and community engagement. The Division stands ready to collaborate on all fronts as we move forward together for the benefit of children, youth, and families. I look forward to meeting to discuss the barriers you've identified that the Department of Health and Human Services can address.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ross Armstrong', with a stylized flourish at the end.

Ross Armstrong, Administrator  
Division of Child and Family Services

cc: Washoe County School Board of Trustees  
Washoe County Superintendent McNeill  
Director Richard Whitley

## Nevada Department of Education response to WCCMHC 1/12/21 letter of request

**On February 5th, 2021 Deputy Superintendent Gonzales hosted a 30-minute video call with Chair Kleinedler, including Christy McGill, to discuss our letter of request. The Deputy Superintendent was generally supportive of youth and families in Washoe County but indicated NDE is unable to make any commitments at this time. Specific information for each request is in blue below.**

1. Waive testing requirements for all students but especially for 2021 and 2022 graduates, for example, making the ACT an optional test. Suspended or postponed testing would reduce potential infections, eliminate unnecessary testing stress, and free up valuable time for instructional opportunities.

The federal Every Student Succeeds Act requires a college and career readiness exam. Nevada chose to use the ACT to meet this. The US Department of Education would have to grant permission to waive testing requirements. All the state required assessments are federally required and NDE declines to waive them, stating it has no authority to waive them without a federal waiver.

2. Relax grading requirements in light of the pandemic and allow the Washoe County School District to set guidelines for attendance, class participation, testing, and graded work to reflect an emphasis on teacher/student relationship and student circumstances.

NDE indicated that the school district already has the ability to do these things.

3. Allocate funding towards mental health supports and services - including providing State assistance to eliminate barriers to billing Medicaid for the District and dedicating funding to supporting mental health professionals in schools. Nevada ranked 51<sup>st</sup> in the nation in both access to mental health funding and mental health outcomes prior to the pandemic, and the need to rectify resource deficiencies is even more acute now due to COVID-19.

The State's Project Aware grant was briefly discussed. The Consortium will invite future presentations on this topic.

### **Supporting Teachers and Counselors**

4. Suspend formal teacher evaluations, specifically the SLO, to reduce pressure on teachers.

NDE indicated the school district has stricter requirements than the State and would have the ability to relax or waive these additional requirements. WCCSD adds 7 additional steps beyond NDE requirements. NDE will not be changing their requirements at this time.

5. Advocate for the prioritization of school site administrators, teachers, school social workers and school counselors for the COVID vaccine.

This item was not discussed as vaccination of educators in Washoe County is underway.

6. Allocate funding for barrier free, neutral, confidential mental health support and crisis interventions for teachers and staff. This includes building a sustainable workforce.

Chair Kleinedler asked if NDE had funding that could be dedicated or allocated for this purpose. We were repeatedly referred back to the local district to request funding to be dedicated for this purpose. If that request is denied, then we could return to the State to request again. However, no indication was made that funding would be made available.

### **Supporting Students**

5. Address severe cuts to state level mental health funding that has impacted access to care; and reinstate supports and services for students under age twelve. Gaps in care at the state level through the Department of Public and Behavioral Health and the Department of Education have put an intolerable stress on the students and families in Washoe County.

The State's Project Aware grant was briefly discussed. The Consortium will invite future presentations on this topic.

6. Commit funding to expand existing peer-to-peer connection opportunities for students, including Youth M.O.V.E.

The State's Project Aware grant was briefly discussed. The Consortium will invite future presentations on this topic.

7. Allow teachers, in collaboration with parents, to make student determinations through the formative assessment process, and allow them to make allocation determinations accordingly.

NDE indicated the superintendents across the state are working together on this issue. No progress to report at this time.

8. Allow schools to adjust academic load on a case-by-case basis for those students who would benefit from focusing on high priority courses; waiving minimum load, if necessary without financial impact to the school district.

This item, with regard to minimizing fiscal impact on districts was not specifically discussed.

## **Supporting the Class of 2021**

5. Promoting flexibility in graduation requirements.

No changes will be made to graduation requirements by NDE.

6. Assuring “No problem” 5<sup>th</sup> year or an extension of the 4<sup>th</sup> year.

The NDE is promoting a 5<sup>th</sup> year. The Chair asked for outreach and promotional materials.

7. Waive mandatory ACT testing, while continuing to offer this as an option.

All the state required assessments are federally required and NDE declines to waive them, stating it has no authority to waive them without a federal waiver.

8. Expand the scope of NRS 388 that applies to specific populations to include all students who have been impacted by COVID-19 to allow students to combine partial course work for credit and to waive attendance requirements.

NDE indicated the superintendents across the state are working together on this issue. No progress to report at this time.



For more information, contact:  
**Krystal Pyatt**  
kpyatt@childrenscabinet.org  
775.856.0123

## **New Partnership – Connect Washoe County (CWC) - Seeks to Improve Behavioral, Youth, and Adolescent Health**

***Renown Health partners with The Children's Cabinet, Washoe County School District, and Nevada's Office of Suicide Prevention for a three-year strategy***

**RENO, (September 9, 2021)**– In Washoe County, four local organizations have created Connect Washoe County (CWC) to serve youth and families with a focus on mental health, substance misuse, and youth/adolescent health.

According to the [2020 Community Health Needs Assessment](#) conducted by Renown Health, there are health indicators that have changed over time, signifying the need for more mental health resources in our community. In 2017, 16.30% of teens felt sad or hopeless. That number jumped in 2019 to 40.20%. Washoe County continues to trend higher than the state average for suicide attempts. Additionally, according to 2019 YRBS data, Washoe County youth continue to trend upwards in use of alcohol, marijuana, prescription drugs, and vaping with one in four 11<sup>th</sup> and 12<sup>th</sup> graders reported using marijuana. Emerging data from the CDC after the start of the pandemic indicates youth are increasingly isolated and facing greater mental health challenges than before.

"Suicide among young people continues to be a serious problem in Washoe County," said Dr. Anthony Slonim, CEO of Renown Health.

Renown Health hosted a survey in early Fall of 2020, seeking input from the community on the health issues considered most important and overwhelmingly access to mental health treatment and mental health resources were the top identified need in Washoe County.

"It is such an honor to be a part of Connect Washoe County," said Misty Vaughan Allen, State Suicide Prevention Coordinator. "Improving connectedness among individuals and across systems increases the possibility of help, and therefore hope, especially for those who might be more isolated."

Student forums conducted by the Washoe County School District during the 2020-21 school year confirm this need. At a student town hall event on social-emotional wellness hosted by the Student Advisory Council, students reported increased experiences of anxiety and depression.

"What we discovered is that [students] don't feel comfortable going to an adult when they are struggling with their mental health," said Ivy Batmale, Student Vice President.

"Community linkages and partnerships are vital to the success of all families in Washoe County," said Dr. Paul LaMarca, Chief Strategies Officer with WCSD, who is committed to supporting the social-emotional well-being of students and their families.

Under the leadership of The Children’s Cabinet, CWC has prepared a three-year strategy to better support youth and families through community collaboration starting 2021 through 2024.

“By creating robust networks of professional and paraprofessional community agencies including government, non-profit, faith-based, narrow-scoped, broad-scoped, large, and small, CWC will be able to maximize efforts in all areas of mental health and youth suicide prevention by assuring accurate identification of service gaps,” said Kim Young, Executive Director of The Children’s Cabinet.

- **Year One:** Create and strengthen linkages in the community. For those interested in joining this collaboration, please contact Children's Cabinet Department Director, [Jacquelyn Kleinedler \(jkleinedler@childrenscabinet.org\)](mailto:jkleinedler@childrenscabinet.org)
- **Year Two:** Identify strategies to fill service and support gaps.
- **Year Three:** Assure sustainability and economic viability.

Families in need of mental health resources, substance misuse treatment resources, or youth/adolescent health resources can contact The Children’s Cabinet at 775-352-8090 or visit our [website](#).

#### **About The Children’s Cabinet**

Established in Reno 1985, The Children's Cabinet exists to keep children safe and families together by offering services and resources that address unmet needs. The organization represents a unique and effective collaboration between the private sector and public agencies in Nevada. The Children’s Cabinet helps more than 11,000 families annually with a wide range of services: basic needs, child care resources, education, and work experience programs, crisis intervention, and family counseling. As a non-profit agency, The Children’s Cabinet relies on community support to provide programs and services at no charge to children and their families.

#### **About Renown Health**

Renown Health is the region’s largest, locally owned and governed, not-for-profit integrated healthcare network serving Nevada, Lake Tahoe and northeast California. With a diverse workforce of more than 7,000 employees, Renown has fostered a longstanding culture of excellence, determination and innovation. The organization comprises a trauma center, two acute care hospitals, a children’s hospital, a rehabilitation hospital, a medical group and urgent care network, and the region’s largest, locally owned not-for-profit insurance company, Hometown Health. Renown’s institute model addresses social determinants of health and includes: Child Health, Behavioral Health & Addiction, Healthy Aging and Health Innovation. Clinical institutes include: Cancer, Heart and Vascular Health, Neurosciences and Robotic Surgery. Renown is currently enrolling participants in the world’s largest community-based genetic population health study, the Healthy Nevada Project®. For more information, visit [renown.org](http://renown.org).

#### **About Washoe County School District**

The Washoe County School District includes the Reno/Sparks metropolitan area, Incline Village, Gerlach, and Wadsworth, Nevada. The District provides each of its 62,000 students with a superior education in a safe and challenging environment and is committed to graduate every child career- and college ready.

#### **About the Nevada Office of Suicide Prevention:**

The mission of the Nevada Office of Suicide Prevention is to reduce the rates of suicide and suicidal acts in Nevada through statewide collaborative efforts to develop, implement and evaluate a state strategy which advances the goals and objectives of the National Strategy for Suicide Prevention. The Office has developed the Nevada Suicide Prevention Plan with the goal of providing a catalyst for collaborative action, improved understanding and increased wellness in communities across Nevada. This plan is based on the strong belief everyone has a role to play in suicide prevention, and those individuals and groups which address the physical, emotional, psychological, and spiritual needs of individuals and communities must work together if we are to be effective. For more information go to [suicideprevention.nv.gov](http://suicideprevention.nv.gov), if you are in crisis call 800-273-8255 or text CARE to 839863.