

DCFS MENTAL HEALTH SERVICES REPORT

TO THE COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

PROGRAM: NNCAS SUBMITTED BY: Ross E. Armstrong, Administrator
 Prepared by: Cara Paoli, Deputy Administrator

Reporting Period: August 2018 thru November 2018

STAFFING

Positions	Filled	Aug	95
Positions	Filled	Sept	95
Positions	Filled	Oct	96
Positions	Filled	Nov	95
Vacancies	-	Aug	12
Vacancies	-	Sept	12
Vacancies	-	Oct	11
Vacancies	-	Nov	12

Difficulties Filling:

CASELOADS/WAITING LISTS

Services:	Children's Clinical Services	Services:	ATC Residential
	Caseload: Aug		Caseload: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov
	Waiting List: Aug		Waiting List: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov
Services:	Early Childhood (ECMHS)	Services:	Residential Group Homes
	Caseload: Aug		Caseload: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov
	Waiting List: Aug		Waiting List: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov
Services:	W.I.N. Northern Region	Services:	W.I.N. Rural Region
	Caseload: Aug		Caseload: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov
	Waiting List: Aug		Waiting List: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov

PROGRAM STATUS REPORTS

ACCOMPLISHMENTS:

- CCS/EC**
- * CCS and MCRT met with new administration at West Hills hospital in November to ensure that our partnership can continue to work well
 - * CCS and MCRT met with Reno Behavioral Hospital, who has completed their vendor enrollment process. Their contract is scheduled to be approved in early December to be able to accept category 16 funding for uninsured kids
 - * CCS conducted outreach to other area local providers and identified several new openings for counseling for uninsured children. CCS facilitated the referrals of several clients who were on the waiting list to the Children's Cabinet and the Downing Counseling clinic
 - * ECMHS's conducted outreach to Nevada Early Intervention Services and partnered with them at their annual Trick or Treating with Families event.
 - * ECMHS's conducted outreach to the Maternal and Child Health through their statewide association.
 - * DCFS was awarded the HRSA pediatric Mental Health Access Grant. In preparation, of this grant one ECMH leader was sent to the Growing Brain Training of Trainers. Her first training is scheduled in partnership with CASAT for December.
 - * ECMHS is partnering with the Department of Education to assist on a Preschool Development Grant.
 - * ECMHS continues to partner with our Southern DCFS staff, NEIS, UNR, and Medicaid on Technical Assistance Financial Policy support for Infant and Early childhood Mental health services. In September we partnered in creating a Gap Analysis which will help identify unmet needs that may lead toward the development of an IECMH Association or Endorsement.

- * ECMHS conducted "Behavior has Meaning" trainings, part one and two in September and October, as well as, 3 sessions of "Trauma Informed Care" and one "Introduction to Mental Health Consultation." We are currently coordinating with Washoe County School District to offer "Behavior has Meaning" and an additional "Growing Brain" training in upcoming months.
- * CCS/ECMHS continue to implement System of Care core values into our monthly staff meetings and trainings, focusing on a new core value each month. We encourage clinicians to come each month with a new, practical way they can implement SOC values into their work. In September, we focused on community-based services and highlighted our coordination across child serving organizations including WCHSA, WCSD, preschools/child care centers, NEIS, and Children's Cabinet early intervention services. We also participated in home visiting in our early childhood program as well as conducted several mental health consultations at preschools, schools, and daycare centers. In October we focused on evidence informed practices and highlighted the importance of reflective based supervision practices.
- * Continues to participate in the National Wraparound Implementation Center's training to rollout high fidelity wraparound in our community. In October, the first training was conducted by our own coaches who are well on their way to certification. This training was observed by the national coach as part of the certification process
- * As a result, of a statewide leadership group formed to brainstorm how to meet the care management needs of children outside of the identified wraparound population, WIN has decided to pursue a model for case management services to address the second highest tier of needs. The leadership team has been actively working on criteria and process to implement this
- * WIN attended the System of Care and Cultural Linguistic Competency training
- * Wraparound was able to complete interviews and fill all staff positions in the Reno area.
- * WIN statewide leadership were able to meet to begin to coordinate fidelity and accountability measures into statewide work performance standards
- * WIN currently has no waiting list
- * Outreach and education of system partners continues to be a high priority across the North region

WIN

ATC/FLH

- * ATC participated in a training with Sparks Police Department, on the "Parent Project". They offer a 10-week program that has 6 three-hour sessions and 4. 2 hour sessions for parents. ATC plans to refer parents to this evidence-based program that helps build relationships, build consistency, and manage behavior within the home
- * ATC has hired four new temp employees and one full time employee
- * ATC residents participated in door and hallway decorating in conjunction with the Halloween festivities. They recreated the theme of Coco including creating an educational brochure on the Day of the Dead. The winning hallway received a pizza party for their efforts. Partnering with WCSD to have better communication.
- * Residential Leaders continue to participate in the Building Bridges Initiative through monthly meetings
- * Residential Leaders participated in the CARF 101 training in Las Vegas in anticipation of our upcoming accreditation with CARF.
- * Construction was completed on the Learning Homes Three and Four to upgrade bathroom facilities and entrances for ADA requirements. Now all four homes are back open and operational
- * FLH and ATC attended the System of Care and Cultural Linguistic Competency training

Mobile Crisis

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- MCRT statewide leadership met in Las Vegas to share technical assistance training provided to southern region staff, develop statewide training objectives, review program evaluation, set goals for program improvement, and coordinate statewide collaborative efforts with Safe Voice and Zero Suicide.
- * MCRT continues to respond to calls from St. Mary's and Renown hospitals. We have now started responding to Northern Nevada Hospital. Our call volume has increased since kids are back in school
- * MCRT actively engages with community partners including Juvenile Probation, Washoe County School District, Renown, St. Mary's, and Northern Nevada Hospital.
- * MCRT has continued to partner with HBI, making referrals to their agency for HPN clients. Additionally, we met jointly with HBI and the school district to ensure that school teams have a seamless connection to mobile crisis
- * MCRT conducted a presentation about our services to the Advanced Nurses Practice Association Conference in September
- * Raise UP Nevada continues to work collaboratively with the Department of Public and Behavioral health to insure seamless delivery of services to children with significant mental health needs in our community. Statewide meetings have been held monthly with key leaders in each agency.

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CHALLENGES and NEEDS

ATC/FLH * Vacancy for Supervisor at ATC and Treatment Home Provider

ATC and FLH will also need training and support as they transition their programs to building bridges and begin accreditation processes. This will be an ongoing need for the next year

WIN * Rural staff at WIN continue to have emergent space needs as child welfare offices are challenged with inadequate space for staff. We have three vacancies for PCW in the rurals and have been unable to compete with the newly released case worker specialist series for child welfare which pays more

Mobile Crisis* We have been struggling to find qualified and interested candidates for MCRT. This has left us with a critical shortage of teams and continues to provide an ongoing struggle to cover weekends. We are seeking temporary and full time candidates.

* RUN: 1.0 MHC position; A training plan for staff

CCS/EC * One Vacant MHC. ECMHS has also identified the following community needs that are currently challenging our system. In summary, there seems to be a growing population of English speaking foster children being placed in monolingual Spanish speaking homes that has raised a concern for developmental speech delays in this young population. Additionally, there continues to be a need for Spanish speaking therapists trained in IEMHS as well as a need for trained translators that have training in mental health.

DCFS MENTAL HEALTH SERVICES REPORT TO THE COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES

PROGRAM: SNCAS SUBMITTED BY: Ross E. Armstrong, Administrator
Prepared by: Cara Paoli, Deputy Administrator

Reporting Period: August 2018 thru November 2018

STAFFING

Positions	Filled	Aug	248
Positions	Filled	Sept	250
Positions	Filled	Oct	256
Positions	Filled	Nov	257
Vacancies	-	Aug	36
Vacancies	-	Sept	34
Vacancies	-	Oct	29
Vacancies	-	Nov	28

Difficulties Filling:

CASELOADS/WAITING LISTS

Services:	Children's Clinical Services	Services:	DWTC-Acute
	Caseload: Aug		Caseload: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov
	Waiting List: Aug		Waiting List: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov
Services:	Early Childhood (ECMHS)	Services:	DWTC-Residential
	Caseload: Aug		Caseload: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov
	Waiting List: Aug		Waiting List: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov
Services:	W.I.N. Southern Region	Services:	Oasis Group Homes
	Caseload: Aug		Caseload: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov
	Waiting List: Aug		Waiting List: Aug
	Sept		Sept
	Oct		Oct
	Nov		Nov

PROGRAM STATUS REPORTS

ACCOMPLISHMENTS:

- CCS/EC**
- * Early Childhood Mental Health Services created a multidisciplinary, cross agency team who is receiving eighteen months of technical assistance from the national organization, Zero to Three, to strengthen and expand the provision of early childhood mental health services across the State. The team is working on creating an infant and early childhood mental health association, bringing in trainings in early childhood mental health, and creating standards of practice via a certification system to ensure quality services are being provided to this population and are provided by a qualified and trained workforce.
 - * ECMHS in DCFS is using national, evidence based and supported models to address trauma in early childhood, to include Child Parent Psychotherapy, implementation and use of trauma screeners on all youth entering our system, use of reflective supervision and mindfulness practices. Through the work of the TA team, it is the vision that these tools and models will be expanded into and supported by all providers in the state serving youth ages birth to six and their families.
 - * Early Childhood Mental Health has a mental health diagnostic system unique to youth under the age of six, called the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-5). This diagnostic system is recognized by Nevada Medicaid as the developmentally and clinically appropriate coding system for young children. DCFS will be bringing this training into the state and is creating a cadre of trainers who will be qualified to present this training in the future, thus ensuring the sustainability of educating the workforce on appropriate diagnosis for young children.

- * DCFS was awarded a grant to increase pediatric mental healthcare access to mental health consultation and services. This program will build on the successful MCRT model and platform to expand consultation services to rural, frontier and underserved areas of Nevada using tele-health and the expertise of the mental health teams within the urban areas of DCFS to provide these consultation services

Oasis

- * Oasis had with 4 different community partners contribute for the holiday parties for the youth in the program. We also had an earth quake drill with improved participation within the program and on the campus. Our youth have been spending more time at home with their families to work towards transitioning home. Oasis had an all staff meeting to voice concerns and share information regarding Building Bridges, the CARF certification and other program updates. Staffing issues have been able to be managed with a minimum of overtime.

WIN

- * Fidelity measures with the NWIC model are in place and data continues to be gathered regularly. The national NWIC coach from Maryland states we are right on track to have our 5 coaches certified by NWIC. Two supervisors in the south and three in the north are NWIC coaches and are in the process of being certified as NWIC coaches which will assist with the longevity, self-sustaining and expansion vision with the NWIC nationally approved model of wraparound. Facilitators, supervisors, and coaches are working hard to learn and teach the model to one another in order to excel at it and achieve/maintain national high fidelity standards. We are also intending to pursue to certification of our agency and our supervisors with the NWIC model, thus elevating our credibility with the community even more. We've just completed the 3rd cohort of our NWIC training and are on track for the Spring 2019 Certification from NWIC.

- * We continue to have successes such as improved functioning, improved socialization, reunifications with families, kids acquiring vocational work, helping youth get accepted into DRC, finding and sharing resources, funding and positive feedback from youth, families and staff about working the wraparound model. We have had real good success with some youth/families that have struggled to achieve success for themselves in the past.

we are going to be trained in the Focus Model of case management to address the Tier II population that requires support in our state. This way we will help to serve both WIN families and Focus Families. In addition we also continue to provide support and case management to the

DWTC

- * Raise Up Nevada Program
- * Code Orange drill completed. The Great Shakeout drill completed. Staff Cultural Competency training is ongoing. Annual competencies are ongoing. Rawson Neal staffing collaboration is going well. New hire staff onboarding is ongoing as RAR's are approved. Quest Software provided patient party last week with food and games. Patients enjoyed the event. All beds are full in both units. Brea maintains a wait list for RTC. Positive feedback regarding having patient attend the PBIS meetings.
- * Three employees just completed 20 years of service at DWTC. DWTC has been in operation for 20 years. Staff feedback regarding use of Seclusion & Restraint and Allegation of Abuse bundles have been positive. The completion timelines and legibility of documents is improved. The accounting disclosure database was rolled out. Dr. Wade attended the zero-suicide workshop.

- * PBIS Nursing staff trained in Applied Behavior Analysis. More nursing accountability. All medical equipment calibrated. Reduction in staff injuries. QAS attended Active Shooter/Assailant training. Completed Emergency Disaster Drill. Assisted Oasis with challenging patient. Employee passed LCSW exam. MHT completed her BA degree

Mobile Crisis

- Use of technology to reach rural and frontier areas to provide immediate assessment, intervention and stabilization of youth in behavioral and psychiatric crisis in these areas.
- * Youth continue to be stabilized in the communities with their families and supports systems, avoiding higher levels of cares, 84% of the time.
- * Partnering with the new Safe Voice system in the pilot Nevada school districts to support youth presenting with immediate crisis through assessment and stabilization with our teams instead of sending to the Emergency Departments, use of law enforcement and/or use of Legal 2000.
- * Nevada Mobile Crisis Response Teams are recognized on a national level as having a cutting edge, innovative and successful system. MCRT leadership is a part of the TA network with the University of Maryland, School of Social Work, Mobile Response and Stabilization Services TA and is frequently sought out to present and provide technical assistance to states and programs starting mobile response and stabilization services.

CHALLENGES and NEEDS

OASIS

- * The recruitment and the hiring process continue to be lengthy, leaving vacancies in a 24 hour facility that require overtime or staff sharing. We are working on our onboarding process to provide efficient training and support to improve employee performance and retention. With the upcoming CARF accreditation, we will require designated time allotted to the development, training and implementation of the requirements related to our successful certification among all levels of the agency.

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WIN

- * There is a range of acquisition of the skills sets with the new model amongst staff. We are utilizing the fidelity data gathering tools to measure fidelity to the model of every staff and are endeavoring to continue to be creative in efforts to increase the skills sets required to implement the model to fidelity.
- * Referrals remain a challenge in an effort to fill caseloads and the program to full capacity however referral bases are being combed and collaboration discussions are taking place. The Focus model to be implemented soon is thought will help with numbers as well as with fidelity measures for both WIN and Focus populations.
- * Engaging informal supports and engaging those who may require more Tier II case management as opposed to full Wraparound. Wraparound's intensity can be perceived as too intense for those requiring Tier II case management. Again, with the implementation of the Focus model soon it is believed will alleviate this challenge.

DWTC

- * Access to community resources for children with intellectual and developmental disabilities