

AGENCY REPORT

AGENCY: Division of Child & Family Services (DCFS)

SUBMITTED BY: Ross Armstrong, DCFS Administrator

DATE: 9/11/2020

Reporting Period: June 2020 through August 2020

STAFFING

Positions filled: June 279, July 276, Aug. 278

Vacancies: June 74, July 77, Aug 75

Difficulties filling: An agency hiring freeze has been in effect since March 2020 due to COVID-19 budget reductions. Justifications To Fill (JTF) forms are being submitted to the Governor's Finance Office (GFO) to fill urgent vacancies as needed to avoid significant disruptions to program operations.

CASELOADS/WAITING LISTS

Program: Children's Clinical Services (CCS)

Caseload: June 234, July 241, Aug. 253

Waiting List: June 12, July 13, Aug. 20

Program: PRTF - Enterprise (Family Learning Homes)

Caseload: June 6, July 6, Aug. 7

Waiting List: June 3, July 3, Aug. 6

Program: Early Childhood Mental Health Services (ECMHS)

Caseload: June 209, July 202, Aug. 211

Waiting List: June 29, July 23, Aug. 18

Program: PRTF - North (Adolescent Treatment Center)

Caseload: June 6, July 5, Aug. 7

Waiting List: June 6, July 5, Aug. 7

Program: Psychiatric Team (Psych)

Caseload: June 158, July 156, Aug. 158

Waiting List: June , July , Aug.

Program: PRTF - Oasis (Oasis Treatment Homes)

Caseload: June 7, July 5, Aug. 5

Waiting List: June 19, July 19, Aug. 20

Program: Wraparound In Nevada (WIN)

Caseload: June 113, July 116, Aug. 107

Waiting List: June 34, July 27, Aug. 24

Program: Desert Willow Treatment Center (DWTC)

Caseload: June 15, July 14, Aug. 15

Waiting List: June 12, July 6, Aug. 2

MCRT HOTLINE & RESPONSE/STABILIZATION

Program: Mobile Crisis Response Team (MCRT)

No. of Hotline Calls: June 172, July 202, Aug. 266

No. of Crisis Responses Completed: June 50, July 65, Aug. 77

% of Youth Safely Maintained in Community Following Response: June 75.5%, July 76.6%, Aug. 83.8%

No. of Stabilization Appointments Completed: June 216, July 194, Aug. 234

No. of Calls for Referral/Linking/Education: June 55, July 69, Aug. 100

Program Accomplishments

- **CCS/ECMHS/Psych:** ECMHS in the North had no waitlists in this reporting period due to immediate response and commencement of services for all referrals, including referrals from Washoe County Human Services Agency's specialty family court program "Safe Babies Court Team". ECMH topic trainings resumed via videoconferencing with early childhood learning professionals in Washoe and Rural counties. Trauma-Informed Care trainings have been provided via videoconferencing to community mental health partners and other child/family service programs. In partnership with the Department of Public and Behavioral Health (DPBH) mental health counselors, a clinical consultation/coaching pilot model is in development for roll-out in September (three-month pilot period) to provide child/adolescent therapy in Rural clinics. Ongoing outreach efforts have continued via teleconference meetings with Nevada HOPES, Quest, Zephyr Wellness, Kids First, West Hills Hospital, and other community mental health providers in Washoe County. A project was completed to identify child/adolescent community psychiatric providers who are actively accepting new patients with Medicaid Fee-For-Service/Managed Care Organization (FFS/MCO) insurances via provider lists from Nevada Medicaid. The project included attempts to directly contact each provider on the list and yielded two providers available to youth/families in Washoe County (Duncan Family Services and University of Nevada, Reno Psychiatric Clinic) out of 32 individual and clinic providers identified by Medicaid. ECMH and CCS have both seen an uptick in new requests and referrals for assessments and clinical services over this period. CCS has implemented an evidence-informed intensive foundational assessment and initial intervention phase that models the evidence-based ECMHS, utilizing tools that are developmentally and age appropriate for the youth in this age range. Through the Child Care and Development Fund (CCDF) Grant, Child Care Consultation developed 12 new trainings, began distance and online trainings, and resumed in-person trainings and consultation assessments.
- **WIN:** During this reporting period, WIN was able to develop a comprehensive onboarding training academy and hold the first graduation ceremony. Feedback from new hires and WIN program leadership has been overwhelmingly positive and WIN plans utilize this same training academy approach to enhance skill development of seasoned staff as well. The newest staff are fully trained and actively working with children, youth, and families, which has positively impacted the program's waitlist in the North and Rural regions to continue to steadily decline. All staff continue to participate in various virtual model-specific trainings. WIN continues to take new referrals, open new families to the program, and provide model fidelity process to children, youth, and families throughout the region. WIN has successfully transitioned at least five youth and their families from the program.
- **PRTFs - Enterprise, North, and Oasis:** The three Psychiatric Residential Treatment Facilities (PRTFs) passed their HCQC (Health Care Quality and Compliance) inspection with no deficiencies and received their HCQC licenses in July. The facilities were also audited by CARF (Commission on Accreditation of Rehabilitation Facilities) in July and were awarded the highest accreditation of three years in August. The facilities now have a full nursing team and a Mental Health Counselor at Enterprise, in an effort to move towards meeting the full spectrum of required services to each youth served. The PRTF Medical Committee meets weekly and provides medical consultation to staff. The Committee helped in developing an Infection Control Policy and is working on updating some Children's Mental Health (CMH) policies. An interdepartmental CMH Team is working on updating CUMHA (Children's Uniform Mental Health Assessment) documents to comply with CARF recommendations. The PRTFs are working with HR and IT to develop supervision and training tracking systems in myAvatar and has collaborated with the Planning and Evaluation Unit (PEU) in implementing a method to track warm handoffs. The program is applying to become a Provider Type 63 with Medicaid and working with Fiscal and IT to prepare for the billing conversion. The PRTF Strategic Planning Committee is developing a PRTF identity and brand and has created a program brochure. A career path for PRTF staff is in development to be completed over the next two years, and the PRTF Hiring and Retention Committee is working with HR, PEU, and PRTF Staff to improve hiring and retention.
- **DWTC:** There have been no COVID cases at the hospital to date. Staff are following social-distancing procedures, safety precautions have been implemented and reinforced, and COVID-19 policy and procedures have been created. Staff are conserving supplies and displaying great teamwork by having no call-outs. The Clark County School District identified a location for packet pick-up for students' schoolwork. Mental health technicians are providing support to youth in distance learning through Google Classroom. In-service training continues with social distancing. A hand-washing sink will be installed in every unit of the facility. A Medical Facility Workplace Safety Plan has been developed, and a new fire system has been installed. A creative alternative for therapeutic recreation has been implemented in walks for fresh air since no outings are currently permitted. Staff have been commended by the Health Information Director on chart compliance, and the hospital maintains a 0% delinquency rate for medical records. Clinical staff have done a great job of scheduling video and phone conferences for youth and families. Telehealth services have increased, and clinical staff have been trained on using telehealth for testing. The hospital continues teaching/training fellows and residents from the University of Nevada School of Medicine (UNSOM). Spanish discharge surveys are now available. New positive quotes have been hung in the patients' weight room. DWTC programming is moving into Positive Behavioral Interventions and Supports (PBIS) Tiers II and III. A significant decrease in youth aggression has been noted, and the length of seclusion has significantly reduced. The facility's collaboration with Spring Mountain Hospital continues despite COVID, and they are willing to help with smooth transition for admissions.
- **MCRT:** Mobile Crisis has begun to shift back to in-person assessments over telehealth in the North and has increased in-person crisis response over telehealth responses in the South. The Team is working with Washoe County School District on best processes and utilization of MCRT for youth presenting in crisis while at school and after school hours. MCRT is equipped with PPE, processes, and other needed equipment to resume in-person responses in environments outside of emergency departments and will increase these response types across these settings. The Team had a significant increase in calls in August, as CCSD prepared for and began the 2020-2021 school year.

Program Challenges / Needs

- **CCS/ECMHS/Psych:** It is difficult to adequately assess and meet child/youth and family mental health needs through community program planning due to the ever-increasing uncertainties of COVID-19. Reporting from Medicaid of providers in Washoe County is greater than those confirmed in the Team's project on actual community mental health capacity. This has the potential to create confusion in the ability to meet child/youth and family mental health needs in the following areas: psychiatry, early childhood mental health, youth and family psychotherapy to meet high acuity and complexity of needs, day treatment, and drop-in day treatment for Intellectual Disability/Developmental Disability population. There is a need for coordinated effort to build an accurate, easily and frequently updated database of mental health providers by geographic area, insurances accepted, new youth/family acceptance, specialties, evidence-based practices implemented to fidelity, number of licensed clinicians and interns, etc. ECMHS continues to remain closed due to the model's required nature of non-familial in-person group treatment. Frozen positions have created slightly higher individual caseloads, resulting in slightly longer waits to engage in services.
- **WIN:** The impact of COVID-19 on staff related to technological equipment has posed some level of difficulty. Exploring an increase in the 20% on-site cap with continued safety measures would be beneficial for staff to utilize office resources (e.g. desktop webcam and telephone) to increase accessibility and work capacity. WIN has been challenged with hiring new staff in the Rural region as the positions are currently on hold. However, the program is utilizing telehealth to continue to meet the needs of families seeking services that reside in the Rural and Frontier communities.
- **PRTFs – Enterprise, North, and Oasis:** Staff shortages, hiring challenges, and a COVID-19 outbreak contribute to two reduced operations and capacity at two of the PRTFs. The Team is working on overcoming challenges associated with back-to-school time. Family Passes are the biggest challenge, as program requirements include parental visits, but this requirement cannot be safely accommodated at this time. PRTFs will be working to clarify appropriate admissions for community partners. HCQC requires the facilities to develop specific programming and hire qualified staff in order to take on special populations of youth, and the Team is working on this based on the findings of community needs assessments.
- **DWTC:** The Joint Commission Survey has been postponed for the time being due to COVID-19. The hospital is in need of more laptops to meet telehealth needs. COVID has had a significant impact on hiring, medical appointments, and youth outings.
- **MCRT:** The JTF for the Clinical Program Manager pending approval, leaving a gap in the clinical lead for the North team and program. MCRT continues to navigate the changing landscape and needs of the community as it changes with the pandemic and is updating, adjusting, and changing processes and procedures to meet the needs of the youth in the community.