

## AGENCY REPORT

AGENCY: Division of Child & Family Services (DCFS) - Northern Nevada Child & Adolescent Services (NNCAS)

SUBMITTED BY: Susie Miller, Deputy Administrator - Residential Services

DATE: 6/24/2020

**Reporting Period:** March 2020 through May 2020

### STAFFING

**Positions filled:** Mar. 71, Apr. 73, May 73

**Vacancies:** Mar. 26, Apr. 24, May 24

**Difficulties filling:** Agency hiring freeze has been in effect since March 2020. Justifications To Fill are being completed to fill urgent vacancies as needed to avoid significant disruptions to program operations.

### CASELOADS/WAITING LISTS

**Program: Children's Clinical Services (CCS)**

Caseload: Mar. 35, Apr. 35, May 37

Waiting List: Mar. 2, Apr. 0, May 0

**Program: PRTF - Enterprise (Family Learning Homes)**

Caseload: Mar. 6, Apr. 4, May 5

Waiting List: Mar. 5, Apr. 4, May 5

**Program: Early Childhood Mental Health Services (ECMHS)**

Caseload: Mar. 46, Apr. 48, May 51

Waiting List: Mar. 0, Apr. 0, May 0 *(caseloads reflect Child Care Dev. Fund block grant, limiting caseloads of 2.5 EC/FTEs)*

**Program: Wraparound In Nevada (WIN) – North**

Caseload: Mar. 31, Apr. 27, May 33

Waiting List: Mar. 29, Apr. 42, May 25

**Program: Psychiatric Team (Psych)**

Caseload: Mar. 87, Apr. 88, May 92

Waiting List: Mar. 0, Apr. 0, May 0

**Program: Wraparound In Nevada (WIN) – Rural**

Caseload: Mar. 19, Apr. 17, May 16

Waiting List: Mar. 15, Apr. 20, May 13

**Program: PRTF - North (Adolescent Treatment Center)**

Caseload: Mar. 5, Apr. 6, May 6

Waiting List: Mar. 7, Apr. 6, May 6

### MCRT HOTLINE & RESPONSE/STABILIZATION

**Program: Mobile Crisis Response Team (MCRT) - North**

No. of Hotline Calls: Mar. 54, Apr. 30, May 31

No. of Crisis Responses Completed: Mar. 31, Apr. 10, May 12

% of Youth Safely Maintained in Community Following Response: Mar. 88.60%, Apr. 100%, May 41.70%

No. of Stabilization Appointments Completed: Mar. 104, Apr. 68, May 46

No. of Calls for Referral/Linking/Education: Mar. 20, Apr. 8, May 15

## Program Accomplishments

- **CCS/ECMHS/Psych:** As of March 16<sup>th</sup>, all direct mental health treatment services, including psychiatric care, were deemed essential and transitioned from in-office to telehealth due to Governor's orders in response to COVID-19. The team transitioned to telecommuting from home and problem-solved with WIN, SNCAS, Fiscal, and PRTF programs to create solutions to maintain psychiatric/psychotherapeutic treatment with children, youth, and families, including vetting a telehealth consent form, devising a secure way to transmit intake documentation and consents to and from caregivers, utilizing HIPAA-secure telehealth platforms, and training clinical providers in telehealth best practices. Despite these challenges, ECMHS was able to successfully initiate therapeutic engagement with 17 new families of children 0-8 years, to include children 0-3 years old who are involved in the Washoe County Human Service Agency's Zero to Three infant/toddler court program, Safe Babies Court Team.
- **PRTF - North & Enterprise:** Facilities will receive HCQC (Health Care Quality and Compliance) licensing soon. CARF (Commission on Accreditation of Rehabilitation Facilities) is scheduled to audit the facilities for PRTF accreditation in early July 2020. The Medical Micro-committee is updating the Medication Policy. Performance Outcome Measures have been established.
- **WIN North & Rural:** During this reporting period, WIN hired and onboarded six new staff in the North region. To prepare for new hires, WIN developed and implemented a comprehensive onboarding and training academy that was utilized statewide for the cohort starting in March. The onboarding and training academy included DCFS policies and procedures, WIN program procedures, Medicaid and billing, as well as training in the delivery of High-Fidelity Wraparound and FOCUS care coordination models. Feedback from new hires and WIN program leadership has been overwhelmingly positive, and WIN plans to utilize this same training academy approach to enhance skill development of seasoned staff as well.
- **MCRT - Rural:** In early March, MCRT staff were very actively involved in responses, stabilizations, crisis debriefing and supports to the Damonte Ranch community High School and feeder schools. All staff in MCRT were trained on Psychological First Aid and telehealth practices and ethics. The hotline remained live and staffed without interruption during the last three months and the changes due to COVID-19. In-person mobile crisis responses and stabilizations were conducted when clinically indicated, with the use of telehealth beginning in mid-March. There was a significant shift in the nature of calls to the hotline during this time. With a decrease in calls for crisis responses, as was the national trend, there was an increase in calls for resources and calls from adults seeking services. MCRT staff connected callers to resources and provided warm handoffs to adult clinical services when indicated. MCRT received emergency COVID-19 grant funding to add two additional teams to this region through August 2021. MCRT staff have participated in the System of Care strategic planning meetings for the rural SOC grant. All staff are using telehealth heavily beginning in mid-March, with continued use through May when clinically appropriate to do so for both responses and stabilizations. The Las Vegas MCRT team continues to take all hotline calls for the State which allows for 24/7 coverage and ensures that youth and their families can speak to someone when in crisis regardless of the region they are calling from.

## Program Challenges / Needs

- **CCS/ECMHS/Psych:** Families lacking access to adequate internet bandwidth and mobile devices equipped with a camera/microphone have experienced difficulty with engaging in telehealth. Clinical program planning has shifted to accommodate FY20 and FY21 budget revisions.
- **PRTF - North & Enterprise:** Facilities are operating at lowered capacity due to significant staff shortages. A Peer Specialist will be brought in to meet CARF requirements.
- **WIN North & Rural:** WIN has been challenged with hiring new staff in the Rural region. However, the team continues to utilize telehealth to meet the needs of families seeking services that reside in the Rural and Frontier communities.
- **MCRT - Rural:** Initial challenges with the implementation of telehealth due to lack of necessary equipment/platform. Frozen positions created a continued vacancy in the Clinical Manager position at this location.