

## AGENCY REPORT

AGENCY: Division of Child & Family Services (DCFS) - Southern Nevada Child & Adolescent Services (SNCAS)

SUBMITTED BY: Susie Miller, Deputy Administrator - Residential Services

DATE: 6/24/2020

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

### STAFFING

**Positions filled:** Mar. 233, Apr. 231, May 228

**Vacancies:** Mar. 32, Apr. 34, May 37

**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. 215, Apr. 214, May 209

Waiting List: Mar. 6, Apr. 8, May 12

**Program: Desert Willow Treatment Center (DWTC) - Acute**

Caseload: Mar. 0, Apr. 0, May 0

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

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

Caseload: Mar. 169, Apr. 172, May 177

Waiting List: Mar. 7, Apr. 10, May 16

**Program: Desert Willow Treatment Center - Residential**

Caseload: Mar. 0, Apr. 0, May 0

Waiting List: Mar. 10, Apr. 15, May 20

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

Caseload: Mar. 70, Apr. 71, May 62

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

**Program: PRTF - Oasis (Oasis Treatment Homes)**

Caseload: Mar. 10, Apr. 10, May 10

Waiting List: Mar. 13, Apr. 16, May 19

### MCRT HOTLINE & RESPONSE/STABILIZATION

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

No. of Hotline Calls: Mar. 212, Apr. 124, May 130

No. of Crisis Responses Completed: Mar. 84, Apr. 54, May 50

% of Youth Safely Maintained in Community Following Response: Mar. 88.10%, Apr. 79.60%, May 80%

No. of Stabilization Appointments Completed: Mar. 452, Apr. 331, May 327

No. of Calls for Referral/Linking/Education: Mar. 132, Apr. 84, May 87

### Program Accomplishments

- **CCS/ECMHS:** All staff in CCS and ECMHS were trained on Psychological First Aid, conscious discipline, trauma training, telehealth practices, and ethics. The Child Care Consultation program has developed trainings on topics requested by early care and education staff, DCFS staff and to support caregivers of young children. Cohort 2 for the evidence-based practice of Child Parent Psychotherapy continues training an implementation - this cohort using ECMHS-licensed clinical staff to serve as CPP supervisors for the model for cohort 2 participants. ECMHS began a new collaboration with Sunrise Children's Foundation, early head start for clinical consultation. ECMHS has standardized use of the evidence-based foundational phase assessment from CPP, which looks at trauma and stressors in the family and caregiver, as well as the young child. This is used on all youth in

ECMHS, regardless of involvement in CPP. CCS has created an evidence-informed foundational phase assessment to assess the same issues in the families and caregivers for this population. CCS and ECMHS 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. In mid-May, ECMHS and CCS began to assess and gauge youth and family needs to return to in-person clinical sessions and on a youth-by-youth basis began to see them in person over telehealth when appropriate to do so.

- **WIN South:** During this period, WIN South was able to onboard 3 new High-Fidelity facilitators. Despite having to transition into remote work due to COVID-19, new staff were able to continue with the WIN on-boarding process, participate in program-specific training, engage in virtual shadowing opportunities, and be assigned new families to work with. Additionally, despite technological challenges, staff were able to hold virtual team meetings to include multiple team members. All staff were further able to participate in various model-specific virtual trainings throughout this time period. WIN continues to take new referrals, open new families, and provide model fidelity process to children, youth, and families throughout the region. WIN is further developing processes and procedures to provide accountability and ensure uniform service delivery across the state.
- **DWTC:** Good practice of social distancing has been established for staff meetings and treatment team meetings. Safety precautions have been implemented and have been enforced. A new fire system has been installed. The Director of Nursing, Medical Director, and Dr. Bush collaborated in creating COVID-19 policy and procedures. Staff is doing a great job at conserving supplies. Staff show great teamwork by having no call-outs. Facility is moving to PBIS (Positive Behavioral Interventions and Supports) Tier II and III. Licensing came out to survey the new acute unit. Zero COVID cases have occurred in the hospital. In-service training continues with social distancing. New positive quotes have been hung in the patients' waiting room. The Health Information Director reported that staff are doing great with chart compliance, and deficiencies are improving from blank spaces. A creative alternative for RT is being used with walks of fresh air since no outings are currently being scheduled. A significant decrease in aggression has been noted in the RTC (Residential Treatment Center). The length of seclusion has significantly reduced. Clinical staff are doing a great job at scheduling video and phone conferences for patients and their families.
- **PRTF - Oasis:** Facility will receive HCQC (Health Care Quality and Compliance) licensing soon. CARF (Commission on Accreditation of Rehabilitation Facilities) is scheduled to audit the facility for PRTF accreditation in early July 2020. The Medical Micro-committee is updating the Medication Policy. Performance Outcome Measures have been established.
- **MCRT:** 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, use of telehealth beginning in mid-March. There was a significant shift in the nature of calls to the hotline during this time. As we saw a decrease in calls for crisis responses, as was the national trend, there was an increase in calls for resources and in calls from adults seeking services. MCRT staff connected callers to resources, provided warm hand-offs to adult clinical services when indicated. MCRT received emergency COVID-19 grant funding to add one additional team 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/ECMH:** Initial challenges with the implementation of telehealth due to lack of necessary equipment/platform. Frozen positions have created vacancies in direct-service positions and generated wait for some youth in accessing services.
- **WIN South:** Program understaffing continues to be a challenge in rural areas such as Pahrump. The impact of COVID-19 on mental health needs will impose significant challenges with the new hiring freeze as it will pose diminished capacity in our ability to serve the increased needs of the community at large. The Mental Health Counselor (MHC) position is only temporarily filled. During this time period, staff worked remotely due to COVID-19. Many staff struggled with technological needs but were able to maintain sufficient abilities to work from home. Additional challenges included technological needs of the families served as well as external system partners, where regular communication has been a struggle. Support with technology, such as webcams, would be helpful to maintain effective communication with community partners, children, youth, and families.
- **DWTC:** Hospital supplies needed (gloves, disinfectants, face masks, and other PPE). Staffing due to hiring freeze.
- **PRTF - Oasis:** Facility is operating at lowered capacity due to significant staff shortages. A Peer Specialist will be brought in to meet CARF requirements.
- **MCRT:** Initial challenges with the implementation of telehealth due to lack of necessary equipment/platform. Frozen positions have created vacancies in direct service positions and generated wait for some youth in accessing services.