



State of Nevada

Department of Health and Human Services
Division of Child and Family Services

Nevada System of Care Expansion Grant
2019-2023

Strategic Plan

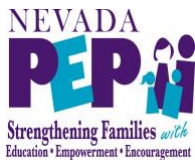
Building Access to Mental Health Services and Supports for children, youth and families through strong partnership



Nevada System of Care in partnership with:



The Rural Children's Mental Health Consortium is driven by a vision which includes a "System of Care" approach to serving youth and their families with an overarching focus on prevention and intervention. The intent of prevention and intervention programs is to move to a proactive system. Engaging individuals, before the development of serious emotional disturbance or to alleviate the need for extended mental health treatment, by facilitating access to services and supports at the earliest signs of mental health concerns. These principles influence and are infused into the consortium's ideas, efforts, and work in order to develop, support and improve behavioral health throughout Rural Nevada. <https://rcmhcnv.org/>



Nevada PEP operates Nevada's Statewide Family Network, a strong Nevada network of families, parent groups, professionals, community organizations, agencies and policymakers who are dedicated to empowering families and strengthening their ability to participate in statewide and local mental health care reform to improve outcomes for children with behavioral health care needs.

<https://nvpep.org>



Youth M.O.V.E. Nevada is a youth inspired and youth led organization that encourages and empowers youth peers to unite together to engage with youth serving systems. Youth Move recognizes the power of lived experience and is a strengths-based bridge to improving support services for youth, by youth, through shared experience and expertise.

<https://nvpep.org/youth-move>

“Safe, Healthy, and Thriving Kids in Every Nevada Community”

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Introduction

“System of Care” (SOC) is an evidence-based framework that shapes the structure of mental health services for youth and their families/caregivers. Guided by a set of values and principles (See Appendix A), the framework emphasizes early identification and intervention with access to a coordinated and comprehensive array of services and supports; services that are individualized and offered in the least restrictive and appropriate setting; and, youth and families/caregivers are engaged as full partners.¹ The concept of a system of care was never intended to be a discrete “model” to be “replicated,” but rather an organizing framework and value-base system (See Appendix A for a list of System of Care Principles and Values). System of Care is not a program. Rather, it is how care is delivered whether voluntary or involuntary; directly or indirectly. Flexibility to implement the System of Care concept and philosophy in a way that fits the particular state and community is inherent in the approach.

Nevada began transitioning to a System of Care approach in 1998, after receiving a Substance Abuse and Mental Health Services Administration (SAMHSA) grant that created and sustained Neighborhood Service Centers in Clark County, Wraparound in Nevada (WIN) statewide, and Family Peer-Support Services. The System of Care implementation grant (October 1, 2015 – September 30, 2019) built upon previous successes in the state and aimed to infuse and expand the SOC philosophy throughout children’s behavioral health policies and services in Clark County and Washoe County. The activities of the implementation grant formalized the establishment of the Nevada System of Care (hereinafter Nevada SOC) and concluded with revised goals to sustain the project.

In 2019, the Nevada Division of Child and Family Services (DCFS) was awarded a SAMHSA System of Care Expansion grant to expand the Nevada SOC to the rural counties of the state. The goals of the grant aim to continue strengthening the overall infrastructure in the state to support an SOC approach while expanding and adapting practices to meet the needs of the children and families across rural counties in the state. The goals of the Nevada SOC expansion grant are:

Goal 1: Increase the capacity of the Nevada Division of Child and Family Services to facilitate and provide family-driven, youth-guided, culturally and linguistically appropriate mental health services.

¹ Pires, S. (2002). *Building systems of care: A primer*. National Technical Assistance Center for Children’s Mental Health, Georgetown University Child Development Center. Retrieved from: https://gucchd.georgetown.edu/products/PRIMER_CompleteBook.pdf

Goal 2: Increase access to mental health services by implementing a “Nevada SOC point of entry” system for children/youth (birth to 21) and their families.

Goal 3: Increase access to evidence-based mental health interventions by expanding and sustaining High Fidelity Wraparound and FOCUS to provide care coordination at a service intensity that matches youth & families’ needs.

Goal 4: Increase access to evidence-based mental health interventions by expanding the service array across the state of Nevada.

Goal 5: Increase capacity of the Nevada Department of Health and Human Services to provide family driven, youth guided, coordinated, collaborative, culturally and linguistically appropriate, cross-agency services to special target populations. Special populations will include, but not be limited to, early childhood (0-6), youth with dual diagnosis (severe emotional disturbance [SED] and intellectual disability [ID] and/or developmental disability [DD]) & transitional age youth (14-21).

The following Strategic Plan outlines the initial plan for expanding the Nevada SOC in the rural counties of Nevada according to the goals listed above. It is important to acknowledge that this plan has been developed in the midst of the global COVID-19 Pandemic of 2020. As such, the context of the Pandemic will require flexibility and modifications to the plan as the needs of children and families across the state will be shaped by the Pandemic and the financial impact on service provision is in a state of constant assessment and change as each month produces differing outcomes. Monitoring, flexibility, key partnerships, and adaptation will serve as key functions in consistently updating the goals and actions of this plan.

Population of Focus

The target population for this grant will be children/youth ages birth to 21 with (or at risk of) SED and their families who reside in Nevada’s 15 rural/frontier counties and tribal communities. We have identified a need to better serve children/youth with early signs and symptoms of serious mental illness, including those who have experienced their first episode of psychosis. Three subpopulations have been identified as particularly in need of services, including early childhood (ages 0-6), transitional age youth (ages 14-21), and children/youth with dual diagnosis SED and intellectual or developmental disabilities (ID/DD) (1 in 5 youth enrolled in WIN had a documented intellectual or developmental disability).

Infrastructure and Key Partnerships

The goals of this grant aim to utilize and expand on the infrastructure developed during the prior implementation grant. During the implementation grant, the Nevada SOC established a “team” that included state-level decision-makers, managers, staff, youth and family partners, internal and external evaluators, and sub-grantees who collaboratively carried out

all aspects of the project. A comprehensive training system with an online webinar platform was implemented with over 1,500 people trained. An infrastructure for screening, assessment, care coordination, and provider designations (i.e. provider standards) was established and is currently under review for full sustainability. Additionally, the Nevada SOC developed an infrastructure to fund, monitor, and strengthen the availability of evidence-based and evidence-informed services and supports. The Children’s Mobile Crisis Response Team was expanded in Clark County, Washoe County and in all rural counties. Mobile Crisis has served as a critical entry point to the Nevada SOC for youth and families/caregivers and was expanded to the rural areas of the state (which was sustained during the 2019 legislative session). All sub-grantees were actively engaged in training and data collection according to SOC values and principles. The Nevada SOC also established a “Provider Designation System” to define provider qualifications, as aligned with SOC values and principles.

Family and Youth Partnership

Nevada PEP is a nonprofit organization that provides information, services, and training to Nevada families of children with disabilities. Their mission is to increase the opportunities for home, community and school success for children with disabilities, including those who are at risk or who have serious emotional disturbances, their families and their service providers, through education, encouragement and empowerment activities. Nevada PEP is the National Federation of Families for Children’s Mental Health Chapter in Nevada and the outreach partner in Nevada for the National Institute of Mental Health. The Youth M.O.V.E. Nevada chapter is a youth led organization that unites the voice and causes of youth and advocates for systems and policy changes.

Rural Children’s Mental Health Consortium

The Nevada Revised Statutes (NRS) [433B.333 & .335](#) established and charged the Rural Children’s Mental Health Consortium (RCMHC) to develop a long-term strategic plan for children’s mental health in the rural and frontier counties of the state. The Nevada SOC recognizes that the RCMHS is comprised of youth and families who reside in rural areas, health care providers who provide direct services, and local business leaders who care passionately about the health and well-being of the citizens in Nevada’s rural counties. The RCMHC is uniquely informed of the specific strengths and needs of children and families in the rural areas.

In 2020 the RCMHC produced a 10-year plan for children’s mental health in rural Nevada. The first goal of the plan is to “Expand and sustain the Nevada System of Care to rural and frontier Nevada.” Thus, The Nevada SOC aims to formalize a strategic partnership with the RCMHC as a key partner in the expansion of the Nevada SOC.

Data Collection and Performance Measurement

A Nevada SOC Evaluation Team will be established and will include representatives from DCFS’s Planning and Evaluation Unit (PEU), University of Nevada Reno (UNR), SOC program and

leadership staff, program staff responsible for data collection, Nevada PEP, and Youth M.O.V.E. Nevada. The evaluation team will meet biweekly to discuss/review process and outcome evaluation plans, barriers to data collection, solutions to improve data collection, and ongoing results. The evaluation policies and procedures (including data collection tools) will be developed based on lessons learned through the SOC implementation grant. All data collection instruments, and consent forms used with caregivers, children, and youth will be translated into Spanish. The evaluation team will collect data quarterly according to the SAMHSA required protocols as well as following required and site-added performance and outcome measures. Required measures will be reported using SAMHSA's Performance Accountability and Reporting System (SPARS).

Implementation of Goals

The System of Care Expansion Grant kick-off occurred in May 2020 with multiple activities that included an overview of how systems of care impact children, youth and families with significant mental health challenges, System of Care training and the coordination of strategic planning workgroups all of which were comprised of parents, youth, community stakeholders, system partners and DCFS staff. Over the course of a six-week period, workgroups convened to discuss strategic planning activities associated with the goals and objectives, projected outcomes and the potential impact of this work on rural/frontier and tribal communities. Additionally, the kick-off event resulted in development of a Nevada SOC external communication plan that will support the Strategic Plan presented below.

With key decision makers, partners and stakeholders, Nevada SOC staff will be responsible for the implementation and reporting of all activities associated with the Strategic Plan. Internally, DCFS will utilize "project plans" which will drive the implementation and monitoring efforts to include, tasks, responsible task lead, start/end dates and progress updates. The suggestions, recommendations and proposed activities gathered during the grant kick-off events are included in the project plans.

ATTENTION TO CULTURAL AND LINGUISTIC NEEDS

Attention to the cultural and linguistic needs of children, youth and their families is a core value of the Nevada SOC. As such, attention to how services are structured and readiness of local providers to partner with children, youth and families accordingly is an activity that crosscuts all goals outlined below. Action includes, but is not limited to, designing provider enrollment policies to ensure that services respect the values, beliefs, traditions, customs, and parenting styles of families. This also includes attention to strengthening provider capacity to attend to the varying linguistic needs of individuals who speak different languages, have varying literacy skills, and who need a variety of communication format. While some specific action steps have been included in the strategic plan below, it is emphasized here as an overall project commitment.

Strategic Plan

The following Strategic Plan is guided by the five goals and their respective objectives included in the grant proposal. The goals are derived from successes and remaining priorities of the state’s current SOC Implementation grant. The Strategic Plan also includes action items informed by the stakeholders who participated in the kick-off event described above. The unduplicated number of individuals served annually will be 1,788 and the unduplicated number of individuals served over the lifetime of the grant period will be 5,964.

Goal 1: Capacity

Goal 1: Increase the capacity of the Nevada Division of Child and Family Services to facilitate and provide family-driven, youth-guided, culturally and linguistically appropriate mental health services.

Objective & Dates	Services/Programs/Action Steps	Process and Outcome Measures
<p>Objective 1-A: By January 30, 2021, a proposal establishing DCFS as the Children’s Mental Health Authority (CMHA) will be presented to key stakeholders and designated oversight authorities</p>	<p>Partner with DPBH to create agreement/MOU transferring the CMHA to DCFS</p> <p>Develop White Paper defining the role of DCFS as the Children’s Mental Health Authority creating the framework, implementation and funding strategies to sustain DCFS as the Children’s Mental Health Authority</p> <p>Identify governing body for the Children’s Mental Health Authority (CMHA) utilizing existing infrastructure with a goal of maximum parent/youth involvement</p> <p>Define the role of the Peer Support Organization within the Children’s Mental Health Authority</p>	<p>White paper developed</p> <p>White paper approved by designated oversight committee</p>
<p>Objective 1-B: By July 1, 2023, implement a financing plan to</p>	<p>Strategize with community partners to identify funding sources for immediate and long-term sustainability</p>	<p>Financing plan developed</p>

<p>establish the CMHA and sustain the Nevada SOC</p>	<p>Review Medicaid plan, behavioral health, seed money, blended funding with state, county, third party insurance and Family’s First Act</p> <p>Collaborate with Medicaid on the inclusion of Peer Support as a reimbursable service</p> <p>Collaborate with Medicaid to develop a plan that supports increased reimbursement rates for SOC enrolled providers</p>	<p>Financing plan approved by designated oversight committee</p> <p>Financing plan approved by Nevada Legislature</p> <p># of policy changes developed and implemented</p> <p># and type of SOC services covered by financing plan</p>
<p>Objective 1-C: By October 1, 2021, update the strategic plan, execute a communication and implementation plan for the CMHA with community stakeholder.</p>	<p>Prepare action items according to initial goals</p> <p>Incorporate authentic youth and family involvement and feedback on expansion and process</p> <p>Develop and adopt communication plans with input from youth and families</p> <p>Present strategic plan to key stakeholders for input</p> <p>Prepare and maintain DCFS internal project trackers to monitor and adjust implementation of tasks</p> <p>Update strategic plan quarterly</p>	<p>Plans developed and approved</p> <p>10% improvement in implementation of key domains on SOC rating tool (annually)</p> <p>10% improvement in youth voice based on Y-VAL</p> <p># of individuals contacted through program outreach efforts</p>
<p>Objective 1-D: By April 30, 2023, infrastructure will be expanded and enhanced to enact policies and standards for providers, provide technical assistance and training, and increase</p>	<p><i>Policies/Standards for providers:</i></p> <p>Develop and implement provider enrollment policy/standards for certification/re-certification including certification of peer support specialists according to National Peer Support Standards (National Federation of Family’s for Children’s Mental Health)</p>	<p>Certification process implemented</p> <p># providers enrolled</p> <p>% of providers who find administrative manual helpful</p> <p># of professionals trained</p>

<p>quality assurance & oversight</p>	<p>Develop and implement policy on adherence to SOC values and principles maximizing youth and family voice at all levels</p> <p>Develop and implement policy regarding use of evidence-based, evidence informed and promising practices (the combination of best research evidence, local expertise & resources and family choice)</p> <p>Review, update, and monitor current DCFS policy regarding youth/family rights, complaints and grievances</p> <p>Develop and implement policies to improve quality of services provided and guidelines for those providing services to improve the outcomes for youth and families</p> <p>Inform providers of all policy/procedures including those specific to Assessment Quality/Oversight</p> <p><i>Training:</i></p> <p>Research and identify evidence based, evidence-informed and promising practices that support the work of providers (including peer support) within their own communities</p> <p>Develop and implement provider designation criteria, enrollment certification/re-certification process to include comprehensive training curriculum that meet all SOC enrolled provider requirements</p> <p>Involve local resources, key stakeholders, youth and families to</p>	<p>20% improvement in provider knowledge/skills following trainings</p> <p>% provider satisfaction with training curriculum</p> <p>% of providers adhering to policies</p> <p># of policies created and approved</p> <p>10% improvement in fidelity and CQI (annually)</p>
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	<p>develop and implement a plan to increase evidence-based, evidence informed, promising practices while maintaining fidelity to the models</p> <p>Partner with MyCASAT web-based training platform to disseminate and track all required trainings in evidence-based, evidence-informed and promising practices currently utilized in Nevada</p> <p>Create training sustainability plan that includes train the trainer model and a pool of internal/external trainers to maximize training/TA opportunities</p> <p><i>Technical Assistance:</i></p> <p>Develop and implement technical assistance infrastructure to support the improvement of quality services throughout family serving systems</p> <p>Develop comprehensive peer support infrastructure to offer technical assistance to providers throughout Nevada</p> <p>Define and communicate the scope of technical assistance for enrolled providers</p> <p><i>Quality Assurance and Oversight:</i></p> <p>Development and implement quality assurance and oversight for service delivery that embeds SOC values and principles throughout systems</p> <p>Develop and implement quality assurance and oversight for data</p>	
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	<p>collection/analysis and reporting of outcomes for Nevada’s SOC</p> <p>Develop and disseminate an administrative guide or manual for enrolled provider compliance</p> <p>Implement data collection policies involving outcome measures, provider and youth/family satisfaction and reporting guidelines</p> <p>Develop data collection and feedback process to include frequency, outcome measures and reporting</p> <p>Develop CQI process that informs SOC implementation, quality practice and feedback to youth, families and community stakeholders</p>	
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Goal 2: Nevada SOC Point of Entry

Goal 2: Increase access to mental health services by implementing a “Nevada SOC point of entry” system for children, youth and their families

Objective & Dates	Services/Programs/Action Steps	Process and Outcome Measures
<p>Objective 2-A: By July 1, 2023 establish a Nevada System of Care access line for youth and families to enter the children’s mental health system</p>	<p>Create, test, and implement a coordinated process to ensure all youth and families have access to community-based services and resources</p> <p>Create Family Engagement Unit to monitor access system, complete screening/assessment process and provide short-term care coordination to ensure</p>	<p>Access line established</p> <p>Marketing & communication plan created</p> <p># of policies developed</p> <p>20% improvement in knowledge/skills following trainings</p>

	<p>youth/family access and linking to community-based resources</p> <p>Identify an electronic and/or telephonic platform that will accommodate an organized Nevada SOC point of access for youth, families and other family-serving systems</p> <p>Collaborate with other projects/grants/Division services to provide consistency in access platforms</p> <p>Create marketing strategies to ensure youth, families, community members and stakeholders are aware of the access point</p>	
<p>Objective 2-B: Beginning July 1, 2021, there will be an annual 10% increase in the number of screenings and referrals from other family-serving systems to the access line</p>	<p>Develop process in which family-serving systems have access to a direct point of contact via 24/7 electronic/telephone line</p> <p>Develop universal screening tool to determine level of familial needs</p> <p>Create infrastructure to support the Family Engagement Unit with designated trained staff to respond, screen and link youth/families to community resources, Tiered Care Coordination and/or community provider</p>	<p># of calls received</p> <p># screenings and referrals to the access line from other family-serving systems at baseline and annually</p> <p>10% improvement in family-serving system satisfaction with access line (annually)</p>
<p>Objective 2-C: Beginning July 1, 2021, there will be an annual 10% increase in the number of screenings and referrals from youth and families to the access line</p>		<p># of calls received</p> <p># of youth and families entering the system through the access line at baseline and annually</p> <p># of youth and families who heard about access line through marketing</p>

		10% improvement in youth/family satisfaction with access line (annually)
Objective 2-D: By January 1, 2023, 30% of youth and families who utilize public behavioral health services will have accessed those services through the “Nevada SOC point of entry” system	<p>Assess how families are currently accessing services or if they are unable to access services</p> <p>Assess the number and types of referrals made and utilize a feedback loop to inform key decision makers</p>	<p># of youth/families referred to mental health or related services</p> <p># of youth and families receiving evidence-based mental health related services as a result of the grant/Nevada Point of Entry</p> <p># and % of youth/families receiving mental health related services after referral</p>

Goal 3: Care Coordination

Goal 3: Increase access to evidence-based/evidence-informed mental health interventions by expanding and sustaining High Fidelity Wraparound and FOCUS to provide care coordination at a service intensity that matches youth & families’ needs.

Objective & Dates	Services/Programs/Action Steps	Process and Outcome Measures
Objective 3-A: By July 1, 2023 expand the workforce trained in High Fidelity Wraparound (HFW) and FOCUS in rural/frontier/tribal communities by 30%	<p>Engage key stakeholders and youth/families through outreach efforts, such as town halls, community roundtables and events to discuss Tiered Care Coordination in their community</p> <p>Identify those communities currently providing Tiered Care Coordination</p> <p>Develop recruitment strategies to increase Tiered Care</p>	<p>Statewide training plan developed</p> <p>20% improvement in knowledge/skills following HFW & FOCUS trainings</p> <p># of rural workforce trained in HFW at baseline and by July 1, 2023</p>

	<p>Coordination workforce throughout rural and frontier communities</p> <p>Develop a standardized certification, training and technical assistance program for Tiered Care Coordination</p> <p>Explore the use of telehealth and other platforms/opportunities to expand access to HFW and FOCUS in rural/frontier/tribal communities</p>	<p># of rural workforce trained in FOCUS at baseline and by July 1, 2023</p>
<p>Objective 3-B1: By July 1, 2022, utilize screening and referral process to ensure 85% of youth are initially placed at the appropriate level of care coordination</p> <p>Objective 3-B2: 50% remain in High-Fidelity Wraparound for a minimum of 12 months pending transition to lower level of care/service</p> <p>Objective 3-B3: 50% remain in FOCUS for a minimum of 6 months pending transition to lower level of care/service</p>	<p>Develop referral process for community providers (schools, tribes, primary care providers, mental health, law enforcement and other stakeholders)</p> <p>Update the tiered care coordination process to include short-term care coordination</p> <p>Build a statewide network of care coordinators (or similar roles) to embrace practices that support youth/family voice through a SOC approach</p> <p>Develop a standardized certification, training and technical assistance program for care coordinators working within the Nevada SOC</p>	<p># of providers appropriately referring to the tiered care coordination model</p> <p># of families/youth who understand the tiered care coordination process</p> <p># of youth/families screened</p> <p># enrolled in HFW</p> <p># enrolled in FOCUS</p> <p># of youth placed at appropriate level of care</p> <p># of youth who remain at appropriate level of care coordination for the 6-12 months depending upon care coordination model</p>
<p>Objective 3-C: By September 30, 2023, 80% of HFW and FOCUS services will be implemented with fidelity</p>	<p>Create an evaluation plan focusing on fidelity and best practice standards</p> <p>Assess fidelity outcomes according to Objective 1-D</p>	<p># meeting fidelity benchmarks on WFI-EZ</p> <p># of documents meeting DART fidelity benchmarks</p>

	above and modify policies, training, and technical assistance as appropriate	# meeting FOCUS fidelity checklist benchmarks 10% improvement in satisfaction with HFW and FOCUS services
Objective 3-D: By September 30, 2022, 50% of caregivers, children, and youth enrolled in HFW and FOCUS will experience a 10% improvement in key outcomes	Assess youth and family outcomes according to Objective 1-D (policies, training, technical assistance) and Objective 3-C (fidelity) above Utilize a feedback loop to inform key decision makers and providers as appropriate	# of youth and families served through NV SOC #caregivers/children/youth experiencing improvement from baseline to discharge in the following key outcomes: Youth impairment scores (CIS), # of actionable needs (CANS), # of child behavioral emotional needs (CANS), juvenile justice recidivism, multiple-system involvement, out-of-home placement, school success and caregiver strain (CGSQ)
Objective 3-E: By September 30, 2023, 75% of transitional age youth in HFW or FOCUS programs will be linked to educational, vocational, and/or employment services	Assess youth outcomes according to Objective 1-D (policies, training, technical assistance) and Objective 3-C (fidelity) above Utilize a feedback loop to inform key decision makers and providers as appropriate	# of youth and families served through NV SOC % of transitional youth in HFW or FOCUS that are linked to educational, vocational, and/or employment services % of care coordination plans that include education, vocation and employment training/support as a priority # of partnerships with providers/community resources focused on education, vocation and employment opportunities

Goal 4: Expand Service Array

Goal 4: Increase access to evidence-based/evidence-informed mental health interventions by expanding the service array across the state of Nevada.

Objective & Dates	Services/Programs/Action Steps	Process and Outcome Measures
<p>Objective 4-A: By January 1, 2023, Mobile Crisis Response Team (MCRT) will expand by increasing hours, staffing, telemedicine options, and populations served</p>	<p>Increase the capacity of Rural Mobile Crisis to provide rapid response to youth and family residing in Rural/Frontier/Tribal communities</p> <p>Utilize existing telemedicine infrastructure(s) to expand the Nevada SOC services (i.e. mobile crisis, assessment, outpatient treatment, family peer support)</p> <p>Explore funding opportunities to support 24/7 response in Rural/Frontier/Tribal communities to include Federal, State, County and local funding streams, Medicaid options, private insurance, funding from partners such as ED, law enforcement, detention facilities</p> <p>Explore options for youth and families to access Mobile Response and Stabilization Services internet/telehealth, transportation, in person, school based</p> <p>Develop technology to allow Urban Mobile Crisis Response and Stabilization to provide 24/7 responses, enhancing the rural,</p>	<p># youth and families served</p> <p># of MCRT assessments across day of week and time of day</p> <p>Location of crisis assessment by region and city</p> <p>% of youth diverted from hospital admission</p> <p># of youth served in transition from HLOC</p> <p># of youth accessing MCRT via telemedicine</p> <p># of outreach contacts</p>

	<p>frontier and tribal continuum of care</p> <p>Expand outreach and marketing efforts in rural, frontier and tribal communities, embedding Mobile Crisis Response and Stabilization services as an option in the continuum of care on all Nevada counties</p> <p>Identify first responders, in each community and partner with the Rural Hospital Association to whom to provide education and training on children’s behavioral/mental health issues and crisis response/stabilization</p> <p>Partner with pediatricians, primary care providers, law enforcement, education and hospitals to create a plan that diverts calls to MCRT</p> <p>Elicit youth/family and community feedback through surveys, town hall/community meetings</p>	
<p>Objective 4-B: By January 1, 2023, develop a central database to warehouse eligible evidence-based practices, supports and services accessible to mental health professionals/ stakeholders</p>	<p>Collaborate with other grant programs and community partners to contribute information to the data base</p> <p>Use database as a source of information to identify services available, gaps and what needs to be created/expanded</p> <p>Link activities of this objective to Objective 1-D above (training sustainability plan)</p>	<p>Updated service array communication process defined and implemented</p> <p># of providers accessing database</p> <p>Provider satisfaction with database service</p>

<p>Objective 4-C: By June 30, 2023, expand service array to address unique needs of special populations by 30%</p>	<p>Develop a plan to ensure the cultural and linguistic values are embedded throughout all services available to youth and families</p> <p>Identify evidence-based/informed promising practices that focus on early intervention and prevention to include early childhood, intensive in-home services, out of home treatment services and family peer support as individualized to each communities' unique needs</p> <p>Develop a plan to increase access to services for special populations to include transitional age youth and the ID/DD population</p>	<p># of evidence-based practices and pilot programs identified</p> <p>Funding mechanisms developed to support and expand services</p> <p>Pilot programs implemented</p> <p>Pilot programs expanded</p>
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Goal 5: Special Populations

Goal 5: Increase capacity of the Nevada DHHS to provide family driven, youth guided, coordinated, collaborative, culturally and linguistically appropriate, cross-agency services to special target populations. Special populations will include, but not be limited to, early childhood (0-6), youth with dual diagnosis (severe emotional disturbance [SED] and intellectual disability [ID] and/or developmental disability [DD]) & transitional age youth (14-21).

Objective & Dates	Services/Programs/Action Steps	Process and Outcome Measures
<p>Objective 5-A: By January 1, 2021, expand the existing "ID/DD/SED Task Force" to create a Nevada System of Care Steering Committee ("Steering Committee") to authorize funding, align resources, and provide oversight</p>	<p>Identify and engage high level key stakeholders, DHHS administrators, Medicaid representatives, Peer Support and youth to comprise the Steering Committee</p> <p>Develop Steering Committee's charge to collaborate on elimination of barriers to serving</p>	<p>Steering committee members identified</p> <p>Reports provided to Steering Committee for monitoring including # of youth served, services youth are transitioned to and/or share across agencies,</p>

	youth with ID/DD/SED through the use of an MOU or Agreement	communications, funding, and outcomes
Objective 5-B: By April 30, 2022, the Steering Committee will submit financing recommendations for serving special populations	Facilitate regular Steering Committee meetings Identify spending patterns, redundancies, and gaps across multiple publicly funded entities. Create and propose a financing plan that combines budget allocations across publicly funded entities that serve this population	Financing recommendations submitted
Objective 5-C: By July 30, 2023, all Divisions within the Department of Health and Human Services will formalize roles through necessary agreements, MOU's and/or other formal agreement structures	Develop and implement "next steps" according to review, approval, and adoption of financing plan from objective 5-B above	# of MOUs and/or other formal agreement structures established

Strategic Plan Updates and Feedback Loop

As described above, a "System of Care" is an evidence-based organizing framework that aims to align publicly funded children's behavioral services in order to maximize access for children, youth, and families while also utilizing resources efficiently. This Strategic Plan is the result of a process to move expand the Nevada SOC to the rural/frontier counties of Nevada including the tribal communities in those counties. It is noted that this plan was developed at a "point in time." DCFS will engage its partners for input and feedback throughout the expansion of the Nevada SOC. As progress is achieved and barriers are navigated, the plan will be continuously monitored and updated. As noted in the data collection plan and identified outcome measures above, each goal and objective will be assessed for the extent to which the project is meeting its aims. On a quarterly basis, DCFS will provide an update to the Nevada SOC stakeholders assessing progress on the strategic plan, identifying strengths and barriers related to the progress, recommended changes to the plan, and identify planned action.

Appendix A: System of Care Values and Principles



System of Care Definition and Philosophy

Definition

A system of care is: A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

Core Values

Systems of care are:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided
2. Community based, with the locus of services, as well as system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports

Guiding Principles

Systems of care are designed to:

1. Ensure availability of and access to a broad, flexible array of effective, evidence-informed, community-based services and supports for children and their families that addresses their physical, emotional, social, and educational needs, including traditional and nontraditional services as well as informal and natural supports
2. Provide individualized services in accordance with the unique potential and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family
3. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate
4. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their communities, states, territories, tribes, and nation
5. Ensure cross-system collaboration, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management
6. Provide care management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner, and that children and their families can move through the system of services in accordance with their changing needs
7. Provide developmentally appropriate mental health services and supports that promote optimal social and emotional outcomes for young children and their families in their homes and community settings
8. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult-service system as needed
9. Incorporate or link with mental health promotion, prevention, and early identification and intervention to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents
10. Incorporate continuous accountability mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level
11. Protect the rights of children, youth, and families and promote effective advocacy efforts
12. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; services should be sensitive and responsive to these differences

Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

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