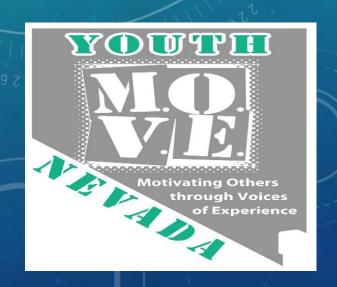


NEVADA'S SYSTEM OF CARE



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SYSTEM OF CARE IS:

- A continuum of effective community-based services and supports for children/youth who have or are at risk of mental and/or behavioral health challenges
- A broad array of quality services/supports that are organized into a coordinated network
- A network that builds meaningful partnerships with youth and families
- A network that addresses a youth and family's cultural and linguistic needs

All of which, help support healthy functioning in the home, school, and community

SYSTEM OF CARE FOUNDATIONAL COMPONENTS INCLUDE:

Philosophy

 A philosophy that embeds a set of values and principles throughout all service systems, at all levels

Infrastructure

 An infrastructure that includes governance, financing for services/supports, partnerships among childserving systems, providers, youth, families, and the capacity for planning, evaluation, and quality improvement

Services and Supports

• Interventions and supports at the service delivery level that reflect system of care values and principles



Family-driven/Youth-guided

Community-Based

Culturally and Linguistically Competent

SYSTEM OF CARE PRINCIPLES

- Broad Array of Effective Services and Supports
- Individualized, Wraparound Practice Approach
- Least Restrictive Setting
- Family & Youth Partnerships Involved at All Levels
- Service Coordination

- Cross Agency Collaboration
- Services for Young Children
- Services for Youth that are in Transition to Adulthood
- Linkage with Promotion, Prevention, & Early Identification
- Accountability

SYSTEM OF CARE GRANT PRIORITIES

Move DCFS into the Children's
Mental Health Authority
responsible for Training/Technical
Assistance, Provider Standards,
Policy and oversight

Increase access to services/supports through a point of access where families are able to connect to quality interventions and resources when and where they are needed

Increase access to a tiered care coordination model (HFW or FOCUS) at a service intensity that matches youth & families' needs

Build capacity of evidence-based mental/behavioral health interventions by expanding the service array throughout rural/frontier communities

Build collaboration across systems to support special populations including, 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)

