

Washoe County Children's Mental Health Consortium

Summary of the Annual Plan 2017-18



Nevada Revised Statute (NRS 433B) established Mental Health Consortia in each of three Mental Health Service/Child Welfare/Juvenile Justice jurisdictions in Nevada. The functions of the Consortia are to assess the need for behavioral health services for children*up to 18 years of age, assess how well the current system is meeting the need in the community, and develop an annual plan on how the need can be better met. The Washoe County Children's Mental Health Consortium, henceforth referred to as "Consortium," was formed in 2002 to fulfill the legislative requirements of NRS 433B in order to strengthen local partnerships and work toward creating an integrated system of behavioral health care for children and families of Washoe County based on System of Care values and principles.

The Consortium continues to focus efforts on the four goals listed below. This annual plan outlines **ACCOMPLISHMENTS** made over the previous year, **REMAINING NEEDS** from 2016-17, **IDENTIFICATION OF NEW/ADDITIONAL GAPS**, and **GOALS** moving forward over the next year (2017-18).

REVIEW OF PRIORITIES OF ACTIONS AND SERVICES NECESSARY TO IMPLEMENT 10-YEAR PLAN

In the Consortium's initial plan, "2020 Vision' A Call to Action, Ten Year Plan for Children's Mental Health: January 2010 – December 2020," four Workgroups were formed to address four corresponding areas of priority/goals.

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GOAL 1: Serve Children in Their Home Communities – Enhance Washoe County's capacity to provide community-based, wraparound treatment and care to serve youth locally in a manner that supports safety, stability, and permanency.

ACCOMPLISHMENTS:

The Consortium supported several developments that have contributed to our community's capacity to fill the gaps identified in the 2016-17 Annual Plan. These have included the following:

- Medicaid Parent and Consumer Access Guide (see Attachment 1)
 - This guide was created as a result of feedback from the community that there was confusion and a lack of easily accessible information regarding Fee for Service and Managed Care Medicaid. This guide gave information, which includes websites, phone numbers, information on how to apply, and frequently asked questions. The guide was widely distributed to consortium members and attendees, as well as the community. A Spanish version was also developed. It continues to be updated on a regular basis, and redistributed.
- Wraparound Expansion
 - Wraparound services administered through the Division of Child and Family Services (DCFS) Wraparound in Nevada Program continued to expand beyond the Child Welfare Severe Emotional Disturbance (SED) population – it's initial targeted group. Partnerships continue through Washoe County School District, Aging and Disability, and Washoe County Department of Juvenile Services to offer Wraparound Services to children and families in need, to include children in the custody of their parent.
- Mobile Crisis Response Team
 - The Mobile Crisis Response Team (MCRT), starting in October of 2014 in Northern Nevada through DCFS, continued to grow throughout 2016. Over the course of the year, MCRT in the north took 514 calls from families and community partners, with the goal of diverting children and youth from acute psychiatric hospital admissions and residential treatment settings. Through intensive intervention and stabilization in home

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and community settings, MCRT was able to achieve a diversion rate of 75.1% over the course of the year. In addition, in 2016, DCFS and MCRT began a partnership with the Division of Public and Behavioral Health to offer Mobile Crisis Response services in the rural region. They fielded their first crisis call in November 2016.

- State Wide System of Care Grant
 - The Statewide System of Care Grant, entering its second year of implementation in 2016, provides a wide-ranging backdrop to create a comprehensive service delivery model for children and youth with SED, which will be realized over five years. The Consortium is represented in each of the statewide committees that are guiding strategic planning and implementation of the grant. One of the statewide planning groups specifically addresses efforts targeting a reduction in reliance on out of home and out of state placements of children and youth with severe behavioral health needs.

These programs have started to address the needs of significantly challenged children who are, or become, involved with multiple child serving agencies, who are then at risk for out of home placement.

REMAINING NEEDS:

Since its inception, Consortium members and attendees have recognized that a subset of children and youth with SED has challenges so significant as to put them at risk for out of home placement. Furthermore, gaps in services often lead to an overreliance on secure residential treatment centers, many of which are located out of state. The gaps in services that most often lead to these placements include:

- The mental health service delivery model is difficult to negotiate, including issues with accessing third party provider networks and Medicaid, as well as finding providers that are available to provide services under the plans. Families in Washoe County report difficulties knowing how to enroll in insurance, both Nevada Check-Up and Medicaid, as well as challenges finding providers who would care for their children under these reimbursement plans.
- Wraparound Services are not widely available for parental custody children and youth. Many children are involved in multiple child serving systems with largely uncoordinated and fragmented services.
- The mental health system as a whole is ill equipped to address the frequent mental health crises that many children in Washoe County cope with on a frequent basis. The lack of crisis services leads to an overreliance on acute hospital and secure residential facilities.
- Unlike Southern Nevada, there is no secure, state-funded, residential treatment program to provide a safety net to address the needs of children in Washoe County with significant behavioral health needs. Although there is a local, privately operated residential treatment center, it is not equipped to treat children with SED who have disruptive and aggressive behaviors or children with intellectual adaptive disabilities.
- There is a lack of organized and coordinated case management and reentry programs for youth who are placed in out of state residential treatment by their parents or guardians.

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- The community would benefit from a system of care that includes supports to families with children that have SED by providing education about, and/or linkage to, programs such as peer-to-peer supports for children and family supports for parents/caregivers of children with SED.

IDENTIFICATION OF NEW/ADDITIONAL GAPS:

The following focus for the next year represents a reorientation of Work Group 1 to identify our most vulnerable population of children with the most severe behavioral health needs at risk for out of home placement, develop intensive wraparound teams, provide intensive outpatient services, and actively recruit residential providers to the Washoe County region. Of note, Medicaid currently prohibits the onset of services more than 14 days out from the anticipated community reentry date of out of state placed children with SED.

The Consortium identifies the following groups of children who are in need of intensive intervention in their home communities:

1. Children in parental custody who are at risk of entering the juvenile justice and child welfare systems and are at risk of placement in a residential treatment center.
2. Children in parental custody who are adjudicated in the juvenile justice system and are at risk of placement in a residential treatment center.
3. Children who are adjudicated in both the child welfare and juvenile justice systems and at risk of placement in residential treatment centers, both in and out of state.
4. Children returning to the community following placement in a residential treatment center, both in and out of state.

GOALS FOR 2017-18:

As part of this annual plan update, the Consortium presents the following region specific priorities to aggressively address the need for programming that keeps youth in their homes and home community when possible. The Consortium recommends the development of intensive Wraparound Service Teams that are supported by key intensive outpatient treatment approaches and monitored by a strong program evaluation component. The Consortium proposes the concept of a pilot program designed to serve the needs of our most vulnerable children at risk of out of state placement (see Attachment 2).

- The Consortium proposes the development of community based, family centered, youth guided intensive wraparound treatment teams with strong clinical oversight and access to in-home and mobile crisis services.
- The Consortium proposes that these teams have access to intensive community based and home based services such as rehabilitation services, afterschool day treatment, partial hospitalization, respite, and intensive outpatient treatment.
- The Consortium proposes that the State, under the System of Care Grant, project bed space needs consistent with those in high functioning Systems of Care and actively recruit residential providers who will provide quality residential treatment that is paired with wraparound services that promote family involvement/participation, both during treatment and upon reentry into

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the community. Additionally, the Consortium proposes changes to Medicaid regulations related to the SED target group to extend transitional case management timeframes.

- The Consortium proposes linkage to various community resources that can provide support to youth and families of children with SED, such as Nevada PEP; Family Ties; Youth M.O.V.E. Nevada; and NAMI of Nevada.



GOAL 2: Help Families to Help Themselves – The Consortium will promote the coordination of formal and informal strategies and resources that support youth and family autonomy in actively managing and finding solutions to fit their needs.

ACCOMPLISHMENTS:

- During the first half of the 2016-2017 school year, the Consortium continued to support the Signs of Suicide (SOS) screening program in Washoe County School District (WCSD) as it was mandated that all middle schools offer SOS education and screening to students – an effort managed by the Children's Cabinet and includes collaboration with WCSD, West Hills Hospital, and The Office of Suicide Prevention.
- School staff and parents were offered training as part of this comprehensive screening program. The Consortium supported other adult training with the purchase of suicide alertness training (safeTALK) kits.
- 2,400 students have been educated about what to look for and how to help through the SOS education component. Children's Cabinet and the Office of Suicide Prevention will continue the SOS program during the second semester.
- Outreach to high school staff and parents continues with West Hills, the Office of Suicide Prevention and the Children's Cabinet to ensure families are increasingly aware of SOS education and screening opportunities; not only to increase understanding of the program but also safety for the students exposed to this empowering opportunity.
- The Office of Suicide Prevention received a sub-grant from the Department of Education's Project Aware program to coordinate expansion of Youth Mental Health First Aid (YMHFA)

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across the state. This included four YMHFA trainers from the Children's Cabinet and one from Join Together Northern Nevada. There were 9 YMHFA trainings held in Washoe County with 74 adults trained in 2016.

- The Consortium continues to support Trauma Informed Care training conducted in Washoe County based on curriculum from the National Child Traumatic Stress Network; providing trainings to System of Care partners as well as foster parents and child care providers. Currently, local trainers are from DCFS, WCDSS, and Nevada PEP.
- Nevada PEP Family Specialists supported 446 families of children with SED throughout Washoe County.
- Nevada PEP has provided 36 workshops for families and professionals (133 participants) related to children's mental health, including Discipline and Positive Behavioral Supports, Positive Behavioral Interventions, Understanding ADHD, and Bullies, Targets, and Bystanders.
- Family Ties of Nevada offered supports to families and the community including the Medical Home for Families; training on coordination of mental and physical health care; Parent to Parent trainings; one on one peer support for families and caregivers; and assistance navigating the systems of care.

REMAINING NEEDS:

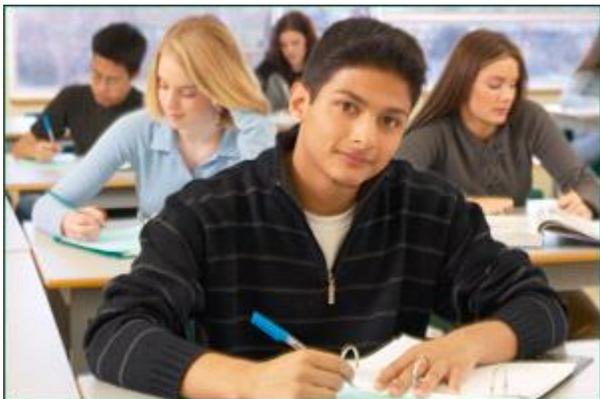
Due to challenges finding opportunities to offer parents suicide prevention education, the Consortium has decided to separate work groups 2 and 3. Work group 2 will focus on engaging parents and families by supporting the many successful programs offered to adults and parents through agencies such as Nevada PEP, Family Ties, and NAMI.

GOALS FOR 2017-18:

The Consortium will promote the coordination of formal and informal strategies and resources that support youth and family autonomy in actively managing and finding solutions to fit their needs by:

- Assessing the information and support needs of families of children with SED who are in the process of accessing and/or receiving behavioral health care services in Washoe County;
- Presenting identified issues and make recommendations that are in-line with the System of Care Principles at the full Consortium Meeting; and
- Forming strategic alliances between formal and informal leaders, ensuring shared leadership with families to address identified issues and support the ongoing improvement of an effective system of care.

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GOAL 3: Help Children Succeed in School -The Consortium will work with community agencies and Washoe County School District (WCSD) to support system wide implementation of Positive Behavioral Supports so that youth can develop pro-social skills while remaining in their home school and family setting, and the need for more intrusive or aversive interventions will be reduced.

ACCOMPLISHMENTS:

Bullying prevention and response has been an objective of the Consortium. The Washoe County School District has a mandatory web-based training that all staff must complete accompanied by a quiz for understanding. There is a web-based reporting mechanism for parents /students. Web-based reporting has been low. There is a policy for mandatory investigation of reports of bullying by students with a record kept on the accuser and the accused. There is now a staff reporting and investigation requirement as well. "Safe to Tell" was developed to provide an easy mechanism for Nevadans to anonymously report violent, unlawful, or threatening activities about which they are aware, so that caring adults can respond and react to prevent or intervene appropriately. The goal is to ensure that all students, parents, teachers, and community members have a safe and anonymous way to report concerns about their safety or the safety of others

To support bullying prevention and response, Nevada PEP has collaborated with WCSD to support families and professionals through trainings. As Nevada's partner with the National Bullying Prevention Center, Nevada PEP promoted the use of best practice approaches. PEP promoted National Bullying Prevention Month in Nevada and collaborated with community/school groups to raise public awareness. PEP provided 12 workshops that informed families and professionals on strategies to help overcome and prevent bullying. PEP collaborated with WCSD to provide "The End of Bullying Begins with Me" school banners during the Week of Respect. They also provided elementary schools with "Be a Buddy Not a Bully" pledge bookmarks and specially designed bulletin boards. PEP increased public awareness in October with the "Take a Step with PEP Against Bullying" campaign and the annual Run Walk and Roll Bullying Prevention event.

REMAINING NEEDS:

The Consortium will continue to support the work by community providers and the Office of Suicide Prevention to expand the community and school-based youth suicide prevention program. How this will be accomplished will be determined based on the scope of other recent proposals such as the use of the Child and Adolescent Needs and Strengths (CANS) Tool or other collaborative county/division sponsored initiatives. The Consortium would like to see earlier identification and intervention of youth

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experiencing mental health concerns or thoughts of suicide. We are seeing increases in elementary students' depression and distress. Youth Mental Health First Aid and Signs of Suicide screening programs can play a role in early identification and referral for these younger students.

Attempts were made to offer continuing education credits and training opportunities through Parent University, (including making the, "Training Trusted Adults SOS staff and Parent Education video" available on the WCSD website). However, due to the competing demands of training required by the school district for district personnel, this goal was not achieved. The Workgroup will continue to support outreach through the Parent Universities and with teachers making home school visits. It has been noted that participation in Parent University classes, which are posted on the WCSD website, increases when marketing in the form of personal live calls and discussion occur.

IDENTIFICATION OF NEW/ADDITIONAL GAPS:

- The Consortium is recommending that additional representation from Washoe County School District be appointed to the Consortium to create more avenues into this system that has a direct impact on children and families.
- "Postvention" is an important part of suicide prevention after a death by suicide as well as after known attempts. Supportive re-entry into school must be part of a school policy.
- Transforming Youth Recovery is a 13-year project to study comprehensive substance misuse, prevention, and intervention services within the Washoe County School District. The Consortium would like to facilitate this engagement from the district to the community with regard to this project.

GOALS FOR 2017-18:

- Develop a plan to continue expansion of school-based screening into more schools, including high schools and charter schools while reaching out to more school staff and other trusted adults, including parents, caregivers, community members and other natural supports.
- Support the distribution and implementation of the Postvention Response Guide, developed by DCFS, along with its insertion into current school district suicide prevention protocols. The Office of Suicide Prevention will support the utilization of this plan along with district crisis intervention and suicide prevention protocols and assist with training and implementation.
- Partner with the Rural Children's Mental Health Consortia to expand Youth Mental Health First Aid, Signs of Suicide screening, suicide intervention, and Trauma-Informed Care trainings in rural communities.
- Support bullying prevention and response efforts in Washoe County School District by implementing the Department of Education's Safe To Tell program and Nevada PEP bullying prevention training programs.
- Expand the community and school-based youth suicide prevention program in Washoe County School District, to include increasing earlier identification of those at risk for suicide or other violence. Division of Public and Behavioral Health initiatives for mental health and/or suicide prevention screening should support the implementation of an effective school-based model that is: (1) Evidence-based; (2) Cost-effective; (3) Requires active parental consent; and (4) Includes procedures and resources to link identified students with needed services.

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- Engage with the Washoe County School District's new prevention program, Transforming Youth Recovery, as it builds capacity in the district and our community.



GOAL 4: Support Youth to Succeed as Adults – Develop, fund, and implement system-level policies coupled with successful strategies to help youth with mental health needs transition to postsecondary education, employment, and independent lives.

ACCOMPLISHMENTS:

The Consortium continues to work to actively and meaningfully engage the 'youth voice' in helping to transform Nevada's System of Care. Volunteer youth advocates that contribute their voice, and valuable perspectives to the Consortium, received resources and information from Youth M.O.V.E. Nevada, which is a chapter of a youth led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare.

Youth advocates participated in the planning process for updating the direction of Workgroup 4 activities and proposed strategies to improve cultural competencies in how to work with and engage youth and transition-age young adults in making systemic change in Nevada. During the last quarter of the year, a key focus has been to develop a logic model that addresses the needs of youth and transition-age young adults. Through group discussions, the age range for the transitioning young adult was revised to encompass youth between the ages of 14 and 24 years to match state standards for self-involvement from education and child and family service guidelines. In addition, the group worked to identify short and long term outcomes; the power dynamics that exist between professionals and volunteer youth advocates; and volunteer incentives, compensation and recognition for participants (see Attachment 3). Group planning members included youth, service professionals, and community members.

This process includes visualizing steps to address the goal in the Ten Year Plan by defining and prioritizing the issues associated with challenges that youth face when transitioning to adult services. The group identified two priority items: system transition and youth voice. From this, the group first focused on the "system transition" priority item.

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REMAINING NEEDS:

Workgroup 4 in partnership with the Division of Public and Behavioral Health assists in organization and presentation of the "First Lady's Summit on Children's Mental Health." The Summit highlights current initiatives and future plans/areas of focus regarding State and Community partners related to children's mental health as a means to educate and build partnerships between stakeholders. The First Lady's Summit for fall 2016 was postponed. However, planning is taking place to reschedule the next First Lady's Summit on Children's Mental Health or support another similarly focused activity.

IDENTIFICATION OF NEW/ADDITIONAL GAPS:

Steps are being taken to assure meetings are held at familiar and accessible partner agencies to allow for youth advocates to be able to attend meetings in an environment they are familiar with.

Workgroup 4 concluded that there may be enough existing programs for youth in transition, but connecting youth to appropriate supportive services is an area of need.

GOALS FOR 2017-18:

- Develop a culturally informed, community-based feedback system that collects input from the youth regarding their needs and experiences and effectively shares this information with Primary and Secondary Partner Agencies.
- Establish community provider commitments with Primary and Secondary Partner Agencies to collaborate and implement culturally informed strategies that incorporate youth input into their service array for youth in transition.

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Washoe County Children's Mental Health Consortium General Requests for 2017-18:

1. The Consortium proposes that we maintain our stakeholder role in providing input into development of and changes in State policy related to health care reform, Medicaid changes, DCFS Mental Health policies and budget allocations. This includes utilizing the Consortium to vet major policy changes in programming and services to children and youth with SED during policy development and prior to the public comment period.
2. The Consortium requests continuation of funding to complete the goals summarized below and to fund a consultant to assist the Consortium with planning, data collection, attendance of all workgroups and the coordination of workgroup sub goals and to assist with the administration of regular consortium duties.



For general questions about this plan or how to get involved; input about goals within this plan; and/or information about future meetings, please contact us!

Please Email: wccmhconsortium@gmail.com

Or call:

Chris Empey, Chairman, WCCMHC: 775-337-4566

Jacquelyn Kleinedler, Vice-Madame Chair, WCCMHC: 775-352-8090

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❖ *If I don't qualify for NV Medicaid or NV Check-Up, what are my options?*

****Key Tip:** If you don't have health insurance coverage through your employer, Medicare, Medicaid, or another source that provides qualifying coverage, the Marketplace can help you get covered. See site for open enrollment dates.

- **To use the Federal Marketplace to apply for a new qualified health plan:**
 - Online: www.healthcare.gov
 - Individuals/Families can call: 800-318-2596
 - For Small Business Owners: 800-706-7893
 - TTY Line for those who are deaf, hard of hearing, or speech disabled: 855-889-4325
- **If you previously purchased health insurance through Nevada Health Link, or have questions regarding Open-Enrollment:**

****Key Tip:** Open enrollment happens at different times depending on your insurance. Check with your insurance plan to find out when this process takes place.

 - Contact: 855-7NV-LINK (855-768-5465)
 - TTY Line for those who are deaf, hard of hearing, or speech disabled: 855-853-8100
 - Online: <https://www.nevadahealthlink.com/>
- **To locate health insurance enrollment assistance in your area:**
<https://www.nevadahealthlink.com/about-nevada-health-link/how-it-works/in-person-assistance-search-tool/>

❖ *What about Medicare?*

- Medicare is available to individuals 65 years of age and older.
- For questions about Medicare, contact:
 - A Nevada SHIP Counselor at the Reno Senior Center: 775-328-2575
 - Access to Healthcare Network: 877-385-2345
 - Statewide: 800-307-4444 or 800-633-4227
 - TTY Line for those who are deaf, hard of hearing, or speech disabled: 877-486-2048
 - Federal Medicare Website: www.medicare.gov
 - Online: <http://nevadaadrc.com/counseling-sites-ship>

Frequently Asked Questions

- *How can I find out what is covered under my insurance?*

For any questions specific to your insurance plan, use the contact numbers listed for each plan type.

- *Who can I contact if I believe that I have been denied coverage unjustly?*

We suggest starting with the insurance plan first to make a formal request for a review or a fair hearing. The process should be outlined on the Notice of Decision you receive in the mail regarding your services.

- *Can I switch my Medicaid plan provider if a required service is not covered under my current plan?*

A recipient or parent can request "Good Cause" paperwork to request a switch to a different MCO/plan when clinically necessary services are not available by the plan's contracted providers. Contact your provider directly for questions regarding steps to begin this process.

- *My provider told me I have CMO services under my plan, what is this?*

The care management offered through the CMO (Health Care Guidance Program) is intended to connect high needs clientele to additional supports and services through identification of needs and referral. No direct services (*aka* 'case management') is offered. Once targeted case management is in place, the CMO service is no longer available as a higher level of service will be offered through the new provider.

- *What if I have another insurance and Medicaid?*

If you have another insurance and Medicaid, you will need to find providers that accept both insurances. Medicaid is the payer of last resort and your primary insurance rules will need to be followed for Medicaid to be able to be used as a secondary insurance.

- *My child has very high needs, my current health insurance doesn't cover all of the costs, and my income is too high to qualify for traditional Medicaid. Is there any service to help in this case?*

Katie Beckett Medicaid benefits are available to eligible disabled children (under age 19) who would not ordinarily qualify for SSI because of parents' income or resources. The child must also meet a level of care for placement in a nursing facility/hospital or intermediate care facility for the intellectually and developmentally disabled. Be sure to indicate "*Katie Beckett*" on your application, or contact DWSS for more information on how to apply.

- *Who can I contact if I feel like the MCO is not responding to my questions or concerns?*

You can email Medicaid directly at ManagedCare@dncfp.nv.gov to assist in having your questions and concerns addressed by the MCO's.

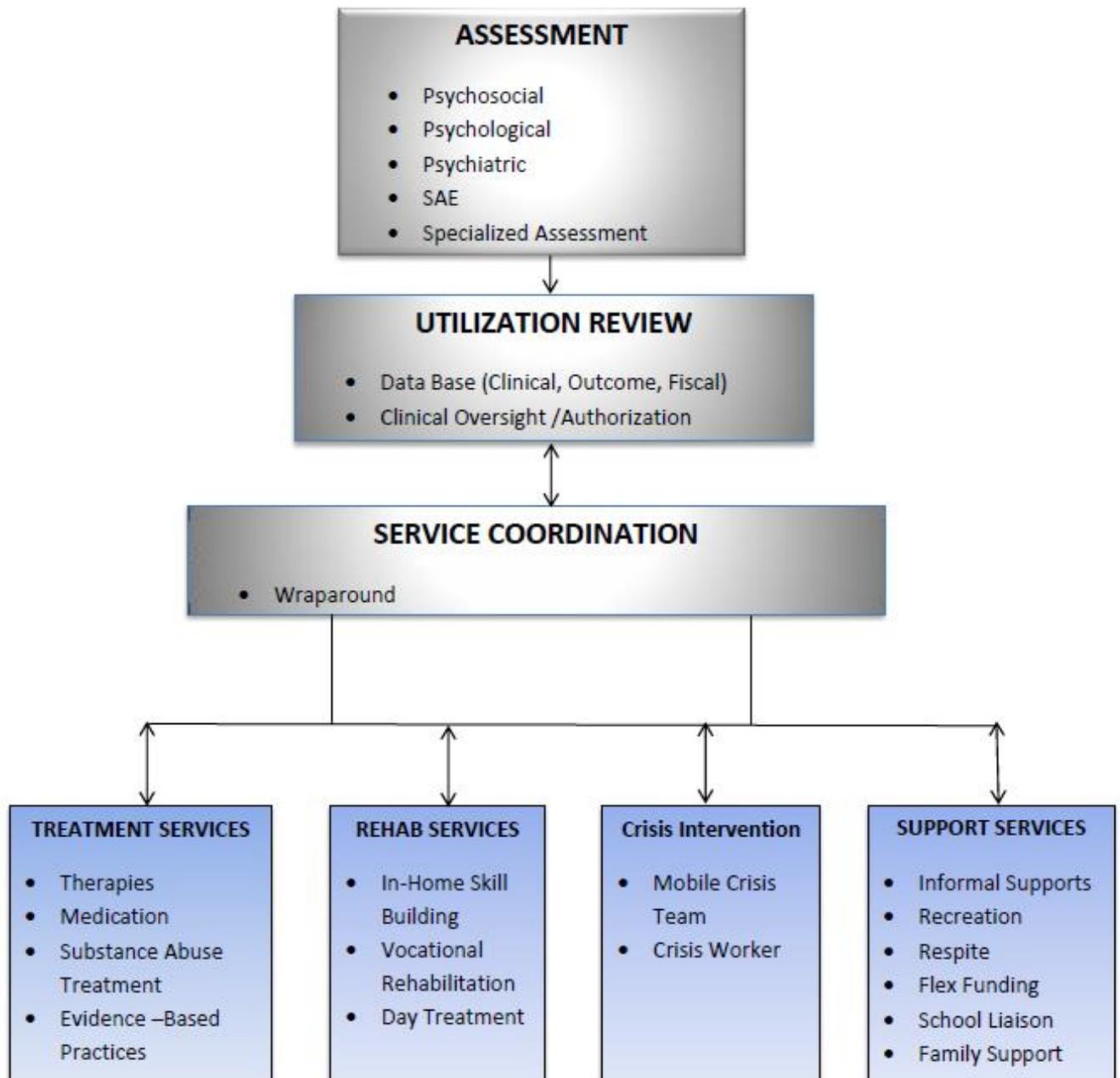
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Attachement 2

Washoe County Children's Mental Health Consortium

Workgroup 1: Proposed Intensive wraparound treatment team



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Attachment 3

Washoe County Children's Mental Health Consortium, Workgroup 4 Community Program Planning & Logic Model **SITUATION**

Situation

Many youth with mental health needs (diagnosed and undiagnosed) experience poor transition-to-adulthood outcomes. In comparison to other youth who drop out of high school, these Youth In Transition are three times as likely to live in poverty. They experience longer delays before obtaining employment, and have higher unemployment rates than youth with other types of disabilities.

Target Population

Washoe County Youth In Transition between ages 16 and 24 who are in need of social, emotional, and behavioral health services who have entered a Primary Partner Agency to request help

Washoe County Children's Mental Health Consortium 2020 Vision

We envision a community in which all children with mental health needs and their families will have access to a comprehensive, strengths-based, and seamless array of culturally relevant services designed to meet each child's individual needs.

Goals

1. Year One (2017): Develop a community-based feedback system that collects input from the youth regarding their needs and experiences and effectively shares this information with Primary and Secondary Partner Agencies.
2. Year One-Two (2017-2018): Establish community provider commitments with Primary and Secondary Partner Agencies to collaborate and implement strategies that incorporate youth input into their service array for Youth In Transition.
3. Year Three-Four (2019-2020): Sustain the established collaboration and feedback system with Primary and Secondary Partner Agencies.

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Washoe County Children's Mental Health Consortium, Workgroup 4
Goal 1. Year One (2017): Develop a community-based feedback system that collects input from the youth regarding their needs and experiences and effectively shares this information with Primary and Secondary Partner Agencies.

Activities

1. Implement quarterly community-based meetings to include transition aged youth at Primary Partner Agency locations.
2. Workgroup members regularly report information gathered from the youth they serve (e.g., service needs, barriers to accessing services, etc.).
3. Disseminate results of youth input to Primary and Secondary Partner Agencies.
4. Establish and maintain standing agenda item for Youth Voice.
5. Provide incentives for youth and family attendance at Workgroup 4 meetings.



Activities

- Increase youth engagement in feedback process
- Increase awareness of youth experiences in accessing services
- Increase understanding of youth needs
- Increase understand of barriers or gaps in services
- Increase service provider knowledge of youth feedback as it is received

Year One Outcomes

- The feedback system is tested and modified for full implementation.



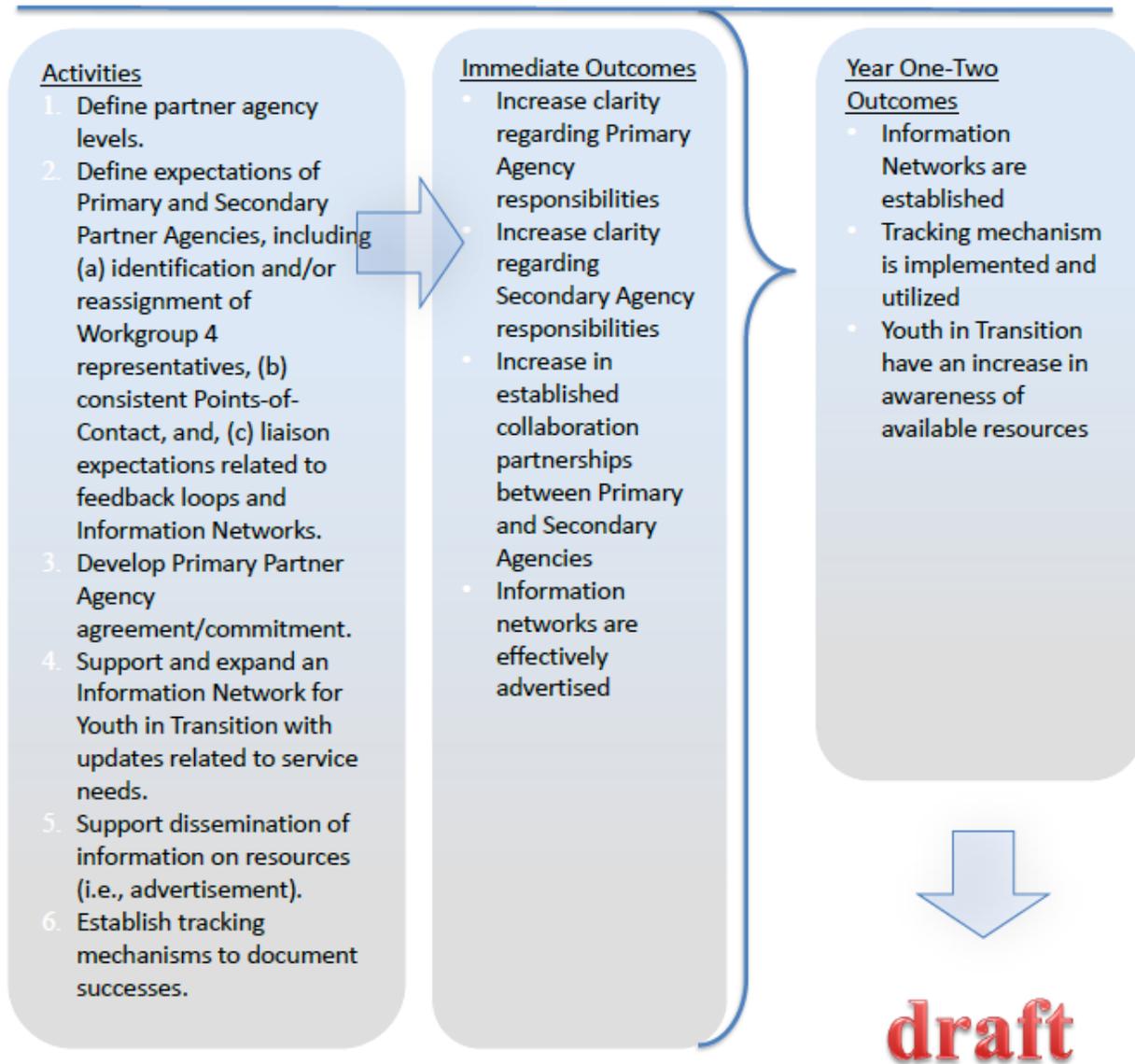
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Washoe County Children's Mental Health Consortium, Workgroup 4

Goal 2. Year One-Two (2017-2018): Establish community provider commitments with Primary and Secondary Partner Agencies to collaborate and implement strategies that incorporate youth input into their service array for Youth In Transition.



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Washoe County Children's Mental Health Consortium, Workgroup 4

Goal 3. **Year Three-Four (2019-2020): Sustain the established collaboration and feedback system with Primary and Secondary Partner Agencies.**

