

Division of Child & Family Services White Paper
Transforming Children's Mental Health Treatment Services in Nevada

Introduction

The Governor's 2006-2007 Executive Budget for the Division of Child and Family Services' (DCFS) includes crucial funding to:

- (1) Increase Nevadan's access to mental health services – additional mental health staff to reduce waitlists for children in urgent need of treatment, psychiatric nurses to join treatment services authorization teams (utilization management), and an increase in the rates provided to contracted residential treatment care providers.
- (2) Improve staffing toward meeting national standards – more child welfare case management staff to move Nevada closer to the 1:15 ratio recommended by the Child Welfare League of America.
- (3) Enhance organizational/professional competence – a two-person cost allocation/rates unit to preserve and potentially maximize federal funding and a six-person performance-based contract unit to help Nevada implement flexible contracts that include incentives to help children and families succeed.

This funding was strategically requested to support continued transformation of the children's services system and is a critical underpinning to proposed quality improvement efforts.

In the past biennium, DCFS has made progress in improving children's services. Through legislation, child welfare services were transitioned to the two urban counties to end the bifurcation between child protective services and the foster care/adoption system. A small Quality Improvement Unit was funded to begin continuous quality improvements and a System Advocate Unit was created to address children and families' concerns.

In addition, DCFS expanded its Wraparound in Nevada (WIN) program that provides clinical case management to children with serious emotional disturbances in the child welfare foster care system, from thirty-two children to 500 children. A small WIN pilot with youth reentering the community from juvenile justice facilities and an intensive case management program have been established to serve youth on parole with emotional disturbances. WIN is one component in DCFS' continuum of children's mental health services that includes Early Childhood Services, Children's Clinical Services, Outpatient Therapy, Intensive Family Services, Family Learning Homes, Residential Treatment Centers, and Provider Agreements for contracted residential treatment services.

DCFS also reallocated resources to create a statewide children's mental health coordinator position, as well as a juvenile justice mental health coordinator position, and was selected as one of seven sites nationally to receive a \$3.75 million dollar Substance Abuse and Mental Health Services Administration "Strategic Incentive Grant" to improve the infrastructure of public children's mental health in the state. Collaboration with Mental Health Consortia and the Mental Health and Developmental Services Commission supported Nevada's successful grant application. Finally, DCFS' Program Improvement Plan for child and family services was approved by the federal government as an initial step toward meeting outcomes established under the Child and Family Services Review process.

However, an important component in the present continuum of children's mental health services, DCFS' agreements with residential treatment services providers, has come under sharp criticism for ineffectively serving Nevada's foster care children with serious emotional disturbances (SED); primarily, criticism centers on the fact that children in the child welfare agencies' custody may be moved to access services rather than having services come to them (These "contracted" residential services are referred to as "higher levels of care." Please see "Key Barriers" section for more discussion on what children and families may currently experience).

This white paper is intended to help Nevada Legislators, system stakeholders, and national experts engaged to assist the state, understand system complexity and the need to address the full continuum of care provided to children, including the "higher levels of care". Much like Nevada families with seriously emotionally disturbed

children who struggle with complex needs, there is no “quick fix” for the system. This white paper explains the initial roadmap for service delivery system improvements and provides details regarding: the system context, key barriers that children and families currently experience, as well as goals and action strategies developed to meet the challenge of transforming the system.

Vision Statement

Nevada’s children will have timely access to a full array of behavioral health treatment services that meet their needs in the least restrictive environment. Services will be delivered through a system of care model. Financing strategies will support quality service delivery and system stakeholders will act in concert to ensure that children’s needs are met.

System Context – Overview of System Stakeholders

Thousands of Nevada families have children with emotional disturbances or serious emotional disturbances (SED). Many of Nevada’s SED children are at risk of entering, or are at present in the custody and/or under supervision of governmental agencies. Eight governmental entities have some measure of shared accountability for ensuring that SED children and their families are appropriately served:

- (1) State of Nevada Division of Health Care Finance and Policy (HCFP – Medicaid agency).
- (2) State of Nevada Division of Child & Family Services (DCFS – full array of urban children’s mental health services, limited array of rural mental health services, rural child protective and welfare services, urban child welfare regulatory oversight, and statewide juvenile justice training centers/facilities and parole services).
- (3) State of Nevada Division of Mental Health and Developmental Services (MHDS – rural children’s mental health services, full array of children’s developmental services, youth transitioning to adult mental health statewide).
- (4) Clark County Department of Family Services (CCDFS – full continuum of county child protective and welfare services).
- (5) Clark County Department of Juvenile Justice Services (CCDJJS – county juvenile probation, detention and youth camp/facility).
- (6) Washoe County Department of Social Services (WCSS – full continuum of county child protective and welfare services).
- (7) Washoe County Department of Juvenile Services (WCJS – county juvenile probation and detention).
- (8) University of Nevada School of Medicine’s Mojave Mental Health Services (Mojave – children’s mental health case management, counseling and medication management for Medicaid recipients in Clark and Washoe counties).

Other key system stakeholders include the public school system that educates SED children and often identifies behavioral challenges and mental health needs. Nevada Parents Encouraging Parents (PEP) is the family advocacy group dedicated to supporting families with SED children. Several statutorily-mandated groups provide leadership and oversight regarding children’s mental health services: the Mental Health and Developmental Services Commission, three local Mental Health Consortia, the Legislative Committee on Children, Youth and Families, and the Legislative Interim Sub-Committee on Juvenile Justice. A statewide stakeholders group has recently been established through a federal Substance Abuse and Mental Health Services Administration Strategic Incentive Grant (SIG) received by DCFS. A variety of other advisory groups also address children’s services issues at local, county and state levels.

Medicaid providers of treatment services such as mental health professionals, Medicaid managed care contractors, residential care providers that may belong to the Nevada Youth Care Providers Association, and private residential and acute care providers such as Montevista Hospital, Spring Mountain Treatment Center and Willow Springs Residential Treatment Center all serve SED children. HCFP utilizes “First Health Services’ clinical management services, pharmacy benefit management services and its new Web-enabled Medicaid Management

Information System (MMIS) to facilitate cost containment efforts, improve quality of care and maximize provider satisfaction with the Medicaid program.

http://www.firsthealth.com/news/media/releases/fh_nevada_contract.html

Finally, both the Boyd School of Law Clinic and the Clark County Children's Attorneys Project provide legal advocacy for children involved with governmental agencies in Clark County. In Washoe County, Nevada Legal Services offers assistance to families with SED children. Public Defenders statewide may provide legal services to youth and families. Juvenile court judges and court-ordered advocates (CASA) are also important system stakeholders interested in improving services for children in Nevada.

Key System Barriers Impacting Children and Families

In Nevada, children currently are at risk of experiencing the following barriers to their attainment of safety, permanency and well-being:

- Birth parents, adoptive parents, guardians, relatives or substitute care givers involved in Child and Family Teams or other treatment planning processes may not be seen as core decision-makers for their children.
- In-home and community-based services are often not considered or are unavailable to meet children's needs; many existing Medicaid providers are not accepting new clients and chronic "wait lists" exist to access services provided by governmental entities.
- Lack of permanent, stable family placements and/or reduction in restrictive out-of-home placements because assessments of children's needs and behaviors are imprecise and/or often depicted in a deficit-based manner.
- Professionals interacting with children and families may view mental health treatment as a "place" or setting rather than specific services needed.
- Multiple moves to access treatment services settings, causing trauma and exacerbating attachment disorders that many children suffer from in the child welfare and juvenile justice systems.
- A tiered payment system of residential treatment provider's forces children to move to services rather than services moving to children; children reunified with their families/kin lose presumptive Medicaid eligibility.
- Separation from siblings in order for one sibling to access treatment services.
- Residential treatment providers view children as "too difficult" to treat given the rates provided and thus children are "stuck" in restrictive treatment environments beyond their need for acute episode stabilization.
- The adult mental health services system is in "crisis" with adults accessing emergency rooms for treatment due to an inadequate array of service providers; youth with SED who are transitioning to adulthood are placed on wait lists.
- Two "groups" of SED children, those labeled sexually aggressive/offending and cognitively impaired, may have the most difficulty in accessing appropriate services within Nevada.
- SED youth in need of alcohol/substance abuse and mental health treatment services may enter the juvenile justice system before accessing services.

- Child welfare agencies with high caseworker-to-family ratios prevent case managers from facilitating timely, comprehensive service delivery and discharge planning for children in acute or residential treatment placements.

Goals and Short-Term Strategic Action Steps (April 1 to December 31, 2005)

Goal 1: Children’s behaviors and emotional needs must be assessed and precisely defined so that treatment services will be matched to meet those needs in their family homes, home-like settings, or within their communities.

Action Strategy 1 - Training on Functional Behavioral Assessments (FBA): April 5-7, 2005 training will be provided by OMNI Behavioral Health to over 200 Nevadans, including mental health professionals from child welfare and juvenile services agencies, child welfare professionals, family advocacy group members, juvenile justice services professionals, residential treatment care providers and staff from three Department of Human Resources’ divisions (DCFS, MHDS, HCFP). Continuing Education Credits are available for social workers, mental health clinicians and psychologists; April 5 training is in Reno and 6-7 is in Las Vegas. OMNI is an American Psychological Association-certified training provider.

Outcomes: A universally understood functional behavioral assessment will be implemented in Nevada so that families/children accessing different service delivery systems will not have to undergo lengthy, repeat assessments. This is a first step toward ensuring that children’s behaviors will be assessed and more precisely defined so that treatment services can be matched to meet those needs.

Action Strategy 2 - Train-the-Trainer on FBA: April 8, 2005 is a “train-the-trainer” day in which selected participants will receive enhanced training to increase their abilities to mentor others and help Nevadans adhere to a clear assessment model. Barbara Huff, former president of the national Federation of Families for Children’s Mental Health, will co-lead this training day with OMNI and provide input on families’ perspectives in working with professionals in the children’s services arena. This training day is accessible via videoconference at DCFS sites.

Outcomes: Participants will have increased sensitivity to families’ perspectives and will train, supervise, mentor and guide others in adherence to a family-sensitive, clear assessment model.

Funding Source: DCFS’ Strategic Incentive Grant (SIG) from the federal Substance Abuse and Mental Health Services Administration (SAMSHA).

Goal 2: Promote services coming to children rather than children going to the services; develop new treatment services definitions, regulations, provider qualifications/agreements content and treatment services rates to eliminate the tiered residential payment system.

Action Strategy 1 - Project Management: DCFS is reassigning .50% of an existing Rural Region staff member’s time to serve as the Project Manager from **April 11 to July 1, 2005**. From July 1, the DCFS Statewide Mental Health Coordinator and/or SIG Project staff will assume the DCFS project management responsibilities and ensure that all workgroup charters and timelines related to implementation of new agreements and rates are met. The Project Management Plan will include all action steps required to meet short-term goals, including but not limited to, HCFP public workshops on rates and regulations.

Outcomes: An effective single point of contact to organize Project Management Plan (synthesize action steps necessary by agencies involved) and successfully launch workgroups and Steering Committee; all timelines established, communicated broadly, and met.

Action Strategy 2 – “Defining Services” Workgroup Chartered: April 15, 2005 – August 1, 2005 a “Defining Services” Workgroup of governmental and non-governmental experts (e.g. family members, treatment providers, consultant(s)) will convene for its first meeting on April 15. This workgroup is responsible for redefining services provided in Nevada; these definitions are necessary and will be the basis for new HCFP regulations and DCFS contracts/agreements with residential treatment care providers. DCFS will provide (co) facilitation for workgroup meetings. HCFP will be responsible for convening meetings.

Outcomes: Workgroup will collaboratively reach consensus and establish new services definitions that will be implanted into new provider agreements and Medicaid regulations.

Action Strategy 3 – National Technical Assistance: April 26, 2005 Bazelon Mental Health Law Center will provide technical assistance in the form of a one-day panel discussion with nationally recognized experts in transforming children’s services systems. Up to seventy-five Nevada stakeholders will be invited to attend this technical assistance day.

The purpose of this technical assistance is to increase Nevadan’s awareness of how Medicaid funding can be used to treat children in their homes and communities rather than in restrictive, residential treatment settings. In addition, discussion will center on model processes for utilization management to support family-driven, in-home and community-based services, and strategies for recruiting treatment providers to Nevada. Experts on the panel will include: Bazelon attorney, former state Medicaid director, former state child welfare director, and potentially a leading treatment care provider executive. The technical assistance day will be videotaped and accessible to interested parties as well as made available for future use in planning and implementation of systemic transformation.

Outcomes: Technical assistance will support Nevada’s transformation by increasing concrete knowledge about what is possible, and already nationally used, in terms of Medicaid financing for children’s services. This initial technical assistance will enable stakeholders to identify additional assistance needed.

Funding Source: DCFS SIG.

Action Strategy 4 – Consultant Assistance on Rates Development: By April 29, 2005 DCFS will sub-grant with a consultant group of experts in rates development. The concepts for transforming treatment services rates include:

- A base administrative rate and services units built on top of that rate based on a child’s assessed needs.
- A case rate for children that allows them to remain in stable placements whether their treatment needs escalate or decrease.
- A specialized rate for highly complex needs children that have a long history of failed interventions and services while in governmental custody.
- Incentives for keeping siblings who are both in governmental custody together.

Funding Source: DCFS SIG.

Outcomes: The rates structure will reinforce the stated vision that children are served using a system of care approach with quality services provided in their homes or in the least restrictive environment. Rates will support services coming to children rather than children moving to services.

Action Strategy 5 – Short-term Steering Committee: By April 18, 2005 (to December 31, 2005) a Steering Committee for the Transformation of Children’s Mental Health Services will be established to provide leadership and oversight to chartered workgroups under the Project Management Plan. The

Steering Committee will commit to a monthly meeting from April to December; leadership will be transitioned to a State-level Mental Health Consortium that is currently being formulated by the SIG Stakeholders Group.

Outcomes: Leadership will ensure that workgroup charters and activities are appropriate and timelines for progress are met.

Action Strategy 6 – Provider Agreement Workgroup: A chartered workgroup involving DCFS and county child welfare professionals, Nevada PEP, HCFP, and treatment care providers will be established to develop new provider agreement content by August 30, 2005.

New provider agreements/new rates will be implemented on January 1, 2006 to begin transitioning children’s mental health from a residential treatment “level of care” system to an individualized system of care approach. The level system as it exists will be eliminated.

Action Strategy 7 – Utilization Management Manual: Statewide vision and consistency for “utilization management” will be solidified following receipt of national technical assistance. An existing DCFS workgroup revising the “Utilization Review Team Manual” will refine its focus, establish a clear workgroup charter, add other stakeholders to the group to ensure a broad consensus, and finalize a new manual that reflects changes to services definitions and regulations using a family-centered, “move services to the child rather than child to the services” approach. DCFS will clarify staff roles and responsibilities and ask the child welfare agencies to commit to shared accountability roles through a memorandum of understanding. **Completion and implementation of new manual by December 1, 2005.**

Outcomes: Statewide vision and consistency regarding authorization and continuation of treatment services will be articulated clearly in the new manual; roles and responsibilities will be clearly established; new Medicaid regulations will be followed by teams; child welfare agencies will share the vision and accountability for quality service delivery to children.

Goal 3: Children reunified with family/relatives will retain their Medicaid eligibility enabling them to continue to receive treatment services.

Action Strategy 1 – Request to Welfare Division: DCFS will send a formal request to the state Welfare Division requesting that Medicaid eligibility for children continue following reunification with their families. Currently, when a child is reunified with his/her family, Medicaid eligibility is terminated the month following his return home. Families are encouraged to apply for medical assistance, but this process can take up to 60 days.

Outcome: One barrier to reunification between children and their families/relatives will be removed and treatment services can be uninterrupted.

Goal 4: DCFS staff will begin to shift focus toward system transformation efforts rather than claims processing.

Action Strategy 1: July 1, 2005 HCFP will assume responsibility for direct payment of treatment providers’ billing claims. Providers will be notified on April 14, 2005 (via email and at the statewide Nevada Youth Care Providers Association meeting).

Outcome: DCFS support services (fiscal) will be devoted to working with HCFP on claims that First Health has not processed, reconciling Medicaid advances to claims, collecting retroactive claims related full cost reimbursement (per Legislative Counsel Bureau Audit findings), and improving the service delivery system. The five existing DCFS Resource Development (contract) staff time will be focused on

quality improvement work such as provider agreement development and workgroup efforts to finalize the Utilization Management Manual.

Goal 5: A plan will be developed to ensure that clinical case management is made available to all SED children in Nevada that access residential treatment services.

Action Strategy 1: The state agencies (DCFS, MHDS and HCFP) will gather and analyze data pertaining to children receiving residential treatment services, assessing the gap in terms of how many children do not receive targeted clinical case management or wraparound facilitation. A plan will be developed that may include but not be limited to: maximizing federal revenue to expand clinical case management services, requiring treatment providers to provide targeted case management, shifting existing resources if possible to ensure clinical case management is available for all children receiving residential treatment services, exploring a change in DCFS' WIN program from independent contractors to a single corporate WIN provider.

Context:

The Wraparound in Nevada program was funded to serve 327 "unserved" SED children in foster care. Since September 2004, DCFS has expanded to serve a maximum of 500 SED children and has targeted services for the following children: youth aging out of foster care, children placed in DCFS' Desert Willow Treatment Center and Oasis Family Learning Homes, and children in Washoe County Department of Social Services' Kids Kottage (an emergency placement facility). In DCFS' Southern Region, all Children's Clinical Services staff are trained in wraparound as well and most serve as targeted case managers for children. Mojave Mental Health also provides clinical case management for children in Southern and Northern Nevada. MHDS Rural Clinics has requested targeted case managers to serve children with mental health needs in rural Nevada.

Outcome: A plan for Nevada will be implemented going forward (start date will depend on gap analysis and resources) that describes how the state will provide targeted case management or wraparound facilitation for children accessing residential treatment services.

Intermediate to Long-term Goals

Transforming children's services needs to be an on-going process requiring a results-oriented, strategic framework. This framework must be a *living* plan that adjusts as results of short-term action strategies are analyzed, data is critically assessed, and system transformation responses are reviewed. Discussions are already underway regarding intermediate and long-term goals, however, goal setting is heavily dependent upon resource allocation and/or reallocation as well as the success of short-term strategies implementation. DCFS is excited about collaboratively transforming the service delivery system and sharing accountability for achieving the vision:

Nevada's children will have timely access to a full array of behavioral health treatment services that meet their needs in the least restrictive environment. Services will be delivered through a system of care model. Financing strategies will support quality service delivery and system stakeholders will act in concert to ensure that children's needs are met.