10-Year-Plan
Status Update

1/31/2019

Rural Children's Mental Health Consortium

2018

Rural Children's Mental Health Consortium

In order to assess, develop and support a Behavioral Health System of Care for Nevada's youth and families, the Nevada Revised Statute (NRS 433B.333-339) established Mental Health Consortia in three jurisdictions in Nevada; Clark County, Washoe County and Rural Areas.

The functions of the Consortia are to assess the current behavioral health services for youth, in each jurisdiction and develop a plan that will identify gaps and areas in need of improvement. The Rural Children's Mental Health Consortium (RCMHC) is comprised of committed professionals, agency personnel, community representatives, parents, foster parents, youth, community business representatives, representatives from the Department of Education, and advocates who come together to support youth and families in Rural Nevada with behavioral health needs.

The following status report provides an update on the 7 goals that are the focus for developing an integrated system of care. The goals remain unchanged from the prior year and are based on a set of values and principles which promote a System of Care that is community-based, family driven, youth guided and culturally competent.

For more information:

http://dcfs.nv.gov/Meetings/RNCMHC/
http://dcfs.nv.gov/Meetings/

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The Consortium extends its gratitude to the parents and caregivers who have tirelessly told their stories, asked tough questions and reminded the Consortium of the true need of children and families in this state. Additionally, the Consortium is thankful for the Division of Child and Family Services, Program Planning and Evaluation Unit's Kristen Rivas, Laura Adler and Megann Johnson for their support of the Consortium.

MISSION

- ✓ 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.

GOALS

7

1. Address Work Force Development to Provide Mental Health Professionals to Rural Nevada
2. Promote Appropriate Mental Health Providers to Public Schools
3. Support a System of Care Designed for Nevada's Rural Region
4. Promote Adequate Technology to Support the Use of Telehealth Services in Nevada's Rural Regions
5. Create a Rural Children's Mobile Crisis Response Team (RMCRT)
6. Promote Prevention and Intervention: Addressing Behavioral Health Issues Early
7. Increase Transitional Support to Youth Receiving Treatment in Inpatient & Residential Treatment Centers, Especially Those Out-of-State Through Increased Local Service Array

LEADERSHIP & MEMBERSHIP

The Rural Children's Mental Health Consortium is comprised of members from across the state of Nevada in accordance with NRS433B.333. The leadership of the Consortium includes a Chair, Vice-Chair, voting members and community partners. This past year marks a change in leadership for the Consortium and efforts to build a renewed interest and engagement from community members in the Consortium.

Consortium members report feeling "productive" under the current membership structure and have noted the effective collaboration between the Chair and Vice-Chair. Additionally, the Consortium secured additional administrative support to help facilitate information dissemination, meeting materials and follow-up activities. The Consortium has also noted a decrease in the previous challenge of securing quorum to conduct business due to the renewed active meeting attendance.

Consortium Voting Members

- Pam Johnson, Chair, Parent
- Michelle Sandoval, Vice-Chair, Division of Public and Behavioral Health, Rural Clinics
- Sarah Dearborn, Division of Health Care Financing & Policy
- Jessica Flood, Carson Tahoe Behavioral Health Services
- Jan Marson, Business Owner
- Rebecca McGough, Parent
- Heather Plager, Elko County Juvenile Probation Department
- Karen Shaw, Provider, Tribal Community
- Mala Wheatley, Pacific Behavioral Health

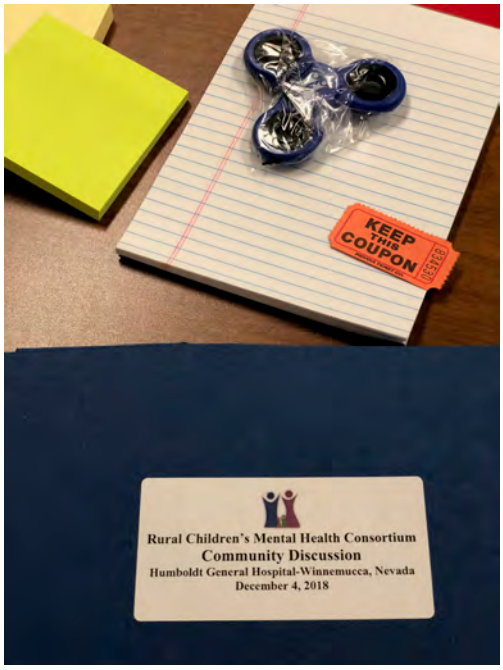
Introduction

At this time, the Consortium is not recommending any changes in the identified goals and plans to continue activities that took place during 2018. The Consortium is particularly enthusiastic about the success of the "Community Discussion" event held on on December 4, 2018 in Winnemucca, Nevada. For 2019, the Consortium plans to follow-up on outcomes of the event and to replicate the event in other communities.

* Copy of invitation to "Community Discussion" event.

First, the following provides a description and summary of the "Community Discussion" event as a context for the Consortium's goals and planned activities. Then, the report provides a status of each of the Consortium's goals. This includes a brief summary of activity that took place during the calendar year of 2018 as well as planned activities for 2019.

Community Discussion



Event objectives (see event Agenda on next page):

a. Increase stakeholder awareness of current activities across rural Nevada addressing children's mental health.

b. Increase perception of the RCMHC as a "hub" of information and resources across the state.

c. Increase number of RCMHC members.

d. Increase RCMHC membership to include child serving systems.

e. Engage in planning efforts for new 10-year plan for RCMHC.

The event was held at the Humboldt General Hospital with lunch and refreshments generously donated by Marigold Mine. There were 56 attendees at the event, representing every rural Nevada county, who traveled to the event (during a snow storm). The following highlights the event agenda, a summary of the discussions and highlights from a satisfaction survey administered at the end of the event.

Pam Johnson, Chair and Parent

NV COMMUNITY DISCUSSION RURAL CHILDREN'S MENTAL HEALTH

Agenda

December 4, 2018 | 9:00 – 4:00

Humboldt General Hospital - Sarah Winnemucca Room

118 E Haskell St, Winnemucca, NV 89445

Emceed by Jessica Flood, Nevada Rural Hospital Partners

9:00 **Opening Remarks** *Pam Johnson,* Chair of Rural Children's Mental Health Consortium

Keynote Speaker *Char Frost*, Nevada PEP and Mental Health Advocate

Nevada System of Care *Joe Pritchard,* Division of Child & Family Services

10:00 – 10:15 Break – Refreshments will be provided

10:15 **Panel Session One: Innovation in Rural Children's Mental Health**

Moderator: *Joelle Gutman*, Regional Behavioral Health Coordinator
Rebecca McGough, Family Representative; *Seth Busby*, Youth Representative; *Taylor Allison*, Partnership Douglas County; *Cheri Bowen*, Fallon Paiute Tribe; *Alaine Kliewer-Nye*, Frontier Community Action; *Linda Porzig*, NAMI; *Dave Caloiaro*, School Social Work & Mental Health Services Program Manager for Carson City School District; *Sarah Hannonen,* Project Aware - Pershing County

11:15 – 11:30 Break – Refreshments will be provided

11:30 **Information Session: Medicaid Resources With Care Coordination Assistance: What is Available For the Recipient's/ Families/ Guardians?**
Division of Health Care Financing and Policy: *Kim Riggs*, Behavioral Health Specialist; *Briza Virgen*, Transportation Specialist; *Kaelyne Day*, Telehealth Specialist; *Sheri Oswald*, Policy Supervisor

12:15 **Luncheon Presentation: Opportunities to Get Involved** – Lunch will be provided
Jeffrey Monk, Frontier Community Coalition; *Laura Oslund*, PACE Coalition; *Stacy Smith*, Nye County Coalition; *Wendy Madson*, Healthy Communities Coalition; *MaryBeth Chamberlain*, Churchill County Coalition

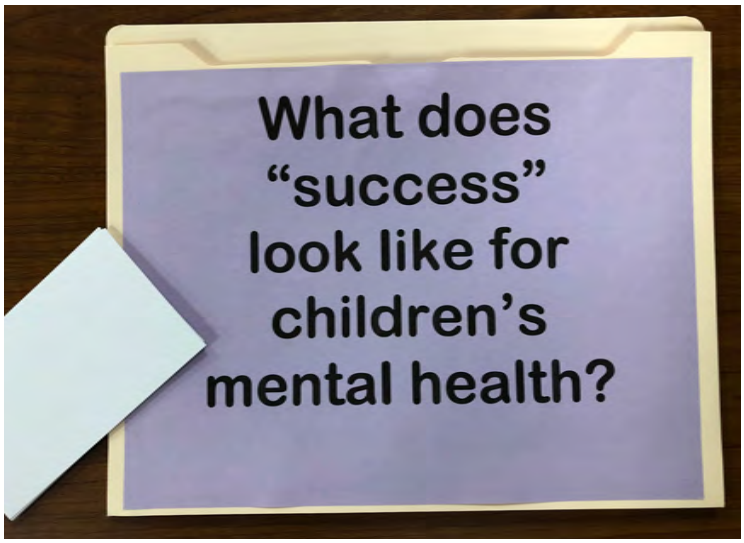
1:30 **Panel Session Two: Juvenile Justice Intervention & Community-Based Needs**
Moderator: *Jessica Flood*, Nevada Rural Hospital Partners
Heather Plager, Chief of Elko County Juvenile Probation; *Eric Smith,* Chief of Lyon County Juvenile Probation; *Pauline Salla*, Director of Humboldt County Juvenile Services; *Lynette Gust*, Chief of White Pine/Eureka/Lincoln Counties Juvenile Probation; *John Munoz*, Deputy Administrator of DCFS Juvenile Justice Services

3:00 **Legislative Update**
Eric Jimenez, Disability Advocate and *Char Frost*, Nevada PEP and Mental Health Advocate

3:30 **Wrap-up and Next Steps**
Group discussion guided by *Pam Johnson,* Chair of Rural Children's Mental Health Consortium

Community Discussion Event (Cont.) Summary of Input

The RCMHC designed several activities for participants of the Community Discussion to provide input on the strengths and needs of rural communities for children's behavioral health. The following offers a snapshot of the input that was gathered from these activities.



- "Unhindered access to services."
- Prevention
- Early intervention
- Affordable
- "Feeling normal & that others aren't always making fun of them."
- Reduced stigma
- Latino families have same access to service.
- Access to services regardless of location.
- Services are available when they are needed.
- Care is provided by highly trained, compassionate providers.

STRENGTHS

- Sense of community
- Collaboration/partnerships
- Community coalitions - data
- Youth involvement
- Compassionate providers
- Mental Health First Aid
- Safe Talk
- Family/peer groups & training
- Social Workers in schools
- Signs of Suicide (SOS) & other training programs
- Juvenile justice systems & diversion
- All JJ youth & families receive assessment

NEEDS

- Child Psychiatry
- Laws to support goals (i.e. zoning)
- Address stigma
- Increase providers with youth & family specialty
- Increase incentives to recruit providers to rural areas (i.e. loan forgiveness, moving costs)
- Develop recruitment strategies
- Build telehealth capacity
- Target root cause(s) of suicide ideation
- Increase services in rural East
- Increase awareness of services
- Increase mental health services in schools

Community Discussion Event (Cont.) Summary of Input

What is the cost if things stay the same?

”A society that continues to see individuals who feel alone, isolated, broken and helpless – leading to a continual increase in crime rates, suicide, substance abuse, depression, etc….A vicious cycle.”

- Suicide
- Overdose
- Families struggle to survive
- Incarceration
- Children not prepared for life
- Quality of life
- $350-550/day in residential treatment

What can the Consortium do to support you and/or your work?

- Reach out to County leadership to gain support
- Continue listening to the rural voices
- Include school counselors
- Support mental health budget initiatives
- Increase training opportunities.
- Support legislation to increase social work in schools & telehealth

“Continue to hear the voices of the rurals. Thank you!”

“Keep keeping us informed.”

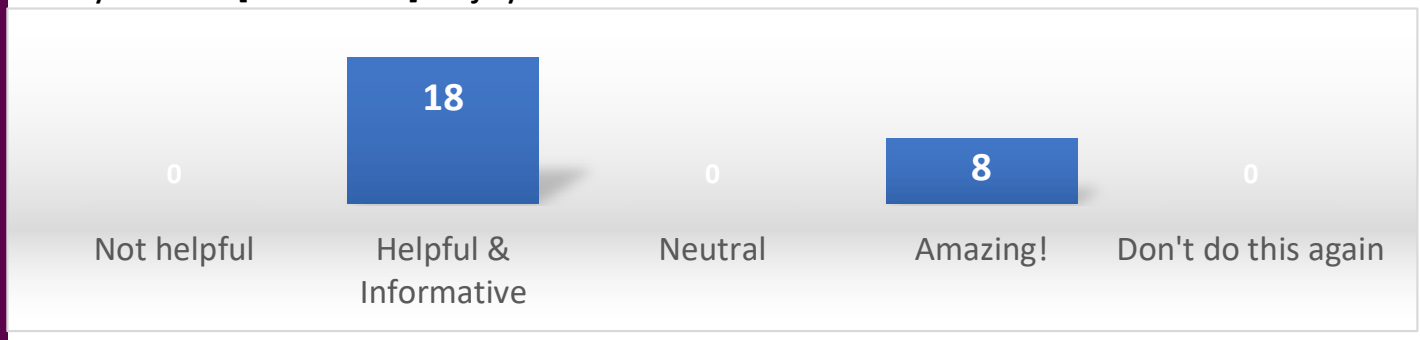
Additional Wishes

- Increase family support in rurals (NV PEP)
- Support for waitlisted families
- Improved communication with system partners (transparency)
- Medicaid payments
- Grief services after suicide
- Recommended changes to Medicaid provider search website
- Partnerships with basic needs providers is critical (FRCs)
- School-based mental health groups delivered by qualified providers
- Sustainable resources (no unfunded mandates)
- Step down programs
- Increase communication
- Internet infrastructure for Telehealth
- Training for distance providers on rural Nevada culture
- Recruit and retain talented providers
- Stop talking about Nevada and rural communities negatively
- Address misconceptions about youth
- Keep Project Aware
- Early Identification
- Transportation
- Target methamphetamine abuse in rural Nevada

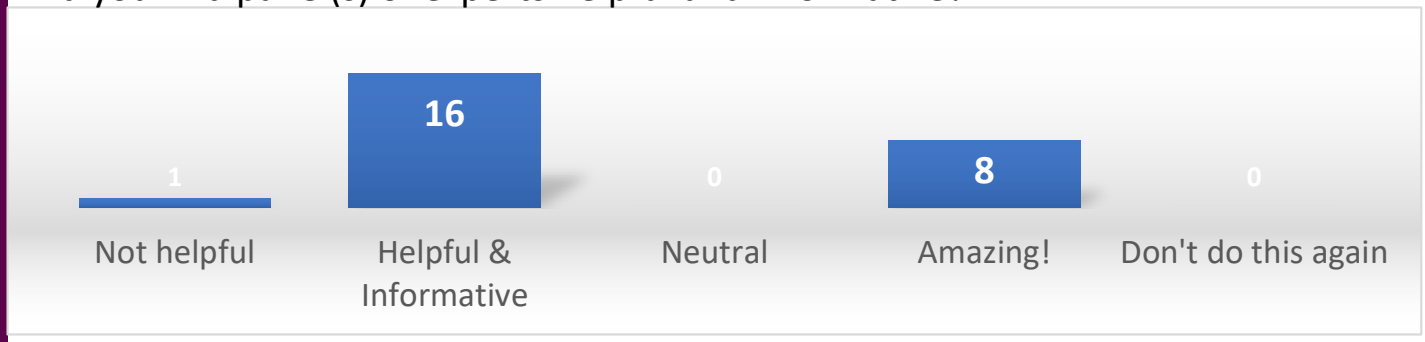
Community Discussion Event (Cont.)

Participants of the Community Discussion Event were given brief survey at the end of the event to provide feedback. The following summarizes some of the feedback:

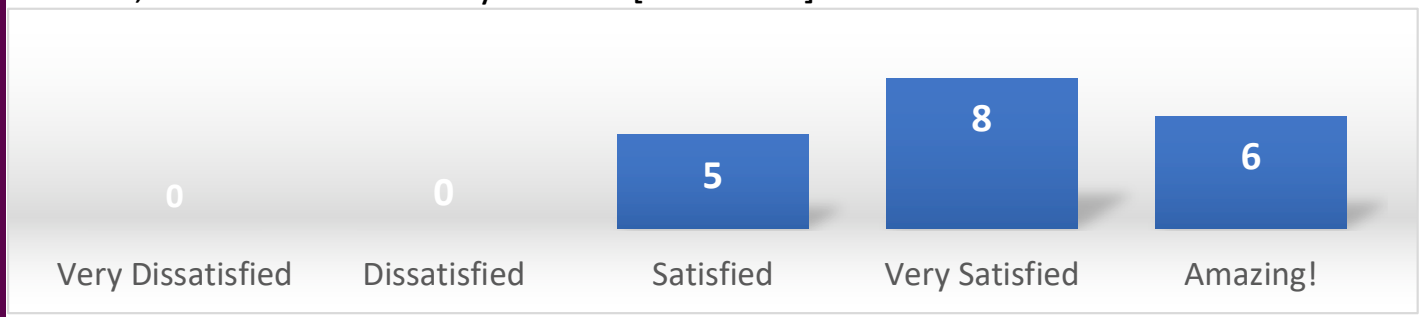
Did you find [the event] enjoyable and the information informative?



Did you find panel(s) of experts helpful and informative?



Overall, how satisfied were you with [the event]?



100% of the respondents stated that they believe the information presented at the event will help mobilize the Consortium in years to come to help children and families with their behavioral health needs!

Goal 1

Address Work Force Development to Provide Mental Health Professionals to Rural Nevada.

2018 Accomplishments

- The Rural Children's Mental Health Consortium (RCMHC) has had active representation in workgroups and meetings of the Nevada System of Care (SOC). Additionally, the Nevada SOC recently assigned staff to participate in and provide updates to the RCMHC. As such, the RCMHC acknowledges the accomplishments of the Nevada SOC and its connection to accomplishing Goal One. This includes:
    - The launch of a new SOC training platform that will make training accessible to rural providers.
    - SOC Survey of Wraparound in Nevada providers by region, including rural, to identify potential workforce barriers.
    - SOC workforce development workgroup that has engaged with licensing boards in the state and is working on developing strategies to diversify the workforce.
- Community Discussion event.
- Additionally, the state Division of Health Care Financing and Policy has had active representation in the Consortium. They have identified additional data sources for the Consortium to examine in 2019 to determine workforce needs.

2019 Activities

- Review recent Medicaid provider lists.
- Increase provider training in trauma.
- Pursue options for identifying Medicaid providers who work with children and adolescents.
- Pursue options for developing telehealth providers.

Goal 2

Promote Appropriate Mental Health Providers to Public Schools

2018 Accomplishments

The RCMHC continues to support and applauds the efforts of the Nevada Department of Education's, Office of Safe and Respectful Learning Environments Safe Schools Professionals Program that aims to place social workers and other professionals within schools to increase access to services and supports for children and families. During its "Community Discussion" event, local providers and juvenile probation departments described successful partnerships with their local Safe Schools Professionals.

2019 Activities

Given the need to move from initial development to full implementation of the Safe Schools Professionals program, the Consortium has identified the need to shift their focus from state-level decision making to develop partnerships with local school leadership and safe school professionals across rural communities in the state. This partnership will identify ongoing needs and opportunities at the local level. Thus, the Consortium will work with the State Department of Education to identify potential contacts and engage them in Consortium activities.

Goal 3 Support a System of Care Designed for Nevada's Rural Region

The RCMHC is proud to have renewed its partnership with the Nevada SOC. SOC staff regularly attend Consortium meetings to provide updates and disseminate information such as training opportunities. In recognition of the need to define a SOC for rural Nevada, the Consortium held a "Community Discussion" event in Winnemucca, Nevada on December 4, 2018. The purpose of the event was to engage families, providers and other stakeholders in identifying the needs, existing resources and priorities for a rural SOC.

2019 Plans

- Define a System of Care for rural Nevada and implement a demonstration project.
- Support the implementation of the CANS assessment tool with provider training.
- Assess the available array of services according to the recommendations of the System of Care Toolkit
- Replicate the "Community Discussion" event in other rural areas to engage partners and disseminate information.
- Diversify community representation in SOC development – coordinate representatives to attend meetings.
- Identify rural consortium stakeholders and invite them to the meetings.
- Increase consortium representation at other community meetings (i.e. coalitions, etc.).
- Identify County-based consortium member contacts.

Rural Nevada presents unique opportunities and challenges. The Consortium proposes, rather than simply replicating an "urban" children's behavioral health model in Rural Nevada, efforts should target the unique barriers of Rural Nevada in order to create a sustainable and accountable System of Care tailored to rural youth and families.

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

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. (partial copy obtained from: https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource1.pdf)

Goal 4

Promote Adequate Technology to Support the Use of Telehealth Services in Nevada's Rural Regions

In December 2018, the Community Discussion event included discussion on the need to expand and support Telehealth in the state.

2019 Plans

- Develop providers who offer telehealth services.
- Increase parent and family familiarity and level of comfort in use of telehealth services.
- Facilitate on-site orientations.
- Partner with key stakeholders to develop, update and distribute community resource guides and make resource guides through technology.
- Implement activities to decrease the stigma that is associated with telehealth services (i.e. not having a "real" person to talk to). Possible activities include, but are not limited to:
    - Public Service Announcements
    - Pamphlets
    - Warm hand-offs
    - Utilize existing videos (rural communities in Utah)

Potential Opportunities, Partners & Resources

- Pacific Behavioral Health has been offering Telehealth services in select rural areas.
- Medicaid has a mechanism in place to pay for Telehealth. As we build up this structure in the rural communities, Medicaid can be a partner to train providers.
- DCFS was recently awarded a pediatric mental health grant with telehealth services. The Consortium plans to be a partner in the implementation of the grant activities.
- DPBH Rural Mobile Crisis Response Team.
- Renown has a Telehealth program and may be willing to provide information on how to start and manage such service.
- Local Family Resource Centers may be able to serve as a host site.
- Nevada Telehealth program offers weekly psychiatry and pediatric services (https://med.unr.edu/rural-health/telehealth .

Image Source: https://www.maxwell.af.mil/News/Display/Article/1450515/advancements-in-telehealth-improve-access-to-healthcare/

Goal 5

Create a Rural Children's Mobile Crisis Response Team (RMCRT)

The Consortium commends the work of the state in their development and implementation of a Rural Children's Mobile Crisis Response Team. As such, the Consortium recommends expansion of the program to reach more rural areas of the state and to identify mechanisms to sustain the program.

2019 Plans

- Promote the need and benefits of rural mobile crisis and advocate for its continuation.
- Moving forward, funding should include the expansion for the program to provide 24 hour/7 day a week services.
- Increasing advertising and marketing in the rural areas will allow for more youth and families to know about the program and how to access mobile crisis services.
- Explore different telehealth services that would allow Mobile Crisis to provide better services to rural families.

The Consortium commends the Nevada Governor, Steve Sisolak for his attention to the need to expand mobile crisis. The Consortium will follow legislative activity related to his declaration to:

"… increase access to mental health services, upping the hours that our Mobile Crisis Units operate."

Nevada Governor Steve Sisolak, *State of the State 2019*

Goal 6

Promote Prevention and Intervention: Addressing Behavioral Health Issues Early

The Community Discussion event previously discussed addressed this goal and identified the impact on families and needs in moving forward.

2019 Plans

- Develop a fact sheet to promote the Early & Periodic Screening, Diagnostic & Treatment tool (EPSDT) as an early intervention tool.
- Replicate REACH as a demonstration project (Elko).
- Disseminate information on evidence-based practices for children and families.
- Support a trauma-informed behavioral health systems and trauma specific services that is specific to parents and caregivers.
- Make parent voice a priority.

"I'm afraid to tell people just how bad it really is because I am afraid they will take my kid away or they will think I am a bad parent.

When you feel like you are doing something wrong, the first thing you do is pull back in…"

~ *Parent*

Goal 7

Increase Transitional Support to Youth Receiving Treatment in Inpatient & Residential Treatment Centers, Especially Those Out-of-State Through Increased Local Service Array

In December 2018, the Consortium meeting and Community Discussion event included discussion on needs to expand and support an array of services and supports that include options for children who return home from residential and/or out-of-state services.

2019 Plans

Identify mechanisms to:

- Assign a paid caseworker to a child that is assigned out-of-state.
- Support the Building Bridges Initiative and identify implications for rural communities.
- Support intensive home and community-based services.
- Inform families of their rights when their child has to go out-of-state.

There are no step down options for children and families who are coming home from residential treatment. Parents are often afraid of what will happen when their child returns home.

* Summary of discussion of needs during Consortium meeting 12/4/18.

Looking Ahead

In addition to the 2019 plans highlighted for each of the Consortium goals above, the following list of activities will be initiated during 2019 to support both the attainment of the goals as well as the further development of the Consortium.

- Consolidate statewide data and make it accessible to the public.
- Continue developing relationship with Juvenile Justice.
- Provide information to members and partners for advocacy.
- Explore the possibility of a planning retreat.
- Begin development 2020 Long-Term Strategic Plan.
- Track and respond appropriately to proposed legislation that impacts children's behavioral health.
- Replicate the Community Discussion event in other rural communities.
- Ensure representation from the rural communities.
- Compile and develop resource lists across rural communities.

The members of the Rural Children's Mental Health Consortium respectfully submit the following suggestions for the Commission and DHHS in order to strengthen the provision of services for the provision of mental and behavioral health services to children:

- Continue the development of tribal communities as System of Care partners.
- Examine funding structures for the provision of children's mental and behavioral health services to identify gaps and vulnerabilities in funding mechanisms that could prevent underrepresented populations from accessing services and supports.
- In order to promote youth and family voice, identify and expand mechanisms to provide stipends/compensation for parents and community members to participate in activities of the Consortium and Nevada System of Care.
- Partner/support the Consortium to implement the activities under each of the goals described above.
- Assist the Consortium in accessing and interpreting data for the purpose of identifying priorities for the Long-Term Strategic Plan.

2019