



2023

Status Report

I. EXECUTIVE SUMMARY

The purpose of the Rural Children’s Mental Health Consortium (RCMHC) is to assess the mental and behavioral health needs of all children in Nevada’s rural and frontier counties and develop recommendations for service delivery improvements. Additionally, the RCMHC strives to support initiatives that bring lasting positive change to the Behavioral Health System of Care that greatly impacts children and families of Rural Nevada. The COVID-19 pandemic has continued to create long lasting challenges to an already strained system which negatively impacts youth and families. The RCMHC has recognized the impact of the COVID-19 pandemic on Rural families and continues to evaluate the ever-changing needs of youth and families in the wake of the pandemic. As youth and families face increasing challenges from mental and behavioral health needs, the systems in Nevada to support these challenges need to evolve as well. Youth and families can only overcome these hurdles by strategic and sustained planning efforts to develop a more effective system of care for Rural and Frontier Nevadans.

Our mission is to advance an integrated system in which youth and their families/caregivers with mental health needs are accepted in their communities, feel meaningfully connected to services and supports in the least restrictive environment while experiencing equity in opportunities to access care.

THE RCMHC 10-YEAR STRATEGIC PLAN: 2030 VISION FOR SUCCESS

The following status report provides an update on the 5 goals that are the focus of the RCMHC 10 year strategic plan for developing an integrated system of care. One change has been made to the strategic plan and will be outlined in Section III (Revisions to RCMHC’s 10-year Strategic Plan) and the goals remain the same, however some implementation methods have been adjusted to current conditions of public health in the state. Goals are based on a set of principles and values which promote a System of Care that is community based, family driven, youth guided, culturally competent, and non-biased or discriminatory. Our overall vision for success is that Youth in Rural and Frontier Nevada are healthy and well with unhindered access to care.

1. EXPAND AND SUSTAIN THE NEVADA SYSTEM OF CARE TO RURAL AND FRONTIER NEVADA

2. INCREASE ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE

3. INCREASE ACCESS TO TREATMENT IN THE LEAST RESTRICTIVE ENVIRONMENT

4. INCREASE HEALTH PROMOTION, PREVENTION, AND EARLY IDENTIFICATION ACTIVITIES

5. DEVELOP, STRENGTHEN, AND IMPLEMENT STATEWIDE POLICIES AND ADMINISTRATIVE PRACTICES THAT INCREASE EQUITY IN ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE FOR YOUTH AND FAMILIES

OVERVIEW OF PROGRESS ON TOP 5 SERVICE PRIORITIES OF THE RCMHC

After the completion of the 10-year strategic plan in 2020, the RCMHC identified the top 5 priorities to improve the system while moving toward the longer-term plan. The RCMHC reviewed available data and partner reports in order to determine the level of progress achieved for each priority (Regression, None, Minimal, Some, or Substantial).

1. Creation of Comprehensive Website	Substantial Progress	Pg. 7
2. Awareness and de-stigmatizing messaging	Substantial Progress	Pg. 7
3. Support/encourage training at the community level	Substantial Progress	Pg. 9
4. Increase consortium’s influence on mental health policy creation	Some Progress	Pg. 10
5. Increased Access to Evidence-Based and Evidence-Informed Mental Health Supports and Services in Rural Communities	Some Progress	Pg. 11

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RURAL CHILDREN'S MENTAL HEALTH CONSORTIUM 2023 STATUS REPORT ON THE 10-YEAR STRATEGIC PLAN

I. INTRODUCTION

PREVALENCE OF MENTAL HEALTH PROBLEMS

A youth's mental health consists of thoughts, feelings, and behaviors that determine whether that individual can cope with stress, relate to others, make appropriate choices, and learn effectively. Like physical health, mental health is important at every stage of a person's life. Unlike physical problems, mental health problems cannot always be seen, but the symptoms can be recognized. Nevada has consistently ranked 51st for youth mental health access and services in national reports. Although Mental Health America's (MHA) most recent report ranked Nevada 9th in 2022 for having an overall lower prevalence of youth mental illness and higher access to care, current rankings are not reflective of Nevada's ongoing mental health crisis. Though some improvements have been made, these changes have not been significant enough to indicate a large improvement since last year's ranking of 51st. Rankings are based on the most recently available data, and due to the lack of complete data and changes to the data collection process resulting from the COVID-19 pandemic, MHA has stated that this year's rankings cannot be compared to that of previous years.

Over the past three years, since the on-set of COVID-19 pandemic, mental health care challenges have increased. Additionally, last year's closure of a psychiatric in-patient facility in Washoe County that had served children in crisis throughout much of rural Nevada, as also lead to less options for families in Nevada to access appropriate in-patient care. The public and private healthcare systems of Nevada have faced strain affected by illness, closure of in person services, and staff shortages while at the same time mental health conditions worsened related to pandemic stressors (Calvano, Engelke, Di Bella, et al., 2021).

Youth mental wellness is impacted by a variety of factors which include their interactions in their environment. In recent years, bullying has become a prevalent issue in Nevada. Statewide reports from SafeVoice mark bullying, cyberbullying, and suicide threats among the most frequent tip types. Such instances of physical and emotional harm can have a damaging impact on youth mental health. Research suggests that children and youth who are bullied over time are more likely than those not bullied to experience feelings of rejection, exclusion, isolation, and low self-esteem that can often lead to mental health disorders, poor academic performance, lack of motivation, and/or suicide (Evans et al., 2018). Due to the presence of social media and other digital platforms, the prevalence of bullying has grown significantly among youth, presenting an even greater danger to young individuals. For these reasons, it is imperative that behavioral health services and mental health resources are available and accessible to youth to prevent the long-term effects of bullying.

About 38,000 Nevada youth (16.02%) were reported to have experienced at least one major depressive episode in 2021, and approximately 32,000 youth (13.8%) experienced severe major depression within the last year (Mental Health America, 2022). The most recent data from SafeVoice found that suicidal threats ranked 3rd since the inception of the SafeVoice platform in 2018, with the exception of 2020-2021 data, where Suicidal concerns were the top reported tip. Within the 1st six months of 2022, there were 4,206 SafeVoice Tips and from January 1st 2018 to June 24th 2022 the total SafeVoice tips were at 28,587. Additionally, there were 652 notifications collected through the Handle with Care platform between July 2021 to June 2022 (data for 2022 has not yet been fully compiled). These two factors are a direct indication that Nevada's youth are struggling with many mental health challenges and difficult life circumstances.

Prior to the COVID-19 pandemic, youth needing mental health services in Nevada struggled to obtain assistance with only about 40% receiving the help they need. A national survey conducted by the CDC indicated that at least 60% of US adults have reported feeling anxious for at least a few days each week, about half of US adults report feeling depressed for at least a few days each week, and the majority of parents agree that the pandemic made the 2019-2020 school year "extremely stressful" for them (American Psychological Association, 2020). We do not have similar metrics for children, but can extrapolate that the population-level burden of COVID-19 mental health impact is quite significant.

Mental Health America’s 2023 report found that 50.7% of Nevada youth with major depressive episodes have not received the mental health treatment they need (Reinert, Fritze, & Nguyen, 2022); close to the national average of 59.8%. In the 2018-2019 National Survey of Children’s Health, more than half (60.8%) of Nevada youth who had a mental or behavioral health condition did not receive treatment or counseling (Child & Adolescent Health Measurement Initiative, 2021).

In 2020, 603 Nevadans of all ages lost their lives to suicide (CDC, WISQARS, 2022). According to the Office of Suicide Prevention, in 2020 suicide was the second leading cause of death for youth 8-17 years of age, and also the second leading cause of death for those 20-44 years of age. Preliminary data from 2018 to 2021, for those 17 and under shows a possible 16.7% decrease in the number of suicides, however, there is a possible 41.9% increase in the same time period for those 18-24 (Office of Suicide Prevention, 2022). The Office of Suicide Prevention has 2022 preliminary data which indicates a continued reduction in youth suicides with a continued increase among our 18 to 24 year old’s. This data demonstrates the significant ongoing need for more prevention efforts and treatment services which are available to youth and families prior to entering a crisis state. The Public Health Prevention Model starts before the struggles of adulthood and is crucial to preventing young adult suicides. A greater investment and focus on these services will help save the lives of our youth and young adults.

With all of this outline above at the forefront of our efforts and focus, RCMHC will continue to monitor Mental and Behavioral Health Needs of Youth in Rural and Frontier Nevada, pushing for further community-based supports and services so that children and families are able to access the care they need in the least-restrictive environment.



2020-2029 RCMHC STRATEGIC PLAN

In order to assess, develop and support a behavioral health system of care for Nevada’s youth and families, the Nevada Revised Statutes (NRS 433B.333-339) established mental health consortia in three jurisdictions. Those jurisdictions include Clark County, Washoe County, and the remaining rural counties. The functions of the consortia are to assess 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 the designated consortium for the rural region of the state and is comprised of committed professionals, agency personnel, community representatives, parents, foster parents, youth, community business representatives, and advocates who come together to support youth and families in rural and frontier Nevada with behavioral health needs. Of the three designated consortia, the RCMHC covers the largest geographic region of the state. This includes Carson City (a consolidated municipality), 3 rural counties (Douglas, Lyon, and Storey), and 11 frontier counties (Humbolt, Elko, Pershing, Churchill, Lander, Eureka, White Pine, Lincoln, Nye, Esmeralda, and Mineral) (Griswold, Packham, Etchegoyhen, Young, & Friend, 2019).

The long-term plan for children’s mental health in rural and frontier Nevada was developed from a grassroots perspective, utilizing intensive input from community and Consortium members. Members reviewed and discussed data compiled by Consortium members and developed goals accordingly. The goals and objectives included in this plan were derived from the stakeholder input and are informed by successes and ongoing needs from the prior long-term plan, activities of the Nevada System of Care, and literature related to children’s mental health.

5 GOALS:

- 1. EXPAND AND SUSTAIN THE NEVADA SYSTEM OF CARE TO RURAL AND FRONTIER NEVADA**
- 2. INCREASE ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE**
- 3. INCREASE ACCESS TO TREATMENT IN THE LEAST RESTRICTIVE ENVIRONMENT**
- 4. INCREASE HEALTH PROMOTION, PREVENTION, AND EARLY IDENTIFICATION ACTIVITIES**
- 5. DEVELOP, STRENGTHEN, AND IMPLEMENT STATEWIDE POLICIES AND ADMINISTRATIVE PRACTICES THAT INCREASE EQUITY IN ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE FOR YOUTH AND FAMILIES**

6 STRATEGIES:

- 1. COMMUNITY DISCUSSIONS**
- 2. COMMUNICATIONS**
- 3. TRAINING**
- 4. DATA COLLECTION AND REPORTING**
- 5. KEY PARTNER DEVELOPMENT AND COLLABORATION**
- 6. POLICY AND ADMINISTRATIVE PRACTICE INFLUENCE**

II. STATUS OF THE RCMHC'S 2022 PRIORITIES

Priority 1. Creation of comprehensive website

CURRENT STATUS:

RCMHC's website is currently active and undergoing further formatting, design and maintenance. RCMHC has contracted Michael Pothos of Michael Pothos Design to bring our RCMHC website up to date with standout design and efficient formatting. When this Priority was initially identified, access to information and links to services was identified as a significant concern for parents (O'Reilly, Adams, Whiteman, et al., 2018). Many of our community partners are offering quality services but for families to connect to these they must know where to look. By designing an easy to navigate page containing up to date information on treatment/services, crisis resources, educational resources, trainings, awareness/support organizations, and links to all community partners the RCMHC now has a one stop page for families to get started on their wellness journey.

Next Steps

Sustain and allocate funding to ensure the proper maintenance and future development of the RCMHC website. Continued collaboration with the contracted graphic and web designer for ongoing website design and maintenance. RCMHC members will continue to advertise RCMHC website at community events and through community partners.

Priority 2. Awareness and de-stigmatizing messaging

CURRENT STATUS:

Mental and behavioral health stigma continues to be a barrier to seeking help (Clements, Mills, Mulfinger, et al., 2019) especially in certain geographical areas or within specific cultures. Changing the culture towards acceptance of mental and behavioral health helps struggling youth to be identified early and linked to support before reaching crisis level. RCMHC members have participated in rural community events that are not typically associated in a direct manner to mental health services such as car shows, town festivals, etc. to disseminate information, swag items, and promote the RCMHC informational website to help rural communities at large obtain exposure to the idea of identification, prevention, and normalization of mental health challenges.

Additionally, the RCMHC continues to support and collaborate with the System of Care (SOC) as they collaborate with Nevada PEP and Youth MOVE Nevada. These important partnerships ensure that youth and families are involved at all levels to include planning, evaluation and implementation efforts that sustain youth and family participation. The SOC grant activities in the past year have been focused on identifying and funding children's mental health programs and supports throughout Nevada, developing and delivering a variety of trainings, providing technical assistance to grant-funded programs, and participating in outreach activities state-wide.

These efforts have resulted in the development and implementation of a self-directed respite pilot program providing access to respite funding to 50 families. This pilot program has provided an opportunity that has never before been available to families of children & youth with mental health care needs in Nevada. Additionally, flexible funding, in partnership with NV PEP, has been made available for the purchase of goods and services to support the needs of children and youth in the social and educational domains. These funds have enabled 90 children and youth to engage in community-based programs, access educational support, and participate in enrichment activities. (System of Care Update, Appendix A.)

The RCMHC also supports and collaborates with the NVPeds program. NVPeds continues to provide high-quality educational and informational materials. To date, NVPeds has published 5 quarterly Issue Briefs, 19 monthly Telegrams/Newsletters, and 21 bi-monthly Infographics which have been disseminated to just shy of 9500 total recipients. Topics for NVPeds publications have included: Vicarious Childhood Trauma, Teen Dating Violence, Racism and Youth Mental Health, Purposeful Parenting, Modeling Pro-Social Behavior for Youth, Youth Suicide Prevention &

Screening, Bullying Prevention & Screening, Youth & Major Depression Disorder, Youth Substance Abuse Disorder, Nurturing Hope in Youth, and Human Trafficking Awareness & Screening. These publications provide guidance for providers and families on the topics involved and offer resources for screening and referrals. RCMHC staff have received numerous accounts of positive feedback regarding the important role these Infographics have played in educating and supporting community members. This education is key in combating the negative stigma surrounding mental and behavioral healthcare systems.

Additionally, the RCMHC collaborates with the Rural Mobile Crisis Response Team (RMCRT), which received a Transformation Transfer Initiative Award through the National Association of State Mental Health Program Directors which provided RMCRT with \$175,000 dollars for a broadcast campaign. This allowed radio ads, tv ads, billboards and new print material to be broadcast and distributed across rural NV for nine months. This helped meet the program goal of getting this important resource information out to more rural families. (NVPeds Update, Appendix B.)

Youth MOVE Nevada (YMNV) is an integral partner with RCMHC, as well. They created, designed, printed, and disseminated a Children’s Mental Health Activity Book for younger children. In addition, they also created a Youth Mindfulness Activity Book that was created in collaboration with Youth MOVE Nevada members. More than 7,000 physical copies of each activity book were distributed to community partners, families, youth and children throughout the state and has been made available to download on the YMNV website. YMNV also continued to record and release podcasts with subject matter experts on topics that are relevant to youth which continues to support an awareness to mental health challenges, accessible ways to manage those challenges, and a direct action point to work on the de-stigmatization of mental health concerns in general.

Next Steps

Stigma has emerged as one of the most consistent barriers to access to care across several studies for Native communities. American Indian and Alaskan Native (AI/AN) peoples have described stigma for seeking services are related to concerns about being weak and how others will view them as a main deterrent for seeking support. Other barriers include concerns regarding maintaining privacy of their presenting psychiatric complaints, trusting providers, as well as lack of transportation, time, financial resources, and social support (O’Keefe et al., 2021). The RCMHC is actively searching for an individual to represent our state’s Rural tribal communities on the RCMHC as this is key in understanding the needs of our local tribal populations.

RCMHC will continue to work with its collaborative partners such as SOC, NVPeds, Youth MOVE, Nevada PEP, and RMCRT to actively participate and engage in the important work of combating stigma attached to seeking Behavioral and Mental Health supports.

Priority 3. Support/encourage training at the community level

CURRENT STATUS:

Recruitment/training/retention of Mental and Behavioral Health professionals continues to be difficult throughout rural Nevada. The RCMHC has focused on community-based training specifically geared towards identification of mental and behavioral health challenges and early intervention with the goal of early access to support and prevention of escalating severity of cases.

The RCMHC supports and monitors the System of Care as they continue to add to their training portfolio on the UNR CASAT training portal. These training courses are accessible to the public as well as professionals serving in the rural and frontier counties. In 2022, new trainings offered included *Advancing Health Equity and Improving Cultural Competence in our Practices* (live and self-paced) and *Addressing the Needs of LGBTQ+ Youth* (self-paced). Training will continue to assist in spreading the message of System of Care, Evidenced-Based, and Evidence Informed practices to mental health

practitioners, as well as families and the general public in the rural regions. System of Care staff, in partnership with NV PEP, delivered live webinar training to approximately 400 professionals and stakeholders throughout Nevada in 2022.

The RCMHC also supports the training put forth by NVPeds and strives to disseminate the training information to reach as many rural providers as possible. Since October 2021 NVPeds has also sponsored nearly 400 attendees through 70 training opportunities (live, virtual, and recorded/enduring content), which also offer CEUs and CMEs based on the discipline of attendees and approval by the corresponding professional licensing boards. NVPeds has sponsored clinicians through the DC:0-5 Training of the Trainer certification program and their subsequent training presentations, while also sponsoring clinical cohorts for the Child-Parent Psychotherapy training. Currently, NVPeds also maintains 4 enduring content offerings on the UNR CME Training Library that include “An Introduction to Infant and Early Childhood Mental Health” and courses focusing on the needs of youth with intellectual and developmental disabilities. Recently, NVPeds submitted a second application to the UNR CME Library for additional recorded trainings that focus on cultural competency, motivational interviewing, the needs of LGBTQ+ youth, and youth suicide prevention and screening for rural clinics. In late November 2022, NVPeds partnered with CASAT to bring The Ripple Effect 2-Day Live Virtual Workshop Series back to Nevada for over 200 attendees from across the state and across child-serving systems. During this training, 31% of those in attendance were from Rural and Frontier Counties. An additional Ripple Effect training is scheduled for late February 2023, which already has over 70 registered participants. Between the November 2022 and February 2023 Ripple Effect trainings all Rural Counties are represented in participation with the exception of Esmeralda and Lander counties, NVPeds is on a mission to get these two counties represented for the February training to ensure all Nevada counties have been exposed to this imperative training. NVPeds is also currently in final negotiations with vendors, partners, and contractors to sponsor the following professional development opportunities during this final year of the HRSA Grant cycle:

- The REACH Institute’s Patient-Centered Mental Health in Pediatric Primary Care (PPP) Program training intensive and coaching calls for 45 pediatric primary care providers.
- Circle of Security Parenting Facilitator 2-week training and consult calls for up to 75 clinicians and providers.
- Collaborative Assessment & Management of Suicidality (CAMS-Care) training with follow-up implementation calls for up to 50 clinicians and providers.

Youth MOVE Nevada (YMNV) continues to be a valued partner with the RCMHC. This organization provides detailed and thoughtful insight to the board on the lived experience of youth and their families as they navigate behavioral and mental health challenges. In 2022, Youth MOVE Nevada (YMNV) released two training courses created for youth and providers in the community. YMNV now has On-Demand training for youth on Student-Led Individual Education Plans (IEP’s) as well as a training for providers on authentic youth involvement and the Youth/Young Adult Voice at the Agency Level (Y-VAL) tool.

Next Steps

The RCMHC will continue to support the System of Care and NVPeds programs in developing and facilitating additional training that support workforce development in rural and frontier Nevada.

The following list include upcoming trainings:

- The second *Ripple Effect 2-Day Live Virtual Workshop Series* is scheduled for February 23-24, 2023, where up to 300 participants can earn up to 8 CEUs to attend. This training hopes to bring awareness and recognition to those professionals across child-serving systems about how trauma can impact the lifespan of children, families, and those working on their behalf.
- *Circle of Security Parenting Facilitator 2-week Training* is scheduled to occur March 2-16, 2023 (plus groups and follow-up coaching calls over 6 months) for up to 75 clinicians and providers. COSP is a framework for supporting and fostering attachment between children and caregivers, and will offer clinicians between 24-37 CEUs (depending on licensing board).

- *Collaborative Assessment & Management of Suicidality (CAMS-Care) Training* access will begin April 3rd, 2023 with the live virtual role play training on May 3rd. Up to 50 Nevada clinicians and providers can apply for sponsorship to attend the training that offers up to 10 CEUs and includes follow-up implementation calls twice monthly from May-September.
- The REACH Institute's *Patient-Centered Mental Health in Pediatric Primary Care (PPP) Program Mini-Fellowship* includes a training intensive April 14-16, 2023 along with twice-monthly coaching calls for 45 pediatric primary care providers over six months. PCPs can earn up to 28.25 CMEs for this fellowship, which will focus on proper assessment, diagnosis and medication management for children's mental health conditions including anxiety, depression, and ADHD.

The RCMHC website will be updated to provide lists and links posting available training for community stakeholders such as educators, healthcare providers, law enforcement, parents, youth group leaders, etc.

Priority 4. Increase consortium's influence on mental health policy creation

CURRENT STATUS:

The RCMHC has historically expressed direct support for legislative goals that are related to children's mental health. As a state entity we remain committed to strongly advocating for the changes that families need, both legislatively as well as influencing state and local policy. RCMHC Chair drafted a letter of support for AB9 to the Nevada Assembly Committee on Health and Human Services, RCMHC voted that this letter be submitted for consideration. The full letter can be reviewed in the RCMHC 2022 Review of Activities section.

The RCMHC has a standing agenda item on the RCMHC monthly agenda to receive updates from Regional Behavioral Health Policy Boards around the state and actively collaborates with those boards regarding the needs of children, youth, and families with mental health needs in our rural and frontier communities.

Next Steps

The consortium will continue to keep a standing agenda item to our meetings in order to consider areas of legislation that merit our support and draft official statements regarding policy or legislation being considered. RCMHC will continue to work in collaboration with our community partners and the other state consortia to remain aware of current legislative issues and present a united voice of support for Nevada families.

In addition, RCMHC will follow the current Department of Justice (DOJ) findings and determine if action is warranted as more information is available, including proposing legislative change to support DOJ stance centered around changing language that is non-discriminatory or prejudicial from both implicit and non-implicit bias.

Priority 5. Increased Access to Evidence-Based and Evidence-Informed Mental Health Supports and Services in Rural Communities

CURRENT STATUS:

The RCMHC recognizes that many children, youth and families lack access to a continuum of evidence-based and evidence-informed support and services in our Rural and Frontier communities. RCMHC continues to be committed to expansion of access to services and support that will make families lives better and decrease the use of Out-of-Home placements for youth.

The Nevada System of Care (SOC), through a formalized partnership with RCMHC, has been provided with guidance, and recommendations to inform the system of care expansion efforts throughout rural and frontier Nevada, including tribal communities. The grant activities in the past year have been focused on identifying and funding children's mental

health programs and supports throughout Nevada, developing and delivering a variety of trainings, providing technical assistance to grant-funded programs, and participating in outreach activities state-wide.

These efforts have resulted in the development and implementation of a self-directed respite pilot program providing access to respite funding to 50 families. This pilot program has provided an opportunity that has never been available to families of children & youth with mental health care needs in Nevada before. Additionally, flexible funding, in partnership with NV PEP, has been made available for the purchase of goods and services to support the needs of children and youth in the social and educational domains. These funds have enabled 90 children and youth to engage in community-based programs, access educational support, and participate in enrichment activities.

SOC also provided funding to numerous community-based children’s mental health programs including:

- Carson Community Counseling Center
- Community Chest Lyon and Mineral Counties
- Ft. Mcdermitt Wellness Center
- Nye Communities Coalition
- Pacific Behavioral Health
- Positive Behavioral Interventions and Supports (PBIS)
- UNLV Psychiatric Fellows

Another valuable collaboration RCMHC works to maintain is with Nevada PEP. NV PEP provides family peer support that connects parents of children with mental and behavioral health needs to other parents with lived experiences under the goals of: increasing resiliency, decreasing isolation, decreasing internalized blame, increasing realization of importance of self-care for parents, increasing feelings of self-efficacy, and increasing the acceptance and appreciation of the child’s challenges with increased ability for families to engage with both formal and informal supports.

Families are referred by DCFS programs, schools, and community organizations. Nevada PEP received 21 referrals from Northern Nevada Children’s Mobile Crisis Response Team, 21 new families from other rural children’s mental health State operated programs. Over the last year (2022), PEP provided family peer support services to 466 families. As a result of the System of Care partnership with Nevada PEP, the number of families served in Rural Nevada increased by 158.

Family peer support was identified as Medicaid billable in the May 2013 Joint CMCS and SAMHSA Informational Bulletin which was based on evidence from major U.S. Department of Health and Human Services (HHS) initiatives that show that these services are not only clinically effective but cost effective as well.

In 2022, the United States Department of Justice investigation in Nevada found that family peer support is not sufficiently available to families to prevent institutionalization, and that changes need to be made to Nevada’s Medicaid definitions to allow for adequate provision of family peer support. The Division of Child and Family (DCFS) services has long recognized the value of family peer support, from partnerships with Nevada PEP on grants from 1993 to contracting for the service beginning in 2012. Since May 2013, Nevada PEP and DCFS have promoted the inclusion of family peer support in the Medicaid State Plan to no avail. In August 2022, DCFS championed a significant funding increase with ARPA funds for family peer support to begin in January 2023 and run through June 2024. Currently family peer support specialists follow a two-year national certification process, in October 2022, DCFS supported a project to develop an in-state family peer support certification process to increase the workforce, make the service more readily available to families through multiple family-run organizations, and to reduce the hesitancy to include the service in the Medicaid State Plan. Both initiatives were recognized as valuable and were supported by the Nevada State Legislature Interim Finance Committee. (NVPEP Update, Appendix C.)

The Rural Mobile Crisis Response Team (RMCRT) has provided supports that allow youth to access support in their local community, specifically about an 83% hospital diversion rate, meaning 83% of youth who were assessed were able to be stabilized and remain in their home community. The RMCRT began coordinating with psychiatric hospitals to provide a smooth transition for youth who are leaving inpatient care and returning to their home communities, helping youth and families remain stable while connecting them to ongoing outpatient care. Additionally, the RMCRT received ARPA

funding to pilot 2 in-person Teams in Elko that will increase access to care. The Medicaid Expansion Mobile Crisis Planning Grant outlines requirements for Mobile Crisis Teams in order to receive the Federal reimbursement rate at 85%. Two of the requirements are that the mobile crisis services must have someone to respond in-person and there must be a peer support staff as part of the team. By piloting, in-person, peer lead response teams in Elko County, this will allow Rural Clinics to assess if this type of service could be sustainable in rural communities. The pilot would require 2 contract Consumer Services Assistants (peer support) and 2 contract Psychiatric Case Managers. These positions would allow for 2 in-person teams available to respond to the families' location of choice. The Team will then help the family connect with a Mobile Crisis licensed clinician. The clinician will begin the crisis intervention with the youth, while the case manager and peer support work with the family on a care plan. If successful then the model will be expanded to other rural communities. In addition, the Rural Mobile Crisis Response Team can provide Technical Assistance to other community providers who are building in-person crisis response programs for youth, to help ensure services are provided in accordance with proven national standards. If successful, additional funding will be sought to fund more in-person services in rural communities in the years to come.

SOC funding enabled an increase in access to mental health telehealth services, expansion of the Mobile Crisis Response Team (MCRT) response to 24/7, 365 days a year, increased access to psychiatric services for both Rural Clinics and MCRT Step-Down/Step-Up programs, and expansion of intensive/intermediate care coordination opportunities.

The Western Nevada NAMI Nevada Teen Peer Support Text Line is an inbound/outbound contact text line for teens and young adults ages 14-24 where they can access stigma-free, non-crisis peer support 12pm to 7 pm, 7 days a week, 365 days a year. Participants are connected to trained young adult Peer Wellness Operator for one-on-one peer support from individuals who have lived experience specific to mental health challenges and life stressors for youth. This social and emotional support is person-centered and highly needed since 44% of high school students reported feeling consistently sad or hopeless in the past year, according to the CDC, and 19% of high school students reported seriously considering attempting suicide in the past year. Since the operational start of the Nevada Teen Text Line, 24,778 total texts were initiated between May 16 and December 31, 2022. The primary age range was 12 to 15 years old with some as young as 11 years of age. Majority of texters initiating support came from female texters and 49% of texters are from Rural Nevada. The primary presenting concerns were regarding family and relationship issues, mental health concerns related to anxiety and depression symptoms, and suicidality.

RCMHC has collaborated with The Children's Cabinet, in 2022 The Children's Cabinet provided intensive in home services to families with young children in many rural communities in Northern Nevada. The Safe@Home program is designed to work in collaboration with DCFS to assure children are safely maintained in their homes with their primary caregivers who are working on change based case plan goals with their social worker. In the fiscal year of 2022, The Children's Cabinet provided this service for 82 families in Carson, Fallon, Fernley, Winnemucca, and Elko. 76.6% of those families closed with successful reunification. The Children's Cabinet also provides the Parents as Teachers program for families in Elko. This program provides parents with the tools they need to create an 'education positive' home environment for children under 3 years old. The evidence-based program promotes positive child development and prevents child maltreatment. In fiscal year 2022, 26 families participated in the program, which included more than 340 home visits.

Next Steps

RCMHC will continue to support initiatives that allow youth and families from Rural and Frontier Nevada to have the ability to access quality residential-care treatment services as well as community-based treatment services so our youth and families are supported prior to in-patient care and as they return to their local community after residential treatment.

System of Care will continue to build partnerships and relationships with rural, frontier, and tribal communities to build capacity and increase access to children's mental health services and support. System of Care updates were a regular agenda item throughout the year with presentations provided by the grant manager and other staff. Topics included.:

- FOCUS Care Coordination Model
- Respite Care
- Flexible funds
- System of Care language to aid in the empowerment of youth and families
- System of Care grant progress and activities

RCMHC will work with Reno Behavioral Healthcare Hospital (RBH) for continued collaboration to further understand the needs of Rural youth that are hospitalized due to mental health challenges, and then monitor data that reflects accurate numbers of individual youth cases that enter in-patient care through their hospital. Data was requested to be included in this report, however RBH was not able to provide a data assessment at this time. RCMHC will work on gaining appropriate data for review and evaluation.

In addition, Wraparound in Nevada (WIN) is another integral program providing families with supports that can often mitigate the need for in-patient or residential program treatment, as well as aftercare supports as youth re-enter their communities from in-patient or residential treatment. RCMHC requested data for review and WIN was not able to provide data to be included in this report. RCMHC will work on gaining appropriate data for review and evaluation.

Lastly, NV PEP is the primary partner with RCMHC where family peer-support is at the fore front of their work. Continued funding for family peer support should continue past the availability of ARPA funds as a part of Nevada's adequate children's mental health service array in line with the Department of Justice findings. Nevada Medicaid should include family peer support as a service in the State Plan for Medicaid eligible children and youth with Serious Emotion Disorders and co-occurring disorders. The return on investment would be reflected in a decrease in costly out of home placements and less separation and strain on families. In 2022, the United States Department of Justice investigation in Nevada found that family peer support is not sufficiently available to families to prevent institutionalization, and that changes need to be made to Nevada's Medicaid definitions to allow for adequate provision of family peer support. In August 2022, DCFS championed a significant funding increase with ARPA funds for family peer support to begin in January 2023 and run through June 2024. Currently family peer support specialists follow a two-year national certification process, in October 2022, DCFS supported a project to develop an in-state family peer support certification process to increase the workforce, make the service more readily available to families through multiple family-run organizations, and to reduce the hesitancy to include the service in the Medicaid State Plan. Both initiatives were recognized as valuable and were supported by the Nevada State Legislature Interim Finance Committee and RCMHC will continue to support these initiatives.

III. REVISIONS TO THE RCMHC'S 10-YEAR STRATEGIC PLAN

As RCMHC members reviewed the 2020-2029 10-Year Strategic Plan, one area not currently outlined in the plan that seemed necessary to add is regarding further revision of Nevada's current Youth Crisis Hold, specifically language that is clear to hospital staff, rural clinicians, and youth and families. Behavioral Health Policy Boards are proposing this as an on-going agenda item in their workgroups and RCMHC proposes its members actively participate in the workgroup meetings helping to craft more appropriate and approachable language used in legislative verbiage that will support appropriate continuity of care, taking into consideration youth and family needs, voice, and choice.

As RCMHC works through its current priorities and goals, it will continue to evaluate for further revisions and adjustments to be made to the RCMHC 10-year strategic plan.

IV. STATUS OF 10-YEAR PLAN GOALS, STRATEGIES, AND SERVICES

Goal 1. Expand and sustain the Nevada System of Care to rural and frontier Nevada

Objective 1A- Facilitate youth, family, and provider voice through all stages of the expansion and sustainability.

CURRENT STATUS:

With ongoing COVID-19 pandemic considerations, getting "Community Discussion" events coordinated has been a challenge. However, the RCMHC remains committed to hearing "Youth and Family Voice" when participating in community events around Rural and Frontier Nevada. The RCMHC also keeps a standing item on the monthly RCMHC agenda where Youth MOVE and Nevada PEP representatives keep the RCMHC up to speed on current youth and family feedback from those that they collaborate with and serve. RCMHC members also continue to participate in SOC activity planning as appropriate.

Next Steps:

RMCHC members will plan a Community Discussion event to be held in a Rural or Frontier Nevada county where further community voice will be heard and appropriate additions made to the 10-year strategic plan to reflect current needs of Rural and Frontier communities.

Furthermore, RCMHC will maintain Youth and Family Voice agenda items, specifically hearing from our partners Youth MOVE and Nevada PEP. Youth MOVE has recently had leadership changes and a new Youth MOVE representative is slated to report to the RCMHC in an upcoming RCMHC Regular Meeting.

Objective 1B- Establish the RCMHC as a SOC point-of-contact for youth, family, and provider voice

CURRENT STATUS:

The updated RCMHC website is an integral tool for RCMHC remaining the point-of-contact for youth, family, and provider voice. In addition, as outlined in the current status for Objective 1A, "Community Discussion" events will greatly add to RCMHCs ability to accurately capture youth and family voice for rural and frontier Nevada.

Next Steps:

The RCMHC members will consider a website addition with contact and/or survey section for youth and families to share their opinion regarding needs and barriers hindering individuals with mental and behavioral health challenges to gain access to appropriate care. Individuals will be able to share their lived experiences and highlight strengths or ‘what is working’ in their local region, further aiding in the understanding of what rural and frontier Nevada’s need to aid them in their journey to wellness and successful healthy living as defined by themselves. If this option is executed on the website, RCMHC will coordinate a Quarterly review of this feedback and create a Workgroup to report feedback to the whole RCMHC at general meetings and include these findings in the 2024 Annual Report.

RMCHC members will plan a Community Discussion event as outlined in Objective 1A Next Steps section above.

RCMHC will maintain Youth and Family Voice agenda items, specifically hearing from our partners Nevada PEP and Youth MOVE as outlined in Objective 1A Next Steps section above.

Objective 1C- Support statewide implementation of the Child and Adolescent Needs and Strengths (CANS) as a common assessment tool to increase assessment and access to coordinated care.

CURRENT STATUS: RCMHC has historically supported and disseminated information on the Child and Adolescent Needs and Strengths (CANS) assessment and training, recently training focus has been less on CANS and more on supporting professional development of providers that service Rural and Frontier Nevada counties.

Next Steps:

RCMHC will review CANS training efforts, re-evaluate the most important areas to focus training efforts on, and make recommendations to SOC, NVPeds and other collaborative partners.

Objective 1D- Support Nevada SOC expansion activities including, but not limited to: “No Wrong Door” approach, Tiered Care Coordination, and the SOC Provider Designation System.

CURRENT STATUS:

RCMHC continues to support expansion efforts of SOC, including the “No Wrong Door” approach, Tiered Care Coordination, and the SOC Provider Designation System. Detailed description of SOC activities has been outlined in the Service Priorities section and can be reviewed in Appendix A.

Next Steps:

The RCMHC will continue to review, evaluate, and support these efforts.

Goal 2. Increase access to mental and behavioral health care.

Objective 2A- Identify barriers for youth and families in accessing mental and behavioral health care and coordinate appropriate solutions.

CURRENT STATUS:

Many Rural and Frontier County school districts have established Multi-Tiered System of Supports (MTSS) framework for addressing the academic, behavioral health, mental health, and social-emotional needs of all students. Those districts that are currently implementing MTSS form District Leadership Teams to formalize best practices for their local districts and get support from UNR Technical Assistance through various grants and state funded initiatives, such as the second round of Project AWARE, Trauma Recovery Grant Project, etc. These districts focus on training staff, assessing students, providing evidence-based programing within school-based settings with effective referral systems to community based services when needed. Districts that utilize an MTSS framework increase access for youth and families in an effective and efficient way.

Next Steps:

RCMHC will continue to examine needs and develop a plan to address barriers in access to care related to transportation. As well as continue to facilitate partnerships necessary to institutionalize school social workers and implement services and supports that promote early detection in schools. RCMHC will also advocate for further expansion of MTSS across all Rural and Frontier School Districts.

RCMHC requested data from the Youth Risk Behavior Survey (YRBS) for Rural Nevada and did not receive data in time to include in this report. RCMHC will follow-through with this request and review data for evaluation and make recommendations based off of the newest YRBS data.

Objective 2B- Facilitate the development and implementation of a health equity plan in accordance with recommendations from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) national standards for culturally and linguistically appropriate services (national CLAS standards).

CURRENT STATUS:

SOC and Nevada PEP collaborated to prepare and present training modules for professionals outlining Culturally and Linguistically Appropriate Services (national CLAS standards) along with other training topics as outlined in the above section reviewing Priority 3, which focuses on Supporting and encouraging training at the community level.

Next Steps

SOC and Nevada PEP will continue to present CLAS standard training via online platforms. Consortia members will obtain and/or participate in technical assistance and “toolkit” options for the development of health equity plans. Consortia members will pilot the development and implementation of health equity plans and the further scaling of this strategy will be assessed following a pilot testing and capacity development process.

Objective 2C- Facilitate an organized provider continuum with the expansion of services according to the System of Care recommended service array (see Stroul, B., et al., 2015, p. 5).

CURRENT STATUS:

The State of Nevada continues to struggle with maintaining an organized provider continuum and there are many existing barriers that create stumbling blocks for the State of Nevada to expand services that will truly make a lasting impact on youth and families. Current endeavors moving this pendulum in the right direction are outlined above in Service Priority 5, regarding increased access to evidence-based and evidence-informed mental health supports and services in Rural Communities.

Next Steps:

It is imperative that Nevada ensures that the array of services is available statewide as required by Medicaid. The State should review regulations and procedures to facilitate the participation of children’s behavioral health providers in Medicaid and conduct a thorough rate analysis of its Medicaid rates, making necessary adjustment to rates if needed to allow for robust provider participation in community-based behavioral health services.

Medicaid is approaching its Quadrennial Rate Review window and RCMHC will support providers, clinical programs, and hospitals serving Rural and Frontier Nevada to participate in this surveying process to provide thoughtful and pertinent feedback regarding their experiences with the reimbursement process and current rates.

Goal 3. Increase access to treatment in the least restrictive environment.

Objective 3A- Divert youth in need of care from juvenile justice systems to community-based care.

CURRENT STATUS:

RCMHC continues to support the facilitation of the development and implementation of assessment and access to treatment services for all youth in juvenile justice. Early intervention and recognition of mental health symptoms is one key aspect in the diversion of youth from juvenile justice systems and on-going training to community members, school staff, and juvenile justice professionals will lead to early intervention. Juvenile justice programs in the State of Nevada continue to add to their service array and RCMHC will continue to support their efforts.

Next Steps:

Juvenile justice programs in the State of Nevada continue to add to their service array and RCMHC will continue to support their efforts while advocating for state monetary support that will make these efforts a continued reality.

Objective 3B- Divert youth in need of care from hospitals or other psychiatric emergency care to community-based care.

CURRENT STATUS:

Because the State has failed to ensure access to community-based services, including crisis support, children and families frequently turn to hospitals as a first stop for treatment. Children often begin their path toward institutionalization at hospital emergency departments. The State reported that in 2020, 4,280 children were treated in emergency departments for behavioral health conditions. For example, a hospital in Las Vegas recently informed DCFS that admissions to its pediatric emergency room for behavioral health emergencies increased by 65% between 2019 and 2021. The State published a white paper acknowledging that “hospital emergency departments are the primary means by which people in Nevada gain access to necessary behavioral health services.” (US Department of Justice, pp. 7-8, 2022)

The State’s failure to provide crisis and ongoing community-based services to children also results in admissions to psychiatric hospitals. The State has reported a rising rate of child inpatient hospital admissions, with an increase from 1,460 acute psychiatric admissions in 2017 to 1,721 admissions in 2020. Many of these children cycle in and out of hospital settings. (US Department of Justice, p.8, 2022) As of 2022, the average length of inpatient stay at a psychiatric hospital is 8.3 days, averaging \$166 per day for an acute psychiatric inpatient bed. (Crisis Now)

While Nevada’s crisis hotline operates 24/7, mobile crisis availability varies by region. For example, for children in the rural regions, mobile crisis is often operated through telehealth. Although mobile crisis services should be used to prevent visits to the hospital, in Nevada, MCRT is often not called until a child has arrived at the hospital. State data show that the largest percentage of calls to the state’s mobile crisis line comes from hospital emergency departments. MCRT staff are often deployed to emergency departments to determine whether a child meets the criteria for psychiatric hospitalization. Stakeholders reported numerous mobile crisis no-shows following hotline calls, days-long delays in response time, and inability or unwillingness to send a team in response to a call placed near the end of business hours. Call volume for mobile crisis services, which already “fully outstrips” staffing response capacity, tripled between 2020 and 2021, and is expected to continue to increase. Due to the insufficiency of current crisis services, State officials and the Children’s Mental Health Consortia have identified sustainable funding of mobile crisis services as a priority. Though the State has included crisis services in its Medicaid service array, Nevada relies largely on State dollars to operate its mobile crisis services.

The Nevada Division of Children and Family Services transitioned to the 9-8-8 Mental Health Crisis Lifeline that went into effect on July 16, 2022, to serve youth under 18 and their families needing crisis mental health services. The 9-8-8 hotline replaced the 10-digit number for the National Suicide Prevention Lifeline and diverts callers away from 911 emergencies. This will make it easier for people to get help for mental and behavioral health-specific concerns. The hotline is open Monday-Sunday for 24 hours a day. The 9-8-8 call center provides substantial de-escalation, triage, and care traffic control. They may refer to outpatient care, dispatch mobile crisis, refer to crisis stabilization unit, and dispatch law enforcement through the hotline. (Division of Child and Family Services, 2022)

Next Steps:

RCMHC will advocate for funding to support.

Objective 3C- Increase access to an array of transitional services for youth returning to their homes after inpatient care.

CURRENT STATUS:

RCMHC will continue to support the Rural Mobile Crisis Response Team efforts. In 2022, RMCRT began coordinating with psychiatric hospitals to provide a smooth transition for youth who are leaving inpatient care and returning to their home communities, helping youth and families remain stable while connecting them to ongoing outpatient care. Further details are outlined in the Service Priorities Section under Priority 5.

Next Steps:

The RCMHC will continue to review, evaluate, and support these efforts.

RCMHC will continue to advocate to secure funding that sustains current initiatives, as well as provides new opportunities for further expansion of service and support.

Goal 4. Increase health promotion, prevention, and early identification activities.

Objective 4A- Facilitate community based youth, parent, and caregiver training (in-person and online).

CURRENT STATUS:

The RCMHC website will continue to serve as a source of health promotion, sharing messages and a schedule of upcoming activities and training for all youth, parent and caregiver trainings. SOC and NVPeds continue to sponsor these trainings so that individuals can participate free of charge in an online platform, allowing access to such trainings to be as accessible as possible.

RCMHC members and partners will continue to disseminate upcoming training opportunities facilitated through the System of Care grant in Rural communities.

Next Steps:

The RCMHC will continue to review, evaluate, and support training efforts.

RCMHC will continue to advocate to secure funding that sustains current training initiatives, as well as provides new training opportunities for further expansion of offered trainings.

Goal 5. Develop, strengthen, and implement statewide policies and administrative practices that strengthen equity in access to mental and behavioral health care for youth and families.

Objective 5A- Advocate for a unified and integrated system for children’s mental health.

CURRENT STATUS:

The RCMHC continues to advocate for legislative goals that are related to children’s mental health and remains committed to strongly advocating for the changes that families need, both legislatively as well as influencing state and local policy.

The RCMHC has a standing agenda items on the RCMHC monthly agenda to receive updates from Regional Behavioral Health Policy Boards around the state and actively collaborates with those boards regarding the needs of children, youth and families with mental health needs in our rural and frontier communities.

Next Steps:

The consortium will continue to keep a standing agenda item to our meetings in order to consider areas of legislation that merit our support and draft official statements regarding policy or legislation being considered. RCMHC will continue to work in collaboration with our community partners and the other state consortia to remain aware of current legislative issues and present a united voice of support for Nevada families.

In addition, RCMHC will follow the current Department of Justice (DOJ) findings and determine if action is warranted as more information is available, including proposing legislative change to support DOJ stance centered around changing language that is non-discriminatory or prejudicial from both implicit and non-implicit bias.

V. RCMHC -2022 Review of Activities

In 2022, the Rural Children’s Mental Health Consortium participated in many different activities and events throughout Nevada’s Rural communities. The events outlined below review RCMHC’s participation and support in spreading positive messaging around Youth Mental Health Awareness.

Silver Springs, NV : Jackrabbit Junction Trunk or Treat Event

RCMHC was one of many community agencies and law enforcement that participated in Jackrabbit Junction’s annual Trunk or Treat on October 30, 2022 in Silver Springs, NV. The event was designed to not only be a fun Halloween event for the community but to also include children that have special needs whether it was dietary that may affect their mental health or if they have sensory issues. The vehicle representing RCMHC was popular with the children, many complemented on the option of candy with some RCMHC swag or the option to only get RCMHC swag the most popular swag item being our stress balls.

Lovelock, NV: Frontier Days Event

In August the RCMHC sponsored a booth at Frontier Days, an annual community fair held in downtown Lovelock. At the booth volunteers distributed consortium branded items as well as pamphlets and other information about mental health resources in the region. We gave away hundreds of items including journals, stress balls, tote bags, and T-shirts which the local children were very excited about. Children interacting at our booth got to choose a balloon to pop to determine which item they would receive which made the booth more interactive and gave the volunteers opportunities to talk with children and families about wellness and resources.

Elko, NV : Every Kid Healthy Week, Health and Wellness Carnival

Every Kid Healthy Week, organized by the Level Up 4 Health initiative in Elko, was held April 18-22, 2022. The RCMHC participated on April 21st at the Health and Wellness Carnival where approximately 45 vendors and over 500 attendees focused on Youth Health and Wellness. It was an evening of fun, food, and learning free for families that encouraged students to pursue health and wellness all year long. Representation by many state and local agencies focused on spreading resource information and importance of taking Mental Health into consideration as an aspect of all-around health and well-being. A truly collaborative spirit was embraced in RCMHC participation at this event as Office of Suicide Prevention (OSP), Nevada PEP, DCFS/DPBH, NAMI, and Behavioral Health passed out wellness items such as stress-balls, journals, and informational pamphlets that support youth and families to gain more access to resources and start positive conversations around Mental Health Awareness.

Informational Letters

In addition to participation in events, RCMHC Chair, Melissa Washabaugh drafted the following letter to the Nevada Assembly Committee on Health and Human Services in support of Assembly Bill 9. The RCMHC is dedicated to offering support and feedback regarding legislation so that the needs of Rural and Frontier Nevada's are met.

December 15, 2022

Nevada Assembly Committee on Health and Human Services

AsmHHS@asm.state.nv.us

RE: Assembly Bill 9

Dear Honorable Committee Members,

The Rural Children's Mental Health Consortium would like to express our support for Assembly Bill 9. The functions of the Consortium are to assess the current behavioral health services for youth and develop plans that will identify gaps and areas in need of improvement. The Consortium 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 Consortium believes that the changes addressed in Assembly Bill 9 will benefit Nevada's youth by increasing access to resources that benefit their health. Allowing the Regional Boards to operate at their full ability will serve as an important connection between those that need services and those who can provide them. Resource identification can be an especially difficult challenge in our rural areas so any improvement in the infrastructure of our mental health system can have a huge impact on outcomes.

Thank you so much for your consideration to help Nevada's rural youth.

Melissa Washabaugh MSN, APRN, PMHNP-BC

Chair – Rural Children's Mental Health Consortium

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VII. APPENDICES

Appendix A

2022 System of Care (SOC) Updates:

The Nevada System of Care (SOC), through a formalized partnership with RCMHC, has been provided with guidance, and recommendations to inform the system of care expansion efforts throughout rural and frontier Nevada, including tribal communities. The grant activities in the past year have been focused on identifying and funding children's mental health programs and supports throughout Nevada, developing and delivering a variety of trainings, providing technical assistance to grant-funded programs, and participating in outreach activities state-wide.

These efforts have resulted in the development and implementation of a self-directed respite pilot program providing access to respite funding to 50 families. This pilot program has provided an opportunity that has never before been available to families of children & youth with mental health care needs in Nevada. Additionally, flexible funding, in partnership with NV PEP, has been made available for the purchase of goods and services to support the needs of children and youth in the social and educational domains. These funds have enabled 90 children and youth to engage in community-based programs, access educational support, and participate in enrichment activities.

SOC also provided funding to numerous community-based children's mental health programs including:

- Carson Community Counseling Center
- Community Chest Lyon and Mineral Counties
- Ft. McDermitt Wellness Center
- Nye Communities Coalition
- Pacific Behavioral Health
- Positive Behavioral Interventions and Supports (PBIS)
- UNLV Psychiatric Fellows

System of Care has continued to build upon the community training catalog offered through CASAT Learning. In 2022, new training offered included Advancing Health Equity and Improving Cultural Competence in our Practices (live and self-paced) and Addressing the Needs of LGBTQ+ Youth (self-paced). System of Care staff, in partnership with NV PEP, delivered live webinar training to approximately 400 professionals and stakeholders throughout Nevada. Additionally, DCFS offers nine self-paced courses through the CASAT Learning platform.

System of Care will continue to build partnerships and relationships with rural, frontier, and tribal communities to build capacity and increase access to children's mental health services and support. System of Care updates were a regular agenda item throughout the year with presentations provided by the grant manager and other staff. Topics included.:

- FOCUS Care Coordination Model
- Respite Care
- Flexible funds
- System of Care language to aid in the empowerment of youth and families
- System of Care grant progress and activities

Appendix B

2022 Nevada Peds (NVPeds) Updates:

In October 2021, the Nevada Pediatric Psychiatry Solutions (NVPeds) HRSA grant program finally amassed a fully staffed team: one Clinical Program Planner, an Education and Information Officer, and two (2) Psychiatric Caseworkers. We also had two (2) MSW student interns. Due to staff pursuing other opportunities in the past 6 months, NVPeds currently consists of one Education and Information Officer acting as the program coordinator, researcher, editor, publisher, data manager, and program representative. Enormous support from the DCFS SOC Grant Unit staff has been crucial in ensuring the continuation of the NVPeds program and its fidelity to the goals outlined in its revised Scope of Work.

In early 2022 NVPeds saw increased utilization of program services. While we received our first request for consultation shortly after starting our in-person outreach activities across the State in November of 2021, we had 20 requests by March of 2022. These contacts consisted of 7 psychiatric consultations and 13 requests for referrals, resulting in 86 total resource referrals provided. Over half of the consultation requests were from providers in rural counties. NVPeds staff was also tasked with supporting the SB 385 Bill Implementation Study by performing research, gathering supporting documentation, and creating the outline for the Study.

In April of 2022 NVPeds worked with HRSA in the revision of our Scope of Work to focus on education, information, and comprehensive offerings of training and technical assistance to pediatric primary care providers, behavioral health clinicians, and community health workers to support early identification, diagnosis, treatment, and referral for children with behavioral health conditions. NVPeds also identified professional and workforce development, training, and educational opportunities to pursue as sponsored events for medical practitioners and providers, community health workers, mental and behavioral health clinicians, and child-serving professionals across disciplines.

The NVPeds program continues provide high-quality educational and informational materials. To date, NVPeds has published 5 quarterly Issue Briefs, 19 monthly Telegrams/Newsletters, and 21 bi-monthly Infographics which have been disseminated to just shy of 9500 total recipients. Topics for our publications have included: Vicarious Childhood Trauma, Teen Dating Violence, Racism and Youth Mental Health, Purposeful Parenting, Modeling Pro-Social Behavior for Youth, Youth Suicide Prevention & Screening, Bullying Prevention & Screening, Youth & Major Depression Disorder, Youth Substance Abuse Disorder, Nurturing Hope in Youth, and Human Trafficking Awareness & Screening. Most publications provide guidance for providers and families on the topics involved and offer resources for screening and referrals.

Since October 2021 NVPeds has also sponsored nearly 400 attendees through 70 training opportunities (live, virtual, and recorded/enduring content), which also offer CEUs and CMEs based on the discipline of attendees and approval by the corresponding professional licensing boards. NVPeds has sponsored clinicians through the DC:0-5 Training of the Trainer certification program and their subsequent training presentations, while also sponsoring clinical cohorts for the Child-Parent Psychotherapy training. Currently, NVPeds also maintains 4 enduring content offerings on the UNR CME Training Library that include “An Introduction to Infant and Early Childhood Mental Health” and courses focusing on the needs of youth with intellectual and developmental disabilities. Recently, NVPeds submitted a second application to the UNR CME Library for additional recorded trainings that focus on cultural competency, motivational interviewing, the needs of LGBTQ+ youth, and youth suicide prevention and screening for rural clinics. In late November 2022, NVPeds partnered with CASAT to bring The Ripple Effect 2-Day Live Virtual Workshop Series back to Nevada for over 200 attendees from across the state and across child-serving systems. An additional Ripple Effect training is scheduled for late February 2023, which already has over 70 registered participants. NVPeds is also currently in final negotiations with vendors,

partners, and contractors to sponsor the following professional development opportunities during this final year of the HRSA Grant cycle:

- The REACH Institute’s Patient-Centered Mental Health in Pediatric Primary Care (PPP) Program training intensive and coaching calls for 45 pediatric primary care providers.
- Circle of Security Parenting Facilitator 2-week training and consult calls for up to 75 clinicians and providers.
- Collaborative Assessment & Management of Suicidality (CAMS-Care) training with follow-up implementation calls for up to 50 clinicians and providers.

Appendix C

Rural 2022 Family Peer Support

Family peer support is a service provided by Nevada PEP that connects parents of children with mental and behavioral health needs to other parents with lived experiences under the goals of: increasing resiliency, decreasing isolation, decreasing internalized blame, increasing realization of importance of self-care for parents, increasing feelings of self-efficacy, and increasing the acceptance and appreciation of the child's challenges with increased ability for families to engage with both formal and informal supports.

Families are referred by DCFS programs, schools, and community organizations. Nevada PEP received 21 referrals from Northern Nevada Children's Mobile Crisis Response Team, 21 new families from other rural children's mental health State operated programs. Over the last year (2022), PEP provided family peer support services to 466 families. As a result of the System of Care partnership with Nevada PEP, the number of families served in Rural Nevada increased by 158.

Family peer support was identified as Medicaid billable in the May 2013 Joint CMCS and SAMHSA Informational Bulletin which was based on evidence from major U.S. Department of Health and Human Services (HHS) initiatives that show that these services are not only clinically effective but cost effective as well.

In 2022, the United States Department of Justice investigation in Nevada found that family peer support is not sufficiently available to families to prevent institutionalization, and that changes need to be made to Nevada's Medicaid definitions to allow for adequate provision of family peer support.

The Division of Child and Family (DCFS) services has long recognized the value of family peer support, from partnerships with Nevada PEP on grants from 1993 to contracting for the service beginning in 2012. Since May 2013, Nevada PEP and DCFS have promoted the inclusion of family peer support in the Medicaid State Plan to no avail.

In August 2022, DCFS championed a significant funding increase with ARPA funds for family peer support to begin in January 2023 and run through June 2024. Currently family peer support specialists follow a two-year national certification process, in October 2022, DCFS supported a project to develop an in-state family peer support certification process to increase the workforce, make the service more readily available to families through multiple family-run organizations, and to reduce the hesitancy to include the service in the Medicaid State Plan. Both initiatives were recognized as valuable and both initiatives were supported by the Nevada State Legislature Interim Finance Committee.

Next steps: Funding for family peer support should continue past the availability of ARPA funds as a part of Nevada's adequate children's mental health service array in line with the Department of Justice findings. Nevada Medicaid should include family peer support as a service in the State Plan for Medicaid eligible children and youth with Serious Emotion Disorders and co-occurring disorders. The return on investment would be reflected in a decrease in costly out of home placements and less separation and strain on families.

Appendix D

Medicaid Annual Update

Summary of Ongoing work

Building Crisis Continuum

- Crisis Stabilization Centers or Intensive Crisis Stabilization Services Next Steps: State Plan Approval, currently under review with the Center for Medicare and Medicaid Services (CMS)
- With Support of Mobile Crisis Planning Grant, working to develop Designated Mobile Crisis Teams Next Steps: State Plan submission coming in late March for enhanced rate methodology as well as policy and certification finalization
- Continue to support Certified Community Behavioral Health Centers (CCBHCs) – included within the certification team for CCBHCs, Medicaid and team have worked to certify agencies that have been awarded SAMHSA grants to perform CCBHC services. Although they are not enrolled as CCBHCs under Medicaid, these agencies are still held to CCBHC certification criteria as part of their grant.
- Gaining authority approval for Nevada’s Section 1115 Demonstration Waiver titled “Nevada’s Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project.” The waiver allows for SUD services within an IMD setting to be reimbursable through Medicaid for all Medicaid eligible individuals, the services are specific to these residential levels of care, ASAM 3.1, 3.2 Withdrawal management, 3.5, and 3.7 Withdrawal management. Next steps for operationalizing: Submission and approval of the SUD Implementation Plan

Supporting Growth for Children’s Services

- Consultant Health Management Associates (HMA) Children’s Behavioral Health Assistance
 - In efforts to respond to the ever-growing challenges of meeting the complex behavioral health needs of children in Nevada, Nevada Medicaid secured ARPA funding to enlist a contractor, Health Management Associates (HMA) in May 2022. HMA was tasked with helping the State to explore pressing issues that have impacted youth across agencies including extensive waits for behavioral health services, increased suicide risk, increased risk of entry into child welfare services, and ineffective utilization of institutional care. In September 2022 HMA conducted a Statewide Children's Behavioral Health Summit to collaborate with Stakeholders on the unique needs in Nevada in comparison to other states that are navigating through behavioral health system obstacles. Medicaid is currently in the process of gathering analytical data, to assist in narrowing down options that will most effectively address the most critical concerns. Next Steps: HMA and Medicaid are also in development of a white paper, to provide an overview to legislators and the public, on the systematic problems and resolutions for future budgetary considerations.
- Supporting growth within our newest 1915(i) state plan option for youth in specialized foster care. There are now 12 enrolled providers functioning under Provider Type 86 – Specialized Foster Care.
- Applied Behavioral Analysis Dashboard has been created to support monitoring and building awareness of ABA data metrics.

This section provides more specifics on summary items:

Current State Plan Amendments (SPA)

- NV SPA 22-0005 – Reimbursement Methodology for Crisis Stabilization Centers
 - The proposed reimbursement methodology was added to Attachment 4.19-B, Pages 4a through 4c and Attachment 4.19-A, Pages 14-14c. As authorized by Assembly Bill 66 of the 80th Nevada Legislative Session (2019) and Senate Bill 156 of the 81st Nevada Legislative Session (2021), this SPA proposes the reimbursement methodology needed to establish Crisis Stabilization Centers within hospitals. Crisis Stabilization Services are defined by legislation as “behavioral health services designed to: (1) de-escalate or stabilize a behavioral crisis; and (2) avoid admission of a patient to another inpatient mental health facility or hospital when appropriate.” SPA language will address the rate methodology utilized for a daily rate of service. Initially, providers will be reimbursed a daily default rate that is market-based using a model to reflect service definitions, provider requirements, operational service delivery and administrative considerations. After a provider has a complete fiscal year of providing services, the provider will be allowed to complete a cost report to be used to determine an individual, provider-specific rate for crisis stabilization services.
 - In conjunction with NV SPA 22-0005, Medicaid Service Manual (MSM) policy was developed and approved at the March 29th Public Hearing with an effective date of March 30, 2022. New policy documentation within MSM Ch. 400 includes scope of services for crisis stabilization centers, their primary objective, requirements, best practices, provider responsibilities, admission criteria and authorization process. Crisis stabilization centers best outcomes will be for patients getting better immediate care and a more positive behavioral health crisis response. There was a public workshop on this proposed policy on December 31st and policy was approved during the public hearing on March 29th.
 - This SPA is on Request for Additional Information (RAI), which essentially pauses the 90 day clock under CMS review. The latest discussions involve adding the methodology to different pages within the state plan since the services provided under a crisis stabilization center are outpatient based and may fit better under the rehabilitative services area rather than the hospital reimbursement pages where we originally placed them. Additionally, Nevada will be adding coverage pages defining Intensive Crisis Stabilization services.
 - [Web Announcement 2975](#) was created to inform on next steps
- **NV SPA 22-0023 – Disaster Relief SPA - Certified Community Behavioral Health Centers (CCBHCs) Prospective Payment System (PPS) pay at the anticipated rates due to effects of COVID pandemics effect on the cost reports**
 - Nevada is requesting waivers to the Nevada Medicaid State Plan under section 1135 of the Social Security Act using Section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency. This amendment proposes to implement temporary policies and procedures otherwise applied under Nevada Medicaid state plan. Nevada is requesting to allow for State Plan Certified Community Behavioral Health Centers (CCBHCs) to continue with anticipated Prospective Payment System (PPS).
 - Currently on RAI with CMS, discussion between CMS and Nevada are continuing.

New Projects:

- Consultant Health Management Associates (HMA) Children’s Behavioral Health Assistance
 - In efforts to respond to the ever-growing challenges, of meeting the complex behavioral health needs of children in Nevada, Nevada Medicaid secured ARPA funding to enlist a contractor, Health Management Associates (HMA) in May 2022. HMA was tasked with helping the State to explore pressing issues that have impacted youth across agencies including extensive waits for behavioral health services, increased suicide risk, increased risk of entry into child welfare services, and ineffective utilization of institutional care. In September 2022 HMA conducted a Statewide Children's Behavioral Health Summit to collaborate with Stakeholders on the unique needs in Nevada in comparison to other states that are navigating through behavioral health system obstacles. Medicaid is currently in the process of gathering analytical data, to assist in narrowing down options that will most effectively address the most critical concerns. HMA and Medicaid are also in development of a white paper, to provide an overview to

legislators and the public, on the systematic problems and resolutions for future budgetary considerations.

- The ABA quarterly dashboard has been posted to the DHCFP website located at [https://dhcfnv.gov/uploadedFiles/dhcfpnavgov/content/Pgms/CPT/ABA/ABAQuarterlyDashboardSFY2021\(providers%20excluded\).pdf](https://dhcfnv.gov/uploadedFiles/dhcfpnavgov/content/Pgms/CPT/ABA/ABAQuarterlyDashboardSFY2021(providers%20excluded).pdf)

Upcoming SPAs

- **Certified Community Behavioral Health Centers (CCBHCs)**
 - Revising bundled rate and Quality Incentive Payment methodology language and data submission requirement language
 - Public Hearing January 31, 2023
- **1915(i) Specialized Foster Care**
 - Synchronizing terminology for agencies' titles, address monitoring/ remediation responsibilities, and modify percentages of QA reviews to ensure QA units are able to meet program requirements
 - Public Workshop coming late January

Mobile Crisis Planning Grant

- The Mobile Crisis Planning Grant Project and Core teams have been working hard on developing how Nevada will build mobile crisis teams that will be eligible under enhanced FMAP offered through Section 1947 of the SUPPORT Act.
 - Stakeholder meetings with current mobile crisis team stakeholders including CCBHCs and non-CCBHCs have been completed. Great participation and discussion, significant interest in children and family mobile crisis response, also attention on IDD/DD populations and ensuring provider training standards are adequate. Also, significant interest in rate development to incentivize providers to enroll as DMCTs as well as catchment area development for DMCTs.
 - Working with the Division of Public and Behavioral Health and CASAT to create a certification for Designated Mobile Crisis Teams to be utilized to create a provider standard of mobile crisis in compliance with Section 1947 and SB 390 aside from other crisis services being delivered.
 - In December, we worked to finalize the policy standards as well as incorporated draft state plan amendment language for coverage to integrate into our current SPA that is on RAI for Intensive Crisis Stabilization Centers. We also initiated work on the provider rate fee for Designated Mobile Crisis Teams, which we've continued into this month.
 - We were able to submit informally through our current SPA for Intensive Crisis Stabilization Services, our draft coverage SPA language to CMS for informal review and initial feedback and have received positive comments. There were very minor language updates to our current SPA to ensure the eligible providers that can participate in a DMCT were allowable under our state plan, like the incorporation of peers.
 - In the coming months we will focus our attention to continue the fee development as well as begin our process to host a public workshop with our proposed SPA updates, possibly early February, but still on track to submit our SPA to CMS at the end of March beginning of April, in hopes for an effective date of July 1, 2023.
 - Have begun process to create new Crisis Provider Type with specialties to support various crisis service deliveries, i.e. Designated Mobile Crisis Teams, Crisis Stabilization Centers, Non-Emergency Secure Behavioral Health Transport, etc.

SUPPORT Act Grant and Waiver Update

- The majority of work being done through the SUPPORT Act Post Planning grant has been related to the 1115 Substance Use Disorder Demonstration Waiver and getting that resubmitted to CMS.
- We received 1115 application and authority approval from CMS on 12/29/22,
- The waiver allows for SUD services within an IMD setting to be reimbursable through Medicaid, so the services are specific to these residential levels of care, ASAM 3.1, 3.2 Withdrawal management, 3.5, and 3.7 Withdrawal management.
- Although approval was received, Nevada still needs to submit an approved SUD Implementation Plan for these services to be reimbursable.
- In order to operationalize this waiver, Nevada is required to obtain approval of an SUD Implementation Plan. The SUD Implementation Plan provides a framework for the state to document its approach to implementing SUD policies and develop a strategic approach for meeting the milestones which reflect the key goals and objectives of the program. It also helps to determine appropriate information for the state to report to CMS in the quarterly and annual monitoring reports. Nevada must submit the SUD Implementation Plan within 90 calendar days after approval of this demonstration. Nevada must submit the revised SUD Implementation Plan within 60 days after receipt of CMS's comments. Nevada may not claim Federal Financial Participation (FFP) for services provided in IMDs to beneficiaries who are primarily receiving SUD treatment and withdrawal management services until CMS has approved the SUD Implementation Plan. Nevada will work with CMS to establish an estimated date of approval of the Implementation Plan as we work through this process to communicate to providers. Providers are not able to be reimbursed through Nevada Medicaid for these services until Implementation Plan approval.

VIII. ABOUT THE RURAL CHILDREN'S MENTAL HEALTH CONSORTIUM

MESSAGE FROM THE CHAIR, *Melissa Washabaugh*

The Rural Children's Mental Health Consortium has been hard at work this year promoting mental health awareness and preparing to support Nevada's youth in the upcoming legislative session. Members of our consortium have been out in our rural communities sharing resources with youth and families through our outreach events. We have also made progress on our website updates, which will be completed soon. RCMHCNV.org will provide links to services, educational opportunities, and wellness education for families as well as highlight The Consortium's activities and upcoming events. The consortium has continued to work closely with our partner organizations such as NVPEP and System of Care to provide an integrated network of services for all Nevada families. These collaborative efforts have made it possible to reach vulnerable families in diverse geographic areas. We look forward to the work we have planned for next year including supporting legislation that will improve mental health in our state, attending more community events, and representing rural families at Children's Week at the Legislature.

CURRENT MEMBERSHIP

Melissa Washabaugh, Chair

Pershing General Hospital
Children's Health Care (Private Industry) Representative

Sarah Hannonen, Vice- Chair

Pershing County School District
Rural Counties School District Representative

Sarah Dearborn

Medicaid
Division of Health Care Financing and Policy Representative

Mala Wheatley

Pacific Behavioral Health
Private Provider of Mental Health Care Representative

Michelle Sandoval

Mobile Crisis Response and Care Teams, DHHS
Division of Public and Behavioral Health Representative

Heather Plager

Elko County Chief Juvenile Probation Officer
Juvenile Justice Representative

Cherylyn Rahr-Wood

Nevada Rural Hospital Partners
Regional Behavioral Health Coordinator
Primary Health Care Services Representative

Dr. Jan Marson

Marson Foods & Serving Our Communities Foundation
Business Community Representative

Rebecca McGough

Foster Care Provider
Parent Representative

Lana Robards

New Frontier Treatment Center
Substance Abuse Service Providers Representative

Jaymee Oxborrow

NV State DWSS
Child Welfare Representative

SPECIAL THANKS

Rural Children’s Mental Health Consortium Members would like to share our heartfelt gratitude to Kristen Rivas (MS Ed, LADC), Clinical Program Planner and Kary Wilder (Administrative Assistant III) from Nevada Department of Health and Human Services, Division of Child and Family Services Planning and Evaluation Unit that provide integral support. They fulfill the following imperative tasks for RCMHC, such as taking and publishing RCMHC meeting minutes, preparing and posting RCMHC agendas, and offering guidance in purchasing and reimbursement procedures. Kristen and Kary have provided critical assistance as RCMHC Chair and Vice-Chair, Melissa and Sarah, learned their new responsibilities. They were there every step of the way to guide and support. Ongoing facilitation in communicating amongst RCMHC members and collaborative partners would suffer without their support. We look forward to this continued partnership and are grateful for State funding that makes this relationship possible.

MISSION

To advance an integrated system in which youth and their families/caregivers with mental health needs are accepted in their communities, feel meaningfully connected to services and supports in the least restrictive environment, and experience equity in opportunities to access care.



For more information about the
Rural Children’s Mental Health Consortium
visit our website at:
rcmhcnv.org