



Children's Mental Health Services

Kelly Wooldridge, Deputy Administrator
Division of Child and Family Services

State of Nevada
Department of Health and Human Services
Division of Child and Family Services



Definition of Children's Mental Health (Behavioral Health) in Nevada

- Children's mental (behavioral) health encompasses the physical, mental, emotional, and social well-being of children from infancy through adolescence. Nevada incorporates a System of Care approach that guides the method in which services are delivered. Nevada's System of Care meets the multiple and changing needs of families, children, and youth through a strength-based, family-driven, comprehensive, integrated, and coordinated continuum of services and supports.

Children's Mental Health Prevalence Studies

- Nevada's children with behavioral health needs share many of the same characteristics and challenges of children with behavioral health needs across the U.S. The most recent national studies have confirmed that between 13-20 percent of American children aged 5-18 years have experienced a behavioral health disorder within the past year, and over 1 in 5 adolescents have suffered severe impairment as a result of these disorders (SAMHSA, 2013).
- By the time U.S. children reach adulthood, approximately one-half have experienced a behavioral health need at some point in their young lives (SAMHSA, 2013).
- Underscoring the notion that mental disorders begin early in life, these studies have found that symptoms of anxiety disorders began by age 6, behavior disorders (such as ADHD or conduct disorder) by age 11, mood disorders by age 13, and substance use disorders by age 15.
- The percentage of teenagers suffering from mental disorders is even higher than the most frequent major medical conditions of adolescence (Merikangas et al., 2010)

Children's Mental Health Providers in Nevada

- Where you receive children's mental health services in Nevada is based on the funding source.
 - Private Insurance Provider
 - Private Insurance PPO providers
 - Private Insurance HMO providers
 - Nevada Medicaid Fee For Service Behavioral Health Networks
 - Nevada Medicaid HMO Providers
 - Nevada Check-up HMO Providers
 - Private for Profit Providers
 - Private not for Profit Community Centers or Family Resource Centers
 - **State Providers- DCFS; DPBH**
 - County Providers – Clinical Units within the Child Welfare/Child Protection and Juvenile Justice Programs

Oversight of Children's Mental Health (Statutorily Mandated)

- Commission on Behavioral Health
 - NRS Chapter 433 (State Agencies Only)
- Clark, Washoe and Rural Children's Mental Health Consortia
 - NRS 433B

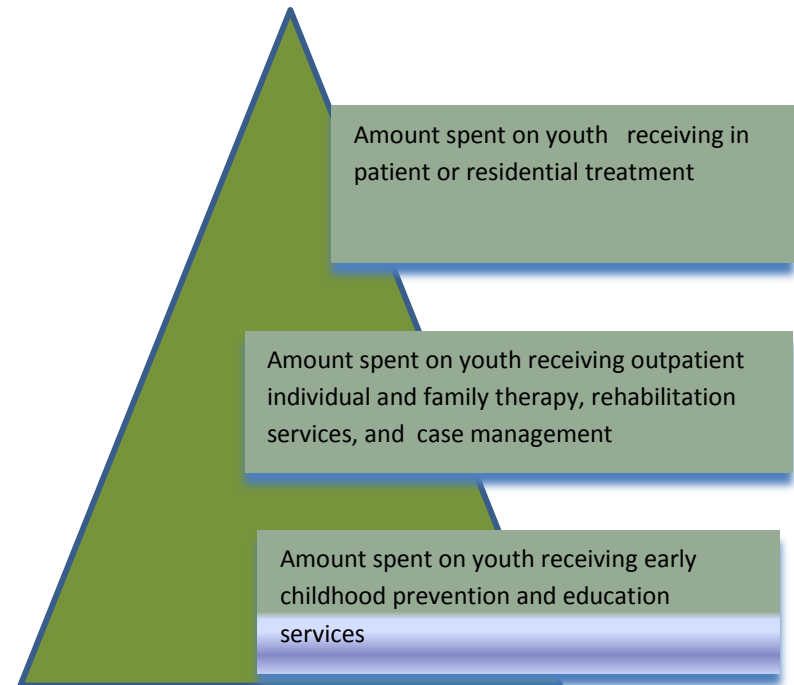
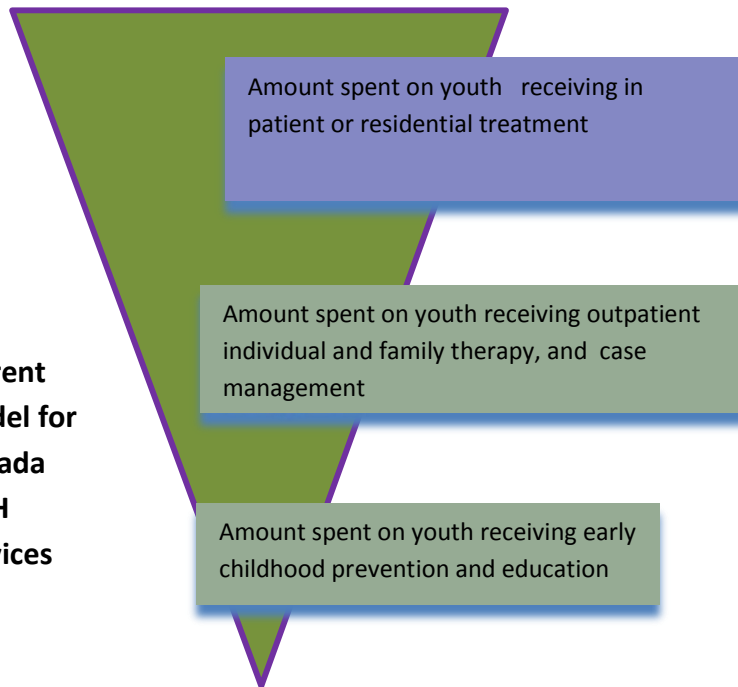


Children's Mental Health Gaps and Needs

- A 2013 study by the U.S. Substance Abuse and Mental Health Services Administration provided data to suggest that in recent years, Nevada has increased the percentage of state spending on inpatient hospitalization and centralized administration and decreased its funding on community-based services for individuals with behavioral health needs (SAMHSA, 2013).
- In spite of disproportionately high levels of teen suicide and depression, a recent study by UNLV's Lincy Institute has also shown that Nevada lags significantly behind neighboring states in providing adequate funding for children's mental health services that will strengthen families and help youths with mental health needs succeed at home, in school and in their community (Denby, 2013).

Children's Mental Health Gaps and Needs

Current Model for Nevada CMH Services



Children's Mental Health Gaps and Needs

Good prevention strategies can delay onset and support treatment outcomes for those with mental health conditions (SAMHSA)

The solution to adult problems tomorrow depends on large measure upon how our children grow up today. [Margaret Mead](#)

Nevada Framework for Transformation

- Each Consortium as well as the Commission utilize a “system of care” approach as the framework for system reform.
- The Commission and each Consortium provides annual updates regarding the ten year plan for Children’s Mental Health.

System of Care

- A system of care is a spectrum of effective, community-based services and supports for children and their families with or at risk for mental health or other challenges. It is organized into a coordinated network, builds partnerships with families and youth, & addresses cultural and linguistic needs in order to help them function better at home, in school, in the community, and into adulthood.
- A systems of Care Concept is:
 - A basis for a paradigm shift, ideals, and vision
 - An organizational framework for system reform based on shared, clear value base
 - A guide with flexibility to fit a community based on their strengths and needs
- System of Care Values
 - Family Driven, Youth Guided, Strength Based
 - Community based services
 - Culturally and Linguistically Competent Services
 - Blended and Braided Funds



Clark County Children's Mental Health Consortium

- 2014 Annual Plan Services Priorities
 - Priority 1
 - Re-structure the public children's behavioral health financing and delivery system to ensure quality, accountability, and positive outcomes for Clark County's children and families.
 - Priority 2
 - Provide mobile crisis intervention and stabilization services to Clark County youths in crisis
 - Priority 3
 - Expand access to family-to-family support services for the families of Clark County's children at risk for long-term institutional placement.
 - Priority 4
 - Develop partnerships between schools and behavioral health providers to implement school-based and school-linked interventions for children identified with behavioral health care needs.

Washoe County Children's Mental Health Consortium

- 2014 Annual plan service priorities
 - Priority 1- Serve Youth in their home communities
 - DCFS Sierra Regional Center and Washoe County Juvenile Services will work in collaboration to serve youth with co-occurring mental health disorders and intellectual and developmental disabilities. DCFS and Sierra Regional Center plan to request funding to develop and implement a mobile crisis program in Washoe County that includes the use of a family support specialist. All youth regardless of income and insurance status would be able to access this program.
 - Priority 2- Help families to help themselves
 - Washoe County Children's Mental Health Consortium develop a plan to continue expansion of school-based screening into more schools, including middle and charter schools while reaching out to more school staff and other trusted adults, including parents and caregivers.
 - Priority 3- Help youth succeed in school
 - The Consortium will work with community agencies and the Washoe County School District to support system-wide implementation of Positive Behavioral Supports (PBS) so that youth can develop pro-social skills while remaining in their home school and family setting; the need for more intrusive or aversive interventions will be reduced.
 - Priority 4- Help youth succeed as adults
 - Develop, fund and implement system-level policies coupled with successful strategies to help youth with mental health needs transition to postsecondary education, employment, and independent lives.

Rural Children's Mental Health Consortium

- 2014 Annual Plan Service Priorities

- Priority 1- Determine and promote awareness of the specific challenges families of children with mental health and behavioral disorders face in Nevada's Rural Region by:
 - Establish and maintain connection through community outreach, advocate for specific mental health services on three levels: community, county, and state coalitions, promote improvement of mental health services by assisting communities in advocacy within internal state agencies and identify stakeholders who are in a position to facilitate changes in each community.
- Priority 2- Promote the mutual sharing of regional resources to improve mental health services for families of children with mental illness and behavioral disorders in Nevada's Rural Region by:
 - Encourage Memorandums of Understanding (MOU) or informal agreements, promote flexibility and access to needed services within catchment areas, inter-state, inter-county, and inter-coalition boundaries, support the establishment of an annual Nevada Rural Region mental health summit to include stakeholder, families, youth, and all interested parties, develop ongoing ties with individuals in the community who can assist with logistics for on-site visits and meetings, & utilize PSAs, local newspapers, and community settings to post consortium meeting agendas.
- Priority 3- Promote and support the use of technology to enhance mental health services for families of children with mental health and behavioral disorders in Nevada's Rural Region by:
 - Promote telemedicine including telephone and video conferencing and create website for contacts, information, electronic record, and links.
- Priority 4- Investigate potential delivery of mental health services to families of children age 0-3 with possible mental health and behavioral disorders in Nevada's Rural Region by:
 - Work with System of Care partners to explore potential funding sources, encourage Systems partners to coordinate with other early childhood providers and community stakeholders, and collaborate with System of Care partners to identify possible mutual training and leadership opportunities.

Children's Mental Health Reform

- Commission/Consortia in partnership with DCFS currently has a joint subcommittee developing a strategic plan. This workgroup has identified three areas of immediate needs and in the system reform effort.
 - Implementing policy, administrative, and regulatory change: develop a system of certification, oversight, and quality assurance for children's mental health providers that receive public funding.
 - Develop and expand services and supports based on the system of care philosophy and approach by creating a "no wrong door" referral unit for any person seeking mental health services for a child, and expanding the mobile crisis unit at SNCAS, as well as creating a mobile crisis unit at NNCAS.
 - Create or improve financing strategies by creating a strategic plan for braiding and blending funds in Nevada.

Division of Child and Family Services (DCFS) Children's Mental Health (CMH)

- Northern Nevada Child and Adolescent Services (NNCAS)
 - Early Childhood Mental Health Services
 - Outpatient Mental Health Services
 - Wraparound in Nevada- North and Rural
 - Family Learning Homes
 - Adolescent Treatment Center

- Southern Nevada Child and Adolescent Services (SNCAS)
 - Four Neighborhood Clinics that include:
 - Early Childhood Outpatient Services
 - Child and Adolescent Outpatient Services
 - Wraparound in Nevada
 - West Charleston Campus
 - Oasis Treatment Homes
 - Desert Willow Treatment Center

Who we are and what we do!

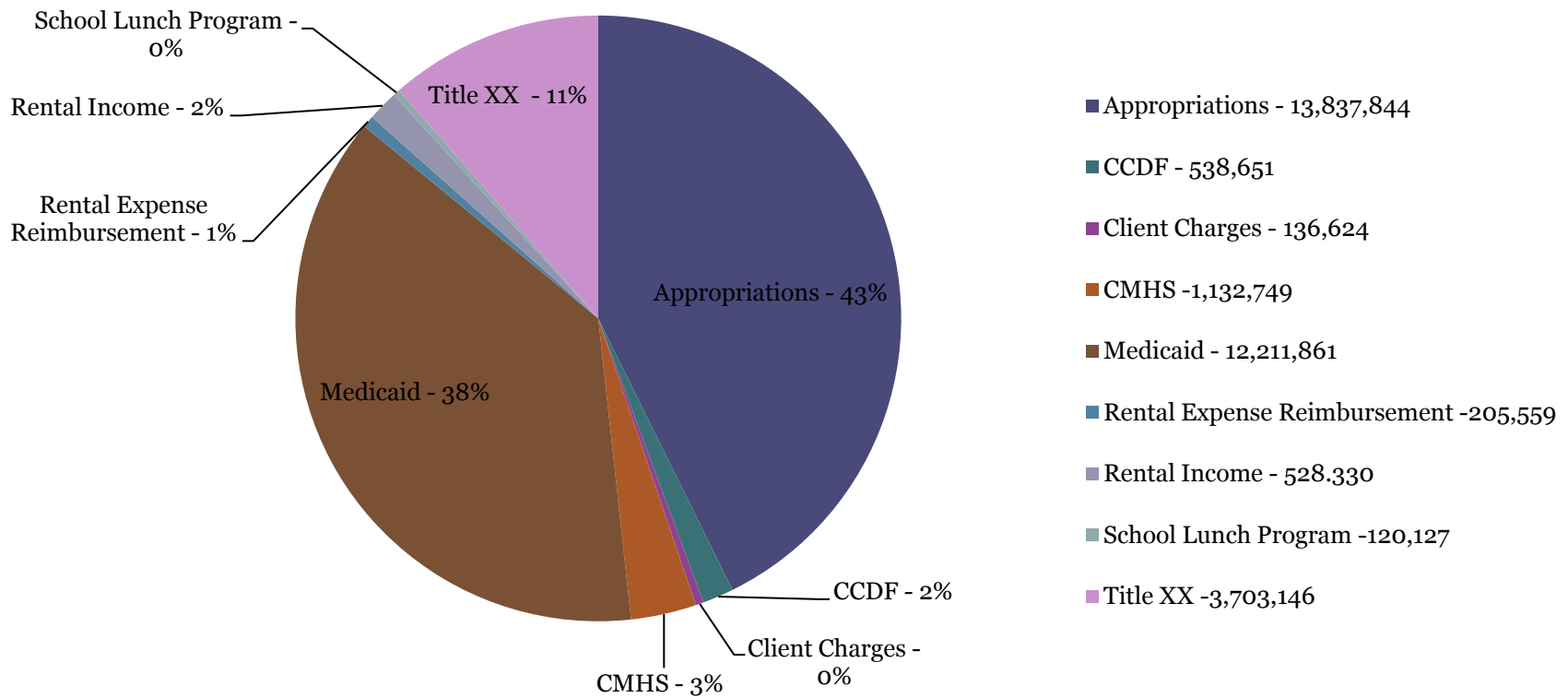
- DCFS Children's Mental Health is one of many providers within the State of Nevada and we offer the following:
 - Community-Based Services
 - Treatment Homes
 - Psychiatric Hospital and Residential Treatment Center
 - Performance and Quality Improvement

Referral Sources

- Self referral
- Hospitals
- Schools
- Child Welfare Agencies
- Probation and Parole Agencies

Any Person that calls will be assisted by an intake coordinator in finding a provider if DCFS is unable to provide services.

Funding sources for Children's Mental Health in DCFS



Number of Children Served State Fiscal Year 2013

- Statewide
 - 2865
- NNCAS
 - 865
- SNCAS
 - 2000



Early Childhood Mental Health

- Children ages birth to 6 years of age.
- Provide family, individual and group therapies, parent training, day treatment, child care consultation and training to Head Start and child care centers, and targeted case management.
 - Served **930** children statewide in FY13

Children's Clinical Outpatient Services

- Children and their families ages 6 to 18 years of age.
- Provide individual, family and group therapies and targeted case management.
 - Served **1211** children statewide in FY13

Wrap around in Nevada (WIN)

- A targeted case management program using an evidence based model to provide intensive care coordination to children in foster care with the highest needs.
 - Served **652** children statewide in FY13

Treatment Homes

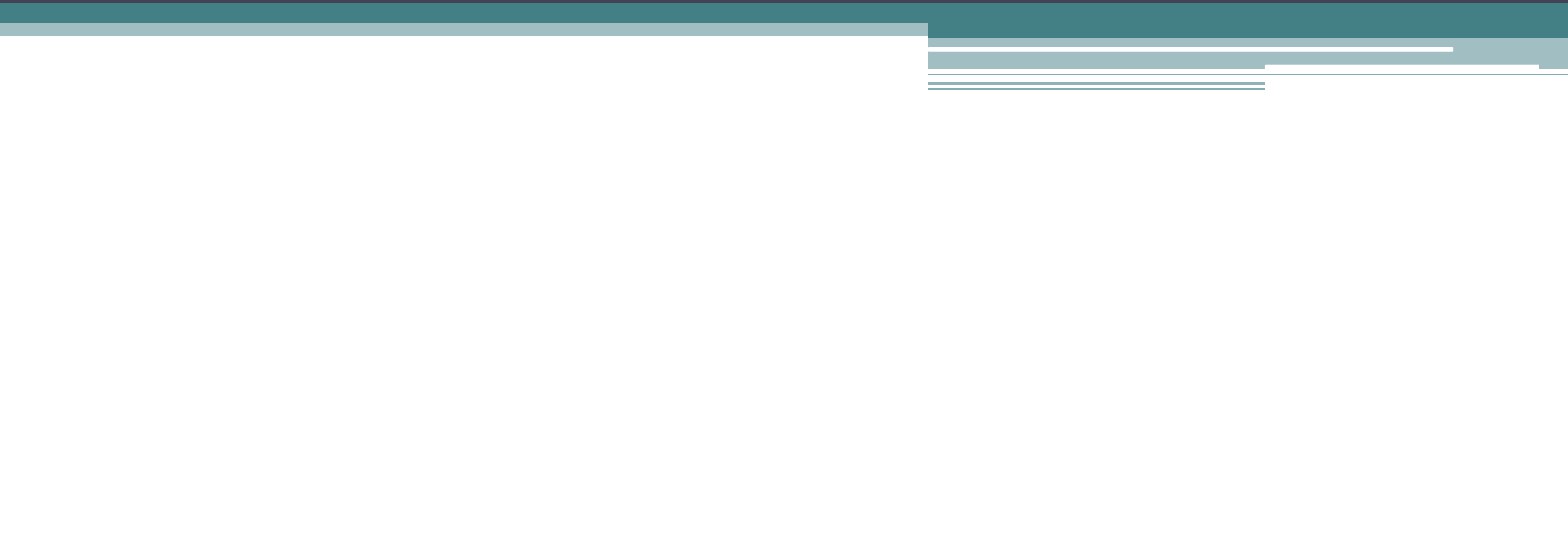
- Provide community treatment home (24/7, 7 days a week) psycho-education and mental health rehabilitation services to children and their families.
- Includes the Oasis program in Las Vegas and the Adolescent Treatment Center (ATC) and the Family Learning Homes in Reno.
 - Served **144** children statewide in FY13

Desert Willow Treatment Center

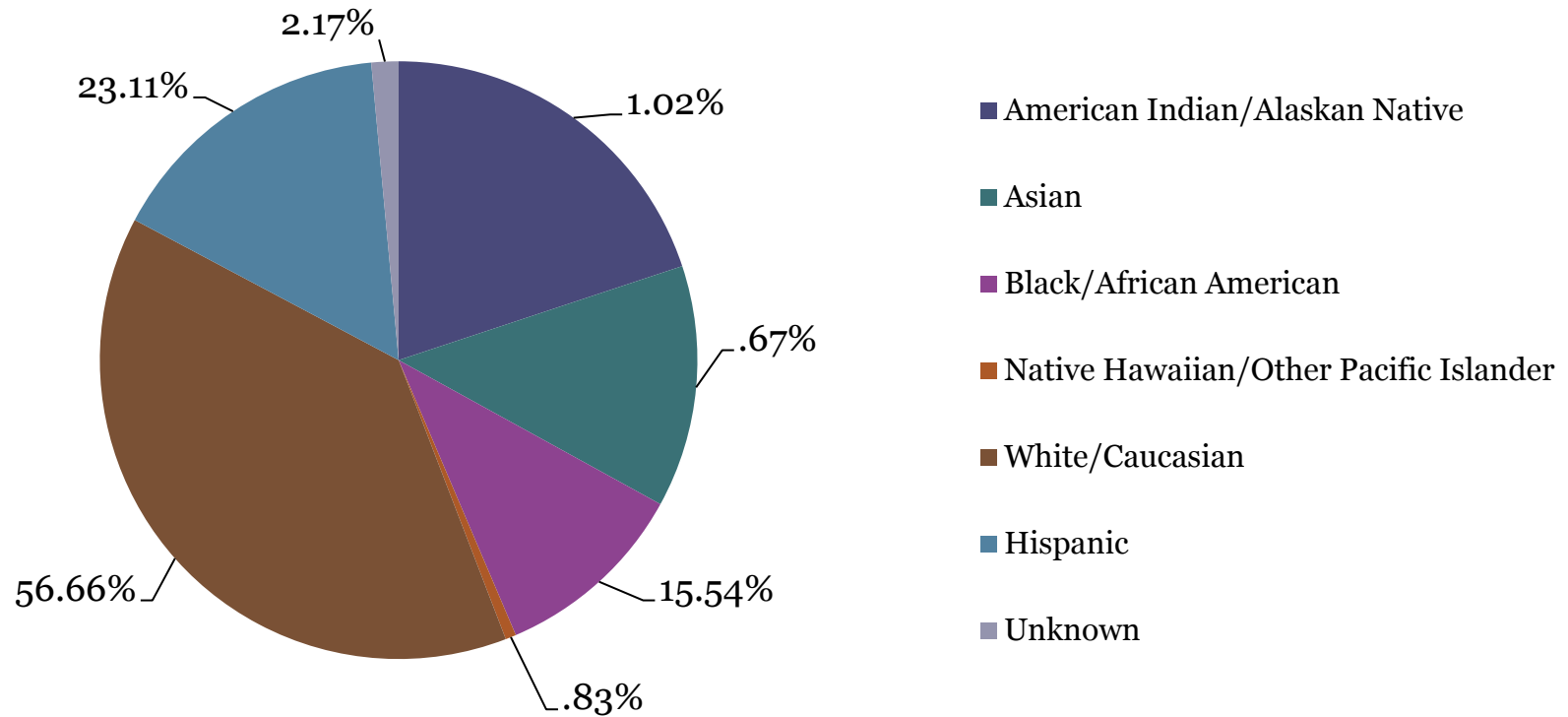
- Provides intensive mental health services in a secure environment.
 - 58 bed psychiatric hospital in Clark County
 - 2 acute care units serving children with acute mental health conditions. Provides short-term psychiatric diagnostic and stabilization.
 - 3 residential centers to include one unit specializing in treating adolescent sex offenders.
 - Served **251** Children in FY13

Most common identified problems

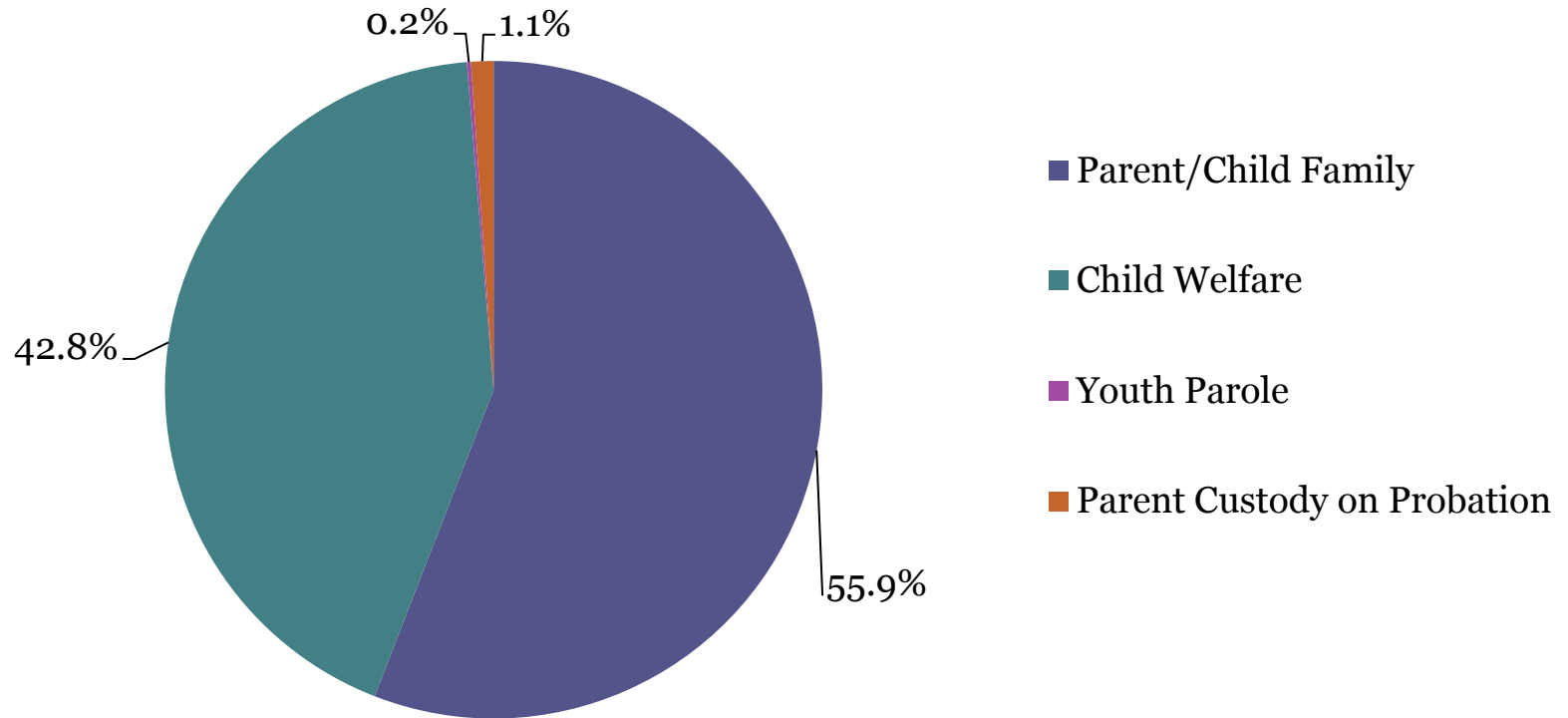
- At admission, parents and caregivers are asked to identify problems their child has encountered. The following six problems accounted for the highest prevalence (in order):
 - Child Neglect Victim
 - Depression
 - Suicide Attempt or Threat
 - Parent/Child Problems
 - Physical Aggression
 - Adjustment Problems



Racial Breakdown of Children Served Statewide



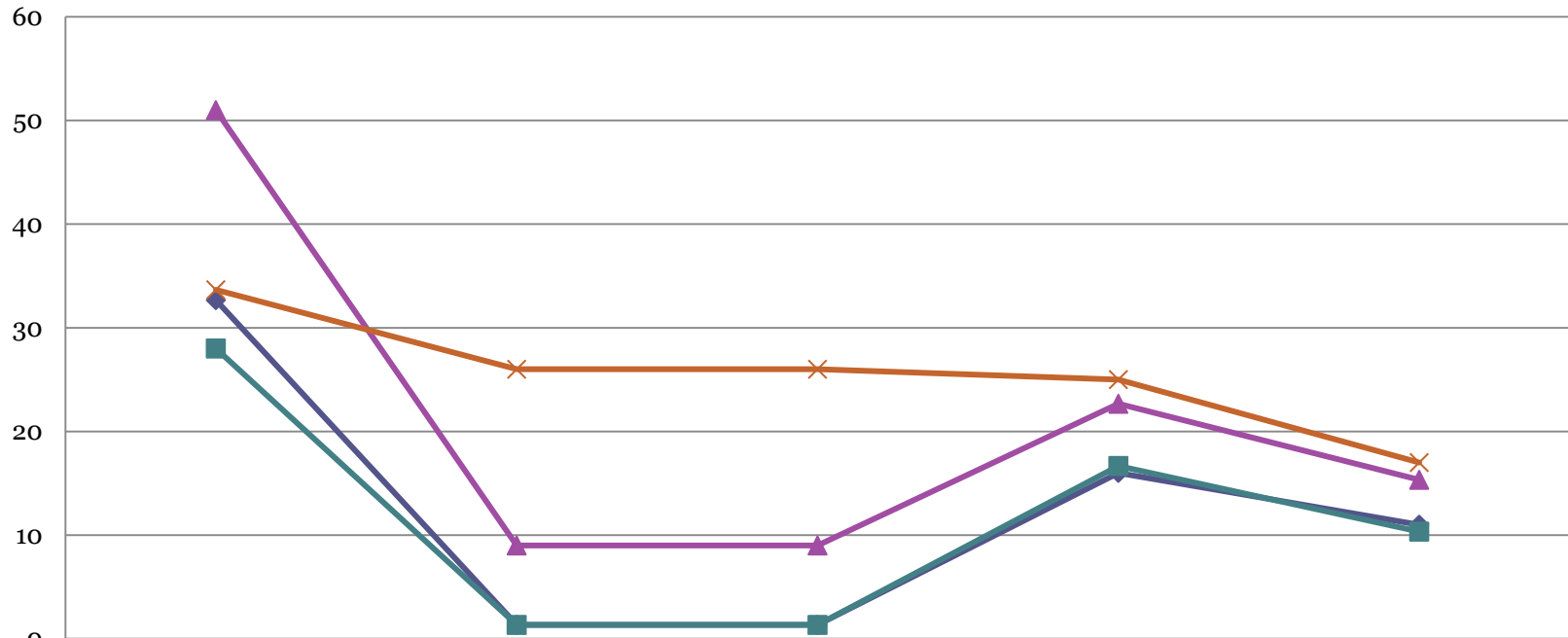
Custody Status of Children Served Statewide



Children and families report about the services received.

Community Based Services Survey – Spring 2013	Youth % positive	Parent % positive	National Benchmark for Parent Response
1. Services are seen as accessible and convenient regarding location and scheduling	85%	94%	85.7%
2. Services are seen as satisfactory and helpful	85%	96%	86.1%
3. Clients get along better with family and friends and are functioning better in their daily life	79%	78%	66.3%
4. Clients feel they have a role in directing the course of their treatment	83%	95%	87.6%
5. Staff are respectful of client religion, culture and ethnicity	92%	98%	92.8%

NNCAS FY 13 Waitlist



	Out Patient Wait List	Early Childhood Wait List	WIN Waitlist	ATC Wait List	FLH Wait List
◆ Q1	33	1	1	16	11
■ Q2	28	1	1	17	10
▲ Q3	51	9	9	23	15
× Q4	34	26	26	25	17

SNCAS FY-13 Waitlist

