Nevada Rural Children's Mental Health Consortium

Annual Progress Report for Ten-Year Strategic Plan

1/1/2016

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(RCMHC)

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Introduction

The Rural Children's Mental Health Consortium (RCMHC) is comprised of committed professionals, agency personnel, community representatives, parents, community business representatives, representatives from the Department of Education, and advocates who come together to support children, youth and families in Rural Nevada with emotional and behavioral health needs.

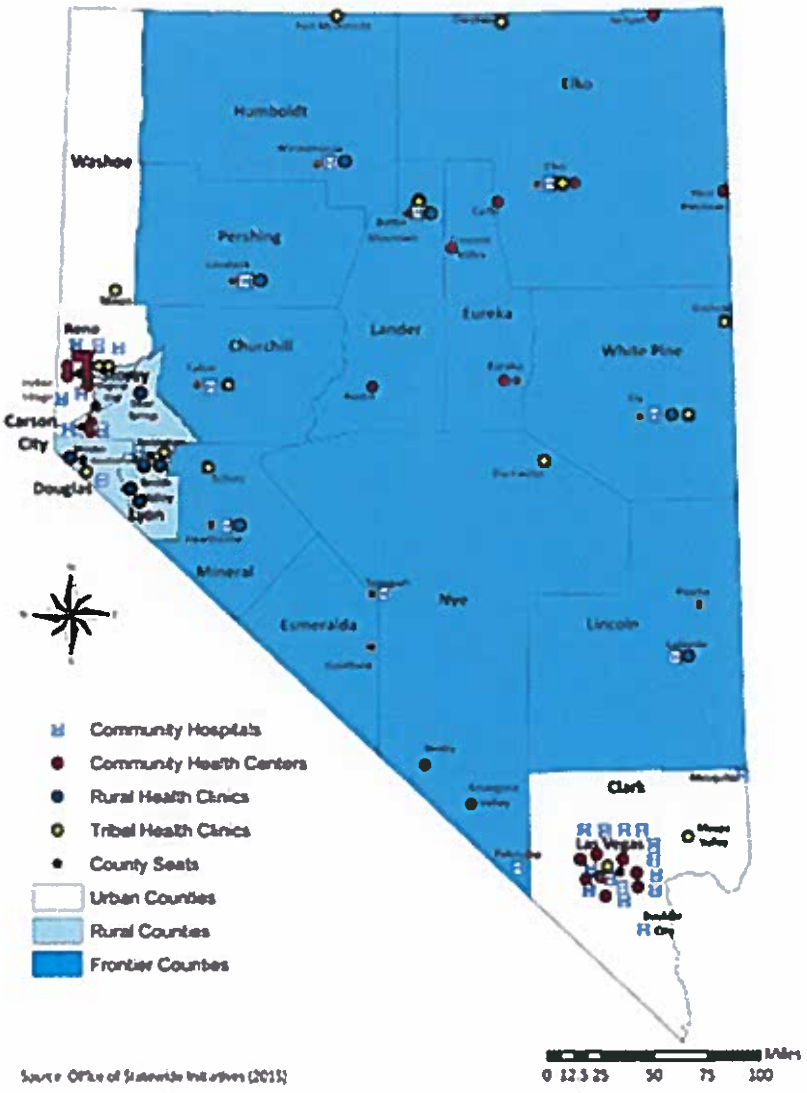
The mission statement is:

Advocating, Collaborating, & Connecting Children's Mental Health in Rural Nevada

The Rural Children's Mental Health Consortium is driven by a vision which includes a "System of Care" approach to serving those children and their families with an overarching focus on prevention and intervention. The intent of prevention and intervention programs is to move to a proactive system in order to engage individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment by facilitating access to services and supports at the earliest signs of mental health concerns. These principles influence and are infused into the consortium's ideas, efforts, and work in order to develop, support and improve emotional and behavioral health throughout Rural Nevada.

Background

The Rural Children's Mental Health Consortium has been tasked with addressing children's mental health needs across fifteen large and diverse counties of Nevada. This includes the urban county of Carson; the three rural counties of Douglas, Lyon, and Storey; and the eleven frontier counties with a population density of seven or less persons per square mile of Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, and White Pine Counties. Collectively, the rural and frontier counties of Nevada account for approximately 12.1% of the state's population spread across an expansive 87% of the state's land mass (Nevada Rural and Frontier Health Data Book, 2015).



The predominate issues impacting children's mental health in Rural Nevada are complex and intensified by two primary challenges: limited access to services due to geographic distance and insufficient provider availability. As of 2014, from the total of approximately 676,000 children ages 17 and under living in Nevada, 72,000 lived in the region served by the RCMHC (Nevada State Demographer's Office, 2014). Currently, the primary

providers of children's mental health service in Rural Nevada are the Behavioral Health Rural Clinics. These clinics are frequently the only provider of mental health services in the region and provide mental health services to the entire spectrum of the population in which they are located. They expand access through the use of tele-health and are essential community partners in their respective rural communities. Given the unique challenges of Rural Nevada, the Consortium proposes that rather than simply replicating an "urban" children's mental health model in Rural Nevada, that efforts target the unique barriers of Rural Nevada in order to create a sustainable and accountable system of mental health care that fits the rural setting.

Acknowledgement

In pursuit of this ambitious objective, the Rural Children's Mental Health Consortium would like to note the significant progress which has been made over the past year and extend sincere gratitude to all those who have helped and continue to passionately work to realize this purpose.

The following recommendations are respectfully submitted for consideration.

Goal #1- Address Work Force Development to Provide Appropriate Mental Health Professionals to Rural Nevada

Over the past year, large advances have been made toward the goal of "growing our own" rural providers for the development of a stable workforce that is skilled and responsive to the needs of their communities. The dedicated leadership and staff of the University of Nevada, Reno, School of Social Work have been instrumental in this effort. They are actively in the process of expanding the capacity of the social work program to increase professional output. In addition, they have secured a grant offering a number of $10,000 stipends for students to pursue social work education. Of exceptional note, they are in the final stages of developing an online program for the Masters of Social Work (MSW) degree, expected to begin in the fall of 2017. The online MSW program will provide an additional avenue for members of rural communities to expand the number of mental health professionals at the regional and community level.

Nonetheless, in Rural Nevada, it remains that 100% of the population resides in a mental health professional shortage area (Nevada Rural and Frontier Health Data Book, 2015). The chart below provides the detailed number of various mental health professionals in Rural Nevada and how they are dispersed by County.

County	Licensed Social Workers	Licensed Clinical Social Workers	Psychiatrists	Licensed Psychologists	Licensed Clinical Professional Counselors	Licensed Alcohol, Drug & Gambling Counselors	Licensed Marriage & Family Therapists
Churchill County	16	7	0	2	0	37	6
Douglas County	1	8	1	5	2	22	23
Elko County	29	6	0	0	2	23	3
Esmeralda County	0	0	0	0	0	0	0
Eureka County	0	0	0	0	0	0	0
Humboldt County	4	3	0	1	0	11	2

Lander County	0	2	0	0	0	5	0
Lincoln County	1	4	0	0	0	2	1
Lyon County	9	3	0	5	3	32	7
Mineral County	0	0	0	0	0	0	1
Nye County	11	6	1	3	1	16	3
Pershing County	2	0	0	0	0	4	0
Storey County	0	0	0	0	0	3	2
White Pine County	4	3	0	1	0	3	1
Carson City	70	0	3	18	0	50	22
Total	147	42	5	35	8	208	71

(Rural and Frontier Health Data Book, 2015)

Recommendations

- Support "growing our own" rural providers for the development of a stable workforce that is skilled and responsive to the needs of their communities.
- Address mental health licensure by requiring reasonable and transparent licensure reciprocity for mental health providers in order to expand the available workforce.

  The mental health provider shortage in Rural Nevada could be partially relieved by utilizing licensed out of state providers. It is expected that Rural Nevadan's would benefit from mental health licensure boards that acknowledge the credentialing processes of other states, cooperate with other licensing boards, and have transparent requirements for reciprocity to facilitate potential workforce expansion.
- Provide adequate mental health providers with culturally and linguistically appropriate service (CLAS) standards to Tribal populations.
- Improve clinical mental health internship process in Rural Nevada to build work force and provide for the retention of mental health providers.

By increasing the number of board approved clinical mental health internship sites in Rural Nevada, the ability of Rural Nevada to "grow our own" would be significantly impacted. Too often rural practitioners, such as psychologists, leave to pursue an internship and never return. Additionally, clinical mental health internships could benefit from mental health licensure board expansion of the definition of clinical services to include the role of preventative intervention to engage individuals before the development of serious mental illness or serious emotional disturbance.

- Adopt a standard of certification with accountability acknowledged by the State for paraprofessionals working in children's mental health.

  Ensure quality and continuity of care among non-traditional support personnel through quality training and oversight.

Goal #2- Provide Appropriate Mental Health Providers to Public Schools

In January 2015 Governor Sandoval announced the creation of the Office for Safe and Respectful Learning Environments, including $32 million in grants to put social workers and other licensed mental health providers in schools. The legislature approved the creation of the new office within the Nevada Department of Education and approximately $17 million as part of SB 515, with slightly over $5 million granted the first year and the remainder of the funding pending approval from the Interim Finance Committee in June 2016.

Additionally, a workforce development workgroup was formed to begin to identify and address barriers and incentives to being able hire social workers for school-based settings. Through the efforts of that group, progress in several areas has been made, with plans for continued efforts moving in to 2016.

In January of 2016, the Office for a Safe and Respectful Learning Environment in the Nevada Department of Education awarded $5.6 million in grants to hire more than 160 social workers and mental health professionals in Nevada schools. Students had been surveyed on the health of their school climate, and

awards were based in part on which schools needed the most intervention. Eleven districts and six charter schools received funding.

Recommendations

- While the funds granted through SB 515 are for contract positions, two of the major barriers to being able to hire social workers in schools exist in the Nevada Administrative Code regarding the requirements for an endorsement to serve as a school social worker (see NAC 391.320). The workforce development workgroup was able to bring a proposed revision before the Commission on Professional Standards in November of 2015, which, if approved, will address these barriers. The first barrier within NAC 391.320 as it is currently written is the requirement that an applicant has had a practicum within a school setting; the proposed revision expands that language to include work equivalency in providing direct services to children and adolescents and their families.
- The second barrier that the proposed revisions seek to address is the need for a current license from the Nevada Board of Examiners for Social Work, by inserting language that allows for the holding of an equivalent license from another state as long as the licensing from Nevada is granted within a year, as a condition of continued employment.
- One of the major incentives identified by the workforce development workgroup for drawing mental health providers to work in school settings is the potential for schools to serve as sites for clinical internships. However, barriers to accomplishing that goal exist within the policies and requirements for clinical internships of several of the state professional licensing boards. The workforce development workgroup is working in concert with the Governor's office to seek creative solutions to those barriers in order to facilitate the development of highly qualified mental health providers who work in Nevada's schools.

- Identify new barriers as they arise, then support, advocate, and assist in the navigation of solving issues to overcome placing social workers in the schools. For example, internal district policies, liability insurance, benefits etc.

Goal #3 Promote and Support Greater Use of Technology to Enhance Mental Health in Nevada's Rural Region.

The expanded use of technology in the rural region offers a cost effective opportunity to enhance services for rural families of children with mental health and behavioral disorders. It allows for access to specialized providers that are not present in Rural Nevada, maximizes the productivity of those professionals by eliminating long travel times to reach remote rural locations, and removes the need for families to travel to receive care.

The enhancement and development of telemedicine services is a statewide goal that is identified in the Nevada System of Care Strategies. In Rural Nevada, the Department of Public Behavioral Health has been using telehealth through different means including Project ECHO through the University of Nevada School of Medicine, VSee, and Polycom. Nevada Medicaid Services Chapter 3400 allows mental health professionals to bill for telehealth services.

Rural Mental Health Clinics have been working on improvements to their broadband systems in order to increase the quality of telehealth for children and adults. All Rural Mental Health Clinic locations will be upgraded from 1.5 Mbps to at least 3 Mbps, with one clinic upgrading to 6 Mbps, by the end of this fiscal year. The hope is that this increase in bandwidth will give each clinic enough capacity to double the current strength or possibly allow two telehealth sessions to occur at once.

Emergency telehealth is being used in several rural hospitals and jails for intake assessments, prior to being transported to psychiatric inpatient hospitals. New mental health providers, such as West Care, are also expanding into Rural Nevada to provide telehealth for insured consumers.

Recommendations

- Provide appropriate bandwidth and equipment for delivery of telehealth services to Rural Nevada locations. Cost of access is still the primary problem in Rural Nevada due to lack of affordable bandwidth. For Rural Mental Health Clinics, all updates are funded through general funds which allows limited improvements. Potential grant funds are being looked at to help supplement the cost of improvements.
- Find alternative solutions to address bandwidth usage at each rural site during telehealth services due to impact on quality that depends on how other people at the site are using the connection at the time.
- Explore the possibility and logistics of using the VSee program for telehealth in Rural Nevada. VSee is a video conferencing, HIPAA compliant, free downloadable program.

Goal #4 Create a Rural Children's Mobile Crisis Response Team (MCRT):

Through the System of Care expansion grant, Rural Nevada has been sub granted $135,000.00 to implement a MCRT. Under the Division of Child & Family Services (DCFS), Washoe and Clark counties currently have Mobile Crisis Response programs. The sub grant for Rural Nevada is a four year grant for one mobile crisis unit which consists of a mental health professional and a case manager. The Department of Public and Behavioral Health's Rural Children's Program Coordinator is currently working with Washoe County's MCRT programmers and other administrators on a scope of work. In addition to the scope of work, strategic planning for a roll-out of this program that will best serve all of Rural Nevada's children and families is actively being designed. DCFS has offered to provide partnering and training for the Rural MCRT including evidence based Motivational Interviewing, Brief Solution Focused Therapy, mentoring through Washoe and Clark County's MCRT's, coordination with their biostatistician, and telehealth training for all entities.

Additionally, the office for a Safe and Respectful Learning Environment in the Nevada Department of Education is in the process of forming a multiagency partnership and hiring three positions to support children and youth. These personnel would provide leadership to social workers in schools, coordinate training, and assist in appropriate intervention for students in crisis.

Recommendations

- Support implementation of MCRTs in Rural Nevada.
- Seek stakeholder input to determine most effective way to utilize the sub grant funds for maximized impact.
- Support design of a program that can be self-sustained after the four year sub grant is exhausted.

Goal #5 Promote Prevention and Intervention: Addressing Behavioral Health Issues Early---At a Point Before Escalation to the Level of a Behavioral Health Diagnosis.

Optimal mental health in childhood means reaching developmental and emotional milestones, acquiring healthy social skills, and learning how to cope when there are problems. Mentally healthy children have a positive quality of life and can function well at home, in school, and in their communities. The Rural Children's Mental Health Consortium supports greater focus on prevention rather than crisis response alone. The consortium recognizes the need to place a primary emphasis on prevention and not simply focus on what to do after someone is in crisis; this requires addressing the mental-health concerns, bullying, trauma, and other risk factors that often precede mental health concerns.

The Nevada Division of Health Care Financing and Policy was selected to receive technical support from the National Governor's Association on a Medicaid transformation project addressing the behavioral health needs of children in Nevada. A proactive program is being designed to identify the "rising risk" youth in Nevada and provide this group with services that would enable them to cope with traumatic experiences and situations, with the goal of positioning their lives in a positive trajectory. The vision is to act early, in order to reduce behavioral health diagnoses and to decreased costs associated with high-level

behavioral health services in inpatient psychiatric hospital, residential treatment center, and emergency room settings in Nevada.

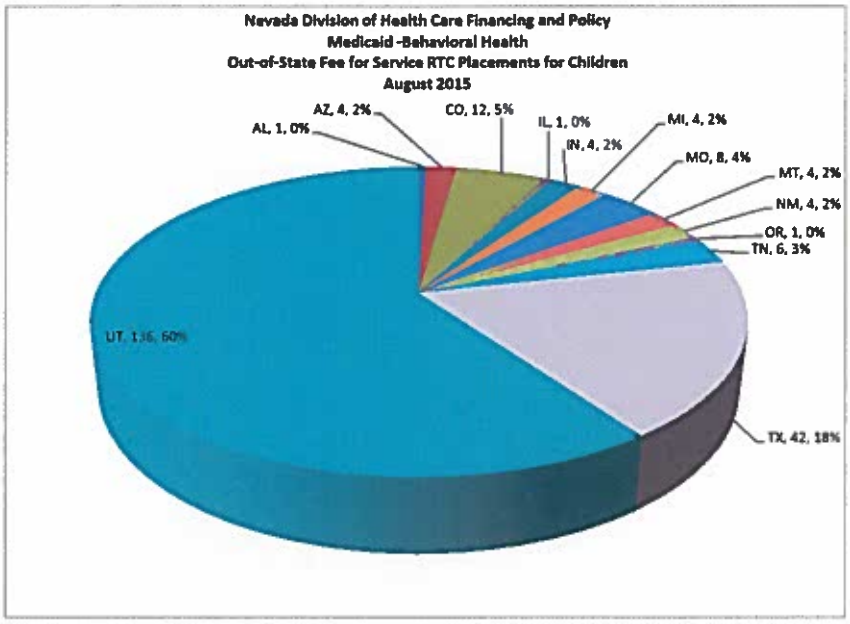
Recommendations

- Support and promote statewide screening of all children in Nevada prior to entry into the 7th grade and provide appropriate services.
- Support five year demonstration to evaluate and determine the effectiveness of reducing behavioral health diagnoses and decreasing costs associated with high-level behavioral health needs.

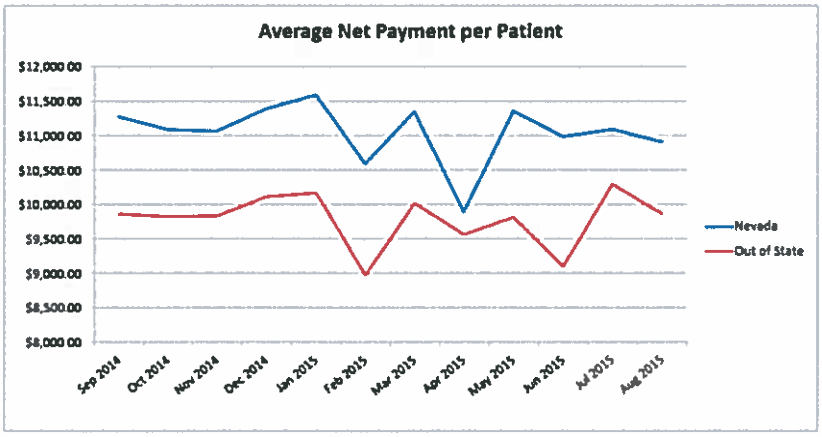
Goal #6- Increase Transitional Support to Youth Receiving Treatment in Inpatient & Residential Treatment Centers, Especially Those Out-of-State Through Increased Local Service Array

The Rural Children's Mental Health Consortium recognizes the significant issues surrounding youth who are placed in intensive inpatient care and out of state residential treatment care. As of August 2015, a total of 227 Nevadan children were in Out-of-State placement (Nevada Department of Health Care Financing and Policy, 2015). In 2015, the top three diagnoses of these youth were Episodic Mood Disorder NOS, Bipolar Disorder NOS, and Posttraumatic Stress Disorder (Nevada Department of Health Care Financing and Policy, 2015).

The graph below captures the location by state of the 227 children in out-of-state fee for service residential treatment center placement as of August 2015 (Nevada Department of Health Care Financing and Policy, 2015).



The graph below captures the financial discrepancy in cost between in-state residential treatment center placement vs. of out-of-state residential treatment center placement of patients from Nevada, from September 2014 to August 2015(Nevada Department of Health Care Financing and Policy, 2015).



Recognizing this level of intensive care, it is important to address the concerns surrounding these youth as they transition back into the community. In response, the Rural Children's Mental Health Consortium participated with multiple agencies in June of 2015 to provide a free workshop facilitated by Dr. Rusty Clark, Ph.D, at the University of Nevada, Reno. The purpose of this workshop was to describe the

Transition to Independence Process (TIP) model that prepares and supports youth and young adults with emotional and behavioral difficulties (EBD) as they move into employment, educational opportunities, independent living situations, increased personal effectiveness/wellbeing, and increased community involvement. The TIP model is an evidence-supported practice that affords mental health providers in Nevada the possibilities of demonstrating real-life outcomes among youth and young adults with EBD.

Recommendation

- Support the development of services that facilitate smooth reintegration of youth coming out of residential treatment center placements and/or psychiatric residential treatment facilities as they reenter the community, school and family through strengthening discharge planning, case management and coordination of appropriate supports with State agencies, school districts, families, and community providers.
- Support the increase of community based service array to support children, youth, and their families with emotional and behavioral health difficulties.
- Advocate for the decreased need for out-of-state placement.

Goal #7- Create a Unifying Mental Health Authority for Nevada Children's Mental Health

Currently, Nevada lacks a state level mental health authority. While DCFS (the Division of Child and Family Services), DPBH (the Department of Public and Behavioral Health) and DHCFP (the Division of Health Care Financing and Policy) all contribute to the provision of mental health services to children and youth in Nevada, there is no clearly defined relationship in law (Needs Assessment, Environmental Scan & Gaps Analysis Developed for the State of Nevada and Lyon, Nye, and Washoe Counties, 2014).

Recommendation

- Advocate for the creation of a unifying entity with regional representation and the ability to set practice standards, conduct quality assurance, and improve state-wide planning in order to:

- Reduce duplication of services
- Reduce siloed efforts
- Adequately support "grass roots" regional/community based collaborations
- Provide continuity of screening and assessment tools specific to youth

- Support development of and promote existing "regional grass roots collaborative efforts" to expand community based wraparound type services through leveraging existing resources and capitalizing on regionally centered assets.

Goal #8- Identify and Provide Services to Tribal Children and Youth to Support Social, Mental, and Behavioral Health Needs.

Children who reside on the reservation are often limited in the spectrum of health care services they receive. Data is currently being gathered to provide information on gaps and needs of the Pyramid Lake Tribal population with assistance from the University of Nevada, Reno, School of Social Work. The Consortium recognizes the unique needs and cultural considerations of each of Nevada's Tribes and seeks to build a stronger partnership to support healthy outcomes for all children.

Recommendations:

- Support research and data gathering to identify and target the needs to Tribal children and youth.
- Support strengthening of existing programs through collaboration and partnership.
- Support early intervention for improved outcome.
- Advocate for sustainable programs models for long term effectiveness.

In Conclusion

The Rural Children's Mental Health Consortium thanks the many community partners that contributed to this report and looks forward to continuing these efforts to build a stronger system of care for Nevada's children with mental health needs.

Resources

Behavioral Health Planning & Advisory Council Gaps & Recommendations Prioritization Session. Nevada's Behavioral Health Gaps, Priorities and Recommendations; PRESENTATION AND PRIORITIZATION OF STRATEGIC INITIATIVES AND GOALS (July 14, 2015) Facilitated by Social Entrepreneurs, Inc. Available from:http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/ClinicalBHSP/Docs/BH%20Gaps,%20Priorities,%20and%20Recommendations%20Jul2015.pdf

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