



Service Priorities Report

2022

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Introduction

In order to assess, develop and support a Behavioral Health System of Care for Nevada's youth and families, the Nevada Revised Statute (NRS 433B.333-339) established Mental Health Consortia in three jurisdictions in Nevada; Clark County, Washoe County and Rural Areas. The functions of the Consortia are to assess the current behavioral health services for youth, in each jurisdiction and develop a plan that will identify gaps and areas in need of improvement. The Rural Children's Mental Health Consortium (RCMHC) is comprised of committed professionals, agency personnel, community representatives, parents, foster parents, youth, community business representatives, representatives from the Department of Education, and advocates who come together to support youth and families in Rural Nevada with behavioral health needs.

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.

Current Membership

- Melissa Washabaugh (Chair) – Representative of a private industry related to children’s health care in the region
- Sarah Hannonen (Vice-Chair) – Representative of the boards of trustees of the school districts in the region
- Jessica Flood – Representative of primary health care services for youth
- Jaymee Oxborrow – Representative of the State of Welfare Division
- Lana Robards – Representative of an agency which provides services for the treatment and prevention of substance abuse
- Rebecca McGough – Provider of foster care
- Mala Wheatley – Private provider of mental health care
- Jan Marson – Representative of the business community in the region
- Heather Plager – Representative of the local juvenile probation departments
- Sarah Dearborn – Representative of the Division of Health Care Financing and Policy of the Department
- Michelle Sandoval – Representative of Division of Public and Behavioral Health of the Department

Current Vacancies

- Representative of the agency which provides child welfare services in the region
- A parent of a child with an emotional disturbance
- Provider of child/adolescent substance abuse treatment
- Representative who is a tribal member with knowledge of mental health needs in the region
- A youth between the ages of 18-26 with lived experience

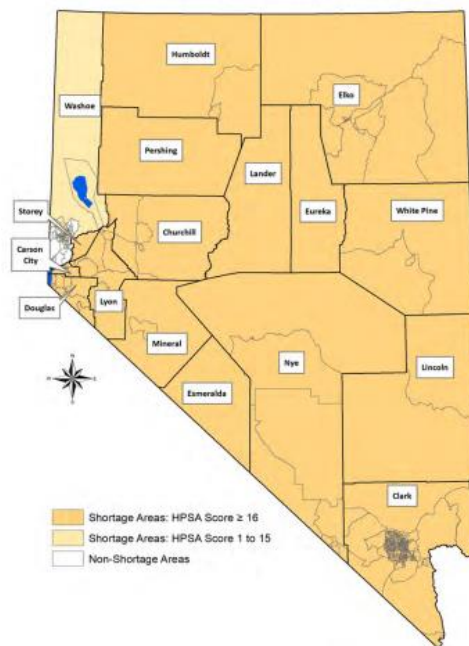
Status of Children’s Mental Health in Rural Nevada

Rural America has historically been a challenging area for mental health care, particularly for disadvantaged groups including children. Nevada’s families face increased difficulties due to wide geographical areas separating healthcare facilities, high rates of uninsured/under-insured, limited access to higher level services including inpatient or residential centers, and healthcare provider shortages (Griswold, Packham, Warner, Etchegoyhen, 2021).

Over the past two years these challenges have been increased by the COVID-19 pandemic and very recently by the sudden closure of a psychiatric inpatient facility in Washoe County that served children in crisis throughout much of rural Nevada. 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).

Nevada Rural and Frontier Health Data Book – Tenth Edition

Map 5.3: Mental Health Professional Shortage Areas (HPSAs) in Nevada



Health and Associated Statistics for Rural Nevada

While rural and frontier counties represent only 9.1% of the state's population, **these counties cover 86.9% of the state's land mass.**

For the next ten years, the growth rate in the population aged 17 and under in rural and frontier counties (11.8%) is **projected to be higher than urban counties** (9.5%).

The average per capita income for all rural and frontier counties (\$47,990) **was below the urban average** of \$54,879, and below the U.S. average of \$56,490.

In 2019 there were **9,820 children in poverty in rural and frontier counties** (16.8%)

There were 57,246 uninsured Nevadans under the age of 19 (8.0%) in 2018, including **6,002 uninsured rural and frontier children.**

In 2020, there were 286 licensed psychiatrists in Nevada – 285 are in urban Nevada and **only 1 psychiatrist is in a rural or frontier county**

In 2020, an estimated 287,228 **residents of rural and frontier Nevada (100% of the population) live in a mental health professional shortage area** (HPSA) – 14 of 14 rural and frontier counties in Nevada are single-county mental HPSAs

(Griswold, Packham, Warner, Etchegoyhen, 2021).

Service Priorities related to RCMHC 10 Year Strategic Plan

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. No changes have been made to the strategic plan and the goals remain the same however implementation methods have been adjusted to current conditions of public health in the state. Goals are based on a set of values and principles which promote a System of Care that is community based, family driven, youth guided and culturally competent.

5 Goals from Long-Term Strategic Plan –

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

2022 Priorities

1. Creation of comprehensive website

Currently it is difficult for families to find information about services on their own. Many of our community partners are offering quality services but for families to connect to these they must know where to look. Access to information and links to services has been identified as a significant concern for parents (O'Reilly, Adams, Whiteman, et al., 2018). 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 will have a one stop page for families to get started on their wellness journey. We plan to advertise the website through collaboration with our community partners as well as at community events.

2. Awareness and de-stigmatizing messaging

Mental and behavioral health stigma continues to be a barrier to seeking help (Clements, Mills, Mulfinger, et al., 2019) especially in certain geographical areas. Changing the culture towards acceptance helps struggling youth to be identified early and linked to support before reaching crisis level. The RCMHC has invested in promotional items that are visible/usable such as apparel, stickers, tote bags, etc. We plan to attend rural community events that are not typically connected to mental health services such as car shows, town festivals, etc. By disseminating information, swag items, and promoting our informational website rural communities at large will be exposed to the idea of identification, prevention, and normalization.

The RCMHC continues its support of the System of Care as they work collaboratively with Nevada PEP and Youth MOVE Nevada. This important partnership ensures that youth and families are involved at all levels to include planning, evaluation and implementation efforts that sustain youth and family participation. (For full System of Care Update, see Appendix B.)

The SOC is engaging in outreach efforts with our tribal communities to promote mental health awareness and to seek opportunities for collaboration with those communities.

The RCMHC is actively searching for an individual to represent our state's tribal communities and will work with the SOC to participate and engage in the search for a tribal representative who wishes to participate.

3. Support/encourage training at the community level

Recruitment/training/retention of health professionals continues to be difficult throughout rural Nevada. The RCMHC will focus on community-based trainings at the identification and early intervention level with the goal of early access to support and prevention of escalating severity of cases.

The intent of prevention and intervention programs has been to move to a proactive system. Engaging individuals before the development of serious emotional disturbance or to alleviate the need for extended mental health treatment has become even more critical during the pandemic and with the recent loss of inpatient beds. Unidentified and untreated mental health concerns have a high chance to escalate to other symptoms/behaviors that further jeopardize health such as substance use or involvement in the criminal justice system. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA, 2020) yields current data on a wide range of self-reported mental health and substance abuse indicators by region in Nevada and the United States. The data indicate Nevada prevalence rates for youth (ages 12 to 17) that are higher than national rates in key areas, such as illicit drug use and marijuana use. Early identification has been found to be both cost effective and significantly beneficial in preventing escalation to co-morbid conditions. According to Skokauskas, Lavelle, Munir, et al. (2018) “The most feasible actions, in terms of a short period for a positive return on investment, include early identification and treatment (...) A robust evidence base exists, which suggests that interventions in early life to protect the mental health and well-being of children, as well as their parents, can generate substantive positive returns on investment not just for health, but for other sectors such as education, criminal justice, and social welfare.”

The RCMHC is supportive and engaged with the System of Care as they continue to add to their training portfolio on the UNR CASAT training portal that are accessible to the public. Trainings such as Overview of System of Care, Hi-Fidelity Wraparound, and more are important and will assist in spreading the message of System of Care and Evidenced-Based and Evidence Informed practices to mental health practitioners, as well as families and the general public in the rural regions. The RCMHC will continue to support the SOC in developing more trainings to support workforce development in our region. The SOC currently has four (4) staff members who have completed the Child and Adolescent Needs and Strengths (CANS) instrument for children’s mental health and are certified to train other professionals on the CANS. More training on this instrument to mental health providers in the region continues to be a priority for this Consortium.

Other examples of the specific trainings the RCMHC will be promoting include the Youth Mental Health First Aid program offered by the Nevada Office of

Suicide Prevention, Zero to Three early identification training, cultural competency CEUs for healthcare providers, etc. On our website we will list available trainings for community stakeholders such as educators, law enforcement, parents, youth group leaders, etc. The RCMHC will offer an incentive program to encourage people to complete the trainings which will include the use of our already purchased gift cards to be sent to those who show completion of training programs.

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

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 advocate for the changes that families need, both legislatively as well as influencing state and local policy. There has been evidence in the data showing how legislative action can positively affect public health in our state.

The RCMHC has added a standing agenda item on its monthly agendas to receive updates from every Regional Behavioral Health Policy Board 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. In addition, members of the Consortium participated in designing brochures related to the mental health crisis hold legislation for youth, to educate parents, providers and the general public.

The consortium plans to add 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. We will 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.

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

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

The System of Care has made efforts to take advantage of in-person and virtual outreach opportunities, build partnerships and participate in rural events to better understand the needs of communities and ways to address those needs. The SOC has approached these challenges in novel ways including reallocating

resources to provide families with Flexible Funding and Self-Directed Respite Services. These types of supports have not previously been available to families of children/youth at risk of or with Serious Emotional Disturbance and the RCMHC fully supports these approaches and looks forward to data collected as a result of these programs that will enable further conversations around sustainability.

In addition, SOC funding enabled: increased 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. Rural MCRT answered 355 calls, responded to 241 youth and families and averaged an 89% rate of stabilization and hospital diversion. Other calls that did not require a response still were able to receive support, education and linkage to community-based resources. Further, the SOC supports ongoing authentic peer and youth support partnerships.

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

On December 7, 2021, the U.S. Surgeon General Issued Advisory on Youth Mental Health Crisis across the country due to the impacts of the COVID-19 pandemic. Now more than ever before Nevada families need support to know how to help their children. Family peer support specialists support families to navigate barriers and complexities of accessing services and they provide information to improve mental wellness.

Families are referred to Nevada PEP by children's mental health programs, schools, physicians, and community organizations. In 2021, Nevada PEP received 26 referrals directly from Rural Children's Mobile Crisis Response Team, and 101 new families from a mix of community providers. Nevada PEP provided family peer support services to 399 families of youth with behavioral health needs in Rural and Frontier Communities.

Access to various evidence-based and evidence-supported practices and services can be challenging in many rural communities for youth mental health services. Neurofeedback is one of the evidence-based services that helps in conjunction with psychotherapy. Neurofeedback has proven to be helpful for individuals with various mental and behavioral health issues such as post-traumatic stress disorder, severe anxiety that can be coupled with autism spectrum disorder, ADD/ADHD, ongoing developmental delays and acquired brain injuries to name a few. Nevada DHCFP has recently published that neurofeedback services will be maintained through 2024. It is the belief that helping this service expand into rural and frontier communities could help the children, youth and families find the expanse of services that are truly needed to help increase efficacy of treatments available to treat and manage mental and behavioral health issues.

Review of RCMHC Activities 2020-2021

During the previous two years the consortium's implementation of strategies has had to adapt to environmental changes due to the ongoing COVID-19 pandemic. Adjustments to budget items, planned events, staff changes, etc have affected the activity of the consortium but have also allowed time for planning our next step thoroughly and redirecting our funds into proactive community projects.

Promotion of wellness activities during pandemic -

In 2020 faced with cancellation of in person events the RCMHC opted to use our funds to support the Mental Health Cabinet in Pershing County. (For full Update on PGH Mental Health Cabinet see Appendix A) This is a donation based service that provides mental wellness items free of cost to community members. Item donated included weighted blankets, aromatherapy products, white noise machines, art supplies, etc. These items have been given to dozens of community members to promote wellness during pandemic isolation



New logo creation -

In 2021 the consortium completed a contest for Nevada youth to design our new logo. The contest was promoted by our partner Youth MOVE and we received over 80 entries. A generous consortium member donated gift cards as prizes for the entries and we were able to select a new logo that visually represents our mission. The circling hand around a tree with blooming hearts gives the impression of holistic caring and partnership which is exactly the message we were looking for. The consortia sent out thank you messages to all our participants and have ordered new branded merchandise to showcase the logo at community events.



Collaboration with community partners -

Much of our meeting time during the pandemic has been focused on updates and support between our community partners including DCFS, Nevada System of Care, Access to Care Grant, Youth MOVE, Nevada PEP and others. We have had informative presentations from Nevada Rural Hospital Partners, Mobile Crisis Response, and Nevada Medicaid. Our membership has provided input on the new informational handbook for parents regarding psychiatric legal holds.

The RCMHC receives reports from our community partners to assess success and continuing opportunities of their various community level projects. For example, System of Care programs have included values and principles training, care coordination, self-directed respite care program.



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Appendix A

Update on PGH Mental Health Cabinet:

Since receiving assistance from the Rural Children's Mental Health Consortium the PGH Mental Health Cabinet program has been able to help 40 community members receive wellness items to enhance their mental health. These items have filled a gap in services that improves the holistic care of patients alongside the use of medication and therapy. Although follow up data has not been officially collected individual recipients have expressed gratitude for the items they would not likely be able to buy for themselves. Patients have expressed improvement in symptoms related not just to the items but also from a sense that somebody cares enough about them to donate and distribute the items. Staff have reported statements about improved feelings of hope and sense of belonging/value when distributing donated items. PGH has an interest in sharing this concept with other outpatient settings throughout the state to continue expanding the positive impact in rural areas.

Appendix B

System of Care Update

03.24.2022

The System of Care Grant Unit has continued to partner with the rural and frontier communities throughout Nevada to advance the goals of the four-year strategic plan. These efforts include expanding the community-based service array by funding direct clinical services including evidence-based interventions such as: Multidimensional Family Therapy, intensive outpatient, Positive Behavior Interventions and Supports, Child-Parent Psychotherapy, and outpatient psychiatric services.

System of Care has funded a self-directed respite model for youth and their families across rural and frontier communities and are collecting outcome data to support long-term sustainability. System of Care also has available flexible funding to support youth and family needs in the social and educational domains.

System of Care is engaged in supporting training and technical assistance by hosting a training platform through UNR CASAT Learning that currently houses fourteen DCFS sponsored training, accessible to the public. Training includes, but are not limited to, Overview of System of Care, Overview of High-Fidelity Wraparound, Introduction to Developmental Disabilities/Mental Health, and LGBTQ+ with 3-5 additional trainings in production. Additionally, System of Care staff are providing training, coaching and technical assistance in the FOCUS care coordination model. System of Care is currently supporting efforts for the expansion of the use of the Child and Adolescent Needs and Strengths (CANS) instrument for children's mental health. Four System of Care staff members have completed the CANS Train the Trainer series and are certified.

System of Care continues its' collaborative work with NV PEP and YouthMove. This partnership ensures that youth and families are involved at all levels to include planning, evaluation, and implementation efforts that promote and sustain youth and family participation. Additionally, System of Care is partnering with the Department of Education to collaborate and expand access to services for those

youth involved in multiple systems. System of Care staff are engaging in outreach efforts with our tribal communities to promote access to respite care, flexible funding, and to seek opportunities for collaboration.

During this time, SOC staff made efforts to take advantage of virtual outreach opportunities, build partnerships and participate in grant related activities that challenged the team's creativity at best. Accomplishments include ongoing authentic peer and youth support partnerships, reallocation of resources to meet the immediate and basic needs of youth and families through increased access to telehealth, expansion of mobile crisis and response to 24/7, increased access to psychiatric services for both Rural Clinics and MCRT step-down/step-up youth, access to flexible funding and self-directed respite dollars and expansion of intensive/intermediate care coordination opportunities. The team has created access to evidence-based/informed direct service clinical interventions including Positive Behavioral Interventions & Supports (PBIS), Child Parent Psychotherapy and most recently Multidimensional Family Therapy (MDFT) and a pilot implementing the Child, Adolescent, Needs & Strengths CANS collaborative planning tool.

The SOC grant funds Nevada PEP positions as key partners in the collaborative work. Youth and families are involved at all levels to include planning, evaluation, and implementation efforts that promote and sustain youth and family participation, e.g., peer support, development of youth leadership, mentoring programs, and the partnership between family, adult consumer and youth organizations, youth-guided activities, youth peer specialists, parent support providers establishing permanent youth and family advisory and evaluation bodies, and self-help organizations/programs.

Ancillary activities include PBIS Infrastructure work at Desert Willow Treatment Center and high-end Juvenile Justice, partnership with UNR CASAT learning to maintain the SOC Learning platform and either the development or funding of trainings that will sit under the Children's Mental Health Authority to include Child, Parent Psychotherapy, High-fidelity Wraparound/FOCUS, Commercial Sexually Exploited Children (CSEC), CLAS, Trauma Informed Care, Introduction to Developmental Disabilities/Mental Health, LGBTQ+ and Domestic Violence to name a few.

System of Care continues its collaboration across child-serving agencies (e.g., substance use, child welfare, juvenile justice, primary care, education, early childhood) and among critical providers and programs to build bridges among partners, including relationships between community and residential treatment settings.