



2024

Annual Report

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 everchanging 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.

The US Department of Justice (DOJ)- Civil Rights Division investigation reveals that Nevada falls short in providing adequate community-based services for children with behavioral health disabilities. The State disproportionately relies on segregated, institutional settings such as hospitals and residential treatment facilities, perpetuating a systemic failure in meeting the needs of these vulnerable populations.

The DOJ's remedial recommendations echo the Consortium's historical advocacy efforts, emphasizing the necessity of accessible and intensive community-based services to prevent unnecessary institutionalization. The Consortium aligns itself with the DOJ's call for robust oversight of community-based providers, timely assessment of at-risk youth, and concerted efforts to facilitate discharge and transition back to the community. These recommendations serve as a catalyst for the Consortium's ongoing commitment to promoting sustainable and community-centric behavioral health services.

In tandem with the DOJ investigation, the Nevada Department of Health and Human Services (DHHS) updated its Strategic Plan for Behavioral Health Community Integration in early 2023. The plan outlines comprehensive measures to support youth mental health, including enhancing essential services, improving residential treatment standards, managing at-risk youth to prevent institutionalization, and bolstering family engagement in transition planning. These strategic initiatives closely align with the Consortium's vision of a collaborative system emphasizing community-based care and timely intervention for youth mental health.

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 to determine the level of progress achieved for each priority (Regression, None, Minimal, Some, Substantial, or Achievement).

1. Creation of comprehensive website	Achievement	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	Substantial 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

2024 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 continued to rank Nevada 9th in 2023 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 the ranking of 51st two years ago. 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 rankings cannot be compared to that of previous years.

Over the past four years, since the on-set of COVID-19 pandemic, mental health care challenges have increased. Additionally, 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 2023, and approximately 32,000 youth (13.8%) experienced severe major depression within the last year (Mental Health America, 2023). These factors have remained consistent over at least the past two years and are a direct indication that Nevada's youth are struggling with many mental health challenges and difficult life circumstances.

The United States Department of Justice Civil Rights Division initiated an inquiry into Nevada's Use of Institutions to Service Children with Behavioral Health Disabilities, released on October 4, 2022, for catering to

the needs of children afflicted with behavioral health disabilities. The investigation, stemming from a complaint lodged on December 17, 2020, aimed to scrutinize whether Nevada subjected children with behavioral health disabilities to unnecessary institutionalization.

The inaugural section of the report unequivocally asserts that Nevada inadequately furnishes its children with behavioral health disabilities with requisite community-based services¹. The state's reliance on segregated institutional settings, such as hospitals and residential treatment facilities, is underscored as the prevailing approach for addressing the needs of children grappling with behavioral health disabilities (p. 1).

Subsequently, the report expounds upon the methodologies employed to amass evidence, elucidating the conduct of comprehensive interviews with a diverse array of stakeholders, including state, county, and community representatives, providers, and advocates. Noteworthy figures interviewed encompassed the Director of the State Department of Health and Human Services (DHHS) and the current and former Administrators of the Division of Child and Family Services (DCFS). The narrative of the Report is further enriched by the inclusion of perspectives from children, youth, and their families, providing poignant depictions of their lived encounters within residential treatment facilities (p. 2).

The report's final recommendations for remedial measures are as follows:

- *Ensuring that community-based services are accessible and available with sufficient intensity to prevent unnecessary institutionalization.*
- *Ensuring that the array of services is available statewide as required by Medicaid.*
- *Exercising robust oversight of community-based providers.*
- *Assessing children at serious risk of institutional placement for community-based services and quickly connecting them to appropriate services.*
- *Working with children and families when a child enters a segregated setting to facilitate discharge and transition back to the community. (p. 25)*

The revelations brought forth in the investigative report not only serve as a critical evaluation of Nevada's approach to children with behavioral health disabilities but also act as a poignant call to action for the State of Nevada. The recommendations outlined in the report align seamlessly with the Consortium's enduring suggestions, emphasizing the establishment of a comprehensive and collaborative system, recognizing the imperative of extending the reach of the care to remote and underserved regions, oversight of treatment, proper assessment of children and adequate discharge planning to reintegrate youth after institutional placement. The goal is to ensure that children grappling with behavioral health disabilities, irrespective of their geographical location, have access to the vital services needed for their well-being.

In essence, far from viewing the report's findings as a conclusion, the Consortium perceives them as a catalyst for renewed and heightened efforts toward the realization of its overarching goals. Through these initiatives, the Consortium aspires to continue to contribute meaningfully to the enhancement of mental and behavioral health services for children across the expanse of Nevada.

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.

In 2020, the most recent data available, 603 Nevadans of all ages lost their lives to suicide (CDC, WISQARS, 2023). According to the Office of Suicide Prevention, in 2021 suicide was the second leading cause of death for youth 10-14 years of age, and the second leading cause of death for those 20-34 years of age. The report indicated other Americans with higher-than-average rates of suicide are people who live in rural areas. 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 outlined 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.



¹Office of Civil Rights, Investigation of Nevada's Use of Institutions to Serve Children with Behavioral Health Disabilities (2022). US Dept of Justice Office of Civil Rights. Retrieved October 4, 2022, from <https://www.justice.gov/opa/pr/justice-department-finds-nevada-unnecessarily-segregates-children-behavioral-health>.

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
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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 with Smart Web Creative 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.

Over the past year many updates were completed including listing our community partner websites and other resources for families on the homepage for easy access. We updated our membership page to accurately reflect the current roster and will be adding photos and bios so that the public can know more about the people representing them on the Consortium. The contact page was updated to field any questions or comments to our vice president so that they can be responded to quickly. The background images were also updated to show real world photos showcasing the beauty of rural Nevada.

Next Steps:

Sustain and allocate funding to ensure the proper maintenance and future development of the RCMHC website. Continued collaboration with the contracted web designer for ongoing website design and maintenance. Next areas to be updated will be community events and family resources where families in rural areas can put in their mental health scholarship applications. We will be uploading photos from our community events and advertising which events are coming up next. We will also continue to add links from community partners and education opportunities to the resources page.

RCMHC members will prioritize advertising the RCMHC website at community events and through community partners. Members will look for opportunities to share with regional boards or other groups that may have an interest in the information we offer.

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.

In 2023, System of Care funding provided service for nearly 2,000 youth. Through System of Care funding, Ft. McDermitt Wellness Center was able to serve more than 18 youth in 2023 by providing direct clinical substance use/abuse counseling, person-centered case management and support groups and classes for youth and families. The System of Care grant funded the self-directed respite pilot program for youth and their families across rural and frontier communities and further expanded this access to Washoe and Clark Counties. This year the System of Care Grant Unit disbursed more than \$72,000 in funding to support self-directed respite for over 50 families in Nevada. Furthermore, with the no-cost extension, the System of Care Grant Unit ensured continued funding of respite support for families during the transition of the care management entity (CME), Magellan Health, in February 2024. The System of Care grant, through our parent partner, Nevada PEP, funded flexible funding opportunities for children, youth, and families, empowering them to procure goods and services in the educational and social domains. Flexible funds supported 29 requests, engaging children and youth in community-based activities, educational support, and enrichment activities such as Martial Arts lessons, summer camp and swimming lessons. The System of Care Grant Unit was able to allocate additional flexible funds to address the community’s needs and utilize the entirety of these funds to support Nevada’s children, youth, and families. Flexible funds activities accounted for nearly \$35,000 in dispersed funds in 2023. (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. During 2023 NVPeds achieved over 10,000 disseminations of educational & informational publications which included 4 quarterly Issue Briefs, 12 monthly Telegrams, and 17 Infographics involving youth mental health. These publications provide guidance for providers and families and offer resources for screening and referral. Topics covered include *Bullying Prevention Strategies; Youth Substance Use Prevention; Children’s Grief Awareness; Breaking the Stigma of Mental, Behavioral, and Developmental Health Disorders; Human Trafficking Prevention; Youth PTSD; Autism & Adolescence; Social & Emotional Development Stages; Minority Health Awareness; Supporting Families Through Trauma-Informed Care; LGBTQ+ Youth Mental Health; and Integrated Multidisciplinary Healthcare Teams*. RCMHC staff have continued to receive 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. (NVPeds Update, Appendix B.)

Youth MOVE Nevada (YMNV) is an integral partner with RCMHC, as well. They worked at ensuring that youth and families are involved at all levels, including planning, evaluation, and implementation efforts that promote and sustain youth and family participation. This partnership offers youth-led weekly meetings, social media events, monthly podcasts, and participation in community-based opportunities to highlight youth voice and mental health acceptance. Youth MOVE Nevada gathers and provides authentic youth voice on committees

and program planning and evaluation groups. YMNV also continued to record and release 36 podcast episodes 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. (System of Care Update, Appendix A.)

Next Steps:

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.

The Consortium will continue to partner with The Office of Suicide Prevention (OSP) to promote Project AWARE and Safe Messaging initiatives to foster responsible and effective prevention and response for youth suicide related topics. RCMHC will continue to support and promote NAMI Teen Text Line project to enhance youth's resource library.

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 Consortium held multiple discussions during regular meetings about the lack of resources for youth with Autism including evaluation and treatment opportunities. Through these discussions it was determined that lack of available evaluators who accept Medicaid or low-income families was a major barrier to care throughout the entire state, not just in rural regions. Melissa Washabaugh who is the RCMHC chair has a full-time psychiatric practice and was able to share the Consortium's concerns with her company Pershing General Hospital. PGH was agreeable to the idea of sending their employee for additional training and she was able to complete ADOS assessment training out of state last year. The hospital is still working on logistics of offering the service but plan to have appointments open later this year which should provide a much-needed resource for the youth in need of this service.

The RCMHC supports and monitors the System of Care as they expanded training and technical assistance through the University of Nevada- Reno (UNR) CASAT Learning platform. This platform houses at least fourteen DCFS-sponsored training accessible to the public. Topics include but are not limited to: *Overview of System of Care, Introduction to Developmental Disabilities/Mental Health, and LGBTQ+*. System of Care staff, in partnership with NV PEP, delivered live webinar training as well as self-paced training, which accounted for nearly 400 participants including professionals and stakeholders throughout Nevada. Furthermore, System of Care staff provide training, coaching and technical assistance in the FOCUS care coordination model. FOCUS Local Coach Candidates provided training, coaching and technical assistance to Clark County Juvenile Services who were able to create a new unit specific to providing care coordination for youth in specialized foster care. FOCUS training and technical assistance was further provided to Washoe County School District. These training

courses are accessible to the public as well as professionals serving in the rural and frontier counties. (System of Care Update, Appendix A.)

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. NVPeds sponsored 756 participants through a total of 104 live and self-paced asynchronous training opportunities which also offer (Continuing Education Units) CEUs and Continuing Medical Education (CME) based on the discipline of attendees and approval by the corresponding professional licensing boards. Over 25% of those participants represented rural and frontier communities in Nevada.

- The Ripple Effect 2-Day Live Virtual Workshop Series was held February 23-24, 2023, where 230 participants earned up to 8 CEUs. This training brought 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 occurred March 2-16, 2023 (plus groups and follow-up coaching calls over 6 months) for 44 clinicians and providers. COSP is a framework for supporting and fostering attachment between children and caregivers, where clinicians earned between 24-37 CEUs (depending on licensing board and participation).
- Collaborative Assessment & Management of Suicidality (CAMS-Care) Training access began April 3rd, 2023 with the live virtual role play training occurring May 3rd. 47 Nevada clinicians and providers attended the training that offered up to 10 CEUs and included 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 training intensive was held April 14-16, 2023. Participants also attended twice-monthly coaching calls over six months. Primary Care Physicians (PCPs) were eligible to earn up to 28.25 CMEs for this fellowship, which focused on proper assessment, diagnosis and medication management for children's mental health conditions including anxiety, depression, and ADHD. Significant gains in knowledge and comfort were attained for the attendees in assessing, diagnosing, and treating anxiety disorder, major depressive disorder, bipolar disorder, conduct disorder, suicide risk, aggression, and co-morbid psychiatric disorders according to the self-reported [pre and post evaluation data results](#).
- NVPeds sponsored DCFS and community clinicians through the Zero-To-Three® *DC:0-5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Clinical Manual Training Train-the-Trainer* program. These trainers offer the 3-day comprehensive, developmentally informed, relationship based, contextual and culturally competent training on the diagnostic classification system for infancy and early childhood mental health. In 2023, 38 clinicians throughout Nevada attended during various offered training dates.
- NVPeds also maintains sponsorship of 5 enduring, on-demand content offerings on the [UNR CME Training Library](#). These CME-eligible courses include: *Addressing the Needs of LGBTQ Youth (for Staff) Parts I & II; Assessment, Diagnosis, and Treatment of Behavioral Health Problems in Children with Intellectual and Developmental Disabilities; Introduction to Intellectual And Developmental Disabilities: Considerations for Youth And Families; Introduction to Behavioral Health Needs for Youth With Intellectual and Developmental Disabilities; and Introduction to Infant and Early Childhood Mental Health.*

The above NVPeds-sponsored trainings resulted in:

- 23 CAMS Trained© mental & behavioral health clinicians
- 17 REACH Institute Patient Centered Mental Health in Pediatric Primary Care trained PCPs
- 9 Certified Circle of Security Parenting Attachment Program facilitators
- 8 Certified Zero to Three DC:0-5 Trainers who can provide the 3-day DC:0-5© Clinical Manual Training to clinicians across the state. (NVPeds Update, Appendix B.)

The System of Care Grant Unit continued collaborating with NV PEP and Youth MOVE. This partnership ensures that youth and families are involved at all levels including planning, evaluation, and implementation efforts that promote and sustain youth and family participation. This group offers youth-led weekly meetings, social media events, monthly podcasts and participates in community-based opportunities to shine a light on youth voice and mental health acceptance. Youth MOVE Nevada gathers and provides authentic youth voice on committees and program planning and evaluation groups. (System of Care Update, Appendix A.)

Next Steps:

The RCMHC will keep in contact with Pershing General Hospital about the status of ADOS evaluation appointment availability. The Consortium will help advise families on the availability of this service and provide opportunities for travel scholarships for families that must travel far to attend these important appointments.

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 RCMHC website will continue to 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. Appendix E provides some examples of NVPeds infographics promoted by RCMHC throughout the year.

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. During the 82nd Nevada Legislative Session the RCMHC was more active than ever advocating for the mental health of youth and families. The Consortium had a standing agenda item to review and draft letters of support for bills that the members felt would improve mental health for youth in the state. The Consortia sent letters of support for bills with goals such as increasing loan forgiveness programs for mental health providers in rural areas, increasing nursing staff for hospitals and clinics, creating a behavioral health workforce development center, and promoting collaboration/representation from stakeholders through the creation of new boards. Please see appendix for examples of letters drafted by the Consortium. Support for AB265 as particularly strong as it would have codified into law the state-wide mental health consortia that the RCMHC already participates in and provided the three consortia with the opportunity to create a Bill Draft Request for the following legislative sessions.

The RCMHC was instrumental in educating law makers about this bill as we worked with the other consortia chairs to get it passed through both houses. Unfortunately, the bill received a veto by the governor, but the strong foundation of support remains for another try during the 83rd session next year.

Next Steps:

The Consortium will continue to keep a standing agenda item to our meetings 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 youth.

The Consortium will invite and support Regional Behavioral Health Coordinators (RBHC) to participate and collaborate with the RCMHC regularly to address gaps and barriers to youth mental health in frontier Nevada. The RCMHC will encourage participation of the RBHCs in monthly meetings and foster the connection to build a stronger alliance and output.

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 RCMHC spent a good portion of last year's budget purchasing and distributing mental health wellness items to rural clinics throughout the region. The idea was continued after the success of the Consortium's support of the PGH Mental Health Cabinet in 2020. The goal of the project is to get items that are often recommended by therapists or other healthcare providers as improving mental health. These wellness items included things such as weighted animals, sensory toys, self-help books, journals, art supplies, white noise machines, etc. For low income or other disadvantaged youth acquiring these items may be a challenge and therefor their ability to incorporate coping skills in their homes is diminished. The Consortium was able to distribute many baskets of items to clinics or providers in areas including Lovelock, Fallon, Winnemucca, McDermitt, and Elko.

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.

Nevada's System of Care grant funded a self-directed respite pilot program designed to support children and youth with complex behavioral health needs across rural and frontier communities and in 2023 further expanded to include Washoe and Clark Counties. While the initial funding for the pilot program is grant-supported, ongoing respite services will be transitioned to the contracted Care Management Entity (CME), Magellan Health. The System of Care grant was awarded a no cost extension through September 2024. Through this extension, System of Care ensured continue respite assistance for families during the transition of the CME in February 2024. In 2023, System of Care grant disbursed more than \$72,000 in self-directed respite for families throughout Nevada. The implementation of this respite pilot program revealed a shortage of available respite providers, posing a significant obstacle for families seeking respite services. This underscored the need for concerted efforts to expand the pool of qualified respite providers and improve accessibility for families in need of respite support.

System of Care grant unit and Nevada PEP partnered with the Aging and Disability Services Agency (ADSD) and the Nevada Center for Excellence in Disabilities through the University of Nevada-Reno. The goal was to develop a respite provider training focused on evidence-based practices for youth with complex behavioral health needs, intellectual and/or developmental disabilities. Recognizing the growing demand for respite services within this population, this collaborative project focuses on ensuring the availability of qualified providers who possess the necessary expertise to address the unique needs of both individuals with behavioral health challenges and developmental disabilities. By equipping respite providers with specialized training, this initiative seeks to enhance the quality and accessibility of respite services for dually diagnosed youth in Nevada. The respite training will be accessible to individuals seeking the necessary tools to work with this specific population of children and youth. The CME respite service providers will also be required to complete these trainings to ensure access to qualified providers to families throughout Nevada.

The System of Care Grant Unit maintained ongoing collaborations with rural and frontier communities across Nevada to further the objectives outlined in the four-year strategic plan. These efforts included broadening the range of community-based services 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. The System of Care Grant Unit was awarded a No-Cost Extension, which will provide an additional year to disperse the remaining federal funding award. This funding of services will allow continued support for programs that were challenged to fully implement programming during year-four of the grant.

In 2023, System of Care Grant Unit provided funding to numerous community-based children's mental health programs including:

- Community Chest Lyon and Mineral Counties
- Carson Community Counseling Center
- 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. 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 28 referrals from Northern Nevada Children's Mobile Crisis Response Team, 21 new families from other rural children's mental health State operated programs, and 149 family self-referrals. Over the last year (2023), PEP provided family peer support services to 310 families in rural Nevada.

Family peer support was identified as Medicaid billable in the May 2013 Joint Center for Medicaid and Chip Services (CMCS) and Substance Abuse and Mental Health Administration (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. It is anticipated that Medicaid will work towards including Family Peer Support because of the Department of Justice settlement.

In August 2022, DCFS championed a funding increase with American Rescue Plan Act of 2021 (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. Both initiatives were recognized as valuable and were supported by the Nevada State Legislature Interim Finance Committee and are in process. (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 85% hospital diversion rate, meaning 85% 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 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. Focus this year has been on updating designs on print materials and MCRT is currently focused on development of an interactive website for the statewide MCRT.

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 years 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. The evaluation of the Nevada Teen Text Line from May 2022 to June 2023 reveals several significant findings. The program, aimed at providing stigma-free and non-crisis peer support to transitional age young adults (TAYA), demonstrated success with a total of 74,701 text messages exchanged. The data indicates a positive trend with increased usage in the latter half of the program year.

Demographically, the program reached a diverse audience, including females and LGBTQ+ youth, although efforts are needed to enhance outreach to male and gender minority populations. While originally targeted at 14- to 24-year-olds, the program observed engagement from younger users, leading to the removal of the minimum age requirement. Peer Wellness Operators effectively managed emotional escalation during most calls.

The integration of the Nevada Caring Contacts (NCC) program into the Teen Text Line added valuable support for adolescents and TAYA experiencing suicidality and crisis. Of the 66 unique referrals to the NCC program, sixteen graduated, highlighting the program's positive impact.

NAMI Smarts for Advocacy is a hands-on advocacy training program that helps people living with mental illness, friends and family transform their passion and lived experience into skillful grassroots advocacy.

NAMI Smarts for Advocacy is designed as a series of three 1-2 hour workshops or modules or as a single full-day training that develop the following skills:

- Telling a compelling story that is inspiring and makes an “ask” in 90 seconds
- Writing an effective email, making an elevator speech and making an impactful phone call
- Orchestrating a successful meeting with an elected official

The unique step-by-step, skill-building design of NAMI Smarts is effective with a wide range of participants, including those who are new to advocacy as well as individuals with years of experience.

Participants routinely share that they’ve never been able to condense their story or made a clear “ask,” but with NAMI Smarts, they are now able to.

RCMHC supports the work of The Children’s Cabinet which offers 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. For the last year of available data, fiscal year 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. The RCMHC will continue to receive updates from The Children's Cabinet and include them as a resource on our website for families to connect to their services.

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.

The RCMHC has partnered with The Katie Grace Foundation, a non-profit organization in Reno, to continue our wellness item program. Through the partnership the Consortium will be able to request donated items that match our wellness wish list. Members will pick up orders and coordinate delivery to more rural counseling offices/schools.

During the past year the RCMHC has discussed at several meetings how to set up a scholarship program to support the mental health needs of rural families. The Consortium has gift cards available which we plan to distribute through an application on our website. We will model the program after the one in use by the Washoe Consortium which uses as subcommittee to approve applications. We hope that the scholarships will help families to attend medical visits or educational events, pay for needed services, encourage mental wellness through community/group activity participation, or provide for wellness items that families cannot afford themselves.

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. As many of the goals and programs supported by RCMHC center around least restrictive care it is important to compare hospitalization rates across the years to determine how successful intervention programs have been. RCMHC will work on gaining appropriate data for review and evaluation over the next year.

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. WIN provides intensive case management and care coordination to ensure all the needs of the youth and family are being met and that families know where to reach out during times of need. Over the next year RCMHC will work on gaining appropriate data for review and evaluation of the WIN program and also collaborate with the new Magellan Healthcare program that will be offering similar services.

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 Mental Health Crisis Hold (YMHCH), 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:

Even in the challenging context of ongoing COVID-19 pandemic considerations, RCMHC was able to continue progress in regard to holding the inaugural Rural Nevada Youth Mental Health Summit. The Consortium has established a scholarship fund to enable rural Nevadan youth and families to attend. The RCMHC also 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. The Office of Suicide Prevention held a town hall to hear concerns and experiences surrounding youth and their mental health.

Next Steps:

RMCHC members will hold The Rural Nevada Youth Mental Health Summit 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. The Consortium will consider inviting a youth member to the RCMHC Board to serve as a spokesperson for youth mental health as a person with current lived experience.

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. The RCMHC was able to add "Contact" section to the website to ensure youth have an

avenue to contact and reach the RCMHC directly. In addition, as outlined in the status for Objective 1A, The Rural Nevada Youth Mental Health Summit event will greatly add to RCMHCs ability to accurately capture youth and family voice for rural and frontier Nevada.

Next Steps:

The Consortium members will continue to consider a website addition of a 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 2025 Annual Report.

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 enhance efforts to link community members with CANS trained professionals. The website will house information about how to access these providers and ensure youth are benefited by these resources. RCMHC will coordinate with State of Nevada Divisions to ensure support of the most up-to-date recommendations.

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 University of Nevada, Reno (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 programming 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. The Consortium will utilize information in the National Association of Counties survey to identify and address gaps in services for youth in Nevada counties. RCMHC will also access and collaborate with American Rescue Plan of 2021 (ARPA) workforce development pipeline grant recipients to reduce barriers to care.

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 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 add an agenda item on regular meetings to identify ways to help support these efforts and promote the trainings provided by community partners.

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 include preparations to move from Fee For Service (FFS) to managed care in 2026, increases in State salaries, and implementation of 988 crisis response resource (see Appendix D for reference).

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.

RMCHC will support providers, clinical programs, and hospitals serving Rural and Frontier Nevada in participating in the Quadrennial Rate Review next review cycle 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 continue to collaborate and coordinate with existing services, advocate for funding to support, and offer support in legislative bills written to support youth mental health and access to community-based care for youth.

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 to coordinate with psychiatric hospitals to provide a smooth transition for youth who are leaving inpatient care and returning to their home communities, and help 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.

RCMHC will evaluate DOJ report and follow recommendations to reduce reliance on hospitalizations and increase utilization of community-based care.

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 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.

The Consortium will support and promote NAMI Smarts for Advocacy, a hands-on advocacy training program that helps people living with mental illness, friends and family transform their passion and lived experience into skillful grassroots advocacy. NAMI Smarts for Advocacy is designed as a series of three 1–2-hour workshops or modules or as a single full-day training that develop skills. The unique step-by-step, skill-building design of NAMI Smarts is effective with a wide range of participants, including those who are new to advocacy as well as individuals with years of experience.

Next Steps:

The Consortium will continue to keep a standing agenda item to our meetings 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 -2023 Review of Activities

In 2023, 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.

Consortium Presentation to Assembly Committee

On February 15th, 2023, RCMHC Chair Melissa Washabaugh attended the Assembly Health and Human Services Committee meeting at the Nevada Legislature along with the Washoe and Clark County Chairs to present updates on the Consortia’s activities, progress towards our goals, and to explain the benefits of Assembly Bill 265. The Consortia Chairs were able to work as a team to present the information succinctly and took questions for the Assembly members following the presentation. The combined presentation showed the legislature how closely we work with the other Consortia to help each of us further our goals of supporting families across the state.

Children’s Day at the Legislature

On March 14th, 2023, the Nevada Legislature held Children’s Day at the Legislature. The RCMHC had a table there to represent our progress and hand out swag items and resources to the families attending. Jan Marson and Melissa Washabaugh spent time with lawmakers and families to promote the work of the Consortium and answer questions about mental health resources in the region. The members were also able to network with other community partners that we work with digitally each month such as NVPEP and YouthMOVE members. The event was a big success with our logo tote bags being very popular with the participants.

Pershing County Resource Fair

On August 12th, 2023, Sarah Hannonen, Vice-Chair of the RCMHC, attended the Lovelock community resource fair where she had a dual table with Pershing County Schools presenting on their mental health programs for youth. Sarah was able to hand out swag items to local families and educate them about the various resources available both through the school system and outside of it through the RCMHC’s community partners.

Meeting with U.S. Senator Cortez-Masto

On August 21st, 2023, RCMHC Chair Melissa Washabaugh attended a town hall meeting with U.S. Senator Catherine Cortez Masto and was able to discuss mental health concerns of youth in rural Nevada. Topics included increasing mental health workforce, providing resources for families affected by the opioid crisis, and access issues such as internet connection and transportation. The senator was open to discussion and agreed to keep this group in mind if her office needed any more information about children’s mental health in the future.

October Silver Springs Trunk or Treat

RCMHC was able to participate in the annual Trunk or Treat in Silver Springs, NV. Consortium member Jaymee Oxborrow ran the trunk and enjoyed interacting with the youth who come by. 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, disabilities, or if they have sensory issues. The vehicle representing RCMHC was popular with

the children. Participants were given RCMHC swag including sensory friendly items. The most popular swag item continued to be our logo stress balls.

Mental Health and Wellness Retreat

Mental Health and Wellness is something we all should ensure is in our self-care regime. May 2023, Churchill Community Coalition in partnership with Churchill County Social Services held a Mental Health and Wellness Retreat and suicide education event that brought in world class speakers, Dennis Gillan and Kevin Berthia on mental health and suicide prevention along with many activities that brought self-care to the forefront. Attendees were able to gather needed resources on suicide and mental health education that they needed and join in on gardening, sound baths, yoga, crafting and much more. Partners included, NAMI WNV, Banner EMS, CAPS, RCMHC, OSP, Nevada PEP and Local Sheriff and Police Departments, as well Nikki Collier's Shanti Yoga. A person left the event with needed education/information and were able to enjoy a moment of peace either through journaling, gardening, yoga, beading and other activities that were provided.

Informational Letters

In addition to participation in events, RCMHC Chair, Melissa Washabaugh drafted the following letters to the Nevada Assembly Committee on Education in support of Assembly Bill 37 and Assembly Bill 69. The RCMHC is dedicated to offering support and feedback regarding legislation so that the needs of Rural and Frontier Nevadan's are met.

March 16, 2023

Assembly Committee on Education
AsmED@asm.state.nv.us

To the Esteemed Members of the Committee:

I am writing this letter in support of AB37 on behalf of the Rural Children's Mental Health Consortium. The mission of The Consortium 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, and experience equity in opportunities to access care.

Children's mental health has been adversely affected by the ongoing shortage of mental health professionals. As just one example a mental health facility in Reno that serviced children was recently closed due to staff shortages. By creating a behavioral health workforce development center Nevada will have a comprehensive resource to support students through all stages of their education towards these much needed jobs. Students will feel supported and have all the information they need to be successful which The Consortium believes will improve healthcare for children.

Thank you for your consideration,

Melissa Washabaugh MSN, APRN, PMHNP-BC

Chair – Rural Children's Mental Health Consortium

2655 Enterprise Road • Reno, Nevada 89512

775-688-1600 • Fax 775-688-1616 • dcfs.nv.gov

April 6, 2023

Assembly on Education
AsmED@asm.state.nv.us

To the Esteemed Members of the Committee:

I am writing this letter in support of AB69 on behalf of the Rural Children's Mental Health Consortium. The mission of The Consortium 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, and experience equity in opportunities to access care.

Children’s mental health has been a challenge for the state, especially in our rural regions, for many reasons including access to care, provider shortages, uninsured/underinsured, etc. The Consortium believes that increasing financial incentives for mental health providers to practice in our rural areas will improve this disparity. The lives of children and families can be immensely impacted by even one healthcare worker practicing in their area and we are fully supportive of any programs that can attract providers to these underserved communities.

Thank you for your consideration,

Melissa Washabaugh MSN, APRN, PMHNP-BC

Chair – Rural Children’s Mental Health Consortium

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In addition to participation in events, RCMHC Chair, Melissa Washabaugh drafted the following letter to the Nevada Assembly Committee on Labor and Commerce in support of Assembly Bill 108.

March 15, 2023

Assembly Committee on Labor and Commerce
AsmCL@asm.state.nv.us

To the Esteemed Members of the Committee:

I am writing this letter in support of AB108 on behalf of the Rural Children’s Mental Health Consortium. The mission of The Consortium 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, and experience equity in opportunities to access care.

Children’s mental health has been adversely affected by the ongoing nursing shortage. As just one example a mental health facility in Reno that serviced children was recently closed due to staff shortages. By enacting the Nurse Compact Act healthcare employers will have more flexibility to hire temporary or permanent transfer nurses which The Consortium believes will improve healthcare for children.

Thank you for your consideration,

Melissa Washabaugh MSN, APRN, PMHNP-BC

Chair – Rural Children’s Mental Health Consortium

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In addition to participation in events, RCMHC Vice-Chair, Sarah Hannonen drafted the following letter to the Nevada Assembly Committee on Health and Human Services in support of Assembly Bill 265.

March 15, 2023

Assembly on Health and Human Services

AsmHHS@asm.state.nv.us

To the Esteemed Members of the Committee:

I am writing this letter in support of AB265 on behalf of the Rural Children’s Mental Health Consortium. The mission of The Consortium 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, and experience equity in opportunities to access care.

Children’s mental health has been a challenge for the state for many reasons including access to care, provider shortages, uninsured/underinsured, etc. The Consortium believes that these issues are best addressed by working in teams that include members of all demographic groups including professionals, parents, youth, and other community stakeholders. By passing AB265 the legislature will send a message that they believe in the power of team work and grassroots participation in mental health care by allowing these consortia a stronger and more united voice to advocate for improved care.

Thank you for your consideration,

Sarah Hannonen

Vice Chair – Rural Children’s Mental Health Consortium

2655 Enterprise Road • Reno, Nevada 89512

775-688-1600 • Fax 775-688-1616 • dcfs.nv.gov

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VII. APPENDICES

Appendix A

2023 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.

The System of Care Grant Unit maintained ongoing collaborations with rural and frontier communities across Nevada to further the objectives outlined in the four-year strategic plan. These efforts included broadening the range of community-based services 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. The System of Care Grant Unit was awarded a No-Cost Extension, which will provide an additional year to disperse the remaining federal funding award. This funding of services will allow continued support for programs that were challenged to fully implement programming during year-four of the grant.

In 2023, System of Care Grant Unit 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

In 2023, System of Care funding provided service for nearly 2,000 youth. Through System of Care funding, Ft. McDermitt Wellness Center was able to serve more than 18 youth in 2023 by providing direct clinical substance use/abuse counseling, person-centered case management and support groups and classes for youth and families.

The System of Care grant funded the self-directed respite pilot program for youth and their families across rural and frontier communities and further expanded this access to Washoe and Clark Counties. In 2023, the System of Care Grant Unit disbursed more than \$72,000 in funding to support self-directed respite for over 50 families in Nevada. Furthermore, with the no-cost extension, the System of Care Grant Unit ensured continued funding of respite support for families during the transition of the care management entity (CME), Magellan Health, in February 2024.

The System of Care grant, through our parent partner, Nevada PEP, funded flexible funding opportunities for children, youth, and families, empowering them to procure goods and services in the educational and social domains. In 2023, flexible funds supported 29 requests, engaging children and youth in community-based activities, educational support, and enrichment activities such as Martial Arts lessons, summer camp and swimming lessons. The System of Care Grant Unit was able to allocate additional flexible funds to address the community's needs and utilize the entirety of these funds to support Nevada's children, youth, and families. Flexible funds activities accounted for nearly \$35,000 in dispersed funds in 2023.

System of Care expanded training and technical assistance through the University of Nevada- Reno (UNR) CASAT Learning platform. This platform houses at least fourteen DCFS-sponsored training accessible to the public. Topics include but are not limited to: *Overview of System of Care, Introduction to Developmental Disabilities/Mental Health, and LGBTQ+*. System of Care staff, in partnership with NV PEP, delivered live webinar training as well as self-paced training, which accounted for nearly 400 participants including professionals and stakeholders throughout Nevada. Furthermore, System of Care staff provide training, coaching and technical assistance in the FOCUS care coordination model. FOCUS Local Coach Candidates provided training, coaching and technical assistance to Clark County Juvenile Services who were able to create a new unit specific to providing care coordination for youth in specialized foster care. FOCUS training and technical assistance was further provided to Washoe County School District.

The System of Care Grant Unit continued collaborating with NV PEP and Youth M.O.V.E. This partnership ensures that youth and families are involved at all levels including planning, evaluation, and implementation efforts that promote and sustain youth and family participation. This group offers youth-led weekly meetings, social media events, monthly podcasts and participates in community-based opportunities to shine a light on youth voice and mental health acceptance. Youth M.O.V.E Nevada gathers and provides authentic youth voice on committees and program planning and evaluation groups.

The System of Care Grant Unit continues to collaborate 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.

Appendix B

2023 DCFS Nevada Pediatric Psychiatry Solutions (NVPeds) Updates:

- NVPeds has been honored to offer information, education, resources, and professional development opportunities to pediatric healthcare providers, clinicians, systems partners, and community members serving youth and their families across Nevada. The HRSA-funded Pediatric Mental Health Care Access Program (PMHCA), known as NVPeds, was slated to sunset on September 29th, 2023. In early October, HRSA approved a 12-month Extension Without Funds, which will allow NVPeds to continue important workforce development efforts while utilizing the momentum garnered in FFY2023. While NVPeds cannot initiate new projects or activities during the extension year, we can sponsor additional child-serving professionals throughout Nevada to attend the same high quality, evidence-based training events and learning collaboratives we offered last FFY, while also continuing to develop and publish informational and educational materials with a focus on youth mental health.
- Publications: During FFY2023 NVPeds achieved over 10,000 disseminations of educational & informational publications which included 4 quarterly Issue Briefs, 12 monthly Telegrams, and 17 Infographics involving youth mental health. These publications provide guidance for providers and families and offer resources for screening and referral. Topics covered include *Bullying Prevention Strategies; Youth Substance Use Prevention; Children’s Grief Awareness; Breaking the Stigma of Mental, Behavioral, and Developmental Health Disorders; Human Trafficking Prevention; Youth PTSD; Autism & Adolescence; Social & Emotional Development Stages; Minority Health Awareness; Supporting Families Through Trauma-Informed Care; LGBTQ+ Youth Mental Health; and Integrated Multidisciplinary Healthcare Teams.*
- Professional Development: NVPeds also sponsored 756 participants through a total of 104 live and self-paced asynchronous training opportunities which also offer CEUs and CMEs based on the discipline of attendees and approval by the corresponding professional licensing boards. Over 25% of those participants represented rural and frontier communities in Nevada.
 - The Ripple Effect 2-Day Live Virtual Workshop Series was held February 23-24, 2023, where 230 participants earned up to 8 CEUs. This training brought 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 occurred March 2-16, 2023 (plus groups and follow-up coaching calls over 6 months) for 44 clinicians and providers. COSP is a framework for supporting and fostering attachment between children and caregivers, where clinicians earned between 24-37 CEUs (depending on licensing board and participation).
 - Collaborative Assessment & Management of Suicidality (CAMS-Care) Training access began April 3rd, 2023 with the live virtual role play training occurring May 3rd. 47 Nevada clinicians and providers attended the training that offered up to 10 CEUs and included 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 training intensive was held April 14-16, 2023. Participants also attended twice-monthly coaching calls over six months. PCPs were eligible to earn up to 28.25 CMEs for this

fellowship, which focused on proper assessment, diagnosis and medication management for children’s mental health conditions including anxiety, depression, and ADHD. Significant gains in knowledge and comfort were attained for the attendees in assessing, diagnosing, and treating anxiety disorder, major depressive disorder, bipolar disorder, conduct disorder, suicide risk, aggression, and co-morbid psychiatric disorders according to the self-reported [pre and post evaluation data results](#).

- NVPeds sponsored DCFS and community clinicians through the Zero-To-Three© *DC:0-5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* Clinical Manual Training Train-the-Trainer program. These trainers offer the 3-day comprehensive, developmentally informed, relationship based, contextual and culturally competent training on the diagnostic classification system for infancy and early childhood mental health. In 2023, 38 clinicians throughout Nevada attended during various offered training dates.
- NVPeds also maintains sponsorship of 5 enduring, on-demand content offerings on the [UNR CME Training Library](#). These CME-eligible courses include: *Addressing the Needs of LGBTQ Youth (for Staff) Parts I & II; Assessment, Diagnosis, and Treatment of Behavioral Health Problems in Children with Intellectual and Developmental Disabilities; Introduction to Intellectual And Developmental Disabilities: Considerations for Youth And Families; Introduction to Behavioral Health Needs for Youth With Intellectual and Developmental Disabilities; and Introduction to Infant and Early Childhood Mental Health*.
- The above NVPeds-sponsored trainings resulted in:
 - 23 CAMS Trained© mental & behavioral health clinicians
 - 17 REACH Institute Patient Centered Mental Health in Pediatric Primary Care trained PCPs
 - 9 Certified Circle of Security Parenting Attachment Program facilitators
 - 8 Certified Zero to Three DC:0-5 Trainers who can provide the 3-day DC:0-5© Clinical Manual Training to clinicians across the state
- Under an awarded HRSA expansion grant, NVPeds collaborated with NAMI (National Alliance on Mental Illness) Nevada affiliates and High Sierra AHEC (Area Health Education Center) to support youth mental health workforce development and to mitigate the deficits reported in the Department of Justice Investigation regarding the identified need for adequate community-based peer to peer support services. The innovative paid internship project, titled ***This Is ME (Youth Striving for Mental Empowerment)*** provides opportunities for 18 transition-age young adults with lived mental and behavioral health experience to enter the healthcare workforce by equipping them with the necessary training, practicum hours, and supervision to earn both the Peer Recovery Support Specialist and Community Health Worker I Certifications through the Nevada Certification Board. This project aims to expand the peer support workforce in Nevada by enabling highly trained, competent, and confident young adult peers to aid in meeting the needs of youth experiencing a variety of health challenges. In late October, HRSA approved a 12-month No Cost Extension request for this project also, meaning that the interns will have the opportunity to complete all the planned activities with the additional time allotted.

Appendix C

Rural 2023 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 28 referrals from Northern Nevada Children's Mobile Crisis Response Team, 21 new families from other rural children's mental health State operated programs, and 149 family self-referrals. Over the last year (2023), PEP provided family peer support services to 310 families in rural Nevada.

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. It is anticipated that Medicaid will work towards including Family Peer Support as a result of the Department of Justice settlement.

In August 2022, DCFS championed a 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. Both initiatives were recognized as valuable and were supported by the Nevada State Legislature Interim Finance Committee and are in process.

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.

Medicaid Annual Update

State Plan Amendments

- **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.
 - 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 with this process
- **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.
- **NV SPA 23-0002 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 and submitted to CMS

(Belz&Case Branding Here?)
Governors Recommended Budget: CCBHC Expansion

Nevada Medicaid Gov Rec Budget. [\(Click here for document\)](#)

CCBHC Expansion

To understand the CCBHC Expansion proposed in the Nevada Medicaid Budget we must look at 3 budget line items in the DHCFCP budget.

- -Administration BA3158
- -Nevada CheckUP BA 3178
- -Medicaid Title XIX BA 2343

Administration: This line item in BA 101-3158 |E370 Requests staff to support the expansion of Nevada CCBHC from 9 to 15. (page 1653)

E370 PROMOTING HEALTHY, VIBRANT COMMUNITIES
 This request adds two positions consisting of one Social Services Program Specialist and one Management Analyst to support the expansion of the Certified Community Behavioral Health Centers Program from nine providers to 15 providers. This request is a companion to E370 in Nevada Check Up Program, budget account 3178 and E370 in Nevada Medicaid, budget account 3243.

	2021-2022 ACTUAL	2022-2023 WORK PROGRAM	2023-2024 AGENCY REQUEST	2023-2024 GOVERNOR RECOMMENDS	2024-2025 AGENCY REQUEST	2024-2025 GOVERNOR RECOMMENDS
RESOURCES:						
APPROPRIATION CONTROL	0	0	112,484	120,033	101,885	102,768
FED TITLE XIX RECEIPTS	0	0	129,347	120,032	103,747	102,768
TOTAL RESOURCES:	0	0	241,831	240,065	205,632	205,536
EXPENDITURES:						
PERSONNEL	0	0	135,617	138,306	186,447	190,866
IN-STATE TRAVEL	0	0	3,114	3,114	4,005	4,005
OPERATING EXPENSES	0	0	56,302	56,121	8,344	8,079
EQUIPMENT	0	0	5,408	5,408	0	0
FISCAL AGENT	0	0	33,725	30,000	3,725	0
INFORMATION SERVICES	0	0	7,665	7,116	3,111	2,586
TOTAL EXPENDITURES:	0	0	241,831	240,065	205,632	205,536
TOTAL POSITIONS:	0.00	0.00	2.00	2.00	2.00	2.00

Nevada CheckUP: This line item in BA 3178 |E370 includes a request for increased medical expenditures for the increase in CCBHC from 9 to 15. (page 1670)

E370 PROMOTING HEALTHY, VIBRANT COMMUNITIES
 This request funds an expansion of the Certified Community Behavioral Health Centers Program from nine providers to 15 providers. This request is a companion to E130 in Health Care Financing and Policy Administration, budget account 3158 and E370 in Nevada Medicaid, budget account 3243.

	2021-2022 ACTUAL	2022-2023 WORK PROGRAM	2023-2024 AGENCY REQUEST	2023-2024 GOVERNOR RECOMMENDS	2024-2025 AGENCY REQUEST	2024-2025 GOVERNOR RECOMMENDS
RESOURCES:						
APPROPRIATION CONTROL	0	0	30,910	21,273	74,889	58,409
DEPARTMENT OF HEALTH AND HUMAN SERVICES		DHHS-DHCFP - 44				DHHS - HEALTH CARE FINANCING & POLICY

HHS-HCF&P - NEVADA CHECK UP PROGRAM
 101-3178

	2021-2022 ACTUAL	2022-2023 WORK PROGRAM	2023-2024 AGENCY REQUEST	2023-2024 GOVERNOR RECOMMENDS	2024-2025 AGENCY REQUEST	2024-2025 GOVERNOR RECOMMENDS
FEDERAL RECEIPTS-A	0	0	85,467	59,212	211,385	158,744
TOTAL RESOURCES:	0	0	116,377	80,485	286,274	217,153
EXPENDITURES:						
PROGRAM MEDICAL EXPENDITURES	0	0	116,377	80,485	286,274	217,153
TOTAL EXPENDITURES:	0	0	116,377	80,485	286,274	217,153

Medicaid Title XIX This line item in BA3243 |E270 includes a requested increase in state expenditures for the increase in CCBHC's from 9 to 15. (page 1685)

E370 PROMOTING HEALTHY, VIBRANT COMMUNITIES

This request funds an expansion of the Certified Community Behavioral Health Centers Program from nine providers to 15 providers. This request is a companion to E370 in Health Care Financing and Policy Administration, budget account 3158 and E370 in Nevada Check Up Program budget account 3178.

	2021-2022 ACTUAL	2022-2023 WORK PROGRAM	2023-2024 AGENCY REQUEST	2023-2024 GOVERNOR RECOMMENDS	2024-2025 AGENCY REQUEST	2024-2025 GOVERNOR RECOMMENDS
RESOURCES:						
APPROPRIATION CONTROL	0	0	1,500,536	1,027,326	3,893,554	2,861,712
FED TITLE XXI RECEIPTS	0	0	81,860	76,035	209,521	200,671
FED TITLE XIX RECEIPTS	0	0	5,389,251	3,727,846	14,111,488	10,185,879
COUNTY REIMBURSEMENTS	0	0	1,174	916	3,923	3,138
TOTAL RESOURCES:	0	0	6,972,821	4,832,123	18,218,486	13,251,400
EXPENDITURES:						
CHIP TO MEDICAID	0	0	111,465	103,350	283,750	274,507
TANF/CHAP	0	0	2,571,215	1,651,713	6,594,940	4,410,196
EXPANDED MEDICAID	0	0	4,048,551	2,826,577	10,520,037	7,723,793
MAABD	0	0	156,612	164,540	531,414	553,696
WAIVER	0	0	5,335	4,185	18,101	14,082
COUNTY INDIGENT PROGRAM	0	0	3,093	2,426	10,495	8,165
CHILD WELFARE SERVICES	0	0	76,550	79,332	259,749	266,961
TOTAL EXPENDITURES:	0	0	6,972,821	4,832,123	18,218,486	13,251,400

Memo:

Nevada's received a demonstration waiver in 2017 to implement Certified Community Behavioral Health Centers. Under this demonstration these certified providers would receive an increase in Medicaid reimbursement to providing services as a certified center. CCBHCs provide outpatient health services and primary care screenings and monitoring for children, adults and families.

The proposed budget Medicaid budget increases the number of CCBHCs in Nevada from 9 to 15.

Key questions

Upcoming State Plan Amendment

- **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 30th
 - Public Hearing will be held March 28th, 2023

Projects

- **Consultant Health Management Associates (HMA) Children's Behavioral Health Assistance**
 - 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, on the systematic problems and resolutions for future budgetary considerations.

Mobile Crisis Planning Grant

- 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.
- 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 March, with plan to submit our SPA for the rate methodology for the enhanced rate for DMCTs to CMS at the end of April or May, in hopes for an effective date of July 1, 2023.

1115 SUD Demonstration Waiver Update

- 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.**


JULY IS

Disability Pride

MONTH

Disability is not a bad word. Instead, it is a part of the rich tapestry of human identity that helps to shape how we experience our world.

According to the CDC, approximately **27% of the U.S. population** experiences a condition that is considered a disability. Disabilities can be physical, mental, or developmental, and they can be visible or invisible. All disabilities and their intersecting identities should be **acknowledged, valued, and respected**, instead of marginalized, misunderstood, or fetishized. Each and every person's uniqueness should be honored as a **natural and beautiful** part of human diversity that should not be hidden, downplayed, or stigmatized. In honor of [Disability Pride Month](#), NVPeds would like to share some facts, information, and resources!



July 26, 1990


The date when the landmark Americans with Disabilities Act was signed into federal law by President George H.W. Bush. This law made it illegal to discriminate against people with disabilities. That same year, the first Disability Pride Day was held in Boston, Massachusetts.

What do the colors represent in the Disability Pride flag?

In memory of people with disabilities who've died due to ableism, violence, negligence, suicide, rebellion, illness, and eugenics.

Physical disabilities
Neurodiversity
Invisible disabilities and undiagnosed disabilities
Emotional and psychiatric disabilities
Sensory disabilities

People with disabilities are the largest and most diverse minority group, representing all abilities, ages, races, ethnicities, religions, and socioeconomic backgrounds. The National Survey of Children's Health estimates that more than 1 in every 4 children has special healthcare needs, which include physical, intellectual, sensory, emotional, developmental, or behavioral conditions.



Purpose:

To portray the disability community in a positive light, and create space for more people with disabilities to explore life in positive and public ways while rejecting shame, stigma, and internalized [ableism](#). It is an opportunity to honor the history, achievements, experiences, and struggles of the disability community while encouraging people to embrace their disabilities as integral parts of their identities.

History:

Throughout history, people with disabilities have faced segregation, discrimination, and attacks on their basic human rights. It was only 33 years ago that a law was created in order to guarantee people with disabilities the same access to fully participate in home, school, work, and social activities. To learn more about the history of the Disability Rights and Independent Living Movement, check out this [timeline](#).


Future:

Share Disability Pride by -

- [Educating your elected officials](#) about policies that harm and those that strengthen the quality of life of people with disabilities.
- [Talking to children about disabilities](#) to help foster inclusion for the next generation.
- Showing pride for your disability and/or helping uplift others in your community by getting involved with your local [Center for Independent Living](#).

Sources:

<https://youth.gov/youth-topics/disabilities>
<https://ncl.org/resources/disability-pride-toolkit-and-resource-guide/>
<https://www.verywellmind.com/understanding-disability-pride-month-5193069>
<https://thearc.org/blog/why-and-how-to-celebrate-disability-pride-month-2023/>
<https://www.americanbar.org/groups/diversity/resources/celebrating-heritage-months/disability-pride-month/>
<https://www.forbes.com/sites/andrewnirang/2021/07/16/5-questions-to-think-about-this-disability-pride-month/?sh=59b5ae131617>
<https://www.psychologytoday.com/us/blog/disability-is-diversity/2020/07/disability-pride-month-disability-is-brader-you-think>
<https://opa.hhs.gov/adolescent-health/physical-health/developing-adolescents/introduction-chronic-conditions/trends-disabilities-youth>

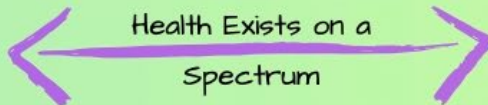


May is MENTAL HEALTH AWARENESS Month

NVPeds would like to bring **awareness**, encourage **acceptance**, and promote **action** regarding children's mental health.



Be aware that **one in five** children and teens in the United States experience a mental health challenge. Among the more common mental disorders diagnosed in childhood are attention-deficit/hyperactivity disorder (ADHD), depression, anxiety, and behavior disorders. In 2022, **Nevada ranked 51st** for youth mental health based on measures that indicated a high prevalence of mental illness but a low rate of **access to care**.



Accept that healthcare is **whole-person care**. Nearly **everyone** experiences challenges at some point throughout life. Those challenges exist on a spectrum and can be acute or chronic, mental or physical. Recognizing that **mental health** is an important element of our **overall health** and well-being is critical to reducing the fear, worry, blame, shame and stigma that some people experience when living with mental illness.

People are not their illnesses. **Eliminating stigma** about mental illness greatly increases the likelihood that those in need will seek **support and treatment**. **Speaking openly** with youth about various mental health challenges can provide an opportunity for parents and caregivers to share information, support, and guidance while also fostering **compassion** and **normalizing** discussions about mental health.

~~STIGMA~~



Half of All Lifetime Mental Illness Begins by Age 14.

Mental health challenges in children and teens can often be a struggle for parents and caregivers to **identify**. As a result, many youth who would benefit from treatment aren't provided with the help they need. In fact, the average time between the onset of mental illness symptoms and engaging in treatment is **eleven years**. It is important to know **what to watch for** and how to access appropriate treatment and services for youth.

Sources:

<https://www.nami.org/mhstats>
<https://www.ficmh.org/acceptanceweek>
<https://www.cdc.gov/childrensmentalhealth/data.html>
www.gwhw.org/behavioralhealth-workforce-tracker-v2.0.html
<https://www.samhsa.gov/families/parent-caregiver-resources>
<https://mhanational.org/talking-adolescents-and-teens-starting-conversation>
<https://www.nccih.nih.gov/health/whole-person-health-what-you-need-to-know>
<https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI-Warning-Signs-FINAL.pdf>
<https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>



Youth PTSD

MYTHS VS. FACTS



The brain and body are still developing in childhood and are strongly affected by stressors like witnessing terrible or violent events, experiencing abuse or neglect, or being involved in life-threatening situations. Traumatic experiences in childhood can cause persistent neurobiological changes that increase the chances of developing depression, anxiety, and even substance abuse disorders that may persist into adulthood. Experts now agree that people of any age can be at risk for PTSD.

MYTHS

FACTS

Children don't get PTSD

They aren't consistently exposed to extreme, widely known trauma events like those experienced by soldiers and first responders.

The most common traumatic events for children, like domestic violence, physical abuse, parental substance abuse, and sexual abuse happen most often in secrecy. Adults in a child's life may see the impact of trauma on a child without knowing what may be fueling some reactive behaviors.

Children often don't remember traumatic events

It happened so long ago that since they don't really talk about it, they have no lasting memories of the trauma.

A child's reluctance or inability to articulate what has happened is often misinterpreted by adults as an inability to remember. Just because youth don't talk about what happened, or say they don't remember, doesn't mean they aren't experiencing traumatic stress reactions.

Children are resilient and will "get over it" if enough time passes

Their ability to adapt and grow protects youth from traumatic stress. As long as adults don't bring it up or dig into it too much, youth will be able to work through it.

Trauma is subjective. Multiple factors determine whether or not a child will develop PTSD. How old they were, the length, type, and severity of the traumatic event, if the child was believed and protected, and whether or not the trauma happened in the context of a caregiving relationship are all considerations. Talking about what happened is part of the process of making meaning of the trauma, desensitizing youth to trauma reminders, and resolving the stress that fuels troublesome behaviors and feelings in children.

Youth Trauma & PTSD Resources

- Books to read with young children who've experienced trauma can be freely accessed at <https://pjplproductions.com/>
- Information, guides, and resources regarding youth PTSD are available at the [National Child Traumatic Stress Network](#)
- Providers can find links to Youth Trauma Screening Tools and intervention guidance at the [Child Welfare Information Gateway](#).

Sources:

<http://www.ptsdalliance.org/symptoms/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3860395/>
<https://endcan.org/2022/06/13/complex-ptsd-and-childhood-trauma/>
<https://kzoofamilycounseling.com/index.php/2016/10/30/5-myths-about-childhood-ptsd/>

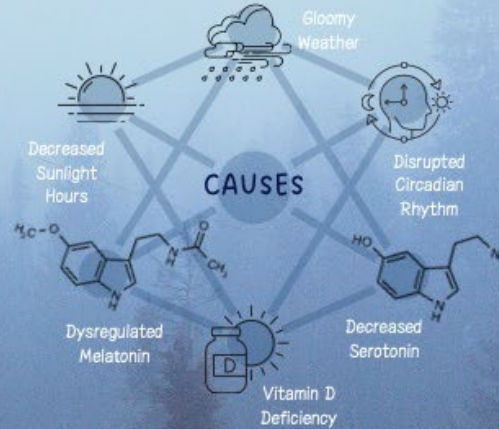


The Winter Blues

Maintaining good mental and physical health during the cold, dark, long winter months can be a challenge. People experiencing recurrent depressive symptoms each year that include inattentiveness, hopelessness, depression, social withdrawal, and fatigue during the late fall and winter may be experiencing symptoms of Seasonal Affective Disorder (SAD). NVPeds would like to share some information on SAD, how to recognize the signs, and what you can do to promote a healthy "hibernation season" for youth.

What is SAD?

SAD is a specific form of major depressive disorder triggered by the brain's response to seasonal changes and is more severe than the "Winter Blues." Studies indicate that people diagnosed with SAD present with lower levels of serotonin, which is a brain chemical that helps regulate mood. Reduced exposure to sunlight may affect serotonin levels, triggering depressive symptoms. Seasonal changes may also disrupt the balance of the body's level of melatonin, which plays a role in both sleep patterns and mood.



RISK FACTORS


Being female makes a person 4 times more likely to experience SAD


A preexisting diagnosis of depression or bipolar disorder


Family history of depression or substance use disorders


Young adults and teens are more at risk than older adults

What are the symptoms of SAD?

If the following symptoms occur for at least two consecutive winters and go away during spring and summer months, there is a possibility that SAD is the culprit:

- **DEPRESSION:** Misery, guilt, hopelessness, despair, & apathy
- **ANXIETY:** Tension & inability to tolerate stress
- **MOOD CHANGES:** Unusual extremes in moods & emotions
- **SLEEP PROBLEMS:** Oversleeping or difficulty staying awake
- **LETHARGY:** Fatigue & inability to carry out normal routines
- **OVEREATING:** Craving starchy & sweet foods; weight gain
- **SOCIAL PROBLEMS:** Irritability & avoidance of social contact
- **NEGATIVE THOUGHTS:** Suicidality or a desire to self-harm

How is SAD Treated?

Treatments are available to address the symptoms of SAD, but it is important to consult with a health care professional. A trained provider can help determine not only the the best treatment plan, but also the best timing for implementing the interventions. Four main categories of SAD treatments that can be used alone or in combination include:

- Light Therapy
- Psychotherapy
- Medications
- Vitamin D Supplements

TIPS TO COMBAT SAD

- Spend time outdoors in the sun
- Exercise regularly; stay active
- Eat nutritious foods
- Limit alcohol consumption
- Get adequate restful sleep
- Stay connected with others
- Seek help from professionals

SOURCES & MORE INFORMATION:
<https://www.mhswisconsin.org/SAD.aspx>
<https://kidshealth.org/en/teens/sad.html>
<https://www.ncbi.nlm.nih.gov/books/NBK568745/>
<https://childmind.org/article/seasonal-affective-disorder/>
<https://www.psychiatry.org/patients-families/seasonal-affective-disorder>
<https://www.nlm.nih.gov/health/publications/seasonal-affective-disorder>
<https://www.mayoclinic.org/diseases-conditions/seasonal-affective-disorder/symptoms-causes/syc-20364651>



Healthy Communities Coalition HUBS

Health & Wellness Hub

Behavioral Health-

- Safe School Professionals comprised of CHW, BSW, MSW, LCSW in 15 Lyon County schools and part of MTSS/PBIS school-based teams
- SOS provided in all middle and high schools Lyon County-education, coordination of providers, follow up and referral
- Hope Squad training complete with plans to implement in middle and high schools with hopes to expand to elementary
- School garden behavioral health curriculum currently being developed by CHW
- Contract with Kadie Zeller to bring Mindfulness to students and teachers, TOT to Lyon County schools/de-escalation rooms
- Contract with Pacific Behavioral Health to provide additional services/therapist to elementary level students
- Bringing teen mental health first aid training

FASTT & MOST

- CHW within jail FASTT team supporting data and connection to inmates on release to provide support and resources
- CHWs in three food pantries part of the MOST team, providing supports

School-Based Dental Days

- CHWs work with school counselors, teachers, Community Health Nurses and local dentists bringing oral health education, varnish and sealants to elementary and middle school students

Primary Care

- CHWs funded by UNR School of Medicine to assist with Rural Outreach Clinics providing women's health, primary care, labs and vaccines
- Pantry-based CHWs work with Nevada Health Centers to connect vulnerable uninsured and under-insured clients to primary care via telehealth
- Diabetes Self-Management Classes
- Working with NHC to pilot blood pressure checks and pre-diabetes screen in pantries
- Vaccine education

Prevention-

- School-based CHWs provide prevention education-Curriculum Based Support Groups
- Catch My Breath
- TINAD
- Stand Tall peer led prevention teams
- Michigan Model of Health, Mineral County
- Parent Project, Yerington Paiute Tribe
- Project Success
- Positive Action
- Dare To Be You
- Vaping education to parents and school staff
- Plans to implement Too Good for Drugs

Coordinate RNHN and HWH meetings

Food Hub

- Food pantries in Dayton, Silver Springs, Yerington
- Homebound food deliveries and home check-ins weekly
- Nutrition education, recipe sharing and resource connection
- Weekend food backpacks provided for Lyon County students weekly
- School Gardens
- Farmers Market, WIC/SNAP/Sr Coupons
- Seniors eating well
- School-based hands on growing, STEM lessons, farmer presentations
- Greenhouse To Go providing mobile low-cost fresh produce to SNAP recipients

Workforce Development Hub

- AmeriCorps
- Community Roots Garden Center serving as a sheltered worksite providing work experience for individuals in need of supports
- Community service-to volunteer-to AmeriCorps-to employment model
- Comstock Youth Works, 8-week summer program providing placement of 40 at-risk youth paired with employer/mentor to learn work skills in multiple disciplines. Employers are trained in ACES among other trainings with the intent to serve not only as employer but also mentor. Prevention education, educational field trips are also part of the program. Completion of program student receives 1 full credit toward graduation
- NV Community Health Worker Association provides training for CHWS and employers across the state
- Access and sharing of employment opportunities within food pantries

VIII. ABOUT THE RURAL CHILDREN'S MENTAL HEALTH CONSORTIUM

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

Marcel Brown

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

Char Frost

Magellan Healthcare

Private industry Related to Children's Healthcare in the Region 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

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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