

RURAL CLINICS – A summary of current services, staffing and capacity

Rural Clinics (RC) – provides a full array of outpatient behavioral health services for adults and children across Rural Nevada. Services assist individuals to achieve self-sufficiency and recovery and include (some services may only be available via tele-health technology and not on-site): Counseling, Case Management, Rehabilitative Mental Health (RMH) services, Psychological Testing, Residential Support, Medication Management Clinic, Crisis Stabilization Teams, which includes the Rural Mobile Crisis Response Team (RMCRT) for children and the Immediate Mental Health CARE Team for adults, and Mental Health Court (only in Carson City). Rural Clinics also works with local law enforcement in both Douglas and Carson to support their Mobile Outreach Safety Team (MOST).

Offices are generally open Monday through Friday from 8:00 am to 5:00 pm, not including State holidays. Services will not be denied based on ability to pay and people will be assessed for their payment responsibility based on a sliding fee scale. Rural Clinics is legislatively budgeted for 121.03 full-time equivalency (FTE) state employees, with current staffing patterns between direct care personnel and those in other positions as follows:

- 64% direct service provision personnel (clinicians, psychiatric case workers, nurses, mental health technicians, and consumer services assistants)
 - Currently there are 12 positions frozen until State Fiscal Year (SFY) 2023 and 5 other positions in the process of being filled (13% vacancy) – about 90% of vacancies are direct service provision personnel
- 36% other personnel (23% program managers or central office administration and 13% Clinic Administrative Assistants)

People access services from Rural Clinics by requesting services or because of a crisis. The Crisis Stabilization Team supports adults through the Adult Immediate Mental Health Care Team and youth through the Rural Clinics Mobile Response Team. Besides a program manager, the Crisis Stabilization Teams are staffed by contract providers.

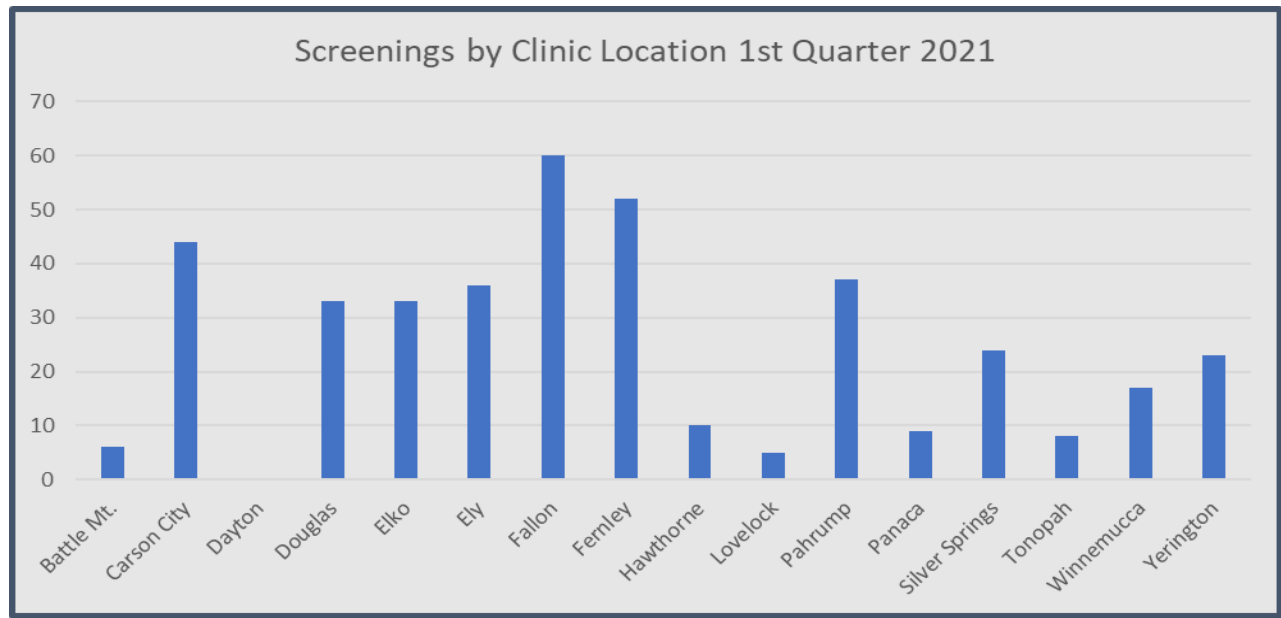
The table below depicts the number of consumers served by the Crisis Stabilization Teams for the period between January 1st and March 31st 2021:

Crisis and Stabilization Team numbers for 2021				
Crisis Team/Month	January	February	March	Hospital Diversion Rate
CARE Team	30	22	23	91.5%
RCMRT	28	36	43	88.7%

People who come into a Clinic to request services are screened for eligibility consideration by the Agency's centralized screening team – Rural Extended Access to Community Health (REACH), which also provides consultations for Rural Nevada Emergency Departments. The

REACH program is staffed by one program manager, an administrative assistant, 2 clinicians (who also provide counseling services for sites without clinicians), and clinicians from across Rural Clinics.

A screening determines services consideration – i.e., would the person benefit from services provided by Rural Clinics (as noted above) and/or would another provider be the “best fit” such as services focus on substance use. The graph below depicts the number of screenings completed, by Clinic, for the period between January 1st and March 31st 2021:



NOTE: People living in Dayton may be requesting services from the Silver Springs Clinic.

Rural Clinics provides services to persons across the lifespan who are assessed to determine if their primary diagnosis is a mental health disorder based on the current Diagnostic Statistical Manual. For sites with limited staffing and/or capacity, services can be provided over telehealth by personnel from another Rural Clinics location. Telehealth services have been provided for the Medication Management Clinic for almost a decade, with counseling services successfully provided over telehealth since March of 2020.

A consumer is open to the Rural Clinics office which is located in the community closest to where the person lives. Caseload is the number of consumer open to that particular Rural Clinics office. Caseload and staffing, by site, is as follows:

- Battle Mountain (caseload of 39):
 - One Mental Health Technician with all direct services provided over telehealth and/or intermittent personnel on-site from Elko
- Carson (caseload of 361):
 - 1 Clinic Director
 - 3 clinicians (all Licensed Clinical Social Workers: LCSWs)

- 2 Psychiatric Nurses
- 2 Psychiatric Case Workers (one current vacancy – recruiting)
- 1 Mental Health Court Psychiatric Case Worker
- 1 Mental Health Technician
- 3 ½ Administrative Assistants

NOTE: There is also a Mental Health Counselor 2 located at the Carson Clinic but works with Carson local law enforcement with MOST activities.

- Dayton (caseload of 51):
 - All services at this time are provided via telehealth or through the Silver Springs Clinic. This number represents the number of Dayton residents who are receiving services from Rural Clinics
- Douglas (caseload of 191):
 - 1 Clinic Director (also supervises Hawthorne and Yerington)
 - 4 clinicians (two LCSWs and two Mental Health Counselor (MHC) 2s and two which provide support for REACH doing screenings)
 - 2 Psychiatric Nurses
 - 1 Psychiatric Case Worker
 - 1 Consumer Services Assistant
 - 2.75 Administrative Assistants (one of which provides ½ assistance to the Administrative office)
- Elko (caseload of 131):
 - 2 clinicians (one LCSW 1 and one MHC 2)
 - 1 Psychiatric Nurse who also supports Battle Mountain
 - 1 Psychiatric Case Worker
 - 1 Consumer Services Assistant
 - 1 Administrative Assistant
- Ely (caseload of 112):
 - 1 Clinic Director (also supervises Battle Mountain, Ely and Panaca)
 - 1 clinician (MHC 1 and provides back-up support for REACH doing screenings)
 - 1 Psychiatric Nurse who also supports Panaca
 - 1 Psychiatric Case Worker (currently vacant – recruiting)
 - 1 Mental Health Technician
 - 1 Administrative Assistant
- Fallon (caseload of 251):
 - 1 Clinic Director (also supervises Lovelock and Winnemucca)
 - 2 clinicians (one MHC 2 and one position currently vacant – recruiting)
 - 1 ½ Psychiatric Nurses
 - 1 Psychiatric Case Worker
 - 1 Administrative Assistant

- Fernley (caseload of 242):
 - 1 Clinic Director (also supervises Silver Springs and Dayton)
 - 2 clinicians (both are MHC 2s)
 - 1 Psychiatric Nurse
 - 1 Mental Health Technician
 - 1 Administrative Assistant

- Hawthorne (caseload of 71):
 - One Mental Health Technician with all direct services provided over telehealth with intermittent personnel on-site from either Yerington or Douglas

- Lovelock (caseload of 42):
 - One Administrative Assistant with all direct services provided over telehealth with intermittent personnel on-site from Winnemucca

- Pahrump (caseload of 173):
 - 1 Clinic Director (also supervises Tonopah)
 - 2 clinicians (both MHC 2s)
 - 1 Psychiatric Nurse (currently vacant – recruiting)
 - 1 Psychiatric Case Worker
 - 1 Mental Health Technician (currently vacant – recruiting)
 - 2 Administrative Assistants

- Panaca (caseload of 16):
 - One Mental Health Technician with all direct services provided over telehealth with intermittent personnel on-site from Ely

- Silver Springs (caseload of 134):
 - 2 clinicians (one MHC 1 & one MHC 2)
 - 1 Psychiatric Nurse who also supports Dayton
 - 1 Psychiatric Case Worker
 - 1 Administrative Assistant

- Tonopah (caseload of 32):
 - One Mental Health Technician with all direct services provided over telehealth with intermittent personnel on-site from Pahrump

- Winnemucca (caseload of 118):
 - 2 clinicians (one LCSW 1 and one LCSW 2, one of which provides support for REACH doing screenings)
 - 1 Psychiatric Nurse who also supports Lovelock
 - 1 Psychiatric Case Worker
 - 1 Mental Health Technician

- Yerington (caseload of 129):
 - 3 clinicians (one psychologist, who provides psychological testing and consultation, and two MHC 2s)
 - 1 Psychiatric Nurse who also supports Hawthorne
 - 1 Psychiatric Case Worker
 - 1 Administrative Assistant

NOTES:

- Caseload numbers reflect all services which may be provided, not specific program numbers
- Some Clinics have contract personnel:
 - Fernley has a ½ time contract Psychiatric Case Worker
 - Yerington has a full-time contract Administrative Assistant
- Some personnel are Interns (LCSW or MHC 1) and cannot carry as high a caseload as a fully-licensed clinician – interns are capped at no more than 30 people on their caseload
- All clinicians can provide services across all Rural Clinics sites using telehealth
- At any time during the screening or admission process, people can access the Crisis Stabilization Teams if mental health symptoms increase and they need immediate assistance

RURAL CLINICS SERVICE DELIVERY TIMEFRAMES

Client Requests Services

Urgent or Walk-in Screening

Consumer walks into a clinic and is in distress or checks the box on paperwork indicating they ARE in crisis and/or having thoughts of hurting themselves or others.

TIME FRAME: SAME DAY

Scheduled Screening *

Consumer calls or walks into a clinic, is not in distress or suicidal and is seeking outpatient mental health services.

TIME FRAME:
APPROXIMATELY 7-20 DAYS

Crisis

Consumer calls clinic and is in immediate need of crisis treatment. Consumer is connected to Rural Clinics Crisis and Stabilization Teams

TIME FRAME: 15-30 MINUTES

0-20
DAYS

After Screening-For Consumers not in crisis

The Screening Team and Case Manager work to connect consumer to "best fit" services, either community provider or Rural Clinics, taking into consideration insurance, financials, location, telehealth capabilities and treatment needs.

Referral to Community Provider

The Case Manager helps the consumer schedule an appointment with a community provider.

TIME FRAME:
APPROXIMATELY 3 WEEKS

Referral to Rural Clinics

The Screening Team works with Agency Clinic Directors to schedule out-patient services for the consumer which could include Med Clinic, Counseling, and Case Management

Medication Clinic

Consumers are open to waitlist and scheduled for an initial appointment. At initial appointment, treatment begins, and regular follow-up appointments are scheduled as prescribed by the provider.

TIME FRAME: APPROXIMATELY 3 to 5 WEEKS TO INITIAL APPOINTMENT

Initial Assessment for Counseling *

Consumers are open to waitlist and scheduled for an initial appointment to complete a diagnostic assessment and, if needed, other services are discussed (e.g., Case Management, Rehabilitative Mental Health).

TIME FRAME: APPROXIMATELY 2 to 4 WEEKS FROM SCREENING APPOINTMENT

21-50
DAYS

On-going Counseling Appointments *

After the assessment Appointment, consumers are scheduled for on-going outpatient therapy appointments.

TIME FRAME: APPROXIMATELY 2 WEEKS FROM INTAKE APPOINTMENT

35-64
DAYS

* NON-URGENT APPOINTMENTS ARE SCHEDULED AT A TIME CONVENIENT FOR THE CONSUMER AND AT THEIR REQUEST.