RURAL MENTAL HEALTH CONSORTIUM
SECOND ANNUAL PLAN FOR MENTAL HEALTH SERVICES

Parents, mental health consumers, school personnel, and representatives from the Division of Child and Family Services (D.C.F.S.), Medicaid, Juvenile Justice, Rural Mental Health clinics, a representative of the Board of Trustees from the School District, Nevada P.E.P. have met six times since the last report to monitor and plan for integrated mental health services in rural Nevada. The Consortium measured needs for children and families in all of the rural counties and used this data to shape a comprehensive program.

Following the final submission of the first annual plan in August 2002, the rural consortium has gathered more information to define the need for behavioral health services in the area. This information has focused on the large proportion of the children and youth in restrictive residential care. The current system greatly overuses residential services to address mental health needs. The lack of an individualized family centered approach to supporting children results in 86% of the funding being spent on high cost residential care for less than 10% of the children who need services.

Consortium members have worked together to develop plans for crisis services and early access teams. They have worked with Medicaid committees to develop plans for improving access to needed services. The consortium members have developed the following plan to supplement the initial recommendations from the First Annual Plan. The Plan has two parts. The first part addresses steps that should be taken during the remainder of this fiscal year. The second addresses actions for the next biennium.

For the Current Year. Between 12-01-02 and 07-01-03 the Consortium supports AB-1 roll-out plan[1] for initiative for wraparound services to children in custody of the Division of Child and Family Services. The AB-1 mental health plan has been delayed several times in implementation and more and more children are being placed into higher levels of care. The Consortium has seen great success with the first phase of this plan and maintains that implementing the next phase this year is essential to reducing the number of children in higher levels of care and to provide services in their local community.

[1]The proposal for the roll-out plan is included in this document as appendix A

The specifics for this plan are to:

1. Deploy the 5 wraparound Facilitator positions (in the initial AB-1 wraparound rollout) to serve the greatest number of SED children in D.C.F.S. custody placed in out-of-home care (substitute care) in rural Nevada. The best use of these positions involves placing one Wraparound Facilitator in D.C.F.S. offices in Fallon, Silver Springs, Elko and two in Carson City. Wraparound Services help children in substitute care receive appropriate community-based, "step-down" services. The Wraparound model in these areas will reduce the length of stay in higher-level substitute care and increase non-traditional services that support the mental health of children (see Appendix A).

2. Through AB-1 the Nevada Legislature has integrated the child welfare system and increased support for the children in the child welfare system. This includes creating funding for 216 behavioral health services slots for children in the ongoing child welfare system who have severe emotional disorders and are currently unserved or receiving inadequate services. The funding for these services began for 10% of these children in April 2002 and then a phase-in of the other children begins in February 2003. The Consortium recommends a rollout of 32 slots in the Rural region in February 2003. This will require 4 new Wraparound Facilitators, provided by a contracted provider. The training and coaching plan designed to support this rollout plan is included in Appendix B. This plan should be funded through the current AB-1 allocation.

3. The Consortium will continue to pilot and refine the forms and protocols for:

    a. Standardized assessments
    b. Wraparound service process
    c. Measurable outcomes of services
    d. Prior authorization of higher level services
    e. Quality assurance of services
    f. Training and support for staff
    g. Ongoing case Management

4. The Winnemucca Community Coalition will develop an integrated family support team to provide early response for coordinating the provision of mental health services to children in Humboldt, Lander, and Pershing counties. This collaborative model helps children gain early access to clinical and/or needs assessments and services and potentially remain in their community. This will help prevent out of home placement and inappropriate high levels of mental health care. Part of this team's focus will be on SED children in D.C.F.S. custody in the tri-county area. The Consortium also urges the use of some existing funding from the Children's Mental Health Block Grant to support this tri-county family support team. This project will be the prototype for genuine collaborative interagency support for children with behavioral health needs and their families. The Elko Wraparound facilitator will provide services to Winnemucca as available and technical assistance to the family support team.

5. Support the Early Assessment/Collaboration team model currently functioning in Carson City. Teams will be developed in stages in the Elko and Fallon D.C.F.S. service areas. These teams evaluate children who come into D.C.F.S. custody within 72 hours to identify and make recommendations for services to the family and access to appropriate community-based services. Issues of safety for children in the home/community will also be addressed.

The Rural consortium makes the following recommendations for the next biennium:

1. Nevada P.E.P. will coordinate with Nevada Family Resource Centers to begin implementing training in all rural areas. The Consortium supports parent/family education as crucial to the mental health needs of children. Thus the Consortium endorses the expansion of Mental Health Rehabilitative Services to include family support as a new service as proposed by the new Medicaid Mental Health Level of Care System.

2. Recruitment of Child Mental Health Specialists to serve families in rural Nevada. Rural Mental Health Clinics will research an internship program that would support and train Licensed Clinical Social Workers and Licensed Marriage and Family Therapists to serve in rural Nevada. This recruitment program would reduce "wait lists" for mental health services and maintain children in their local community. The survey identified a need for 23 new targeted case managers for rural clinics to serve the unmet need. However, the Consortium recommends funding 11 new targeted case management positions in order to start addressing this need. These positions would be located in Rural Clinics site offices at a combined cost of $767,074.00 (11 x $69,734.00/FTE Grade 33). The Consortium urges the legislature to send a letter of intent to the Department of Human Resources to develop a plan to meet this need.

3. Additional funding and Wraparound Service positions be placed in M.H.D.S./Rural Clinics to serve D.C.F.S. custody children and non-custody children that may be referred by the Department of Education, parents or Juvenile Justice system.

4. The Consortium strongly endorses the new Mental Health Level of Care System as proposed by Medicaid with services to include:

    a. Expand the number of private providers of Medicaid service.
    b. Provide targeted case management through D.C.F.S. and the Division of Mental Health and Developmental Services (M.H.D.S.) to all children in Level III and above to ensure integrated and effective services and supports.
    c. The Consortium urges a Medicaid billing change to include Family Support.
    d. Provide equitable services for all children eligible for the program.
    e. Provide community-based alternatives to expensive residential care at all levels of service.

f. Maximize eligibility for SED children in Medicaid and Nevada Check-Up.
g. Provide changes in status that restricts eligibility for services and build mandated bridges between child and adult systems and placement transition systems toward the stabilization of the recipients.

5. Extend Medicaid coverage for children six months after they exit from the child welfare system.

6. The Consortium recommends continued funding under AB-1 to meet the original target of 327 children within the system.

APPENDIX A

PROPOSAL FOR COMPLETION OF ROLL-OUT OF AB-1 SERVICES

This document summarizes the revised plan to roll-out mental health services for the children currently enrolled in the pilot project funded through AB-1 legislation. Changes in the budget and timelines of the AB-1 plan to provide appropriate mental health services for children and adolescents in the child welfare system have reduced the number of children to be served in this fiscal year from 327 to 216 and funding to support staff training and development has been reduced by 50%. Currently Nevada is spending 86% of the mental health funding for children on highly restrictive residential treatment services for less than 10% of the children. The proposed changes in the system would serve many more children in less restrictive settings, with better outcomes. The service process defined in the AB-1 legislation is a fundamental change from the way services have been provided in Nevada in the past and require training, coaching and support for the system changes needed to support the new practice.

Roll-out Schedule
AB-1 Capacity
Figure One

	Now	Jan	Feb	May	Total
Las Vegas	17	24	24	128	128
Reno	8	8	40	44	44
RURAL	8	12	44	44	44
New this Period	33	11	64	108	
Total Capacity	33	44	108	216	216

Figure One shows the number of slots[2] that are currently allotted (all are full) and the number of additional slots that will be added between January and July 2003. In January the caseload for the rural worker will be increased from 8 to 12. In February, 4 new Wraparound Facilitators will be recruited for the rural region.

[2]Slots is used instead of children because as a child finishes services another child can be served. Thus through the end of the first six months of the pilot project there were 8 rural slots and 5 children have been successfully reintegrated with their parents and these five slots were used to provide services for 5 additional children.

Wrap Model for AB-1 Mental Health Phase

The AB-1 legislation 327 behavioral health services slots have been funded for children in the ongoing child welfare systems that are currently unserved or receiving inadequate services. The funding for these services began by funding 10% of these children in April 2002. For the purpose of this project, eight children were identified in the rural region. Many more children were identified and two additional children were selected as alternates. Eight more children are scheduled to be selected to serve as a control group. They will receive the current level of child welfare and mental health services. During the initial six months their progress and outcomes will be compared to the children receiving the wraparound service model. Two key features of this model are:

- Be outcome driven focusing on child safety, permanency, emotional and physical health, developmental progress and youth and family independence.
- Be individualized to the specific culture, strengths and needs of each child and family.

The key staff person in this model if the Wraparound Facilitator who performs the following functions:

- Forming, facilitation, and maintaining child and family teams for group decision-making, assessments, planning, tracking
- Linking the child an family to needed services
- Taking the lead responsibility for specific tasks as individually identified in the plan
- Writing the 90 day reviews to monitor progress and future plans for the child and family
- Crisis planning, prevention, early intervention and response