

RURAL NEVADA
CHILDREN'S MENTAL HEALTH
CONSORTIUM



ANNUAL PLAN
2007-2008

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Consortium Overview

The Rural Children's Mental Health Consortium (RCMHC) is a group of family members, professionals, policy-makers, agency personnel, community representatives, volunteers, concerned citizens, and advocates. This group pools their ideas, efforts and vision in order to develop and support the needs of the children and families in Rural Nevada with mental and behavioral health needs.

Since its inception, the RCMHC has advocated for increased mental health services for children, youth, and their families. The RCMHC actively pursues partnerships, with both public and private agencies, to help enhance the availability of services throughout the state and we will continue to do so. Unfortunately, mental health services remain a needed commodity in most of Nevada's rural and frontier communities. Dedicated Public Employees, especially those working for DCFS, Rural Clinics, Juvenile Justice, and Education, carry large workloads and become overburdened with service delivery needs. Particularly true with services to children and families, high workloads contribute to staff turnover and impair the ability of clinicians to learn and implement new service delivery models, such as evidence-based practices. Taken together, these factors decay the performance rate leading to long waitlists, inefficient service delivery, and demands for system change. We continue to support the need for positions in the rural region. We acknowledge the response to our previous request for mental health positions in the Rurals and we recognize that more efforts need to be made to not only recruit but to retain these positions. We ask that you reinstate these mental health positions based on our commitment to recruitment and retention.

The RCMHC continues to be passionate about improving the overall system of care and we will collaborate with the recently formed Nevada Children's Behavioral Health Consortium (NCBHC) in making the sweeping systemic changes necessary to support the Rural Consortium's local efforts. The RCMHC encourages the NCBHC to fully adopt the principles and attributes associated with System of Care, especially the values related to family-driven services. Family-driven services means families have a primary decision making role in the care of their own children, as well as in the development the policies and procedures governing care for all children in their community, state, tribe, territory and nation. The RCMHC strongly believes that engaging families from Nevada's rural communities is a key element is successfully enhancing the mental health services available in the state's smaller cities and towns.

The RCMHC has identified four areas in which significant improvement needs to occur. They are:

- Increased access to children's mental health services;
- Increased family and parent involvement in all levels of program and policy development regarding children's mental health;
- Increased investment in workforce recruitment and retention; and
- Increased RCMHC representation from all rural regions of Nevada.

The RCMHC remains dedicated and focused on creating solutions for the above stated needs. Developing sustainable solutions requires involvement and resources from the RCHMC, local communities, and the State of Nevada. Without active partnerships, nothing will be accomplished and Nevada's most vulnerable children and families will continue to struggle without the access to critical mental health services.

Planning Process

On June 21, 2007, the RCMHC membership participated in a full-day retreat facilitated by Suganya Sockalingam, Ph.D. During the retreat, RCMHC members engaged in frank conversation about the health of the RCMHC, re-evaluated the goals and objectives contained in previous annual reports, and created a new strategic direction for the group. To that end, RCMHC members agreed to focus the group's energy on making tangible and timely improvements in the current system of care available in Nevada's rural communities. In the past, the Consortium has attempted to address large systemic issues, but given the limited resources of the group, changes have been limited in their scope.

During the retreat, RCMHC members were divided into workgroups, which will now be responsible for carrying forward the tasks identified in the 2007-2008 Annual Plan. The workgroups include:

- Voices of Families
- Youth and Family Services
- Workforce Development
- Coordinated Mental Health Services for Students
- Collaborative Awareness, Prevention, and Education
- Assessment

The Consortium also agreed to temporarily adopt a new definition of and principles related to System of Care, which will help guide the group's activities over the next year. Once the NCBHC adopts a state-wide definition of System of Care, the Rural Consortium will officially adopt the state-wide definition. For the purpose of this plan, the newly adopted System of Care definition and principles are as follows:

System of Care is defined as a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families.

The principles include:

- Flexible funding;
- Inclusive definition of family;
- Inclusive of all community support;
- Strengths-based services;
- Integrated systems and services;
- No-wrong-door for accessing services;
- Family members/parents are viewed as experts and are involved in all levels of service, including policy making; and
- Full array of services available to all children and youth with behavioral health needs, regardless of resources or status within the system.

2007-2008 Workgroup Goals and Objectives

Voices of Families

Workgroup purpose: To increase the role of families in the development of services and policy

GOAL 1: Increase Family participation in Rural Children's Mental Health Consortium

Objective 1A: Set-up Teleconference for monthly meetings in three outlying communities

Objective 1B: Clarify Consortium membership and fill the family member voting position if open

Objective 1C: Develop family and agency collaboration on other Consortium workgroups by keeping family members informed of activities and recruit families to participate on the workgroups

GOAL 2: Develop a Family Voices Workgroup

Objective 2A: Recruit families to participate in monthly meetings

- Establish a set time to meet every month
- Publicize the workgroup in Nevada PEP's Collaborating for Children Quarterly Newsletter
- Develop information packet about Rural Consortium
 - Insert information about the Voices of Families Workgroup into Rural Consortium Brochure
 - System of Care information

Objective 2B: Educate family members on their role on workgroups and Consortium

- Nevada PEP has curriculum to train family members about their role on workgroups and committees
- Inform family members about the opportunity to participate in advocacy and policy making activities

GOAL 3: Determine if a Charter needs to be developed

Youth and Family Services

Workgroup purpose: To increase the array of behavioral health services available to youths involved with juvenile justice

The goals and objectives of the Youth and Family Services workgroup will be further refined and rewritten to include actionable objectives over the coming months

GOAL 1: The Rural Mental Health Consortium supports the concept of juvenile detention facilities in Nevada be required to offer Mental Health Services to youths who must remain in secure custody

GOAL 2: The Rural Mental Health Consortium supports two new WIN positions in the Rural Region to provide discharge planning in the rural juvenile detention facilities

GOAL 3: The Rural Mental Health Consortium supports the continued researching of the use of Licensed Professional counselors in the juvenile detention facilities

Workforce Development

Workgroup purpose: To reassess the current methodology for the workforce needs in rural communities to attract new clinicians and keep current clinical staff content with their positions

GOAL 1: Identify and recruit additional workgroup members

GOAL 2: Advocate for additional positions for increased workforce

GOAL 3: Outline and define regulations necessary to utilize Licensed Professional Counselors

GOAL 4: Identify the existing technology to enhance service delivery and train new and current staff to facilitate those technologies

GOAL 5: Train workforce in System of Care principles in collaboration with Nevada PEP's, Nevada's Statewide Family Network program

Coordinated Mental Health Services for Students (“School workgroup”)

Workgroup purpose: To increase the array of behavioral health services available to children and youth in the school setting

GOAL 1: Identify and recruit additional workgroup members

GOAL 2: Develop a pilot project designed to implement a nationally-recognized intervention in a rural school setting

Objective 2A: Look at nationally-recognized school mental health projects that have been developed in rural communities and the feasibility of implementing them in Rural Nevada

GOAL 3: Identify schools with mental health professional (s) on staff

Objective 3A: Contact rural school districts to learn about any existing programs for mental health services for students and what programming may be each school district

Objective 3B: Review program criteria and development of appropriate programs

Objective 3C: Research existing private school mental health programs and the development in future programs

Objective 3D: Collect information regarding the credentials and professional experience of school-based mental health practitioners

GOAL 4: Replicate the need assessment survey tool done by Clark County Children’s Mental Health Consortium within rural school districts

Objective 4A: Partner with Washoe County Children’s Mental Health Consortium by identifying rural consortium member willing to attend Washoe County consortium’s survey meetings

Objective 4B: Identify and contact 3 rural special education directors to participate in implementing survey tool

Objective 4C: Meet and discuss time line for implementation of survey

Objective 4D: Analyze data to identify areas of need

Objective 4E: Develop a report from data to be included in the 2008 Annual Plan

Collaborative Awareness, Prevention, and Education

Workgroup purpose: To increase community awareness about behavioral health issues and resources and to connect rural communities to services, training, and participation by using technology

GOAL 1: Identify and recruit additional workgroup members

GOAL 2: Develop method of contacting and inviting stakeholders to join workgroup and or consortium

GOAL 3: Study the possibility of having a Rural Consortium web site

Objective 3A: Identify someone to write and run the site

Objective 3B: Propose what would be on the site

Objective 3C: Provide updates when site is up and running

GOAL 4: Develop a public awareness campaign

Objective 4A: Collaborate or support Washoe County in distributing Clark County's commercials

- Where it can be distributed rurally
- Find a funding and grants partner
- Look into a possible phone number with the capability of a multi-use number between Washoe County and rural communities
- Develop a poster from commercial clip

Objective 4B: Provide Media with story topics for various children's mental health issues.

Objective 4C: Develop a calendar for public awareness on mental and behavioral issues

Objective 4D: Collaborate or support other groups with awareness activities

- Keep a list of stakeholders and activities
- Help distribute information

GOAL 5: Develop educational opportunities for the Rurals

Objective 5A: Develop tele-training

- Look for partners for funding and grants
- Identify topics to help the rural communities
- Identify trainers
- Implement training

Objective 5B: Identify other areas of educational opportunities

- Help distribute training opportunities (spread the word)
- Partner with other stakeholders

Assessment

Workgroup purpose: To support children's mental health service providers in developing a means through which to provide comprehensive behavioral health assessments for children and youth living in rural communities

GOAL 1: Expand workgroup to network with stakeholders, including but not limited to: Nevada Early Intervention Services (NEIS), Northern Nevada Child and Adolescent Services (NNCAS), and family members

GOAL 2: Identify rural partners and compile data base of contacts and resources from sources such as DCFS, NV PEP, school districts, and professional and advocacy organizations serving in rural Nevada

GOAL 3: Support the development of an infant mental health modulation in collaboration with NEIS and NNCAS utilizing DC0-3 methodology

GOAL 4: Continue to discuss the use of Carson Tahoe Hospital's Behavioral Health Network in rural communities, paying particular attention to the utilization of interns and technology

GOAL 5: Explore the utility of EPSTD screening in directing the behavioral health needs of rural Nevada's children and youth

GOAL 6: Develop a technological model for pediatric mental health screening considering PEDS, Greenspan's Emotional Growth Chart, and "Mental Health Screening Tool"

GOAL 7: Partner with and support efforts of other groups providing assessment to children and youth, including but not be limited to UNR Multidisciplinary Autism Assessment Team, Nevada Health Division Autism efforts, FAS assessment clinics, and the CAPTA workforce

GOAL 8: Support and publicize Child Find screenings in rural Nevada in collaboration with partners such as RCMHC, NEIS, DCFS, NV PEP, and local school districts

2006-2007 Plan Review

Accomplishments

During the June 12th retreat, members engaged in a frank and open discussion about the recent accomplishments of the Consortium. Members agreed that the goals and objectives set forth in the previous plan were too broad and unrealistic, given the realities of the limited community resources, long distances between communities, and the extensive workloads of the Consortium members. As a result, some of the 2006-2007 Annual Plan goals went unrealized. However, the following tasks were accomplished:

- NV PEP provided training in Mineral, Churchill, Lyon, Elko, and Humboldt Counties. Training was also provided in the Pahrump community.
- NV PEP provided monthly parental support services in Lyon and Churchill counties.
- Nevada Deputy Attorney General is actively participating in the Consortium process.
- NV PEP sponsored rural parents to attend state-wide trainings, such as the Nevada Department of Education's IDEA training.
- The RCMHC increased family and parent involvement in the Consortium process.
- A rural parent was invited to sit on the NCBHC and attended the CA-SIG Grantee meeting in Washington DC.
- A majority of the legislatively mandated positions were filled, including rural school district representation.
- Coordination between the RCMHC and the SIG team was improved by making a SIG update a standing Consortium agenda item.
- The rural mental health positions were recently upgraded on the state pay schedule, improving the potential for recruiting skilled professionals into the positions.
- Several presentations were made by community-based presentations, including:
 - White Pine Boys Ranch;
 - Statewide Perinatal Substance Abuse Prevention efforts;
 - Willow Springs/Pathways Outpatient services;
 - Parents provided insight into their experience as consumers in the current system of care;
 - NNCAS provided information on early childhood mental health services;
 - DCFS and UNLV provided an update on SIG activities.

Review of 2006-2007 Requests to DHHS

Request: Department of Health and Human Services (DHHS) should develop staff and fund an integrated work force development plan that includes a full time recruiter, development of an interactive website, and specialized recruitment materials for the rural communities of Nevada. This plan should include a staff liaison to coordinate with Nevada institutions of higher learning to develop internships, independent studies and to recruit students from rural communities into professional degree programs with emphasis on specific rural curriculum.

Status: Although this position was included in the Governor's budget, it was eventually eliminated during the Legislative session.

Request: DHHS should request funding for the initial phase-in of behavioral health services to be provided for youth in juvenile detention facilities. Proposals have been developed to staff detention facilities with enough behavioral health staff (working in clusters) to address the needs of youth within these facilities. In the first year a team of 2 WIN workers, a group therapist and an IFS therapist could function as the first of these teams.

Status: DHHS presented these services as part of the proposed budget package, but the services were eliminated during the Legislative session.

Request: Support staff and flexible funding should be provided for someone to coordinate rural consortium activities and to pay expenses for families and others to travel and participate in rural consortium activities.

Status: Parents and other stakeholders have been receiving stipends for participation. SIG limited funding is available for support staff, but has not been completely utilized.

Needs Assessment

Previous Consortium Annual Plans have included lengthy reviews of available data citing the need for pediatric behavioral health services in Nevada’s rural communities. As indicated by those reports, the need for services is dire and continues to grow at an exponential rate. Despite the accelerated changes made to the rural system of care, the lack of services of services remains extreme. The Consortium realizes that reporting the needs of Nevada’s rural communities in isolation does not provide policy makers with a complete picture of the statewide need for tremendous infrastructure improvement in children’s behavioral health services. In order to capture such data, the Consortium will work in partnership with the Washoe County Children’s Mental Health Consortium and the Clark County Children’s Mental Health Consortium to collect and analyze the following data points:

Target Population	Needs Indicator
Children in the Child Welfare System	<ul style="list-style-type: none"> • # of children (and % of total population) in public care needing outpatient and intensive services
Children in the Juvenile Justice System	<ul style="list-style-type: none"> • # of 8-12 year olds arrested • # of psychiatric evaluations completed • # of psychological evaluations completed • # of substance abuse assessments completed • Applicable MAYSI data
Children in the Public School System	<ul style="list-style-type: none"> • # and type of behavioral health services and/or evaluations provided through the IEP process
Children in the Medicaid System	<ul style="list-style-type: none"> • Inpatient vs. community-based service utilization by Medicaid HMO, Fee-for-Service, and Check-Up • Utilization of residential treatment center bed days by the various types of Medicaid recipients • Utilization of Medicaid services by zip code, age, ethnicity, gender, length of stay, co-morbidity, and custody status • Data on Medicaid behavioral health denials and appeals • Utilization of multiple aid codes by recipients • # of children in RTC’s • # of children in outpatient treatment • # of children in group homes
Children receiving behavioral health services	<ul style="list-style-type: none"> • # of type of services provided • # of children served • Average length of waiting list

RURAL CHILDREN'S MENTAL HEALTH CONSORTIUM

2007-2008

Membership

The Rural Children's Mental Health Consortium seeks a diverse membership representative of parents, consumers, professionals, resource agency staff and community partners in order to provide advocacy for children in need of mental health services in rural Nevada.

Appointed Members:

MEMBER	REPRESENTING
Lorraine Vazquez, Chair	Foster /Adoptive Parent
John Simms, Vice Chair	Local Juvenile Probation Department Carson City/Storey Juvenile Probation
Patricia J. Hedgecoth	Child Welfare Services Division of Child and Family Services Rural Region Social Service Manager
Ted Tusso	Division of Child and Family Services Clinical Program Manager
Larry Robb	Rural Child Welfare Services Division of Child and Family Services Elko District Social Services Manager
Richard Tree	Pershing County School District Adult and Alternative Education Coordinator
Ray Kendall	Mental Health and Developmental Services Division of Mental Health Development Services
Retta Dermody	Nevada Parents Encouraging Parents (PEP)
Jane Ripley	Local Juvenile Probation Department Sixth Judicial District Court Youth and Family Services
Jan Marson	Community Child Advocate
Jean Estrada/ Dr. Jon Kirwan	Division of Health Care, Finance and Policy
Vacant	Community Member
Pending acceptance	Parent
Vacant	School Board Member
Vacant	Private provider of Mental Health Care