Highlights of the 7th Annual Plan

Healthy Families Building Healthy Communities

Clark County Children's
Mental Health Consortium

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Introduction

A child's mental health consists of thoughts, feelings, and behaviors that determine whether that child 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 child's life. Unlike physical problems, mental health problems can't always be seen, but the symptoms can be recognized. Some symptoms of childhood mental health problems include depression, anxiety, conduct, eating and attention deficit/hyperactivity disorders. The U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration reports that at any given time, one in every five children are suffering from a mental health problem. Estimates of prevalence are much higher (60-80%) for children involved with child welfare, juvenile justice, and special education. About 2/3 of all children do not receive the services they need.[1]

The Surgeon General has reported that 1 in 10 children suffer from a serious emotional disturbance likely to affect their ability to function for a year or more. Of these children, it is estimated that at least 80% are unserved or underserved.[2]

Studies by the Clark County Children's Mental Health Consortium have confirmed that an estimated 100,000 of Clark County's children also suffer from behavioral health problems and face the same plight as other children with behavioral health disorders across the country. Moreover, the transience in Clark County's population presents additional challenges in meeting the needs of these children.[3]

Figure 1. Still shot from children's mental health public service announcement produced by the CCCMHC in collaboration with local and state agencies. http://www.gethealthyclarkcounty.org/injury_prev/mental_health.html

Figure 2. Still shot from teen mental health public service announcement produced by the CCCMHC in collaboration with local and state agencies. http://www.gethealthyclarkcounty.org/injury_prev/mental_health.html

The Surgeon General's National Action Agenda highlights the fact that there is no coordinated behavioral health system for children. While services may exist for children, they are fragmented and very difficult for families to navigate.[4]

Families of youth with behavioral health disorders face a daunting task in obtaining needed services for their children. In one study, 48% of parents reported they had to quit work to care for their children, and 27% indicated that their employment had been terminated because of work interruptions due to care responsibilities.[5]

A variety of funding sources and complex funding mechanisms support the delivery of children's behavioral health services in Clark County and across the nation. In comparison, the funding is minuscule as compared to total healthcare spending, disproportionately small as compared to adult mental health funding, and out of sync with best practices favoring community-based care over residential treatment. The current expenditure patterns fail to address the needs of identified children as well as those at risk for mental health problems.[6]

The CCCMHC has been studying the needs of Clark County's children with behavioral health problems in order to facilitate improvements in public awareness, service access, and system infrastructure.

Factors Affecting Mental Health of Clark County Children

Population Growth

For the last twenty years, Clark County has been one of the most rapidly growing and changing metropolitan areas in the nation. The population transition has stretched state and county resources to meet the increasing demands for behavioral health services to children. Of Clark County's 508,875 children under the age of 19 years, the CCCMHC has estimated that at least 100,000 suffer from behavioral health issues.

Population Diversity

Clark County's population has also grown increasingly diverse. Minorities constitute nearly half of the county's population, with approximately 27 % being of Hispanic origin. Most of Clark County's foreign-born population are not citizens. An increasing number of illegal immigrants do not have medical insurance, earn lower wages, and lack the knowledge and support to access behavioral health resources for their children.[7]

Poverty

Sixteen percent of Clark County's children live in poverty and at least 18.8% are uninsured. Of approximately 96,000 uninsured children in Clark County, at least 20,000 likely suffer from behavioral health problems. State mental health services have the capacity to serve less than 15% of these young people, and other services with sliding fee scales are extremely limited.[8] With the significant rise in unemployment rates this year, many more families face financial barriers in seeking behavioral health services for their children.

Medicaid Programs

Medicaid offers three programs for children who live in poverty and those with disabilities, including fee-for-service Medicaid, managed care Medicaid, and the Nevada Check-up Program. Children with behavioral health problems must frequently move from program to program due to eligibility and income criteria, complicating access and continuity of care. Nevada's income criteria for Medicaid is one of the most restrictive in the nation and there are no waiver programs for children with behavioral health problems. Recent changes at the federal level have also limited access to behavioral health services known to be effective such as family-to-family support.

Service System

Although Clark County has many excellent behavioral health providers and programs, children can only access certain programs depending on their health care coverage, referral point, or living situation. For example, children removed from their home can access the most restrictive and least effective treatment through residential care, but cannot receive more effective community and home-based interventions while living at home. There are significant gaps in the service array, resulting in an overreliance on more intrusive treatments such as medication and inpatient care.

Public Awareness

Research has shown that early identification and intervention improves outcomes for children with behavioral health problems. Sadly, a national survey has shown long delays, even decades, between the onset of symptoms and the initiation of treatment.[9]

One of the key barriers in improving children's early access to behavioral health services is the stigma associated with children's behavioral health problems. A large survey recently conducted nationally by Harris Interactive in collaboration with the Portland State University Children's Mental Health Research and Training Center has confirmed that both adults and teenagers have less understanding and more negative perceptions of youths with behavioral health problems such as attention deficit disorder and depression, as opposed to those with physical health problems, such as asthma. Sadly, both adults and youth are much less likely to seek help if they have a behavioral health problem, and many still falsely assume that parents are to blame for their child's behavioral health problems.[10]

The CCCMHC has developed a nationally recognized public education campaign over the last three years aimed at increasing public awareness of the prevalence of children's behavioral health problems and encourage both parents and youth to seek help for these problems.

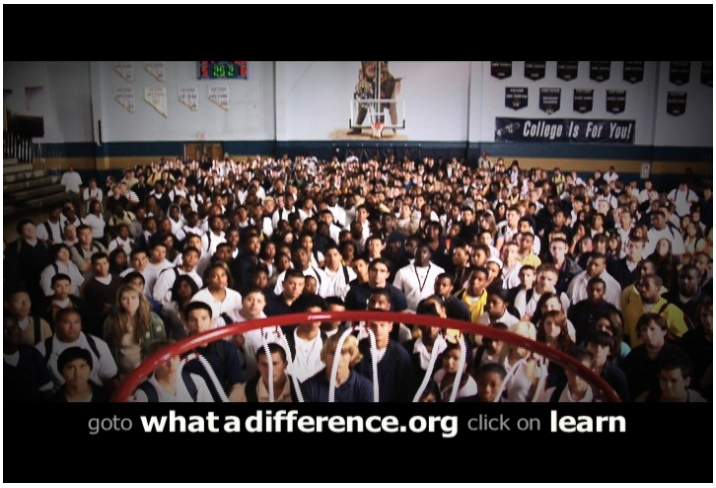


Figure 3. Still shot from teen mental health public service announcement produced by the CCCMHC in collboration with local and state agencies. http://www.gethealthyclarkounty.org/injury_prev/mental_health.html

Need for Early Screening and Treatment

The majority of lifetime mental illnesses begin in youth and half of all diagnosable lifetime cases of mental illness begin by age 14.[11]

As with physical illnesses, prevention, early identification and treatment of behavioral health problems lead to reduced costs to public agencies for later, more intensive, and long-term treatment. More importantly, proactive effects to address children's mental health result in better outcomes for children and families.[12]

Risk factors for mental health problems can now be pinpointed during the **toddler years**. These risk factors are often compounded by lack of parenting skills and negative school experiences, leading to significant childhood disorders. If prevention activities, early identification and treatment do not occur, these childhood disorders may intensify and persist, often leading to a downward spiral of school failure, juvenile justice involvement, substance abuse, poor employment opportunities and poverty in adulthood.[13]

A demonstration project conducted by the Clark County School district identified and provided preventative services to 198 at-risk **preschoolers** during the 2007-8 school year in collaboration with the Nevada Division of Child and Family Services. The program improves young children's social skills, decreased problem behaviors, and reduced family stress levels as children entered elementary school.

Funding is needed to maintain and expand this school-based early childhood program.

Longitudinal studies by the CCCMHC have shown that many **elementary school** children with behavioral health problems are not identified and treated, leading to poor academic achievement and failure to move from grade to grade with their peers.

The CCCMHC recommends intervention to elementary students to improve academic and behavioral functioning while* reducing costs for remedial programs. *There are at least 9 proven programs available to achieve these goals.[14]

Behavioral health awareness, screening and early treatment becomes even more critical as children enter **adolescence.** Youth Suicide is the third leading cause of death for Nevada youth, ages 10-24 years. Our youths have a suicide rate well above the national average. Fourteen-point-two percent of Nevada high school students self-reported that they had seriously considered suicide and had thought of a plan.[15]

In Clark County, the CCCMHC has found that referrals to school psychologists for suicidal behavior have doubled over the last two years and more students in elementary school and middle school are being identified at risk for suicide. Community failure to address adverse family circumstances such as abuse, household substance abuse and domestic violence may be contributing to this increased early suicide risk.[16]

Proven school-based suicide awareness programs and screening models such as Columbia TeenScreen result in early identification of behavioral health disorder that lead to suicidal behavior in adolescents. In 2007, 92% of adolescents identified through school-based screening in Clark County were successfully linked to treatment. Such programs have been supported over the last three years by federal funds administered by the Nevada Office of Suicide Prevention Unfortunately, fewer students have been screened this year.

Funding is needed to support school-based awareness and screening programs. Substance abuse accounts for nearly a quarter of increasing numbers of school expulsions and is another issue addressed by screening programs.

Figure 4. 2007 Academic Achievement Rankings for Clark County Elementary School Students identified in 2004 with Behavioral Health Disorders by Level of Severity.

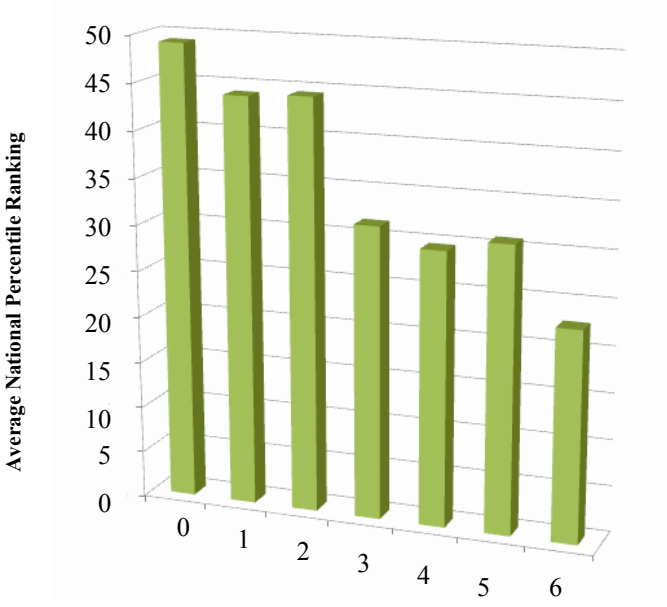
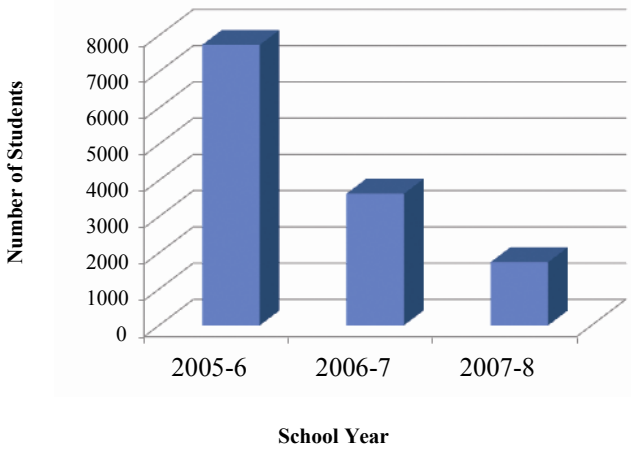


Figure 5. Number of Students screened by the Clark County TeenScreen Program.



Need for Crisis Intervention Services and Supports

The National Center for Children in Poverty has identified youth emergency room visits for behavioral health care as a national problem. Over the past decade, child mental health-related visits to hospital emergency rooms have significantly increased across the United States and are symptomatic of the lack of community-based crisis services for children and youth with behavioral health disorders.[17]

The CCCMHC has been monitoring admissions of youths to local emergency rooms for behavioral health problems.

In 2007, 1103 Clark County youths entered local emergency rooms for behavioral health problems, a 53% increase over 2005 levels. Almost 40% of youths admitted had threatened or attempted suicide. Over half of all youths admitted were discharged home without any immediate treatment. Nearly half of youths discharged home without immediately treatment were suicidal, psychotic or depressed. Nearly 200 children seen in emergency rooms were admitted to University Medical Center's pediatric unit in 2007 for lack of any appropriate psychiatric inpatient placement and represents a 300% increase over those placed in this unit during 2005.

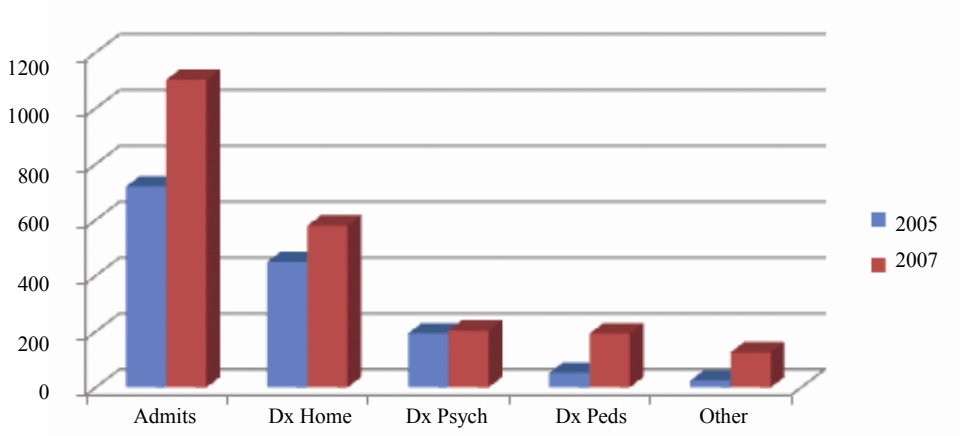
Some of Clark County's most vulnerable children spend the most time in local emergency rooms waiting for appropriate treatment or referral to behavioral health services. Lengths of stay for uninsured youths were twice as long as lengths of stay for Medicaid and commercially insured youths. Uninsured youths spent an average of 35.3 hours in local emergency rooms before being discharged or placed in appropriate care.

The CCCMHC has identified the need for emergency room diversion programs as a top priority for Clark County children with behavioral health crises. National experts and local stakeholders have concluded that these youth emergency room admissions unnecessarily burden already overwhelmed emergency room departments without providing any benefits to the children seen. [18]

In 2006, CCCMHC developed a model program for providing mobile crisis intervention services as an alternative to youth emergency room visits for behavioral health problems. Mobile crisis intervention services have been proven to significantly reduce the need for youth emergency room inpatient psychiatric hospitalization in communities across the nation.[19] The 2007 Legislature provided funding for the Division of Child and Family Services to establish a mobile crisis intervention pilot program for youths in Clark County. Unfortunately, this program has not yet been implemented due to the state budget reductions. ***The CCCMHC recommends that the Department of Health and Human Services seek funding for mobile crisis intervention.***

Schools find themselves in the position of providing a wide range of mental health services to their students. In one national survey one-fifth of students received some sort of school-supported mental health services during the school year.[20] It is the expectation of Clark County residents that schools address important behavioral health issues. A public opinion survey of 600 Clark County Registered Voters found that 63% thought public schools should be responsible for dealing with the behavioral health needs of their students.[21] Although few behavioral health support services exist in the Clark County's public schools, the school district has implemented a model of crisis intervention services for youths with serious behavioral disorders. With a 1% recidivism rate, the program improves classroom engagement, grades and attendance. School administrators implement crisis plans to ensure high risk youths are identified and referred for services. ***The CCCMHC recommends the expansion of school-based crisis services.***

Figure 6. 2005/2007 Clark County Youth Behavioral Health Emergency Room Admissions by Discharge Disposition



Need for Comprehensive, Coordinated Care to Children with Serious Behavioral Health Problems

Children involved in Child Welfare

Some of the most vulnerable Clark County children are those involved in the child welfare system. These children are at high risk for health, mental health and developmental problems. For children placed in foster care, the trauma of separation from their families and the experience of multiple placements itself increase their vulnerability and compound pre-existing behavioral health problems. Furthermore, many parents experience multiple stressors that lead to involvement with the child welfare system. Many of these parents need their own mental health services and supports, and approximately three-fourths need services to address substance abuse problems.[22]

Consistent with national data, the CCCMHC has found that 85% of abused/neglected children in Clark County need some level of behavioral health services. In 2007, there were approximately 3100 such children in need of services. About 1400 of these children suffer from serious emotional disturbance and need intensive levels of community-based supports.

A comprehensive child welfare service array assessment completed in March, 2008 concluded that the need for mental health and family support services on behalf of these children far exceeded the availability of these services in Clark County.

The Child Welfare League of America has emphasized that appropriate mental health services and supports for abused/ neglected children can only be provided through collaborations which involve public mental health, health, Medicaid, court and school systems, providers families and other caregivers. According to the CWLA, these children need timely access to assessment, crisis intervention, and neighborhood and home-based behavioral health services to support the child and the family. Continuous eligibility for services regardless of the child's placement and easy access to specialized services at key transition points are essential in facilitating positive outcomes for these children.[23]

The 2008 Clark County Child Welfare Service Array Assessment suggested a lack of available home-based services and after-school day treatment for children with behavioral health care needs in the child welfare system. Most importantly, the Clark County assessment found that *families do not* have the necessary flexible funding and other supports necessary to maintain their children at home or sustain a successful reunification following foster care.

The Clark County Children's Mental Health Consortium recommends that the neighborhood-based infrastructure, flexible funding and behavioral health services be expanded to support children at risk or formally involved in the child welfare system who are living at home.

Children Involved in the Juvenile Justice System

Untreated behavioral health problems early in life frequently lead to a number of negative consequences later in life such as involvement in the juvenile justice system. [24] The CCCMHC estimates that 79% of youths involved in the Clark County juvenile justice system have behavior health disorders. Nationally, at least 60% are estimated to have such problems. Studies have shown that only one-third of youths with behavioral health problems entering the juvenile justice system have ever received prior treatment in the community.

In 2007, there was an overall increase in referrals to Clark County's juvenile justice programs. Consequently, 1000 more youths entering the system needed behavioral health services with no increase in the community's capacity to provide appropriate services.

Over half of Clark County juvenile offenders have a serious behavioral health problem. Consequently, there were more of these youths in out-of-community placement in 2008 than in any other year. Clark County youths with behavioral health disorders are just as likely to commit serious crimes as others entering the system but do not necessarily get the treatment needed to reduce recidivism. Few youths involved in juvenile justice access services through the Division of Child and Family Services' Neighborhood Centers due to high-risk behaviors and co-occurring substance abuse problems.

The Clark County Children's Mental Health Consortium recommends that the Department of Health and Human Services expand the Wraparound in Nevada Program to serve youths with serious emotional disturbance in the Clark County juvenile justice system.

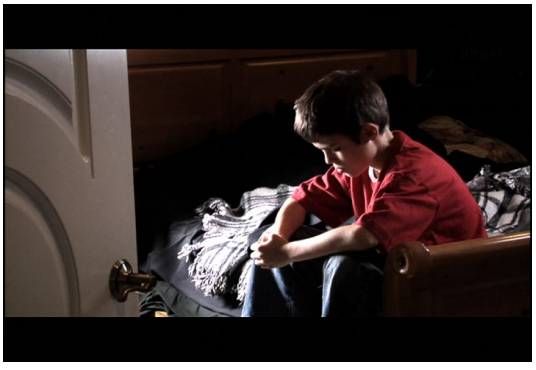


Figure 7. Still shot from children's mental health public service announcement produced by the CCCMHC in collaboration with local and state agencies. http://www.gethealthyclarkcounty.org/injury_prev/mental_health.html

Need to support families in caring for children with serious behavioral health problems

Children receiving Medicaid Services

In 2007, there were 21,000 Clark County children in the fee-for-service Medicaid system. More than half of these children were involved in the child welfare or juvenile justice system while the remainder were mostly children with disabling conditions, including serious emotional disturbance.[25] The CCCMHC has been monitoring the utilization of behavioral health services for this population.

The good news is that the percentage of these children accessing behavioral health services increased to 12% in 2007. This is a 30% increase over Fiscal Year 2005, but still less than half the rate found in Washoe County (25%). Unfortunately, the increase in access to services was primarily targeted toward children in out-of-home placements, with little additional services to families caring for their own children.

The long-term benefits of these additional services to children in out-of-home placements is questionable, considering that the rates of admission to psychiatric hospitals and other residential services did not decrease. Moreover, readmission rates increased substantially over the time period studied, with 21.5% of youth readmitted within 60 days and 31.5% being readmitted after 365 days. These readmission rates are twice as high as expected if adequate community services and family supports could be available to help maintain children at home.[26] Although there were no overall increases in admissions or lengths of stay to residential service, out of state residential placement more than doubled from fiscal year 2005 to calendar year 2007.

Reinvesting in Family Support Services

The need for better family support is the recurring theme found in the multiple needs assessment studies conducted by the CCCMHC.

Only a small percentage of families caring for their children with serious emotional disturbance are receiving home-based professional services or family-to-family support. Nevada Parents Encouraging Parents is the only organization in Clark County currently providing family-to-family support services. In spite of yearly increases in the number of requests for these services from families of children with serious emotional disturbance, state funding has been reduced by 50% over 2004 levels when federal grant funds were available. Eighty-two-percent of families requesting these services do so at the recommendation of the child's school, behavioral health care provider, or another child-serving agency. Family-to-family support services have been shown to be effective in improving child and family functioning.[27]

The CCCMHC recommends that the State of Nevada create a dedicated funding source for expansion of family-to-family support services to families of children and youth with serious emotional disturbance.

Figure 8. Percentage of Fee-for-Service Medicaid Children Accessing Behavioral Health Services

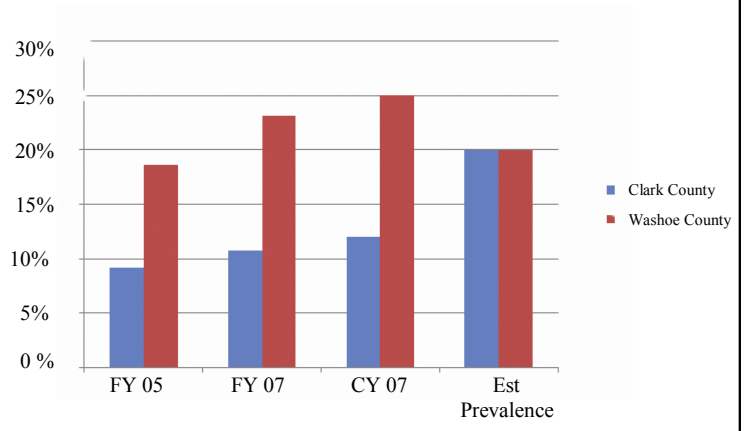


Figure 9. Percentage of Clark County Fee-for-Service Medicaid Youths readmitted to Inpatient Services after 60 days

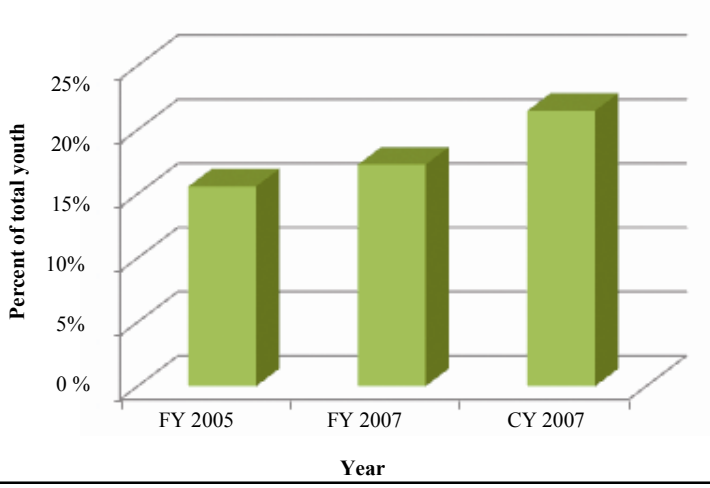
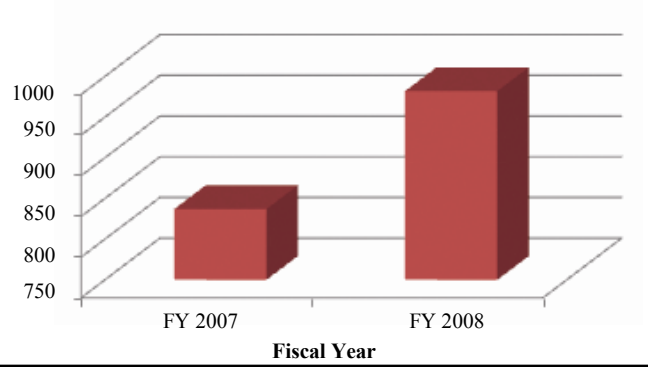


Figure 10. Number of Parents requesting Family-to-Family Support Services



Vision for an Integrated Behavioral Health System

Public Health Approach to Service Delivery

The CCCMHC supports an integrated, public health approach to behavioral health service delivery. The base of the system is behavioral health promotion for all children. Behavioral health promotion originates from parents, early education and care providers, school environments, and health providers.

The second level of the system is for targeted early access and intervention (response and stabilization) services. Within the school system this would include a range of group and individual services. Outside the school system this would include linkage with Neighborhood Family Service Centers for services such as family support, mobile crisis, and early childhood services.

The third level of the system is for children who have more intensive needs that require coordination across entities. This is the level of service that is provided through programs such as Wraparound In Nevada (WIN).

System of Care Philosophy for Service Delivery

The CCCMHC supports a local systems of care philosophy of service delivery. This philosophy crosses agency boundaries, to serve youth and families holistically. A system of care is 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." Core values of a system of care specify that services should be community based, child centered and family focused, and culturally competent.[27]

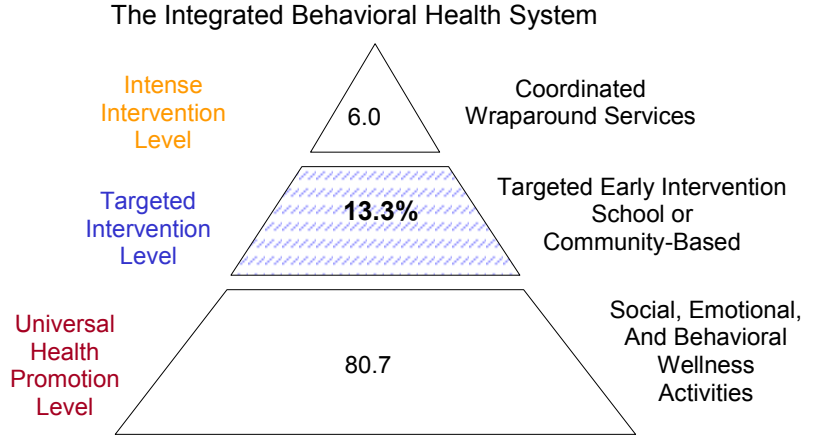


Figure 11. Public Health Approach to Service Delivery. This diagram shows the community strategy to address the mental health needs of children in Clark County. For all children, the strategy will be to provide school-based supports with teachers creating classroom activities and environments that promote social and emotional development and behavioral wellness. For 13.3% of the children, there will be additional in school supports that will provide targeted early intervention within the school environment. For those 6% of the students with the most intense needs, services will be a combined effort of the schools and outside providers.

Neighborhood-Based Model for Service Delivery

The CCCMHC supports a neighborhood-based approach to integrated service delivery. The Neighborhood Family Service Center model has been adopted in Clark County to provide the infrastructure to support effective, integrated service delivery.

The purpose of the centers is to provide: (1) one stop service centers for families where they reside; and (2) integrated services for families needing multiple agency services. Neighborhood Family Service Centers are endorsed as best practice by the Child Welfare League of America and the Robert Wood Johnson Foundation.[28]

Neighborhood Family Service Centers need the potential to provide the following support for children and families who rely on public behavioral health and social services:

- Integrated system entry/access
- Integrated screening/assessment
- Integrated outreach and referral
- Integrated Crisis Management
- Family/Youth Involvement
- Interagency tracking/evaluation
- School Linkage
- Community support/ awareness
- Flexible Funding pool for inter
- Agency management

At the direct service level, Neighborhood Centers use the **Wraparound Model** for interagency service coordination.

About the Clark County Children's Mental Health Consortium

Mission

The Consortium was created by the passage of Assembly Bill 1 of the 2001 Special Session of the Nevada Legislature to study the mental health needs of all children in Clark County and to develop recommendations for service delivery reform. The Consortium is required to conduct a needs assessment and submit an annual plan to the Nevada Department of Health and Human Services.

Required membership and activities for the Consortium are described in Nevada Revised Statutes 433B.333-335.

Current Membership

Jackie Harris, Chair
Bridge Counseling Associates
Cynthia Escamilla, Vice-Chair
Parent Representative
Mike Bernstein
Southern Nevada Health District
Jennifer Bevacqua
Nevada Youth Care Providers Association
Lisa Durette
American Academy of Child & Adolescent Psychiatry
Janelle Kraft Pearce
Las Vegas Metropolitan Police
Rosemary Malatchi
Nevada Division of Healthcare Financing and Policy
Kathey Maxfield
Community Representative
Dee McClellan
Nevada Division of Mental Health & Developmental Svcs.
Patty Merrifield,
Nevada Division of Child & Family Services
Karen Miller
Parent Representative
Tom Morton
Clark County Family Services
Fritz Reese
Clark County Juvenile Justice Services
Jesica Reyes
Former Foster Youth
Susan Sernoe
Clark County School District
Frank Sullivan
Eighth Judicial Court
Karen Taycher
Nevada Parents Encouraging Parents
Hilary Westrom
Children's Advocacy Alliance

Key Recommendations

1. Provide funding to maintain and expand school-based early childhood programs.
2. Establish school based interventions to elementary students to improve academic and behavioral functioning while reducing costs for remedial programs.
3. Provide funding to support school-based awareness and screening programs.
4. Provide funding for mobile crisis intervention services. Expand school-based crisis services.
5. Expand neighborhood-based service model with flexible funding and behavioral health services to support children at risk or formally involved in the child welfare system who are living at home.
6. Expand the Wraparound in Nevada Program to serve youths with serious emotional disturbance in the Clark County juvenile justice system.
7. Create a dedicated in-state funding source for expansion of family-to-family support services to families of children and youth with serious emotional disturbance.

Recent Activities & Accomplishments

- Produced and disseminated three public service announcements promoting children's mental health awareness
- Developed a model of mobile crisis intervention services for diversion of youth psychiatric emergency room admissions
- Facilitated training to law enforcement personnel to reduce involuntary admissions of youths to psychiatric hospitals
- Distributed brochures in English and Spanish to educate parents on the signs and symptoms of children's behavioral health problems
- Provided training to local pediatricians on methods for screening, identification and referral of children with behavioral health problems
- Facilitated the development of interagency protocols to ease the transition of youth from psychiatric hospitals back to their school environment
- Served as the steering committee for the Garrett Lee Smith Youth Suicide Prevention Project

For more information, contact:

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The CCCMHC Seventh Annual Plan is available at:
http://www.dcfs.state.nv.us/Consortia/CLARK/7thAnnualPlan.

Endnotes

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