NEVADA CHILDREN'S BEHAVIORAL HEALTH CONSORTIUM

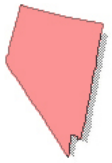
"Building Nevada's System of Care for Children and Their Families"

Introduction

The Nevada Children's Behavioral Health Consortium (NCBHC) is deeply concerned about the children and youth in Nevada who have serious mental health needs. Nevadans, according to a poll conducted last year[1] also share our concern. In 2005, the state of Nevada invested at least $46.9 million in mental health expenditures for children and youth. Nevertheless, according to National Center for Children in Poverty, Nevada is failing to address the critical needs of identified children and youth and those at risk of mental health problems[2]. Moreover, these funds are inadequate to keep pace with the escalating needs in our state[3].

Mental health services for children with severe emotional disturbances and other behavioral health services are administered by more than three state agencies, a myriad of regional and local services, as well as the schools. With a comprehensive, integrated and coordinated service delivery and supports system and with fiscal strategies that maximize funding opportunities, the core needs of children and families can be addressed.

Providing appropriate and effective behavioral health services to meet the needs of children and families in Nevada is NCHBC's highest priority. In response to these goals, the NCBHC developed a "vision, definition, and attributes" for a system of care in Nevada to meet the multiple and changing needs of families, children, and youth through a comprehensive, integrated, and coordinated continuum of services and supports.



Where Nevada Ranks
On Various Measures of Child Well-Being

	State Ranking+	*Number of Children*
Children Living in Poverty	#13	87,000 (14%)
Child Abuse Fatalities per 100,000 children	#40	2.74 per 100,000 (17 Total)
Juvenile Incarceration Rate (per 100,000)	#42	361.8 per 100,000 (921 Total)
Uninsured Children	#47	122,000 (18.8%)
Per capita Child Welfare Expenditure	#44	$33.99=
Child Vulnerability Index*	#43	

\+ The ranking of states are designated based on how well they are doing for any single indicator - the lower number (e.g. 1-10) signifies that they are doing better than the states ranked 40 -50.

= This value is based on information gathered through June 2007, current data indicates that is amount is closer to $50.00

* Index is based on a mean calculated from 11 different indicators such as: child poverty, low-birth weight, infant death, uninsured children, child abuse fatalities, per capita child welfare spending, etc.

source: Every Child Matters Education Fund, 2008.

1 The poll commissioned by Every Child Matters Education Fund was conducted June 21 through June 24, 2007 by Washington, D.C. based Mason-Dixon Polling & Research, Inc.

2 Cooper, J.L. (2008). Towards Better Behavioral Health for Children, youth and their Families Financing that Supports Knowledge. National Center for Children in Poverty, Columbia University Mailman School of Public Health.

3 Every Child Matters Education Fund, 2008 http://www.everychildmatters.org/National/Resources/Nevada-Ranking.html

Major Findings

The NCBHC reviewed data and information from state agencies as well as from the three regional consortia plans for 2008-2009[4,5,6] and have highlighted different issues for different parts of Nevada.

Medicaid – Rural Nevada

It is estimated that the number of severely emotionally disturbed (SED) youth in rural Nevada will increase about 20% from 2004 to 2009[5]. For every child currently in service, there are likely 14 - 16 in need of behavioral health services. Less than half of children enrolled in Medicaid with suspected mental health problems are receiving any treatment. As untreated problems escalate, "a significant number will be transferred to state custody, dramatically increasing the cost of their care and marginalizing their families."

Hospital Emergency Rooms – Clark County

It is estimated that the number of youth with behavioral health problems entering local emergency rooms will continue to increase in 2008. According to emergency room personnel youth admitted for behavioral health problems expended relatively more resources than other emergency room admissions. Unfortunately, more resources did not result in better access to needed behavioral health services [4].

School Districts

In the 2003-2004 Clark County School District mental health services needs assessment and in the 2007 Washoe county elementary school assessment/survey, a similar point emerged — approximately 20% of all children need some level of behavioral health services." A majority of these children are not receiving known mental health services. If these needs are unaddressed, a child's chances of success in the areas of academic achievement, and healthy social development are greatly diminished. In addition, failure to provide early access to treatment for these students may result in costly correctional and mental health placements later in life.

Juvenile Justice

Unfortunately, historically existing systems have not met the needs of this population and children and youth have received inadequate and inappropriate care, often in overly restrictive settings. Due to probation caseload size and the intensive service needs of youth with SED, there is still a significant unmet need and the services provided are uncoordinated[7].

4 Clark County Children's Mental Health Consortium (CCCMHC), Seventh Annual Plan, July 2008.

5 Rural Nevada Children's Mental Health Consortium, Seventh Annual Plan, June 2008.

6 Washoe County Children's Mental Health Consortium (WCCMHC) , 2008-09 Annual Plan.

7 WCCMHC and DCFS (2008). Nevada Child Mental Health Initiative

Statistics at a Glance

Medicaid

- 144 % increase in child placements funded by Nevada Medicaid between 2005 and 2007. [1]
- 19.8% of Medicaid-enrolled children admitted to psychiatric hospitals required readmission within 60 days of discharge; 30.1% required readmission within a year of discharge (FY 07)

Emergency Services [2]

- In *Clark County*, 1103 youths entered local emergency rooms for behavioral health problems – a 53.1 % increase over 2005 admissions.
- 52.6% of those seen were discharged without immediate treatment.

School Districts

- 20% of school children in Clark and Washoe counties have mental health problems, most do not receive any services

Juvenile Justice

- 70-80% of youths involved in Clark and Washoe County juvenile justice systems are suffering from mental health problems

Substance Abuse [3]

- 4942 drug-related referrals to Juvenile Services
- 2500 youth projected to need methamphetamine related prevention efforts or treatment

1 First Health Report 3/24/08

2. Clark County Youth Behavioral Health Emergency Room Admissions 2007

3. State of Nevada. March 2007 DCFS-SIG & MHDS-SAPTA report, GUCCHD TA Center Conference

Critical Systems Issues

The NCBHC identified the following critical system issues.

1. The lack of a comprehensive array of services to meet the needs of children, youth, and families with serious emotional and/or behavioral problems and with co-occurring substance abuse disorders.
2. Insufficient mechanisms for effective care coordination across systems as well as between levels, for children, youth, and their families.
3. Poorly developed community-based resources and treatment alternatives to sustain wraparound services in the least restrictive environments.
4. A lack of a role, plus inadequate support, for families when planning services for their children.
5. Service fragmentation exacerbated by categorical funding by agency and programs, each with their own requirements and incentive structure.
6. Inability to take full advantage of federal financing mechanisms because of insufficient state matching funds.

The Foundations for a Solution

In Nevada, many of the families that seek services and community support for their children with behavioral health-needs come from marginalized and vulnerable populations. Their need for services and supports are often exacerbated by environmental and social conditions such as poverty, prejudice and discrimination, as well as violence and trauma.

Serving them effectively will require an integrated approach because no single service agency has the resources to address the multitude of pressing issues. The NCBHC provides leadership in integrating the System of Care (SOC) approach in Nevada. A system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families[8,9]. This will allow these children and youth to function better at home, school, community, and throughout life[9]. Critical attributes that inform the SOC are: ***comprehensive*** – a full array and timely access to services that families, children and youth require; ***integrated*** – the elimination of service delivery silos; and ***coordinated*** – agencies working together to ensure services are seamless.

Recommendations

The NCBHC offers the following four strategies to guide the development of a truly responsive and effective system of care for children, youth, and the families. Building on the recommendations of the regional consortia, NCBHC members selected the following:

1. Develop a crisis response system statewide
2. Expand the Wraparound service delivery process to serve youth served in the juvenile justice system and their families.
3. Develop a comprehensive, coordinated and integrated service array to increase the service options for maintaining children and youth in the least restrictive environment, as well decrease out-of-state placement of children and youth.
4. Provide continued support for treatment homes with adequate funding

8 Pires, S.A. Building Systems of Care (2002). Washington, DC: National Technical Assistance Center for Children's Mental Health.

9 SAMHSA (2008). Transforming Children's Mental Health in America. http://www.systemsofcare.samhsa.gov/

Crisis Intervention

The key to addressing co-occurring disorders of mental health problems and substance abuse in children and youth are early identification and quick referral to obtaining appropriate services[10]. Emergency room services for this population places an unnecessary burden on already busy emergency rooms without providing significant benefits to children in need. Crisis services need to include: crisis assessment, brief crisis counseling, pre-screening for hospitalization, and/or discharge planning from residential treatment services with linkage to community services. ***Outcome:*** **An effective crisis intervention system in Nevada will help to ensure that children and youth can remain in their home communities. Cost effective treatment models will result in a reduction in emergency room visits, hospitalizations, and expensive out of home placements, especially those that are out of state. Families can serve as natural supports for these children and youth.[11]**

Comprehensive Array of Service that is community-based

We need to ensure continued access to existing effective Community-based services, expansion of services to families that are not yet receiving needed services, and the creation of new services integral to an effective system of care as noted below. ***Outcome:*** **A coordinated, comprehensive array of services reduces the need for more costly residential care, reduces more restrictive placements, and helps youth with serious emotional disturbance have success at home, in school, and in the community.[12] Another way of saying this is: A comprehensive array of services sends a powerful message about how we value children, youth, and their families and gives us the best financial and human return on our investment.**

Types of Community Based Services Available in the System of Care[13]		
▪ Assessment and diagnosis	▪ Therapeutic foster care	▪ Respite services
▪ Outpatient psychotherapy	▪ Therapeutic group homes	▪ Wraparound services
▪ Medical management	▪ Inpatient hospital services	▪ Family support/education
▪ Home-based services	▪ Crisis residential services	▪ Transportation
▪ Day treatment/partial hospitalization	▪ Residential treatment centers	▪ Mental health consultation
▪ Crisis services	▪ Case management services	▪ Substance abuse
▪ Behavioral aide services	▪ School-based services	▪ Other _____

Wraparound Services

Wraparound is a specific method of care coordination designed to enhance the effectiveness of treatment and meet the complex needs of children who are involved with several child-and family-serving systems. (e.g. mental health, child welfare, juvenile justice, substance abuse, and special education) Wraparound is a team-based process that provides individualized, coordinated, and family-driven care to children who are at risk for institutional placement. It is designed to build natural supports for these children and their families in community settings. The process requires families, providers, and key members of the family's social support network to collaborate and build a creative plan that responds to the particular needs of the child

10 Landreth, K., Brandenburg, C. and Gottschalk, S. (2007). Mental Health Needs in Nevada http://www.unlv.edu/centers/cdclv/healthnv/mentalhealth.html last accessed on 8/7/08.

11 U.S. Department of Health and Human Services (1999). Mental Health: A Report of the Surgeon General.

12 U.S. Substance Abuse and Mental Health Services Administration (2008). http://systemsofcare.samhsa.gov/2008ShortReport.pdf

13 Stroul, B.A. Pires, S.A. Armstrong, M.I. (2001). Health care reform tracking project. Tracking state managed care reforms as they affect children and adolescents with behavioral health disorders and their families—2000 state survey. Tampa: University of South Florida, Research and Training Center for Children's Mental Health.

and family.[14] The following systems and organizational supports are necessary for an effective wraparound process[15] — community partnership, collaborative action, fiscal policies and sustainability, access to needed supports and services, human resources development and support, and accountability. ***Outcome:*** **Preliminary evidence indicates the effectiveness of wraparound for children with emotional and behavioral disorders. These studies report that most children were maintained in their communities and experienced a range of positive outcomes, including improved behavior, fewer social problems, improvements in school functioning, lower rates of delinquency, fewer placement changes, and decreased functional impairment.[16] Experiences in other communities[17] have demonstrated improvements in areas such as community safety, and school attendance. Also, there is significant improvement in maintaining youth at home who otherwise are likely to be placed in costly and restrictive hospital or residential care environments.**

Treatment Homes

Children and youth with severe emotional disturbance(s) and substance abuse in the custody of child welfare, youth parole, or their parents may require therapeutic intervention and structure of a treatment home. The treatment home model of care addresses emotional, behavioral and psychological needs of children and youth who otherwise may be placed in an institutional setting. Treatment homes offer a distinctively different service than providing treatment interventions within a foster home setting. Unfortunately, the treatment home model in Nevada is at-risk due to a change in Medicaid regulations. Treatment homes will no longer be paid a core rate by Medicaid for providing services. ***Outcome:*** **Treatment homes are critical to ensure appropriate services are provided where and when they are needed. Treatment homes help maintain most children in the community who would otherwise require placement away from their families in costly, out-of-state residential treatment centers.**

Transforming Vision to Action

NCBHC members understand that the State is suffering an economic downturn from declining tax revenue. Simultaneously, the members recognize children and youth with serious emotional, psychological, and behavioral needs deteriorate without needed services. Ultimately, these children fall into the far more intensive child welfare and juvenile justice systems. This negative spiral costs the state more than would providing behavioral health services when and where they are needed. The NCBHC encourages the State Leadership to support the development of Nevada's System of Care for children's behavioral health.

The NCBHC membership is drawn from a variety of state and local child serving agencies, regional consortia, local service providers, family organization, family members, and multicultural stakeholder organizations.

The strategies needed to support the SOC include: crisis intervention, a comprehensive service array, wraparound services, and treatment homes. Children, youth, and families of Nevada deserve no less than a collective best effort to build effective systems of care. With the focused attention and increased awareness of legislators and diverse stakeholders, the time to take action to improve the way Nevada delivers services for children with serious emotional and behavioral problems is now. The findings and recommendations of this white paper point the way.

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14 Walker, J. and Bruns, E. (2007). Wraparound--Key information, evidence and endorsements. National Wraparound Initiative. www.nationalwraparoundinitiative.com.

15 Bruns, E.J., Brinson, R.D. and Ramey, M. (2008). Researching Wraparound in Nevada, NCBHC Consortium Meeting.

16 Bruns, E.J., Rast, J. Peterson, C., Walker, J., and Bosworth, J. (2006). Spreadsheets, Service Providers, and the Statehouse: Using Data and the Wraparound process to Reform Systems for Children and Families. American Journal of Community Psychology.

17 Wraparound Milwaukee http://rtckids.fmhi.usf.edu/rtcpubs/hctrking/pubs/promising_approaches/issues/issue_08/PAS8-14.pdf