

Rural Nevada Children's Mental Health Consortium



Seventh Annual Plan

June 10, 2008

TABLE OF CONTENTS

CONSORTIUM OVERVIEW

PLANNING PROCESS

NEEDS ASSESSMENT

2008-2009 GOALS AND RECOMMENDATIONS

- Each child will be able to access necessary services the child requires
- Children with emotional/behavioral disturbances will successfully transition into adult services
- Broaden the representation of membership in the consortium
- Access additional revenues to meet goals and sustain consortium efforts

2007-2008 PLAN REVIEW

CONSORTIUM MEMBERSHIP

CONSORTIUM OVERVIEW

The Rural Nevada Children's Mental Health Consortium (Consortium) 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 visions in order to develop and support the needs of the children and families in Rural Nevada with emotional and behavioral health needs.

Since its inception, the Consortium has advocated for increased behavioral health services for children, youth, and their families. The Consortium actively pursues partnerships, with both public and private agencies, to help enhance the availability of services throughout the state and will continue to do so. Deficits in behavioral health services remain throughout Nevada's rural and frontier communities. Moreover, dedicated service providers carry large workloads that inevitably erode the delivery of services. Particularly true with services to children and families, high workloads contribute to staff turnover and obstruct the ability of clinicians to learn and implement new service delivery models—such as evidence-based practices. Taken together, these factors diminish the child and family's ability to access required services. We continue to support the need for positions in the rural and frontier communities. We recommend that funding for behavioral health services be maintained as a priority with a continued emphasis on recruitment and retention.

The Consortium is passionate about improving the statewide system of care and community based family driven services. Collaboration is ongoing with the Nevada Children's Behavioral Health Consortium (NCBHC) in making the sweeping systemic changes necessary to support the rural Consortium's local efforts. The Consortium strongly believes that engaging families from Nevada's rural and frontier communities is the key element in successfully improving the statewide system of care.

The Consortium has identified four areas of recommendation:

- Each child will be able to access all necessary services;
- Children with emotional and behavioral disturbances will successfully transition into adult services;
- Broaden the representation of membership in the Consortium; and
- Access to additional revenues to meet goals and sustain consortium efforts.

As advocates, the rural Consortium strongly recommends funding that strengthens family driven and community based System of Care principles.

PLANNING PROCESS

The Consortium meets monthly. On June 10-11, 2008, the Consortium members and community stakeholders participated in a two-day retreat facilitated by Dr. Gretchen Griner, PhD. During the retreat the group examined past goals and focused on creating recommendations for the 2008 annual plan. Information gleaned from last year's annual plan served as a foundation to construct recommendations for upcoming year. The group arrived at a consensus on the following goals:

- Each child will be able to access all necessary services;
- Children with emotional/behavioral disturbances will successfully transition into adult services;
- Broaden the representation of membership in the consortium; and
- Access to additional revenues to meet goals and sustain consortium efforts.

The Consortium continues to be committed to Nevada's System of Care philosophy and attributes.

Nevada's System of Care meets the multiple and changing needs of families, children, and youth through a comprehensive, integrated, and coordinated continuum of services and supports.

The principles include:

- Family driven;
- Youth guided, directed, and driven;
- Strength-based;
- Comprehensive array of traditional and non-traditional services;
- Common intake and assessment;
- Outcomes, evaluation, and quality improvement;
- Workforce practices;
- Culturally and linguistically competent and responsive; and
- Community-based services and supports.

NEEDS ASSESSMENT

Children's Access to Services

Rural Clinics is the largest single provider of outpatient community mental health services in the rural region. Despite a 3.5% increase in clients seen and a 40% increase in productivity in FY 07, Rural Clinics workforce remains inadequate to meet mental health needs across Nevada's rural and frontier communities. Regardless of the data set reviewed, the rural region lags significantly behind Clark and Washoe Counties in service penetration rates. Mental Health and Developmental Services 2004 Prevalence Study showed 5,839 severely emotionally disturbed (SED) youth in rural Nevada, a number projected to increase to between 6,600 and 7,400 by 2009. Rural Clinics will have contact with approximately 1,000 of these youth in any given year, leaving at least 5,600 to 6,400 youth untreated. As untreated problems escalate, a significant number of these youth will be transferred to state custody, exponentially increasing the cost of their care and marginalizing the families to whom they must ultimately return. To illustrate the magnitude of the problem at a point, (Feb, 2008): 322 children in Northern Nevada were served by 34 Rural Clinics staff *who were also serving 1,239 adults*. Viewed against SED prevalence figures cited above, Rural Clinics is merely addressing the tip of a children's mental health crisis. For every child currently in service, there are likely 14-16 in need of behavioral health services. Rather than contemplating the expansion of programs to meet this need, Rural Clinics is facing a downsizing initiative. Finally, the State Infrastructure Grant (SIG) Statewide Needs Assessment demonstrated how workloads of the magnitude cited above will impair adoption of System of Care Principles and evidence-based or best practice standards. In summary:

- The existing children's mental health service infrastructure is inadequate in the rural region;
- Large numbers of rural children already lack access to adequate mental health care resources;
- In an environment of increasing prevalence the existing workforce is likely to be downsized; and
- Existing workload factors present real barriers to much-needed system transformation.

These factors confounded the problem. In that, Rural Clinics is neither able to provide adequate services in the present or able to plan for clinically appropriate programs in the future. It is reasonable to conclude that Nevada is currently experiencing a children's mental health crisis—which workforce degradation will only worsen.

The preservation of the delivery capacity of child-serving agencies across the rural and frontier regions must be a top legislative priority.

Children living in rural Nevada and who have Medicaid medical coverage access mental health services less frequently than their Washoe and Clark County cohorts.

The below listed reports were created by Nevada Medicaid's Clinical Steering Committee on 3/24/2008.

Children's Services*							
Fee for Service Membership							
Region	Avg. Members FY05	% Members FY05	Avg. Members FY07	% Members FY07	Avg. Members CY07	% Members CY07	% Change Since FY05
Clark	18,513	43%	19,992	46%	20,960	48%	13%
Washoe	4,638	11%	4,449	10%	4,616	10%	0%
Rural	18,149	42%	17,316	40%	17,261	39%	-5%
Nevada	43,369	100%	43,239	100%	44,083	100%	2%

*Children are defined as those between birth and 17 years old.

Children's Services Penetration Rates*					
Region	FY05	FY07	CY07	% Change FY05-CY07	% Change FY07-CY07
Clark	9.2%	10.8%	12.0%	30.0%	11.0%
Washoe	18.6%	23.1%	25.0%	34.0%	8.0%
Rural	5.4%	6.3%	7.0%	30.0%	11.0%
Nevada	8.4%	10.0%	11.0%	31.0%	10.0%

*Penetration rate is the number of children who have Medicaid coverage during the specified time period that have received at least one service from a behavioral health provider or facility.

Children's Outpatient Services Service Count (Visit Based Codes)*						
Region	FY05	FY06	FY07	CY07	% Change FY05-CY07	% Change FY07-CY07
Clark	32,216	19,210	27,946	38,730	20%	39%
Washoe	22,728	11,661	21,889	27,506	21%	26%
Rural	9,330	6,771	12,290	12,647	36%	3%
Nevada	68,355	39,320	63,186	79,692	17%	26%

*Visit based codes include all CPT codes and HCPCS codes H0002, H0004 and H0031.

**NEEDS ASSESSMENT SURVEY TOOL & RESULTS
CONDUCTED BY RURAL CONSORTIUM SCHOOL WORKGROUP**

GOALS AND RECOMMENDATIONS

Goal 1: Each child should be able to access all necessary services

Recommendations:

- Strongly recommend the reinstatement of children's behavioral health services previously reduced and that no other reductions be considered. Any reduction will seriously compromise the State's ability to serve rural and frontier children with behavioral health issues;
- Training of primary care providers in how to use the Early Periodic Screening; Diagnostic and Treatment (EPSDT/Healthy Kids) assessment in rural and frontier communities;
- Cross-discipline training in system of care;
- Interviews with past, present and prospective staff to explore retention and workplace environment issues;
- Collaborative effort to explore enhancements to the state 211 information system;
- Co-location of behavioral health providers with other entities, such as schools, public health, and other family service agencies;
- Collaboration with Nevada Association of Counties to assist in improving behavioral health services; and
- Data collection systems allow for and/or address data collection by zip code.

Goal 2: Children with emotional/behavioral disturbances will successfully transition into adult services

Recommendations:

- Nevada State Legislature provide avenues to facilitate the licensure and reciprocity of child specialists from other disciplines or from other states where they are already licensed;
- State Consortium explore developing a Rural Human Services Provider model (such as Alaska) to “grow our own” behavioral health providers to treat children;
- Develop a Memorandum of Understanding (MOU), between child/client serving agencies that would strengthen the continuum of behavioral health care to the client;
- Encourage higher education institutions to expand coursework on the transition of a child to adult support services; and
- Promote a system wide philosophy to teach the child skills for self advocacy.

Goal 3: Broaden the representation of membership in the Consortium

Recommendations:

- Persons from the following groups be encouraged to participate as stakeholders
 - Frontier parents,
 - General public,
 - Young adult consumers,
 - County governments,
 - Substance Abuse Prevention and Treatment Agency (SAPTA),
 - Nevada Early Intervention Services,
 - Primary care physicians,
 - Rural Regional Services,
 - Vocational rehabilitation services,
 - Nevada system of higher education,
 - School districts, and
 - Tribal agencies.

- Explore methods to encourage rural and frontier participation
 - Rural newspaper articles about Consortium and membership efforts;
 - Funding be made available for Consortium meetings to take place in rural and frontier communities; and
 - Rural Consortium meetings scheduled in the rural areas.

Goal 4: Access additional revenues to meet goals and sustain Consortium efforts

Recommendations:

- Recommend active pursuit of collaborators for grants and grant writing; and
- Explore other avenues of funding Consortium activities.

2007-2008 PLAN REVIEW

Accomplishments:

Over the last year, the Consortium and its workgroups accomplished the following:

1. **Voices of Families**
 - ✓ Worked to inform and train parents to participate in self advocacy;
 - ✓ Supported services for Youth and Family Services (Juvenile Justice); and
 - ✓ Promoted behavioral health services for the children in the juvenile justice system.
2. **Workforce Development**
 - ✓ Encouraged participation in the System Infrastructure Grant Workforce Development Study;
 - ✓ Supported training in system of care;
 - ✓ Supported training in best practice; and
 - ✓ Supported recruiting and retention efforts.
3. **Coordinated Mental Health Services for Students (Schools)**
 - ✓ Surveyed all rural school districts to find out what behavioral health resources they have and what is still needed; and
 - ✓ Researched a collaborated pilot project in the schools for assessments and service delivery.
4. **Collaborative Awareness, Prevention and Education**
 - ✓ Promoted prevention rather than crisis intervention;
 - ✓ Supported Nevada Parents Encouraging Parents (PEP) and other trainings in the rural areas for families and providers;
 - ✓ Collaborated with stakeholders in awareness activities;
 - ✓ Promoted publicity for children's behavioral health issues including collaboration for grants in children's behavioral health issues;
 - ✓ Supported the easy access of information (211 system) regarding services available for families and agencies; and
 - ✓ Supported the expansion of participation by rural communities in the consortium and other advocacy for children's behavioral health issues.
5. **Assessments**
 - ✓ Promoted the use of Early Periodic Screening Diagnostic and Treatment Assessment in the rural areas; and
 - ✓ Worked towards a collaboration to provide assessments in a school setting.

During the upcoming year, the Consortium and its workgroups will continue to incorporate these priorities into ongoing efforts.

**RURAL NEVADA CHILDREN'S
MENTAL HEALTH CONSORTIUM
2008-2009**

MEMBERSHIP

The Rural Nevada 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 behavioral health services in rural and frontier Nevada.

Appointed Members:

<i>MEMBER</i>	<i>REPRESENTING</i>
Lorraine Vazquez, Chair	Provider of Foster Care*
John Simms, Vice Chair	Local Juvenile Probation Department* Carson City/Storey Juvenile Probation
Patricia J. Hedgecoth	Division of Child and Family Services* Rural Region
Ted Tusso	Rural Region Clinical Services Manager Division of Child and Family Services
Larry Robb	Rural Child Welfare Services Division of Child and Family Services, Elko Office
Richard Tree	Local School District Pershing County School District
Sue Bawden	Mental Health and Developmental Services* Division of Mental Health and Development Services
Retta Dermody	Nevada Parents Encouraging Parents (PEP)
Jan Marson	Community Child Advocate
Dr. Jon Kirwan/Jean Estrada	Division of Health Care Finance and Policy*
Vacant	Local Chamber of Commerce or Business Community *
Candace Siders	Parent*
Vacant	Board of Trustees of County School District*
Vacant	Private Provider of Mental Health Care*

*NRS433B.333(3)