



2025

Annual Report

EXECUTIVE SUMMARY

The Rural Children’s Mental Health Consortium (RCMHC) is dedicated to assessing the mental and behavioral health needs of youth across Nevada’s rural and frontier communities. Its mission is to develop actionable recommendations for service delivery improvements while fostering initiatives that create enduring positive changes within the Behavioral Health System of Care for these populations. The COVID-19 pandemic has exacerbated long-standing challenges in an already strained system, disproportionately impacting rural youth and families. In response, the RCMHC remains committed to evaluating the ever-evolving needs of these communities and advocating for systems that address these challenges effectively and sustainably.

The U.S. Department of Justice (DOJ) Civil Rights Division’s investigation has further highlighted systemic gaps in Nevada’s ability to provide adequate community-based behavioral health services for children. The state continues to rely heavily on institutional settings, such as hospitals and residential treatment facilities, perpetuating inequities and failing to meet the needs of vulnerable populations. These findings underscore the necessity for systemic reform.

The DOJ’s recommendations closely align with the RCMHC’s historical advocacy efforts, emphasizing the critical need for accessible, community-based services to prevent unnecessary institutionalization. The Consortium fully supports the DOJ’s call for enhanced oversight of providers, timely and comprehensive assessments for at-risk youth, and coordinated efforts to facilitate reintegration into the community. These priorities remain at the forefront of the Consortium’s ongoing commitment to creating sustainable, community-centered behavioral health services.

Additionally, the Nevada Department of Health and Human Service’s updated Strategic Plan for Behavioral Health Community Integration outlines vital steps to address these gaps. The plan includes enhancing essential services, improving residential care standards, preventing institutionalization for at-risk youth, and fostering family engagement during care transitions. These strategies align with the RCMHC’s vision of a collaborative and equitable system of care focused on timely intervention and community-based solutions.

Despite these initiatives, systemic barriers remain. Rural areas face acute workforce shortages, with limited access to qualified mental health providers exacerbated by geographic isolation and low population density. Low reimbursement rates, cumbersome credentialing processes, and the lack of transportation and infrastructure further limit access, disproportionately affecting families dependent on Medicaid and private insurance. The Consortium emphasizes the critical need for expanded provider training, sustainable funding for rural programs, and the development of local acute care resources for underserved pediatric populations, including those with intellectual and developmental disabilities.

As the RCMHC advances its mission, it envisions an integrated system where youth and their families/caregivers with mental health needs are embraced within their communities. This vision emphasizes meaningful connections to services and supports within the least restrictive environments, promoting equity and access to care for all children and families in Nevada’s rural and frontier regions.

As we look to the future, the Rural Children’s Mental Health Consortium remains steadfast in leveraging data, advocating for equitable policies, and fostering collaboration among providers, families, and stakeholders. Through these efforts, we envision a future where every child and family in rural Nevada has access to the mental health services they need to thrive. This report is both a testament to our progress and a call to action for continued partnership in achieving this shared vision.

THE RCMHC 10-YEAR STRATEGIC PLAN: 2030 VISION FOR SUCCESS

The following status report provides an update on the 5 goals that are the focus of the RCMHC 10-year strategic plan for developing an integrated system of care. One change has been made to the strategic plan and will be outlined in Section III (Revisions to RCMHC’s 10-year Strategic Plan) and the goals remain the same, however some implementation methods have been adjusted to current conditions of public health in the state. Goals are based on a set of principles and values which promote a System of Care that is community-based, family-driven, youth-guided, culturally competent, and non-biased or discriminatory. Our overall vision for success is that Youth in Rural and Frontier Nevada are healthy and well with unhindered access to care.

- 1. EXPAND AND SUSTAIN THE NEVADA SYSTEM OF CARE TO RURAL AND FRONTIER NEVADA**
- 2. INCREASE ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE**
- 3. INCREASE ACCESS TO TREATMENT IN THE LEAST RESTRICTIVE ENVIRONMENT**
- 4. INCREASE HEALTH PROMOTION, PREVENTION, AND EARLY IDENTIFICATION ACTIVITIES**
- 5. DEVELOP, STRENGTHEN, AND IMPLEMENT STATEWIDE POLICIES AND ADMINISTRATIVE PRACTICES THAT INCREASE EQUITY IN ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE FOR YOUTH AND FAMILIES**

OVERVIEW OF PROGRESS ON TOP 5 SERVICE PRIORITIES OF THE RCMHC

After the completion of the 10-year strategic plan in 2020, the RCMHC identified the top 5 priorities to improve the system while moving toward the longer-term plan. The RCMHC reviewed available data and partner reports to determine the level of progress achieved for each priority (Regression, None, Minimal, Some, Substantial, or Achievement).

1. Creation of comprehensive website	Achievement	Pg. 9
2. Awareness and de-stigmatizing messaging	Substantial Progress	Pg. 10
3. Support/Encourage training at the community level	Substantial Progress	Pg. 12
4. Increase Consortium’s influence on mental health policy creation	Substantial Progress	Pg. 16
5. Increased access to evidence-based and evidence informed mental health supports and services in rural communities	Some Progress	Pg. 17

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RURAL CHILDREN'S MENTAL HEALTH CONSORTIUM 2025 STATUS REPORT ON THE 10-YEAR STRATEGIC PLAN

I. INTRODUCTION

PREVALENCE OF MENTAL HEALTH PROBLEMS

A youth's mental health consists of thoughts, feelings, and behaviors that determine whether that individual 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 person's life. Unlike physical problems, mental health problems cannot always be seen, but the symptoms can be recognized. Nevada has consistently ranked 51st for youth mental health access and services in national reports. Although Mental Health America's (MHA) report from last year ranked Nevada 9th for having an overall lower prevalence of youth mental illness and higher access to care, that ranking wasn't thought to be reflective of Nevada's ongoing mental health crisis. Nevada resumed the ranking of 51st in the nation again in 2024.

Over the past five years, since the on-set of COVID-19 pandemic, mental health care challenges have increased. Additionally, closure of a psychiatric in-patient facility in Washoe County that had served children in crisis throughout much of rural Nevada, has also led to less options for families in Nevada to access appropriate in-patient care. The public and private healthcare systems of Nevada have faced strain affected by illness, closure of in person services, and staff shortages while at the same time mental health conditions worsened related to pandemic stressors (Calvano, Engelke, Di Bella, et al., 2021).

Contextually, it is important to note some national improvements in youth mental and behavioral health. In August 2024, the Centers for Disease Control and Prevention (CDC) released data highlighting positive developments in youth mental health among U.S. teens between 2021 and 2023. The findings indicate a decline in persistent feelings of sadness and hopelessness, along with other key improvements, though challenges related to violence and safety remain.

Mental Health Improvements

Several significant strides were observed in mental health indicators:

- **Overall Trends:**
 - The percentage of students reporting persistent feelings of sadness or hopelessness decreased from **42% to 40%**.
- **Among Female Students:**
 - Persistent sadness or hopelessness declined from **57% to 53%**.
 - Those seriously considering attempting suicide decreased from **30% to 27%**.
- **Among Hispanic Students:**
 - Persistent sadness or hopelessness fell from **46% to 42%**.
 - Poor mental health experiences decreased from **30% to 26%**.
 - Serious consideration of suicide dropped from **22% to 18%**.
 - Suicide planning decreased from **19% to 16%**.
- **Among Black Students:**

- Suicide attempts declined from **14% to 10%**.
- Injuries from suicide attempts fell from **4% to 2%**.

Youth mental wellness is impacted by a variety of factors which include their interactions in their environment. The CDC data highlights positive developments in youth mental health among U.S. youth, though challenges related to violence and safety remain.

Despite the progress in mental health, increases were observed in violence and safety-related issues affecting students:

- The percentage of students threatened or injured with a weapon at school rose from **7% to 9%**.
- Reports of bullying at school increased from **15% to 19%**.
- Students missing school due to safety concerns grew from **9% to 13%**.

These findings underscore important improvements in mental health among adolescents while highlighting persistent challenges related to violence and school safety. Addressing these dual concerns is critical to fostering a safe and supportive environment for all students. In recent years, bullying has become a prevalent issue in Nevada. Statewide reports from SafeVoice mark bullying, cyberbullying, and suicide threats among the most frequent tip types. Such instances of physical and emotional harm can have a damaging impact on youth mental health. Research suggests that children and youth who are bullied over time are more likely than those not bullied to experience feelings of rejection, exclusion, isolation, and low self-esteem that can often lead to mental health disorders, poor academic performance, lack of motivation, and/or suicide (Evans et al., 2018). Due to the presence of social media and other digital platforms, the prevalence of bullying has grown significantly among youth, presenting an even greater danger to young individuals. For these reasons, it is imperative that behavioral health services and mental health resources are available and accessible to youth to prevent the long-term effects of bullying.

About 58,000 Nevada youth (23.51%) were reported to have experienced at least one major depressive episode in 2024, that increased by 20,000 youth since last year (Mental Health America, 2024). About 47,000 youth who had reportedly experienced at least one major depressive episode did not receive mental health services, leaving 73.70% without the mental and behavioral health services they needed. These factors have remained consistent over at least the past three years and are a direct indication that Nevada's youth are struggling with many mental health challenges and difficult life circumstances.

The United States Department of Justice Civil Rights Division initiated an inquiry into Nevada's Use of Institutions to Service Children with Behavioral Health Disabilities, released on October 4, 2022, for catering to the needs of children afflicted with behavioral health disabilities. The investigation, stemming from a complaint lodged on December 17, 2020, aimed to scrutinize whether Nevada subjected children with behavioral health disabilities to unnecessary institutionalization.

The inaugural section of the report unequivocally asserts that Nevada inadequately furnishes its children with behavioral health disabilities with requisite community-based services¹. The state's reliance on segregated institutional settings, such as hospitals and residential treatment facilities, is underscored as the prevailing approach for addressing the needs of children grappling with behavioral health disabilities (p. 1).

Subsequently, the report expounds upon the methodologies employed to amass evidence, elucidating the conduct of comprehensive interviews with a diverse array of stakeholders, including state, county, and community representatives, providers, and advocates. Noteworthy figures interviewed encompassed the Director of the State Department of Health and Human Services (DHHS) and the current and former Administrators of the Division of Child and Family Services (DCFS). The narrative of the Report is further enriched by the inclusion of perspectives from children, youth, and their families, providing poignant depictions of their lived encounters within residential treatment facilities (p. 2).

The report's final recommendations for remedial measures are as follows:

- *Ensuring that community-based services are accessible and available with sufficient intensity to prevent unnecessary institutionalization.*
- *Ensuring that the array of services is available statewide as required by Medicaid.*
- *Exercising robust oversight of community-based providers.*
- *Assessing children at serious risk of institutional placement for community-based services and quickly connecting them to appropriate services.*
- *Working with children and families when a child enters a segregated setting to facilitate discharge and transition back to the community. (p. 25)*

The revelations brought forth in the investigative report not only serve as a critical evaluation of Nevada's approach to children with behavioral health disabilities but also act as a poignant call to action for the State of Nevada. The recommendations outlined in the report align seamlessly with the Consortium's enduring suggestions, emphasizing the establishment of a comprehensive and collaborative system, recognizing the imperative of extending the reach of the care to remote and underserved regions, oversight of treatment, proper assessment of children and adequate discharge planning to reintegrate youth after institutional placement. The goal is to ensure that children grappling with behavioral health disabilities, irrespective of their geographical location, have access to the vital services needed for their well-being.

In essence, far from viewing the report's findings as a conclusion, the Consortium perceives them as a catalyst for renewed and heightened efforts toward the realization of its overarching goals. Through these initiatives, the Consortium aspires to continue to contribute meaningfully to the enhancement of mental and behavioral health services for children across the expanse of Nevada.

With all of this outlined above at the forefront of our efforts and focus, RCMHC will continue to monitor Mental and Behavioral Health Needs of Youth in Rural and Frontier Nevada, pushing for further community-based supports and services so that children and families are able to access the care they need in the least-restrictive environment.



¹Office of Civil Rights, Investigation of Nevada's Use of Institutions to Serve Children with Behavioral Health Disabilities (2022). US Dept of Justice Office of Civil Rights. Retrieved October 4, 2022, from <https://www.justice.gov/opa/pr/justice-department-finds-nevada-unnecessarily-segregates-children-behavioral-health>.

2020-2029 RCMHC STRATEGIC PLAN

To assess, develop and support a behavioral health system of care for Nevada’s youth and families, the Nevada Revised Statutes (NRS 433B.333-339) established mental health consortia in three jurisdictions. Those jurisdictions include Clark County, Washoe County, and the remaining rural counties. The functions of the consortia are to assess current behavioral health services for youth in each jurisdiction and develop a plan that will identify gaps and areas in need of improvement. The Rural Children's Mental Health Consortium (RCMHC) is the designated consortium for the rural region of the state and is comprised of committed professionals, agency personnel, community representatives, parents, foster parents, youth, community business representatives, and advocates who come together to support youth and families in rural and frontier Nevada with behavioral health needs. Of the three designated consortia, the RCMHC covers the largest geographic region of the state. This includes Carson City (a consolidated municipality), 3 rural counties (Douglas, Lyon, and Storey), and 11 frontier counties (Humbolt, Elko, Pershing, Churchill, Lander, Eureka, White Pine, Lincoln, Nye, Esmeralda, and Mineral) (Griswold, Packham, Etchegoyhen, Young, & Friend, 2019).

The long-term plan for children’s mental health in rural and frontier Nevada was developed from a grassroots perspective, utilizing intensive input from community and Consortium members. Members reviewed and discussed data compiled by Consortium members and developed goals accordingly. The goals and objectives included in this plan were derived from the stakeholder input and are informed by successes and ongoing needs from the prior long-term plan, activities of the Nevada System of Care, and literature related to children’s mental health.

5 GOALS:

- 1. EXPAND AND SUSTAIN THE NEVADA SYSTEM OF CARE TO RURAL AND FRONTIER NEVADA**
- 2. INCREASE ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE**
- 3. INCREASE ACCESS TO TREATMENT IN THE LEAST RESTRICTIVE ENVIRONMENT**
- 4. INCREASE HEALTH PROMOTION, PREVENTION, AND EARLY IDENTIFICATION ACTIVITIES**
- 5. DEVELOP, STRENGTHEN, AND IMPLEMENT STATEWIDE POLICIES AND ADMINISTRATIVE PRACTICES THAT INCREASE EQUITY IN ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE FOR YOUTH AND FAMILIES**

6 STRATEGIES:

- 1. COMMUNITY DISCUSSIONS**
- 2. COMMUNICATIONS**
- 3. TRAINING**
- 4. DATA COLLECTION AND REPORTING**
- 5. KEY PARTNER DEVELOPMENT AND COLLABORATION**
- 6. POLICY AND ADMINISTRATIVE PRACTICE INFLUENCE**

II. STATUS OF THE RCMHC'S 2025 PRIORITIES

Priority 1. Creation of comprehensive website

CURRENT STATUS:

RCMHC's [website](#) is currently active and undergoing further formatting, design and maintenance. RCMHC has contracted with Smart Web Creative to bring our RCMHC website up to date with standout design and efficient formatting. When this priority was initially identified, access to information and links to services was identified as a significant concern for parents (O'Reilly, Adams, Whiteman, et al., 2018). Many of our community partners are offering quality services but for families to connect to these they must know where to look. By designing an easy to navigate page containing up to date information on treatment/services, crisis resources, educational resources, trainings, awareness/support organizations, and links to all community partners the RCMHC now has a one stop page for families to get started on their wellness journey.

Over the past several years, several updates were successfully implemented. The homepage was enhanced to include community partner websites and other resources for families, ensuring easy access to valuable information. The membership page was revised to accurately reflect the current roster. Updates to the contact page now direct inquiries and comments to the vice president, enabling prompt responses. Additionally, the background images were refreshed with real-world photographs highlighting the natural beauty of rural Nevada.

Consortium's Chair, Melissa Washabaugh, presented at a continuing education event for the Nevada Nurses Association in August 2024. The chair shared a 1-hour presentation on mental health resources for families in rural areas which included mention of the consortium and its associated website where families or healthcare providers can link to additional resources. Conversations like these are aimed at increasing utilization of the Consortium's website and enabling our community partners to access vital resources for those in need.

Next Steps:

A future step for the RCMHC will be to sustain and allocate funding to ensure the proper maintenance and future development of the RCMHC website. We plan to continue collaboration with the contracted web designer for ongoing website design and maintenance; and troubleshoot and address any complications to smooth processing, including the scholarship requests. A few of the next areas to be updated will be community events and family resources, where families in rural areas can request mental health scholarships. We will be uploading photos from our community events and advertising which events are coming up next. We will also continue to add links from community partners and education opportunities to the resources page. The Consortium also plans to add photos and bios of the current membership roster, so the public can know more about the people representing them in rural and frontier Nevada.

RCMHC members will prioritize advertising the RCMHC website at community events and through community partners. Members will look for opportunities to share with regional boards or other groups that may have an interest in the information we offer.

Priority 2. Awareness and de-stigmatizing messaging

CURRENT STATUS:

Mental and behavioral health stigma continues to be a barrier to seeking help (Clements, Mills, Mulfinger, et al., 2019) especially in certain geographical areas or within specific cultures. Changing the culture toward acceptance of mental and behavioral health helps struggling youth to be identified early and linked to support before reaching crisis level. RCMHC members have participated in rural community events that are not typically associated in a direct manner to mental health services such as car shows, town festivals, etc. to disseminate information, swag items, and promote the RCMHC informational website to help rural communities at large obtain exposure to the idea of identification, prevention, and normalization of mental health challenges.

During 2024, the Consortium's Chair, Melissa Washabaugh, presented at a continuing education event for the Nevada Nurses Association. The event was The Margaret Curley Rural and Frontier Nursing Symposium which is aimed at educating nurses throughout the state on healthcare issues that affect rural areas. The chair shared a 1-hour presentation on mental health resources for families in rural areas which included mention of the consortium and its associated website where families or healthcare providers can link to additional resources. The chair also shared information about several of our community partners such as Nevada PEP and Mobile Crisis.

Additionally, the RCMHC continues to support and collaborate with the System of Care (SOC) as they work closely with Nevada PEP and Youth MOVE Nevada. These important partnerships ensure that youth and families are involved at all levels to include planning, evaluation and implementation efforts that sustain youth and family participation. The SOC grant activities over the past few years have been focused on identifying and funding children's mental health programs and supports throughout Nevada, developing and delivering a variety of trainings, providing technical assistance to grant funded programs, and participating in outreach activities state-wide. A few of the accomplishments in this area are listed below:

Youth MOVE Nevada

Youth MOVE Nevada's chapter successfully hosted youth-led weekly meetings, social media events, and monthly podcasts. Additionally, they participated in community-based initiatives aimed at amplifying youth voices and promoting mental health awareness. Youth MOVE Nevada consistently contributed authentic youth perspectives to committees, program planning, and evaluation groups.

The Nye Communities Coalition (NYECC)

The Nye Communities Coalition (NYECC) met and exceeded its contractual obligations during this grant period by delivering the required number of direct clinical treatment hours for youth. The NYECC also surpassed its training goals, conducting numerous training and support events to address the behavioral health needs of children and youth in remote areas of Nevada. Their persistent efforts have significantly expanded their positive impact within the community and helped to increase awareness and destigmatize mental health issues.

The RCMHC also supported and collaborated with the NVPeds program. NVPeds published 11 monthly Telegrams and 12 Infographics focusing on youth mental health during 2024. Some topics included: *Survivors of Suicide Loss, Healthcare Disparities, Intimate Partner Violence, Food Insecurity, Youth Safety, Technology & Youth Mental Health, Intergenerational Trauma, Youth Overdose Prevention, The Importance of Play, and When Youth Experience Grief*. NVPeds publications were circulated over 9000 times to pediatric providers, clinicians, educators, state and local agency representatives, system partners, program champions, and community members.

The HRSA Pediatric Mental Health Care Access (PMHCA) grant that funded NVPeds ended in late September, and the program ceased existence. UNLV was awarded the new HRSA PMHCA grant funding and has a statewide program, the Pediatric Access Line (PAL). While NVPeds has ceased operations, the Nevada Pediatric Access Line (<https://nvpal.org>) program continues to offer pediatric psychiatry consultations, care coordination, and educational content for practitioners statewide. NV PAL is currently working to coordinate professional development opportunities to ensure PCPs across the state can gain tools, skills, knowledge, and comfort in addressing mental and behavioral health needs among their youth and young adult patients. These efforts have supported the Consortium's goal to increase awareness and decrease mental and behavioral health stigma. These partnerships remain vital to the common goals for supporting and serving youth in rural and frontier Nevada.

The Consortium remains committed to the important partnership with The Office of Suicide Prevention (OSP) and is proud to report the following three important achievements during 2024:

Garrett Lee Smith Youth Suicide Prevention Grant

The Garrett Lee Smith Youth Suicide Prevention Grant is a SAMHSA funded grant that supports states and Tribes with implementing youth (up to age 24) suicide prevention and early intervention strategies in schools, educational institutions, juvenile justice systems, substance use and mental health programs, foster care systems, pediatric health programs, and other child-and youth-serving organizations. After 12 years, the Nevada Office of Suicide Prevention was awarded the grant to provide training, suicide intervention support, and postvention support in three rural school districts, all of which will help move toward destigmatizing mental and behavioral health issues and help to increase awareness of these issues in rural and frontier youth in Nevada. The grant will run from 2024 to 2029.

Suicide Prevention Month Statewide Taskforce

In 2024, the Nevada Office of Suicide Prevention stood up the first ever statewide Suicide Prevention Month taskforce, bringing together 50+ government agencies, school districts, nonprofits, and organizations together to develop a Statewide Toolkit to be used for September Suicide Prevention Month. The taskforce helped to light the state up in purple and turquoise, brought awareness campaigns, and trainings across the state to highlight Suicide Prevention Month with the theme of "Changing the Narrative on Suicide Prevention."

Next Steps:

RCMHC will continue to work with its collaborative partners such as SOC, Youth MOVE, Nevada PEP and RMCRT to actively participate and engage in the important work of combating stigma attached to seeking behavioral and mental health supports.

The Consortium will continue to partner with The Office of Suicide Prevention (OSP) to promote Project AWARE and Safe Messaging initiatives to foster responsible and effective prevention and response for youth suicide related topics. The OSP reported it is eager to expand training opportunities, support building systems for prevention, and continue to decrease stigma. In addition to ongoing prevention efforts, the OSP has identified key priorities to reduce deaths from suicide, including the following:

Diversity, Equity, and Inclusion:

Spanish, Native Tribes, Deaf and Hard of Hearing, Rancher/Farmer Populations: Suicide can impact anyone of all ages, cultures, and demographics. The Office of Suicide Prevention is dedicated to expanding our reach in prevention efforts to underserved communities where there has previously been limited support or training opportunities. Nevada has a unique population landscape and outreach efforts for Spanish-speaking, Native Tribes, Deaf and Hard of Hearing, and Rancher/Farmer populations are much-needed initiatives that will be prioritized in the coming year. With the Transformation Transfer Initiative, provided by NASMHPD, the TTI provides a \$250,000 grant to provide crisis care and suicide prevention for underserved youth. In partnership with the Rural Clinics Department of the Division of Public and Behavioral Health, the state received this grant to advance the Project Stay initiative in rural and underserved communities in Nevada.

Reducing Access to Lethal Means (RALM): The CDC reports firearms continue to be the leading means of suicide, with 54% of all United States suicide deaths attributed to firearms. However, lethal means can include anything which can cause death or harm to a person, and could be medication, motor vehicles, and other household items. It is important to educate communities on how to remove or limit access to lethal means, especially during times of high risk. The Nevada Office of Suicide Prevention has the RALM program and statewide partnerships to provide gun safes, gun locks, and medication deactivation bags to support Nevadans in Reducing Access to Lethal Means. OSP supports two community workgroups in RALM efforts Washoe Suicide Prevention Alliance (WSPA) and the University Medical Center Firearms Safety Taskforce. The Washoe Suicide Prevention Alliance (WSPA) is a dedicated partnership that brings together local gun shops, healthcare providers, public health officials, veteran services, and passionate suicide prevention advocates. Our mission is to save lives by raising awareness and providing essential resources for suicide prevention in our community. WSPA offers free resources including gun locks, temporary safe firearm storage options, and locations for opioid overdose reversal medications. Additionally, WSPA provides safe medication disposal options and suicide prevention training tailored for both the community and the firearm industry. In 2024, WSPA partnered with various local gun shops who are willing to provide safe and temporary storage of firearms for people who may be in crisis. The website can be found here [Washoe County Temporary Safe Gun Storage](#).

Priority 3. Support/encourage training at the community level

CURRENT STATUS:

Recruitment/training/retention of Mental and Behavioral Health professionals continues to be difficult throughout rural Nevada. The RCMHC has focused on community-based training specifically geared towards identification of mental and behavioral health challenges and early intervention with the goal of early access to support and prevention of escalating severity of cases.

The Consortium’s partnership with OSP remains crucial in supporting training at the community level. OSP had 117 statewide trainers in 2024. The number of statewide trainers refers to the total number of individuals outside of the Office of Suicide Prevention who serve as trainers for various programs throughout the state of Nevada. These trainers are responsible for conducting training sessions, workshops, or educational programs related to suicide prevention and mental health with support and oversight from the Office of Suicide Prevention.

Training Type	Sessions	Participants
safeTALK	65	1146
ASIST	32	570
Youth Mental Health First Aid (Spanish YMHA Included)	7	121
Mental Health First Aid	9	140
Safe Messaging	5	54
Suicide Prevention 101 (Youth & Spanish Suicide Prevention 101 Included)	37	1000
Community and Parents’ Firearm Safety	6	45
Awareness	6	312
Signs of Suicide	8 Schools	1750
Total Sessions/People Trained	153	5,138

Language barriers can be a deterrent to communities in learning about suicide prevention. In 2024, the Office of Suicide Prevention translated the Suicide Prevention 101 training into Spanish in collaboration with various Spanish-speaking partners and communities. The training will be widely rolled out statewide in 2025.

Following the loss of a Northern Nevada youth athlete, Project Stay was created by the family to encourage the sports and youth community to S.T.A.Y. (S-Say Something, T-Take Action, Ask About Suicide, and Y -You Belong Here. Through partnership with the Office of Suicide Prevention and Renown Health, sports teams are awarded funding if 95% of their coaching staff gets training in suicide prevention. This initiative started out in Northern Nevada, but with additional funding oncoming, will be expanding to a statewide initiative. The Children’s Cabinet provided the following trainings and assistance, in alignment with the Consortium’s priority to provide training at the community level.

Early Childhood Education Trainings

The Children’s Cabinet ensures that early childhood educators in all parts of the state have access to free, year-round professional development courses that increase their understanding and application of health promotion, prevention and early identification activities. In 2024, The Children’s Cabinet offered 98 free virtual courses which over 750 early educators attended.

Child Care Subsidy

The Children’s Cabinet assists families with financial assistance and a database of childcare providers, making it easier to find quality childcare while they work, attend school, or train for jobs. In 2024, The Children’s Cabinet provided childcare subsidy for over 800 children in rural Nevada counties.

The Systems of Care initiative worked to increase support and training at a community level during 2024 through the following three projects:

HRSA grant and partnership with the Pediatric Access Line (PAL)

The partnership with the University of Nevada, Las Vegas School of Psychiatry transitioned into the Pediatric Access Line (PAL) program, supported by a federal Health Resources and Services Administration (HRSA) grant. This transition ensures the continuity of these vital community-based services.

CME and Magellan Healthcare

As part of our collaboration with the CME and Magellan Healthcare, funding was utilized to train service providers on the Child and Adolescent Needs and Strengths Assessment tool, which has been integrated into intake processes. Direct service staff also engaged in training sessions, including “System of Care 101” and “Advancing Health Equity and Improving Cultural and Linguistic Competency in our Practices,” thereby strengthening the integration of System of Care principles in services for children, youth, and families statewide.

The Respite Provider Training

The Respite Provider Training project progressed in collaboration with the Aging and Disability Services Division (ADSD). Mental health and behavior-focused respite training materials were recorded and prepared for inclusion on a training platform. ADSD continues to work on securing a vendor for the platform to ensure accessibility and implementation.

The RCMHC also supports the training put forth by NVPeds and strives to disseminate the training information to reach as many rural providers as possible. NVPeds was successful at creating publications and offering important information to the community. During 2024, NVPeds contributed to the Consortium’s priority to work with the community level and enhance trainings and other offering. A few of the key achievements are noted here:

- NVPeds published 11 monthly telegrams and 12 infographics focusing on youth mental health during 2024. Some topics included: *Survivors of Suicide Loss, Healthcare Disparities, Intimate Partner Violence, Food Insecurity, Youth Safety, Technology & Youth Mental Health, Intergenerational Trauma, Youth Overdose Prevention, The Importance of Play, and When Youth Experience Grief*. NVPeds publications were circulated over 9000 times to pediatric providers, clinicians, educators, state and local agency representatives, system partners, program champions, and community members.
- NVPeds sponsored 324 participants through 136 training opportunities: 2 in-person/hybrid, 8 live-virtual and 126 asynchronous/self-paced courses, with 13% of trainee attendees representing rural and frontier communities.

- During the past year, NVPeds provided sponsorships, support, and technical assistance to expand Nevada’s healthcare workforce by adding the following: 17 Certified CAMS Trained© (Collaborative Assessment and Management of Suicidality), Clinicians, 14 REACH Institute Patient-Centered Mental Health in Pediatric Primary Care Trained PCPs and 35 Certified Circle of Security Parenting Attachment Program Facilitators.

The Community Behavioral Health Collaborative (CBHC), founded as a pilot project in January 2022, sought to increase access to clinical/therapeutic mental health services and stimulate an increase in the number of qualified clinical mental health professionals, especially at the master’s and doctoral levels. These goals were further expanded to include the breadth of work the project has been endeavoring to achieve and highlight the intended long-term impact of the CBHC. This plan is congruent with the Consortium’s vision for rural and frontier Nevada youth. The Community Behavioral Health Collaborative is making significant strides in advancing mental health services, fostering workforce growth, and enhancing community partnerships. The collaborative’s multifaceted approach encompasses intern placement, site development, diverse client services, program partnerships, clinical supervisor training, and ongoing initiatives for program enhancement.

The Consortium held multiple discussions during regular meetings about the lack of resources for youth with Autism including evaluation and treatment opportunities. Through these discussions it was determined that lack of available evaluators who accept Medicaid or low-income families was a major barrier to care throughout the entire state, not just in rural regions. Melissa Washabaugh who is the RCMHC chair has a full-time psychiatric practice and was able to share the Consortium’s concerns with her company Pershing General Hospital. PGH was agreeable to the idea of sending their employee for additional training and she was able to complete ADOS assessment training out of state. The hospital continues to work on logistics of offering the service but plans to have appointments open later this year which should provide a much-needed resource for the youth in need of this service.

The System of Care Grant Unit continued collaborating with NV PEP and Youth MOVE. This partnership ensures that youth and families are involved at all levels including planning, evaluation, and implementation efforts that promote and sustain youth and family participation. This group offers youth-led weekly meetings, social media events, monthly podcasts and participates in community-based opportunities to shine a light on youth voice and mental health acceptance. Youth MOVE Nevada gathers and provides authentic youth voice on committees and program planning and evaluation groups.

Next Steps:

The RCMHC will keep in contact with Pershing General Hospital about the status of ADOS evaluation appointment availability and be abreast of the roadblocks (financial reimbursement). The Consortium will help advise families on the availability of this service and provide opportunities for travel scholarships for families that must travel far to attend these important appointments. The RCMHC also plans to provide mental and behavioral health training for nurses to help cross-train across different disciplines.

The RCMHC will continue to support the System of Care and Nevada Pep and Youth MOVE programs in developing and facilitating additional training that support workforce development in rural and frontier

Nevada. The RCMHC will continue to foster and grow relationships with community partners; including: CBHC, OSP and The Children’s Cabinet to enhance training opportunities and publicize existing efforts.

The RCMHC website will continue to be updated to provide lists and links posting available training for community stakeholders such as educators, healthcare providers, law enforcement, parents, youth group leaders, etc. to spread the word about informative training opportunities for interested parties involved in the mental and behavioral health of youth.

Priority 4. Increase Consortium’s influence on mental health policy creation

CURRENT STATUS:

The RCMHC has historically expressed direct support for legislative goals that are related to children’s mental health. As a state entity we remain committed to strongly advocating for the changes that families need, both legislatively as well as influencing state and local policy. Last year during the 82nd Nevada Legislative Session the RCMHC was more active than ever advocating for the mental health of youth and families. Although this was not a legislative year the Consortium maintained a standing agenda item to discuss bills that the members felt would improve mental health for youth in the state.

During the 82nd Nevada Legislative Session support for AB265 was particularly strong as it would have codified into law the state-wide mental health consortia that the RCMHC already participates in and provided the three consortia with the opportunity to create a Bill Draft Request for the following legislative sessions. The RCMHC was instrumental in educating law makers about this bill as we worked with the other consortia chairs to get it passed through both houses. Unfortunately, the bill received a veto by the governor, but the strong foundation of support remains for another try this year. The Consortia remains committed to this priority and intends to work closely with lobbyist, attend sessions and provide letters of support as fit.

Next Steps:

The Consortium will continue to keep a standing agenda item to our meetings to consider areas of legislation that merit our support and draft official statements regarding policy or legislation being considered. RCMHC will continue to work in collaboration with our community partners and the other state consortia to remain aware of current legislative issues and present a united voice of support for Nevada youth.

The Consortium will invite and support Regional Behavioral Health Coordinators (RBHC) to participate and collaborate with the RCMHC regularly to address gaps and barriers to youth mental health in frontier Nevada. The RCMHC will encourage participation of the RBHCs in monthly meetings and foster the connection to build a stronger alliance and output.

In addition, RCMHC will follow the current Department of Justice (DOJ) findings and determine if action is warranted as more information is available, including proposing legislative change to support DOJ stance centered around changing language that is non-discriminatory or prejudicial from both implicit and non-implicit bias.

The Consortia remains committed to supporting the efforts to codify into law the state-wide mental health consortia and is dedicated to this priority and intends to work closely with lobbyist, attend sessions and provide letters of support as fit.

The Committee to Review Suicide Fatalities (CRSF) will meet eight times in 2025. The eight meetings will include five business meetings and three case review meetings. The business meetings will last 90 minutes and cover the policies and protocols for the committee. One of the goals is to address some legislative edits to the NRS which Governs the committee. Each review meeting will last 4 hours each where the committee will conduct an in-depth review of at least 45 suicide deaths. Ultimately the CRSF will produce an annual report to the Director of Health and Human Services in which actionable recommendations can be implemented in Nevada to continue to reduce the suicide rate for Nevadans. The RCMHC plans to remain in contact with CRSF to inform where legislative support is necessary.

Priority 5. Increased access to evidence-based and evidence-informed mental health supports and services in rural communities

CURRENT STATUS:

The RCMHC recognizes that many children, youth and families lack access to a continuum of evidence-based and evidence-informed support and services in our rural and frontier communities. RCMHC continues to be committed to expansion of access to services and support that will make families lives better and decrease the use of out-of-home placements for youth.

The Office of Suicide Prevention offers two support groups: Survivors of Suicide Loss (SOSL) and the Family's Love Support group, which meet monthly to provide free opportunities for community members. Providing support to community members who have experienced a suicide loss or suicide attempt in their family or by a loved one is crucial. SOSL is a peer-led group focused on suicide bereavement. Family's Love Support is a support group for guardians and parents living with a child 8-18 years, who experiences suicide ideation, or has attempted suicide, offering support and resources to help keep the child safe in recovery.

Family peer support is a service provided by Nevada PEP that connects parents of children with mental and behavioral health needs to other parents with lived experiences under the goals of: increasing resiliency, decreasing isolation, decreasing internalized blame, increasing realization of importance of self-care for parents, increasing feelings of self-efficacy, and increasing the acceptance and appreciation of the child's challenges with increased ability for families to engage with both formal and informal supports.

Families were referred by DCFS programs, schools, and community organizations from every rural county. Nevada PEP received 87 referrals from Northern Nevada Children's Mobile Crisis Response Team (28 in 2023), 12 new families from other rural children's mental health State operated programs, 8 from Connect Nevada and 129 family self-referrals. Over the last year (2024), PEP provided family peer support services to 488 families in rural Nevada, an increase of 57% over last year.

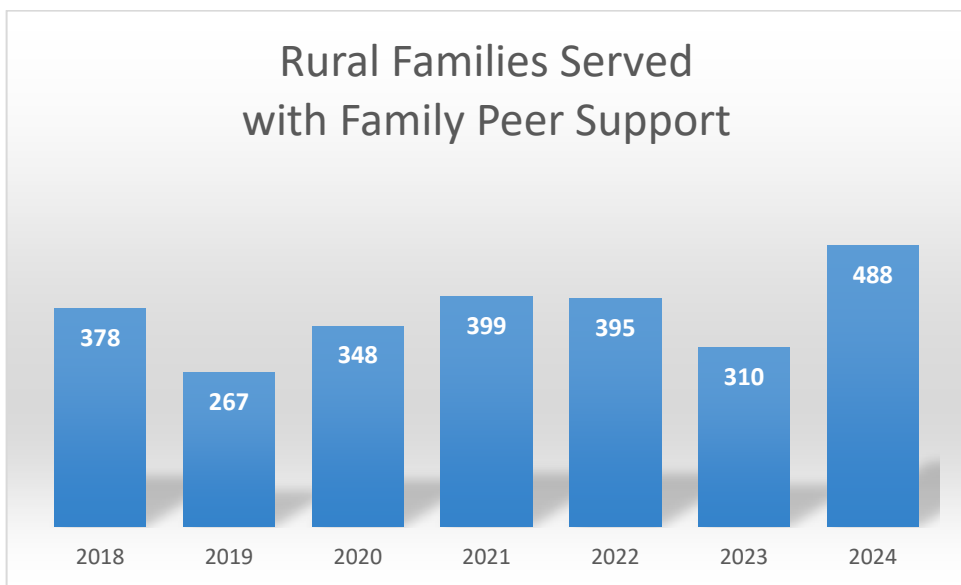
Family peer support was identified as Medicaid billable in the May 2013 Joint CMCS and SAMHSA Informational Bulletin which was based on evidence from major U.S. Department of Health and Human Services (HHS) initiatives that show that these services are not only clinically effective but cost effective as well. In 2022, the United States Department of Justice investigation in Nevada found that family peer support

is not sufficiently available to families to prevent institutionalization, and that changes need to be made to Nevada’s Medicaid definitions to allow for adequate provision of family peer support.

The Division of Child and Family (DCFS) services has long recognized the value of family peer support, from partnerships with Nevada PEP on grants from 1993 to contracting for the service beginning in 2012. DCFS has maintained a long partnership with Nevada PEP and acknowledges how valuable family peer support has been to youth and families. DCFS is committed to supporting programs that strive to enhance workforce development through training on how to deliver quality services to special populations. As part of Medicaid’s Children’s Behavioral Health Transformation initiative family peer support is in the initial development of becoming a Nevada Medicaid reimbursable service. Policy, rates and system updates in process.

RCMHC supports that funding for family peer support should continue past the availability of ARPA funds for non-Medicaid eligible children and youth with behavioral health care needs and co-occurring disorders. The Consortia remains committed to supporting NVPEP in working with Nevada Medicaid to include family peer support as a service in the State Plan for Medicaid eligible children and youth with Serious Emotion Disorders (SED), co-occurring disorders, or those at-risk; additionally for children and youth involved in the foster care system.

Workforce expansion of family peer support services through organizations committed to the System of Care principles and values requires a state authorized training and certification process that is designed and implemented following national model standards and recognized core competencies.



The Consortium recognized the important work The Children’s Cabinet did throughout the 2024 year. Three key initiatives supported by RCMHC, provided by The Children’s Cabinet, to increase access to youth in the rural and frontier areas of Nevada included:

Safe@Home

The Safe@Home program is designed to work in collaboration with DCFS to assure children are safely maintained in their homes with their primary caregivers who are working on change-based case plan goals

with their social worker. In fiscal year 2024, The Children’s Cabinet provided this service for 56 families (74 adults and 121 children) in Carson, Fallon, Fernley, Winnemucca, and Elko. 78% of those families closed with successful reunification.

Early Childhood Community Health Workers

EC-CHWs serve as liaisons between the community and health and social service providers to better support Nevada families. ECCHWs connect with families through onsite support at licensed childcare locations throughout the state. In fiscal year 2024, ECCHW served 17 rural early childhood providers supported 16 Elko families with resources, trainings, connecting with pediatricians and telehealth providers.

Pyramid Model

The Children’s Cabinet supports families and educators of young children in our rural communities through access to the Nevada Pyramid Model program, a statewide initiative designed to create a sustainable system that promotes social-emotional development in young children. The Pyramid Model is a framework for supporting social-emotional competence and preventing challenging behaviors in infants, toddlers, and preschoolers. In 2024, our rural coach supported 5 northeastern Nevada sites benefited 36 educators and over 250 children.

In May, RCMHC distributed mental health wellness items to 12 rural clinics that provide mental health services throughout the region. The idea was continued after the success of the Consortium’s support of the PGH Mental Health Cabinet in 2020. The goal of the project is to get items that are often recommended by therapists or other healthcare providers as improving mental health. These wellness items included things such as weighted animals, sensory toys, self-help books, journals, art supplies, white noise machines, etc. For low income or other disadvantaged youth acquiring these items may be a challenge and therefore their ability to incorporate coping skills in their homes is diminished. The Consortium was able to distribute many baskets of items to clinics or providers in areas including Lovelock, Fallon, Winnemucca, McDermitt, and Elko.

The Nevada System of Care (SOC), through a formalized partnership with RCMHC, has been provided with guidance, and recommendations to inform the System of Care expansion efforts throughout rural and frontier Nevada, including tribal communities. The grant activities in the past year have been focused on identifying and funding children’s mental health programs and supports throughout Nevada, developing and delivering a variety of trainings, providing technical assistance to grant-funded programs, and participating in outreach activities state-wide. The SOC made the following accomplishments in 2024:

- During the grant period, our partnership with Rural DPBH facilitated 24-hour access to Mobile Response and Stabilization services, enabling the expansion of mobile response services throughout Nevada.
- Pacific Behavioral Health maintained funding to deliver its unique Intensive Outpatient Program (IOP) for transitional-aged youth in rural Nevada communities. This program provided comprehensive mental health assessments, individual therapy, and weekly family and group sessions. Clinicians collaborated with youth and young adults to connect them with additional support and resources while continuing to offer intensive outpatient and in-home therapy services for enrolled participants.
- The Fort McDermott Tribal Wellness Center secured funding to support critical community initiatives, focusing on clinical interventions for substance abuse among children, youth, and their families. The extended funding period facilitated the identification and acquisition of additional funding sources to sustain future services and community support.

- Under a HRSA expansion grant, NVPeds collaborated with the Nevada affiliates of NAMI (National Alliance on Mental Illness) and High Sierra AHEC (Area Health Education Centers) to support youth mental health workforce development across the state. This innovative paid internship pilot project provided opportunities for transition-age young adults to enter the healthcare workforce through access to the necessary training, practicum hours, and supervision to earn certification as Peer Recovery Support Specialists and Level 1 Community Health Workers through the Nevada Certification Board. 14 program interns have completed the required training, testing, and internship hours to achieve dual certification.

The System of Care Grant Unit maintained ongoing collaborations with rural and frontier communities across Nevada to further the objectives outlined in the four-year strategic plan. These efforts included broadening the range of community-based services array by funding direct clinical services including evidence-based interventions such as Multidimensional Family Therapy, intensive outpatient, Positive Behavior Interventions and Supports, Child-Parent Psychotherapy, and outpatient psychiatric services. The System of Care Grant Unit was awarded a No-Cost Extension, which provided an additional year to disperse the remaining federal funding award. This funding of services allowed continued support for programs that were challenged to fully implement programming during year-four of the grant.

The Rural Mobile Crisis Response Team (RMCRT) has provided supports that allow youth to access support in their local community, specifically about an 85% hospital diversion rate, meaning 85% of youth who were assessed were able to be stabilized and remain in their home community. The RMCRT began coordinating with psychiatric hospitals to provide a smooth transition for youth who are leaving inpatient care and returning to their home communities, helping youth and families remain stable while connecting them to ongoing outpatient care. Additionally, the RMCRT received ARPA funding to pilot 2 in-person Teams in Elko that will increase access to care. The Medicaid Expansion Mobile Crisis Planning Grant outlines requirements for Mobile Crisis Teams to receive the Federal reimbursement rate at 85%. Two of the requirements are that the mobile crisis services must have someone to respond in-person and there must be a peer support staff as part of the team. By piloting, in-person, peer lead response teams in Elko County, this will allow Rural Clinics to assess if this type of service could be sustainable in rural communities. The pilot would require 2 contract Consumer Services Assistants (peer support) and 2 contract Psychiatric Case Managers. These positions would allow for 2 in-person teams available to respond to the families' location of choice. The Team will then help the family connect with a Mobile Crisis licensed clinician. The clinician will begin the crisis intervention with the youth, while the case manager and peer support work with the family on a care plan. If successful, then the model will be expanded to other rural communities. In addition, the Rural Mobile Crisis Response Team can provide Technical Assistance to other community providers who are building in-person crisis response programs for youth, to help ensure services are provided in accordance with proven national standards. If successful, additional funding will be sought to fund more in-person services in rural communities in the years to come.

Next Steps:

RCMHC will continue to support initiatives that allow youth and families from rural and frontier Nevada to have the ability to access quality residential-care treatment services as well as community-based treatment services, so our youth and families are supported prior to in-patient care and as they return to their local community after residential treatment.

The RCMHC has partnered with The Katie Grace Foundation, a non-profit organization in Reno, to continue our wellness item program. Through the partnership the Consortium will be able to request donated items that

match our wellness wish list. Members will pick up orders and coordinate delivery to more rural counseling offices/schools.

During the past year the RCMHC has discussed at several meetings how to set up a scholarship program to support the mental health needs of rural families. The Consortium has gift cards available which we plan to distribute through an application on our website. We will model the program after the one in use by the Washoe County Children's Mental Health Consortium which uses as subcommittee to approve applications. We hope that the scholarships will help families to attend medical visits or educational events, pay for needed services, encourage mental wellness through community/group activity participation, or provide for wellness items that families cannot afford themselves.

System of Care will continue to build partnerships and relationships with rural, frontier, and tribal communities to build capacity and increase access to children's mental health services and support. System of Care updates will continue to be a regular agenda item throughout the year with presentations provided by the grant manager and other staff.

RCMHC will work with Reno Behavioral Healthcare Hospital (RBH) for continued collaboration to further understand the needs of rural youth that are hospitalized due to mental health challenges and then monitor data that reflects accurate numbers of individual youth cases that enter in-patient care through their hospital. As many of the goals and programs supported by RCMHC center around least restrictive care it is important to compare hospitalization rates across the years to determine how successful intervention programs have been. RCMHC will work on gaining appropriate data for review and evaluation over the next year.

In addition, Wraparound in Nevada (WIN) is another integral program providing families with supports that can often mitigate the need for in-patient or residential program treatment, as well as aftercare supports as youth re-enter their communities from in-patient or residential treatment. WIN provides intensive case management and care coordination to ensure all the needs of the youth and family are being met and that families know where to reach out during times of need. Over the next year RCMHC will work on gaining appropriate data for review and evaluation of the WIN program and collaborate with the new Magellan Healthcare program that will be offering similar services.

Nevada PEP is the primary partner with RCMHC where family peer-support is at the fore front of their work. RCMHC supports continued funding for family peer support past the availability of ARPA funds as a part of Nevada's adequate children's mental health service array in line with the Department of Justice findings. We report Nevada Medicaid should include family peer support as a service in the State Plan for Medicaid eligible children and youth with SED and co-occurring disorders. The return on investment would be reflected in a decrease in costly out of home placements and less separation and strain on families. In 2022, the United States Department of Justice investigation in Nevada found that family peer support is not sufficiently available to families to prevent institutionalization, and that changes need to be made to Nevada's Medicaid definitions to allow for adequate provision of family peer support. In August 2022, DCFS championed a significant funding increase with ARPA funds for family peer support to begin in January 2023 and run through June 2024. Currently family peer support specialists follow a two-year national certification process, in October 2022, DCFS supported a project to develop an in-state family peer support certification process to increase the workforce, make the service more readily available to families through multiple family-run organizations, and to reduce the hesitancy to include the service in the Medicaid State Plan. Both initiatives

were recognized as valuable and were supported by the Nevada State Legislature Interim Finance Committee and RCMHC will continue to support these initiatives.

RCMHC plans to support the introduction and continued support of Hope Squads, peer support in schools, at the middle school and high school levels. There are also intentions of supporting National Alliance on Mental Illness (NAMI) servicing rural and frontier schools to increase access to services that are supported with evidence-based data.

The Nevada Crisis Response System has made significant strides in 2024, advancing its mission to create a sustainable, equitable, and effective framework for addressing behavioral health crises across the state. Working in collaboration with the Office of Suicide Prevention, this comprehensive system is designed to ensure that every Nevadan, regardless of geographic location, socioeconomic status, or cultural background, has access to timely, quality crisis care when they need it most.

DPBH has successfully expanded its crisis program, thanks in part to grants awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and funding from a \$0.35 monthly surcharge on phonelines with a Nevadan area code. This surcharge, established through Senate Bill 390, is deposited into the Crisis Response Account, and as of November 2024, these efforts have yielded more than \$19 million, which has been allocated to fund the 988 Nevada Behavioral Health Crisis Care Hub. To enhance crisis response capabilities, statewide, CRS has utilized these funds to secure a contract with Carelon Behavioral Health. Carelon will play a vital role in providing 988 call center services and infrastructure needs across Nevada. This includes establishing a Southern Nevada 988 Call Center and overseeing the operations of the existing Northern Nevada Call Center, housed under Crisis Support Services of Nevada. To ensure timely and effective responses, CRS is developing mobile crisis certification standards. These standards will streamline the dispatch process for mobile crisis teams and create standardized mobile crisis response teams that are available 24 hours a day, 7 days a week, 365 days per year. Currently, various organizations provide mobile crisis services throughout the state, but none are dispatched through the 988-call center. The contract with Carelon Behavioral Health will allow the 988-call center(s) to begin dispatching mobile crisis teams directly from the 988 Lifeline. Additionally, Nevada is expanding its crisis stabilization infrastructure. These facilities, known as Crisis Stabilization Centers, will offer additional support to individuals utilizing the 988 Lifeline, who may require additional behavioral health services beyond the Lifeline of Mobile Crisis response. Renown Behavioral Health in Washoe County and University Medical Center in Clark County are actively constructing these Crisis Stabilization Centers. with Renown Behavioral Health projecting a grand opening in early January.

RCMHC will continue to prioritize publicizing these important partnerships and the current opportunities available and work with our partners to continue to generate much needed youth mental and behavioral health services for rural and frontier communities in Nevada.

III. REVISIONS TO THE RCMHC'S 10-YEAR STRATEGIC PLAN

As RCMHC members reviewed the 2020-2029 10-Year Strategic Plan, one area not currently outlined in the plan that seemed necessary to add is regarding further revision of Nevada's current Youth Mental Health Crisis Hold (YMHCH), specifically language that is clear to hospital staff, rural clinicians, and youth and families. Behavioral

Health Policy Boards are proposing this as an on-going agenda item in their workgroups and RCMHC proposes its members actively participate in the workgroup meetings helping to craft more appropriate and approachable language used in legislative verbiage that will support appropriate continuity of care, taking into consideration youth and family needs, voice, and choice.

As RCMHC works through its current priorities and goals, it will continue to evaluate for further revisions and adjustments to be made to the RCMHC 10-year strategic plan.

IV. STATUS OF 10-YEAR PLAN GOALS, STRATEGIES, AND SERVICES

Goal 1. Expand and sustain the Nevada System of Care to rural and frontier Nevada.

Objective 1A- Facilitate youth, family, and provider voice through all stages of the expansion and sustainability.

CURRENT STATUS:

The Nevada Children's Mental Health Consortium hosted the Mental Health Summit in Fallon in March 2024 at the Fallon Convention Center. The summit aimed to provide education, networking opportunities, and social support to address mental health issues affecting children and families in rural communities. The event brought together a diverse audience, including healthcare providers, social workers, counselors, school employees, tribal members, parents, and other advocates dedicated to supporting children.

A highlight of the summit was the keynote address by Kevin Hines, a renowned motivational speaker and author who shared his inspiring story of survival after a suicide attempt from the Golden Gate Bridge. His compelling presentation, followed by a Q&A session, resonated deeply with attendees.

Throughout the day, panel discussions covered critical topics, such as suicide prevention and the integration of mental health care in schools. The event also featured resource booths representing local organizations, including the nursing association, tribal representatives, and healthcare groups, fostering collaboration among attendees.

The summit provided a valuable platform for networking and sharing insights on addressing mental health challenges and opportunities in rural settings. Given the event's positive reception, the Consortium is actively planning its next summit in another rural community.

The Consortium has established a scholarship fund to enable rural Nevadan youth and families to attend. The RCMHC also remains committed to hearing “Youth and Family Voice” when participating in community events around Rural and Frontier Nevada. The RCMHC also keeps a standing item on the monthly RCMHC agenda where Youth MOVE and Nevada PEP representatives keep the RCMHC up to speed on current youth and family feedback from those that they collaborate with and serve. RCMHC members also continue to participate in SOC activity planning as appropriate.

Next Steps:

RMCHC members will hold The Rural Nevada Youth Mental Health Summit where further community voice will be heard and appropriate additions made to the 10-year strategic plan to reflect current needs of Rural and Frontier communities.

Furthermore, RCMHC will maintain Youth and Family Voice agenda items, specifically hearing from our partners Youth MOVE and Nevada PEP. The Consortium will consider inviting a youth member to the RCMHC Board to serve as a spokesperson for youth mental health as a person with current lived experience.

Objective 1B- Establish the RCMHC as a SOC point-of-contact for youth, family, and provider voice

CURRENT STATUS:

The updated RCMHC website is an integral tool for RCMHC remaining the point-of-contact for youth, family, and provider voice. The RCMHC was able to add “Contact” section to the website to ensure youth have an avenue to contact and reach the RCMHC directly. In addition, as outlined in the status for Objective 1A, The Rural Nevada Youth Mental Health Summit event will greatly add to RCMHCs ability to accurately capture youth and family voice for rural and frontier Nevada.

Next Steps:

The Consortium members will continue to consider a website addition of a survey section for youth and families to share their opinion regarding needs and barriers hindering individuals with mental and behavioral health challenges to gain access to appropriate care. Individuals will be able to share their lived experiences and highlight strengths or ‘what is working’ in their local region, further aiding in the understanding of what rural and frontier Nevada’s need to aid them in their journey to wellness and successful healthy living as defined by themselves. If this option is executed on the website, RCMHC will coordinate a Quarterly review of this feedback and create a Workgroup to report feedback to the whole RCMHC at general meetings and include these findings in the 2026 Annual Report.

RCMHC will maintain Youth and Family Voice agenda items, specifically hearing from our partners Nevada PEP and Youth MOVE as outlined in Objective 1A Next Steps section above.

Objective 1C- Support statewide implementation of the Child and Adolescent Needs and Strengths (CANS) as a common assessment tool to increase assessment and access to coordinated care.

CURRENT STATUS:

RCMHC has historically supported and disseminated information on the Child and Adolescent Needs and Strengths (CANS) assessment and training, recently training focus has been less on CANS and more on supporting professional development of providers that service rural and frontier Nevada counties.

Next Steps:

RCMHC will enhance efforts to link community members with CANS trained professionals. The website will house information about how to access these providers and ensure youth are benefited by these resources. RCMHC will coordinate with State of Nevada Divisions to ensure support of the most up-to-date recommendations.

Objective 1D- Support Nevada SOC expansion activities including, but not limited to: “No Wrong Door” approach, Tiered Care Coordination, and the SOC Provider Designation System.

CURRENT STATUS:

RCMHC continues to support expansion efforts of SOC, including the “No Wrong Door” approach, Tiered Care Coordination, and the SOC Provider Designation System.

Next Steps:

The RCMHC will continue to review, evaluate, and support these efforts.

Goal 2. Increase access to mental and behavioral health care.

Objective 2A- Identify barriers for youth and families in accessing mental and behavioral health care and coordinate appropriate solutions.

CURRENT STATUS:

Many rural and frontier county school districts have established Multi-Tiered System of Supports (MTSS) framework for addressing the academic, behavioral health, mental health, and social-emotional needs of all students. Those districts that are currently implementing MTSS form District Leadership Teams to formalize best practices for their local districts and get support from University of Nevada, Reno (UNR) Technical Assistance through various grants and state funded initiatives, such as the second round of Project AWARE, Trauma Recovery Grant Project, etc. These districts focus on training staff, assessing students, providing evidence-based programming within school-based settings with effective referral systems to community-based services when needed. Districts that utilize an MTSS framework increase access for youth and families in an effective and efficient way.

Next Steps:

RCMHC will continue to examine needs and develop a plan to address barriers in access to care related to transportation. As well as continue to facilitate partnerships necessary to institutionalize school social workers and implement services and supports that promote early detection in schools. RCMHC will also advocate for further expansion of MTSS across all rural and frontier school districts. The Consortium will utilize information in the National Association of Counties survey to identify and address gaps in services for youth in Nevada counties. RCMHC will also access and collaborate with American Rescue Plan of 2021 (ARPA) workforce development pipeline grant recipients to reduce barriers to care.

RCMHC will request data from the Youth Risk Behavior Survey (YRBS) for rural Nevada and review data for evaluation and make recommendations based off the newest YRBS data.

RCMHC will look into making a presentation at the Special Education School Conference in Elko County in an effort to increase the cooperation between community providers and the mental health supports in the school district, to help increase communication and collaboration for youth services.

Objective 2B- Facilitate the development and implementation of a health equity plan in accordance with recommendations from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) national standards for culturally and linguistically appropriate services (national CLAS standards).

CURRENT STATUS:

SOC and Nevada PEP collaborated to prepare and present training modules for professionals outlining Culturally and Linguistically Appropriate Services (national CLAS standards) along with other training topics as outlined in the above section reviewing Priority 3, which focuses on supporting and encouraging training at the community level.

Next Steps:

SOC and Nevada PEP will continue to present CLAS standard training via online platforms. Consortium members will add an agenda item on regular meetings to identify ways to help support these efforts and promote the trainings provided by community partners.

Objective 2C- Facilitate an organized provider continuum with the expansion of services according to the System of Care recommended service array (see Stroul, B., et al., 2015, p. 5).

CURRENT STATUS:

The State of Nevada continues to struggle with maintaining an organized provider continuum and there are many existing barriers that create stumbling blocks for the State of Nevada to expand services that will truly make a lasting impact on youth and families. Current endeavors moving this pendulum in the right direction include preparations to move from Fee for Service (FFS) to managed care in 2026, increases in State salaries, and implementation of 988 crisis response resource (see Appendix A for reference).

Next Steps:

It is imperative that Nevada ensures that the array of services is available statewide as required by Medicaid. The State should review regulations and procedures to facilitate the participation of children's behavioral health providers in Medicaid and conduct a thorough rate analysis of its Medicaid rates, making necessary adjustment to rates if needed to allow for robust provider participation in community-based behavioral health services.

RMCHC will support providers, clinical programs, and hospitals serving rural and frontier Nevada in participating in the Quadrennial Rate Review next review cycle to provide thoughtful and pertinent feedback regarding their experiences with the reimbursement process and current rates.

Goal 3. Increase access to treatment in the least restrictive environment.

Objective 3A- Divert youth in need of care from juvenile justice systems to community-based care.

CURRENT STATUS:

RCMHC continues to support the facilitation of the development and implementation of assessment and access to treatment services for all youth in juvenile justice. Early intervention and recognition of mental health symptoms is one key aspect in the diversion of youth from juvenile justice systems and on-going training to community members, school staff, and juvenile justice professionals will lead to early intervention. Juvenile justice programs in the State of Nevada continue to add to their service array and RCMHC will continue to support their efforts.

Next Steps:

Juvenile justice programs in the State of Nevada continue to add to their service array and RCMHC will continue to support their efforts while advocating for state monetary support that will make these efforts a continued reality.

Objective 3B- Divert youth in need of care from hospitals or other psychiatric emergency care to community-based care.

CURRENT STATUS:

Because the State has failed to ensure access to community-based services, including crisis support, children and families frequently turn to hospitals as a first stop for treatment. Children often begin their path toward institutionalization at hospital emergency departments. The State reported that in 2020, 4,280 children were

treated in emergency departments for behavioral health conditions. For example, a hospital in Las Vegas recently informed DCFS that admissions to its pediatric emergency room for behavioral health emergencies increased by 65% between 2019 and 2021. The State published a white paper acknowledging that “hospital emergency departments are the primary means by which people in Nevada gain access to necessary behavioral health services.” (US Department of Justice, pp. 7-8, 2022)

The State’s failure to provide crisis and ongoing community-based services to children also results in admissions to psychiatric hospitals. The State has reported a rising rate of child inpatient hospital admissions, with an increase from 1,460 acute psychiatric admissions in 2017 to 1,721 admissions in 2020. Many of these children cycle in and out of hospital settings. (US Department of Justice, p.8, 2022) As of 2022, the average length of inpatient stay at a psychiatric hospital is 8.3 days, averaging \$166 per day for an acute psychiatric inpatient bed. (Crisis Now)

While Nevada’s crisis hotline operates 24/7, mobile crisis availability varies by region. For example, for children in the rural regions, mobile crisis is often operated through telehealth. Although mobile crisis services should be used to prevent visits to the hospital, in Nevada, MCRT is often not called until a child has arrived at the hospital. State data show that the largest percentage of calls to the state’s mobile crisis line comes from hospital emergency departments. MCRT staff are often deployed to emergency departments to determine whether a child meets the criteria for psychiatric hospitalization. Stakeholders reported numerous mobile crisis no-shows following hotline calls, days-long delays in response time, and inability or unwillingness to send a team in response to a call placed near the end of business hours. Call volume for mobile crisis services, which already “fully outstrips” staffing response capacity, tripled between 2020 and 2021, and is expected to continue to increase. Due to the insufficiency of current crisis services, State officials and the Children’s Mental Health Consortia have identified sustainable funding of mobile crisis services as a priority. Though the State has included crisis services in its Medicaid service array, Nevada relies largely on State dollars to operate its mobile crisis services.

The Nevada Division of Children and Family Services transitioned to the 9-8-8 Mental Health Crisis Lifeline that went into effect on July 16, 2022, to serve youth under 18 and their families needing crisis mental health services. The 9-8-8 hotline replaced the 10-digit number for the National Suicide Prevention Lifeline and diverts callers away from 911 emergencies. This will make it easier for people to get help for mental and behavioral health-specific concerns. The hotline is open Monday-Sunday for 24 hours a day. The 9-8-8 call center provides substantial de-escalation, triage, and care traffic control. They may refer to outpatient care, dispatch mobile crisis, refer to crisis stabilization unit, and dispatch law enforcement through the hotline. (Division of Child and Family Services, 2022)

Next Steps:

RCMHC will continue to collaborate and coordinate with existing services, advocate for funding to support, and offer support in legislative bills written to support youth mental health and access to community-based care for youth.

Objective 3C- Increase access to an array of transitional services for youth returning to their homes after inpatient care.

CURRENT STATUS:

RCMHC will continue to support the Rural Mobile Crisis Response Team efforts to coordinate with psychiatric hospitals to provide a smooth transition for youth who are leaving inpatient care and returning to their home communities, and help youth and families remain stable while connecting them to ongoing outpatient care. Further details are outlined in the Service Priorities Section under Priority 5.

Next Steps:

The RCMHC will continue to review, evaluate, and support these efforts.

RCMHC will continue to advocate to secure funding that sustains current initiatives, as well as provides new opportunities for further expansion of service and support. It is also noted that continued supports are necessary for the unique challenges of rural and frontier Nevada youth, including transportation to and from services (e.g. IOP programs provided by Koinonia and Reno Behavioral Hospital).

RCMHC will evaluate DOJ report and follow recommendations to reduce reliance on hospitalizations and increase utilization of community-based care.

Goal 4. Increase health promotion, prevention, and early identification activities.

Objective 4A- Facilitate community-based youth, parent, and caregiver training (in-person and online).

CURRENT STATUS:

The RCMHC website will continue to serve as a source of health promotion, sharing messages and a schedule of upcoming activities and training for all youth, parent, and caregiver trainings. SOC, Youth MOVE, Nevada PEP and OSP continue to sponsor these trainings so that individuals can participate free of charge in an online platform, allowing access to such trainings to be as accessible as possible.

RCMHC members and partners will continue to disseminate upcoming training opportunities facilitated through the System of Care grant in rural communities.

Next Steps:

The RCMHC will continue to review, evaluate, and support training efforts.

RCMHC will continue to advocate to secure funding that sustains current training initiatives, as well as provides new training opportunities for further expansion of offered trainings.

Goal 5. Develop, strengthen, and implement statewide policies and administrative practices that strengthen equity in access to mental and behavioral health care for youth and families.

Objective 5A- Advocate for a unified and integrated system for children’s mental health.

CURRENT STATUS:

The RCMHC continues to advocate for legislative goals that are related to children’s mental health and remains committed to strongly advocating for the changes that families need, both legislatively as well as influencing state and local policy.

The RCMHC has a standing agenda item on the RCMHC monthly agenda to receive updates from Regional Behavioral Health Policy Boards around the state and actively collaborates with those boards regarding the needs of children, youth, and families with mental health needs in our rural and frontier communities.

The Consortium will support and promote NAMI Smarts for Advocacy, a hands-on advocacy training program that helps people living with mental illness, friends and family transform their passion and lived experience into skillful grassroots advocacy. NAMI Smarts for Advocacy is designed as a series of three 1–2-hour workshops or modules or as a single full-day training that develop skills. The unique step-by-step, skill-building design of

NAMI Smarts is effective with a wide range of participants, including those who are new to advocacy as well as individuals with years of experience.

Next Steps:

The Consortium will continue to keep a standing agenda item to our meetings to consider areas of legislation that merit our support and draft official statements regarding policy or legislation being considered. RCMHC will continue to work in collaboration with our community partners and the other state consortia to remain aware of current legislative issues and present a united voice of support for Nevada families.

The RCMHC will plan to present at conferences to strengthen equity in access to mental and behavioral health care for youth and families.

V. RCMHC -2024 Review of Activities

In 2024, the Rural Children's Mental Health Consortium participated in many different activities and events throughout Nevada's Rural communities. The events outlined below review RCMHC's participation and support in spreading positive messaging around Youth Mental Health Awareness.

The Mental Health Summit

The Mental Health Summit in Fallon presented by The Nevada Children's Mental Health Consortium was held in March of 2024 at the Fallon Convention Center. The goal of the event was to provide education, networking, and social support to attendees regarding the topic of mental health for children and families. Attendees included healthcare providers, social workers, counselors, school employees, tribal members, parents, and many more advocates for children in our rural communities. The keynote was delivered by Kevin Hines, a renowned motivational speaker and author who survived a suicide attempt off the Golden Gate Bridge. His stirring and emotional presentation was followed by a question-and-answer session. Throughout the day there were additional panel discussions including topics such as suicide prevention and mental health care in schools. The accompanying booths were attended by local resource groups including the nursing association, tribal representatives, healthcare groups, and more. Attendees enjoyed the donated lunch coordinated by Consortium member Lana Robards and networked about their strengths and challenges. The event was well received, and the Consortium is working on planning their next event in another rural community.

Frontier Nursing Symposium

In August the Consortium's chair, Melissa Washabaugh, presented at a continuing education event for the Nevada Nurses Association. The event was The Margaret Curley Rural and Frontier Nursing Symposium which is aimed at educating nurses throughout the state on healthcare issues that affect rural areas. The chair shared a 1-hour presentation on mental health resources for families in rural areas which included mention of the consortium and its associated website where families or healthcare providers can link to additional resources. The chair also shared information about several of our community partners such as Nevada PEP and The Mobile Crisis Response Team.

Local Community Event

In October, the Consortium hosted a booth at a community trick or treat event in Lovelock where we distributed branded wellness items including our stress ball brains and school supplies including pencils and crayons donated by the Katie Grace Foundation. The booth was well received by the community and had information available for parents about local resources.

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VII. APPENDICES

Appendix A

NEVADA RURAL CHILDREN’S MENTAL HEALTH CONSORTIUM (RCMHC) MEDICAID ANNUAL UPDATE (2024):

GENERAL:

- **Statewide Managed Care (Expansion) set to begin January 1, 2026**

NV Medicaid Managed Care Program serves certain populations in two urban counties—Washoe and Clark Counties. These populations comprise approximately 75 percent of the total Medicaid population. During the 82nd legislative session, the Division received state approval in its budget to finance the expansion of the Medicaid Managed Care Program to all counties in the State pursuant to Nev. Rev. Stat. § 422.273. This expansion will begin on January 1, 2026, with the implementation of the next Managed Care Contract Period, resulting in about a 10 percent increase in Medicaid recipients served by the State’s Medicaid Managed Care Program.

- **Provider Enrollment Solutions**

NV Medicaid and Fiscal Agent Gainwell Technologies are introducing an improved system for provider enrollment called Provider Flex. Provider Flex will streamline document attachment, integrate checklists into the application, offer DocuSign digital signing solutions, and integrate licensure and certification. Anticipated availability system will be in early 2025

- **Justice Involved Reentry Program**

Nevada is undertaking two initiatives to provide targeted health care services to better support youth and adults transitioning from incarceration. The Consolidated Appropriations Act of 2023 (CAA) and state Assembly Bill (AB) 389 (2023), together, require Medicaid to cover services for certain justice-involved populations. Part of these efforts includes the submission of a new state application for federal approval of a Section 1115 waiver of Title XIX of the Social Security Act to allow the state to receive federal funds to pay for services provided to these populations prior to their release.

BEHAVIORAL HEALTH:

1915I HOME AND COMMUNITY BASED SERVICES (HCBS) PROGRAM: INTENSIVE IN-HOME SUPPORTS & CRISIS STABILIZATION

- DHCFP Behavioral Health and Quality Assurance Units continue to work with State and County partners on data collection to meet quality assurance reporting requirements to the Centers for Medicare and Medicaid Services (CMS).
- Documentation for Serious Occurrence Reports for the 1915i program is being configured through the THERAP General Events Report (GER) Module. THERAP is a contractor with the Aging and Disability Services Division (ADSD) who anticipates a rollout of this module for February 2025
- The 1915I HCBS application is due for renewal every 5 years
- The current application renewal is due by 12/31/24. A Public Hearing is set for 12/30/24 with submission to CMS by 12/31/24. No changes to services at this time.

SUBSTANCE USE TREATMENT (SUT) SERVICES

- New MSM 4100 Chapter created for Substance Use Treatment Services; approved at public hearing in July 2024
- New SUD Provider Type 93 implementation July 2024
- 1115 Waiver
 - State received federal waiver approval to use federal Medicaid dollars to pay for substance use disorder (SUD) treatment in residential settings, no longer excluding the 22–64-year-old population. As of August 2023, eligible providers can begin billing for SUD services meeting specific levels of care in residential facilities when delivered to recipients. The Division recently

received federal approval improving its residential payment methodology for this coverage, system development completion is targeted for the end of the year. December 2024 the Division will be seeking federal approval to add waiver coverage of treatment of serious mental illness in residential settings as well as provide housing and nutrition supports as health-related social needs.

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTF)

- Psychiatric Residential Treatment Facilities will be establishing a new flat rate as well as add Ons
- Updates are being made to MSM 400 on Policy and Provider Expectations
- Public Hearing for these updates are scheduled for February 2025

OUTPATIENT BEHAVIORAL HEALTH SERVICES

- NV SPA 24-0010-Removal of Neurotherapy Services- Effective December 17, 2024, the Division of Health Care Financing and Policy (DHCFP) has withdrawn the State Plan Amendment (SPA) 24-0010 that would eliminate Neurotherapy service codes from reimbursement. The withdrawal of this SPA allows for Current Procedural Terminology (CPT) codes 90875 – Individual Psycho-physiological Therapy incorporating Biofeedback Training 30 minutes, 90876 – Individual Psycho-physiological Therapy Incorporating Biofeedback Training 45 minutes, and 90901 – Biofeedback Training to continue to be reimbursable when delivered to Nevada Medicaid beneficiaries who have a mental health diagnosis by Nevada Medicaid enrolled professionals delivering these services within their scope of practice. DHCFP will continue to work with the state’s analytics team and utilization review teams to track utilization of these services.
- NV SPA 22-0005 -Approval was received in July 2024 from the Center for Medicare and Medicaid Services (CMS) for the addition of reimbursement methodology and coverage for providers of Intensive Crisis Stabilization Services (ICSS) delivered through a hospital endorsed as Crisis Stabilization Centers (CSC) or a community, facility-based provider of ICSS. Within this same SPA Mobile Crisis Services in accordance with Section 1947 of the Social Security Act were approved, allowing for an enhanced reimbursement rate for mobile crisis services delivered by a Designated Mobile Crisis Team.

FETAL ALCOHOL SPECTRUM DISORDER

- Assembly Bill (AB) 137, signed into law in 2023, instructed the State to implement a Medicaid Health Home State Plan Amendment (SPA) for individuals with fetal alcohol spectrum disorder (FASD)
- The intent is to address gaps in care for individuals with FASD by providing comprehensive care management and coordination services to these members. Eligible Medicaid beneficiaries are those with confirmed or probable prenatal exposure to alcohol through clinical or self-attestation and/or having a diagnosis associated with specific ICD-10 codes
- New MSM Chapter created for Health Homes for Medicaid beneficiaries with Fetal Alcohol Spectrum Disorder (MSM 4200)
- Public Hearing scheduled for December 2024

CHILDREN’S BEHAVIORAL HEALTH TRANSFORMATION

- NV Medicaid is undergoing major transformations including investing over \$200 million this biennium in the state’s mental health system in services and supports for children and their families.
- New & Improved Services for Eligible Children (Covered by Medicaid):
 - Therapies for children & families • Parenting support for caregivers • Life skills training for youth • Peer supports, connecting children and families with community members similar experiences and needs • Respite care to give caregivers short-term relief • Transportation to medical appointments • Psychiatric care & medication management • Mobile crisis services, whenever and wherever needed
- Community Engagement:

- Meetings have been initiated to engage the community, providers, and stakeholders on improving children's behavioral health services
- First meeting held in October 2024 and to be scheduled monthly

VIII. ABOUT THE RURAL CHILDREN'S MENTAL HEALTH CONSORTIUM

CURRENT MEMBERSHIP

Melissa Washabaugh, Chair

Pershing General Hospital
Children's Health Care (Private Industry)
Representative

Abbey Bernhardt, Vice- Chair

National Alliance on Mental Illness
Children's Mental Health Representative

Marcel Brown

Medicaid
Division of Health Care Financing and Policy
Representative

Mala Wheatley

Pacific Behavioral Health
Private Provider of Mental Health Care
Representative

Michelle Sandoval

Mobile Crisis Response and Care Teams, DHHS
Division of Public and Behavioral Health
Representative

Heather Plager

Elko County Chief Juvenile Probation Officer
Juvenile Justice Representative

Kadie Zeller

Nevada Afterschool Network
Tribal Representative

Cherylyn Rahr-Wood

Nevada Rural Hospital Partners
Regional Behavioral Health Coordinator
Primary Health Care Services Representative

Rebecca McGough

Foster Care Provider
Parent Representative

Lana Robards

New Frontier Treatment Center
Substance Abuse Service Providers Representative

Jaymee Oxborrow

NV State DWSS
Child Welfare Representative

Kelly McKiddie

Washoe County Human Services
Washoe County Mobile Crisis Representative

Denise Padilla

Great Basin College
Rural Education Representative

Brit Young

Nevada Pep
Parent Representative

SPECIAL THANKS

Rural Children’s Mental Health Consortium Members would like to share our heartfelt gratitude to Kristen Rivas (MS Ed, LADC), Clinical Program Planner and John Gracia (Administrative Assistant III) from Nevada Department of Health and Human Services, Division of Child and Family Services Planning and Evaluation Unit that provide integral support. They fulfill the following imperative tasks for RCMHC, such as taking and publishing RCMHC meeting minutes, preparing, and posting RCMHC agendas, and offering guidance in purchasing and reimbursement procedures. Kristen and John have provided critical assistance to RCMHC. They were there every step of the way to guide and support. Ongoing facilitation in communicating amongst RCMHC members and collaborative partners would suffer without their support. We look forward to this continued partnership and are grateful for State funding that makes this relationship possible.

MISSION

To advance an integrated system in which youth and their families/caregivers with mental health needs are accepted in their communities, feel meaningfully connected to services and supports in the least restrictive environment, and experience equity in opportunities to access care.



For more information about the **Rural Children’s Mental Health Consortium** visit our website at: rcmhcnv.org