



Rural Children's Mental Health Consortium

Annual Report | January 2021

Executive Summary

The Nevada Revised Statutes (NRS) [433B.333 & .335](#) established and charged the Rural Children’s Mental Health Consortium (RCMHC) to develop a long-term strategic plan for children’s mental health in the rural and frontier counties of the state. The first 10-year plan of the RCMHC was developed in 2010 and was implemented with modifications through 2019. In 2020, the RCMHC finalized a new 10-year plan (2020-2029). This plan was built upon the successes of the prior efforts while aligning with the goals with Nevada’s System of Care. The [RCMHC’s new long-term plan](#) includes the following updated vision, mission, goals, and strategies.

Vision: Youth in rural and frontier Nevada are healthy and well with unhindered access to care.

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.

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.

The RCMHC entered 2020 with plans to continue the successes of its “Community Discussion” strategy implemented in prior years. However, the onset and continued impact of the COVID-19 global pandemic disrupted the Consortium’s plans, the work and reach of its members, and – most critically – the youth and families of rural Nevada. During this past year, the Consortium shifted its efforts to focus on continued identification of needs as impacted by the pandemic while supporting members who are also providers of services. The Consortium implemented efforts to continue building partnerships, disseminate information, and respond to identified gaps in services. The Consortium remains deeply concerned about the lasting trauma and mental health impact for youth and families in rural Nevada. The pandemic not only resulted in new cases of mental health, but left youth and families who already struggle to access care further isolated with exacerbated stressors such as employment and food insecurity and limited access to resources. While the Consortium is not proposing any changes to its current plan at this time, it recognizes the need to monitor updated data reflecting the impact of the pandemic. Access to care and ongoing crisis response continue to be the prioritized needs in rural Nevada.

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Statement of Thanks

The Rural Children's Mental Health Consortium (RCMHC) extends its gratitude to the service of our Co-Chair Pam Johnson. Ms. Johnson is a tireless advocate on behalf of Nevada's youth and families and has devoted her time across our state to improve access to and the quality of care while valuing the human experiences that our families face. As Ms. Johnson will be stepping down from her leadership role with our Consortium this upcoming year, we dedicate this report – which symbolizes her efforts and accomplishments – to her and we thank her wholeheartedly for her leadership. The Consortium will prioritize the identification of new leadership in alignment with the values and perspectives that Ms. Johnson brought to our efforts.

The RCMHC also thanks the staff of the Nevada Division of Child and Family Services, Program Planning and Evaluation Unit for their ongoing support and expertise, without which we would not be able to conduct our business.

Status of Goals, Objectives, and Strategies

The RCMHC (aka “the Consortium”) 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. In accordance with NRS 433B.335, the RCMHC presents the following annual report summarizing the status of the goals established in its long-term plan.

RCMHC has established the following goals:

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

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

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

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

Goal 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.

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

Objectives	Deliverables	Update & Plans
<p><i>Objective 1A:</i> Facilitate youth, family, and provider voice through all stages of the expansion and sustainability.</p>	<ul style="list-style-type: none"> • Annual “Community Discussion” Events • Regular Consortium meetings with dedicated “Youth and Family Voice” agenda items • Consortium member(s) participate in SOC planning activities as appropriate. 	<ul style="list-style-type: none"> • In progress • The Consortium has experienced its highest meeting participation rate in recent years • Youth MOVE and Nevada PEP regularly participate in meetings • The Nevada SOC regularly participates in Consortium meetings • The Consortium will explore options to add a youth representative as a voting member (i.e. bylaw amendment) • The Consortium will pursue options to implement a virtual “Community Discussion” • The Consortium purchased gift cards to offer as incentives for youth, family, and provider participation in training and Community Discussion events
<p><i>Objective 1B:</i> Establish the RCMHC as a SOC point-of-contact for youth, family, and provider voice.</p>	<ul style="list-style-type: none"> • Annual “Community Discussion” Events • Regular Consortium meetings with dedicated “Youth and Family Voice” agenda items • Consortium member(s) participate in SOC planning activities as appropriate. 	<ul style="list-style-type: none"> • In progress • The Consortium completed a Memorandum of Understanding with the Nevada SOC to serve as the designated point-of-contact for youth, family, and provider input • The Consortium actively participated in launch activities for the Nevada

		SOC in rural Nevada. This includes providing input and feedback on the Nevada SOC Strategic Plan
<i>Objective 1C:</i> 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.	<ul style="list-style-type: none"> Disseminate training and other information as prepared by the Nevada SOC. Provide feedback to the Nevada SOC on implementation progress, provider needs, and youth and family experiences. 	<ul style="list-style-type: none"> In progress As the state continues its roll out of the CANS tool, the Consortium will support efforts to disseminate information and training
<i>Objective 1D:</i> Support Nevada SOC expansion activities including, but not limited to: “No Wrong Door” approach, Tiered Care Coordination, and the SOC Provider Designation System.	<ul style="list-style-type: none"> Disseminate training and other information as prepared by the Nevada SOC. Provide feedback to the Nevada SOC on implementation progress, provider needs, and youth and family experiences. Consortium member(s) participate in SOC planning activities as appropriate. 	<ul style="list-style-type: none"> In progress The Nevada SOC, the Consortium, Youth MOVE, and Nevada PEP partnered on communication material to emphasize their collaboration As the Nevada SOC continues to roll out in rural Nevada, the Consortium will provide feedback and support the dissemination of information, including supporting moving away from using the phase “no wrong door” to “Nevada Point of Entry” when talking about care coordination. The Consortium will partner with the Nevada SOC in the planning of Community Discussion events

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

Objectives	Deliverables	Update & Plans
<p><i>Objective 2A:</i> Identify barriers for youth and families in accessing mental and behavioral health care and coordinate appropriate solutions.</p>	<ul style="list-style-type: none"> • Examine the needs and develop a plan to address barriers in access to care related to transportation. • Facilitate partnerships necessary to institutionalize school social workers and implement services and supports that promote early detection in schools. 	<ul style="list-style-type: none"> • In progress • The Consortium funded the purchase of items that support youth and family treatment plans such as manipulatives, sound machines, journals, etc. • The Consortium purchased gift cards to offer as incentives for youth, family, and provider participation in training and Community Discussion events
<p><i>Objective 2B:</i> 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).</p>	<ul style="list-style-type: none"> • Consortia members will obtain and/or participate in technical assistance and “toolkit” options for the development of health equity plans. • Consortia members will pilot the development and implementation of health equity plans. • Scaling this strategy will be assessed following pilot testing and capacity development. 	<ul style="list-style-type: none"> • In progress • The Consortium reviewed options to begin efforts on this objective and identified that an initial introduction to the topic/training would be appropriate. Virtual training opportunities in this area will be explored further
<p><i>Objective 2C:</i> 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).</p>	<ul style="list-style-type: none"> • Conduct and/or facilitate an in-depth analysis of the current capacity to meet the need and identify gaps in access to treatment, areas in need of enhancement, and new service development opportunities. 	<ul style="list-style-type: none"> • In progress • The Consortium completed a Memorandum of Understanding with the Nevada SOC to serve as the designated point-of-contact for youth, family, and provider input

	<ul style="list-style-type: none"> • Develop and implement a plan to address the identified needs and gaps in access to treatment. • Facilitate the expansion of respite services for families and caregivers, in particular, those who are not eligible for respite services offered by the child welfare system (i.e. non foster care families) including out-of-home care as a respite option. • Facilitate the expansion of family peer support services. • Facilitate the expansion, training, and support of a rural-based workforce. 	<ul style="list-style-type: none"> • The Consortium has experienced its highest meeting participation rate in recent years, which will allow the Consortium greater access to information necessary to assess capacity • Support ongoing family peer support efforts provided by Nevada PEP (See update from Nevada PEP in Appendix A)
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Goal 3: Increase access to treatment in least restrictive environment.

Objectives	Deliverables	Update & Plans
<i>Objective 3A:</i> Divert youth in need of care from juvenile justice systems to community-based care.	<ul style="list-style-type: none"> • Facilitate the development and implementation of assessment and access to treatment services for all youth in juvenile justice. 	<ul style="list-style-type: none"> • Not started • The Consortium will continue to build its relationship with the juvenile justice system • The Consortium will monitor legislative action in support of this objective
<i>Objective 3B:</i> Divert youth in need of care from hospitals or other psychiatric emergency care to community-based care.	<ul style="list-style-type: none"> • Support the ongoing expansion and promotion of the children’s Mobile Crisis Response Teams (MCRT), specifically the expansion of the clinical response service to be offered 24 hours per day/7 days a week. 	<ul style="list-style-type: none"> • In progress • During one of its meetings, the Consortium identified and recommended marketing and communication strategies for the MCRT • The Consortium supported the Nevada

	<ul style="list-style-type: none"> • Develop and disseminate communication material to increase awareness of MCRT. • Partner with the Behavioral Health Policy Boards to institutionalize a process for implementing a common assessment tool for youth in crisis and linking them to treatment options. 	<p>SOC in funding a telehealth platform that allows for 24/7 crisis response in rural Nevada</p> <ul style="list-style-type: none"> • The Consortium will continue to build partnership with Regional Behavioral Health Policy Boards • The Consortium will make recommendations and pursue options for centralizing meeting information and minutes across relevant advocacy groups and policy boards
<p><i>Objective 3C:</i> Increase access to an array of transitional services for youth returning to their homes after inpatient care.</p>	<ul style="list-style-type: none"> • Facilitate the development and implementation of a plan to fill gaps and strengthen existing transitional services and supports. 	<ul style="list-style-type: none"> • In progress • The Consortium funded the purchase of items that support youth and family treatment plans such as manipulatives, sound machines, journals, etc. • The Consortium aims to formalize a process to continue providing funding that supports treatment plans and transitional care • The Consortium will identify and pursue options to increase access to transportation services for youth and families

Goal 4: Increase health promotion, prevention, and early identification

Objectives	Deliverables	Update & Plans
<p><i>Objective 4A:</i> Facilitate community-based youth, parent, and caregiver training (in-person and online).</p>	<ul style="list-style-type: none"> • Develop and implement information activities focused on the availability and confidentiality of telehealth services. • Develop and implement information activities focused availability and confidentiality of school-based care. • Develop and implement information activities focused availability and confidentiality of family peer support services. • Maintain the Rural Children’s Mental Health Consortium website as a source of health promotion messages and a schedule of upcoming activities and trainings. 	<ul style="list-style-type: none"> • In progress • The Consortium supported and worked with the Nevada SOC to offer training to over 70 providers in telehealth • The Consortium purchased gift cards to offer as incentives for youth, family, and provider participation in training and Community Discussion events • The Consortium will update its website to serve as an active “hub” of training and other opportunities • The Consortium will pursue options to implement a virtual “Community Discussion,” to include training opportunities for youth and families

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.

Objectives	Deliverables	Update & Plans
<p><i>Objective 5A: Advocate for a unified and integrated system for children’s mental health.</i></p>	<ul style="list-style-type: none"> • Maintain active involvement in the behavioral health policy boards for regions impacting rural and frontier Nevada counties. • Facilitate regular meetings with key decision makers, policy boards, commissions, and workgroups that are integral to policy and administration for children’s mental health. Within such meetings, communicate findings from Community Discussions, Youth and Parent Voice, Providers, and priorities. • Examine the impact of the current bifurcated system for the provision of state-funded services on children, youth, and their families/caregivers. • Facilitate and advocate for a system-level response that aligns funding and develop an action plan to address results of the examination. 	<ul style="list-style-type: none"> • In progress • The Consortium completed a Memorandum of Understanding with the Nevada SOC to serve as the designated point-of-contact for youth, family, and provider input • The Consortium is particularly interested in pursuing an examination of the bifurcated system particularly as it impacts the implementation of the Nevada SOC • The Consortium will actively engage in the upcoming legislative session to identify and respond to legislative proposals that impact youth and families, facilitate communication and information regarding the proposals, and provide feedback to decision makers regarding such proposals

Conclusion

The RCMHC respectfully submits this annual report of the long-term strategic plan. While the COVID-19 pandemic disrupted the planning of key strategies such as the “Community Discussion” events, the Consortium acknowledges the increased active engagement of its membership – symbolizing the ongoing commitment to advancing our mission of “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.” In collaboration with our partners and building upon our strengths, we will continue to adapt to our new context of youth and family needs while operating under health restrictions. For example, the Consortium will move forward in exploring virtual options for implementing the “Community Discussion” events and other training opportunities. We remain thankful to all the members, guests, parents/caregivers, youth, and partners of the RCMHC for their input, feedback, and tireless advocacy on behalf of children, youth, and their families/caregivers in rural and frontier Nevada.

Appendix A: Family Peer Support Update (Nevada PEP)

Nevada PEP currently provides family peer support services for families who have children with mental health needs. The providers of family peer support services are family members or youth with “lived experience” who have personally faced the challenges of raising a child with serious mental health conditions. Families who contact Nevada PEP for support receive individualized and unique support to meet their needs which may include informational and educational support; instructional and skills development support; emotional and affirmation support; information and referral; and advocacy support.

Families are referred by DCFS programs, schools, and community organizations. Nevada PEP received 25 referrals from Northern Nevada Children’s Mobile Crisis Response Team, 3 new families from other rural children’s mental health State operated programs. Over the last year (2020), PEP provided family peer support services to 308 families of youth with serious emotional disturbance in Rural Counties.

Family peer support was identified 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.

Nevada Medicaid should include Family Peer Support as a service in the State Plan for Medicaid eligible children and youth with Serious Emotion Disorders 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.

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