



# Service Priorities Report

2022

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## Introduction

In order to assess, develop and support a Behavioral Health System of Care for Nevada's youth and families, the Nevada Revised Statute (NRS 433B.333-339) established Mental Health Consortia in three jurisdictions in Nevada; Clark County, Washoe County and Rural Areas. The functions of the Consortia are to assess the 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 comprised of committed professionals, agency personnel, community representatives, parents, foster parents, youth, community business representatives, representatives from the Department of Education, and advocates who come together to support youth and families in Rural Nevada with behavioral health needs.

### 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.

## Current Membership

Melissa Washabaugh (Chair) – Representative of a private industry related to children's health care in the region

Sarah Hannonen (Vice-Chair) – Representative of the boards of trustees of the school districts in the region

Jessica Flood – Representative of primary health care services for youth

Amy Adams – Provider of child/adolescent substance abuse treatment

Jaymee Oxborrow – Representative of the State of Welfare Division

Lana Robards – Representative of an agency which provides services for the treatment and prevention of substance abuse

Rebecca McGough – Provider of foster care

Mala Wheatley – Private provider of mental health care

Jan Marson – Representative of the business community in the region

Heather Plager – Representative of the local juvenile probation departments

Sarah Dearborn – Representative of the Division of Health Care Financing and Policy of the Department

Michelle Sandoval – Representative of Division of Public and Behavioral Health of the Department

## Current Vacancies

Representative of the agency which provides child welfare services in the region

A parent of a child with an emotional disturbance

Representative who is a tribal member with knowledge of mental health needs in the region

A youth between the ages of 18-26 with lived experience

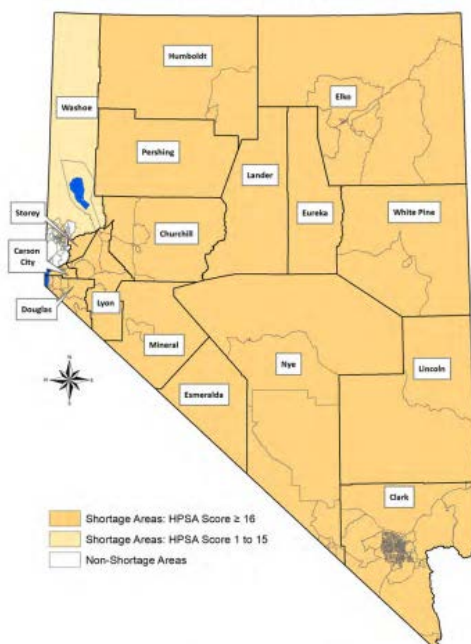
## Status of Children's Mental Health in Rural Nevada

Rural America has historically been a challenging area for mental health care, particularly for disadvantaged groups including children. Nevada's families face increased difficulties due to wide geographical areas separating healthcare facilities, high rates of uninsured/under-insured, limited access to higher level services including inpatient or residential centers, and healthcare provider shortages (Griswold, Packham, Warner, Etchegoyhen, 2021).

Over the past two years these challenges have been increased by the COVID-19 pandemic and very recently by the sudden closure of a psychiatric inpatient facility in Washoe County that served children in crisis throughout much of rural Nevada. 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).

*Nevada Rural and Frontier Health Data Book — Tenth Edition*

Map 5.3: Mental Health Professional Shortage Areas (HPSAs) in Nevada



## Health and Associated Statistics for Rural Nevada

While rural and frontier counties represent only 9.1% of the state's population, **these counties cover 86.9% of the state's land mass.**

For the next ten years, the growth rate in the population aged 17 and under in rural and frontier counties (11.8%) is **projected to be higher than urban counties** (9.5%).

The average per capita income for all rural and frontier counties (\$47,990) **was below the urban average** of \$54,879, and below the U.S. average of \$56,490.

In 2019 there were **9,820 children in poverty in rural and frontier counties** (16.8%)

There were 57,246 uninsured Nevadans under the age of 19 (8.0%) in 2018, including **6,002 uninsured rural and frontier children.**

In 2020, there were 286 licensed psychiatrists in Nevada – 285 are in urban Nevada and **only 1 psychiatrist is in a rural or frontier county**

In 2020, an estimated 287,228 **residents of rural and frontier Nevada (100% of the population) live in a mental health professional shortage area** (HPSA) – 14 of 14 rural and frontier counties in Nevada are single-county mental HPSAs

(Griswold, Packham, Warner, Etchegoyhen, 2021).

## Service Priorities related to RCMHC 10 Year Strategic Plan

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. No changes have been made to the strategic plan and the goals remain the same however implementation methods have been adjusted to current conditions of public health in the state. Goals are based on a set of values and principles which promote a System of Care that is community based, family driven, youth guided and culturally competent.

### 5 Goals from Long-Term Strategic Plan –

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

## 2022 Priorities

### 1. Creation of comprehensive website

Strategic plan goal addressed – 1, 2, 3, & 4

Currently it is difficult for families to find information about services on their own. Many of our community partners are offering quality services but for families to connect to these they must know where to look. Access to information and links to services has been identified as a significant concern for parents (O'Reilly, Adams, Whiteman, et al., 2018). 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 will have a one stop page for families to get started on their wellness journey. We plan to advertise the website through collaboration with our community partners as well as at community events.

Budgeted Cost: \$1450

### 2. Awareness and de-stigmatizing messaging

Strategic plan goal addressed – 2, 3, & 4

Mental and behavioral health stigma continues to be a barrier to seeking help (Clements, Mills, Mulfinger, et al., 2019) especially in certain geographical areas. Changing the culture towards acceptance helps struggling youth to be identified early and linked to support before reaching crisis level. The RCMHC has invested in promotional items that are visible/usable such as apparel, stickers, tote bags, etc. We plan to attend rural community events that are not typically connected to mental health services such as car shows, town festivals, etc. By disseminating information, swag items, and promoting our informational website rural communities at large will be exposed to the idea of identification, prevention, and normalization.

Budgeted Cost: \$4444

### 3. Support/encourage training at the community level

Strategic plan goal addressed – 1, 3, & 4

Recruitment/training/retention of health professionals continues to be difficult throughout rural Nevada. The RCMHC will focus on community based trainings at the identification and early intervention level with the goal of early access to support and prevention of escalating severity of cases.

The intent of prevention and intervention programs has been to move to a proactive system. Engaging individuals before the development of serious emotional disturbance or to

alleviate the need for extended mental health treatment has become even more critical during the pandemic and with the recent loss of inpatient beds.

Unidentified and untreated mental health concerns have a high chance to



escalate to other symptoms/behaviors that further jeopardize health such as substance use or involvement in the criminal justice system. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA, 2020) yields current data on a wide-range of self-reported mental health and substance abuse indicators by region in Nevada and the United States. The data indicate Nevada prevalence rates for youth (ages 12 to 17) that are higher than national rates in key areas, such as illicit drug use and marijuana use. Early identification has been found to be both cost effective and significantly beneficial in preventing escalation to co-morbid conditions. According to Skokauskas, Lavelle, Munir, et al. (2018) “The most feasible actions, in terms of a short period for a positive return on investment, include early identification and treatment (...) A robust evidence base exists, which suggests that interventions in early life to protect the mental health and well-being of children, as well as their parents, can generate substantive positive returns on investment not just for health, but for other sectors such as education, criminal justice, and social welfare.”

Examples of the type of training the RCMHC will be promoting include the Youth Mental Health First Aid program offered by the Nevada Office of Suicide Prevention, Zero to Three early identification training, cultural competency CEUs for healthcare providers, etc. On our website we will list available trainings for community stakeholders such as educators, law enforcement, parents, youth group leaders, etc. The RCMHC will offer an incentive program to encourage people to complete the trainings which will include the use of our already purchased gift cards to be sent to those who show completion of training programs.

Budgeted Cost: \$0 – already purchased from previous budget year

#### 4. Increase consortium’s influence on mental health policy creation

Strategic plan goal addressed – 1, 2, 3, 4, & 5

The RCMHC has not recently expressed direct support for legislative goals. As a state entity we should be asserting our influence strongly to advocate for the changes that families need. There has been evidence in the data showing how legislative action can positively affect public health in our state. For example after implementation of the NRS change allowing nurse practitioners full practice authority the number of these providers increased significantly. According to Griswold, Packham, Warner, and Etchegoyhen (2021) “Over the past decade, the number of APNs in Nevada has increased from 588 in 2010 to 2,156 in 2020 (266.7%) and the number per 100,000 population of APNs in Nevada has increased from 21.8 to 68.2 during the same period – in rural and frontier counties the number of APNs per 100,000 population increased from 15.4 to 35.5”. Due to the vital need for additional mental health resources budget concerns across the spectrum of public health should be a matter of interest for the RCMHC.

The consortium plans to add a standing agenda item to our meetings in order to consider areas of legislation that merit our support and draft official statements regarding policy or legislation being considered. We will 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.

Budgeted Cost: \$0

## Review of RCMHC Activities 2020-2021

During the previous two years the consortium's implementation of strategies has had to adapt to environmental changes due to the ongoing COVID-19 pandemic. Adjustments to budget items, planned events, staff changes, etc have affected the activity of the consortium but have also allowed time for planning our next step thoroughly and redirecting our funds into proactive community projects.

### Promotion of wellness activities during pandemic -

In 2020 faced with cancellation of in person events the RCMHC opted to use our funds to support the Mental Health Cabinet in Pershing County. This is a donation based service that provides mental wellness items free of cost to community members. Item donated included weighted blankets, aromatherapy products, white noise machines, art supplies, etc. These items have been given to dozens of community members to promote wellness during pandemic isolation



## New logo creation -

In 2021 the consortium completed a contest for Nevada youth to design our new logo. The contest was promoted by our partner Youth MOVE and we received over 80 entries. A generous consortium member donated gift cards as prizes for the entries and we were able to select a new logo that visually represents our mission. The circling hand around a tree with blooming hearts gives the impression of holistic caring and partnership which is exactly the message we were looking for. The consortia sent out thank you messages to all our participants and have ordered new branded merchandise to showcase the logo at community events.



## Collaboration with community partners -

Much of our meeting time during the pandemic has been focused on updates and support between our community partners including DCFS, Nevada System of Care, Access to Care Grant, Youth MOVE, Nevada PEP and others. We have had informative presentations from Nevada Rural Hospital Partners, Mobile Crisis Response, and Nevada Medicaid. Our membership has provided input on the new informational handbook for parents regarding psychiatric legal holds. We look forward to continuing these collaborations and promoting all related services on the RCMHC website in the near future.



## References

- Beks, H., Healey, C., & Schlicht, K. G. (2018). 'When you're it': a qualitative study exploring the rural nurse experience of managing acute mental health presentations. *Rural & Remote Health, 18*(3), 1-11.
- Buchter, J., & Riggleman, S. (2018). Using teleconferencing to meet the needs of children, 0 to 3 years old, with disabilities in rural areas. *Rural Special Education Quarterly 37*(3), 176-182. doi: 10.1177/8756870518754882
- Calvano, C., Engelke, L., Di Bella, J. et al. (2021). Families in the COVID-19 pandemic: parental stress, parent mental health and the occurrence of adverse childhood experiences—results of a representative survey in Germany. *European Child Adolescent Psychiatry*. doi.org/10.1007/s00787-021-01739-0
- Clements, H., Mills, H., Mulfinger, N., Raeder, S., Rusch, N., Scior, K.(2019). Self-help interventions to reduce self-stigma in people with mental health problems: A systematic literature review, *Psychiatry Research*, 10.1016/j.psychres.2019.112702.
- County Health Rankings. (2021). County Health Rankings & Roadmaps. Retrieved from <http://www.countyhealthrankings.org/>
- Griswold, T., Packham, J., Warner, J., Etchegoyhen, L. (2021). Nevada rural and frontier health data book. 10<sup>th</sup> ed. *Nevada State Office of Rural Health*. Retrieved from <https://med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontierhealth-data-book>
- O'Reilly, M., Adams, S., Whiteman, N., Hughes, J., Reilly, P., & Dogra, N. (2018).

Whose responsibility is adolescent's mental health in the uk? Perspectives of key stakeholders. *School Mental Health*, doi:10.1007/s12310-018-9263-6

Skokauskas, N., Lavelle, T. A., Munir, K., Sampaio, F., Nystrand, C., McCrone, P., & ...

Belfer, M. (2018). The cost of child and adolescent mental health services. *The Lancet Psychiatry*, 5(4), 299-300. doi:10.1016/S2215-0366(18)30089-0

Substance Abuse and Mental Health Services Administration (2020). National survey on drug use and health: NSDUH substate estimates of substance use and mental disorders. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [https:// www.samhsa.gov](https://www.samhsa.gov)