NEVADA CHILDREN'S COMMISSION BEHAVIORAL HEALTH SUBCOMMITTEE:

PRIORITIES & PLANS 2024

The Behavioral Health Subcommittee continues to be comprised of the following members with full attendance at all subcommittee meetings. A membership goal for 2024 is to expand to include a member with relevant expertise from the rural jurisdictions and/or additional representation from Northern Nevada.

- Gwynneth Smith, JD. Ph.D., Clark County District Attorney Juvenile Division
- Kimberly Abbott, J.D., CWLS, Legal Aid of Southern Nevada, CAP Program
- Sheldon Jacobs, Psy.D., LMFT, Clark County Department of Family Services
- Joseph Haas, Ph.D., Clinical Psychologist

The subcommittee met on September 8, 2023, to align and vote on goals for the upcoming year. We used the attached **Children's Mental & Behavioral Health Services Continuum** as a framework to determine priority areas and next steps (see slide).

Using the continuum as a guide, the following three areas were identified as priorities.

#1. GAPS IN THE CONTINUUM OF CARE

The Nevada Children's Commission is uniquely positioned to bring critical attention to gaps in the continuum of care for children's mental and behavioral health that have negative impacts for children in the juvenile dependency and delinquency systems. These gaps are also acutely felt by families in the community, who increasingly turn to the child welfare system when they are unable to safely meet their children's needs. This is exemplified by the below concerning statistic.

➔ Custodial relinquishments in Clark County due to youth mental health
- 2022: Seventy-six (76) children
- 2023: Thirty-eight (38) children (YTD)

Priorities

Gaps exist at all levels of care, but are particularly pronounced in the following areas:

Intensive In-Home Services. A critical and largely unmet need. These services include Emergency and Planned Respite, Peer Support, Intensive In-Home Services, and Crisis Stabilization. Most of these interventions are not yet sustainably funded. This gap pushes children up the continuum to more intensive/intrusive services such as residential care, often out of state.

Community-Based Residential Treatment. Another critical, and currently largely unmet, part of the continuum. Examples of these services are Qualified Residential Treatment Programs (QRTP's), which are eligible for partial federal reimbursement, and unlocked Psychiatric Residential Treatment Facilities (PRTF's), such as those run by the DCFS at PRTF North and PRTF Oasis. Lack of capacity at this level also pushes children into secure RTC programs, frequently out of state, and impacts their ability to successfully transition home after treatment due to lack of "step-down" programming.

Early screening and services for neuro-developmental disorders, particularly Fetal Alcohol Spectrum Disorders (FASD). Early identification of children with neurodevelopmental disorders like FASD in the child welfare system is a critical gap. Recommended services, such as ABA, are most effective when implemented early. Too many children in child welfare aren't diagnosed until adolescence once significant behavioral issues and sometimes delinquency involvement have already emerged.

Plans:

The subcommittee intends to request input from the following entities to report back to the full Commission. The Commission will then be better placed to advocate for specific services and programs to address gaps.

QRTP Development/Unlocked PRTF Capacity: The subcommittee intends to request input from DCFS regarding efforts to establish and support QRTP's throughout Nevada, including how sustainable funding for high quality programs can be achieved. Additionally, the subcommittee will request updates on capacity and programming at unlocked PRTF programs, both public and private.

Continuum of Care for Children with Intellectual and Neurodevelopmental Disabilities: The subcommittee intends to request input/expertise from partners such as Aging and Disability Services (ADSD), UNLV Ackerman Center for Autism

and Neurodevelopmental Solutions, and the UNR Center for Autism and Neurodevelopment to develop a comparable "Continuum of Care" map for children with intellectual/neurodevelopmental disabilities. This will serve to identify what the needed services are, which are "best practices," and where the gaps exist – so that the Commission can advocate for specific changes for this high need population.

#2. DATA

The Children's Commission needs accurate, basic data regarding the level of need and availability of services at each step along the Children's Mental and Behavioral Health Continuum, both within and beyond child welfare.

Priorities:

First, the Commission needs basic estimates of the number of children currently utilizing services at each step along the Mental Health and Behavioral Health Services Continuum. We should also request estimates for future need given population growth, development of services, etc.

- Ex. How many children are currently acutely admitted each year state wide for psychiatric care? How many children experience re-admission and what are the drivers?
- Ex. How many children have been admitted to a partial hospitalization program in the last year? Are these programs associated with a decrease in hospital admissions?
- Ex. How many children have been residentially hospitalized, for how long, both in and out of state, what settings did they discharge to and what was the re-admittance rate?

Second, the Commission needs to understand current provider capacity at each step along the Continuum, as well as projected capacity need given population growth, etc.

- Ex. How many providers of various Intensive In-Home Services do we have state wide and how does capacity compare to demand?

- Ex. What is the statewide capacity for High Fidelity Wraparound Services like WIN in Nevada and how much will a program like the planned Care Management Entity (CME) increase capacity?
- Ex. What is the current capacity (beds) for community-based and secure residential treatment, both in state and out-of-state? Are certain diagnoses/needs drivers out-of-state placement (e.g. child age; co-occurring neurodevelopmental; co-occurring medical)?

Special focus will go to gathering data on the continuum of services (and gaps) for two especially high needs groups in the dependency system:

- Dually Involved Youth
- Youth with Co-Occurring Neurodevelopmental Diagnoses

Plans:

The subcommittee intends to request input from the following entities to report back to the full Commission. With better data, the Commission will be better placed to advocate for specific services and programs to address critical gaps.

Unity System Upgrade/Replacement: On February 28, 2023, the subcommittee received a presentation/discussion from Tracey Reuck (DCFS) and Holly Vetter (Clark County) regarding future plans for the child welfare information system/data-tracking under the current UNITY system. The subcommittee discussed the need for better tracking of mental health data in the system. The current phase of this project is a "needs analysis" being conducted by DCFS. The next phase will be system implementation. The subcommittee intends to request an update on this project from DCFS and to continue to provide input for the needs analysis.

Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile: The subcommittee intends to request input/assistance from the Office of Analytics at the Nevada Department of Health and Human Services, which produces the yearly Epidemiologic Profile for the state. Drawing on data sources such as Hospital Emergency Department Billing, Hospital Inpatient Billing, and Medicaid Claims Data (among many others) this Profile contains specific information on youth mental and behavioral health. This Office may be able to

help the Commission obtain further specific data to identify critical gaps in our current continuum of care.

#3. PROMISING PRACTICES

The Behavioral Health Subcommittee has historically requested presentations from government, university affiliated, or community-based agencies engaged in evidenced-based, robust programming to identify and report back on promising practices being established in our state. Armed with this knowledge, the Commission has been able to advocate for and support specific programs. Past presentations include:

- Raise the Future, Trust Based Relational Intervention
- UNLV Ackerman Center for Autism and Neurodevelopmental Solutions, assessing for and diagnosing FASD, recommended interventions and supports
- Pediatric Access Line and Child & Adolescent Psychiatry Fellowship at UNLV
- Behavioral Health Workforce Development Pipeline and Center

Priorities:

The subcommittee intends to focus on promising practices that address identified gaps along the Children's Mental and Behavioral Health Services Continuum. Additionally, the subcommittee will give special focus to programs that serve children with co-occurring neurodevelopmental disabilities and programs that focus on early intervention.

Plans:

The subcommittee intends to request input from the following entities to report back to the full Commission. The Commission with then be better placed to advocate for robust, empirically supported services within our state.

Care Management Entity (CME): The Division of Child & Family Services (DCFS) requested and was recently approved funding to stand up a children's behavioral health Care Management Entity – this contract was awarded to Magellan Health. This service is intended to provide and coordinate services along the continuum, assure prompt implementation, track data and outcomes, and, critically, address gaps by increasing the network of providers. The subcommittee intends to invite

DCFS and Magellan providers to present the program, provide input on critical gaps/issues, and follow up on implementation.

Pilot Program to identify and develop evidenced based services for children with FASD: ADSD was allocated funding for this purpose in the most recent legislative session, based on the model established with the Autism Treatment Assistance Program (ATAP). This is a critically needed resource in our state. The subcommittee is supportive of these efforts. Children with FASD are significantly overrepresented in the child welfare system. The subcommittee intends to invite ADSD to present to the subcommittee regarding this pilot program in 2024.

Safe Babies Court Team Program (SBCT): DCFS and several counties together applied for and received federal funding to expand and establish the Safe Babies Court Team Model in Nevada. This model is a court based/coordinated intervention that focuses on the needs of very young children (infants and toddlers) entering the child welfare system to increase safety and permanency and reduce re-entry. A specialized family therapy model and close collaboration between the court and service providers is central to this model. The subcommittee intends to invite DCFS to present to the subcommittee regarding this program in 2024.

CONCLUSION

Using the Children's Mental & Behavioral Health Services Continuum as a guiding framework, the Behavioral Health Subcommittee will focus on three key areas:

1. Gaps in the Continuum of Care
2. Data
3. Promising Practices

Gathering information and reporting on these priorities would be impossible without the engagement of our community partners, both in government and the private sector. We are very grateful for their collaboration and input.

The subcommittee invites the leadership and members of the Nevada Children's Commission to provide input on plans, identify additional areas of focus, and to help us make connections with community partners or programs who can assist/inform our work.

Children's Mental and Behavioral Health Services Continuum

PRIORITY

Prevention/Early Intervention

Description
Stopping mental health problems before they start, supporting children at higher risk, helping children with mental health problems stay well to avoid progressing through the continuum of need by ensuring prompt engagement, assessment and delivery of service.

Considerations
Lack of both funding mechanisms and clear definition of provider type, as well as high need for the pediatric population and neurodevelopmental (FASD)

Need mechanisms to better identify children who require assessment and intervention earlier. Focus on the 0-6 age range both in child welfare and community.

Data Focus
Capacity versus current/projected needs?

Outpatient

Description
Regular therapy visits to a clinic or may be provided in the home.

Considerations
Need to ensure referral for services as early as possible and payment structure is available. Coordination with other services is critical and not funded

Need increased capacity to deliver services in home

Need increased capacity/support for therapists that are culturally affirming to serve Nevada's diverse population.

Funding to address prompt referral and care coordination.

Data Focus
Capacity versus current/projected needs?

Intensive In-Home Services

Description
A variety of services designed to wrap a family in support and help keep children in their homes. Can include Emergency and Planned Respite, Peer Support, Intensive In-Home Services, Crisis Stabilization, and Care Coordination.

Considerations
Very limited in this area due to lack of sustainable funding and programming

Need clearer definitions, flexibility and ability to scale services up/down according to need particularly in higher acuity, complex cases

Care Management Entity program intended to assist in this area, and ideally will provide services, coordinate, assure prompt implementation, and address provider capacity/gaps

Data Focus
Capacity versus current/projected needs?

IOP/PHP

Description
Intensive Outpatient and Partial Hospitalization offer more structure/ support than outpatient.t IOP- 3-4 days/week
PHP- 6 or more hours/day, up to 7 days/week.

Considerations
Need sustainable funding to support current programs and programs for certain populations (i.e. pediatric, co-occurring neuro-developmental, etc.)

Waitlists and transportation barriers

Ability/reimbursement to coordinate with outpatient providers and/or "overlapping" services (i.e. placement in HLOC home, etc.)

Data Focus
Capacity versus current/projected needs?

Community Based Residential

Description
Programs that provide a therapeutic environment in an unlocked residential community setting.
Ex: Qualified Residential Treatment Programs (QRTPs) and unlocked Psychiatric Residential Treatment Facilities (PRTFs).

Considerations
No QRTP's (yet) in Nevada and funding mechanism remains undefined.

Extremely limited unlocked PRTF capacity.

These are crucial step up/down services to keep children in least restrictive setting.

Availability of these services decreases out-of-state RTC placement and assures children who are placed out of state return more quickly and successfully.

Data Focus
Capacity versus current/projected needs?

Locked Residential Treatment

Description
3 levels: Sub acute, Acute, PRTF-locked-hospitals provide mental health and medical care to patients with variety of high acuity/chronic mental behavioral health.

Considerations
"Subacute" not funded/doesn't exist, need facilities who can appropriately manage aggressive behavior and program for IDD

Crucial gap for dual/delinquency involved youth and neurodevelopmental population.

Recent wins: Pediatric RTC DWTC; Desert Parkway SNU extended acute.

Need more in state options, especially for special populations – high needs youth, youth with aggression, youth with co-occurring neuro-developmental.

Data Focus
Capacity versus current/projected needs?

Acute hospitalization services at any point in the continuum

Mobile crisis assessment and services at any point prior to residential

NEURODEVELOPMENTAL CONTINUUM OF CARE?