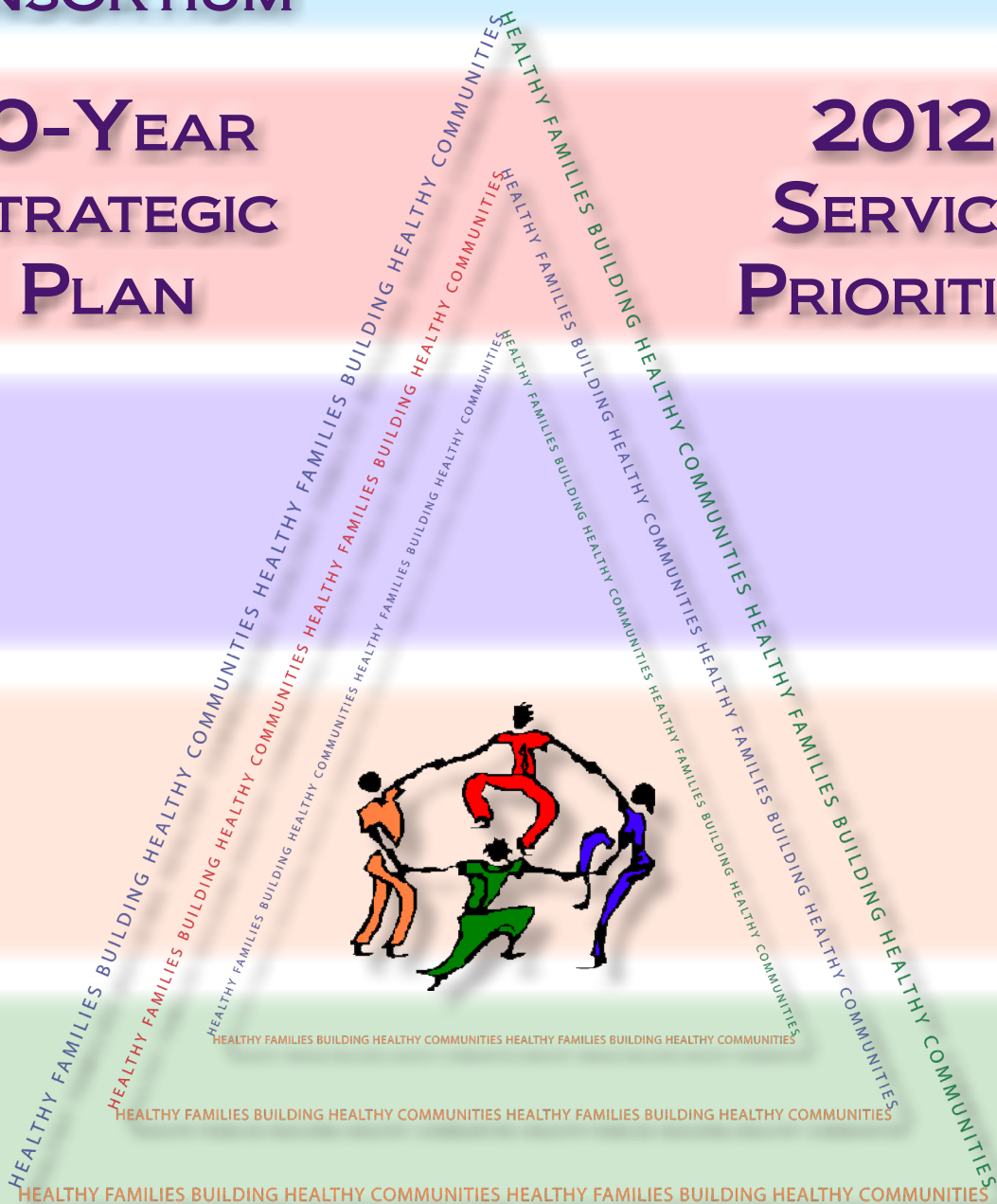


CLARK COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

2020 VISION FOR SUCCESS
Children and families in Clark County will have timely access to a comprehensive, coordinated system of behavioral health services and supports.

10-YEAR STRATEGIC PLAN

2012 SERVICE PRIORITIES



CLARK COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM 2011 STATUS REPORT ON THE 10-YEAR STRATEGIC PLAN

INTRODUCTION

On January 31, 2010, The Clark County Children's Mental Health Consortium submitted its **10-Year Strategic Plan** to the Nevada Commission on Mental Health and Developmental Services and the Nevada Department of Health and Human Services. The CCCMHC **10-Year Strategic Plan** represents a commitment to all children in our community who deserve the supports necessary for optimal mental health and social-emotional development, early access to treatment when problems arise, and intensive interventions when behavioral health problems become severe and chronic. The Plan is based on a set of values and principles that promote a system of care that is community-based, family-driven and culturally competent. Using a public health approach and a neighborhood-based model of service delivery, the plan sets forth the following long-term goals for Clark County by the year 2020.

10-Year Plan Goals

- 1. Children with serious emotional disturbance and their families will thrive at home, at school and in the community with intensive supports and services.**
- 2. Children with behavioral health needs and their families will access a comprehensive array of effective services when and where needed.**
- 3. Families seeking assistance will find an organized pathway to information, referral, assessment and crisis intervention coordinated across agencies and providers.**
- 4. The system will be managed at the local level through a partnership of families, providers and stakeholders committed to community-based, family-driven, and culturally competent services.**
- 5. County-wide programs will be available to facilitate all children's healthy social and emotional development, identify behavioral health issues as early as possible, and assist all families in caring for their children.**
- 6. Heightened public awareness of children's behavioral health needs will reduce stigma, empower families to seek early assistance and mobilize community support for system enhancements.**

Facing the current economic times and the failure of the current system of care for Clark County's children, the 10-year plan calls for parents, policymakers and professionals to come together to take **immediate** action and support a change in approach to behavioral health service delivery. In the **10-Year Plan**, the CCCMHC identified **seven priorities** that would result in the most short-term, cost-effective improvements in the system while serving as building blocks for the long term plan. This report provides a list of the specific services necessary to implement these **seven priorities** during Fiscal Years 2014-2015.

SERVICE PRIORITIES

Priority 1. Re-structure the public children's behavioral health financing and delivery system to ensure quality, accountability, and positive outcomes for Clark County's children and families.

2014-2015 Programs/Services

Justification: Health Care Reform represents an opportunity to re-structure the system to improve children's behavioral health services delivery using the system of care approach (See Wotring, J. et al., 2011).

Recommendations:

- A. Develop a mechanism for consortium input into state implementation of the federal health reform initiative to ensure that targeted case management and service delivery for children with serious emotional disturbance is provided with a family-driven, individualized, wraparound approach
- B. Include the following as essential health benefits to be covered for children with serious emotional disturbance under benchmark plans for Medicaid, Health Insurance Exchanges and other plans : family-to-family support , mentoring, mental health consultation, mobile crisis intervention, and respite care
- C. Build in reimbursement incentives for use of evidence-based practices in case management and direct services
- D. Build family navigators into the essential benefits package to provide outreach and navigation to assist families of children with serious emotional disturbance in choosing the best benefits package
- E. Develop a mechanism/legislation for re-investing savings from health care reform's increased federal financial participation into community –based services
- F. Use health care reform to obtain a 1915i state plan amendment to increase capacity of Medicaid mental health service providers to deliver in-home services and supports and decrease the need for out-of-home care.

Projected Costs: It is difficult to project the anticipated costs of these broad recommendations until the state is closer to implementing health care reform.

Priority 2. Provide mobile crisis intervention and stabilization services to Clark County youths in crisis.

2014-2015 Programs/Services

Justification: Increasing numbers of youth in crisis are entering local emergency rooms and pediatric hospitals. Between 2005 and 2009, there was a 40% increase in the number of youth in crisis entering local emergency rooms. The Clark County School District is also identifying more and more youth with mental health crises identified during school hours (see Clark County Children’s Mental Health Consortium’s ***10-Year Strategic Plan***, 2010). Mobile Crisis Intervention has been recommended as a cost-effective strategy for Nevada by national experts (See Pires et al., 2009). Many states such as New Jersey are reducing inpatient hospitalization rates for youth through the implementation of this service.

Recommendations:

- A. Review and revise the rate structure for mobile crisis intervention and stabilization services to increase provider capacity.
- B. Provide funding and Medicaid policy changes (i.e. presumptive eligibility) for increasing access to mobile crisis intervention and other services for uninsured youths with psychiatric crises entering emergency rooms.

Projected Costs: **\$2,055,000 per year** for 1500 youths . Projected costs are based on approximately 1500 youths admitted to emergency rooms in 2009 (see CCCMHC’s ***10-Year Strategic Plan***) at an average cost based on an average of 10 hours of mobile crisis intervention per youth and family at the Medicaid rate of \$137.00 per hour.

Priority 3. Expand access to neighborhood-based, financial supports and intensive services for Clark County’s children with serious emotional disturbance who are living with their families.

2014-2015 Programs/Services

Justification: These services are needed based on increasing numbers of children needing out-of-home placements through juvenile justice and child welfare; high numbers of uninsured children in Clark County; and the results of the economic recession on families’ ability to care for their children. In 2011, Clark County Juvenile Justice Services placed 469 youths with serious emotional disturbance and Clark County Family Services placed 537 children with serious emotional disturbance in treatment homes and residential treatment centers.

Recommendations:

- A. Provide funding for placement prevention and reunification support to the families of children involved in or at-risk for entering or re-entering the child welfare or juvenile justice systems.

- B. Extend Medicaid family of one Medicaid eligibility to provide temporary coverage to children with serious emotional disturbance returning to their families after out of home care.

Projected Costs: \$377,250 per year in placement prevention/reunification support funding based on stipends to 50% of the families of 1006 youths with serious emotional disturbance (unduplicated count) placed in higher levels of care in 2011 through Clark County Family Services (Child Welfare) and Clark County Juvenile Justice Services at an average cost of \$750.00 per family. No projected costs of extending Medicaid are available at this time.

Priority 4. Expand access to family-to-family support services for the families of Clark County's children with serious emotional disturbance.

2014-2015 Programs/Services

Justification: More and more families who have children with serious emotional disturbances are requesting family-to-family support services with no new increases in funding. In 2011, Nevada PEP provided support targeted at a total of 961 individuals, a 22.8% increase over 2010. There were 476 **new** families requesting PEP services in 2011, a 29.3% increase from 2010. Family-to-family support is recognized as a cost-effective strategy to improve family functioning and outcomes for children with serious emotional disturbances (See CCCMHC's **10-Year Strategic Plan**, 2010).

Recommendations:

- A. Expand funding to provide family-to-family support for youths with serious emotional disturbances who are involved in all public systems, including juvenile justice, special education and/or child welfare.

Projected Costs: \$905,400 per year to serve 30% of the families who have youth with serious emotional disturbances in the juvenile justice and child welfare systems. Costs based on \$3,000 per family per year to provide 75 hours of family-to-family support for 30% of the 1006 youths with serious emotional disturbance placed in residential treatment programs by Clark County Family Services and Juvenile Justice Services in 2011.

Priority 5. Expand access to intensive care management using a wraparound model for youths with serious emotional disturbance, including those involved with the juvenile justice system and those living with their families.

2014-1015 Programs/Services

Justification: Increasing numbers of youth involved with juvenile justice requiring out-of-community and out-of-state placements. It is estimated that approximately 50% of over 15,000 youths involved in Clark County juvenile justice system suffer from serious emotional disturbances, and over half of these

youth have such dangerous and disabling conditions that they require immediate treatment (See CCCMHC's **10 Year Strategic Plan**, 2010). With other cutbacks in services, the Clark County juvenile justice system placed an increasing number of these youths in out-of-home and out-of-community placements over the past year. In 2011, Clark County Juvenile Justice Services placed a total of 188 youths with serious emotional disturbance in out-of-state residential treatment centers and a total of 281 youths with serious emotional disturbance in-state residential treatment centers and treatment homes. However, in 2011, the Division of Child and Family Services was able to provide intensive wraparound case management to less than 100 youths involved in the juvenile justice system in Clark County. As of June 30, 2011, Clark County Juvenile Justice Services had 87 youths placed in out of state residential treatment centers, a 55% increase over the preceding year. An average of 87 youths in out-of-state placements cost the state's Medicaid program more than an estimated 9.5 million dollars per year.

Recommendations:

- A. Fund pilot program to provide wraparound case management to youths involved with juvenile services who are returning from or at risk of out-of-community placements.
- B. Provide Medicaid reimbursement to all providers who participate in wraparound case management teams for youths with serious emotional disturbance.

Projected Costs: \$1,858,900 per year for an estimated 100 youths in addition to those currently being served by DCFS. It is estimated that approximately 65% could be funded as Medicaid costs.(See CCCMHC's *Fifth Annual Plan*, 2006).

Priority 6. Support early childhood preventative programs that strengthen families' ability to promote the social and emotional development of their children.

2014-2015 Programs/Services

Justification: TACSEI is an effective model for the promotion of social-emotional development in young children. The CCCMHC's **10-Year Strategic Plan** (2010) identified the need for increased availability of parent education programs in Clark County.

Recommendations:

- A. Provide funding through the Child Care Development Block Grant for a trainer to provide parent education through the implementation of the TACSEI model in Clark County child care centers.

Projected Costs: \$100,000 per year for one local trainer, including salary, fringe benefits and operating costs.

Priority 7. Develop partnerships between schools and behavioral health providers to implement school-based and school-linked interventions for children identified with behavioral health care needs.

2014-2015 Programs/Services

Justification: The rate of teen suicides has more than doubled over the last year in Clark County. At the 2011 Clark County Youth Suicide Prevention Summit meeting, community leaders, providers, families and stakeholders recommended the expansion of school-based screening as the highest priority to address this serious issue. School-based screening using the TeenScreen Program is a strategy proven effective in early identification and prevention of suicide and mental health problems.

Recommendations:

- A. Provide DHHS funding through the Office of Suicide Prevention to maintain and/ expand school-based screening for suicide prevention in Clark County using the TeenScreen Program.
- B. Provide DHHS funding through the Office of Suicide Prevention to coordinate a parent education and public awareness campaign about the risk of youth suicide caused by availability of firearms and potentially lethal medications.

Projected Costs: \$100,000 per year for school-based screening and the dissemination of education and awareness materials. Projected costs based on current screening program funded by SAMHSA's Garrett Lee Smith Youth Suicide Prevent Grant through the Nevada Office of Suicide Prevention.

ABOUT THE CLARK COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

Current Membership

Jacqueline Harris, Chair

Bridge Counseling Associates

Cynthia Escamilla, Vice-Chair

Parent

Mike Bernstein

Southern Nevada Health District

Jennifer Bevacqua

Nevada Youth Care Providers Association

Lisa Durette, M.D.

American Academy of Child & Adolescent Psychiatry

Stuart Ghertner, Ph.D.

Nevada Division of Mental Health & Developmental Svcs

Janelle Kraft Pearce

Las Vegas Metropolitan Police

Patty Merrifield

Nevada Division of Child & Family Services

Karen Miller

Parent Representative

Fritz Reese

Clark County Juvenile Justice Services

Andreana Robinson

Foster Parent

Lisa Ruiz-Lee

Clark County Family Services

Palisa Sturgis

Nevada Division of Health care Financing and Policy

Karen Taycher

Nevada Parents Encouraging Parents

Judge William Voy

Eight Judicial Court

Hilary Westrom

Children's Advocacy Alliance

Robert Weires

Clark County School District

Janice Wolf

Legal Aid Center of Southern Nevada

Mission

The Consortium was created by the passage of Assembly Bill 1 of the 2001 Special Session of the Nevada Legislature to study the mental health needs of all children in Clark County and to develop recommendations for service delivery reform. The Consortium is required to conduct a needs assessment and submit a 10-Year Strategic Plan And Annual Reports to the Mental Health and Developmental Services Commission and the Nevada Department of Health and Human Services. Required membership and activities for the Consortium are described in Nevada Revised Statutes 433B.333-335.

Acknowledgements

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