Clark County Children's Mental Health Consortium

2023 Status Report

2030 Vision for Success

Youth and families in Clark County will have timely access to a comprehensive, coordinated system of behavioral health services and supports.

I. EXECUTIVE SUMMARY

Nevada has consistently ranked 51st for youth mental health access and services according to the reports from Mental Health America (MHA). Due to the lack of complete data and changes to the data collection process resulting from the COVID-19 pandemic, MHA stated in the 2023 report that the rankings cannot be compared to that of previous years.

However, there is more recent information reflecting the current state of children's behavioral health care in Nevada found in the recent US Department of Justice, Civil Rights Division Investigation report, published in October 2022. In summary of findings, the Department of Justice concluded that, "Nevada does not provide its children with behavioral health disabilities with adequate community-based services. Instead, Nevada relies on segregated, institutional settings like hospitals and residential facilities to serve children with behavioral health disabilities."

Since the start of pandemic, Nevada has allocated a record investment of American Rescue Plan Act (ARPA) funds into mental health services which should provide a significant increase in mental health resources available to youth and their families. However, this investment has been a slow rollout of services and the full potential has yet to be realized.

The purpose of the Clark County Children's Mental Health Consortium (CCCMHC) is to study the mental health needs of all children in Clark County and to develop recommendations for service delivery reform. The CCCMHC has recognized that the extreme challenges faced by children with behavioral health needs and their families can only be overcome by strategic and sustained planning efforts to develop a more effective system of care for these children. The COVID-19 pandemic has continued to add strain to an already stressed system which is negatively impacting youth and families. The effects from the pandemic will be long lasting especially in the absence of supportive services. While Nevada should be commemorated for the increasing investments for mental health, it is imperative that there is a plan to sustain these investments over time to provide stable and reliable services to youth and their families.

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

To help provide Nevada's youth and families with the high-quality care and timely access to services they deserve, the Clark County Children's Mental Health Consortium set 6 goals in the 2020-2030 10-Year Strategic Plan to guide future program and service implementation. This plan is based on a set of values and principles that promote a system of care that is community-based, family-driven, youth-guided, and culturally and linguistically competent.

1. ***ADDRESSING THE HIGHEST NEEDS:*** *Youth with serious emotional disturbance, including those with the highest need, and their families, will thrive at home, school, and in the community with intensive supports and services.*
2. ***COMPREHENSIVE SERVICE ARRAY FOR ALL:*** *Families of youth with any mental and behavioral health needs will have timely access to a comprehensive array of high-quality services when and where needed.*
3. ***NO WRONG DOOR TO SERVICES:*** *Organized pathways to information, referral, assessment, and crisis intervention – coordinated across agencies and providers – will be available for families.*
4. ***PREVENTION and EARLY INTERVENTION IN MENTAL HEALTH:*** *Programs and services will be available to facilitate the social and emotional development of all youth, identify mental and behavioral health issues as early as possible, and assist families in caring for their youth.*
5. ***RAISE AWARENESS and SUPPORT FOR MENTAL HEALTH:*** *Increased public awareness of the behavioral health needs of children and youth will reduce stigma, empower families to seek early assistance, and mobilize community support for system enhancements.*
6. ***LOCALLY MANAGED SYSTEM OF CARE:*** *A partnership of families, providers, and stakeholders committed to community-based, family driven, and culturally competent services will collaborate to manage this system of care effectively at the local level.*

OVERVIEW OF PROGRESS ON TOP 4 SERVICE PRIORITIES OF THE CCCMHC

Just after the completion of the new 10-year plan in 2020, the CCCMHC identified the top 4 priorities to improve the system while moving toward the longer-term plan. The CCCMHC reviewed available data and partner reports in order to determine the level of progress achieved for each priority. The rankings are divided into the following 6 categories:

- **Regression** – Progress previously made has been lost in this area and no new progress has been made
- **None** – No progress has been made in this area
- **Minimal** – A small amount of progress has been made in this area
- **Some –** A good amount of progress has been made in this area
- **Some Progress Pending ARPA** – Some progress has been made due to the allocation of American Rescue Plan Act (ARPA) funding to improve services in 2022 and it is anticipated that the community will see an improvement in 2023. The ARPA funding provided new funding for the state however this funding is temporary. It is the intent that if ARPA dollars were awarded there was a commitment by the agency for continued support once ARPA dollars are no longer available
- **Substantial** – A significant amount of progress has been made in this area

1. Sustainable funding for the Mobile Crisis Response Team (MCRT)	*SOME PROGRESS PENDING ARPA*	*8*
2. Family peer-to-peer support should be expanded	*SOME PROGRESS PENDING ARPA*	*10*
3. Fully implement the Building Bridges model of care to support youth and families transitioning from residential care back into the community	*NONE*	*11*
4. More service array options so youth and families can access care at earlier stages to reduce the need for crisis service intervention	*SOME PROGRESS PENDING ARPA*	*12*

It is important to note that much of the progress that has been accomplished in Clark County is due to the ARPA funding. Although the funding for children's mental health has been approved, the money has yet to be allocated to programs or spent to provide much needed services to youth. Furthermore, progress in several areas of CCCMHC's priorities have been impacted by staffing shortages across the state in various child serving systems. Although organizations have been creative in how they recruit staff, the entire state of Nevada, including in Clark County, has historically struggled to recruit and retain qualified professionals such as licensed clinical social workers, clinical social workers, and psychologists in local municipalities and in the state. Families in Clark County are impacted by the shortages with long waitlists, inconvenience in location of services, and availability of qualified programs for assessments, interventions, wraparound, counseling, and other necessary behavioral and mental health services.

The effects of the pandemic continue to impact children, youth, and families. Even before the onset of the coronavirus pandemic, mental health professionals were struggling to meet the needs of one in five children and adolescents with a mental health or learning disorder (Osgood, K., Sheldon-Dean, H., & Kimball, H., 2021). Youth in Clark County that already had existing mental healthcare needs were not able to get the support they needed in a timely manner, and while telehealth was an added benefit of the pandemic, it did not always work for elementary-aged children, or youth with the most severe emotional disturbances, nor does every youth and family desire to have services provided via online means. For youth that struggled prior to the pandemic, their mental health was impacted at a great rate with increased intensity and acuteness of reported behavioral changes and episodes. A small study conducted by Osgood, Sheldon-Dean, and Kimball (2021) suggest that the pandemic may have accelerated the maturation of the brain. While these results are with a small sample size and it is undetermined whether these impacts are long lasting, this does suggest that COVID-19 pandemic negatively impacted brain development and we must acknowledge that the impacts of COVID-19 are far from over.

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II. 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 health problems, mental health conditions cannot always be seen, but the symptoms can be recognized. Unfortunately, Nevada has consistently ranked 51st for youth mental health access and services in national reports.

Clark County is home to over 70% of the youth in Nevada. As of 2018, there were an estimated 562,636 children in Clark County between the ages of 0 and 19 years, representing nearly 25.5% of the county's population (US Census Bureau, 2019). These children mirror the growing cultural and ethnic diversity of the region. Nearly 50% of the county's children are from non-white ethnic or racial backgrounds, including 31.0% of Hispanic or Latino origin, 12.1% of Black or African-American origin, and 5.5% representing two or more races (US Census Bureau, 2021). There are over 19,000 children in the county who are foreign-born (US Census, 2019). With the ever-increasing diversity of the county's population, it is crucial that the programs and services provided to youth and families consider the languages and cultures of Clark County residents.

Youth mental wellness is impacted by a variety of factors which include their interactions in their environment. In recent years, bullying has become a prevalent issue in Nevada. SafeVoice Nevada is a statewide hotline where students, parents and faculty throughout Nevada can make anonymous reports about threats to the safety or well-being of students in any environment. Statewide reports from SafeVoice mark bullying, cyberbullying, and suicide threats among the most frequent tip types (McGill, 2022).

Top 5 SafeVoice Event Types		
2019	**2020**	**2021**
1. Bullying 2. Suicide Threats 3. School/Employee Complaint 4. Planned School Attack/Threat to School 5. Drug Abuse/Drug Distribution	1. Suicide Threats 2. Bullying 3. School/Employee Complaint 4. Cyberbullying 5. Drug Abuse/Drug Distribution	1. Suicide Threats 2. Bullying 3. School/Employee Complaint 4. Planned School Attack/Threat to School 5. Threat to Student

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; Warner, 2021). Due to the presence of social media and other digital platforms, the access to bullying has grown significantly among youth, presenting an even greater danger to young individuals throughout Clark County. 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.

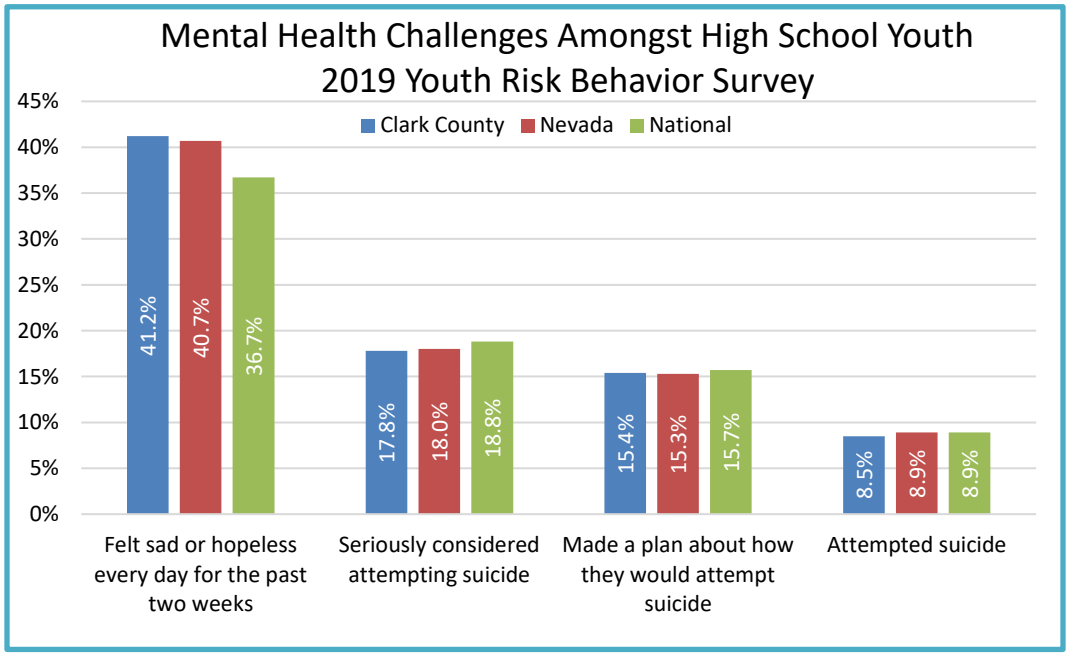
According to the fiscal year (FY) 22 Nevada Report Card, 33.7% of students with individualized education programs (IEPs) involved in bullying incidents were suspended and 3.4% were expelled (Nevada Department of Education, 2022).

Disciplinary incidents among IEP students in Nevada		
	Number of students suspended	Number of students expelled
Due to battery to a school employee	286	36
Due to sale of controlled substances	46	6
Due to distribution of controlled substances	46	6
Due to being deemed habitual disciplinary problems	16	1
Due to possession of a firearm	0	8
Due to possession of a dangerous weapon	0	78

For a student whose behavior impedes the student's learning or the learning of others, evidence-based behavior interventions and supports should be included in the student's IEP and implemented, and school administrators should consider other district and community-based resources that can provide alternatives to suspension and expulsion. This will also prevent the child from accumulating a series of suspensions that, over time, will result in an inappropriate "change in placement." Clark County schools need to implement restorative justice practices that target behavior management, collaboration with professionals, and reintegration. This is critical for youth who have an IEP that require specialized actions to meet their mental and behavioral health needs.

Another population that is in high need of mental health services are those involved with child welfare and juvenile justice. Estimates of the prevalence of mental health problems are much higher for children involved with child welfare and juvenile justice. Nationally, at least 50% of children and youth in child welfare and approximately 70% of youth in the juvenile justice system have significant mental health disorders (Stagman et al., 2010; Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Locally, it is estimated that more than 70% of youth involved in the Clark County juvenile justice system have behavior health disorders and 60% of those with behavioral health disorders have a co-occurring substance use disorder (CCCMHC, 2018).

Overall, about 38,000 Nevada youth (16.02%) were reported to have experienced at least one major depressive episode in 2021, and approximately 32,000 youth (13.8%) that experienced severe major depression within the last year (Mental Health America, 2022).



The most recent Youth Risk Behavior Survey (YRBS) found that statewide, there was a significant increase ($p < 0.01$) in the number of students who felt sad or hopeless almost every day for two weeks from 2017 (34.6%) to 2019 (40.7%) (Diedrick et al., 2019c).

This same report indicated that 17.8% of Clark County public high school students seriously considered suicide and 8.5% actually attempted to kill themselves (Diedrick et al., 2019a).

In 2020, 603 Nevadans of all ages lost their lives to suicide (CDC, WISQARS, 2022). According to the Office of Suicide Prevention, in 2020 suicide was the second leading cause of death for youth 8-17 years of age, and also the second leading cause of death for those 20-44 years of age. Preliminary data from 2018 to 2021, for those 17 and under shows a possible 16.7% decrease in the number of suicides, however, there is a possible 41.9% increase in the same time period for those 18-24 (Office of Suicide Prevention, 2022). The Office of Suicide Prevention has 2022 preliminary data which indicates a continued reduction in youth suicides with a continued increase among our 18 to 24 year old's. This data demonstrate the significant ongoing need for more prevention efforts and treatment services which are available to youth and families prior to entering a crisis state. The Public Health Prevention Model starts before the struggles of adulthood and are crucial to preventing young adult suicides. A greater investment and focus on these services will help save the lives of our youth and young adults.

Across the nation, a variety of funding sources and complex funding mechanisms support the delivery of children's behavioral health services in communities like Clark County. Children's behavioral health care funding has been minuscule as compared to total healthcare spending, disproportionately small as compared to adult mental health funding, and discordant with best practices favoring community-based care over residential treatment.

A tremendous amount of local, state, and federal dollars is spent each year to address the negative consequences of not providing youth with early access to services and supports---through the schools, the child welfare system, the juvenile justice system, and the adult mental health and prison systems. Parents of children with serious mental health needs often struggle to get services for their child as soon as they know something is wrong. Clark County needs to improve early access to services and to assist families and communities in providing children with environments that support positive emotional and social development. Investing in this "front-end" approach will ultimately free up resources to expand and improve services for children at all levels of need.

CONTINUED IMPACT OF THE COVID-19 PANDEMIC

The U.S. Surgeon General's report of youth mental health emphasized the mental health crisis our children and youth face all across America. The pandemic era's unfathomable number of deaths, pervasive sense of fear, economic instability, and forced physical distancing from loved ones, friends, and communities have exacerbated the unprecedented stresses young people already faced (U.S. Surgeon General, 2021). The pandemic was a global traumatic event that shined light on areas of the children's behavioral and mental health systems that were already under strain. Even though emergency orders related to the pandemic have been lifted across the United States, including in Nevada and Clark County, children and youth are still in need of many mental health supports that are lacking in their communities, or just not available in the state.

Prior to the COVID-19 pandemic, youth that need mental health services in Nevada struggled to obtain assistance with only about 40% receiving the help they need. Children with disabilities and special needs in many cases bear additional burden as parents and caregivers attempt to meet their needs in the home setting in the absence of the array of supports and services to which they are accustomed. As the emergency of the pandemic has started to calm, Southern Nevada youth continue to experience high need for mental and behavioral health services. Specifically in Clark County, from July 2021-June 2022, the Children's Mobile Crisis Response Team received 2,980 calls and served 1,114 clients. The average hospital diversion rate was 78%. Despite this clear need, low wages and high turnover have resulted in local and state agencies – such as Wraparound In Nevada – being unable to serve even the same number of youth and families as in previous years.

Although most students have returned to in-person educational settings, many still face increased levels of stress and difficulty in adjusting to the transition back to the classroom. Social and emotional development was essentially paused during virtual schooling that was required during the pandemic and students are now far behind in their abilities to work as part of a group, follow instructions, and engage in positive social interactions. CCCMHC recommends that school administrators take these facts into account when developing plans to address learning loss due to COVID-19. This includes providing additional support for teachers and school mental health professionals to recognize when students are struggling and training on how to connect families with resources. We also recommend that student and family

input are solicited regularly and incorporated into the policies and programs now supported by American Rescue Plan (ARP) and Elementary and Secondary School Emergency Relief (ESSER) funding that are meant to meet their needs. It is our responsibility to protect and support the children in our community, and we need to ensure that the mental health of youth is a priority.

2020-2030 CCCMHC STRATEGIC PLAN

The Clark County Children's Mental Health Consortium developed a 10-Year Strategic Plan to guide the community in providing mental health services to children with emotional disturbance and their families as required by Nevada Revised Statute 433B.335. This 10-year strategic plan presents a vision for the future of mental and behavioral health services for youth and their families in Clark County.

Since its inception in 2001, the CCCMHC has extensively studied the needs of our community's children. Our members have worked tirelessly to craft solutions to improve services and outcomes for our children. This 10-year plan is driven by the vision, goals, and principles described below. Recent studies have shown that as many as one in six children and transition age youth in the U.S. have a treatable mental health condition (Whitney and Peterson, 2019), meaning that as many as 86,291 youth under the age of 18 in Clark County are in need of services. Our plan strives to meet these needs for youth and their families to receive the high-quality, effective services they deserve. To better understand the unique needs of the county's population, the Clark County Children's Mental Health Consortium conducted a Children's Mental Health Community Input Survey, parent and stakeholder interviews, and reviewed the most recent data from partner organizations to understand the current gaps in the county's mental and behavioral health service delivery systems.

To help provide Nevada's youth and families with the high-quality care and timely access to services they deserve, the Clark County Children's Mental Health Consortium has updated its 10-Year Strategic Plan to guide future program and service implementation. This plan is based on a set of values and principles that promote a system of care that is community-based, family-driven, youth-guided, and culturally and linguistically competent. Using a public health approach and working with families and community partners, the Clark County Children's Mental Health Consortium will work to achieve the following long-term goals for Clark County by the year 2030.

GOALS

1. ***ADDRESSING THE HIGHEST NEEDS:*** *Youth with serious emotional disturbance, including those with the highest need, and their families, will thrive at home, school, and in the community with intensive supports and services.*

2. ***COMPREHENSIVE SERVICE ARRAY FOR ALL:*** *Families of youth with any mental and behavioral health needs will have timely access to a comprehensive array of high-quality services when and where needed.*

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II. STATUS OF THE CCCMHC'S 2022 PRIORITIES

Priority 1. Sustainable funding for the Mobile Crisis Response Team (MCRT).

CURRENT STATUS: SOME PROGRESS PENDING ARPA

The MCRT has been an incredible asset to our community and should have a stable funding source to ensure that it continues to operate on a 24 hour basis to offer these much needed services to youth and families. All Clark County youth in crisis should have access to a mobile intervention and stabilization service**.** Without easy access to crisis intervention and stabilization services, families in Clark County have been forced to utilize local emergency rooms in order to obtain behavioral health care for their children. To further exacerbate the situation, when youth are in crisis and families use emergency rooms for help, their youth can end up in the hospital for multiple days without a nursing team that is trained to support youth with Serious Emotional Disturbance (SED)and/or co-occuring disorders, parents worry about leaving their child in the hopsital alone to go and attend to their other children, and lengthy waits for approved assessments by the families insurance exntend the crisis and delays proper support and treatment. When MCRT responds to a youth/family crisis, immediate assessment, referral, and support is mobilized to begin helping the family immediately.

The Nevada Division of Child and Family Services (DCFS) reports that the condition of mobile crisis response teams has made some progress but still remains insufficient for the mental and behavioral health needs of children. In the prior 12 months, Nevada state crisis teams responded to more than 2,400 youth and families and answered more than 4,500 crisis hotline calls. The DCFS Children's Mobile Crisis Response Team diverts roughly 85% of children from Emergency Room (ER) visits during a crisis and provides short-term counseling and case management until they can connect families with long-term providers and peer supports. In 2021, the Children's Mobile Crisis Response Team received 3,834 calls and served 1,449 clients. 220 cases resulted in hospitalization and the average hospital diversion rate was 81%. From Jan.-Oct. 2022, the Children's Mobile Crisis Team received 1,762 calls and served 835 clients. The average hospital diversion rate was 77%. Further data shows that in the 4 months post-response of an MCRT case, 92% of youth have not returned to an Emergency Department (ED) for mental/behavioral health crises and 91% of youth have not been psychiatrically hospitalized for mental/behavioral health crises. (Division of Child and Family Services, 2022)

The Nevada Division of Children and Family Services transitioned to the 988 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 988 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 988 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).

Specifically in Clark County, from July 2021-June 2022, the Children's Mobile Crisis Response Team received 2,980 calls and served 1,114 clients. The average hospital diversion rate was 78% (see table below).

	July 2020-Sept 2020	**July 2021-Sept 2021**	**July 2021 – June 2022**
Calls to the Hot Line	754	983	2,980
Youth Assessed	253	367	1,114
Youth Stabilized with a Safety Plan	210 (83%)	288 (78%)	869 (78%)

The Mobile Crisis Planning Grant Project and Core teams have been working hard on developing how Nevada will build mobile crisis teams that will be eligible under enhanced Federal Medical Assistance Percentage (FMAP) offered through Section 1947 of the SUPPORT Act. MCRT has been working with Mercer on this project and Mercer has delivered their final recommendation report to the state. MCRT is working through their recommendations, and making determinations regarding moving forward. For example, it is likely MCRT will pursue a state plan amendment rather than a waiver to ensure our already covered crisis intervention services include the requirements needed and outlined for qualifying mobile

crisis teams to receive enhanced FMAP. MCRT has a tentative timeline to propose new MSM policy and state plan amendment in April 2023. Also, determining how MCRT will delineate these teams from other mobile crisis or crisis intervention that does not qualify for the enhanced FMAP. For example, identifying if a possible certification would be needed, development of a new provider type and use other system updates to include modifiers for qualifying services. No Cost Extension was approved by Centers for Medicare & Medicaid Services (CMS) on 10/3/22 for an additional 12 month period through 9/29/23, which will allow Nevada more time for full roll-out and ability to rollover unspent funds into this fiscal year.

The report from the Department of Justice found that Nevada is failing to ensuring access to community based services, and this includes crisis support services. This is driving youth and families to hospitals for behavioral health treatment. The State even 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, p. 7-8, 2022). 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.

Due to lack of support to parents and families, families are using extreme measures to get help for their children including surrendering their children to Child Haven, Clark County's emergency shelter for child welfare, and they are also calling the police to seek the arrest of their children for behavioral health-related conduct as they believe this might be a better way to access treatment (US Department of Justice, 2022).

Next Steps:

Increased and sustained funding should be included in the state's budget to ensure that MCRT can sustain and expand services to youth throughout urban and rural Clark County. This service is especially crucial given the increase of youth and families with mental and behavioral health needs due to the COVID-19 pandemic. In addition, implementation of all mobile crisis response teams should ensure that the evidence based model for youth are being followed in order to obtain the most effective results.

Recently released guidelines from Substance Abuse and Mental Health Services Administration (SAMHSA) outline the recommendations to respond to youth in crisis are implemented. These include:

- Keep youth in their home and avoid out-of-home placements, as much as possible.
- Provide developmentally appropriate services and supports that treat youth *as* youth, rather than expecting them to have the same needs as adults.
- Integrate family and youth peer support providers and people with lived experience in planning, implementing, and evaluating services.
- Meet the needs of *all* families by providing culturally and linguistically appropriate, equity-driven services (SAMHSA, 2002).

Core principles outlined in the National Guidelines for Child and Youth Behavioral Health Crisis Care – Best Practice Toolkit should be adopted:

- Address Recovery Needs
- Provide Trauma-Informed Care
- Include Significant Role for Peers
- Implement Zero Suicide/Suicide Safer Care
- Implement Safety/Security Protocols for Staff and People in Crisis
- Form Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services (SAMHSA, 2002).

Finally, SAMHSA (2002) reinforces that "all youth and families should have access to crisis care that meets their needs, and these needs vary across communities and groups." This means that providers should be trained to respond to diverse families as well as reflect those families. Diversity includes providing care across all geographic locations, ages (infants through youth transitioning to adulthood), race and ethnicities, sexual and gender minorities, immigrants and refugees, youth whom are houseless, youth with intellectual or developmental disabilities, and other important service populations (Substance Abuse and Mental Health Services Administration, 2002).

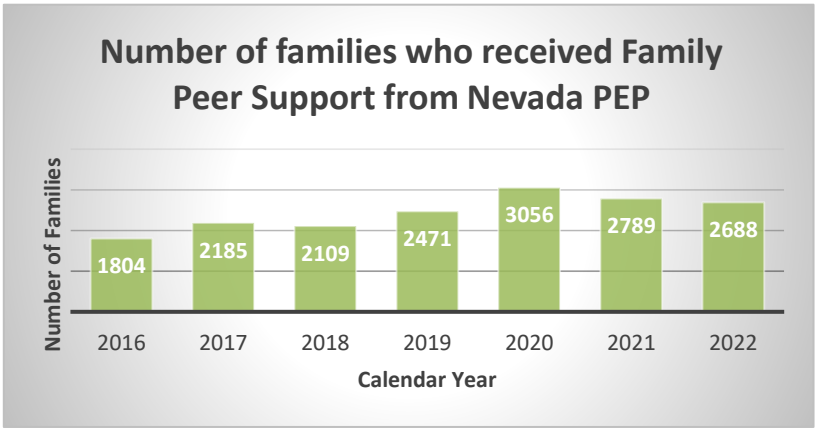
Priority 2. Family peer to peer support should be expanded

CURRENT STATUS: SOME PROGRESS PENDING ARPA

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 that are supported and feel confident that they can obtain the appropriate services for their children will also be less likely to surrender their children to the Department of Family Services (DFS) as a last resort to ensure their child's needs are being met. Families are referred by DCFS programs, schools, and community organizations. In 2022, Nevada PEP received 110 referrals from Southern Nevada Children's Mobile Crisis Response Team, 309 referrals from the Harbor juvenile justice diversion program, and 68 new families from other Division of Child and Family Services programs.

Over the last year (2022), Nevada PEP provided family peer support services to 2,688 families in Clark County. The state funding for family peer support decreased on January 1, 2020 by 23%, resulting in longer wait times in-between contacts and less one-on-one support for families.

Family peer support was identified as Medicaid billable in the May 2013 Joint Center for Medicaid and CHIP Services (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 needs to be made to Nevada's Medicaid definitions to allow for adequate provision of family peer support (US Department of Justice, 2022).



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. Since May 2013, Nevada PEP and DCFS promoted the inclusion of family peer support in the Medicaid State Plan to no avail.

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.

Next Steps:

Funding for family peer support should continue past the availability of ARPA funds as part of Nevada's adequate children's mental health service array in line with the Department of Justice findings. 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.

Priority 3. Fully implement the building bridges model of care to support youth and families transitioning from residential care back into the community.

CURRENT STATUS: **NONE**

It is essential for youth and families to have the appropriate supports in places when exiting residential care to prevent re-entry. The Building Bridges model provides a guide to best practices that should be implemented in the community. The Building Bridges Initiative provides best practice guidelines and standards to create residential and community based services and supports that are family-driven, youth-guided, strength-based, culturally and linguistically competent, individualized, evidence and practice-informed, and consistent with the research on sustained positive outcomes. The implementation of initiative should be prioritized to ensure families have the resources needed to provide treatment in the least restrictive setting and using the highest quality practices.

The existing DCFS Psychiatric Residential Treatment Facilities in Nevada, which are licensed by the Bureau of Health Care Quality and Compliance (HCQC) and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), provide 24-hour highly structured services for children and youth between ages 6-17 who are severely emotionally disturbed. In order to access these facilities, youth must meet the Medicaid guidelines.

Although DCFS is not currently funding an implementation of the Building Bridges Initiative specifically, DCFS remains committed to the principles of Building Bridges and will use all available resources to ease transitions and to support high-needs youth in remaining in their homes and communities. In addition, DCFS is currently building an Intensive In-Home Step-Down Team within MCRT. The team will utilize short-term intensive in-home clinical and wraparound care coordination to support re-entry into home, school, and community when very high-needs, multi-system-involved youth are returning from higher level of care placements such as residential treatment. Finally, DCFS is planning another meeting with Building Bridges to determine the next steps moving forward with implementation and any associated costs which would need to be requested during the next legislative session.

Next Steps:

The CCCMHC has expressed concern over the past several years about the limited number of quality residential treatment beds for youth in the community, including significant underutilization of the local state-run residential facility, Desert Willow. While it is our goal that every child would be able to receive the treatment they need in community-based settings, this has not been possible with the current resources available in our community.

Residential treatment in Southern Nevada is limited and therefore youth may be placed out of state to receive services, which removes vulnerable youth from their family, friends, and other social support networks and creates complications for reentry into the community. In addition, a recent Legislative Auditor report on the Governmental and Private Facilities for Children– Inspections issued on January 12, 2023, found that 5 of the children's facilities inspected has identified multiple issues that caused the auditors to question whether the facility adequately protected children in care, and those concerns were communicated to the licensing agencies (Legislative Auditor, 2022). Finally, the U.S. Department of Justice conducted an investigation indicated that the State of Nevada unnecessarily institutionalizes children with behavioral health conditions, and determined Nevada is in violation of Title II of the Americans with Disabilities Act and the U.S. Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999).

We need to ensure that we have the ability to provide both quality residential care treatment services as well as community-based services so our youth and families are supported as they return to the community. In addition, CCCMHC will follow the current DOJ investigation and determine if action is needed as more information is available.

Priority 4. More service array options so youth and families can access care at earlier stages to reduce the need for crisis service intervention

CURRENT STATUS: SOME PROGRESS PENDING ARPA

Children who have a demonstrated need for community-based services to avoid institutionalization often cannot access that care. For example, in-home therapy is not provided with the intensity or frequency needed to prevent institutional placement. The care that is available is often office-based treatment settings limited to once a week appointments. In addition, this model is reinforced through Nevada's Medicaid billing structure as it requires prior authorization for more than 26 visits per calendar year, which is insufficient to serve children with high needs (US Department of Justice, 2022).

Even crisis service such as the mobile crisis response team has capacity issues that can leave families to seek care from the emergency room or other institutional settings. In addition, upon release from residential treatment, most youth do not get directly connected with community-based services or program such as Wraparound Nevada (US Department of Justice, 2022). The lack of community-based services has also led to the institutionalization of many youth in the child welfare and juvenile justice systems. The US Department of Justice investigation found that "within a random sample of treatment records of Nevada children who recently experienced residential treatment, over 75% included evidence of current or past involvement in the child welfare and/or juvenile justice systems." (US Department of Justice, 2022). In addition, the lack of community-based services also increase a youth's risk for involvement with juvenile justice and at times child welfare as some parents surrender their rights due to their lack of ability to obtain the sufficient resources to provide care to their children (US Department of Justice, 2022).

Finally, the US Department of Justice investigation found that Nevada failed to ensure appropriate discharge planning from hospitals or residential treatment facilities. The report also indicated that for state-run facilities, discharge planning is generally limited to making appointments with psychiatrists and therapists. In addition, it was reported that for out-of-state residential treatment facilities, the State does not participate in discharge planning. The lack of discharge planning and direct warm hand offs to ensure that youth and families receive the treatment they need leads to a cycle of crisis and institutionalization (US Department of Justice, 2022).

There has been some progress improving access to services in the community. For example, the Southern Nevada Health District has added a Licensed Clinical Social Worker (LCSW) to their behavioral health team to expand access to behavioral health services. Now, a Psychiatric Advanced Practice Registered Nurse (APRN) and two LCSW are now available for youth with the addition of a clinic site. In addition, the expansion of certified community behavioral health clinics should increase access to mental health treatment for youth and families. Currently there is no data available to determine the use of these facilities by families to determine if an impact has been made.

In addition, some progress has been made for screening, assessment, and Care Coordination for youth in foster care with high mental health needs. At Department of Family Services (DFS) Child Haven shelter, children under age five (5) are screened by nurses, DCFS Early Childhood Mental Health Services, and Nevada Early Intervention Services (NEIS) for Early and Periodic Screening, Diagnostic, and Treatment (EPSDTs), developmental challenges, and signs of mental health problems. Supportive services are initiated right away and follow the child into their foster home or biological home when reunified. DFS has also developed contracted Care Coordination teams to identify behavioral health needs earlier and ensure that services are started and continued, regardless of foster home changes or reunification. Day programs that were paused during the pandemic have started to re-open, as well as newly developed Partial Hospitalization Programs (PHP) and Intensive Outpatient Programs (IOP) for additional therapeutic support after acute hosptialization or to help prevent escalation to higher levels of care such as Residential Treatment Centers. For youth with Intellectual and Develomental Disabilities (IDDs), Desert Parkway has a new acute care unit that has specialized staff and curriculum to address the comorbid needs of youth with developmental deficits, as well as mental health treatment. DFS has also

contracted with several companies for enriched support for ID/D youth who can benefit from Applied Behavioral Analysis (ABA) therapy or social skills training through sports modalities.

Finally, substantial ARPA dollars were committed to increase services in the community however this has not yet been realized. This investment includes:

- School based mental health providers
- A unified Medicaid billing system for schools
- Nevada's Children's System of Care in order to intervene early to help families
    - Wraparound case coordination and intensive case management
    - Increases in services for children and youth with complex behavioral health and developmental disabilities
    - Expansion of mobile crisis response teams to respond to children at school
    - Expansion of family support
    - Expansion of direct services
    - Workforce support
- Increase in services to children with Autism to reduce waitlists ($8,527,243)

Next Steps:

The US Department of Justice recommended that the "State could reasonably modify its system by expanding the availability of these services, supporting and managing its provider network to increase quality and access, assessing children and diverting them to community-based services before they enter institutions, and, for children already in institutions, engaging them in discharge planning to quickly and successfully return home" (US Department of Justice, p.2, 2022). The State should also adjust rules and procedures to increase provider participation in Medicaid and conduct a rate analysis to adequately reimburse providers for their services (US Department of Justice, 2022).

Another area of improvement would be to improve discharge planning procedures at all facilities both in state and out of state to ensure that youth and families have the best reintegration experience possible to limit re-institutionalization. The work to discharge a patient should start immediately upon entry to a facility and needs to include the family (US Department of Justice, 2022).

Finally, CCCMHC should receive updates from DCFS on new services implemented with ARPA funding for accountability as well as for assistance in increasing community awareness. DCFS and Medicaid should also work to have sufficient and consistent public reporting practices to measure the success of youth and families obtaining services.

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

The members of the Clark County Children's Mental Health Consortium reviewed the 10-year plan goals and objectives and propose the following adjustments to the plan.

1) Revision to language for Goal 5

Original Language

Goal: SUPPORT FOR MENTAL HEALTH: Increased public awareness of the behavioral health needs of children and youth will reduce stigma, empower families to seek early assistance, and mobilize community support for system enhancements.

Changes to Goal:

SUPPORT FOR MENTAL HEALTH: Increased public awareness of the behavioral health needs of children and youth to reduce stigma, ***bias, prejudice, and discrimination,*** empower families to seek early assistance, and mobilize community support for system enhancements.

Justification: The stated goal includes reducing stigma to improve discussion about mental health and wellness as well as to encourage treatment seeking behaviors. However, it is not enough just to reduce stigma, therefore it is recommended to include the terms bias, prejudice, and discrimination into the goal to have a more comprehensive explanation of some of the barriers related to mental health. It is crucial to remember that the way professionals use language can set the way other professionals view other, treat, and create policies about others (Borenstein, 2020).

2) Include 2 additional activities under objectives in Goal 5

- Support efforts related to enforcing the legal consequences of unsafe storage of firearms.

  Justification: In nearly half (47.7%) of all youth suicides over a three year period (2015-2018), as well as in 2022, the most common mechanism of death was a firearm. In most cases the firearm was owned by a parent and the firearm was not properly secured within the decedent's home. The Clark County Child Death Review Team recommends the creation of a public service announcement (PSA) that indicates that parents could be held criminally responsible for unsecured firearms in their homes if they are involved in the injury or death of a child. Information related to legal consequences of unsafe storage of firearms could also be distributed through agencies that work with children and families including The Harbor as they see many families in crisis.

- Increase research and dissemination of findings related to the relationship of electronic device addiction in adolescents and mental well-being.

  Justification: In many of the cases, the decedent's cell phone or computer was confiscated by parents as a consequence for negative behavior or poor grades in school. While this is a common practice among parents of adolescents, additional research should be conducted on the impact of electronic device addiction and its association with depression in young people as well as research on the link between social media use and the impact on youth suicide.

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

GOAL 1. ADDRESSING THE HIGHEST NEEDS:

Youth with serious emotional disturbance, including those with the highest need, and their families, will thrive at home, school and in the community with intensive supports and services.

Objective 1.1- Reduce barriers across systems to accessing intensive care management services, implementing a wraparound approach to services for youth.

CURRENT STATUS: **SOME PROGRESS PENDING ARPA**

Children with SED can thrive in their home community when providers and agencies work in partnership with families to provide intensive supports and services.

One way to reduce barriers to accessing services in Nevada is the Wraparound in Nevada program. However, Wraparound in Nevada (WIN) served only 283 children in fiscal year 2020 and this number dropped by nearly 60% between fiscal years 2017 and 2020.

According to State officials, children receiving High Fidelity Wraparound should be receiving community-based services, such as therapy, psychiatric care, and in-home behavioral health services; these services are not available in the community (US Department of Justice, 2022).

While the concept of WIN is great, there are several issues that limit the effectiveness of WIN such as the pay for WIN workers is low, there is high turnover, which limits youth from receiving services if they are exiting facilities back in the community (US Department of Justice, 2022). In addition these services are often limited to those children who are in the child welfare system, juvenile justice, or those with Medicaid. Many insurance companies will not reimburse for coordination services although this is critical to help families navigate a complicated system.

Nevada's Medicaid policies impose additional challenges on accessing necessary services by restricting service utilization and provider participation. Limitations on the amount and frequency with which needed services can be delivered create barriers for children and families with intensive needs.

Families have multiple barriers accessing treatment in the community which includes a lack of providers, especially providers with experience in child and family treatment, child psychiatrists, and other provider with experience with children and families. Parents also struggle to find providers that are culturally competent and speak the same language as the family. The provider shortage leads to waits of months or even years for assessments and services. This dynamic results in a crisis-driven system with missed opportunities to intervene when children present as needing help, sometimes resulting in emergency room admissions or hospitalizations (US Department of Justice, 2022).

Next Steps:

Evidenced based quality wraparound services should be available for all children with SED in order to provide more effective community-based care which would reduce, and in many cases, prevent institutionalization.

Objective 1.2- Reduce the reliance on out-of-state and out-of-community placements for services or treatment of youth with serious emotional disturbances.

CURRENT STATUS: **NONE**

It is best practice to serve youth in the least restrictive setting as it has better long-term outcomes for youth and is less expensive than residential treatment. Youth and families need access to community-based services in order to obtain the appropriate treatment for mental and behavioral health needs. Without access to treatment and support services, youth needs escalate and then might require placement in a residential facility. It is imperative that quality community-based resources are accessible to families to help avoid the need for higher levels of care when possible.

According to the US Department of Justice investigation report, in Nevada, children experience frequent and lengthy stays in institutional settings. In fiscal year 2020, over 1,700 children were admitted to a hospital for psychiatric care and over 480 children received services in residential treatment facilities. The stay in these facilities can average up to one year (US Department of Justice, 2022).

To add an additional burden on families, many of these residential treatment facilities are outside Nevada, exacerbating the harms of the segregation (US Department of Justice, 2022). Between July 2019 and February 2021, Nevada financed 779 residential treatment stays for 667 children; 37% of these residential treatment stays were in out-of-state facilities (US Department of Justice, 2022).

There are many services that are severely lacking in Southern Nevada. For example, there is no acute care or pediatric care at Desert Willow Treatment Center, nor any of the Psychiatric Residential Treatment Facilities (PRTFs). There was a pediatric unit at Enterprise in northern NV, however it was recently closed due to lack of staff - and it required the children to get treatment far from their community and families. In addition, the PRTFs have often not had all the required services available, such as therapy, due to lack of staff.

Next Steps:

In order to better serve our youth and families, there needs to be significant investments to increase the mental health provider workforce across licensures. Some avenues to explore are increasing wages specifically Medicaid rates, expanding educational opportunities in the state including capacity for internships, access to quality continuing education specific to youth mental health evidence-based and promising practices; and continuing to work to streamline the licensing process and boards.

Objective 1.3- Increase the types of support services available and capacity for current treatment and services for youth and their families.

CURRENT STATUS: **NONE**

Clark County is lacking in many types of services that go beyond traditional clinic-based interventions to support youth with SED in their homes, at school, and in other community settings. The supports identified by families in 2019 that were most in need of expansion include respite care, specialized child care, financial support, day treatment mental health, and transitional living and housing support.

According to the US Department of Justice investigation report, Nevada's Medicaid program covers many community-based behavioral health services, inpatient acute hospitalization services, and residential treatment facility services for children, however the quality and intensity of the services is not stable and therefore do not seem to be preventing crisis situations or institutionalization of youth (US Department of Justice, 2022). In addition, there are many administrative and financial barriers that dis-sway providers from accepting Medicaid as well as referring to these services (US

Department of Justice, 2022). Finally, if a family does not have Medicaid their options are also limited by what insurance covers and the availability and quality in the community.

Next Steps:

Nevada and Clark County policy makers need to work together to increase investments in community based services for youth and families to keep youth in the least restrictive environments. Programs that assist with income, housing, and other basic needs should also be in place to provide a comprehensive array of services to support the entire family.

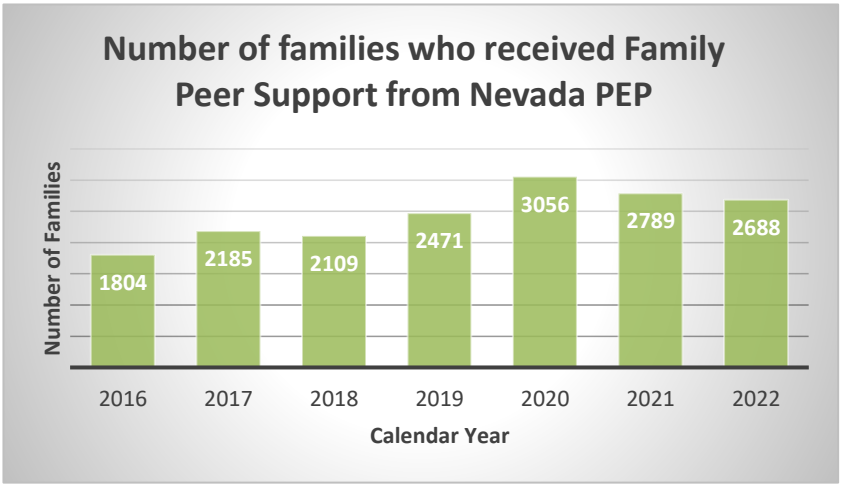
Objective 1.4- Increase the availability of peer support services—both family-to-family and youth-to-youth.

CURRENT STATUS: **SOME PROGRESS DUE TO ARPA**

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 the 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 are referred by DCFS programs, schools, and community organizations. In 2022, Nevada PEP received 110 referrals from Southern Nevada Children's Mobile Crisis Response Team, 309 referrals from the Harbor juvenile justice diversion program, and 68 new families from other Division of Child and Family Services programs.

Over the last year (2022), Nevada PEP provided family peer support services to 2,688 families in Clark County. The state funding for family peer support decreased on January 1, 2020 by 23%, resulting in longer wait times in-between contacts and less one-on-one support for families.



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 (US Department of Justice, 2022).

The Division of Child and Family Services (DCFS) 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. Since May 2013, Nevada PEP and DCFS promoted the inclusion of family peer support in the Medicaid State Plan to no avail.

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.

Youth MOVE Nevada has operated through the support of Nevada's System of Care (NVSOC) grant. The group is committed to representing the authentic youth voice, using their lived experience to influence systems change and remove the stigma placed on mental health. They represent the youth voice at systems meetings such as juvenile justice, regional consortiums, and system of care workgroups, and present at conferences and trainings with community partners. Additionally, Youth MOVE Nevada helps youth to develop self-advocacy skills through monthly podcasts and regular virtual meetings.

There has also been some movement on increasing youth peer support in Clark County. Nevada received a Pediatric Mental Health Care Access Program expansion grant from Health Resources and Services Administration (HRSA) for $300,000. The Division of Child and Family Services is partnering with the National Alliance on Mental Illness (NAMI) Nevada to continue the development of a peer-to-peer support model in building a children's behavioral health system of care. Peer support is a growing profession in Nevada, and young adult peer support specialists are much needed to support youth in the challenges they experience.

If the proposal by DCFS is accepted, NAMI Nevada Youth Peer Support Specialist program will provide opportunities for transition-age young adults to enter the peer support workforce by providing the necessary training, internship hours and support to receive the Peer Recovery and Support Specialist Certification through the Nevada Certification Board. This program will provide increased peer support workforce in Nevada by allowing for competent and confident young adult peers to support the needs of youth experiencing behavioral health challenges. The projected program outcomes include 18 graduates and targeting 100 youth served.

Next Steps:

Funding for family and youth peer support should continue past the availability of ARPA funds as part of Nevada's adequate children's mental health service array in line with the Department of Justice findings.

Increasing youth peer support should be prioritized as it is very minimal in Clark County. Youth need a safe place where they can speak to one another honestly and that are not filtered due to location or the presence of adult monitoring.

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.

Objective 1.5- Increase services and supports for families of youth with co-occurring intellectual/developmental disabilities and mental and behavioral health needs.

CURRENT STATUS: **SOME**

Youth with co-occurring intellectual/ developmental disabilities and mental and behavioral health needs unfortunately struggle to access essential supports. Not only is their distress not understood, categorical funding structures often prevent the ability to access appropriate treatment which can escalate behaviors. The US Department of Justice investigation findings indicate that Nevada is lacking in intensive in-home supports and services, and this is even more profound for families with children who have a dual diagnosis with behavioral health and intellectual and developmental disabilities (US Department of Justice, 2022). "Because children with intellectual and developmental disabilities,

particularly those with aggressive behaviors, cannot receive the intensive and consistent services they need to avoid institutionalization, many enter residential treatment facilities" (US Department of Justice, p. 16, 2022).

DFS has made progress in developing specialized staff- supported homes for youth who have behavioral health needs that have been too intensive for traditional or specialized foster care homes. Over the past year, more than ten (10) such youth have been transitioned to homes in the community rather than living at the Child Haven emergency shelter. Additional homes are in development, several of which can provide a smooth transition as the youth ages into the adult services arena, such as with Desert Regional Center (DRC) supported living homes.

DRC currently provides the family support programs to prevent out-of-home placement by assisting the family in caring for their children in their natural homes. If children are under the custody of state/county family services and reside in licensed foster homes, family support programs can also be provided to children who live in these homes. Some examples of DRC Family Support Programs include respite, self-directed family support services, purchase of service supplement, family preservation program, and supported living arrangements services for children. All families who receive family supports must meet financial guidelines of household income of 300% or below Federal Poverty Guidelines. This is a limitation as there are many services that can be billed to Medicaid such as ABA services or in-home therapies.

In 2007, DRC initiated the Youth Intensive Services (YISS) program to address placement and other support needs of children who have Intellectual and/or Developmental Disabilities who also may have a concurrent Mental Health Disorder, in Southern Nevada. Children eligible for the YISS program are typically age 8 and older (some young adults). Developmental Specialists under the YISS team have smaller caseload sizes than DRC's non-YISS Developmental Specialists. The YISS team is currently comprised of 1 Developmental Specialist Supervisor, 6 Developmental Specialists with 1 vacant position (as of December 2022), 1 Licensed Psychologist and 1 Mental Health Counselor. During Fiscal Year 2022, the YISS team provided case management services to 188 individuals who met the criteria of intensive case management services; in which 78 were under the age of 18.

During this past calendar year, the below initiatives have occurred to improve services to children.

- DRC Intake and Psychology staff meet weekly with DFS staff at Child Haven to triage with Child Haven staff assessing children who may be eligible for ADSD (Aging and Disability Services Division)/DRC services. The goal of having DRC's Intake and Psychology staff available to DFS is to quickly identify eligible children when applying for DRC services and ensure children that are suspected of having an eligible condition are properly assessed by DRC's Psychology/Intake departments.
- Desert Regional Center participates in weekly multi-agency meetings that include DFS, DCFS, and the Legal Aid Center of Southern Nevada, to discuss cases of children who are primarily in detentions, Residential Treatment Centers that need assistance with step-down supports or children who are in lesser restrictive environments that require out-of-home placements.
- DRC now has providers of Shared Living and Supportive Living Arrangements that provide treatment support services for children in out-of-home placements. Within the Shared Living environment, similarly to a children's foster home setting, everyone residing in the Shared Living home must demonstrate and provide a nurturing, respectful and supportive environment to the children placed in the home, as demonstrated through observations, home visits and environmental reviews. Within the Supported Living Arrangements environment, homes should be equipped with preferred age-appropriate activities that support staff to encourage and facilitate participation from children. Support staff should actively engage with the children in a positive, nurturing, respectful manner while also maintaining safe, healthy boundaries, as demonstrated through observations home visits and environmental reviews. The home should have consistent, predictable routines

with expectations clearly outlined to support continuity and security. These should be communicated in a method that corresponds with each child's level of development and understanding.

- Developmental Services was recently approved through ARPA (American Rescue Plan Act) Fiscal Recovery Funds to develop Specialized Intensive Services for Developmental Services Intensive Behavioral Support Homes. Some funding of this program will be dedicated to adults who have intensive behavioral support needs. The other portion will be focused on children that have intensive behavioral support needs. The expectation of these homes is they will consist of direct support staff with higher levels of training competency, and associated higher wages, combined with an array of professional services individualized to the person's needs to potentially include behavioral consultation, psychological and psychiatric services, nursing services, occupational therapy, and any other specialty service needed by the person.
- ADSD received a new grant to develop respite opportunities for families of children with dual diagnosis. It is a 5-year project with ADSD working with several partners including DCFS, Nevada PEP, and the Nevada Center for Excellence in Disabilities.

Next Steps:

Due to the US Department of Justice investigation findings, state officials have acknowledged that there are some issues with whom should serve children in this population as well as the insufficient array of accessible services. ADSD should continue to work with partners to increase communication about services available for families of children with dual diagnosis especially for those that are not in DFS custody.

Clark County needs more professionals that have expertise in working with youth with dual diagnosis and intensive in-home treatment should be provided as needed. This will reduce the number of youth with dual diagnosis in crisis situations, limit the use of the ER for treatment, and hopefully also reduce the number of children who cannot access services because facilities refuse to admit them due to the severity of their behaviors.

GOAL 2. COMPREHENSIVE SERVICE ARRAY FOR ALL:

Families of youth with* any *mental and behavioral health needs will have timely access to a comprehensive array of high-quality services when and where needed.

Objective 2.1- Increase utilization of high-quality, evidence-based and promising practice service models to match community needs.

***CURRENT STATUS:* MINIMAL**

To increase the impact of the practices and services that are currently available, CCCMHC encourages the use of evidence-based programs. While many children and families struggle to find services in the community, the services that are available should be high quality, and either be evidence-based or a promising practice. Currently it is difficult to determine how or if this is done outside of agencies that provide information to the CCCMHC. However, the following updates were provided by members of the CCCMHC.

CCSD has continued work on developing a Multi-Tiered System of Supports (MTSS) framework for addressing the academic, behavioral, and social-emotional needs of all students. An MTSS District Leadership Team has been established, and the CCSD Board of School Trustees adopted Policy 6120 in the fall of 2022 that requires all district schools to implement the MTSS framework. Infrastructure and service option development has continued under MTSS. With respect to student mental health, CCSD schools continue to have access to the Panorama Education Social Emotional Learning Assessment and support resources for universal screening with students. Additionally, in fall 2022, CCSD began rolling out the Rethink Ed K-12 Social Emotional Learning curriculum to interested schools. All CCSD schools must maintain a Multi-disciplinary Leadership Team dedicated to collaborative problem solving and support in addressing the mental health needs of students (e.g., in response to Beacon alerts and SafeVoice referrals) as well as a School Based Intervention Team for first response to students presenting with suicide ideation on school campuses.

DFS has implemented a number of comprehensive mental health contracts with community providers to ensure that youth in foster care have quick and sustained access to therapeutic services such as individual, group and family therapy, as well a psychiatric care. Care coordination contracts also help ensure that youth in community foster homes have targeted assessment, treatment planning, and continuity of services, regardless of home disruptions, reunification, or residential treatment. DFS also has specialized contracts for neurodevelopmental assessments, psychological assessments, and other specialized risk assessments that reduce wait times and ensure that treatment planning can occur with up-to-date, evidence-based, trauma-sensitive behavioral health evaluations.

Next Steps:

CCSD should continue to work to roll out Rethink Ed K-12 Social Emotional Learning curriculum to all schools to ensure all students can benefit from this program. In addition, CCSD should work to offer additional educational and staff support to teachers and students in order to increase capacity to address the mental well-being of students and their families and create a culture of wellness on each campus.

Development of the Collaborative Pathways (AB387) program will help ensure that families whose youth need intensive mental/behavioral health treatment can gain access to the appropriate services without feeling like they must surrender custody to DFS in order to get access to the care their youth needs. Over the past year, more than 100 families have faced this kind of challenge, without access to supports in the community that would prevent turning to the child welfare system for desperately needed help.

In addition, CCCMHC needs to determine how to better determine outcomes related to this objective.

Objective 2.2- Increase the capacity and access to provide home and community-based services to youth and their families.

CURRENT STATUS: **SOME**

Children who have a demonstrated need for community-based services to avoid institutionalization often cannot access that care. For example, in-home therapy is not provided with the intensity or frequency needed to prevent institutional placement. The care that is available is often office-based treatment settings limited to once a week appointments. In addition, this model is reinforced through Nevada's Medicaid billing structure as it requires prior authorization for more than 26 visits per calendar year, which is insufficient to serve children with high needs (US Department of Justice, p. 15, 2022).

Even crisis services such as the MCRT has capacity issues that can leave families to seek care from the emergency room or other institutional settings. In addition, upon release from residential treatment, most youth do not get directly connected with community-based services or programs such as Wraparound Nevada (US Department of Justice, 2022). The lack of community-based services has also led to the institutionalization of many youth in the child welfare and juvenile justice systems. The US Department of Justice investigation found that "within a random sample of treatment records of Nevada children who recently experienced residential treatment, over 75% included evidence of current or past involvement in the child welfare and/or juvenile justice systems. (US Department of Justice, 2022). In addition, the lack of community-based services also increase a youth's risk for involvement with juvenile justice and at times child welfare as some parents surrender their rights due to their lack of ability to obtain the sufficient resources to provide care to their children (US Department of Justice, 2022).

Finally, the US Department of Justice investigation found that Nevada failed to ensure appropriate discharge planning from hospitals or residential treatment facilities. The report also indicated that for state-run facilities, discharge planning is generally limited to making appointments with psychiatrists and therapists. In addition, it was reported that for out-of-state residential treatment facilities, the State does not participate in discharge planning. The lack of discharge planning and direct warm hand offs to ensure that youth and families receive the treatment they need leads to a cycle of crisis and institutionalization (US Department of Justice, 2022).

There has been some progress improving access to services in the community. For example, the Southern Nevada Health District has added a LCSW to their behavioral health team to expand access to behavioral health services. Now, a Psychiatric APRN and two LCSW are now available for youth with the addition of a clinic site. In addition, the expansion of certified community behavioral health clinics should increase access to mental health treatment for youth and families. Currently there is no data available to determine the use of these facilities by families to determine if an impact has been made. Finally, substantial ARPA dollars were committed to increase services in the community however this has not yet been realized.

For children in the child welfare system, refinement of a Medicaid home and community-based waiver program has helped stabilize the funding for therapeutic-level foster homes. Special grants and ARPA funds have contributed to the start-up of new homes or bringing in additional staff support to foster homes that can support youth with the most intensive behavioral needs.

Next Steps:

The US Department of Justice recommended that the "State could reasonably modify its system by expanding the availability of these services, supporting and managing its provider network to increase quality and access, assessing children and diverting them to community-based services before they enter institutions, and, for children already in

institutions, engaging them in discharge planning to quickly and successfully return home" (US Department of Justice, p.2, 2022). The State should also adjust rules and procedures to increase provider participation in Medicaid and conduct a rate analysis to adequately reimburse providers for their services (US Department of Justice, 2022).

Another area of improvement would be to improve discharge planning procedures at all facilities both in state and out of state to ensure that youth and families have the best reintegration experience possible to limit re-institutionalization. The work to discharge a patient should start immediately upon entry to a facility and needs to include the family (US Department of Justice, 2022).

A much needed area is to offer more sustained support to families who adopt. Families are often insufficiently knowledgeable about mental health disorders that can develop in teen or pre-teen years; disorders that can quickly become intense without early intervention, professional behavioral health support, and strong parental behavioral skills. Many of the youth that come in to DFS with the most demanding and acute care needs are youth that have been adopted, and after multiple hospitalizations, are "surrendered to DFS" to gain behavioral health care. In most of these cases, there is no abuse or neglect from the parents; they simply are in crisis and have not had anywhere else to turn to get the level of care their child needs. Children in DFS custody receive Medicaid Fee-for-service, which covers services deemed medically necessary. Under-insured and uninsured families should not have to face a claim of abandonment from the county simply to gain access to the care their child needs. This is the type of scenario that AB387/Collaborative Pathways was created to address, by providing support through DCFS programs. However, since it was an unfunded mandate, the program has never been developed and implemented.

Finally, CCCMHC should receive updates from DCFS on new services implemented with ARPA funding for accountability as well as for assistance in increasing community awareness. DCFS and Medicaid should also work to have sufficient and consistent public reporting practices to measure the success of youth and families obtaining services.

Objective 2.3- Support efforts to assist families in obtaining health care coverage.

CURRENT STATUS: **SOME**

While the number of uninsured youth in Clark County has decreased significantly since the implementation of the Affordable Care Act in 2010, there are still many families that need to be connected to health care coverage, families that are underinsured, and families that are not eligible for insurance. It is also important to note that many individuals may lose health insurance once the public health crisis expansion reverts. These adjustments allowed individuals with lower levels of poverty to obtain Medicaid coverage and extended the age of youth allowed to remain on their parents coverage. Due to these circumstances, it is imperative that there are resources available in Clark County that assist families in obtaining adequate insurance coverage.

In 2022, DHHS added three new eligibility workers to their behavioral health team, which now consists of five workers to assist patients with obtaining medical coverage.

Next Steps:

It is imperative that the state start to plan for how to keep families insured once the federal guidelines shift and local communities need to invest in mental health services for those not able to obtain insurance. Providing primary and secondary preventative care will assist in reducing costs related to crisis such as admission to the emergency room and/or institutionalization. This will also help parents who are ready to surrender their children to DFS (see section 2.2) keep their children in their homes as they will have more opportunities to obtain the appropriate level of care.

Objective 2.4- Increase access to mental and behavioral health services to youth through partnerships between schools and public/private services across the community

CURRENT STATUS: **SOME**

For the 2022-2023 school year, each CCSD school is now required to establish a Restorative Practices Team, where skills training is underway with team members. CCSD schools continue to have access to Care Solace services to help link families with community providers for mental health, and all CCSD schools now have access to Hazel Health behavioral health tele-therapy services. Development of the IMPACT program has advanced, such that additional, contracted behavioral health providers have now been placed in a total of forty-seven (47) CCSD schools. CCSD also utilized a grant in the fall of 2022 to partner with the American School Counselors Association to provide professional learning and certification as a Trauma and Crisis Management Specialist, and likewise partnered with the Center for Safe and Resilient Schools to provide Trauma-Informed Skills for Educators training, for educational specialists including school counselors, school psychologists, school social workers and safe school professionals.

Next Steps:

The Department of Education as well as Clark County School District needs to provide additional guidance on Restorative Justice Practices in order to provide consistency of implementation throughout/within school districts. This will help to ensure that these practices are used to avoid out-of-school discipline when possible rather than attempting to use them after out-of-school discipline has already occurred.

Objective 2.5- Expand the capacity for community-based substance use programs for youth.

CURRENT STATUS: **MINIMAL**

Over the past year, there have been increased reports of youth, and young adults (under 25) overdosing, both fatally and non-fatally, on fentanyl, an opioid approximately 50 times stronger than heroin. Most of this increase can be attributed to fake pressed pills, which often look like other prescription pills, such as Xanax, oxy and other drugs. Trends continue, and recently there has been more pills looking like the MDMA or ecstasy pills from previous generations. This is an ever-changing target as new chemical compounds are added to this drug regularly, adding to the lethality.

While the 2021 statewide Youth Risk Behavior Survey ten-year trends show youth substance use reducing since 2011, there are definitely fluctuations within certain substances with vaping and marijuana/cannabis numbers higher than a decade ago. Vaping numbers continue to climb in Nevada middle schoolers. National trends show that youth who start vaping, are more likely to try cigarettes than those who have not tried vaping. Recently, school officials are requesting vaping education starting in elementary schools as the issue is skewing younger when compared to rates 10 years ago. Marijuana continues to be the most prevalent illicit drug found on school campuses, and youth perception of harm continues to decrease.

Prevention and education continue to grow in both funding and programs delivered, statewide. The continued focus remains on evidence-based programming and educating professionals who may not have a background in prevention, on best practices. In addition, the support for school professionals continues to grow although schools are overwhelmed with the continued impacts of COVID-19.

While there are a few residential treatment programs for youth in Clark County, they are continually not adequate to meet the needs and demand in the Clark County community. Treatment programs in neighboring states are often the only options parents may be able to access for a variety of reasons. Similarly, outpatient treatment for youth is also hard to obtain given the limited number of providers available in the state and the limited hours of availability. Many youth are only available after school or on the weekends while many therapists hold more traditional Monday through Friday

hours. Youth attending treatment during these hours often requires the youth to miss classes and parents and caregivers to leave work, and sometimes make arrangements for other siblings. Depending on the family's resources, this can be extremely taxing which can be mistaken for non-compliance from therapists.

Next Steps:

Evidence-based efforts to prevent youth substance use must continue in the community and more support is needed in schools as youth and teachers struggle to adequately address the mental health needs exacerbated by COVID-19.

There needs to be an expansion of quality, affordable residential and outpatient treatment options in the community for youth wanting to seek treatment. When a youth is ready to take the step to get help, it is critical that help is immediately available so the community can meet the youth and family where they are in the process. This will help ensure the best outcomes for the youth and family.

Finally, any resources that area has available need to be marketed appropriately to youth and families. Significant investments were made in mental health through the ARP dollars however if the services funded are not advertised to the families and youth and address barriers to treatment (e.g. hours of operation, cost, transportation, expertise in youth treatment) those services will not be utilized.

Objective 2.6- Expand capacity to provide psychological and psychiatric assessments and psychotherapeutic services.

CURRENT STATUS: **SOME**

There are few professionals in Clark County available to conduct assessments with youth in order to provide a formal diagnosis to access care. Additionally, navigating the complexities of what types of tests and services a family's insurance plan will cover (or not) increases frustration. Without a diagnosis (specifically SED), it is very difficult for families to get Medicaid Fee-For-Services; and many have found it difficult to obtain an SED diagnosis from certain managed care providers. Without *any* specific diagnosis, getting a referral for a specialist, like a neuropsychologist, or access to treatment is near impossible.

The US Department of Justice investigation report indicated that Nevada "has failed to ensure a sufficient provider network to deliver behavioral health services for children, resulting in a significant shortage in service providers for children at serious risk of residential placement" (US Department of Justice, p. 21, 2022). This includes providers to conduct assessments.

The DCFS MCRT recently added a contract position and are developing an add-on to MCRT to allow for medication management in crisis situations. Some examples of use would be families that come from out of town and need medication refills but can't get into a psychiatrist quickly. MCRT can see them to prevent ER use and hopefully some psychiatric hospitalizations. MCRT is in the beginning of developing policies and procedures as well as building the staff.

The Nevada DBPH funded a Pediatric Access Line (PAL) program which is a free service that makes child & adolescent psychiatry consultation immediately available to any primary care providers (PCPs) in Nevada, regardless of the patient's resources or where they live. Previously, the NVPeds program through DCFS attempted a similar project, but to avoid duplication, the NVPeds program is now focused on providing training and other services and refers to the PAL program. Since the program started in March of 2021, 66 unique providers from Clark County have used the PAL Hotline. Those providers called the hotline 452 times over the same timeframe for 299 unique patients. Clark County accounts for about 90% of the PAL Hotline Consults.

Next Steps:

Nevada needs to increase capacity by working with higher education on pathways to develop the workforce within the state, increase internship and practicum opportunities, reduce barriers to licensing, and increase reimbursement rates for a more reasonable wage for services (Nevada Division of Public and Behavioral Health, 2023; US Department of Justice, 2022). If this is not prioritized, the increase in ARP funding will not be fully realized as there will not be a qualified workforce available to deliver services.

As previously stated, DFS has implemented a number of comprehensive mental health contracts with community providers to ensure that youth in foster care have quick and sustained access to therapeutic services such as individual, group and family therapy, as well a psychiatric care. Care coordination contracts also help ensure that youth in community foster homes have targeted assessment, treatment planning, and continuity of services, regardless of home disruptions, reunification, or residential treatment. DFS also has specialized contracts for neurodevelopmental assessments, psychological assessments, and other specialized risk assessments that reduce wait times and ensure that treatment planning can occur with the up-to-date, evidence-based, trauma-sensitive behavioral health evaluations.

Objective 2.7- Re-establish neighborhood-based resource centers.

CURRENT STATUS: **NO PROGRESS**

CCCMHC supports a neighborhood-based model of service delivery, formerly established as Neighborhood Family Service Centers in Clark County. This model uses a wraparound process for delivery of care management and intensive supports to youth with serious emotional disturbance and their families. To do this, multiple agencies were co-located within a single building or building complex, encouraging inter-agency staff communication and collaboration to help serve all of a family's needs. Though these centers had been successful in increasing access to services, continuity of care, and diverting youth from hospitalization and out-of-community placement, these centers have all closed in Clark County. Changes in agency administrators lessened commitment to the model of these service centers, and reallocated funding for neighborhood centers to other projects. Thus far, no progress has been made of this objective.

The closest model that still exists to a neighborhood-based resource center is The Harbor which was established in 2016. The Harbor was created to specifically divert youth from detention by providing access to treatment and community-based services in a single location. Staff at The Harbor work with youth to determine their immediate needs and connects youth and their families to the appropriate services.

Over the past year, additional locations of the Harbor opened and there are currently 5 locations. Between Feb 2022 and July 2022 approximately 3,335 youth have been served by one of the five Harbor locations. In 2021 a total of 4,730 youth were served across all Harbor locations and a total of 20,412 since they opened. The majority of youth are referred due to possession of marijuana (34%), battery (19%), fighting (18%), battery domestic violence (17%), and possession of other drug paraphernalia (12%).

While the Harbor does not replace the continued need for more neighborhood resource centers that provide access to multiple agencies and services at one location, it demonstrates an understanding of the need and appetite for services to be offered in this manner.

Next Steps:

CCCMHC advocates that efforts to re-establish these centers should be made in order to increase access to care for youth and families.

GOAL 3. NO WRONG DOOR TO SERVICES: *Organize pathways to information, referral, assessment and crisis intervention—coordinated across agencies and providers—will be available for families.*

Objective 3.1- Establish a centralized hub for information and service entry for youth and families in need of mental and behavioral health services.

CURRENT STATUS: **NO PROGRESS**

Obtaining proper care begins with receiving accurate information. Clark County currently has many sources of information that families can turn to regarding available mental and behavioral health services. Unfortunately, it may be difficult for some families to determine which of that information is up-to-date or applicable to their unique situation. Creating an easily accessible location for information about available services, educational opportunities, resources, and other relevant information will make it easier for families to obtain the information they need and determine the next steps for accessing care.

While the state does currently have Nevada 2-1-1, this system has proven to be an inadequate resource for connecting families with accurate information and services. Multiple attempts by CCCMHC to work with 2-1-1 administrators to improve the effectiveness of this service have gone unanswered. In July 2022, 988 was also implemented however it is unclear if this service will fill the gap as some individuals may be transferred to Nevada 2-1-1 based on their level of need.

The US Department of Justice indicated in their investigation findings that Nevada does not provide sufficient guidance on available services for children with behavioral health needs. This service is essential to help not only families but also clinicians, urgent care providers, and other providers to be able to help families identify needed resources. In the report the state commented that "Because the [children's mental health] system has never had true oversight or regulation, there isn't a database anywhere of what services exist" (US Department of Justice, p. 21, 2022).

Next Steps:

It is imperative that the state of Nevada re-establish children's mental health authority and determine how that authority will be to ensure families and providers have the information they need to access appropriate services.

Objective 3.2- Expand access to mobile crisis services (esp. DCFS Mobile Crisis Response Team) as the first line of crisis intervention to ensure the needs of all youth are met.

CURRENT STATUS: **SOME PROGRESS PENDING ARPA**

The report from the Department of Justice found that Nevada is failing to ensuring access to community-based services, and this includes crisis support services. This is driving youth and families to hospitals for behavioral health treatment. The State even 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, p. 7-8, 2022). 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.

Due to a lack of support to parents and families, families are using extreme measures to get help for their children including surrendering their children to Child Haven, Clark County's emergency shelter for child welfare and they are also calling the police to seek the arrest of their children for behavioral health-related conduct as they were informed this way a better way to access treatment (US Department of Justice, p. 13, 2022).

The Nevada Division of Child and Family Services reports that the condition of mobile crisis response teams has made some progress but still remains insufficient for the mental and behavioral health needs of children. In the prior 12 months, Nevada state crisis teams responded to more than 2,400 youth and families and answered more than 4,500 crisis hotline calls. The DCFS Children's Mobile Crisis Response Team diverts roughly 85% of children from Emergency Room (ER) visits during a crisis and provides short-term counseling and case management until they can connect families with long-term providers and peer supports.

In 2021, statewide the Children's Mobile Crisis Response Team received 3,834 calls and served 1,449 clients. 220 cases resulted in hospitalization and the average hospital diversion rate was 81%. From Jan.-Oct. 2022, the Children's Mobile Crisis Team received 1,762 calls and served 835 clients. The average hospital diversion rate was 77%.

Further data shows that in the 4 months post-response of an MCRT case, 92% of youth have not returned to an Emergency Department (ED) for mental/behavioral health crises and 91% of youth have not been psychiatrically hospitalized for mental/behavioral health crises. (Division of Child and Family Services, 2022)

Specifically in Clark County, from July 2021-June 2022, the Children's Mobile Crisis Response Team received 2,980 calls and served 1,114 clients. The average hospital diversion rate was 78% (see table below).

	July 2020-Sept 2020	**July 2021-Sept 2021**	**July 2021-June 2022**
Calls to the Hot Line	754	983	2,980
Youth Assessed	253	367	1,114
Youth Stabilized with a Safety Plan	210 (83%)	288 (78%)	869 (78%)

MCRT is waiting for positions to open through HR processes, but in the meantime, leadership is meeting to cross-train and understand each other's place in handling crisis. More specifically, MCRT, CCSD, CCSD school police, and Washoe school district are in the beginning stages of shadowing each other and will come back together to better streamline communication, referral pathways, etc. Current MCRT staff however are working on increasing their skills through training. The MCRT staff completed two System of Care trainings on cultural competency and also completed training on Naloxone/Narcan in case of any opioid poisoning situations when on site. The team is also working on protocols to be able to provide families with doses of Narcan to prevent opioid poisoning for those at risk.

The Nevada Division of Children and Family Services transitioned to the 988 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 988 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 988 call center provides substantial de-escalation, triage, and care traffic control. They may refer to outpatient care, dispatch mobile crisis, refer to a crisis stabilization unit, and dispatch law enforcement through the hotline (Division of Child and Family Services, 2022).

The Mobile Crisis Planning Grant Project and Core teams have been working hard on developing how Nevada will build mobile crisis teams that will be eligible under enhanced the Federal Medical Assistance Percentage (FMAP) offered through Section 1947 of the SUPPORT Act. Medicaid has been working with Mercer on this project and they have delivered their final recommendation report to the state. Medicaid is working through these recommendations, and making determinations regarding moving forward. For example, it is likely Medicaid will pursue a state plan amendment rather than a waiver to ensure their already covered crisis intervention services include the requirements needed and outlined for qualifying mobile crisis teams to receive enhanced FMAP. Medicaid has a tentative timeline to propose a new MSM policy and state plan amendment in April 2023. Also, determining how Medicaid will delineate these teams from other mobile crisis or crisis intervention that does not qualify for the enhanced FMAP. For example, identifying if a possible certification would be needed, development of a new provider type and use of other system updates to include

modifiers for qualifying services. A No Cost Extension was approved by CMS on 10/3/22 for an additional 12-month period through 9/29/23, which will allow Nevada more time for full roll-out and ability to rollover unspent funds into this fiscal year (Nevada Medicaid, 2022).

Next Steps:

Increased and sustained funding should be included in the state's budget to ensure that MCRT can sustain and expand services to youth throughout urban and rural Clark County. This service is especially crucial given the increase of youth and families with mental and behavioral health needs due to the COVID-19 pandemic. In addition, implementation of all mobile crisis response teams should ensure that the evidence-based model for youth is being followed in order to obtain the most effective results.

Recently released guidelines from SAMHSA outline the recommendations to respond to youth in crisis should be implemented. These include:

- Keep youth in their home and avoid out-of-home placements, as much as possible.
- Provide developmentally appropriate services and supports that treat youth *as* youth, rather than expecting them to have the same needs as adults.
- Integrate family and youth peer support providers and people with lived experience in planning, implementing, and evaluating services.
- Meet the needs of *all* families by providing culturally and linguistically appropriate, equity-driven services (Substance Abuse and Mental Health Services Administration, 2002).

Core principles outlined in the National Guidelines for Child and Youth Behavioral Health Crisis Care – Best Practice Toolkit should be adopted:

- Address Recovery Needs
- Provide Trauma-Informed Care
- Include Significant Role for Peers
- Implement Zero Suicide/Suicide Safer Care
- Implement Safety/Security Protocols for Staff and People in Crisis
- Form Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services (Substance Abuse and Mental Health Services Administration, 2002).

Finally, SAMHSA (2002) reinforces that "all youth and families should have access to crisis care that meets their needs, and these needs vary across communities and groups." This means that providers should be trained to respond to diverse families as well as reflect those families. Diversity includes providing care across all geographic locations, ages (infants through youth transitioning to adulthood), race and ethnicities, sexual and gender minorities, immigrants and refugees, youth who are houseless, youth with intellectual or developmental disabilities, and other important service populations (Substance Abuse and Mental Health Services Administration, 2002).

Objective 3.3- Improve policies and regulations regarding involuntary legal holds for youth.

CURRENT STATUS: **NONE**

There is no progress update for this objective.

Next Steps:

More education is needed to disseminate to families and providers about involuntary legal holds for youth about emergency care services available in the community and families' rights in accessing them. In addition, recommendations should be provided for the development and implementation of current and future statutes affecting youth mental and behavioral health and families' access to services.

Objective 3.4- Encourage the adoption of interagency protocols to streamline procedures (e.g. intake, assessments, and service planning) to reduce unnecessary burden on families accessing services.

CURRENT STATUS: NONE

The US Department of Justice investigation found that lack of protocols and collaboration lead to a failure to divert youth from institutional settings by proper screening and connection to community-based services (US Department of Justice, 2022). In addition, there are currently many structural issues such as issues with billing for services and delayed payments for reimbursement that are prompting providers to no longer take Medicaid due to the high administrative and financial burden. It is crucial that interagency protocols are streamlined to both avoid the misplacement of children into programs or services they either don't belong or the delay in placing children into services they need, as well as streamlining provider processes such as billing to be more efficient and manageable. This would avoid a reduction in available providers for children and families.

Next Steps:

The CCCMHC continues to recommend that DHHS develop interagency protocols and policies with hospitals and managed care providers to ensure 24-7 access to evidence-based quality mobile crisis intervention services for youth and seamless transition to appropriate inpatient or community-based care for all uninsured, privately and publicly insured youth, including those enrolled in Medicaid or other managed care programs. Assessing children at serious risk of institutional placement for community-based services and quickly connecting them to appropriate services. The State should assess and connect children and families to services when needed, such as when they experience a crisis, are referred to WIN, are hospitalized, or are referred to residential treatment facilities. The State should closely manage the process of approving residential treatment, including by examining data associated with residential admissions to make system improvements (US Department of Justice, 2022).

Objective 3.5- Promote effective implementation of community-based strategies to coordinate services across providers within urban and rural Clark County areas that are geographically accessible for families.

CURRENT STATUS: **NONE**

According to the findings from the US Department of Justice (2022) Nevada's inadequate community care delivery system leads to unnecessary segregation of children with behavioral health disabilities. Some services that are currently available are hard to access by families due to their geographic location and hours of operation, therefore discovering unique ways to increase access to services is critical. This can be accomplished by implementing more neighborhood-based resource centers (objective 2.7) or through efforts to incorporate mental and behavioral health screening and treatment into primary care settings (such as the Pediatric Access Line discussed in section 2.6). An increase in resources is likely to occur in 2023 due to a large allocation of ARPA dollars into the mental and behavioral health system. However, it is not clear that enough funds were allocated to effectively promote any new services that become available.

Next Steps:

In order to increase community-based services that fit the needs of the community, Nevada and Clark County need to (1) develop and maintain an adequate provider network for key services; (2) connect children with behavioral health services and prevent admission to segregated settings; and (3) ensure adequate discharge planning to prevent unnecessarily long stays and readmissions (US Department of Justice, 2022). It is also imperative that these strategies take into consideration the geography of each area to be able to meet needs in urban and rural areas. It is critical that in the process of determining the best way to increase community-based coordinated services, families and youth with lived experience are involved in the process to ensure that their needs are accurately addressed.

GOAL 4. PREVENTION AND EARLY INTERVENTION IN MENTAL HEALTH:

Programs and services will be available to facilitate the social and emotional development of all youth, identify mental and behavioral health issues as early as possible, and assist families in caring for their youth.

Objective 4.1- Increase implementation and availability of evidence-based strategies for the early identification of mental and behavioral health needs for all youth.

CURRENT STATUS: **MINIMAL**

One of the methods to ensure early detection is to ensure that screenings are done during wellness visits or EPSDT visits. Just prior to the pandemic, members of the CCCMHC have met with Medicaid staff and managed care providers to determine the best method for ensuring that all services offered through EPSDT visits are conducted. Medicaid recommended using a value-added benefit for providers that completed the full list of checks done at this visit as punitive approaches are not effective and there are not sufficient tracking measures in place to know when the full services are not provided. Using this approach, managed care organizations would provide incentives as providers submitted proof that all services are performed. This information was relayed to many of the MCOs that were meeting with community partners, however, this suggestion did not appear to move forward in the current Medicaid contracts. It is unclear if this is related to the pandemic or the lack of interest in MCOs ensuring providers are held accountable for their required duties.

Another effort to increase mental health screening at pediatric visits is through the DCFS Pediatric Mental Health Care Access (PMHCA) project. This effort provides training and assistance to healthcare providers to encourage screening and treatment of mental and behavioral health concerns. Unfortunately, the pediatric access line was not well utilized and so is no longer part of the program. However, Pediatric Access Line (PAL) program funded by the Nevada Division of Public and Behavioral Health DPBH is active and is utilized by primary care providers (PCPs) in Nevada. Data is currently not available on how the PAL program impacts screening.

The Clark County Department of Family Services continues to prioritize mental health screenings as part of EPSDT to all children who enter DFS custody during the intake process. Referrals are made right away to community providers for more comprehensive assessment and services, if needed. Early Childhood Mental Health Services (ECMHS) follows up with any children who need treatment and/or supports. Children under the age of three who are involved in substantiated cases of child abuse or neglect go directly to NEIS who tracks and coordinates screening, comprehensive assessment, and treatment through various community providers. Children who enter DFS custody and go directly into a relative, fictive kin, or foster home can receive screening, assessment, and treatment. Foster families can also access the child's own community pediatrician or other care providers for EPSDT and mental health screening if they are already established with these providers. The caseworker helps coordinate and track the services children receive.

A new program recently started by the Children's Cabinet has put community health workers in child care programs to assist both providers and families in obtaining services that are needed for their families. This includes completing developmental assessments and making appropriate referrals when necessary. This program is new and outcome data are not yet available.

Next Steps:

Invest in early detection and intervention, prenatal through early adulthood to ensure the best outcome for youth and families. Increase use of Medicaid's tool for EPSDT to identify opportunities to connect children and youth to appropriate services and supports (Nevada Division of Public and Behavioral Health, 2023).

Continue to educate all providers that serve children of all ages on the importance of screening and early detection to determine ways that screening can be implemented more thoroughly in the community.

Objective 4.2- Provide training and education, which is up-to-date and culturally competent, about youth mental and behavioral health to families and people working with youth.

CURRENT STATUS: **MINIMAL**

There are many organizations that offer training in the community that increase knowledge about becoming more culturally competent, or about cultural humility, to better serve families in the community. The System of Care continues to offer a variety of trainings that reflect this topic to a variety of types of providers.

In 2022, the Southern Nevada Health District provided a monthly safeTALK suicide prevention training open to staff and community partners. 111 individuals attended these trainings onsite (1 of which was a community partner) and 50 Henderson Police Officers attended on two different dates facilitated by the Office of Suicide Prevention. In collaboration with the Office of Suicide Prevention and PACT Coalition supporting efforts, SNHD conducted a quarterly Adult Mental Health First Aid training in which 20 individuals (including 5 community partners) attended. A newly certified staff member will also facilitate 4 quarterly Youth Mental Health First Aid trainings that are scheduled to occur in 2023 and will be offered to staff and the community.

Finally, a training series for parents was developed through a collaboration with Nevada PEP and member of the CCCMHC, Jackie Harris, M.A., LMFT, LADC. The series is presented with the parent and provider perspective to help parents learn more about trauma, anxiety, depression in children, and self-care for parents. The series is available for families to view at their convenience on the Nevada PEP website.

Next Steps:

The behavioral health workforce in Clark County needs to increase the number of people trained to offer trauma-informed approaches across sectors and over the lifespan, including education on recognizing the signs of trauma and providing appropriate treatment to facilitate earlier intervention and prevention efforts, as recommended by the Advisory Committee for a Resilient Nevada (ACRN) (Youth.gov, 2013; DHHS 2022). Mental Health First Aid trainings should be offered in both school and primary care settings to educate individuals about childhood trauma and available resources (Nevada Division of Public and Behavioral Health, 2023). In addition, training of System of Care, Cultural Competence, Health Disparities and CLAS should be required across DCFS Departments for anyone who works directly with families and youth including Juvenile Justice and Child Welfare. This should also be required in any contracts that the state enters into for youth and family serving agencies.

Objective 4.3- Expand implementation of universal programs for youth to promote social emotional skills and positive behavioral supports across settings.

CURRENT STATUS: **MINIMAL**

The Nevada Afterschool Network (NAN) is a not-for-profit, non-partisan organization dedicated to supporting out-of-school time programs to provide access to safe and quality opportunities for all school-age youth. According to the 2022

NAN Data Mapping Survey completed by 302 programs statewide, over 60% of out-of-school time programs offered activities emphasizing social emotional learning. While the majority of programs reported the ability to accommodate youth with mild needs, only 22% were able to serve those with moderate to severe behavioral health needs and 22.9% were able to serve those with moderate to severe intellectual needs.

SPECIAL NEED	*MILD*		*MODERATE*		*SEVERE*	
	#	*%*	*#*	*%*	*#*	*%*
Behavioral Health	*205*	*88.4%*	*41*	*17.7*	*10*	*4.3*
Intellectual Needs	*201*	*86.6%*	*38*	*16.4%*	*15*	*6.5%*
Physical Disabilities	*205*	*88.4%*	*32*	*13.8%*	*13*	*5.6%*
Hearing Impairment	*202*	*87.1%*	*27*	*11.6%*	*13*	*5.6%*
Visual Impairment	*200*	*86.2%*	*26*	*11.2%*	*11*	*4.7%*

The largest barriers reported for out-of-school time programs in Clark County were not enough staff and a lack of trained staff.

BARRIERS	*# PROGRAMS*	*% PROGRAMS*
Lack of Funding	*36*	*15.5%*
Lack of Trained Staff	*190*	*81.9%*
Not Enough Staff	*191*	*82.3%*
Lack of Equipment and/or Infrastructure	*39*	*16.8%*
Other	*4*	*1.7%*

With over 19% of Nevada children aged 3 to 17 identified as having one or more mental, emotional, developmental, or behavioral issues in 2020-2021, it is essential that afterschool and OST programs obtain the support needed to accommodate more youth with special health needs (National Survey of Children's Health, 2022).

Next Steps:

To ensure that the behavioral, social, and emotional health needs of children are met, youth-serving organizations should provide more staff training on understanding challenging behaviors (such as aggression, bullying, defiance, self-harm, and temper tantrums) and mental disorders (such as ADD/ADHD, anxiety, bipolar, depression, disruptive & conduct, eating disorders, OCD, and other trauma-related disorders). Further, programs should establish strong partnerships with families and other community stakeholders to fully support youth. This will create a safer, more positive environment for youth that increases protective factors and health behaviors to help prevent mental disorders and reduce risk factors that can lead to mental illness (DBHDD, 2022).

Continue investment in Nevada's Multi-Tiered System of Supports and Social-Emotional Learning in all K–12 schools, as recommended by ACRN (DHHS, 2022). Full-Service Community Schools provide an opportunity to coordinate mental health alongside other important community services (Nevada Division of Public and Behavioral Health, 2023; U.S. Department of Education, Office of Primary and Secondary Education, 2022).

GOAL 5. RAISE AWARENESS AND SUPPORT FOR MENTAL HEALTH:

Increased public awareness of the behavioral health needs of children and youth will reduce stigma, empower families to seek early assistance, and mobilize community support for system enhancements.

Objective 5.1- Increased awareness of youth mental and behavioral health information to members of the general community.

CURRENT STATUS: **SOME**

In 2022, the Clark County Children's Mental Health Consortium participated in many different activities in order to increase awareness about youth mental wellness. Examples of some of these activities include conducting the 5th Annual Southern Nevada Summit on Children's Mental Health, participating in national awareness events such as Unity Day and Mental Health Acceptance Week, and writing letters to address key issues in the community. A brief description of these activities is provided below.

5th Annual Southern Nevada Summit on Children's Mental Health

The 5th annual Southern Nevada Summit on Children's Mental Health was held on May 2nd & 3rd via virtual format, as a safety precaution in response to the COVID-19 pandemic. A total of 67 individuals who registered to attend the summit. Over 50 individuals attended the first day of the event, learning of local and national experts about the following topics:

- Supporting Youth & Ourselves in Times of Loss
- Youth Mental Health & The Peak Performance Model
- The American Rescue Plan & Other COVID Relief Funding Mechanisms: Implications for Children's Behavioral Health in Nevada
- Nevada Suicide Prevention: Impact from the Internet
- Youth Voice – Back to Basics (a panel of youth impacted by mental & behavioral health services in Nevada)

More than 30 individuals attended the second day of the event, consisting of a full-day workshop overviewing the principles and best practices for Child and Adolescent Needs and Strengths (CANS) assessment. Licensed professionals were able to claim up to 12 hours of Continuing Education Units from this summit, including 2 credit hours on suicide prevention by attending the presentation provided by the Nevada Office of Suicide Prevention.

Children's Mental Health Acceptance Week

Recently, the National Federation of Families redefined the Children's Mental Health Awareness campaign to change the "A" for "Awareness" to "Acceptance," in which the new term would directly combat prejudice and recognize the many diverse experiences surrounding mental health. During the week of May 1-7, 2022, CCCMHC showed their support for Children's Mental Health Acceptance Week by providing the community with a virtual toolkit on ways to advocate for children's mental health through events, interpersonal interactions, and social media. As a part of efforts to include youth voices during this week, CCCMHC hosted a youth art contest encouraging Clark County residents aged 24 and younger to submit new designs for CCCMHC's official logo. The winning logo was unveiled during the 5th Annual Southern Nevada Summit on Children's Mental Health and has been adopted on all CCCMHC public-facing materials.

Old Logo

New Logo

Unity Day

In honor of National Bullying Prevention Month, Unity Day is celebrated with the goal of bringing together youth, parents, educators, and other community stakeholders to spread awareness and make a call to action. On October 19th, 2022, members of the CCCMHC showed their support of Unity Day by wearing orange and encouraging others to share kindness, acceptance, and inclusion to help prevent bullying. Social media posts were disseminated to help raise awareness about this important day and show CCCMHC's support of the day's message. Nevada PEP received five proclamations from the mayors of Las Vegas, North Las Vegas, Henderson, Boulder City, and Reno, encouraging the community to engage in efforts to protect against bullying and create a healthier environment for youth.

Informational Letters and Press Releases

The CCCMHC has written four letters addressed to partners and policymakers that could implement the appropriate changes to better the mental health status of Nevada youth. In early 2022, a letter was written to the Clark County School Board addressing the issue of bullying and cyberbullying as they were ranked the most frequent tip types in the fiscal year 2020 SafeVoice Nevada report. The document requested that the Clark County School Board and the Nevada Department of Education increase their efforts to ensure that staff, teachers, and administrators are accurately identifying instances of bullying and following the correct protocols to keep children safe.

In light of Mental Health America's 2022 report, ranking Nevada as 51st in the nation for children's overall mental health for the fourth year in a row, the CCCMHC wrote to the Interim Finance Committee to further emphasize Nevada's mental health crisis. The document urged for an increase in resources for children and families to obtain appropriate mental health services in the least restrictive environment. Additionally, the Consortium recommended several ways to ensure more convenient and effective access to care. These services include:

- Children's wraparound care coordination and intensive care management
- School based mental health
- Intensive in-home treatment options
- Respite care and family peer to peer support services
- Mobile crisis response teams that provide crisis stabilization as well as long term treatment options that will help prevent youth from needing crisis services

Closer towards the end of 2022, the CCCMHC issued a press release in response to a report written by the U.S. Department of Justice that found Nevada is failing to meet the needs of children with behavioral health disabilities in the most integrated settings. While this document acknowledges the Interim Finance Committee's substantial investment into much-needed resources, the CCCMHC offers its support for families, state agencies, and community partners to ensure that the following recommendations are met and sustained:

- Increase the types of support services available and capacity for current treatment services for youth and their families
- Expand capacity for school and community-based services to prevent depression and youth suicide and develop a neighborhood-based, school-linked provider network to address mental and behavioral health needs
- Expand youth mental and behavioral health awareness and suicide prevention in schools and community-based programs
- Increase network capacity to help expand community-based services including efforts to support recruitment and retention of mental health professionals trained to work with youth

- Promote collaboration between Medicaid, Substance Abuse Prevention and Treatment Agency (SAPTA), and other funding sources to provide appropriate services for youth in need of both substance use and mental and behavioral health services

Next Steps:

The CCCMHC Public Awareness & Behavioral Wellness Workgroup has already begun planning the 6th Annual Southern Nevada Summit on Children's Mental Health, scheduled for May 1 & 2, 2023. In addition to providing essential professional development for community mental health professionals, this event will help promote the 2023 Children's Mental Health Acceptance Week (CMHAW) of May 7-13. A youth video contest is currently underway, encouraging youth to submit brief videos about the importance of being seen, heard, supported, and understood when it comes to youth mental health. The winning video will be premiered at the Summit in May and will be used for promoting CMHAW messaging and activities. An updated toolkit with resources for virtual and in-person activities will be provided to the community and a social media campaign will encourage Nevada residents to help elevate the messages of mental health acceptance during that week. Additionally, CCCMHC will continue to provide timely responses to significant local events and new data impacting mental and behavioral health services for youth in Southern Nevada.

Objective 5.2- Expand youth mental and behavioral health awareness and suicide prevention in schools and community-based programs.

CURRENT STATUS: **MINIMAL**

Hope Means Nevada (HMN) is a nonprofit organization whose mission is to eliminate teen suicide by reaching and teaching youth to practice mental wellness. In collaboration with SilverSummit Health Plan, HMN helped launch a youth suicide prevention campaign to raise awareness of community-based resources, such as walk-in clinics, free mental health hotlines, and digital access to a free suicide risk assessment. According to the 2022 Hope Means Nevada Community Impact Report, HMN received over 55 million campaign impressions. Marketing efforts have pointed visitors to their website, which resulted in 1,000 clicks to crisis text lines, 1,200 clicks to crisis phone lines, and 1,100 clicks to outbound links/in-person clinics. Additionally, the organization made a notable impact through its social media platforms and hosted several philanthropy events in pursuit of educating teens in the community about suicide and where to find help.

In addition, the Southern Nevada Health District has been working to increase its work in mental and behavioral health. With regards to suicide prevention, SNHD presented on youth mental health during their public Board of Health Meetings with resource information to help educate their board on the importance of mental wellness and to discuss how they can be more involved in treatment and prevention. SNHD also continued to work on implementing the Zero Suicide initiative agency-wide through education, presentations, trainings, and monthly meetings.

The Clark County School District continues to provide training to all staff concerning the prevention of suicide, as required by Nevada Senate Bill 204 enrolled in 2019. Use of the Signs of Suicide Program with students is beginning to expand beyond Health class (8th and 9th grade) implementation.

Next Steps:

CCCMHC should advocate for more concrete steps to increase awareness of mental and behavioral wellness and suicide prevention in schools and other community-based programs.

Objective 5.3- Support advocacy efforts to make youth mental and behavioral health a priority for local, state and federal policymakers.

CURRENT STATUS: **SOME**

In order to support advocacy efforts to make youth mental and behavioral health a priority, members of the CCCMHC ensure that a copy of these annual reports are provided to local, state and federal policy makers. In addition, members of the CCCMHC have attended several Interim Finance Committee meetings over the past year to provide public comment on the importance of increasing investments in mental and behavioral wellness services for youth and families. Finally, members of the CCCMHC regularly participate on calls and meetings with federal, state, and local policymakers to advocate for children's mental health.

Next Steps: In 2022, the legislative session will occur in Nevada and members of the CCCMHC will continue to advocate for sustained investment in children's mental health as to not lose momentum that was gained due to the influx of ARPA funding to the state. There will be a focus on children's mental health during children's week at the legislature in March, mental health acceptance week in May, and through regular testimony and outreach to policymakers on behalf of the children and families in Nevada.

GOAL 6. LOCALLY MANAGED SYSTEM OF CARE: *A partnership of families, providers, and stakeholders committed to community-based, family driven, and culturally competent services will collaborate to manage this system of care effectively at the local level.*

Objective 6.1- Strengthen the role of state and local children's mental health consortia.

CURRENT STATUS: NONE

In order to implement service delivery that is community-based, family-driven and culturally competent, a partnership of families, child-serving agencies and other stakeholders such as the CCCMHC must oversee the local management system. Oversight by a partnership of families, child-serving agencies and other stakeholders will increase the likelihood that system management will develop policies, services, and funding strategies that support neighborhood-based services, encourage family participation in all aspects of service planning, selection and delivery, and promote agency collaboration in the development, coordination, and implementation of services and supports. The local management system must also have the resources to use information across the system to continuously evaluate outcomes and improve service delivery.

In partnership with the state children's mental health authority, the local systems management entity will implement provider standards for access, quality of care, and accountability for performance measures. Over the past year, the person appointed as the children's mental health authority left the position and it has been replaced by an advisory group. This group is new and will be presenting their suggestions on how to move forward in 2023.

Next Steps:

Members of the CCCMHC should follow the process to establish the children's mental health authority closely and be involved in the decision-making process on who will be the authority and what that authority includes.

Objective 6.2- Support the Nevada System of Care to promote the growth and sustainability of locally managed organizational structures.

CURRENT STATUS: **NONE**

The Nevada System of Care (NVSOC) consists of a broad array of both behavioral health and support services aligned with the guiding principles and philosophies of systems of care. These services include both home and community-based treatment, as well as out of home treatment services that are provided when necessary.

To help support these efforts, CCCMHC works closely with NVSOC to act as a conduit for families' voices and needs, while providing feedback on training content and service delivery. SOC staff regularly attend CCCMHC meetings, provide updates, and listen to recommendations provided by the consortium.

Next Steps:

Moving forward, continued partnership is essential to the growth of both funding and services for the System of Care through advocacy efforts spearheaded by the Consortium. As funding for the program comes to an end, CCCMHC should assist in determining how to keep the principles of the SOC actively embedded in the work conducted by DCFS, DFS, and all partners that work with children and families in the community.

DCFS and/or Clark County should apply for additional funding opportunities to receive the national best practice technical assistance in order to continue building the Children's Mental Health System of Care.

Objective 6.3- Facilitate cross-agency training and workforce development activities, in the foundational areas of behavioral health screening, principles and approaches of the system of care, wraparound, and evidence-based practices at the local level.

CURRENT STATUS: **NONE**

Workforce development is key to building the capacity of state agencies and community organizations to accommodate all of the youth with mental and behavioral health needs and their families in Clark County. New providers entering the community must be informed about the foundational areas of systems of care and qualified to implement evidence-based practices.

Over the past year, the CCCMHC works to provide one community training each year through the Annual Mental Health Symposium described in Goal 5. In addition, Aging and Disability Services worked with DFS to cross train staff to better support the children and families they serve. Also, the SOC staff along with a family representative from Nevada PEP offer quarterly professional development classes on the System of Care Values and Principles and the CLAS standards to groups such as DCFS Las Vegas Mobile Crisis teams, as well as several Federally Qualified Health Centers. Juvenile justice staff were also trained in the intermediate care coordination model FOCUS.

Finally, a training series for parents was developed through a collaboration with Nevada PEP and member of the CCCMHC, Jackie Harris, M.A., LMFT, LADC. The series is presented with the parent and provider perspective to help parents learn more about trauma, anxiety, depression in children and self-care for parents. The series is available for families to view at their convenience on the Nevada PEP website.

Next Steps:

Increased efforts should be made to cross train new healthcare providers on mental and behavioral health including educational programs such as nursing, medicine and public health at UNLV and other learning institutions in southern

Nevada. There should also be a centralized system for training for agencies to know what is available and how to schedule trainings for their staff.

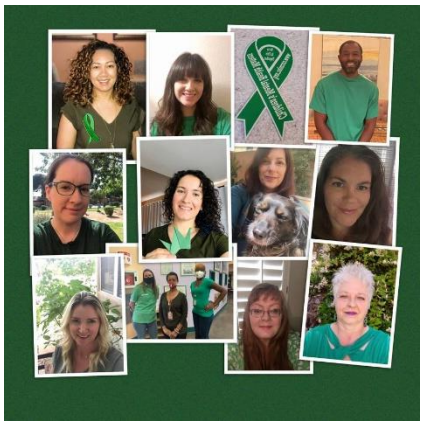
Objective 6.4- Ensure accountability of the Nevada System of Care through annual reporting of process and outcome measures to CCCMHS.

CURRENT STATUS: **SOME**

As the subject matter experts regarding children's mental health, CCCMHC encourages information-sharing with state and local agencies so that Consortium members can contribute their knowledge and expertise for system improvement. By reviewing data collected by the Nevada SOC and other mental and behavioral health programs in the county, CCCMHC can provide comprehensive recommendations that includes multiple perspectives from members that represent professional and community stakeholder interests. SOC staff regularly attend CCCMHC meetings, provide updates, and listen to recommendations provided by the consortium.

Next Steps:

A discussion on the type of updates provided at CCCMHC meetings would benefit both the SOC and the CCCMHC to ensure that they are structured in a way that allows for timely feedback on implementation of key activities.



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VI. ABOUT THE CLARK COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

CURRENT MEMBERSHIP

Amanda Haboush-Deloye, Chair
Nevada Institute for Children's Research and Policy
Children's Advocate Representative

Rebecca Cruz-Nañez, Vice- Chair
Southern Nevada Health District
Health District Representative

Dan Musgrove, Chair
Strategies 360
Business Community Representative

Jacqueline Wade
Deputy Administrator, Residential/Community Services
Division of Child & Family Services Representative

Jennifer Bevacqua
Nevada Youth Care Providers Association
NV Youth Service Provider Representative

Gujuan Caver
DHHS, Aging and Disability Services
Mental Health & Developmental Service Representative

Richard Egan
Nevada Office of Suicide Prevention
Community Representative

Char Frost
Nevada Parents Encouraging Parents
Parent Representative

Jackie Harris
Creative Solutions Counseling Center
Substance Abuse Service Providers Representative

Lisa Linning
Clark County Department of Family Services
Child Welfare Representative

Karen Taycher
Nevada Parents Encouraging Parents
Parent Representative

Robert Weires
CCSD Psychological Services
Clark County School District Representative

Alexa Rodriguez
Health Care Services Division Manager
Juvenile Justice Representative

Dr. Syed (Ed) M. Quadri
Psychiatric Community Representative

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 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.

CCCMHC
Clark County Children's Mental Health Consortium

For more information about the Clark County Children's Mental Health Consortium:

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