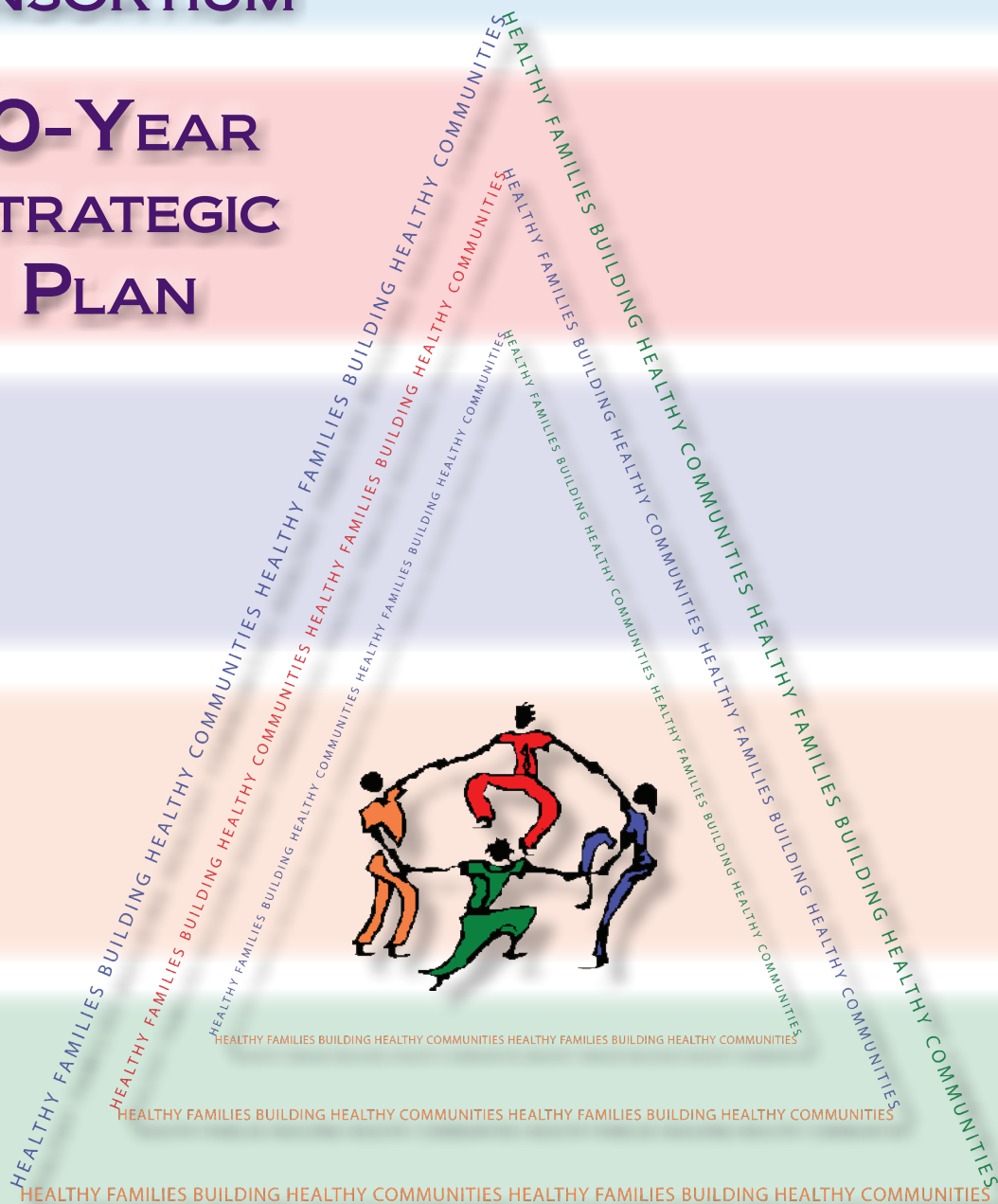


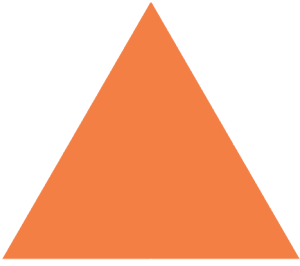
CLARK COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

10-YEAR STRATEGIC PLAN

2020 VISION FOR SUCCESS

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





ACKNOWLEDGEMENTS

On behalf of the Clark County Children's Mental Health Consortium, I would like to thank the following consortium members, family members, community providers and other stakeholders who participated in a workgroup over the last six months to develop this plan. These individuals have worked tirelessly to identify the needs of our community and craft solutions that will help us meet our goals. They are:

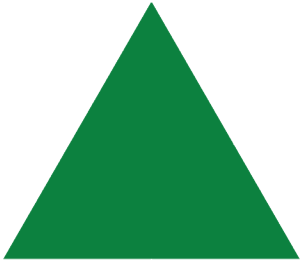
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Joanne Libertilli, Spring Mtn Tx Ctr.	Hilary Westrom, Children's Advocacy Alliance
Bryan Link, Agape	Kim Wooden, CCSD
	Cheryl Wright, Juvenile Justice

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Jacqueline Harris, MA, MFT, LADC, Chair
Clark County Children's Mental Health Consortium
January 31, 2010





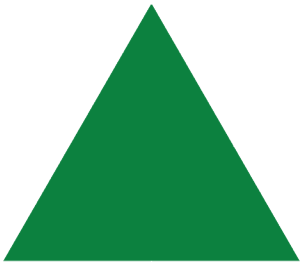
EXECUTIVE SUMMARY

The Clark County Children's Mental Health Consortium has developed this 10-Year Strategic Plan to guide our community in providing mental health services to children with emotional disturbance and their families as required by Nevada Revised Statutes 433B.335. This 10-year strategic plan represents a commitment to all children in Clark County and their families, who deserve the supports necessary for optimal mental health and social-emotional development, early access to treatment when problems arise, and intensive interventions when behavioral health problems become severe and chronic. The Clark County Children's Mental Health Consortium has recognized that the extreme challenges faced by children with behavioral health problems and their families can only be overcome by strategic and sustained planning efforts to develop a more effective system of care for these children.

Facing the current economic times and the failure of the current system of care for Clark County's children, now is the time for parents, policymakers, and professionals to come together and support a change in approach to behavioral health service delivery. This plan is based on a set of values and principles that promote a system of care that is community-based, family-driven and culturally competent. Using a public health approach and a neighborhood-based model of service delivery, this plan will achieve the following long-term goals for Clark County by the year 2020.

Goals

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



In recognition of the broad scope of this 10-year strategic plan, the consortium has identified priorities for the next biennium. The following strategies provide the most short-term, cost effective improvements in the system, while serving as building blocks for the long term plan.

Priorities

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

Identified Needs: Failure of current policy and funding strategies to improve access and quality of services promote positive outcomes for children with the most serious problems; and strengthen families' ability to care for their children. Identified as a top priorities by Clark County's families, caseworkers, and providers.

Desired Outcomes: Fewer children in out-of-home care; policies and standards that promote appropriate community-based care; cost-savings from inefficient and ineffective programs; positive clinical, school, and community outcomes for children.

- ▲ **Provide mobile crisis intervention and stabilization services to Clark County youths in crisis.**

Identified Needs: Increasing numbers of youth in crisis entering local emergency rooms and pediatric hospitals; increasing number of youths in crisis identified during school hours; high readmission rates for psychiatric hospital and other institutional care.

Desired Outcomes: Effective, responsive treatment for youths in crisis and their families; decrease in utilization of local hospitals for youth psychiatric emergencies; decrease in utilization of psychiatric inpatient care and other out-of-home placements; cost savings.

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

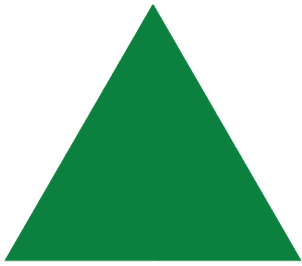
Identified Needs: Lack of access to these services for children with serious emotional disturbance who are living with their families; high use of out-of-home placements in the child welfare and/or juvenile justice systems for these children; identified as a priority by Clark County families, caseworkers and providers.

Desired Outcomes: Improvements in home, school and community functioning for children with serious emotional disturbance; reduction in need for out-of-home Placements; reduced costs for foster care and other placements.

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

Identified Needs: Increasing number of families requesting family-to-family support each year; identified as a priority by Clark County families, caseworkers and providers

Desired Outcomes: Improved access to services through family support and education; improvements in home, school, and community functioning for youths with serious emotional disturbance; decreased stress for families; improvement in families' ability to care for their children.



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

Identified Needs: Lack of access to intensive, effective case management, especially for youths in the juvenile justice system and those living at home.

Desired Outcomes: Reduction in symptoms and improved functioning at home, in school and in the community; fewer re-offenses and improved community safety; reduced costs for out-of-home placement and institutional care.

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

Identified Needs: Large numbers of young children with risk factors for behavioral health problems, such as diversity, poverty, maltreatment and homelessness; identified as top priority by Clark County families, caseworkers, and providers.

Desired Outcomes: Reduced need for special education and treatment upon entering school; decrease in later involvement with juvenile justice; cost savings to a variety of public systems.

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

Identified Needs: Failure to identify school students with emerging behavioral health needs; lack of access to early treatment for students identified with behavioral health problems; large number of students in crisis.

Desired Outcomes: Earlier access to treatment; better academic and social functioning for students identified and treated; improved identification of youths at risk of suicide; reduced need for special education services; cost savings.

The Clark County Children's Mental Health Consortium will work tirelessly to implement this plan in partnership with the Nevada Department of Health and Human Services, the Nevada Mental Health and Developmental Services Commission, and other community partners and families.



ABOUT THE CLARK COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

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.

Current Membership

Jacqueline Harris, Chair

Bridge Counseling Associates

Cynthia Escamilla, Vice-Chair

Parent Representative

Mike Bernstein

Southern Nevada Health District

Jennifer Bevacqua

Nevada Youth Care Providers Association

Lisa Durette, M.D.

American Academy of Child & Adolescent Psychiatry

Janelle Kraft Pearce

Las Vegas Metropolitan Police

Dee McLellan

Nevada Division of Mental Health & Developmental Svcs.

Patty Merrifield

Nevada Division of Child & Family Services

Karen Miller

Parent Representative

Tom Morton

Clark County Family Services

Fritz Reese

Clark County Juvenile Justice Services

Andreana Robinson

Foster Parent

Palisa Sturgis

Nevada Division of Health Care Financing and Policy

Karen Taycher

Nevada Parents Encouraging Parents

Hilary Westrom

Children's Advocacy Alliance

Kim Wooden

Clark County School District

Recent Activities & Accomplishments

- ▲ Produced and disseminated three public service announcements promoting children's mental health awareness
- ▲ Developed a model of mobile crisis intervention services for diversion of youth psychiatric emergency room admissions
- ▲ Facilitated training to law enforcement personnel to reduce involuntary admissions of youths to psychiatric hospitals
- ▲ Distributed brochures in English and Spanish to educate parents on the signs and symptoms of children's behavioral health problems
- ▲ Provided training to local pediatricians on methods for screening, identification and referral of children with behavioral health problems
- ▲ Facilitated the development of interagency protocols to ease the transition of youth from psychiatric hospitals back to their school environment
- ▲ Served as the steering committee for the Garrett Lee Smith Youth Suicide Prevention Project
- ▲ Developed and implemented an interagency barrier-busting process for youths at risk of out-of-community placement

For more information, contact:

Jacqueline Harris, Chair

CCCMHC

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