

RURAL CLINICS (RC)

AN AGENCY WITHIN THE DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES

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Prepared by: Carlos Brandenburg, PhD &
Sueann Bawden, MFT
For the Legislative Interim
Committee on Healthcare



MISSION

Rural Clinics endeavors to provide for an enhance the mental health and well being of
the rural communities we served

For additional copies, contact Rural Clinics at: (775) 687-1000
Rural Clinics Administration: 503 North Division Carson City NV 89703

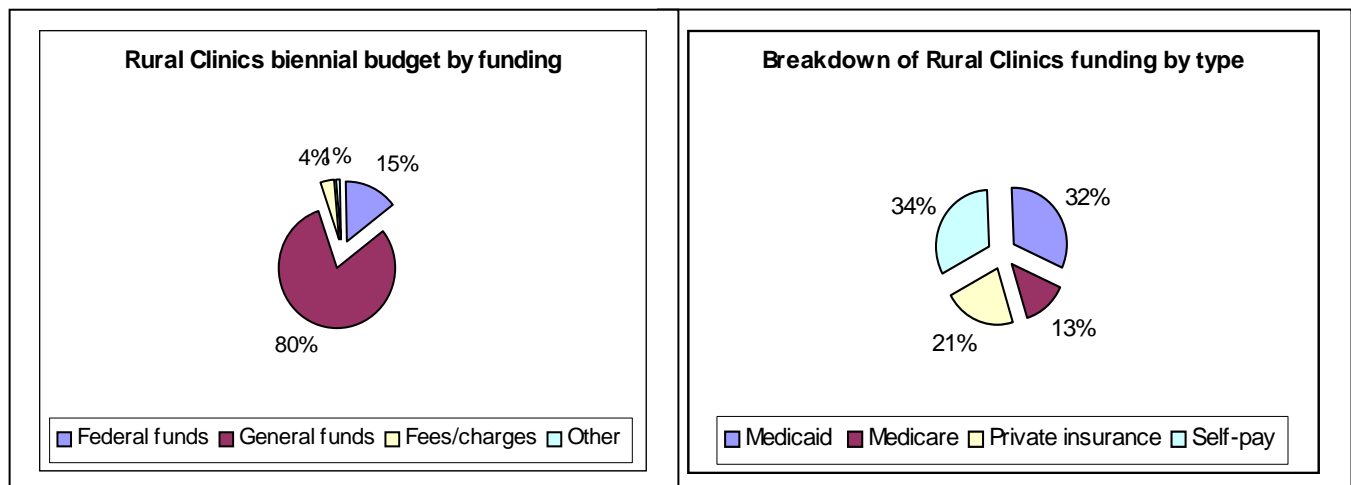
Rural Clinics, a Mental Health agency with the Division of Mental Health and Developmental Services (MHDS), provides a full array of outpatient services in 21 rural/frontier sites. Services within the least restrictive environment are provided for adults, youth, and families based upon individual needs and regardless of ability to pay, while ensuring consumer and citizen safety, readily accessible services for all persons in need, response to local needs, consumer-driven services, and the promotion of self-sufficiency. Clinic sites are scattered throughout Rural Nevada where there are few or no other human services as follows (including caseload data as of December 2005):

Battle Mountain (N=103)	Caliente (N=35)	Carson City (N=501)	Dayton (N=121)
Douglas County (N=397)	Elko County (N=159)	Ely (N=105)	Fallon (N=271)
Fernley (N=127)	Hawthorne (N=118)	Lake Tahoe (N=64)	Laughlin (N=0)
Lovelock (N=55)	Mesquite (185)	Moapa Valley (N=66)	Pahrump (N=128)
Silver Springs (N=224)	Tonopah (N=28)	Wendover (N=8)	Winnemucca (N=332)
Yerington (N=226)			

Rural Clinics is the only agency within the Division of MHDS that has historically contracted with BADA to provide Integrated Substance Abuse services with the mental health services already provided at the sites. This service is not available at all sites but includes: Ely, Hawthorne, Mesquite, Pahrump, and Tonopah. A complete list of services provided at RC sites is available in the agency brochure. The total budget for Rural Clinics for the biennium of FY06 to FY07 is as follows:

Rural Clinics – biennial information (FY06-07)		
Item	FY06	FY07
Funded Budget	\$14,697,197	\$16,999,633
Staff	178	198
Caseload	5,152	5,296

The FY-06-07 funded budget is made up of state general fund revenues, federal funding, and other revenue sources as follows:



Rural Clinics is comprised of indirect-care staff (Administrative/clerical) and direct-care (clinicians, nurses, etc.) staff members. Due to the problem of adequate staffing in rural/frontier areas, direct care services are also provided by Clinic Directors, which also have administrative responsibilities. Staffing concerns for Rural Clinics includes:

- Twelve of the 17 counties are designated as federal mental health professional shortage areas
 - **ACTION:** RC will be utilizing Service Coordinators and Mental Health Technicians as consumer support positions in places where additional assistance is needed
 - **ACTION:** RC will utilize MH Counselor I positions in certain sites

- RC does not have sufficient infrastructure – as of 7/1/05 there were 121 vacancies and 78 vacancies on 10/1/05 (31 vacancies due to hiring freeze and 47 new positions) and new positions made available in both January and March
 - **ACTION:** As of April 2006, RC has filled the vacancies due to the hiring freeze and are diligently working on filling the remainder of the vacant positions
- Significant unmet need in rural areas
 - **ACTION:** The above actions, as well as increased legislative funding, will result in a decrease of current waitlists being experienced throughout the RC sites

The issue of staffing shortages directly impacts accessibility and availability of services for persons in need. According to the Division MHDS 2006 Needs Assessment, the breakdown of FY05 caseload information by program (people may be enrolled in multiple services):

Outpatient Counseling N=3,160
 Medication Clinic N=1,952
 Residential Support N=38

Service Coordination N=546
 Psychosocial Rehabilitation N=320
 BADA/Integrated Services N=91

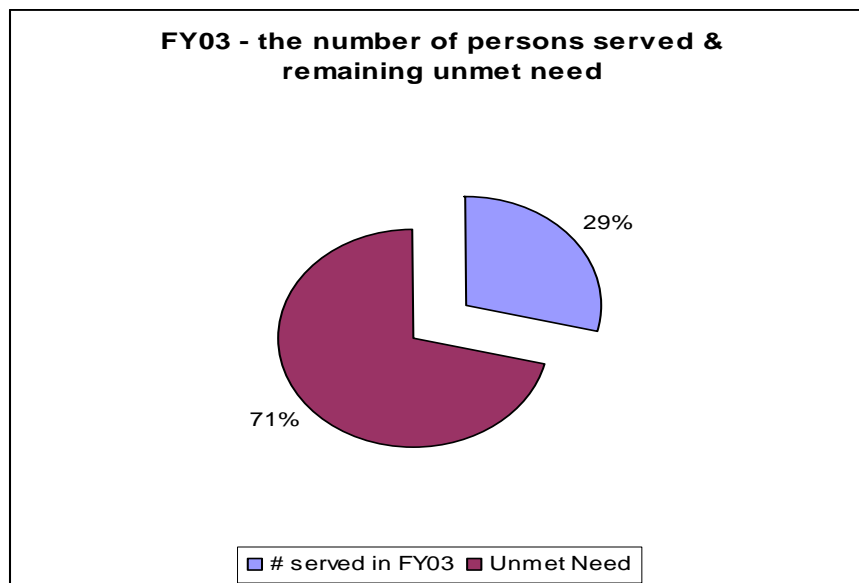
These services continue to experience lengthy waitlists, with some clinics having people waiting until next June for an Intake appointment. As of the end of March, the number of persons on waiting to access services for more than 30 days is as follows:

Clinic	Service	# of persons waiting	Clinic	Service	# of persons waiting
Carson City	Outpatient Counseling	13	Douglas, Lake Tahoe & Yerington	Outpatient Counseling	19
	Service Coord.	5		Service Coord.	12
	Medication Clinic	8		Medication Clinic	13
	Residential Support	1		Psychosocial Rehabilitation	5
Dayton, Fernley & Silver Springs	Outpatient Counseling	4	Ely	Medication Clinic	4
	Service Coord.	39		BADA/Integrated Services	19
	Medication Clinic	2			
Elko	Outpatient Counseling	42	Fallon & Hawthorne	Outpatient Counseling	65
	Service Coord.	7		Service Coord.	8
	Medication Clinic	16		Medication Clinic	1
	Psychosocial Rehabilitation	7		Psychosocial Rehabilitation	1
	Residential Support	1		BADA/Integrated Services	4
Pahrump & Tonopah	Outpatient Counseling	20	Winnemucca & Battle Mountain	Outpatient Counseling	28
	Medication Clinic	4		Medication Clinic	17
	BADA/Integrated Services	7			

Clinics not listed in the table above did not have waiting lists as of the end of March 2006. Waiting listing for programs such as Residential Supports and Service Coordination do not represent the possible number of persons who may be **in need** of these services as wait lists are developed for those programs only when the availability of the service exists and RC is looking at how to more accurately reflect the need for these services.

There is a huge unmet need for human services in the rural/frontier areas of Nevada. A recent publication of the Division of MHDS entitled State of Nevada 2004 Mental Health Prevalence Report indicated that more than

70% of people living in rural/frontier areas could not access services. The graph below indicates a summary of the unmet need. The full report can be found on the Division website.



Not providing services impacts the mental health of individuals. According to recent information from the National Institute of Mental Health (NIMH), suicide rates in rural/frontier areas are significantly higher than urban areas. Suicide deaths in 2003 for those counties reporting suicides are as follows:

Carson City N=17	Churchill County N=6	Douglas County N=8
Elko County N=9	Esmeralda County N=2	Humboldt County N=5
Lander County N=1	Lincoln County N=1	Lyon County N=11
Mineral County N=2	Nye County N=16	Pershing County N=2

While noting the problems that face rural/frontier areas and the daunting task that is faced by Rural Clinics in the task of providing services in these areas, one must note the accomplishments and objectives that this agency is working on, which includes, but is not limited to:

- RC is seeking accreditation by the Council on Accreditation of Rehabilitation Facilities (CARF) with a target date between 2007-2008
- A Domestic Violence program that currently is operational in Winnemucca and Battle Mountain will be expanded to Wendover and Ely
- RC will continue to work with BADA to provide integrated substance abuse and mental health treatment
- RC will provide training on the topic of suicide using nationally-recognized experts and will use assessment tools specifically designed to assess persons for suicidal ideation
- RC will continue to increase their workforce and provide services to meet the needs of people across Rural Nevada. The table below provides information about a new Mental Health Court program that was recently started in Carson:

RC – Mental Health Court Services (FY06-07)			
Fiscal Year/Funding	Personnel	Transitional & Other Housing	Total Funds
Fiscal year 2006	\$36,233	\$63,767	\$100,000
Fiscal year 2007	\$36,233	\$63,767	\$100,000
Total over biennium	\$72,466	\$127,534	\$200,000