

# Rural Mental Health Consortium

EXHIBIT I Mental Health Document consists of 13 pages.

☒ Entire document provided.

Due to size limitations, pages \_\_\_\_\_ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail [library@lcb.state.nv.us](mailto:library@lcb.state.nv.us).

Meeting Date 11/4/03

# Members of the Consortium

Name *Voting Members	Organization	Name	Organization
Ruth Aberasturi *	Director, Student Support Services Carson City	Melisa Baker *	Parent
George Flamer *	Rural Clinics Coordinator Clinical Services North MHDS	Jane Ripley *	Youth and Family Services Humboldt County Probation
John Simms *	Carson City Juvenile Probation Services	Carol Johnston	Deputy Administrator Division Child and Family Services
Joanna Wilson *	Member of the Carson City School Board	Larry Robb *	Social Welfare Manager Division of Child and Family Services
Kim Hernandez *	Parents Encouraging Parents	Donald Carr	Foster Parent
Tom Hughes *	Child Advocate	Vacant *	Division Of Health Care Financing and Policy
Lorraine Vasquez *	Foster Parent		

# Goals of the Consortium

Goal One: Develop a coordinated and integrated behavioral health system for children and families in Rural Nevada that is seamless and easy to access. Build on the strengths of our community by implementing locally controlled systems of care.

Goal Two: Implement a system of services and supports that is customized to meet the needs of families and not focused on agencies and providers. The system will provide early access to behavioral health systems for children and families so families can raise their own children. Implement a consistent, collaborative and family-centered approach that provides support and growth for Nevada children and families.

Goal Three: Support the development and expansion of human resources so we can better utilize local resources so that we can use the resources of our local communities to better meet the needs of our local children and families. Support families and staff to succeed by giving them information, education and support.

Goal Four: Expand consumer involvement at all levels of decision making around services and supports for children and families.

# Survey #1 (2002)

## Survey Population:

Mental Health Clinicians      Probation Officers  
Special Education Teachers      Foster Parents  
Child Welfare Case managers

Responses:      252 Surveys Received

<b><u>Priority</u></b>	<b><u>Service Requested</u></b>	<b><u>All</u></b>
1	Early Access/Prevention	65.3%
2	Counseling	62.7%
3	Family Support	37.1%
4	Parent Education	32.2%
5	Crisis Intervention	29.6%

# System Barriers and Challenges

System Barrier or Challenge	Percent of Respondent
Rural areas need for recruitment and retention for professional Staff in a number of disciplines who specialize in children.	58.1%
Duplicative and complex paperwork takes time away from children And families	55.8%
Need access to flexible resources and dollars for stuff (guardianship, placement prevention)	47.6%
Insufficient training and support for staff and professionals to be able to meet the needs of children with more specialized needs. Families need to know what resources are available and how to access them.	33.7%

# Goal 1

Develop a coordinated and integrated behavioral health system for children and families in Rural Nevada that is seamless and easy to access. Build on the strengths of local communities by implementing locally controlled systems of care.

## Tasks and Progress:

Surveys (252) identified 57.4% of the children in Child Welfare and Juvenile Justice systems were underserved not receiving services at the level of need. Early access was identified as the highest priority and counseling as second.

Wrap around facilitators (5) WIN (Wrap in Nevada) were hired and positioned in Carson City, Fallon, Silver Springs, Elko. An additional facilitator will be recruited in Pahrump by December 2003. All have been trained and are serving 39 children.

# Goal 1

## *Continued*

Of the 12 DCFS custody children served in the WIN pilot project in Carson City, 10 have been reunified with at least one biological parent and 2 will be adopted.

DCFS Utilization Review teams reviewed all children in higher level care and have been able to reduce higher level care placements and evaluate the correct level of care needed while accessing community resources.

# Goal 2

Goal 2 Implement a system of services and supports and provide early access to behavioral health systems.

## Tasks/progress

Early access teams developed in Carson City, Elko, Fallon DCFS offices for children entering emergency shelter care, or in need of mental health services in the community.

Rural Clinics developed contract with Lander, Pershing, and Humboldt County probation to provide mental health services to incarcerated youth in Detention facility.

Rural Clinics through Children's Mental Health Block grant provided contract psychiatrist one day per month in Silver Springs, Fallon and Winnemucca clinic to serve SED children. Professional education is being provided to clinic professional staff who work with SED children.



## Goal 2

### *Continued*

Carson City probation and Carson Rural Clinics is collaborating on developing a crisis response team for the community to address children with mental health issues in probation, schools and in the community for early identification and access to treatment.

Mental health stakeholder groups in 9 Rural Clinics are meeting to address suicide prevention in their communities.

## Goal 3

Support the development and expansion of human resources at the local level and educate and support families.

Tasks/progress:

Community partners have been trained in the WIN (wrap around model) in Carson City, Silver Springs, Elko, Winnemucca, and Fallon. Training will expand to Pahrump and other communities as the WIN project moves forward to serve other communities.

WIN staff will serve 48 children by November and increase to 60 when fully implemented.

## Goal 4

Expand consumer involvement at all levels of decision making around services and supports for children and families.

Task/progress:

Parents Encouraging Parents organization has provided training in many rural communities and is expanding the training to as many rural communities as possible. Training is for parents, professionals and community partners.

Identification of needed training in rural communities will be necessary to develop training which directly address the general goals of the consortium.

## Priority Services

Improve the Medicaid program to simplify access to behavioral health services, expand the number of private providers of Medicaid in Rural Nevada and provide community-based alternatives to expensive residential and group care services.

Expand or reorganize AB 1 funding to provide wrap positions in Rural Clinics and schools to serve non-DCFS custody children that may be referred by Juvenile Probation, schools and parents. This would divert children from custody and out of home placement.

Reorganize state budgets to unify funding streams for behavioral health care services.

Redirect current funds through mental health, substance abuse, child welfare and juvenile justice into an integrated early access program for prevention and early intervention to cut cost in acute care and residential placements.

For more information on the Rural Mental Health Consortium please contact:

Carol Johnston, Deputy Administrator  
Division of Child and Family Services  
Phone (775) 687-4943 ext. #225  
Email: [crjohnst@dcfs.state.nv.us](mailto:crjohnst@dcfs.state.nv.us)