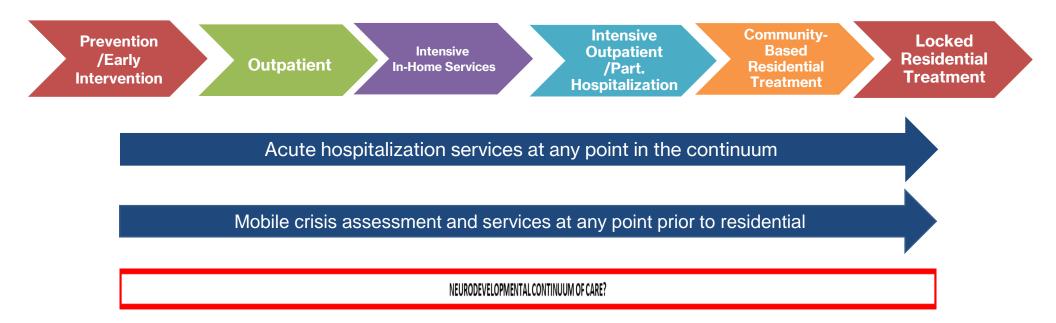
CHILD MENTAL HEALTH

Jill Marano, Director Clark County Family Services



Nevada Children's Commission: Behavioral Health Committee

Children's Mental and Behavioral Health Services Continuum





Nevada Children's Commission: Behavioral Health Committee

COMMITTEE PRIORITY: ADDRESS CRITICAL GAPS IN CONTINUUM OF CARE

Gaps in the continuum of mental and behavioral health care have negative impacts for children in the juvenile dependency and delinquency systems. These gaps are also acutely felt by families in the community, who increasingly turn to the child welfare system when they are unable to safely meet their children's needs. This is exemplified by the below concerning statistic.

Custodial relinquishments in Clark County due to youth mental health

2022: 76 children

2023: 67 children

GAPS IN CARE

Intensive In-Home Services

- Emergency and Planned Respite
- Peer Support
- Intensive In-Home Services
- Crisis Stabilization

Early Screening & Services

- Neuro-developmental disorders
- Fetal Alcohol Spectrum Disorders (FASD)
- ABA Therapy

Community Based Residential Treatment

- Qualified Residential Treatment Program (QRTP)
- Unlocked Psychiatric Residential Treatment Facility (PRTF)

Nevada Children's Commission: Behavioral Health Committee

COMMITTEE PRIORITY: DATA

The Children's Commission needs accurate, basic data regarding the level of need and availability of services at each step along the Children's Mental and Behavioral Health Continuum, both within and beyond child welfare.

NEED FOR DATA

Numbers of Children Utilizing Services

- Psychiatric care?
- Partial Hospitalization?
- Re-Admits? Drivers of Re-Admits?
- Residentially hospitalized? How long? In/Out of State?

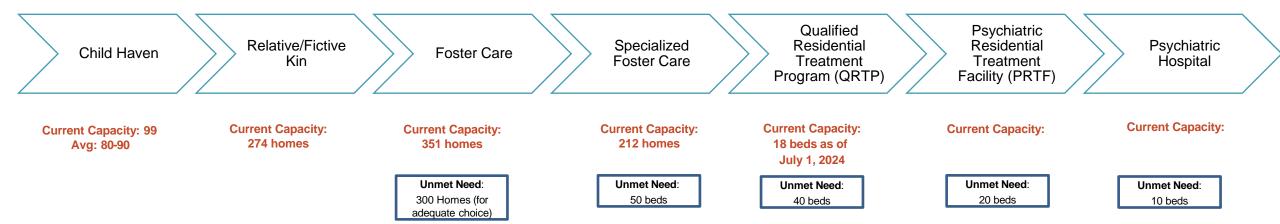
Current and Projected Provider Capacity

- Intensive In-Home Services- capacity comparison to demand
- High Fidelity Wraparound Services, like WIN in Nevada, and costs to increase capacity?
- Capacity for community-based and secure residential treatment both in and out-of-state? Diagnosis drivers?

High Needs Groups

- Youth with co-occuring neuro-developmental disorders
- Dually involved youth

Clark County Family Services Foster Care Continuum



GOAL for CHILD IN CARE: Least restrictive setting possible



Child Haven

- 4 CAMPUS CLINICIANS
- 2 CSEC CLINICIANS
- 2 BEHAVIORAL HEALTH TECHNICIANS
- LCSW/CSW-INTERN, MFT/MFT-INTERNS, LCPC/CPC INTERNS

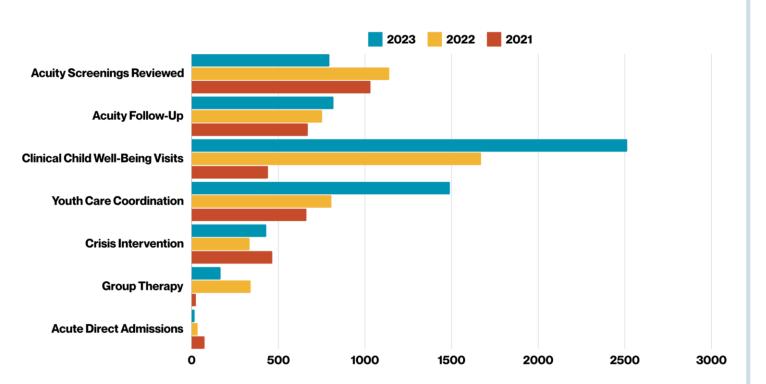
COMPARISON OF SERVICE MODEL ADJUSTMENTS 2021-2023

In 2022, the clinical team adjusted their service model to be more proactive, with heightened services and a focus on regularly scheduled well-being visits.



ACUTE DIRECT ADMISSION in 2022

53%



Acuity Screenings

 Measure the spectrum of severity and complexity of behavioral and mental health disorders

Crisis Intervention

•Children are no longer safe to themselves or other; need for immediate action or intervention

Care Coordination

•Wrap youth with services like therapy, medicine management, partial hospitalization, acute treatment, early childhood mental health services

Well-Being Visits

•Proactive approach to ensure children feel cared for and supported while on Child Haven campus

Group Facilitation

•Help children develop social skills and gain peer support as they work through trauma

Dialectical Behavioral Therapy (DBT)

•Helps children cope with extreme emotional suffering. Recognize, understand, and regulate emotions



REFERRALS & RESOURCES

Nevada Early Intervention

• Children under the age of 3 are screened and assessed. Children who meet requirements receive developmental services.

Physical & Occupational Therapy

• Help children improve motor skills, strength, and function

Applied Behavioral Analysis

- Children with autism and developmental disorders
- Build social skills, communications, hygeine, and more

Outpatient Therapy

- · In-office or home visits
- Immediate referrals to ensure access to care

Partial Hospitalization

- Alternative to staying in hospital
- 6+ hours per day
- More structure and intensive services than outpatient therapy
- Can be step-down service for youth transitioning from psych hospital

518 CHILDREN REFERRED TO HEALTHY MINDS FOR OUTPATIENT THERAPY IN 2023

Consequences of unmet needs: There are many challenges in accessing mental and behavioral health services. There are specific needs for children in foster care that far exceed those of youth who are not involved in protective custody. These include care coordination, wrap-around services, court documentation and evaluations, and complex treatment plans. Because of the magnitude of the service level to support children in foster care, it can be difficult to find providers that can meet the wide range of needs.

Qualified Residential Treatment Program (QRTP)

FEDERAL STANDARDS OF QRTP



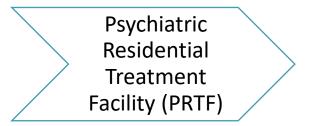
QRTP licenses for 2 agencies in Clark County will go into effect as of July 1, 2024

QRTP facilities are intended to be short-term, intensive services with the ultimate goal of transitioning high-need children back into family-based foster care homes.

12 BEDS AT BAMBOO SUNRISE 6 BEDS AT APPLE GROVE

Consequences of unmet needs: Because there are not enough QRTP facilities, children are often referred to a higher level of care, such as residential treatment centers or locked psychiatric hospitals, many of which are out of state.

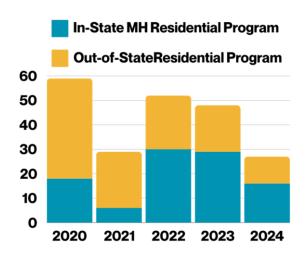




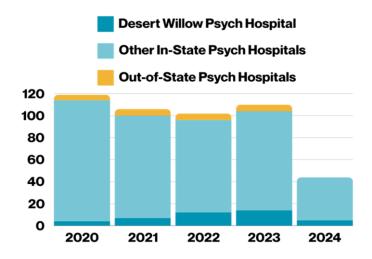
PRTFs provide 24-hour highly structured services for children and youth between ages 6-17 who are severely emotionally disturbed. Our objective is to help youth who have behavioral, emotional, psychiatric and/or psychological disorders or conditions, who are no longer appropriate for an acute level of care, or who cannot effectively respond to services from a less restrictive setting. Facilities are staff-secured, and average length of stay is around 90 days. Youth must meet Medicaid guidelines.



Desert Willow Treatment Center is a licensed 32-bed psychiatric hospital accredited by the Joint Commission that provides mental health treatment to children throughout the state. The facility consists of one acute psychiatric unit (8 beds) serving children 12-17 years of age, and 2 residential units, 12 beds each. These programs provide psychiatric care to the highest need youth in the most secure setting in the state. Many of the youth served present risks to themselves and/or their community.



IN 2023, 285 CHILDREN RECEIVED PSYCHIATRIC EVALUATION AND 59 CHILDREN WERE ADMITTED TO A PSYCH HOSTPITAL.



Consequences of unmet needs: Lack of higher level of care placements results in children and youth not receiving the treatment services they need, and languishing in inappropriate levels of congregate care, such as emergency shelters and detention facilities. Many of the youth served present risks to themselves and/or their community. It become a dangerous situation when a child who is deemed in need of psychiatric hospital care remains in a lower-level of care within the foster care or juvenile justice system.

Policy Recommendation

- Recruit and develop mental health workforce
 - Incentivize workforce development
 - Research States who have developed a diverse array of mental health service providers and identify their success strategies
 - Address length of time required for professional licensure



Policy Recommendations

- 433B Children's Mental Health Statute is permissive in nature regarding State provided mental health services
 - Address the ambiguity in 433B regarding responsibilities and duties for provisions for mental health services
- Chapter 62 is permissive in nature
 - Give the authority to the Court to determine whether or not placement should be correctional or mental health in nature





www.clarkcountyfostercare.com

