CLARK COUNTY CHILDREN'S MENTAL HEALTH CONSORTIUM

2025 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). As in previous years, with the exception of 2023, Nevada once again ranked 51st in youth mental health. In a US Department of Justice, Civil Rights Division Investigation Findings report published in October 2022 Nevada was found to lack adequate community-based mental health services to prevent the overutilization of higher levels of care for children and youth. 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."

It is important to note, that the US Department of Justice, Civil Rights Division and the State of Nevada finalized a Settlement Agreement related to the 2022 Investigation Findings Report. The Settlement Agreement was released publicly on January 3, 2025 with an effective date of January 2, 2025. The Agreement contains measures to bring the State into compliance with Title II of the Americans with Disabilities Act in respect to children and youth with Behavioral Health Disabilities, specifically those with the designation of Serious Emotional Disturbance (SED).

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. In addition, SB435 was passed in the 2023 Legislative Session and signed by the Governor to dedicate 15% of the assessments received from hospitals in Nevada "to improve access to behavioral health care for recipients of Medicaid with serious behavioral health conditions, including, without limitation, psychiatric disorders, in order to reduce the burden imposed by such recipients on the emergency medical services and inpatient services of the hospitals in this State." These efforts will take some time to implement and currently there is deep concern that children, youth, and families are still being underserved.

One of the activities required of the Clark County Children's Mental Health Consortium (CCCMHC) (under NRS 433.335) 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, bias, prejudice, and discrimination; 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. Due to delays in distribution of funds, some improvements may not be seen until 2026 or 2027. 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)	*Regression*	*10*
2. Family peer-to-peer support should be expanded	*Some Progress Pending ARPA*	*12*
3. Fully implement the Building Bridges model of care to support youth and families transitioning from residential care back into the community	*Some Progress*	*14*
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*	*15*

It is important to note that much of the progress that has been accomplished in Clark County is due to the ARPA funding. Some of the approved spending of the ARPA dollars toward mental health initiatives still has yet to be spent to provide much needed services to youth. Progress in several areas of CCCMHC's priorities have been impacted by staffing shortages and turnover 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, licensed marriage and family therapists, licensed alcohol and drug counselors, psychologists and child psychiatrists 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 et al., 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. Osgood and colleagues (2021) conducted a small study that 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 2020 there were an estimated 687,593 children in Clark County between the ages of 0 and 19 years, representing nearly 30.35% of the county's population (United States Census Bureau, 2023). These children mirror the growing cultural and ethnic diversity of the region. Nearly 55% 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, 10.5% of Asian origin, and 14.7% representing two or more races (United States Census Bureau, 2023). There are over 100,790 children in the county who are foreign-born (United States Census Bureau, 2023). 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 threat to student, bullying, and suicide threats among the most frequent tip types (Higley, 2024).

Top 5 SafeVoice Event Types

2022	2023	2024
1. Bullying 2. School/Employee Complaint 3. Suicide Threats 4. Threat to Student 5. Planned School Attack/Threat to School	1. School/Employee Complaint 2. Threat to Student 3. Planned School Attach/Threat to School 4. Bullying 5. Suicide Threats	1. School/Employee Complaint 2. Threat to Student 3. Handle With Care 4. Suicide Threats 5. Bullying

McGill, 2022; McGill, 2023; Higley, 2024

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.

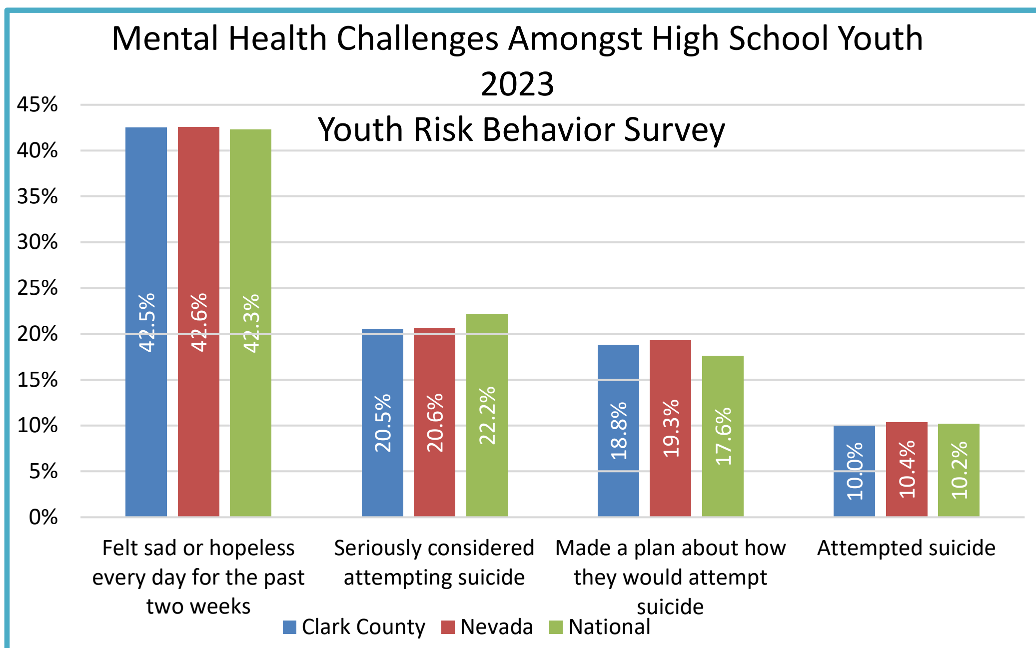
According to the 2023/2024 school year Nevada Report Card, 44.1% of students with individualized education programs (IEPs) involved in bullying incidents were suspended and 5.6% were expelled (Nevada Department of Education, 2024).

Disciplinary incidents among IEP students in Nevada		
	Number of students suspended	Number of students expelled
Due to battery to a school employee	406	35
Due to sale of controlled substances	43	10
Due to distribution of controlled substances	49	10
Due to being deemed habitual disciplinary problems	61	2
Due to possession of a firearm	0	8
Due to possession of a dangerous weapon	0	69

Nevada Department of Education Report Card 2023-2024

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. Additionally, 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 in high need of mental health services are those involved with child welfare and juvenile justice. The prevalence of mental health problems is estimated much higher for these youth. 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 (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 58,000 Nevada youth (23.51%) were reported to have experienced at least one major depressive episode in 2021, and approximately 34,000 youth (13.8%) reported to have experienced serious thoughts of suicide (Reinert, Fritze, & Nguyen, 2024).

In Clark County, 21% of high school youth surveyed reported having seriously considered attempting suicide, 19.8% of high school youth surveyed have made plans for attempting suicide, and 11.1% of those youth surveyed report having attempted suicide. Youth attempted suicide rates in Clark County exceed both the state and national rates (CDC, 2021-2023).

In 2022, 698 Nevadans lost their lives to suicide (CDC, 2022). According to the CDC, in 2022 suicide was the second leading cause of death for youth ages 10-14 and for people 25-34 years of age. Preliminary data from 2018 to 2021, shows a possible 16.7% decrease in the number of suicides among youth ages 17 and under. However, there is a possible 41.9% increase in the same time period for those 18-24 years of age (Office of Suicide Prevention, 2022). This data indicates a continued reduction in youth suicides with a continued increase among our 18-to-24-year olds, and demonstrates the significant ongoing need for more prevention efforts and treatment services 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 (CDC, 2022).

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.

LONG LASTING IMPACTS FROM TRAUMATIC EVENTS – COVID-19

The U.S. Surgeon General's Advisory, "Protecting Youth Mental Health" reported that from 2009 to 2019, the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%, those seriously considering attempting suicide increased by 36%, and the increase for those who created a suicide plan was 44%. (US Surgeon General, 2021)

Historically, Nevada 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. Southern Nevada youth continue to experience high need for mental and behavioral health services. Specifically, in 2023, the Children's Mobile Crisis Response Team (MCRT) responded to 948 children, youth, and families. The average hospital diversion rate was 77.9%.

During the COVID-19 Pandemic 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 provide 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 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.*

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, bias, prejudice and discrimination; 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.*

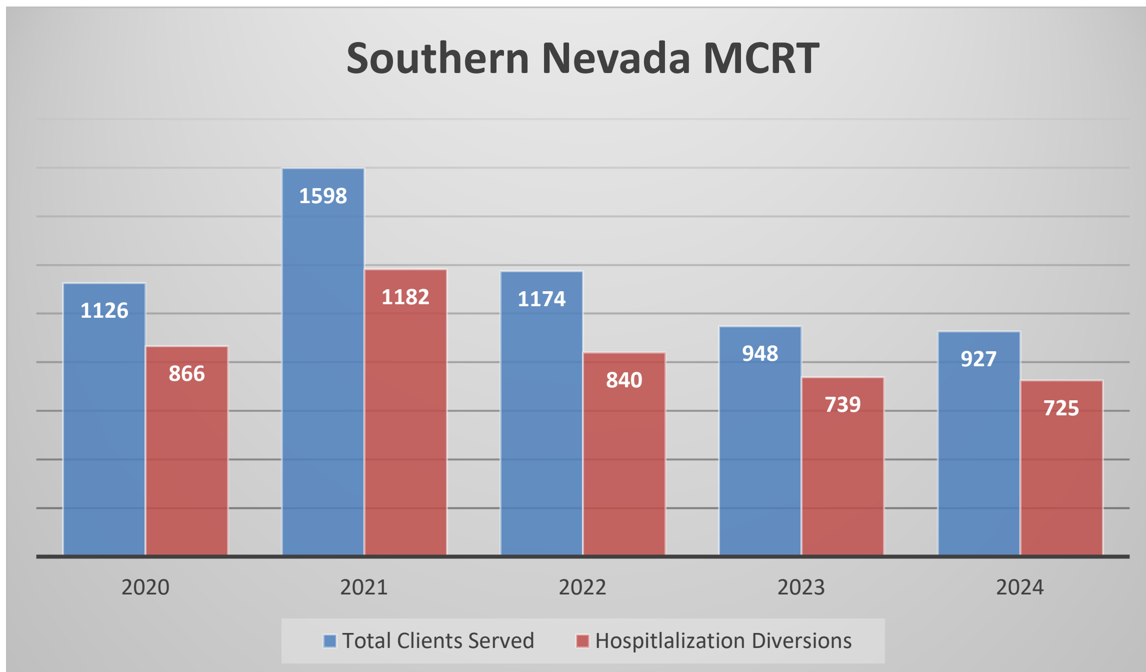
II. STATUS OF THE CCCMHC'S PRIORITIES

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

CURRENT STATUS: REGRESSION

The MCRT has been an incredible asset to our community and should have a stable funding source to ensure that it returns to responding 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**.** Within the Settlement Agreement, there is a requirement that Mobile Crisis Response Teams and Mobile Crisis Response and Stabilization Services be available to all children under the age of 21 experiencing a behavioral health crisis regardless of Medicaid eligibility and regardless of whether they fall within the focus population. Although funding for MCRT has continued to climb over the year including an influx of ARPA funding, the Nevada Division of Child and Family Services (DCFS) has recently suspended the overnight service hours and has reported that as of January 1, 2025, they will no longer respond to local hospital emergency rooms. These decisions are potentially catastrophic for children, youth and families due to increasing a gap in the ability to receive an assessment that could potentially divert children and youth from psychiatric hospitalization and instead receive stabilization services in the community and directly conflict with the Settlement Agreement.

Between 2020 and 2023 the Southern Nevada MCRT has served 4,846 youth and diverted roughly 81.8% of those youth from acute psychiatric hospitalizations and provided short-term counseling and case management until they can connect families with long-term providers and peer supports. From Jan.-Nov. 2024, the Southern Nevada MCRT responded to 927 clients. The average hospital diversion rate was 78.2%.



Nevada Office of Data Analytics, 2025b

The Nevada Division of Child and Family Services (DCFS) has recently suspended the overnight service hours and has reported that as of January 1, 2025, they will no longer respond to local hospital emergency rooms. These decisions are potentially catastrophic for children, youth and families due to increasing a gap in the ability to receive an assessment that could potentially divert children and youth from psychiatric hospitalization and instead receive stabilization services in the community. There have been some recent challenges with communication between CCCMHC and DCFS that have

prevented CCCMHC from receiving timely updates on topics that impact the community and limits discussion, education and advocacy efforts for this much needed community service.

988:

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. 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. Data collection through the 988 Mental Health Crisis Lifeline is dependent on self-reported information by the caller, therefore, data regarding callers may not be complete. Data on calls between April 2024 through September 2024 reflects that 792 calls were received by youth ages 21 and younger. The top three primary reasons for the calls across all age groups were Family/Other Relationship, Mental Health and Suicide with 85.73% of callers stabilized in the community (Nevada Office of Data Analytics, 2024a).

Billing for Mobile Crisis Services:

The Mobile Crisis Planning Grant has ended And the Medicaid State Plan amendment to enhance mobile crisis service was approved in July 2024 that would allow a mobile response team delivering services meeting requirement of Centers for Medicare Medicaid Services (CMS) to receive an enhanced rate. This state plan amendment also provides reimbursement methodology for facility-based providers delivering intensive crisis stabilization services. As part of the planning grant Medicaid was able to develop a new provider type specifically for providers delivering crisis services. Work continues to further develop these models.

The report from the Department of Justice found that Nevada is failing to ensure access to community-based services, and this includes crisis support services. This is driving youth and families to hospital emergency departments 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. This is especially concerning since the decision to stop responding to hospital emergency departments as of January 1, 2025.

However, the State of Nevada Settlement Agreement requires a crisis hotline, Mobile Crisis Response Teams, and Mobile Crisis Response and Stabilization Services available to all Children under age 21 experiencing a behavioral health crisis regardless of Medicaid eligibility and that the services offered are aligned with the practices outlined in the National Guidelines for Child and Youth Behavioral Crisis Care (SAMHSA, 2022). Therefore, services following the national guidelines should be re-established in the coming months. In addition, Medicaid is undergoing Children's Behavioral Health Transformation to support children and families and increase community-based access and quality care for mental and behavioral health services which is likely to include mobile crisis.

Next Steps:

While DCFS acknowledges the importance of a Mobile Crisis Response Team (MCRT) and how crucial it is to expand services to youth and families in urban and rural Clark County, DCFS has workforce shortages that have limited the number of youth and families served. DCFS will continue its efforts to maintain youth in their home and community. Adherence to the Substance Abuse and Mental Health Administration (SAMSHA) guidelines will continue to serve as the foundation when responding to a crisis. There is also a need to understand that many responses were to hospital emergency rooms, and the diversion rate applies to diversion from a psychiatric hospital stay, not a hospital visit.

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. 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 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, 2022)

In addition, the following guidelines from the "Mobile Response & Stabilization Services National Best Practices" (Innovations Institute, University of Connecticut School of Social Work, 2023) should also be followed to ensure quality services are provided. These include:

1. Meets sense of urgency with urgency
    a. The crisis is defined by the parent/caregiver and/or youth
    b. Requests are not screened in/out based on perceived acuity; uses a "just go" approach
    c. Requests for help are attended to rapidly and consistently
    d. Uses a public health approach; all youth and families are eligible
2. Offers in-person responses 24/7/365
    a. In-person response assessments are available within one hour of call
    b. Prioritizes de-escalation and stabilization with the home and community at the preference of the parent/caregiver and youth, providing supports and skills necessary to be successful with routine activities and helping to avert or better manage future crises
3. Is customized for children, youth, young adults, and their families
    a. Parents/caregivers and youth have the most influence and say regarding all aspect of Mobile Response Services
    b. Prioritizes safety and de-escalation in community settings with connections to natural supports
4. Is rooted in quality
    a. Establishes benchmarks and tracks data including volume, response time, user satisfaction, and outcomes
    b. Reports are publicly accessible and used to inform a continuous quality improvement process

Finally, SAMHSA (2022) 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 (SAMHSA, 2022).

CCCMHC will continue to advocate for timely updates from MCRT regarding any programmatic changes that may impact the community as well as current status of the program as it relates to the model.

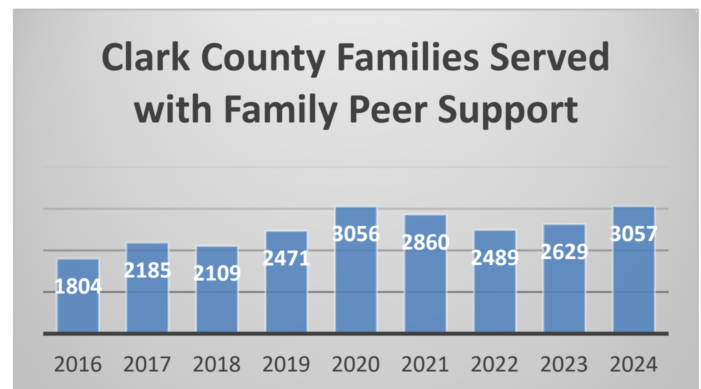
CCCMHC will continue to actively participate in Children's Behavioral Health Transformation Working Group meetings and monitor the progress of goals related to this report as well as to the Settlement Agreement.

Priority 2. Family peer to peer support should be expanded

CURRENT STATUS: SOME PROGRESS PENDING ARPA

Family peer support is a service historically 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 are referred by DCFS programs, schools, and community organizations. In 2024, Nevada PEP received 155 referrals from Southern Nevada Children's Mobile Crisis Response Team, 95 new families from other Division of Child and Family Services programs, and 98 from Connect Nevada. Referrals from the Harbor juvenile justice diversion program saw a 53% increase over the previous year with a record 508 referrals. In 2024, Nevada PEP provided family peer support services to 3,057 families in Clark County.



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. As part of Medicaid's Children's Behavioral Health Transformation initiative, family peer support is in the initial development of becoming a Nevada Medicaid reimbursable service. Policy, rates, and system updates are in process.

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.

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. DCFS has maintained a long partnership with Nevada PEP and acknowledges how valuable family peer support has been to youth and families. DCFS is committed to supporting programs that strive to enhance workforce development through training on how to deliver quality services to special populations.

Next Steps:

Funding for family peer support should continue past the availability of ARPA funds for non-Medicaid eligible children and youth with behavioral health care needs and co-occurring disorders. Nevada Medicaid should include family peer support as a service in the State Plan for Medicaid eligible children and youth with Serious Emotion Disorders (SED), co-occurring disorders, or those at-risk; additionally for children and youth involved in the foster care system. Workforce expansion of family peer support services through organizations committed to the System of Care Principles and Values requires a state authorized training and certification process that is designed and implemented following national model standards and recognized core competencies.

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: **SOME PROGRESS**

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.

In October, 2024 DCFS hosted a kick-off for the Building Bridges Initiative. During the session, stakeholders had the opportunity to discuss areas of focus for Nevada in regard to children, youth and families who are served in juvenile justice, child welfare and children's mental health. At that session, it was also agreed to prioritize reduction in the use coercive interventions and restraint and seclusion, foster parent recruitment and retention, and development of a universal discharge planning process when youth step-down from a stay in correctional care, congregate care, and/or residential treatment center. DCSF has contracted with the Association of Children's Residential and Community Services (ACRC) to move the Building Bridges initiative forward in Nevada. The implementation of BBI in Nevada will include:

1. Dissemination and analysis of results obtained through a statewide survey to assess Transformational Readiness
2. Development of a Transformational Readiness Toolkit
3. Creation of a Quality Improvement Collaborative
4. Commitment to Diversity, Equity, Inclusion and Belonging policies and practices
5. Commit to a statewide Train the Trainer Module
6. Ensure Nevada continues to receive ongoing personal consultation and support from BBI experts post-implementation
   (*McDade Williams, M. email on November 6, 2024)*

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. Currently there is only one facility operating in the entire state of Nevada, Desert Willow Treatment Center located in Southern Nevada. As of November 20, 2024, these facilities consisted of one 12-bed acute psychiatric unit serving children aged 12-17 and two 12 bed residential units. Between June and November 2024, the facility had between 25-29 youth in care with a waitlist of 5 youth (Nevada Office of Analytics, 2025b).

Approximately 77 youth were places at Out-of-State Residential Treatment Centers across the country. The majority are close by in Utah (67) but some youth are placed as far as Virginia. Even if placed in a nearby state, many families to not have access to transportation and therefore will not be able to visit their children while they are in these facilities (Nevada Office of Analytics, 2025a).

Next Steps:

The CCCMHC has expressed concern for many 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. 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.

According to the released settlement agreement on January 3, 2025 resulting from the US Department of Justice investigation,

> "When a Child in the Focus Population with a Child and Family Team is referred for placement in a Residential Treatment Facility, the Wraparound Facilitator or Intensive Care Coordinator assigned to the Child's case will schedule a Child and Family Team meeting at the soonest opportunity that the Child, Family, and members of the Child and Family Team can meet to identify any potential changes to current or additional Home- and Community-Based Services and other supports the Child and Family need and that will prevent the residential placement. If additional Home- and Community-Based Services could prevent the residential placement, the Wraparound Facilitator or Intensive Care Coordinator will lead efforts to secure services and supports as soon as possible" *(US Department of Justice Civil Rights Division, 2025, pg. 19).*

In addition, for children that are placed, a review will need to be done if the stay exceeds 4 months to determine why discharge has not occurred.

The Building Bridges Initiative is in the preliminary stages of implementation. The Division acknowledges evidence-based practices to better inform care and the use of best practice guidelines and standards to ensure quality of services are provided to our children, youth and families. It is exciting that this process has begun and look forward to providing support to contribute to its success.

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

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 of therapy services, which is insufficient to serve children with high needs (US Department of Justice, 2022). Authorization to exceed the number of visits may be obtained if the provider demonstrates medical necessity, however this process can be time consuming. 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 youths 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 increases 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). The US Department of Justice investigation also 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).

Substantial ARPA dollars were committed to increase services in the community between 2020-2022 however it continues to take time for the goals of this investment to be realized. Some of these investments included:

- 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 family support
    - Expansion of direct services
    - Workforce support
- Increase in services to children with autism to reduce waitlists

There has been continued progress improving access to services in the community. Some examples of this progress are highlighted below with agency updates from the Southern Nevada Health District, Clark County Department of Family Services, Nevada Division of Child and Family Services, and Aging and Disability Services.

The Southern Nevada Health District has hired a Behavioral Health Manager to lead the behavioral health team to further expand access to services. The Behavioral Health Manager holds both a mental health and substance use license and sees patients on a part-time basis. In addition, another dually licensed therapist was hired. Behavioral health services were added to the Fremont Clinic to include both therapy and psychiatric services. A Psychiatric Advanced Practice Registered Nurse (APRN) has been added to the Fremont clinic and is seeing patients several days per week. Through these various efforts, SNHD has increased the number of patients seen year over year.

Next, the Clark County Department of Familiy Services was awarded a System of Care Expansion Grant in 2023, referred to as the “Clark County Mental Health Expansion Project”, which is focused on esxpediting Partial Hospitalization Program (PHP)/ Intensive Outpatient Program (IOP) services and family stabilization with the goal of decreasing acute hospitalizations and placement disruption for children and youth in foster care.

With regards to the Nevada Division of Child and Family Services, it was reported that the Division provides regular reporting to key stakeholders about the available metrics for key wrap-around services provided by Connect Nevada, which was ARPA funding awarded to Magellan of Nevada. Key stakeholders in this effort are essential to the success of this program by ensuring they are actively working with families to help them understand the benefits of undergoing services through Connect Nevada. Connect Nevada connects families to providers for psychosocial assessments, In Home Behavioral Therapy (IHBT), respite services and Youth Peer Support. Connect Nevada provides High Fidelity Wraparound Coordination, Intensive Care Coordination, and Targeted Care Management. In order to be eligible, youth must be at risk of out-of-home placement, at risk of relinquishment, involved with multiple child-serving systems and/or currently in a Residential Treatment Center or other in-patient setting. During calendar year 2024, Connect Nevada received 530 referrals for Clark County youth and referred 108 families for Family Peer Support through Nevada PEP. Of the 530 referrals, 184 of those came from Clark County Family Services with 31 of those individuals and their families

still actively receiving support through Connect Nevada. Through the recently awarded System of Care (SOC) grant [to the Nevada Division of Child and Family Services], funding was awarded to build statewide capacity by providing training to licensed and non-licensed providers on how to work with youth designated as Severely Emotionally Disturbed (SED) with co-occurring Intellectual/Developmental Delays. Through this grant, there should be a decrease in waitlists with increased access to quality services over the next 3 years. Again, it will be essential to have active stakeholder and partner engagement with this effort to ensure it meets the goals and objectives.

The Desert Regional Center (DRC) currently provides 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 support 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 Support Services (YISS) program to address placement and other support needs of children who have Intellectual and/or Developmental Disabilities who also may have concurrent Mental Health Disorder, in Southern Nevada. Youth with intellectual and developmental disabilities (IDDs) and mental and behavioral health needs unfortunately struggle to access essential support. Not only is their distress not understood, but categorical funding structures also often prevent the ability to access appropriate treatment which can escalate behaviors. The U.S. 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 both behavioral health needs and intellectual and developmental disabilities (U.S. 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” (U.S. Department of Justice, 2022, p. 16,).

Children eligible for the YISS program are typically aged 8 and 22. 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 Health Program Manager, 1 Developmental Specialist Supervisor, 11 Developmental Specialists, 1 Licensed Psychologist, and 1 Mental Health Counselor. During the Fiscal Year 2024, the YISS team provided case management services to 143 youth in which 76 youth were under the age of 18. During Fiscal Year 24, DRC created the Adult Response Team (ART), in which some youth that were previously supported by the YISS team transitioned (youth to adult) to the ART program. The purpose of the Adult Response Team (ART) is to intensely manage cases of adult individuals with complex support needs. DRC-served adult individuals that get assigned to ART will be provided with increased observation, enhanced communication among team members, as well as valuable consultation from the Psychological Services department, all with the goal of increasing stability in the community.

Youth Intensive Support Services and the Adult Response Team assigned cases may include, but would not necessarily be limited to, the following:

1. DRC – served individuals involved in court cases that involve actual incarceration and/or frequent status checks by the court
2. DRC – served individuals in serious jeopardy of losing placement due to frequency/duration/severity of maladaptive and/or complex behaviors

3. DRC – served individuals with frequent admissions to psychiatric hospitals combined with a lack of stability in community placements
4. DRC – served individuals with substance or alcohol disorders

During this past calendar year, the below Desert Regional Center initiatives have occurred/continued from the previous year 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.
- Participate in weekly Multidisciplinary Consultation Team for High Needs Youth 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 support or children who are in lesser restrictive environment that require out-of-home placements.
- Collaboration with the Clark County Juvenile Detention Center in efforts of providing staff trainings including an overview of IDD and the Regional Center intake and eligibility process.
- 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 approved through ARPA (American Rescue Plan Act) Fiscal Recovery Funds to develop Specialized Intensive Respite and Training Services for Developmental Services. Intensive Respite Services will include short term respite, centered-based respite, respite camps, weekend respite and school break respite. The Intensive Training Services targets training for caregivers who provide respite, parents/guardians and provider staff to support individuals with intellectual and developmental disabilities with complex behavioral needs.
- 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.
- ADSD Youth Intensive Support Services are members of various workgroups such as the LACSN monthly Children Mental Health Workgroup, Interconnected Systems Framework and the System of Care Grant

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,

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). The CCCMHC will monitor and support efforts related to the settlement statement that was released January 3rd, 2025 as it indicated that:

> *"The State will cover Home- and Community-Based Services in its Medicaid program to address the needs of the Focus Population. The State will expand capacity for Home and Community-Based Services to support home and community living for Children in the Focus Population. To ensure the capacity meets the need, the State will monitor the accessibility and utilization of Home- and Community-Based Services to Children in the Focus Population and take appropriate action if the Children are not receiving Home- and Community-Based Services, according to their needs as identified in their Plans of Care" (*US Department of Justice, 2025, *pg. 13).*

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). Upon discharge, most community-based mental health outpatient programs and other services will have a community liaison or intake coordinator. A case manager should be able to get into contact with this individual at the target outpatient facility to coordinate a ROI (release of information) and facilitate the start of services for youth and their families. For youth being discharged from out-of-state facilities, Nevada insurance companies with Medicaid contracts need to offer complex case management services to ensure direct warm hand-offs and plans for youth and families to receive the treatment they need. Families with youth involved in child welfare and/or juvenile justice system should also have greater access to behavioral health resources which are crucial for parents to know how to care for their children and help prevent the cycle of institutionalization. The settlement statement also includes provisions related to discharge planning indicating that:

> *"When a Child in the Focus Population is placed in a Residential Treatment Facility, their Wraparound Facilitator or Intensive Care Coordinator will serve as the liaison between the Child and Family Team and the Facility throughout the course of the treatment and will work with the Facility and the Child and Family Team to plan for discharge and transition of the Child to their home and community. The Child and Family Team or Intensive Care Coordinator will work with the Residential Treatment Facility to develop a transition Plan of Care that identifies strengths and needs of the Child, any Child-specific short- and long-term behavioral health goals, anticipated steps to achieve those goals and return the Child to the community, anticipated barriers to discharge and how they will be resolved, and a plan for securing Home- and Community-Based Services to ensure successful return to community" (*US Department of Justice, 2025*, pg. 20).*

Due to the U.S. 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.

Finally, CCCMHC should continue to 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 do not have any adjustments to the plan.

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**

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 (WIN) program. However, according the Office of Analytics data dashboard, Wraparound in Nevada (WIN) served less than 30 youth a month in Clark County between June and November 2024 (Nevada Office of Analytics, 2025a). 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.

On February 1, 2024 Magellan of Nevada began serving children, youth and families under the "Connect Nevada" program. Connect Nevada connects families to providers for psychosocial assessments, In Home Behavioral Therapy (IHBT), respite services and Youth Peer Support. Connect Nevada provides High Fidelity Wraparound Coordination, Intensive Care Coordination, and Targeted Care Management. In order to be eligible, youth must be at risk of out-of-home placement, at risk of relinquishment, involved with multiple child-serving systems and/or currently in a Residential Treatment Center or other in-patient setting. During calendar year 2024, Connect Nevada received 530 referrals for Clark County youth and referred 108 families for Family Peer Support through Nevada PEP. Of the 530 referrals, 184 of those came from Clark County Family Services with 31 of those individuals and their families still actively receiving support through Connect Nevada.

Nevada's Medicaid policies impose additional challenges on accessing necessary services by restricting service utilization and provider participation. However, all Medicaid behavioral health services can be exceeded with authorization if providers can demonstrate medical necessity.

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. The CCCMHC will monitor and support efforts related to the settlement statement that was released January 3rd, 2025 as it indicated that Wraparound services will be increased in the community to support children remaining at home and in their community and the state will work to understand why these services might not be wanted by families when offered to make improvements (US Department of Justice, 2025, pg. 11). Enhancing wraparound services will help families ensure they get the intensity of services needed to avoid crisis situations.

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: **REGRESSION**

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).

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. Currently there is only one DCFS facility operating in the entire state of Nevada, Desert Willow Treatment Center located in Southern Nevada. As of November 20, 2024, this facility consisted of one 12-bed acute psychiatric unit serving children aged 12-17 and two 12 bed residential units. Between June and November 2024, the facility had between 25-29 youth in care with a waitlist of 5 youth (Children and Youth at Out-of-State Residential Treatment Center Facilities, State of Nevada Office of Analytics, 2025). The facility continues to be the only children's psychiatric hospital in Nevada to accept high needs youth with multiple needs, including those dual-diagnosed with developmental delays and psychiatric diagnoses. These are challenging youth, and the system of care needs to ensure that youth with other needs get served in the community with other private sector providers.

Approximately 77 youth were places at Out-of-State Residential Treatment Centers across the country. The majority are close by in Utah (67) but some youths are placed as far as Virginia. Even if placed in a nearby state, many families to not have access to transportation and therefore will not be able to visit their children while they are in these facilities (Nevada Office of Analytics, 2025a).

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. In the development of the 10-year plan the supports identified by families 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.

Medicaid is leading the Children's Behavioral Health Transformation to support children and families and increase community-based access and quality care for mental and behavioral health services, working in partnership with stakeholders to transform the state's system for children in foster care and children with significant behavioral health needs. This transformation seeks to avoid unnecessary institutionalization of children in Nevada with behavioral health needs. The proposal consists of new policies and procedures to screen and assess children early and often for behavioral health needs. Any children with a serious emotional disorder or in foster care would be connected to a new home-and-community based services program funded by Medicaid. The goal would be to wrap services around the child and family in support of the child remaining in the home and community. The state estimates between 10,000 and 15,000 children would be eligible for this new program with nearly $200 million (state and total federal Medicaid funds) invested in the program by the end of year three (Nevada Department of Health and Human Services Division of Health Care Financing and Policy, 2025.)

Next Steps:

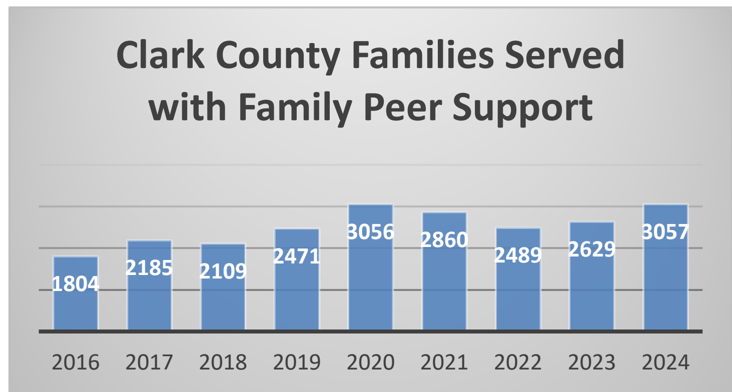
Nevada and Clark County policy makers need to work together to increase investments in community-based services for youth and families to keep youth in the least restrictive environments. Programs that assist with income, housing, and other basic needs should also be in place to provide a comprehensive array of services to support the entire family. CCCMHC will continue to actively participate in Children's Behavioral Health Transformation Working Group meetings and monitor the progress of goals related to this report as well as to the Settlement Agreement.

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

CURRENT STATUS: SOME PROGRESS PENDING ARPA

Family peer support is a service historically 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 are referred by DCFS programs, schools, and community organizations. In 2024, Nevada PEP received 155 referrals from Southern Nevada Children's Mobile Crisis Response Team, 95 new families from other Division of Child and Family Services programs, and 98 from Connect Nevada. Referrals from the Harbor juvenile justice diversion program saw a 53% increase over the previous year with a record 508 referrals. Over the last year (2024), Nevada PEP provided family peer support services to 3,057 families in Clark County.



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. As part of Medicaid's Children's Behavioral Health Transformation initiative, family peer support is in the initial development of becoming a Nevada Medicaid reimbursable service. Policy, rates and system updates in process.

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.

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. DCFS has maintained a long partnership with Nevada PEP and acknowledges how valuable family peer support has been to youth and families. DCFS is committed to supporting programs that strive to enhance workforce development through training on how to deliver quality services to special populations. As part of Medicaid's Children's Behavioral Health Transformation initiative family peer support is in the initial development of becoming a Nevada Medicaid reimbursable service. Policy, rates and system updates in process.

Next Steps:

Funding for family peer support should continue past the availability of ARPA funds for non-Medicaid eligible children and youth with behavioral health care needs and co-occurring disorders. Nevada Medicaid should include family peer support as a service in the State Plan for Medicaid eligible children and youth with Serious Emotion Disorders (SED), co-occurring disorders, or those at-risk; additionally for children and youth involved in the foster care system. Workforce expansion of family peer support services through organizations committed to the System of Care Principles and Values requires a state authorized training and certification process that is designed and implemented following national model standards and recognized core competencies.

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**

The Desert Regional Center (DRC) currently provides 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 support 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.

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Children eligible for the YISS program are typically aged 8 and 22. 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 Health Program Manager, 1 Developmental Specialist Supervisor, 11 Developmental Specialists, 1 Licensed Psychologist and 1 Mental Health Counselor. During the Fiscal Year 2024, the YISS team provided case management services to 143 youth in which 76 youth were under the age of 18. During Fiscal Year 24, DRC created the Adult Response Team (ART), in which some youth that were previously supported by the YISS team transitioned (youth to adult) to the ART program. The purpose of the Adult Response Team (ART) is to intensely manage cases of adult individuals with complex support needs. DRC-served adult individuals that get assigned to ART will be provided with increased observation, enhanced communication among team members, as well as valuable consultation from the Psychological Services department, all with the goal of increasing stability in the community.

Youth Intensive Support Services and the Adult Response Team assigned cases may include, but would not necessarily be limited to, the following:

1. DRC – served individuals involved in court cases that involve actual incarceration and/or frequent status checks by the court
2. DRC – served individuals in serious jeopardy of losing placement due to frequency/duration/severity of maladaptive and/or complex behaviors
3. DRC – served individuals with frequent admissions to psychiatric hospitals combined with a lack of stability in community placements
4. DRC – served individuals with substance or alcohol disorders

During this past calendar year, the below Desert Regional Center initiatives have occurred/continued from the previous year 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.

- Participate in weekly Multidisciplinary Consultation Team for High Needs Youth 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 support or children who are in lesser restrictive environment that require out-of-home placements
- Collaboration with the Clark County Juvenile Detention Center in efforts of providing staff trainings including an overview of IDD and the Regional Center intake and eligibility process
- 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 approved through ARPA (American Rescue Plan Act) Fiscal Recovery Funds to develop Specialized Intensive Respite and Training Services for Developmental Services. Intensive Respite Services will include short term respite, centered-based respite, respite camps, weekend respite and school break respite. The Intensive Training Services targets training for caregivers who provide respite, parents/guardians and provider staff to support individuals with intellectual and developmental disabilities with complex behavioral needs.
- 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.
- ADSD Youth Intensive Support Services are members of various workgroups such as the LACSN monthly Children Mental Health Workgroup, Interconnected Systems Framework and the System of Care Grant

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. The settlement statement specifically indicates that children with an IDD should be excluded from services and that "services related to IDD will be included in the Child's Plan of Care and coordinated by the Child and Family Team or Intensive Care Coordinator" (US Department of Justice, 2022, pg. 12). 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 youths 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.

Clark County School District (CCSD) has reported that they continue to work on developing a Multi-Tiered System of Supports (MTSS) framework for addressing the academic, behavioral, and social-emotional needs of all students. The CCSD Board of School Trustees adopted Policy 6120 in the fall of 2022 that requires all district schools to implement the MTSS framework. An MTSS District Leadership Team continues to operate with a focus on infrastructure and service option development.

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. According to 2023-2024 year end reporting, a total of 93,408 students in grades 3 – 12 (42%) participated in the survey. Overall, students reported most favorably (88%) on how supported they feel at school through their relationships with friends, family, and educators, with an overall positive improvement trend evident for perceived supportive relationships from 2021 through 2024. In contrast, elementary student ratings for social awareness, or how well the students consider the perspective of and empathize with others, was identified as a possible focus area for growth across students.

Additionally, in Fall 2022, CCSD introduced the Rethink Ed K-12 Social Emotional Learning curriculum to interested schools. For the 2023-2024 school year, over 2,000 educators took advantage of training offered for utilization of ReThink Ed. CCSD schools continue to have access to ReThink Ed for the 2024-2025 school year. Finally, 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 laptop alerts and SafeVoice referrals), a Restorative Practices team for alternatives to traditional student discipline, and a School-Based Intervention Team for first response to students presenting with suicide ideation on school campuses.

The Clark County Department of Family Services continues to implement 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. Additionally, The Clark County Mental Health Expansion Project is also focused on offering care coordination in efforts to prevent relinquishment into care.

Next Steps:

CCSD should continue to work to roll out Social Emotional Learning instruction in schools to ensure all students can benefit from this curriculum. In addition, CCSD should work towards offering additional support to teachers and students in order to increase capacity for addressing the mental well-being of students and their families and to create a culture of wellness on each campus. In addition, CCCMHC needs to establish 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 of therapy services, which is insufficient to serve children with high needs (US Department of Justice, 2022). Authorization to exceed the number of visits may be obtained if the provider demonstrates medical necessity, however this process can be time consuming. 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 youths 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 increases 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). The US Department of Justice investigation also 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).

Substantial ARPA dollars were committed to increase services in the community between 2020-2022 however it continues to take time for the goals of this investment to be realized. Some of these investments included:

- 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 family support

    - Expansion of direct services
    - Workforce support
- Increase in services to children with Autism to reduce waitlists

There has been continued progress improving access to services in the community. Some examples of this progress are highlighted below with agency updates from the Southern Nevada Health District, Clark County Department of Family Services, Nevada Division of Child and Family Services, and Aging and Disability Services.

The Southern Nevada Health District has hired a Behavioral Health Manager to lead the behavioral health team to further expand access to services. The Behavioral Health Manager holds both a mental health and substance use license and sees patients on a part-time basis. In addition, another dually licensed therapist was hired. Behavioral health services were added to the Fremont Clinic to include both therapy and psychiatric services. A Psychiatric Advanced Practice Registered Nurse (APRN) has been added to the Fremont clinic and is seeing patients several days per week. Through these various efforts, SNHD has increased the number of patients seen year over year.

Next, the Clark County Department of Familiy Services was awarded a System of Care Expansion Grant in 2023, referred to as the "Clark County Mental Health Expansion Project", which is focused on esxpediting Partial Hospitalization Program (PHP)/ Intensive Outpatient Program (IOP) services and family stabilization with the goal of decreasing acute hospitalizations and placement disruption for children and youth in foster care.

With regards to the Nevada Division of Child and Family Services, it was reported that the Division provides regular reporting to key stakeholders about the available metrics for key wrap-around services provided by Connect Nevada, which was ARPA funding awarded to Magellan of Nevada. Key stakeholders in this effort are essential to the success of this program by ensuring they are actively working with families to help them understand the benefits of undergoing services through Connect Nevada. Connect Nevada connects families to providers for psychosocial assessments, In Home Behavioral Therapy (IHBT), respite services, and Youth Peer Support. Connect Nevada provides High Fidelity Wraparound Coordination, Intensive Care Coordination, and Targeted Care Management. In order to be eligible, youth must be at risk of out-of-home placement, at risk of relinquishment, involved with multiple child-serving systems and/or currently in a Residential Treatment Center or other in-patient setting. During calendar year 2024, Connect Nevada received 530 referrals for Clark County youth and referred 108 families for Family Peer Support through Nevada PEP. Of the 530 referrals, 184 of those came from Clark County Family Services with 31 of those individuals and their families still actively receiving support through Connect Nevada.

Through the recently awarded System of Care (SOC) grant (to the Nevada Division of Child and Family Services), funding was awarded to build statewide capacity by providing training to licensed and non-licensed providers on how to work with youths designated as Severely Emotionally Disturbed (SED) with co-occurring Intellectual/Developmental Delays. Through this grant, there should be a decrease in waitlists with increased access to quality services over the next 3 years. Again, it will be essential to have active stakeholder and partner engagement with this effort to ensure it meets the goals and objectives.

The Desert Regional Center (DRC)

The Desert Regional Center (DRC) currently provides 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 support 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 Support Services (YISS) program to address placement and other support needs of children who have Intellectual and/or Developmental Disabilities who also may have concurrent Mental Health Disorder, in Southern Nevada. Youth with intellectual and developmental disabilities (IDDs) and mental and behavioral health needs unfortunately struggle to access essential support. Not only is their distress not understood, but categorical funding structures also often prevent the ability to access appropriate treatment which can escalate behaviors. The U.S. 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 both behavioral health needs and intellectual and developmental disabilities (U.S. 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" (U.S. Department of Justice, 2022, p. 16).

Children eligible for the YISS program are typically aged 8 and 22. 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 Health Program Manager, 1 Developmental Specialist Supervisor, 11 Developmental Specialists, 1 Licensed Psychologist and 1 Mental Health Counselor. During the Fiscal Year 2024, the YISS team provided case management services to 143 youth in which 76 youth were under the age of 18. During Fiscal Year 24, DRC created the Adult Response Team (ART), in which some youth that were previously supported by the YISS team transitioned (youth to adult) to the ART program. The purpose of the Adult Response Team (ART) is to intensely manage cases of adult individuals with complex support needs. DRC-served adult individuals that get assigned to ART will be provided with increased observation, enhanced communication among team members, as well as valuable consultation from the Psychological Services department, all with the goal of increasing stability in the community.

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Treatment Centers that need assistance with step-down support or children who are in lesser restrictive environment that require out-of-home placements.

• Collaboration with the Clark County Juvenile Detention Center in efforts of providing staff trainings including an overview of IDD and the Regional Center intake and eligibility process.

• 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 approved through ARPA (American Rescue Plan Act) Fiscal Recovery Funds to develop Specialized Intensive Respite and Training Services for Developmental Services. Intensive Respite Services will include short term respite, centered-based respite, respite camps, weekend respite and school break respite. The Intensive Training Services targets training for caregivers who provide respite, parents/guardians and provider staff to support individuals with intellectual and developmental disabilities with complex behavioral needs.

• 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.

• ADSD Youth Intensive Support Services are members of various workgroups such as the LACSN monthly Children Mental Health Workgroup, Interconnected Systems Framework and the System of Care Grant.

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, 2022, p.2). 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). The CCCMHC will monitor and support efforts related to the settlement statement that was released January 3rd, 2025 as it indicated that:

> *"The State will cover Home- and Community-Based Services in its Medicaid program to address the needs of the Focus Population. The State will expand capacity for Home and Community-Based Services to support home and community living for Children in the Focus Population. To ensure the capacity meets the need, the State will monitor the accessibility and utilization of Home- and Community-Based Services to Children in the Focus Population and take appropriate action if the Children are not receiving Home- and Community-Based Services, according to their needs as identified in their Plans of Care" (US Department of Justice, 2025, pg. 13).*

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). Upon discharge, most community-based mental health outpatient programs and other services will have a community liaison or intake coordinator. A case manager should be able to get into contact with this individual at the target outpatient facility to coordinate a ROI (release of information) and facilitate the start of services for youth and their families. For youth being discharged from out-of-state facilities, Nevada insurance companies with Medicaid contracts need to offer complex case management services to ensure direct warm hand-offs and plans for youth and families to receive the treatment they need. Families with youth involved in child welfare and/or juvenile justice system should also have greater access to behavioral health resources which are crucial for parents to know how to care for their children and help prevent the cycle of institutionalization. The settlement statement also includes provisions related to discharge planning indicating that:

> *"When a Child in the Focus Population is placed in a Residential Treatment Facility, their Wraparound Facilitator or Intensive Care Coordinator will serve as the liaison between the Child and Family Team and the Facility throughout the course of the treatment and will work with the Facility and the Child and Family Team to plan for discharge and transition of the Child to their home and community. The Child and Family Team or Intensive Care Coordinator will work with the Residential Treatment Facility to develop a transition Plan of Care that identifies strengths and needs of the Child, any Child-specific short- and long-term behavioral health goals, anticipated steps to achieve those goals and return the Child to the community, anticipated barriers to discharge and how they will be resolved, and a plan for securing Home and Community-Based Services to ensure successful return to community" (US Department of Justice, 2025, pg. 20).*

Due to the U.S. 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.

Finally, CCCMHC should continue to 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: **REGRESSION**

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 during the unwinding of the Public Health Emergency between June 2023 and September 2024, 306,259 Medicaid members were disenrolled, 19,847 of those being children and youth ages 0-19. In addition, 81.6% of all disenrollments were residents of Clark County. In 2023, 10.7% of Nevada's population was uninsured compared to the national average of 8.0% (Nevada Office of Data Analytics, 2024b). Due to these circumstances, it is imperative that there are resources available in Clark County that assist families in obtaining adequate insurance coverage.

Next Steps:

It is imperative that the state plan for how to ensure more families have access to affordable health care coverage. Providing primary and secondary preventative care will assist in reducing higher level of care costs that are associated with services provided in emergency departments and/or residential treatment.

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: MINIMAL

All CCSD schools continue to have access to Care Solace services to help link families with community providers for mental health, and Hazel Health behavioral health tele-therapy services, with increasing utilization reported for both programs. CCSD had fewer school implementing the IMPACT Program in 2023-2024 (39) than in the 2022-2023 school year (47), whereas the number of sites (15 schools and the CCSD Family Engagement Center) utilizing Miracle Minds Therapy has been holding.

CCSD has established a revised Clark County School District Pre-Kindergarten – Grade 12 Student Code of Conduct that prioritizes restorative practices along with necessary consequences that was developed in collaboration with multiple District departments and community partners. During the 2023-2024 school year, suspensions were up by 1.8% over the previous school year while expulsions were decreased overall by 8%. However, there was spike in suspensions and expulsions during the fourth quarter of the school year, with the school district noting that one of the challenges is offering efficient, largescale, level-wide professional learning opportunities for school-based administrators to address student discipline trend data concerns within the school year (McPartlin, Scavella, & Jones, 2024). As of Fall 2022-2023 school year, each CCSD school is now required to establish a Restorative Practices Team which in the future may help quell some of these issues.

Next Steps:

The Clark County School District needs to provide additional guidance and learning opportunities based on discipline trend data on an ongoing basis to school-based administrators. CCSD has secured a HIPAA compliant data platform to document mental behavioral health services across the district. An Electronic Health Record (EHR) is currently under development, which will include a plan of care, an assessment, progress reports, and related documentation. The EHR build out for tracking crisis intervention services has already been completed and is currently piloting in 10 CCSD schools. This system will be integrated with School Health Services and will seek Medicaid reimbursement for mental behavioral health services. The funds allocated for school Medicaid reimbursements will be distinct from those designated for community-based services, and the provision of mental behavioral health services within the schools should not interfere with or disrupt services offered in the community. School district staff should continue with development, piloting, and ultimately, implementation of its mental behavioral health services system, and work with local and state partners to refine a proper documentation process for a unified Medicaid billing system for mental and behavioral services.

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.

The 2023 Clark County Youth Risk Behavior Survey highlights an encouraging downward trend in youth substance use over the past eight years, with significant reductions since 2015. However, substance use remains a concern, with

alcohol being the most tried substance at 42%. When compared to 2015, the percentage of high school students who have ever used these substances has notably decreased: Tobacco at 13.6% (-17.1%), Marijuana at 26.1% (-12.1%), Alcohol at 42% (-21.4%), and Non-Prescription Drugs at 14.5% (-2%). These findings emphasize the continued need to enhance and expand youth-focused interventions to sustain this progress. While substance use trends are improving, urgent attention is still required for emotional health. In 2023, 55.8% of Clark County high school students reported rarely or never receiving the help they needed when feeling sad, empty, hopeless, angry, or anxious. In addition, 42.5% felt sad or hopeless almost every day for at least two consecutive weeks within the past year (Starcevich, Powers, Howard, Zhang, Peek, Clements-Nolle, Yang, 2024). This underscores the critical need for increased support and resources to address youth mental health challenges.

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.

Efforts must be made to continue and strengthen the collaboration of subject matter experts in best practices in prevention, Certified Prevention Specialists, and education professionals. Often education professionals utilize their existing skills, which may not be a best practice, such as scare tactics. Often staff rely on people who do not utilize best practices including people with lived experience who do not have the training to present to youth, or law enforcement who may be using outdated tactics and may be inadvertently increasing youth substance use. Current collaborations between Certified Prevention Specialists and education professionals exist in each school district, but efforts must be made to expand this collaboration to additional schools and communities.

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 youths 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: **MINIMAL**

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, and more specifically a determination of SED, it is very difficult for families to get Medicaid Fee-For-Services; and many have found it difficult to obtain an SED determination 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, 2022, p. 21). This includes providers to conduct assessments.

However, some services are available. In 2024, the HRSA and state-block-grant funded Nevada Pediatric Access Line (NV PAL) moved the entirety of their program to UNLV. The program provides free, payor-blind, child psychiatry consultative support to statewide primary care clinicians for their patients age 0-25. NV PAL services, both "doc to doc" consultations and direct patient evaluations, are provided in English and Spanish to best meet the needs of our state. This past year, the NV PAL was featured with a presentation in HRSA's Hispanic Mental Health national webinar highlighting the bilingual work of the team. Between January 1, 2024 through December 10, 2024 NV PAL served 905 youth, provided 1,741 child psychiatry consultation, supported 108 primary care clinicians and rendered 8,162 care coordination encounters.

As previously stated, DFS 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.

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 ARPA funding will not be fully realized as there will not be a qualified workforce available to deliver services.

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.

There are currently 5 locations for the Harbor. Over the 2023 calendar year, approximately 5,911 youth have been served by one of the five Harbor locations. The top five offense from 2020-2023 included battery (27%), battery domestic violence (24%), affray (23%), possession of marijuana (19%), and creating a disturbance at school (7%).

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 for 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.

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, 2022, p. 21).

Further, in the Agreement Between the United States and the State of Nevada, Nevada will need to oversee a toll-free phone line and website where individuals can receive information about Home-and Community-Based Services and through which children and families can request to be connected for screenings for such services.

Next Steps:

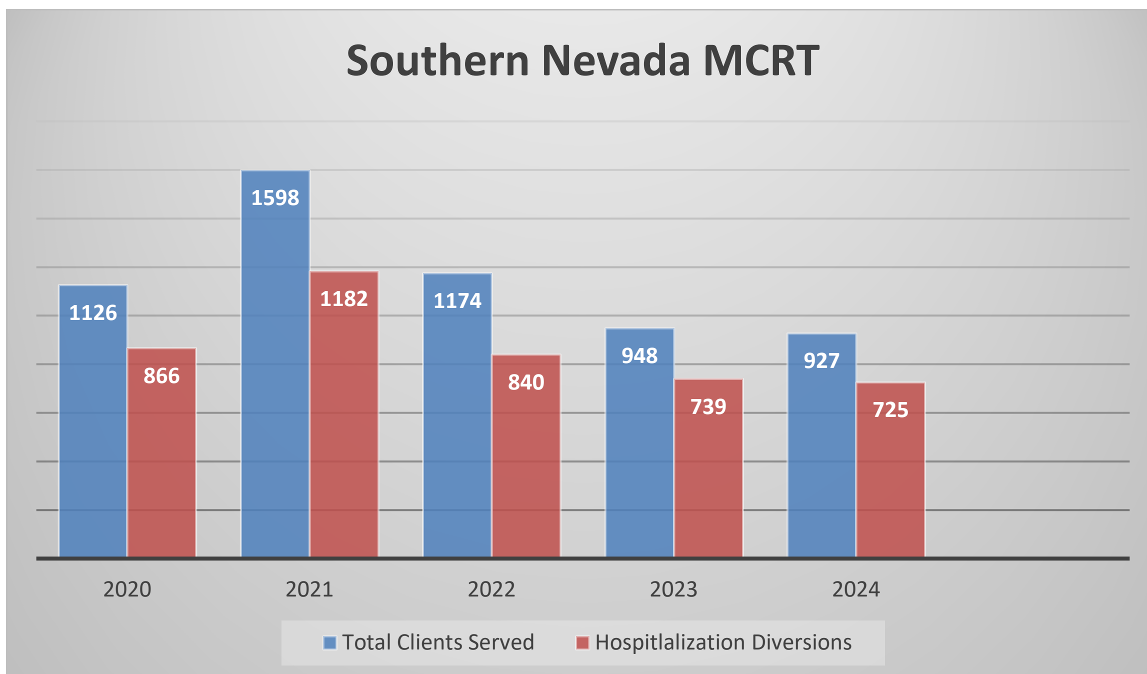
CCCMHC will continue to actively participate in Children's Behavioral Health Transformation Working Group meetings and follow the implementation of activities outlined in the agreement.

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: REGRESSION

The MCRT has been an incredible asset to our community and should have a stable funding source to ensure that it returns to responding 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**.** Within the Settlement Agreement, there is a requirement that Mobile Crisis Response Teams and Mobile Crisis Response and Stabilization Services be available to all children under the age of 21 experiencing a behavioral health crisis regardless of Medicaid eligibility and regardless of whether they fall within the focus population. Although funding for MCRT has continued to climb over the year including an influx of ARPA funding, the Nevada Division of Child and Family Services (DCFS) has recently suspended the overnight service hours and has reported that as of January 1, 2025, they will no longer respond to local hospital emergency rooms. These decisions are potentially catastrophic for children, youth and families due to increasing a gap in the ability to receive an assessment that could potentially divert children and youth from psychiatric hospitalization and instead receive stabilization services in the community and directly conflict with the Settlement Agreement (Agreement Between the United States and the State of Nevada, 2025).

Between 2020 and 2023 the Southern Nevada MCRT has served 4,846 youth and diverted roughly 81.8% of those youth from acute psychiatric hospitalizations and provided short-term counseling and case management until they can connect families with long-term providers and peer supports. From Jan.-Oct. 2024, the Southern Nevada MCRT responded to 927 clients. The average hospital diversion rate was 78.2% (Nevada Office of Data Analytics, 2025b).



Nevada Office of Data Analytics, 2025b

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could potentially divert children and youth from psychiatric hospitalization and instead receive stabilization services in the community. There have been some recent challenges with communication between CCCMHC and DCFS that have prevented CCCMHC from receiving timely updates on topics that impact the community and limits discussion, education and advocacy efforts for this much needed community service

988:

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. 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). Data collection through the 988 Mental Health Crisis Lifeline is dependent on self-reported information by the caller, therefore, data regarding callers may not be complete. Data on calls between April 2024 through September 2024 reflects that 792 calls were received by youth ages 21 and younger. The top three primary reasons for the calls across all age groups were Family/Other Relationship, Mental Health and Suicide with 85.73% of callers stabilized in the community (Nevada Office of Data Analytics, 2024a).

Billing for Mobile Crisis Services:

The Mobile Crisis Planning Grant has ended And the Medicaid State Plan amendment to enhance mobile crisis service was approved in July 2024 that would allow a mobile response team delivering services meeting requirement of Centers for Medicare Medicaid Services (CMS) to receive an enhanced rate. This state plan amendment also provides reimbursement methodology for facility-based providers delivering intensive crisis stabilization services. As part of the planning grant Medicaid was able to develop a new provider type specifically for providers delivering crisis services. Work continues to further develop these models.

The report from the Department of Justice found that Nevada is failing to ensure access to community-based services, and this includes crisis support services. This is driving youth and families to hospital emergency departments 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, 2022, p. 7-8). 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. This is especially concerning since the decision to stop responding to hospital emergency departments as of January 1, 2025.

However, the State of Nevada Settlement Agreement requires a crisis hotline, Mobile Crisis Response Teams, and Mobile Crisis Response and Stabilization Services available to all Children under age 21 experiencing a behavioral health crisis regardless of Medicaid eligibility and that the services offered are aligned with the practices outlined in the National Guidelines for Child and Youth Behavioral Crisis Care (SAMHSA, 2022). Therefore, services following the national guidelines should be re-established in the coming months. In addition, Medicaid is undergoing Children’s Behavioral Health Transformation to support children and families and increase community-based access and quality care for mental and behavioral health services which is likely to include mobile crisis.

Next Steps:

While DCFS acknowledges the importance of a Mobile Crisis Response Team (MCRT) and how crucial it is to expand services to youth and families in urban and rural Clark County, DCFS has workforce shortages that have limited the number of youth and families served. DCFS will continue its efforts to maintain youth in their home and community. Adherence to the Substance Abuse and Mental Health Administration (SAMSHA) guidelines will continue to serve as the foundation when responding to a crisis. There is also a need to understand that many responses were to hospital emergency rooms, and the diversion rate applies to diversion from a psychiatric hospital stay, not a hospital visit.

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. 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 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, 2022).

In addition, the following guidelines from the "Mobile Response & Stabilization Services National Best Practices" (Innovations Institute, University of Connecticut School of Social Work, 2023) should also be followed to ensure quality services are provided. These include:

1. Meets sense of urgency with urgency
    a. The crisis is defined by the parent/caregiver and/or youth
    b. Requests are not screened in/out based on perceived acuity; uses a "just go" approach
    c. Requests for help are attended to rapidly and consistently
    d. Uses a public health approach; all youth and families are eligible
2. Offers in-person responses 24/7/365
    a. In-person response assessments are available within one hour of call
    b. Prioritizes de-escalation and stabilization with the home and community at the preference of the parent/caregiver and youth, providing supports and skills necessary to be successful with routine activities and helping to avert or better manage future crises
3. Is customized for children, youth, young adults, and their families
    a. Parents/caregivers and youth have the most influence and say regarding all aspect of Mobile Response Services
    b. Prioritizes safety and de-escalation in community settings with connections to natural supports
4. Is rooted in quality
    a. Establishes benchmarks and tracks data including volume, response time, user satisfaction, and outcomes
    b. Reports are publicly accessible and used to inform a continuous quality improvement process

Finally, SAMHSA (2022) 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, 2022).

CCCMHC will continue to advocate for timely updates from MCRT regarding any programmatic changes that may impact the community as well as current status of the program. CCCMHC will continue to actively participate in Children's Behavioral Health Transformation Working Group meetings and monitor the progress of goals related to this report as well as to the Settlement Agreement.

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

CURRENT STATUS: **NONE**

In 2022, a guide was released titled "Parent's Guide to Youth Mental Health in Nevada" which contains information about youth mental health, mental health crises and resources for children, youth and families that remains available on the Nevada Behavioral Health Policy Boards website (Nevada Regional Behavioral Health Policy Boards, 2022). The guide was developed through a multitude of meetings with parents, caregivers, mental health professionals, state and county agencies and legal experts and was published in English and Spanish with the intent to distribute statewide. There was also an acknowledgement that youth mental health crisis holds were especially confusing for providers and families and a video was released titled "Nevada Youth Crisis Hold Explanation" by the Department of Health and Human Services on their YouTube channel (Nevada Department of Health & Human Services, 2022).

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.

The Settlement Agreement requires that the State adopt a set of behavioral health screening tools that are nationally recognized or validated tools that are brief, mental health specific, and developmentally appropriate, as well as establishing and monitoring compliance with timeliness standards for completion of screenings (US Department of Justice, 2025, pg. 8). It goes on to require that a screening tool be completed for any child who begins receiving services from Nevada Department of Health & Human Services child welfare, juvenile justice or developmental programs and to develop collaborative agreements with county entities so that counties utilize the adopted screening tools to screen children who enter a county juvenile detention facility or foster care shelter within the established timeliness standards (US Department of Justice, 2025, pg. 9). These requirements address the lack of protocols and collaboration that was found in the US Department of Justice investigation in 2022 and implementation of this requirement will streamline procedures across child-serving systems.

Medicaid is undergoing Children's Behavioral Health Transformation to support children and families and increase community-based access and quality care for BH services. More information about this group including public meetings is available on their website. These changes seem congruent with increasing services that meet the needs of the families that will be served.

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).

CCCMHC will continue to actively participate in Children's Behavioral Health Transformation Working Group meetings and monitor the progress of goals related to this report as well as to the Settlement Agreement.

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, 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. The settlement agreement includes several references to "Home- and Community-Based Services to deliver services at times and locations mutually agreed upon by the provider and the Children in the Focus Population and their Families" (US Department of Justice, 2022, pg. 13).

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 into the mental and behavioral health system will hopefully occur before 2026 when the ARPA dollars expire. 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:

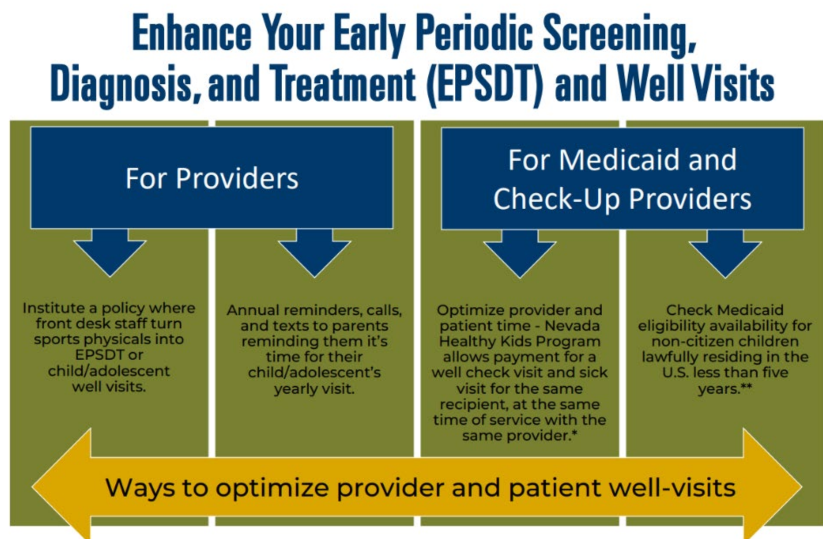
Programs and services will be available to facilitate the social and emotional development of all youth, identify mental and behavioral health issues as early as possible, and assist families in caring for their youth.

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. Prior to the pandemic, members of the CCCMHC met with Medicaid staff and managed care providers to determine the best method for ensuring that EPSDT is a consideration for all visits and services conducted for children under the age of 21. Medicaid recommended using a value-added benefit for providers that completed the full list of checks done during a visit. This would be a more positive approach versus a punitive approach that is not effective, especially considering that there are not sufficient tracking measures in place to know when the full services are not provided. Using the value-added 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.

Over the past year the CCCMHC Infrastructure workgroup has been meeting with staff within the Nevada Division of Public and Behavioral Health to better understand the screening guidelines for Medicaid in hopes that we could best determine how to disseminate information to families and providers. The following infographic that to help increase provider engagement in screening and time was taken to answer many questions about who is able to conduct screenings and what services are billable under EPSTD. The group also expressed an interest in returning to the infrastructure group to review future educational materials.



In September 2024, Centers for Medicare & Medicaid Services (CMS) released guidance for Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements (Centers for Medicare & Medicaid Services, 2024). The guidance covers three broad topics:

- **Promoting EPSDT awareness and accessibility** to ensure eligible beneficiaries have comprehensive coverage, are aware of their coverage, know how to access Medicaid benefits, and have supports like transportation and care coordination to facilitate getting the care that they need.
- **Expanding and using the child-focused (EPSDT) workforce** by broadening provider qualifications, using telehealth, encouraging the use of interprofessional consultation, and using payment methodologies to address provider shortages and to help assure that there are an adequate number of health care providers available to meet the needs of beneficiaries.

- **Improving care for EPSDT-eligible children with specialized needs**, with a particular focus on how EPSDT requirements relate to the unique needs of children with behavioral health conditions, children in foster care, and children with disabilities or other complex health needs

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.

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.

DHCFP should utilize the guidance provided by CMS to ensure that families of EPSDT-eligible children understand the benefit whether they are covered under Fee For Service Medicaid or one of the Medicaid Managed Care Organizations. In addition, Nevada should consider taking steps to reduce the administrative burden on providers by streamlining provider enrollment, performing cost-benefit analyses of prior authorizations, and/or changing prior authorization for categories of requests that are typically approved. Similarly, states should ensure that provider payment rates are adequate to establish a sufficient network of providers.

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 continued to offer a variety of trainings that reflect this topic to a variety of types of providers during 2024.

In 2024, Nevada Office of Suicide Prevention (NOSP) conducted 31 Suicide Alertness classes training 549 participants. In addition, 297 community members have been trained in Applied Suicide Intervention Skills Training during 16, two-day courses. This year the NOSP and Southern Nevada Boys & Girls Club hosted six Youth Mental Health First Aid Classes. In total eleven classes were conducted and 170 community members trained. According to CDC WISQARS data although the number of youth suicides in Clark County in 2022 (21) are slightly higher than 2019 or 2020 (16, 18 respectively), we are below 2018 losses of 28. These efforts are key to Nevada in advancing the 2024 National Strategy for Suicide Prevention, Strategic Direction 1: Community-Based Suicide Prevention. These efforts are contributing to the reduction in youth suicide crude rate of 4.06 in 2018 and 2022 was 3.04 for Nevada (Egan, R. email on January 23, 2025).

In 2024, the Southern Nevada Health District has facilitated safeTALK suicide prevention training to 296 staff and community members, as well as assisted with community efforts. In collaboration with the Office of Suicide Prevention and PACT Coalition, SNHD conducts quarterly Adult Mental Health First Aid training and Youth Mental Health First Aid. To date, there are 113 individuals certified in Adult Mental Health First Aid and 104 individuals certified in Youth Mental Health First Aid through training facilitated by SNHD staff.

Additionally, in July 2024, SNHD also partnered with CredibleMind and launched an online digital mental health platform that provides the community with free and confidential access to a large library of mental health and well-being resources. The platform provides credible, evidence-based mental health and wellness information along with tools and resources designed to build individual and community resilience. The site contains over a dozen scientifically reviewed assessments to help users understand mental health topics such as anxiety, depression, burnout, substance use, and

identify well-being support services. Information and resources are available in English and Spanish and to users ages 13 and over.

Next Steps:

The behavioral health workforce in Clark County needs to continue 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.

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 2024 NAN Data Mapping Survey completed by 280 programs statewide, approximately 56% of out-of-school time programs offered activities emphasizing health and wellness and social emotional learning. While the majority of programs reported the ability to accommodate youth with mild needs, less than 20% of programs indicated they would be able to accommodate youth with a severe level of need in each of the categories listed below.

SPECIAL NEED	MILD		MODERATE		SEVERE	
	#	%	#	%	#	%
Behavioral Health	95	33.9%	84	35.1%	6	2.2%
Intellectual Needs	94	34.7%	47	17.3%	44	16.2%
Physical Disabilities	96	35.4%	79	29.2%	7	2.6%
Hearing Impairment	88	32.5%	11	4.1%	45	16.6%
Visual Impairment	88	32.5%	48	17.7%	5	1.8%

The largest barriers reported for out-of-school time programs were a lack of trained staff and lack of equipment and/or infrastructure.

BARRIERS	# PROGRAMS	% PROGRAMS
Lack of Funding	88	31.4%
Lack of Trained Staff	141	50.4%
Not Enough Staff	54	19.3%
Lack of Equipment and/or Infrastructure	132	47.1%
Other	84	30%

With 21.4% of Nevada children aged 3 to 17 identified as having one or more mental, emotional, developmental, or behavioral issues in 2022-2023 (Child and Adolescent Health Measurement Initiative, 2022), it is essential that afterschool and OST programs obtain the support needed to accommodate more youth with special health needs. The Nevada Afterschool Network held several in person and virtually trainings for Out-of School Time staff as well as parent training

related to social emotional learning, behavioral management, and autism. For sustainability these trainings are transferred and available on the NAN Online Learning Academy.

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.

Continue investment in Nevada’s Multi-Tiered System of Supports and Social-Emotional Learning in all K–12 schools. Full-Service Community Schools provide an opportunity to coordinate mental health alongside other important community services (Nevada Division of Public and Behavioral Health, 2023).

GOAL 5. RAISE AWARENESS AND SUPPORT FOR MENTAL HEALTH:
Increased public awareness of the behavioral health needs of children and youth will reduce stigma, bias, prejudice, and discrimination; 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 2024, the Clark County Children's Mental Health Consortium participated in many different activities in order to increase awareness about youth mental wellness. Examples of these activities include conducting the 7th Annual Southern Nevada Summit on Children's Mental Health, participating in national awareness events such as Unity Day and Mental Health Acceptance Week, organizing the 2024 youth photo contest, hosting a book signing to celebrate the contest's transformation into a book, and distributing monthly social media posts. A brief description of these activities is provided below.

7th Annual Southern Nevada Summit on Children's Mental Health

The 7th annual Southern Nevada Summit on Children's Mental Health was held on May 6th & 7th in person at the Las Vegas Valley Water District. A total of 58 individuals 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:

- Shaping Children's Menta Health in Nevada
- Digital Mental Wellbeing
- Community & Parents Firearm Safety
- Family Engagement – Is That Too Much to Expect?
- Amplifying Youth Voice: Connection and Mental Health

Over 40 individuals attended the second day of the event, consisting of a full-day workshop with Raise the Future overviewing the Trust-Based Relational Intervention (TBRI) model. 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 5-11, 2024, 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 photo contest encouraging Clark County residents aged 24 and younger to submit photos reflecting the theme "connection matters" accompanied with a brief statement. The 1st, 2nd, and 3rd place winners were unveiled during the 7th Annual Southern Nevada Summit on Children's Mental Health and invited to accept their awards. All entries were compiled into a book to showcase the creativity and insights of the participants. The contest received a total of 24 impressive submissions.

On October 5, during the 17th Annual Step Up for Kids event, CCCMHC hosted a book signing where participants of the youth photo contest had the opportunity to sign various copies of the book and distribute them to the general public.

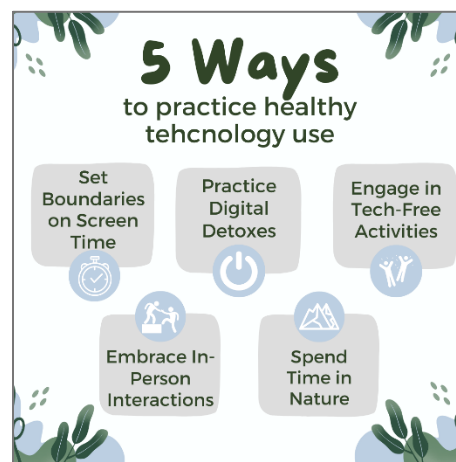
Unity Day

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 16th, 2024, 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 six proclamations from Governor Lombardo and 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.

Monthly Social Media Posts

In 2023, CCCMHC began the dissemination of monthly social media posts to its partners, focusing on a variety of children's mental health topics and updates. These posts aimed to engage the community, raise awareness, and highlight resources to support the mental well-being of children and families. By sharing this information, CCCMHC continues to foster collaboration and inspire action among its partners to address key mental health challenges. Examples of these posts can be found below.



CCCMHC also promotes Youth MOVE Nevada podcasts. In 2024, Youth MOVE NV released the following episodes: Connectedness, Mental Health Services in Schools, Health Equity, Exploring Careers in Behavioral Health, Getting Involved at School, Bullying Prevention in Nevada, and Voting and Civic Engagement. All episodes are produced by youth for youth, but contain valuable information that are both educational and informative for listeners of all ages.

Next Steps:

The CCCMHC Public Awareness & Behavioral Wellness Workgroup has already begun planning the 8th Annual Southern Nevada Summit on Children's Mental Health. In addition to providing essential professional development for community mental health professionals, this event will help promote the 2025 Children's Mental Health Acceptance Week (CMHAW) of May 7-13. A youth video contest is currently underway, encouraging youth to submit brief videos representing the theme "My Voice Matters." The winning video will be premiered at the Summit 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: **SOME**

Hope Means Nevada (HMN) is a nonprofit organization whose mission is to eliminate teen suicide by reaching and teaching youth to practice mental wellness. According to the 2023 Hope Means Nevada Community Impact Report, working with R&R Partners, HMN executed social media partnerships with 10 different influencers, creating content that received over 1.68 million impressions and 134,000 engagements. In April 2023, HMN executed their 3rd annual April Stress Awareness Month social media campaign reaching 265,000 impressions and added 50 new followers, surpassing their Instagram goal of 2,500 followers (Hope Means Nevada, 2023). In 2024, Hope Means Nevada continued to grow their impact by having active partnerships with over 50 organizations, impacting over 4,000 youth lives, and reaching over 1 million impressions via social media (Hope Means Nevada, 2024).

The Southern Nevada Health District continues to increase its work in mental and behavioral health. With regards to suicide prevention and mental wellness, SNHD presented on youth mental health during their Public Health Accreditation Board (PHAB) and Board of Health public meetings with resource information to help educate on the importance of mental wellness and to discuss how they can be more involved in treatment and prevention. SNHD continues to work on implementing the Zero Suicide initiative agency-wide through education, presentations, trainings, monthly meetings, and procedures specific to department response. In Addition, the CredibleMind platform was launched in 2024. This SNHD sponsored online platform is a population-based approach to address the need for mental and behavioral health information and services. It is a cost-effective, confidential service for all Clark County residents which provides over a dozen scientifically proven assessments that help users understand their mental health-covering topics like depression, anxiety, burnout and substance use. Since its launch in July 2024, there are 4667 users, and 5240 sessions have been completed.

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, as well as steps to educate families about these efforts, and other community-based programs and the implementation of programs to support students with identified needs.

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. CCCMHC also participates in Children's Week at the Legislature supporting activities that occur on the day dedicated to mental wellness. 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 2025, 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.

Objective 5.4- Support efforts related to enforcing the legal consequences of unsafe storage of firearms.

CURRENT STATUS: **SOME**

The CDC reports firearms continue to be the leading means of suicide, with 54% of all United States suicide deaths attributed to firearms. However, lethal means can include anything which can cause death or harm to a person, and could be medication, motor vehicles, and other household items. It is important to educate communities on how to remove or limit access to lethal means, especially during times of high risk (Suicide Prevention Resource Center, 2025).

In 40.95% of all youth suicides over a five-year period (2018-2022), as well as high in 2023, 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) which 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.

The Nevada Office of Suicide Prevention has the RALM program and statewide partnerships to provide gun safes, gun locks, and medication deactivation bags to support Nevadans in Reducing Access to Lethal Means. OSP supports two community workgroups in RALM efforts Washoe Suicide Prevention Alliance (WSPA) and the University Medical Center Firearms Safety Taskforce.

Next Steps:

Suicide can impact anyone of all ages, cultures, and demographics. It is crucial to expand prevention efforts to underserved communities where there has previously been limited support or training opportunities. Nevada has a unique population landscape and outreach efforts should be prioritized for Spanish-speaking, Native Tribes, Deaf and Hard of Hearing, and Rancher/Farmer populations.

Safe firearm storage is crucial for families, particularly those with youth at home. Teens are often curious and impulsive, and despite well-meaning warnings from adults, they may still be tempted to explore firearms if they find them. This 3-hour training helps families with firearms in the home store them safely, in compliance with Nevada laws.

CCCMHC should continue to support efforts to increase education about firearm safety including distribution of information through educational materials, presentations, or other activities.

Objective 5.5- Increase research and dissemination of findings related to the relationship of electronic device addiction in adolescents and mental well-being.

CURRENT STATUS: MINIMAL

According to the report from the Clark County Child Death Review team many of the youth suicide cases reviewed. The decedent's cell phone or computer was confiscated by parents in response to negative behavior or poor grades in school. While this is a common practice among parents of adolescents, research has identified an 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.

As development of social media and internet technologies has increased and the use of the internet over the past decade plus, there has been changes in behaviors, social relations, and individuals' lives. The internet provides information service in many areas with its wide range of access. The internet has become indispensable for our society and especially with our teens and young adults. However, the benefits can be overshadowed by its negative sides of addiction with excessive and incorrect use. Since the changes in the lives of individuals affected by these new social relations, additional social media programs have emerged compounding the concerns.

As noted in the advisory "Our Epidemic of Loneliness and Isolation," from the U.S. Surgeon General's Advisory 2023,

> *"These technologies are pervasive in our lives. Nearly all teens and adults under 65 (96-99%), and 75% of adults 65 and over, say that they use the internet. Americans spend an average of six hours per day on digital media. One-in-three U.S. adults 18 and over report that they are online "almost constantly," and KEY DATA The rate of loneliness among young adults has increased every year between 1976 and 2019. Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community[20] the percentage of teens ages 13 to 17 years who say they are online "almost constantly" has doubled since 2015. When looking at social media specifically, the percentage of U.S. adults 18 and over who reported using social media increased from 5% in 2005 to roughly 80% in 2019.89 Among teens ages 13 to 17 years, 95% report using social media as of 2022, with more than half reporting it would be hard to give up social media. Although tech adoption is relatively high among all groups, Americans with disabilities, adults with lower incomes, and Americans from rural areas (92) continue to experience a persistent, albeit shrinking, digital divide. They are relatively less likely to own a computer, smartphone, or tablet, or have broadband internet access" (US Surgeon General, 2023).*

Next Steps:

Nevada should consider legislation designed to protect youth health, safety and privacy online as well as supporting access to new and updated resources tailored for youth, parents, health providers, and educators. CCCMHC should continue to support efforts to increase education about electronic device addition including distribution of information through educational materials, presentations, or other activities.

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 the past two years there has not been a clear person assigned as the children's mental health authority and it has been replaced by an advisory group. No progress has been made toward local control during this time.

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.

In 2024, DCFS was awarded another System of Care Expansion Grant with the population of focus being children and youth ages 0 – 21 with a designation of serious emotional disturbance (SED) and co-occurring intellectual and/or developmental delay (IDD). Through this grant, the NVSOC will contract with community-based providers to train on EBPs and provide services to this underserved population.

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. CCCMHC will continue to monitor and provide feedback on the Clark County Mental Health Expansion project as well as the Nevada System of Care grant that was awarded in September, 2024. In addition, the 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.

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: **SOME**

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.

The CCCMHC continues to work to provide one community training each year through the Annual Mental Health Symposium described in Goal 5, In 2024, the SOC staff along with a family representative from Nevada PEP offered four System of Care trainings, three Culturally & Linguistically Appropriate Standards (CLAS) trainings, and two Health Inequities trainings. These trainings were made available to both state agency staff and community providers. In addition, Aging and Disability Services worked with DFS to cross train staff to better support the children and families they serve. Finally, the Nevada Afterschool Network held several in person and virtually trainings for Out-of School Time staff as well as parent training related to social emotional learning, behavioral management, and autism. For sustainability these trainings are transferred and available on the NAN Online Learning Academy.

In addition, upon implementation in October 2023, BeHERE NV staff have embarked on multiple listening tours with stakeholders to understand where the pipeline already exists, where there are gaps, and opportunities to build new sections. This listening tour included meetings with representatives at each of the NSHE institutions, organizations who focus on healthcare recruitment, licensing boards, and K-12 education institutions. Overall, stakeholders supported the goals of BeHERE NV, shared important insights, and supported connections to additional resources and stakeholders. To increase the current workforces, BeHERE staff are focused on recruiting the younger generations into the field. The K-12 curriculum has established a framework for which to focus the content and delivery of the curriculum. Early implementation accomplishments include representation at school career fairs, reaching over 1,000 Nevada students and distributing over 700 Health Care Careers in Nevada books. Additionally, BeHERE NV developed and delivered a focused workshop for Health & Human Services CTE students at Reed High School and UNR Upward Bound students.

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. Additionally, the State should ensure that trainings for Evidence Based Practices (EBPs) are brought in to train both state providers and community-based providers with an emphasis on EPB trainings that provide a "Train the Trainer" model to ensure sustainability of different EBPs. 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: **MINIMAL**

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.

V. REFERENCES

- Centers for Disease Control & Prevention (CDC). (2022), WISQARS. Retrieved from https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm
- Centers for Medicare & Medicaid Services. (2024) "Best Practices for Adhering to Early and Periodic Screening, Diagnostic, and Treatments (EPSDT) Requirements". Retrieved January 2, 2025 from https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf
- Child and Adolescent Health Measurement Initiative. (2022). 2020-2021 National Survey of Children's Health (NSCH) data query. *Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services.* Health Resources and Services Administration (HRSA). Maternal and Child Health Bureau (MCHB). Retrieved January 20, 2021 from www.childhealthdata.org.
- Clark County Children's Mental Health Consortium (CCCMHC). (2018). 10 Year Strategic Plan: 2018 Service Priorities. Retrieved from https://www.cccmhc.org/reports
- Egan, R. (2025). Updated Numbers for Nevada Office of Suicide Prevention. Retrieved via email communication to Amanda Haboush Deloye on January 23, 2025.
- Evans, C. B. R., Smokowski, P. R., Rose, R. A., Mercado, M. C., & Marshall, K. J. (2018). Cumulative Bullying Experiences, Adolescent Behavioral and Mental Health, and Academic Achievement: An Integrative Model of Perpetration, Victimization, and Bystander Behavior. Journal of child and family studies, 27, 10.1007/s10826-018-1078-4. https://doi.org/10.1007/s10826-018-1078-4
- Higley, K. (2024). Annual SafeVoice Report for Legislative Counsel Bureau FY 2023-2024. Retrieved December 27, 2024 from https://www.leg.state.nv.us/Division/Research/Documents/RTTL_NRS388.1455_2024.pdf
- Starcevich, K., Powers, MG., Howard, L., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. (2024). University of Nevada, Reno School of Public Health and State of Nevada, Division of Public and Behavioral Health. *Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2021-2023.*
- Hope Means Nevada (2023). Community Impact Report. Retrieved January 8, 2025 from https://acrobat.adobe.com/id/urn:aaid:sc:US:2454e6a1-6e04-42b5-be05-290b183002aa
- Hope Means Nevada (2024). Community Impact Report. Retrieved December 19, 2024 via email from Communications Director Mackenzie Miles.
- Innovations Institute, University of Connecticut School of Social Work. (2023). Mobile Response & Stabilization Services National Best Practices. In Partnership with Child Health and Development Institute. Retrieved November 26, 2024 from https://innovations-socialwork.media.uconn.edu/wp-content/uploads/sites/3657/2024/02/Mobile-Response-Best-Practices.January-2023.pdf
- McDade Williams, M. (2024). Updated on Building Bridges. Retrieved via email communication to Amanda Haboush-Deloye on November 6, 2024.
- McPartlin, K., Scavella, S., & Jones, D. (2024). FOCUS: 2024 Strategic Plan Update – Student Discipline and Chronic Absenteeism, CCSD School Board of Trustees Meeting, 8/8/2024. Retrieved from https://go.boarddocs.com/nv/ccsdlv/Board.nsf/files/D7P4P20C730E/$file/08.08.24%20Ref.%203.01(A).pdf
- Nevada Department of Education. (2024). Nevada Accountability Portal Retrieved from https://nevadareportcard.nv.gov/DI/nv/clark/2024
- Nevada Department of Health & Human Services (DHHS). (2022). Nevada Youth Crisis Hold Explanation. Retrieved January 20, 2025 from https://www.youtube.com/watch?v=3If3r7cuafc
- Nevada Department of Health and Human Services Division of Health Care Finance & Policy (DHCFP). (2024). Nevada Medicaid Behavioral Health Transformation. Retrieved on January 10, 2025 from https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Pgms/CPT/Nevada%20Children's%20BH%20Project_final%20(002).pdf
- Nevada Department of Health and Human Services Division of Health Care Financing and Policy (2025). Transforming Children's Behavioral Health. Retrieved on January 5, 2025 from https://dhcfp.nv.gov/kidsBH/kidshome/
- Nevada Division of Public and Behavioral Health (2023). Behavioral Health Community Integration Strategic Plan. Nevada's 2023 update to the Strategic Plan for Behavioral Health Community Integration.
- Nevada Office of Data Analytics. (2024a), Nevada 988 Call Center Data – Calls Answered for Nevada Youth 21 and Younger, April 2024 through September 2024. Retrieved January 31, 2025 from https://drive.google.com/drive/folders/1F6FoXMdQ6ed5rpEXtKhYSHiTKp-_Bm4u
- Nevada Office of Data Analytics (2024b). Monitoring Medicaid Enrollments, Disenrollments, and Renewals in Nevada Dashboard. Retrieved on January 10, 2025 from https://app.powerbigov.us/view?r=eyJrIjoiNWE2NWJjNDctZDJiMy00ZmRjLWJhMTktNDI3NzMyYmUwYTVkIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

- Nevada Office of Data Analytics. (2025a). Children and Youth at Out-of-State Residential Treatment Center Facilities Dashboard. Retrieved on January 10, 2025 from https://app.powerbigov.us/view?r=eyJrIjoiZDkzNTAxMGUtN2VhMi00Y2ZjLWJhODAtYmM0ZGUwMjkxOTM4IiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9
- Nevada Office of Data Analytics. (2025b). Youth Behavioral Health Services Dashboard – Trends, Mobile Crisis. Retrieved on January 10, 2025 from https://app.powerbigov.us/view?r=eyJrIjoiOWIyOGUwZjEtMzllYi00MGM0LTg2YmYtNGQzMzA1ZjRhN2Q0IiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9
- Nevada Regional Behavioral Health Policy Boards. (2022). Parent's Guide to Youth Mental Health in Nevada. Retrieved on January 21, 2025 from https://nvbh.org/wp-content/uploads/2023/01/ParentsGuideforYMH10-1.pdf
- Osgood, K., Sheldon-Dean, H., & Kimball, H. (2021). 2021 Children's Mental Health Report: What we know about the COVID-19 pandemic's impact on children's mental health — and what we don't know. Child Mind Institute. Retrieved from https://iecmhcnetwork.org/resource/childrens-mental-health-report-what-we-know-about-the-covid-19-pandemics-impact-on-childrens-mentalhealth-and-what-we-dont-know/
- Reinert, M., Fritze, D. & Nguyen, T. (2024). "The State of Mental Health in America 2024." Mental Health America, Alexandria VA. Retrieved December 9, 2024 from https://mhanational.org/sites/default/files/2024-State-of-Mental-Health-in-America-Report.pdf Southern Nevada Health District (2024). CredibleMind. Retrieved January 27, 2025 from https://clarkcountythrive.crediblemind.com/
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). Behavioral health, United States, 2012. HHS Publication No. (SMA) 13-4797. Rockville, MD: Substance Abuse and Mental Health Service Administration.
- Substance Abuse and Mental Health Services Administration (2022). National Guidelines for Child and Youth Behavioral Health Crisis Care. Publication No. PEP22-01-02-001 Rockville, MD. Retrieved from https://www.samhsa.gov/data/
- Suicide Prevention Resource Center. (2025). Reduce Means to Access to Means of Suicide. Retrieved January 24, 2025 from https://sprc.org/effective-prevention/a-comprehensive-approach-to-suicide-prevention/reduce-access-to-means-of-suicide/#:~:text=Why%20It's%20Important,to%20lethal%20means%20is%20important%3A&text=Many%20suicide%20attempts%20take%20place,a%20risk%20factor%20for%20suicide
- United States Census Bureau (2023). Populations and People. Clark County, Nevada. Retrieved January 23, 2025 from Clark County, Nevada - Census Bureau Profile https://data.census.gov/profile/Clark_County,_Nevada?g=050XX00US32003#populations-and-people
- US Department of Justice Civil Rights Division. (2022). *Investigation on Nevada's Use of Institutions to Serve Children with Behavioral Health Disabilities.* Retrieved January 28, 2025 from https://www.justice.gov/d9/press-releases/attachments/2022/10/04/2022.10.04_report-of_nevada_investigation_0.pdf
- US Department of Justice Civil Rights Division (2025). "Agreement Between the United States and the State of Nevada". Retrieved January 3, 2025 from https://www.justice.gov/crt/media/1382836/dl
- US Surgeon General (2021). Protecting Youth Mental Health: The U.S. Surgeon General's Advisory. Retrieved November 30, 2022 from https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf
- US Surgeon General. (2023). Our Epidemic of Loneliness and Isolation, The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. Retrieved January 28, 2025 from https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf
- Whitney, D.G. & Peterson, M.D. (2019). US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. JAMA Pediatr. Apr 1;173(4):389-391. doi: 10.1001/jamapediatrics.2018.5399. PMID: 30742204; PMCID: PMC6450272.

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

CURRENT MEMBERSHIP

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

Richard Egan, Vice-Chair
Nevada Office of Suicide Prevention
Community Representative

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

Dan Musgrove, Chair
Strategies 360
Business Community Representative

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

Hunter Cain
Foster Parent Representative

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

Char Frost
Parent Representative

Jackie Harris
Creative Solutions Counseling Center
Substance Abuse Service Providers Representative

Meambi Newbern-Johnson, MHS, MSW, LCSW 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

Jessica Sasso
Manager of The Harbor Juvenile Assessment Centers
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.

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

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