



10-Year Strategic Plan

2020 - 2030

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.

CCCMHC 10-YEAR STRATEGIC PLAN GOALS

For Timely Access to a Comprehensive, Coordinated System of Services & Supports

Addressing the Highest Needs

Youth with serious emotional disturbance, including those with the highest need, and their families with thrive at home, school, and in the community with intensive supports and services.

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.

No Wrong Door to Services

Organized pathways to information, referral, assessment, and crisis intervention coordinated across agencies and providers will be available for families.

Prevention and Early Intervention

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.

Raise Awareness and Support

Increased public awareness of the behavioral health needs of children and youth will reduce stigma, empower families to seek early assistance, and mobilize community supports for system enhancements.

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 the system of care effectively at the local level.

Strategic Plan Development

Strategies and recommendations provided in this plan were developed in conjunction with feedback solicited from:



Mental & behavioral health professionals.

Parents of youth with mental & behavioral health needs.



School & community-based providers of social services.

How to Use this Plan

1

Determine vision and goals for your organization as a part of the behavioral health system of care in Clark County, NV.

2

Select an underlying objective to work towards & identify obstacles preventing children & families from accessing needed services.

3

Align activities with recommended strategies to overcome obstacles and realize your vision.

About the CCCMHC

CCCMHC has been a part of the community since 2001 and brings professionals and parents together from a variety of disciplines and organizations to focus on bettering the services and resources for children's mental health in Clark County, NV.

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.

2024 Priorities Report

Developed from the 2030 Strategic Plan



Top 4 Priorities of the CCCMHC

1. Sustainable funding for the mobile crisis response team (MCRT)

Without access to crisis intervention, stabilization, and family support services, families in Clark County have been forced to utilize local emergency rooms in order to obtain behavioral health care for their children. The state budget should increase and sustain funding to ensure that MCRT can expand services to youth throughout urban and rural Clark County. Four recommendations were made on the implementation of all mobile crisis response teams to ensure that the evidence-based model for youth are being followed in order to obtain the most effective results.

2. Family peer-to-peer support should be expanded

Family peer support is a service provided by Nevada PEP that connects parents of children with mental and behavioral health needs to other parents with lived experiences. These services are not only clinically effective but cost effective as well. The U.S. Department of Justice investigation in Nevada found that family peer support is not sufficiently available to families to prevent institutionalization. Two recommendations urged that family peer support continues past the availability of ARPA funds and that Nevada Medicaid include family peer support as a service.

3. Fully implement the Building Bridges Model of Care to support youth and families transitioning from residential care back into the community

Youth and families should have the appropriate supports when exiting residential care to prevent re-entry. The Building Bridges model provides a guide to best practices to ensure that we have the ability to provide both quality residential care treatment services as well as community-based services so youth and families are supported as they return to the community. Four recommendations were made to ensure youth have access to treatment at home, in residential facilities, and within the community.

4. More service array options so youth and families can access care at earlier stages to reduce the need for crisis service intervention which leads to an overreliance on out of home placements-hospitalization residential treatment

It is necessary to have available integrated community services to reduce out-of-home and out-of-state placement to avoid unnecessary segregation and institutionalization. Youth with intellectual and developmental disabilities (IDDs) and mental and behavioral health needs who have a demonstrated need for community-based services often cannot access that care. Thirteen recommendations were made on improving access to a comprehensive array of mental and behavioral health services in the community.