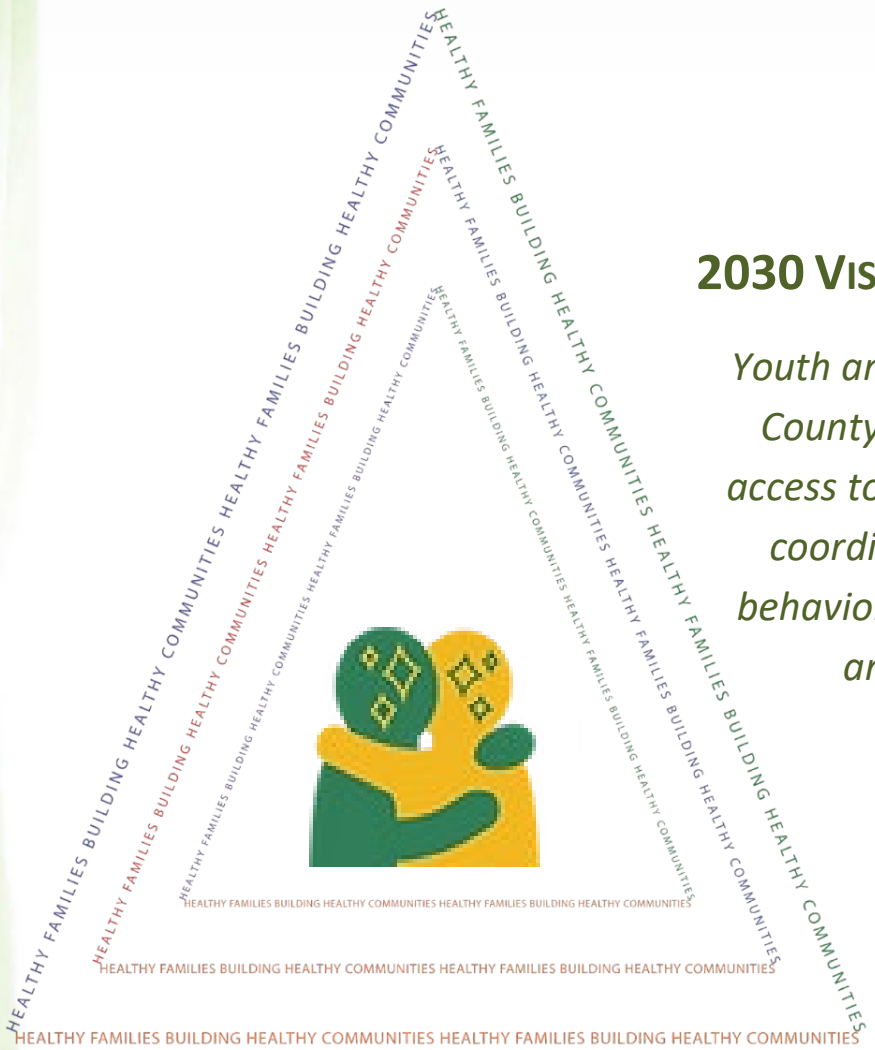
Clark County Children's Mental Health Consortium

2026 Service Priorities 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.

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I. 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 (Reinert, Nguyen, & Fritze, October 2025).

Clark County is home to over 74.7% of the youth in Nevada. As of 2024 there were an estimated 567,852 children in Clark County between the ages of 0 and 19 years, representing nearly 23.67% of the county's population (United States Census Bureau, 2025). These children mirror the growing cultural and ethnic diversity of the region. Approximately 38% of the county's children are from non-white racial backgrounds, including 15.27% of Black or African-American origin, 8.5% of Asian origin, 1.1% Native Hawaiian and Other Pacific Islander, and 8.9% representing two or more races while, ethnically, Hispanic youth make up 54.9% of Clark County's youth population (United States Census Bureau, 2025). 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 indicate that threats to students, bullying, and suicide threats have been among the top 5 event types for the past 4 years (McGill, 2022-5).

Top 5 SafeVoice Event Types		
2023	**2024**	**2025**
1. School/Employee Complaint 2. Threat to Student 3. Planned School Attack/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	1. School/Employee Complaint 2. Threat to Student 3. Suicide Threats 4. Handle with Care 5. Bullying

Source: McGill, 2023; McGill, 2024; McGill, 2025

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 (Patchin, 2023). 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 2024/2025 school year Nevada Report Card, 58.3% of students with individualized education programs (IEPs) involved in bullying incidents were suspended and 10.2% were expelled. Although the number of IEP students

expelled has been relatively consistent over the past four school years, the number suspended in the past two school years, an average of 407.5 students for 2024 and 2025, is significantly higher than the previous two school years, 294 students in 2022 and 2023 (Nevada Department of Education, 2025).

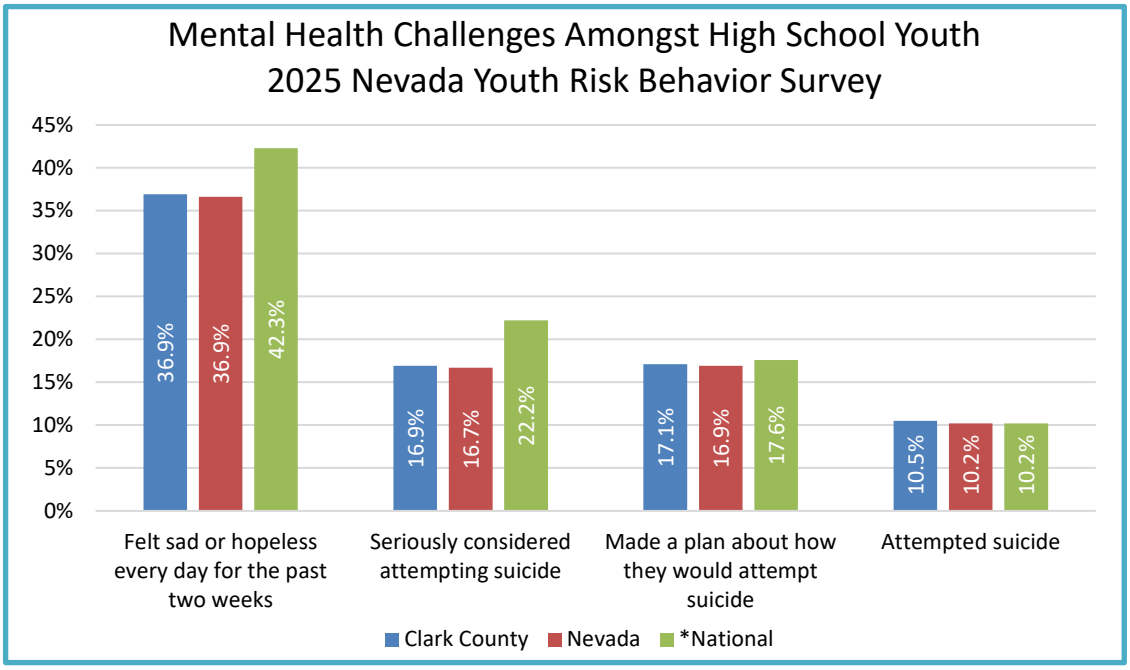
Disciplinary incidents among IEP students in Nevada: Comparison of FY24 and FY25 data				
	2024		2025	
	# Of students suspended	# Of students expelled	# Of students suspended	# Of students expelled
Due to battery to a school employee	406	35	409	33
Due to sale of controlled substances	43	10	40	11
Due to distribution of controlled substances	49	10	55	11
Due to being deemed habitual disciplinary problems	61	2	31	6
Due to possession of a firearm	0	8	0	7
Due to possession of a dangerous weapon	0	69	0	66

Source: Nevada Department of Education, 2025.

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.

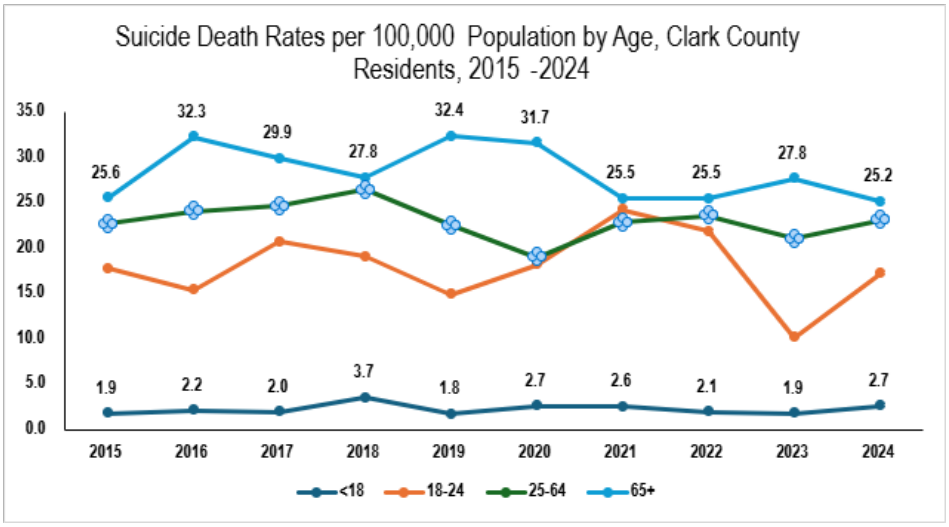
Another population in high need of mental health services are those involved with child welfare and juvenile justice. The prevalence of mental health problems is estimated much higher for these youth. Nationally, at least 50% of children and youth in child welfare and approximately 70% of youth in the 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).

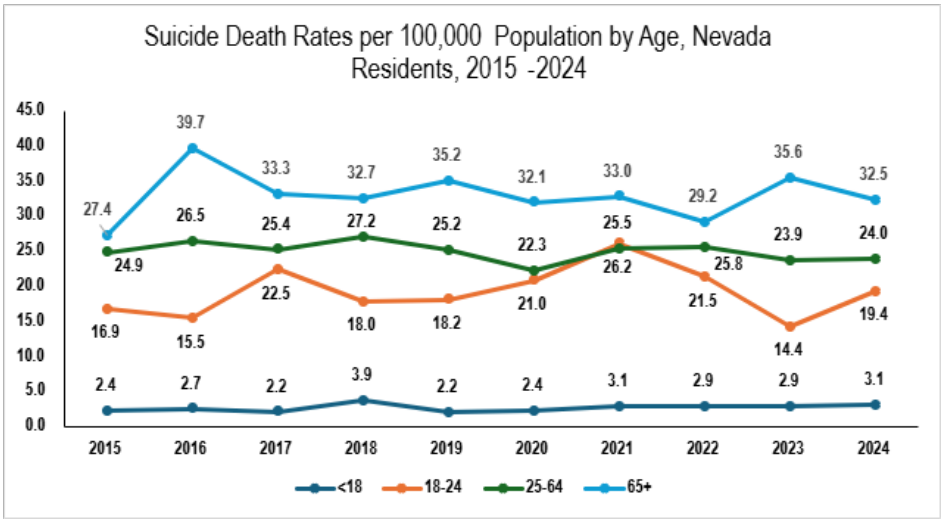
Overall, about 56,000 Nevada youth (22.63%) were reported to have experienced at least one major depressive episode in 2023, and approximately 32,000 youth (14.23%) reported to have experienced serious thoughts of suicide (Reinert, Fritze, & Nguyen, 2025). According to the Nevada Youth Risk



Behavior Survey, in Clark County, 16.9% of high school youth surveyed reported having seriously considered attempting suicide, 17.1% of high school youth surveyed have made plans for attempting suicide, and 10.5% of those youth surveyed report having attempted suicide (Howard et al., 2025).

Suicide has long been a critical public health issue in Nevada. From 1939–1999, Nevada ranked first nationally for suicide deaths per capita. While statewide collaboration has reduced this ranking to 8th in 2023, significant prevention work remains. In 2023, Nevada lost 690 residents to suicide, resulting in approximately one death on average every 12.7 hours. Suicide is the second leading cause of death for Nevadans ages 11–49 and the leading cause among youth ages 10–24 in many counties. Nevada also ranks first nationally for suicide rates among adults aged 65 and older. Preliminary state data from 2024, shows a possible 4.7% increase in the number of suicides among youth ages 17 and under (Clark County 40% increase). In addition, there is an almost 37% increase in the same time period for those 18-24 years of age (Clark County 70% increase (Nevada Office of Analytics and Office of Suicide Prevention, 2024). The data reveals 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 in preventing youth and young adult suicides. A greater investment and focus on these services will help save the lives of our youth and young adults. The following two graphs were provided to NOSP by the Nevada Office of Analytics (Egan, personal communication, January 20, 2026).





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% (Office of the 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. 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. A report released by the Nevada Office of Analytics in 2024 indicated that youth educational performance and mental health suffered during and post pandemic and significant long-term efforts will be needed in order to help youth recover (Office of Analytics, 2023).

In 2022, the U.S. Department of Justice found Nevada out of compliance with the Americans with Disabilities Act. In response, the State entered into a settlement agreement in January 2025. The Children's Behavioral Health Transformation Implementation Plan describes Nevada's approach to meeting the settlement requirements and achieving compliance. The Division of Nevada Medicaid, within the newly established Nevada Health Authority, serves as the State's lead agency for this effort. The transformation and implementation plan were developed through collaboration with partner agencies across the Nevada Health Authority and the Department of Human Services, including the Divisions of Child and Family Services, Public and Behavioral Health, Social Services, and Aging and Disability Services. The initiative aims to ensure that Nevada's children—particularly those involved in state systems and/or eligible for Medicaid, known as the "Focus Population"—have access to the behavioral health services they need to thrive with their families and in their communities. The work is guided by a strong focus on youth and families, community-driven solutions, and shared accountability across partners (Nevada Health Authority, 2025).

Families in Clark County will require sustained support in the years ahead, which will depend on strong collaboration among public and private agencies, families, and community members. To continue improving outcomes for youth in schools, CCCMHC recommends that school administrators expand support for teachers and school mental health professionals, including training to recognize early signs of student distress and clear pathways to connect families with appropriate resources. CCCMHC also recommends that student and family voices be regularly solicited and meaningfully incorporated into policies and programs designed to serve them. In addition, CCCMHC will remain actively engaged in

monitoring the Children's Behavioral Health Transformation Implementation Plan by elevating community and family input and advising state agencies on service gaps and access barriers to ensure the transformation responds to local needs and delivers meaningful outcomes. Protecting and supporting the mental health of children is a shared responsibility, and it must remain a priority for our community.

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, and culturally competent. Just after the completion of the plan, the CCCMHC identified the top 4 priorities to improve the system while Clark County moves toward full implementation longer-term plan.

10-Year Plan 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, 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.*

Top 4 Priorities

- ***Provide evidence-based mobile crisis intervention and stabilization services to Clark County youth in crisis.***
- ***Expand family and youth peer-to-peer support.***
- ***Implement evidence-based transition practices from residential care back into the community for youth and their families.***
- ***Expand accessible quality mental health services that best fit the needs of youth and their families to reduce and prevent the need for crisis service intervention.***

II. CCCMHC FOUR PRIORITIES

Provide* evidence-based *mobile crisis intervention and stabilization services to Clark County youth in crisis.

Justification

Clark County youth in crisis should have access to an evidence-based mobile intervention and stabilization service. Evidence-based crisis intervention services for youth are critical for rapidly stabilizing mental health crises, preventing unnecessary hospitalizations or juvenile justice involvement, and reducing long-term, adverse outcomes. These targeted, data-driven approaches offer immediate safety, specialized support for youth-specific trauma, and essential, rapid connections to community-based care. The following are community updates to understand the landscape of mobile crisis in Clark County.

NEVADA MEDICAID

Nevada Medicaid recently updated its Crisis Services policy to improve access, coordination, and the overall quality of behavioral health crisis care. As part of these updates, two new community-based services have been introduced: Mobile Crisis Teams (MCT) and Intensive Crisis Stabilization Services (ICSS) facilities. These services serve as community-based counterparts to the existing Designated Mobile Crisis Teams (DMCT) and Crisis Stabilization Centers (CSC), and are designed to provide timely, localized support for individuals experiencing behavioral health crises. The revised policy also broadens the definition of crisis services to include follow-up care, promoting consistency across service settings. It emphasizes collaboration with law enforcement and community partners to ensure effective crisis intervention. Additionally, updated documentation standards require detailed reporting of crisis encounters to support data-driven evaluation and continuous improvement. To ensure transparency and gather stakeholder input, a public workshop was held on July 22, 2025, followed by a public hearing on September 30, 2025 (Follett, personal communication, January 13, 2026).

CLARK COUNTY SCHOOL DISTRICT (CCSD)

CCSD provides crisis support services and well a transition services for youth transitioning back to school. The CCSD Crisis Response Team is dedicated to the safety, mental health, and well-being of school communities. Their mission is to safeguard student well-being through proactive prevention, timely intervention, and compassionate support during difficult situations. Through their expertise in threat and crisis management, they strive to empower and equip students, families, and school teams to create a safe and resilient educational environment where students and staff can thrive. The Mental Health Transition Office creates seamless pathways for students returning to school following mental health treatment. Their specialized team bridges the gap between clinical care and educational settings by coordinating with mental health treatment providers, families, and school personnel to ensure successful reintegration into the learning environment. Their office is dedicated to removing barriers between mental healthcare and education, allowing students to successfully return to school with the support needed for academic and social-emotional success.

In the 2024-2025 school year, 1021 students were referred to their team which included elementary, middle, and high school students. The most prevalent conditions included Major Depressive Disorder, Disruptive Mood Disorder, all Bipolar Disorders, Anxiety Disorders and ADD/ADHD. Approximately 50% of these youth were admitted to a hospital for either a suicidal thought or an attempt (Dockweiler, personal communication, January 22, 2026). This data helps illustrate the students referred to these teams. At this time, additional information on general CCSD services was not part of the data available for review.

CLARK COUNTY CLINICAL AND COMMUNITY SERVICES (CCS)

The new Clark County Department of Clinical and Community Services (CCS) was developed in December of 2024, with official approval of the Clark County Board of Commissioner in June 2025. Since its inception, CCS has focused on streamlining mental health and behavioral health services to Clark County's child welfare, juvenile justice and social services populations. At this time, CCS is comprised of three main divisions focused on prevention and diversion services, institutional mental health and community-based mental health services. The overarching goal of this new County department is to provide a no wrong door approach to accessing services with intent of mitigating risks of youth becoming system involved or further escalating through the child welfare and juvenile justice systems to receive the behavioral health care they need. Organizational and infrastructure development of the new department is grounded in the core principles of System of Care (SOC). CCS has utilized SAMHSA funding and technical assistance to implement system of care training department wide (Rodriguez, personal communication, January 29, 2026).

CCS Institutional Mental Health provides crisis intervention and other direct mental health services to Child Haven, Juvenile Detention and Spring Mountain Youth Camp. CCS institutional mental health (IMH) is currently focused on reviewing parent refusal (abandonment) cases where youth and families have come to the attention of Clark County of Juvenile Justice and Family Services due to unaddressed mental health needs. The goal is to identify data trends that potentially indicate barriers to expedited assessment and service coordination, in efforts to establish collaborative processes with internal and external stakeholders that will mitigate relinquishment into care and/or further escalation within these respective systems. IMH is also seeking to support Spring Mountain Youth Camp with transition support for youth being released home by enhancing aftercare services, family therapy, parent training and clinical care coordination in efforts to reduce recidivism and support reintegration into the community. IMH currently facilitates assessments to identify youth who have a qualifying diagnosis for the Justice Works re-entry program (Rodriguez, personal communication, January 29, 2026).

DIVISION OF CHILD AND FAMILY SERVICES (DCFS)

The primary goal of Division of Child and Family Services (DCFS)-administered crisis response services is to provide immediate, on-site intervention to youth experiencing a mental health or behavioral crisis. This approach aims to prevent escalation, reduce the need for emergency room visits, and minimize the use of law enforcement or hospitalization. Crisis response teams typically work to de-escalate the situation, assess the individual's needs, offer support, and connect them to appropriate community resources or mental health services. By intervening quickly and in the community, crisis response teams help ensure individuals receive the care they need in a less restrictive and more supportive environment (Division of Child and Family Services, 2025a).

The DCFS Mobile Crisis Response Team (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. There has been progress in this area as current positions are permanent, budgeted positions. DCFS received ARPA funding for temporary staff increases during/just after the pandemic and received ARPA funding for an additional 13 positions between 2022 and 2024. The positions were retained and are now covered by state general funds and Medicaid reimbursement (Abbott and Morgan, personal communication, DCFS Email, January 9, 2026).

Between 2021 and 2024 the DCFS MCRT received 10,408 crisis calls, served 4,447 youth with a face-to-Face response and diverted roughly 80% 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. 2025, the DCFS MCRT responded to 493 youth and families. The average hospital diversion rate was 92%. A full epidemiologic profile of DCFS's Clark County MCRT services can be found online at this link (Abbott and Morgan, personal communication, DCFS Email, January 9, 2026).

Call volume varies by month, day of the week, and time of day, with most calls received on weekdays between 8:00 am and 10:59 pm (2024: 85%). In early November of 2024, Clark County DCFS-administered crisis response teams reduced their response hours and stopped staffing an overnight shift from 11:00 p.m. through 7:59 a.m. The hotline is still accessible during these hours, but face-to-face responses will be scheduled for the following morning or the next working day. This decision was made based on resource limitations and after a thorough review of call and response volume data indicated the overnight team was being deployed approximately once every other day (Division of Child and Family Services, 2025a). Current data show an average of less than 4 calls per month in the overnight hours, which is less than one per week, with only a subset of these calls requiring a face-to-face response.

In January of 2025, Clark County DCFS-administered crisis response teams stopped responding to hospitals in an effort to devote resources to the community and focus resources on those most vulnerable. This shift in operational focus to community-based interventions, such as responding directly to individuals in the field or in private residences, rather than in hospital settings, is an effort to better address the root causes of crises outside of medical facilities, address resource constraints that limit the capacity to respond to emergency rooms, and reduce duplication of services in a setting that has a shared responsibility to stabilize patients in mental or behavioral health crisis.

DCFS acknowledges the importance of a MCRT and how crucial these services are to youth and families. DCFS is committed to continue its efforts to maintain youth in their homes and will continue to evaluate and adjust resources to meet the community need in a matter consistent with the SAMSHA guidelines (Abbott and Morgan, personal communication, DCFS Email, January 9, 2026).

It is anticipated that as 988 grows into full capacity there will be additional partnership opportunities to dispatch mobile crisis teams, potentially the DCFS MCRT, from calls to 988. Right now, this is being piloted to test feasibility. Additional information is provided in the 988 update below.

988

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, refer to crisis stabilization unit, and dispatch law enforcement through the hotline. 988 also has a small pilot to in Southern Nevada to test out dispatching services to mobile crisis.

From April 1, 2024 through June 30, 2025, Nevada 988 answered a total of 2,598 contacts (phone calls, chats, and text messages) from **individuals aged 21 and under**, with 32.1% of those contacts coming from youth aged 15 and under. Persons aged 19-21 were the largest age group represented in contacts (36.2%), followed by those aged 16-18 (31.8%). Over half (57.9%) of all contacts received during this time were from female youth, followed by males (30.0%), unknown gender (8.7%), and transgender or non-binary (3.5%). The average contact length was 25.03 minutes for phone calls and 53.33 minutes for chats and text messages. Youth under age 10 had both the shortest average times for calls (15.46min) and chat/texts (26.60min) while the longest average time for calls (28.48min) were had by those aged 19-21, and the longest average chat/text times (62.99min) were by those aged 16-18.

Out of all the contacts during this time, 79.6% were stabilized within the community. The remaining calls were either transferred to another resource (1.6%), provided a welfare check or dispatch (0.9%), or were not able to pursue (unresponsive callers, wrong numbers, disconnects, etc. - 17.94%). Additionally, 22.1% out of all contacts during this time were provided services. Of these (n=574), the majority of individuals received some kind of mental health services (74.6%), with the remaining receiving social services (15.33%) or emergency services (10.1%). The primary presenting concerns for each age group were very similar, with the top three concerns for each group listed below.

AGE GROUP	TOP 3 CONCERNS	PERCENTAGE OF CALLS
< 10 (n=18)	Mental Health	38.9%
	Suicide	22.2%
	Other	22.2%
10-12 (n=204)	Family/Other Relationship	31.9%
	Mental Health	31.9%
	Suicide	19.1%
13-15 (n=611)	Family/Other Relationship	31.6%
	Mental Health	27.2%
	Suicide	19.1%
16-18 (n=825)	Mental Health	38.7%
	Family/Other Relationship	27.3%
	Suicide	19.3%
19-21 (n=940)	Mental Health	40.9%
	Family/Other Relationship	25.5%
	Suicide	17.4%

Regarding phone calls from July 2025 through June 2025 for **all age groups**, Nevada's 988 call centers made significant progress towards their goal of having 90% of contacts to the call line answered in-state. As of October 31, 2025, 88% of monthly calls on average (not including chat or text) were answered by in-state call centers, up from 74% at the same time the previous year. Additionally, the flow-out of calls (calls only, excludes chat and text) to national backup centers decreased from a monthly average of 546 callers (July 2024 - June 2025) to 47 callers as of October 31, 2025, allowing them to meet their goal of <10% of contacts being transferred to a national backup center. It is important to note that the new Carelon Crisis Call Center in Southern Nevada began operation in July 2025, greatly increasing Nevada 988's capacity to respond in-state to incoming calls, chats, and texts. To help the public easily access this data, a Nevada 988 Crisis Response Public Dashboard is currently in production and is expected to be published in early Quarter 1 of 2026. This dashboard will track key metrics by region (Clark, Washoe, Rural), and will display the current status for call center performance, trends over time, demographics of people served, and outcomes.

Southern Nevada 988 & Mobile Crisis Updates

Nevada DPBH has selected the **City of Henderson Crisis Response Team** to conduct a pilot program to strengthen community-based behavioral health response by directly dispatching mobile response teams from 988. This program will establish a standardized workflow for mobile crisis dispatch and response and demonstrate how statewide implementation can decrease reliance on law enforcement and EMS while improving access to behavioral health crisis services. The program is anticipated to begin in January 2026, running for at least 18 months, and with the long-term goal of enabling any Mobile Crisis Team to be dispatched directly from 988, reducing overburden on 911.

The **City of North Las Vegas** Fire Department (NLVFD) Crisis Response Team (CRT) provides immediate, behavioral health and comprehensive harm-reduction interventions for North Las Vegas residents, across the lifespan, experiencing a behavioral health crisis. Established in December 2023 and officially launched for crisis calls in February 2024, the CRT is staffed by two full-time licensed clinicians, two part-time clinicians, and practicum students who support with case management, community outreach, and resource development.

The CRT delivers on-site crisis stabilization in the least restrictive environment alongside EMS and the North Las Vegas Police Department (NLVPD) and offers follow-up support to manage ongoing risks via case management services. The team collaborates closely with the NLVPD, local hospitals, and social service partners, and holds the authority to initiate a Mental Health Crisis Hold when required.

The CRT currently operates Monday through Saturday during the following hours:

- Monday & Tuesday: 8:00 a.m. – 8:00 p.m.
- Wednesday & Thursday: 8:00 a.m. – 9:00 p.m.
- Friday & Saturday: 10:00 a.m. – 9:00 p.m.
- Sundays: Closed

The **City of Las Vegas** Crisis Response Team (LV-CRT) currently responds to active 911 calls for behavioral or psychiatric emergencies. Leadership also engages with local law enforcement and paramedic schools for training new recruits and students on appropriately working with individuals managing mental health emergencies or crises. Recently, LV-CRT has been expanded to allow all fire service ambulances to request CRT services and make referrals on active 911 calls. They are now also able to respond to overdose and substance use related calls in addition to psychiatric emergencies. LV-CRT reports supportive city leadership and coordination with the UMC Crisis Stabilization Center as significant assets that bolster their programming and growth. However, significant gaps and barriers they are actively working to address include:

- Limited resources available between inpatient admission and standard outpatient levels of care,
- Lack of communication between various levels of care, and
- Law enforcement's understanding of roles and abilities to connect or request services.

The **University Medical Center of Southern Nevada** (UMC) Crisis Stabilization Center (CSC) is open 24 hours a day, 365 days a year to help stabilize patients with mental health and substance use disorders. They are able to assist with all levels of mental health and detoxification as long as there are no major medical complications. CSC maintains no wrong door access for those seeking services, accepting all patients regardless of payer source. To reduce burden on mobile crisis response teams and first responders, the CSC utilizes a 5-minute drop off protocol for responders bringing someone in for care. Patients receive a medical screening upon arrival as well as a full psychiatric and behavioral health assessment.

Recommendations

1) To ensure that Nevada's 988 system is successful, it is recommended that the implementation procedures includes specific recommendations for youth and families that were provided by the National Federation of Families including the following:

- call staff should receive education on pediatric, child/adolescent development, family systems training/experience,
- incorporate the use of family and youth peer support in call taking,
- explore call routing where a caller would choose to speak to a peer or clinician, and
- when using a real-time regional bed registry to connect to services for those that need it, include community-based services on the list to provide options to the most least restrictive environment within the community.

2) Clark County should have sufficient Mobile Response and Stabilization Services to ensure that any youth in crisis will receive an in-person Mobile Crisis response within 60 minutes of their initial call for help. All Mobile Response providers who respond to youth under the age of 21 in Clark County should be trained in and follow best practice standards as issued by the SAMHSA and the State of Nevada.

3) 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 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022).

Core principles outlined in the National Guidelines for Child and Youth Behavioral Health Crisis Care – Best Practice Toolkit should be adopted:

- Address Recovery Needs
- Provide Trauma-Informed Care
- Include Significant Role for Peers
- Implement Zero Suicide/Suicide Safer Care
- Implement Safety/Security Protocols for Staff and People in Crisis
- Form Partnerships with Law Enforcement, Dispatch, and Emergency Medical Services (SAMHSA, 2022).

Projected Costs

The costs of mobile crisis response teams will vary depending on the number of youths expected to serve and the level of service. It is recommended to work with providers to determine the anticipated costs to make budgetary decisions.

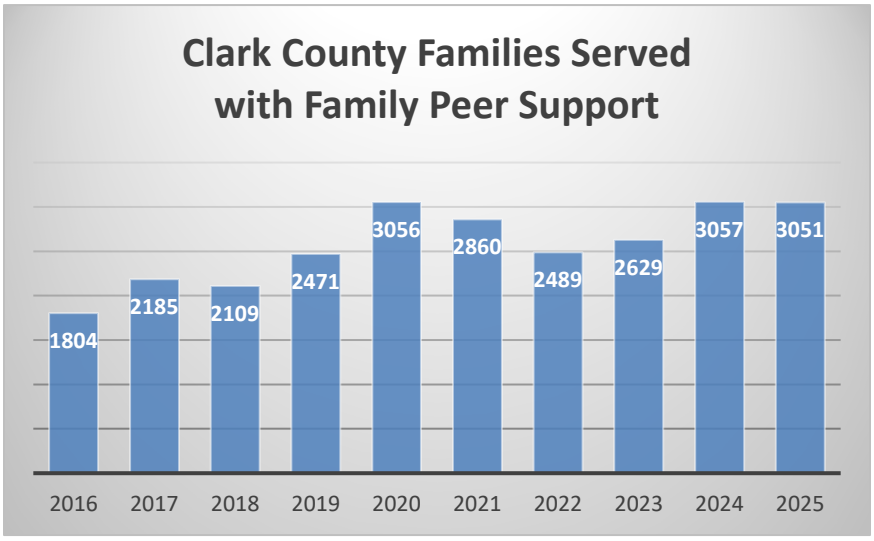
Expand family and youth peer-to-peer support.

Justification

Peer support is a critical component for parents and youth, as it offers meaningful connection grounded in shared lived experience. This support helps reduce isolation, strengthen resilience, and improve families' ability to navigate complex systems such as mental health and education. Peer support also promotes hope, supports self-care, and provides practical, nonjudgmental guidance to families experiencing behavioral, emotional, or developmental challenges. The following are community updates to understand the landscape of both family and youth peer support in Clark County.

FAMILY PEER SUPPORT

Family peer support connects parents of children with mental and behavioral health needs to other parents with lived experience, helping families build resiliency, reduce isolation and internalized blame, and strengthen self-care and self-efficacy. These supports also foster acceptance of a child's challenges and improve families' ability to engage with formal and informal resources.



Recognized as a Medicaid-billable service in the May 2013 CMCS and SAMHSA Informational Bulletin, family peer support has proven both clinically effective—improving family engagement and child behavioral health outcomes—and cost-effective, laying the groundwork for sustainable funding models. A 2022 DOJ investigation highlighted gaps in access, prompting Nevada to revise Medicaid definitions. Under the January 2025 Agreement between the United States and Nevada, family peer support is indicated as a service that must be offered at several junctures throughout the provision of behavioral health care services to the focus population (Taycher, personal communication, January 4, 2026).

Building on the May 2013 CMCS and the 2025 Department of Justice Settlement Agreement, Nevada added family peer support to its Medicaid State Plan through the Children's Behavioral Health Transformation initiative, ensuring evidence-based practices and sustainable funding for long-term availability for families across the state. To expand the family peer support workforce, Nevada Medicaid has submitted a billing rate request to the Center for Medicaid Services and are awaiting approval. Additionally, the Department of Health Services, Nevada Medicaid, the Nevada Certification Board and Nevada PEP are currently collaborating the develop a state certification process for Family peer support specialists (Taycher, personal communication, January 4, 2026).

The Division of Child and Family Services (DCFS) has long recognized the value of family peer support, partnering with Nevada PEP on grants since 1993 and contracting for services beginning in 2012. Families are referred through DCFS programs, schools, and community organizations. In 2025, Nevada PEP received 156 referrals from the Southern Nevada Children's Mobile Crisis Response Team, 107 from other DCFS programs, 95 from Connect Nevada, and 886 family self-referrals. Referrals from the Harbor juvenile justice diversion program reached a record 510. Overall, Nevada PEP

provided family peer support to 3,051 families in Clark County during 2025 (Taycher, personal communication, January 4, 2026).

Another group providing family peer lead services is NAMI Southern Nevada. They delivered 28 family support group sessions across English and Spanish, serving 188 family members. These groups help caregivers understand symptoms, access resources more efficiently, and improve family stabilization. They also delivered 8 presentations to CCSD parent groups and community partners including Step Up and Nevada Partnership for Homeless Youth, reaching 97 participants. These sessions expand access to mental health education and help families identify concerns early, supporting crisis prevention. Across all youth and family support activities from October through December, we delivered 48 total events and recorded 369 touchpoints (Roseen from NAMI Southern Nevada, personal communication, January 14, 2026).

YOUTH PEER SUPPORT

Youth Peer Support (YPS) is a specialized service where young adults with personal "lived experience" in youth-serving systems (such as mental health, foster care, or juvenile justice) provide support to other transition-aged youth. Unlike traditional clinical therapy, youth peer support is built on a "peer-to-peer" relationship where the supporter shares their own history of overcoming challenges with mental health, trauma, or substance use to build trust. It centers on the self-determined needs of the young person, focusing on their specific goals and strengths rather than just a medical diagnosis.

Youth peer support fills a critical gap in the traditional mental health system for several reasons. Traditional care is often shaped by academic or "adult" perspectives that may feel disconnected from a young person's reality. Peer supporters provide culturally responsive and "real-world" strategies that feel more relevant. Research shows that YPS decreases rates of isolation and absenteeism. It provides a sense of hope and resiliency that is easier to accept from someone who has "been there." By involving youth with lived experience in the workforce, it helps change the mental health system to be more equitable and affirming, especially for under-resourced and marginalized communities. Certification provides young adults with meaningful employment and leadership opportunities, helping them turn their past challenges into a professional asset that benefits their community (Youth MOVE National, n.d.)

Availability in Clark County

In Clark County, Nevada, youth peer support is primarily accessible through local community organizations and specialized statewide programs.

NAMI Southern Nevada continues to expand youth peer led support through consistent group programming, volunteer development, and community education. While they are not currently pursuing Youth Peer Support Specialist (YPRSS) certification, their team remains attentive to future opportunities and is prioritizing program consistency, sustainable service delivery, and expanded access for youth and families. From October through December, they held 12 youth support group sessions serving 84 youth. Groups are peer led with staff oversight, reducing barriers by providing free, community-based support that strengthens coping skills and early intervention for youth at risk of isolation or crisis. NAMI Southern Nevada also did work in Youth Workforce Development. They trained 2 high school student volunteers to support youth programming. This builds early workforce pathways, reinforces peer leadership skills, and increases program capacity without increasing cost burdens (Roseen from NAMI Southern Nevada, personal communication, January 14, 2026).

Additionally, **Magellan** is currently developing a youth peer support curriculum as an initial step toward pursuing a Youth Peer Endorsement in Nevada. The curriculum is in the final stages of development and will be piloted in February.

Following evaluation of the pilot's effectiveness, Magellan will move forward with completing the required documentation to pursue endorsement. The goal is to expand training availability to additional providers who have obtained their Peer Recovery Support Specialist (PRSS) certification through the Nevada Certification Board. Broader training availability is anticipated in mid to late 2026, supporting continued growth and sustainability of the youth peer support workforce statewide (Zamora, personal communication, January 21, 2026).

Youth peer support represents a high-impact strategy for improving engagement and outcomes for children and youth in mental health systems. Continued investment in training, credentialing, and system integration will be essential to expanding access to youth peer support and strengthening children's mental health services across the state (Zamora, personal communication, January 21, 2026).

Another resource that provides youth peer support is the **Hope Squad program**. Hope Squad is a school-based, peer-to-peer suicide prevention program where students nominated by their classmate's form teams, learn from trained advisors to recognize suicide warning signs, offer friendship, and connect struggling peers to adults and mental health professionals, aiming to foster hope, reduce stigma, and build a more connected school culture (https://www.hopesquad.com/program). Currently Clark County has 29 active Hope Squad program and one program in training (Egan, personal communication, January 20, 2026).

Finally, another resources that provides youth leadership and connection in the community is **Youth MOVE Nevada.** Youth MOVE Nevada (YMNV) is a youth-led program that amplifies youth voice in mental health systems across Nevada, ensuring young people help shape the services that impact their lives. Youth MOVE representatives actively attend consortium meetings and provide monthly updates on youth concerns during full consortium meetings and working group meetings. Additionally, YMNV staff promoted the youth voice contest, participated in voting for the winner, and joined the press conference announcing the results. YMNV representatives participated in planning the annual Family Wellness Summit and facilitated a Youth Voice Panel and delivered a training on incorporating youth voice at the agency level at this event. Over 40 professionals were taught how incorporating input from young people can improve their services and practical tips for involving youth. YMNV also facilitated a youth voice panel at this event with four youth sharing their experiences with mental health, child serving systems, and what safe spaces look like for them. During Children's Mental Health Acceptance Week in May, Youth MOVE Nevada led efforts to elevate youth voice and reduce stigma by launching a social media awareness campaign where young people submitted videos sharing why mental health acceptance matters to them with a reach of over 32,000 people. Finally, YMNV created mental health activity books that included fun and educational activities that promote kindness, bullying prevention strategies, and information about community resources that were distributed to schools across Clark County.

MEDICAID FUNDING FOR PEER SUPPORT SERVICES

Peer support services have been added and updated to include Adult, Family, and Youth Peer Support Services. Services are for Medicaid eligible recipients of all ages experiencing behavioral health challenges that require emotional support, mentorship, skill building, crisis de-escalation, and the assistance of navigation of systems in the community. Peers must be certified and have lived experience for the target population they serve. A new MSM Chapter 4300 has been created specifically for Peer Support and became effective July 2025. The coverage SPA for these services was approved by CMS on 9/5/25. Peer providers will enroll as provider type (PT) 97 and individual peers can link to a PT 14, 93, or 97 group (Follett, personal communication, January 13, 2026).

Recommendations

Family Peer Support

1. 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.
2. Nevada Medicaid must finalize and obtain CMS approval for a billing rate that supports service sustainability and workforce growth.
3. Workforce expansion of family peer support services requires a state authorized training and certification process that is designed and implemented following national model standards and recognized core competencies.

Youth Peer Support

4. Nevada Medicaid must finalize and obtain CMS approval for a billing rate that supports service sustainability and workforce growth.
5. Workforce expansion of youth peer support services requires a state authorized training and certification process that is designed and implemented following national model standards and recognized core competencies.

Projected Costs

The costs of peer-to-peer support will vary depending on the number of parents and youth served and the role of the staff. Agencies providing these services and working to develop certifications should be consulted when making budgetary decisions.

Implement evidence-based transition practices from residential care back into the community for youth and their families.

Justification

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 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.

The Building Bridges model emphasizes collaborative planning and decision-making by requiring active participation from multiple stakeholder groups. These stakeholders include youth and their families, educators, behavioral health providers, child welfare representatives, and community partners, all of whom contribute to the development, implementation, and evaluation of services. While this inclusive approach ensures interventions are responsive to youth needs, culturally relevant, and coordinated across systems, one of the challenges is that it relies on the interest and sustained engagement of all participating parties, which can affect the consistency and effectiveness of implementation.

The following are community updates to understand the landscape of residential treatment services and transition practices in Clark County.

DIVISION OF CHILD AND FAMILY SERVICES (DCFS)

DCFS then followed up and discussed BBI with the child welfare agencies, provided background of ACRC and areas that they could assist in creating a unified, agreed upon model/philosophy to be used within Nevada. Those discussions, unfortunately did not increase momentum. It is challenging for DCFS to implement this community-wide, without a shared commitment between the Consortia and child welfare/juvenile justice leaders at the local level.

DCFS is supportive of the initiative and Administrator Williams was very excited to accept this recommendation and to successfully locate the funds to commit to this model. Based on the lack of participation in all phases that were attempted, DCFS determined that with only 6 months left, it would be beneficial to have ACRC assist DCFS Children's Mental Health programs. DCSF believes that ACRC could assist with internal projects for our residential facilities, policies and procedures, training, coaching, etc. and they find incredible value in this partnership. DCFS did not have to revise or modify the scope of work as the contract included all of the program deliverables that were going to be accessed internally, allowing quick implementation in the short amount of time left. The focus still aligns with many of the areas discussed at the kickoff and provides an opportunity for DCFS programs to receive invaluable consultation.

There is still hope that as DCFS moves forward internally, interest from other community entities will expand. Even though the hoped-for level of participation from partners was lacking, DCFS is still interested in implementing BBI models, strategies, and the engagement that BBI embraces. DCFS is happy to offer recurring updates to the CCCMHC regarding its work with ACRC. DCFS is working to ensure youth have access to treatment in multiple settings to best accommodate their needs including their home, the community, or residential facilities if needed (Update from Email with Amber Howell).

NEVADA MEDICAID

Justice Involved Reentry Program - Nevada continues work on two initiatives to provide targeted health care services to better support youth and adults transitioning from incarceration. The Consolidated Appropriations Act of 2023 (CAA) and state Assembly Bill (AB) 389 (2023), together require Medicaid to cover services for certain justice-involved populations. Part of these efforts include the submission of a new state application for federal approval of a Section 1115 waiver of Title XIX of the Social Security Act to allow the state to receive federal funds to pay for services provided to these populations prior to their release. Currently Nevada has State Plan approval for eligible juveniles to receive 30 days pre-release case management as well as screening and diagnostic services. Once the 1115 is approved, pre-release services will be expanded as well as extended to 90 days pre-release and include adults. Reentry Advisory Committees are held virtually every month. The public is advised to share challenges and proposed solutions with the Waiver unit via email 1115Waivers@dhcfp.nv.gov (Follett, personal communication, January 13, 2026).

1115 (SUD) Waiver Coverage- Residential Treatment Settings - The State received a 5-year federal waiver approval to use federal Medicaid dollars to pay for substance use disorder (SUD) treatment in residential settings, no longer excluding the 22–64-year-old population. As of August 2023, eligible providers were able to begin billing for SUD services meeting specific levels of care in residential facilities when delivered to recipients. In October 2024, the Division received federal approval to improve its residential payment methodology for this coverage. In 2024, system enhancements and enrollment processes were completed, which began the migration of substance use treatment providers to a new provider type; PT93. Beginning 1/1/2025, the State began moving reimbursement for these services from grant dollars to Medicaid dollars. This transition was completed in April 2025 (Follett, personal communication, January 13, 2026).

Psychiatric Residential Treatment Facilities - Nevada Medicaid has been in conversation with CMS regarding proposed State Plan Amendment revisions of the rates for PRTFs to move to Flat Rates versus Cost Negotiated as well as a complex case add-on bonus. It is unknown at this point when/if Medicaid may receive approval from CMS. Providers are encouraged to utilize the existing rate appeal process, that is currently available, to work out a higher rate if this is an appropriate option to pursue. The Medicaid Services Manual revisions to PRTF policy were presented at the February 2025 public hearing and became effective 2/26/25. State Plan Amendment (SPA) revisions were presented in the March 2025 public hearing to be effective 1/1/25 pending CMS approval (Follett, personal communication, January 13, 2026).

Finally, Nevada Medicaid Behavioral Health Benefits Coverage Unit has been assigned the following bills for implementation at the conclusion of the Nevada 83rd Legislative Session (Follett, personal communication, January 13, 2026):

- AB 514: Behavioral Health Residential Services: Medicaid is required to develop a new reimbursement model for a "step down" level of rehabilitative care for both youth and adults. Public Hearing scheduled for December 2025 to submit a SPA and update MSM 400 policy.

- Partial Hospitalization and Day Treatment Rates: Rate increases for partial hospitalization program (PHP) and day treatment services have been implemented. Day Treatment increased from $32.43 to $100 per hour and PHP increased from $328.68 to $500 per day.

EXISTING RESIDENTIAL TREATMENT IN SOUTHERN NEVADA

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 state-run facility operating in southern Nevada, Desert Willow Treatment Center. As of December 30, 2025, the facility consisted of one 8-bed pediatric residential unit and two 12-bed residential units. Previously, DWTC also operated a 12-bed acute unit. However, the acute unit was closed in 2025 to accommodate a new statutory requirement for a juvenile restoration to competency program, which is now housed in that unit. The facility captures monthly point-in-time snapshots of the current census on specific dates of each month. Based on those point in time counts, the facility observed a census ranging from 12-23 youth in residential units with a waitlist of 3-15 youth.

It is important to note that youth are admitted and discharged over the course of any given month, and therefore quantifying census at a snapshot in time does not represent the number of youth served. The facility's residential unit served an average of 33 youth in any given month in 2025, with a maximum of 37 youth served in December and a minimum of 28 youth served in August (Nevada Health Authority Office of Analytics, personal communication, January 23rd, 2026). DCFS releases a full epidemiologic profile of youth served in DWTC residential units in odd numbered years. The most recent report was released in February of 2025 with data from 2016 – 2023. The full report, Desert Willow Treatment Center, Residential Services, Epidemiologic Profile is available for review (DCFS, 2025b).

The landscape of youth behavioral health in Southern Nevada also includes a diverse range of private facilities designed to address the region's critical need for mental health intervention. From a review of the website of each facility the following information was obtained. These centers provide a continuum of care—ranging from acute inpatient stabilization for immediate crises to long-term residential treatment for chronic behavioral and emotional challenges. While the region's larger hospital-based systems offer significant bed capacity and intensive medical oversight, boutique residential options focus on a "home-like" therapeutic environment with lower patient density. The following table outlines the primary private treatment centers in the Las Vegas and Henderson areas, including their approximate bed capacities and specialized service models.

Facility Name:	Location:	Approx. Bed Count:	Facility Notes:
Seven Hills Hospital	Henderson, NV	134 beds	Large hospital; dedicated wing for kids/teens.
Desert Parkway	Las Vegas, NV	152 beds	Large hospital; semi-private rooms (max 2/room).
Spring Mountain	Las Vegas, NV	110 beds	Large hospital; focus on short-term crisis stabilization.

Sources: Seven Hills Behavioral Health Hospital, 2026; Desert Parkway Behavioral Healthcare Hospital, 2026; Spring Mountain Treatment Center, 2026.

Future Residential Treatment in Southern Nevada

Intermountain Health is developing Nevada's first stand-alone, comprehensive children's hospital in Clark County that is set to open by the end of 2030. This facility will include a youth behavioral health crisis center with 12 beds, as well as a residential program with approximately 24 beds. The residential units will be designed with flexibility to adjust based on patient age and level of care. The hospital will also include an outpatient behavioral health clinic. Although the facility is not expected to open until 2031, it is important for CCCMHC members to remain actively engaged with Intermountain Health in the interim to share insights and provide input that may inform the project's development.

Recommendations

1) For those youth that require residential services, Clark County needs to increase local resources to successfully keep those youth in the community to the maximum extent possible, rather than sending them out of state for services. This is especially needed for youth with both intellectual and development disabilities and mental health needs as many residential services are not prepared to accept these youth due to lack of knowledge and experience.

2) CCCMHC members should continue to work with community partners to determine how to ensure youth who are being refused admission to residential facilities have access to treatment so youth and families receive what they need and deserve.

3) The CCCMHC should follow-up with recent investigations from the Department of Justice and help support plans to increase these services for youth. We need to ensure that we have the ability to provide both quality residential care treatment services as well as community-based services so that our youth and families are supported as they return to the community.

Projected Costs

The costs of implementing Building Bridges model of care will vary depending what is being implemented. Therefore, it is recommended to consult with DCFS when making budgetary decisions. Similarly, it is recommended to work with specific facilities and providers to understand the costs associated with increasing accessibility of quality residential treatment in Southern Nevada.

Expand accessible quality mental health services that best fit the needs of youth and their families to reduce and prevent the need for crisis service intervention.

Justification

Youth and families need access to quality home and community-based services. It is necessary to have available integrated community services to reduce on out of home and out of state placement to avoid unnecessary segregation and institutionalization. The following are community updates to understand the landscape of community-based services in Clark County.

NEVADA MEDICAID

Medicaid reported several initiatives to assist in increasing community-based services in Nevada. First, the Behavioral Health Rate Reform. Nevada Medicaid has proposed increases in rates for several children's behavioral outpatient services that are currently pending CMS approval. These include Psychosocial Rehab and Basic Skills Training, Individual and Family Therapies, Specialized Foster Care services, and Peer Support Services. Additional rates being proposed are for an increase for Inpatient Psychiatric Hospitals, and Psychiatric Residential Treatment Facilities. The State Plan amendment for these rates is also currently under review with the Center for Medicare and Medicaid Services (CMS) with a proposed effective date of 1/1/25 when approved (Follett, personal communication, January 13, 2026).

Second is the 1915i Home and Community Based Services (HCBS) Program: Intensive In Home Supports & Crisis Stabilization Nevada Medicaid received approval for the 1915i HCBS Application Renewal for Specialized Foster Care in June 2025. This renewal will allow Nevada to continue these services for the next 5 years. Upon approval CMS requested Medicaid to clarify Crisis Stabilization Services which is now being re-named to Family Stabilization Services to better align with the services being provided. Resubmission to CMS, for this update, will take place in December 2025 (Follett, personal communication, January 13, 2026).

Third, Medicaid continues to provide coverage for Applied Behavior Analysis (ABA) services in 2025 for all Medicaid eligible individuals, including those under age 21 in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Nevada Medicaid recognizes two ABA service models, Focused and Comprehensive—and authorizes 10 CPT codes for these services. ABA services must meet the definition of medical necessity in MSM Chapter 100 and support the development, maintenance, or restoration of functional abilities for individuals diagnosed with ASD, FASD, or other conditions for which ABA is an appropriate treatment. A qualified ABA provider must develop and approve the treatment plan. Services must be delivered in the least restrictive, most natural environment, which may include a clinic or medical office, community setting, or the individual's home. All services must be documented as medically necessary and provided according to an individualized treatment plan (Follett, personal communication, January 13, 2026).

Next, in November 2025, CMS approved Nevada's State Plan Amendment establishing a Health Home for Fetal Alcohol Spectrum Disorder (FASD). This Health Home will provide comprehensive care management and coordination for eligible individuals. It will serve as the central point of contact, ensuring patient centered care across the broader health system. Beneficiaries will work with an interdisciplinary team to create a person-centered health action plan that supports effective care management. This model integrates and coordinates primary, acute, behavioral health, and long-term services to support the "whole person" throughout their lifespan. Currently, we do not have providers ready to enroll, but meetings with prospective providers are scheduled (Follett, personal communication, January 13, 2026).

Nevada Medicaid also enrolled two new CCBHCs in 2025 in Southern Nevada, Serenity Non-profit and United Citizens Foundation (UCF). We also have three other providers that are showing interest in starting the process to become a CCBHC. Also, throughout 2025 Nevada Medicaid staff were a part of a learning collaboration with Sustain which guided us on how to grow our CCBHCs with an emphasis on substance use disorder (SUD). This collaboration is coming to an end but was a great learning opportunity (Follett, personal communication, January 13, 2026).

Nevada Medicaid moved forward with a 1115 (SUD) Waiver Coverage- Amendment (SMI/HRSN) And Single Specialty Managed Care Plan. Nevada Medicaid has been in negotiations with CMS on a proposed amendment to the 1115 SUD Waiver that will add psychiatric treatment for recipients with Serious Mental Illness in an IMD as well as some Health-Related Social Needs services like Housing and Navigation Supports as well as Nutrition Supports since January 2025. A single specialty managed care plan is also being proposed as an amendment in the same 1115 for children within the identified focus population of the Department of Justice settlement agreement. This managed care plan will address the physical and behavioral health needs of the DOJ population. Both amendments are under review with CMS and will further discussions with Nevada in 2026 (Follett, personal communication, January 13, 2026).

Finally, Nevada Medicaid Behavioral Health Benefits Coverage Unit has been assigned the following bills for implementation at the conclusion of the Nevada 83rd Legislative Session (Follett, personal communication, January 13, 2026):

- SB 300 Behavioral Health Services
  This bill expands the types of behavioral health providers that can practice at FQHCs as well as includes rate increases for Opioid Use Disorder therapies. Updates for MSM 600 were completed in July 2025. Rates SPA updates are in progress with Nevada Medicaid Rates Unit.

- SB353: Behavioral Health Training Clinics
  Requires Medicaid to seek Federal approval for reimbursement for Behavioral Health services provided by trainees at university-affiliated clinics. A Public hearing for a new MSM 4500 Chapter scheduled for December 2025. The SPA to initiate proposed approval has been submitted to CMS.

- SB 54: Medical Respite
  Requires Medicaid to apply for an 1115 Waiver for Medical Respite services targeted to Medicaid members experiencing homelessness. Due to the effective date of July 1, 2027, Medicaid is working with a vendor for support in this work.

- SB 165: Behavioral Health & Wellness Practitioners
  Establish new training and certification model to allow "Behavioral Health and Wellness Practitioners" to provide preventative and early intervention services. Certification currently in development with the Board of Psychological Examiners.

- Medicaid Budget Requests:
  Assertive Community Treatment (ACT)/ First Episode Psychosis (FEP)
  Developing Medicaid reimbursement for the First Episode Psychosis (FEP) program and Assertive Community Treatment (ACT). The initial public workshop was complete for these services August 2025 and a public hearing to add policy into MSM 400 was conducted in September 2025. Based on public feedback another public

workshop was held on December 3, 2025 and the next Public Hearing for both services is scheduled for February 2026.

CLARK COUNTY CLINICAL AND COMMUNITY SERVICES (CCS)

CCS Community-based mental health continues to provide clinical oversight, consultation and care coordination for youth involved in child welfare and juvenile justice services. Community-based mental health has designated clinicians to each child welfare and juvenile justice geographic zone with primary responsibilities of providing clinical screening, review and clinical case consultation on cases where complex trauma, mental health needs and substance use are identified as presenting concerns and barriers to family stability, Such cases also include abandonment/rejection cases due to unmet mental and behavioral health needs. The Harbor Juvenile Assessment Center and CCS Truancy Prevention and Outreach Program (TPOP) continue to provide early identification, diversion, assessment and care coordination services. The Harbor is designed to offer assistance to all individuals in Clark County and connect them with resources to meet their unique needs.

DIVISION OF CHILD AND FAMILY SERVICES (DCFS)

DCFS offers several behavioral health services in the community. For instance, DCFS runs a small Intensive, In-Home Clinical Program that delivers individualized, intensive, clinical interventions in home and community environments that support youth to remain and thrive in their homes and communities. It also helps strengthen relationships, communication, trust, stability and safety. A team of a clinician and a psychiatric case worker are in the home multiple times per week, doing therapy, family therapy, psychoeducation, and care coordination. This program has been shown to be particularly successful in supporting families in transitioning youth home from residential placements (Abbott and Morgan, personal communication, DCFS Email, January 9, 2026).

In addition, DCFS has the Latency Age Day Treatment Program. The main purpose of this program is to provide a safe and nurturing environment for youth struggling with emotional and behavioral challenges and their families. This program serves youth ages 7–11 with a Serious Emotional Disturbance (SED) determination and an assessment of CASII Level 3. This program is available to both insured and uninsured families — no child is turned away due to access barriers. The current capacity of the program is 12 youth. To be considered for service, youth and families must be involved in individual or family therapy either through DCFS Children's Clinical Services or an outside mental health professional that can collaborate with the program (DCFS Presentation to CCCMHC, September 2025).

CLARK COUNTY SCHOOL DISTRICT (CCSD)

Care Solace is a new service provided by CCSD for students, staff and their families to find mental health and substance use treatment as well we low-cost healthcare, food, and housing. This service provides individuals with a warm handoff to services, 24-hour access to multilingual care companions, and anonymous self-service searching for various care tools.

Available School Social Work Services in CCSD - School social workers enhance community mental health resources by connecting students and families to appropriate services, coordinating care with community providers, and strengthening partnerships that expand access to mental health supports. Each school site and select central departments within the Clark County School District (CCSD) have the option to fund a CCSD-employed School Social Worker to serve full-time at their site or department. CCSD-employed School Social Workers are licensed personnel who hold a Master of Social Work degree, maintain Nevada LMSW licensure, and are endorsed by the Nevada Department of

Education as School Social Workers. Currently, 130 CCSD schools and five central CCSD departments fund School Social Workers employed by CCSD. These professionals provide comprehensive school social work services aligned with district guidelines and the defined role of School Social Workers.

CCSD's Wraparound Services Department supports the school social work profession district-wide by advocating with leadership to prioritize funding for CCSD-employed School Social Workers at school sites. For schools that do not fund their own School Social Worker—approximately 240 CCSD schools—Wraparound Services provides case management support through its team of Wraparound School Social Workers on a referral basis. Additionally, the department establishes the structure and framework for CCSD School Social Work and offers guidance, professional development, and ongoing support to all CCSD School Social Workers, as well as to their supervising administrators, to maximize the effectiveness of services on campus.

DESERT REGIONAL CENTER (DRC)

Desert Regional Center (DRC) 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 (Guillory, personal communication, January 20, 2026).

Developmental Services Youth Intensive Support Services (YISS) program, developed in 2007, addresses 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. Children eligible for the YISS program are typically aged 8 through 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, 9 Developmental Specialists, 1 Licensed Psychologist and 1 Mental Health Counselor (Guillory, personal communication, January 20, 2026).

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During the Fiscal Year 2025, the YISS team provided case management services to 135 youth in which 75 youth were under the age of 18. If it has been determined that additional intensive supportive support would be of benefit for the youth upon the age of 22, additional services would be provided by the Developmental Services Adult Response Team (A.R.T.). A.R.T. is comprised of provides short-term support for adult individuals with complex support needs with the goal of increasing stability in the community and providing strategies and resources to the youth's team (Guillory, personal communication, January 20, 2026).

Youth Intensive Support Services and the Adult Response Team assigned cases may include, but would not necessarily be limited to, the following (Guillory, personal communication, January 20, 2026):

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 following initiatives have occurred/continued from the previous year to improve services to children (Guillory, personal communication, January 20, 2026).

•Through approved ARPA (American Rescue Plan Act) Fiscal Recovery Funds has 4 contracted providers who provide specialized Intensive Respite or Training Services for Developmental Services. Intensive Respite Services 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.

•Through discussion of how to improve outcomes among children, youth and adults with I/DD and complex needs in Nevada, the Nevada Capacity Building Institute (CBI) was offered through Developmental Services. The Nevada CBI is a nine-month interactive learning collaboration involving individual professionals from across a range of disciplines and perspectives. Its monthly sessions are intended to build knowledge, skills, relationships and networks, breaking down siloes between delivery systems and improving approaches for people with I/DD.

•Health Management Associates (HMA) is working collaboratively along with Developmental Services, Clark County Family Services and local juvenile justice staff to design and implement in person learning collaboratives to facilitate peer-to-peer learning among juvenile justice staff, child welfare, Developmental Services state and provider staff. The learning collaborative focus is to improve knowledge and collaboration across systems, including but not limited to understanding IDD populations best practices, engagement strategies, trauma-informed approaches, addressing mental health needs and cultural competency.

•DRC's collaboration with the Clark County Juvenile Detention Center in efforts of providing staff training including an overview of IDD and the Regional Center intake and eligibility process. Through ARPA funding, Health Management Associates (HMA) is working collaboratively along with DS, CCFS and local Juvenile Justice staff to design and implement in person learning collaboratives to facilitate peer-to-peer learning among juvenile justice staff, child welfare, DS state and provider staff. The learning collaborative focus is to improve knowledge and collaboration across systems, including but not limited to understanding IDD populations best practices, engagement strategies, trauma-informed approaches, addressing mental health needs and cultural competency.

•DRC Intake and Psychology staff meet with Clark County Family Services 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 CCFS 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.

•Desert Regional Center participates in weekly Multidisciplinary Consultation Team for High Needs Youth meetings that include Clark County Family Services, Nevada Division of Child and Family Services, and the Legal Aid Center of Southern Nevada, to discuss cases of children who are in the detention center, Residential

Treatment Center and or psychiatric hospitals that need assistance with step-down support, children who are in lesser restrictive environment that require out-of-home placements or specialized home placement.

•DRC 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.

•ADSD Youth Intensive Support Services are members of various workgroups such as the LACSN monthly Children Mental Health Workgroup, Interconnected Systems Framework, Youth with IDD Foster Care Provider Workshop, Lifespan Respite Grants Steering Committee and the System of Care Grant (Guillory, personal communication, January 20, 2026)

SOUTHERN NEVADA HEALTH DISTRICT (SNHD)

The **Southern Nevada Health District's** Behavioral Health team received technical assistance from HRSA in the Spring of 2025 to bolster integrated care activities. A behavioral health team member is present in the Decatur primary care clinic daily and intervenes with patients who may be experiencing a behavioral health need. As pediatrics have recently been added to the clinic, this can include serving youth and their families. The Behavioral Health team continues to increase access to care. In FY24, 1447 behavioral health visits were completed, and in FY25, 1583 behavioral health visits were completed. As of November 30, 2025, 3088 behavioral health visits were completed (Cruz-Nanez, personal communication, December XX, 2025).

In addition, the Southern Nevada Health District facilitated safeTALK suicide prevention training to 42 staff and community members, as well as assisted with community efforts. In collaboration with the Office of Suicide Prevention, PACT Coalition and Dignity Health, SNHD conducts quarterly Adult Mental Health First Aid and Youth Mental Health First Aid training. In addition, 17 individuals were certified in Adult Mental Health First Aid and 43 individuals were certified in Youth Mental Health First Aid through training facilitated by SNHD staff in 2025. SNHD utilizes CredibleMind, an online digital mental health platform to provide 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 (Cruz-Nanez, personal communication, December XX, 2025).

Finally, SNHD presented on youth and community 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 the implementation of the CredibleMind platform. SNHD continues to work on implementing the Zero Suicide initiative agency-wide through education, presentations, trainings, monthly meetings, and procedures specific to

department response. The CredibleMind platform, sponsored by SNHD, 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. In 2025, there were 8663 users, and 9872 completed sessions (Cruz-Nanez, personal communication, December 31, 2025).

NEVADA OFFICE OF SUICIDE PREVENTION

The Nevada Office of Suicide Prevention has the Reduce Access to Lethal Means (RALM) program and statewide partnerships to provide education, medication safes, gun locks, and drug deactivation system (bags) to support Nevadans in addressing Goal 3 of the National Strategy for Suicide Prevention, Reducing Access to Lethal Means among people at risk for suicide. NOSP supports two community workgroups in RALM efforts Washoe Suicide Prevention Alliance (WSPA) and the University Medical Center Firearms Safety Taskforce. In 2025, NOSP trained 6,547 individuals (151 sessions) in evidence-based suicide prevention programs, strengthening mental health literacy across communities. Strategic initiatives include expanding suicide prevention trainings, building a statewide trainer network (now totaling 78 trainers), and increasing access to intervention skills through programs such as safeTALK, ASIST, Youth/Adult Mental Health First Aid, and Signs of Suicide (Egan, personal communication, January 20, 2026).

OTHER CONSIDERATIONS

The work of organizations like Nevada PEP and NAMI Southern Nevada also contributes to the current priority area by increasing accessible non clinical mental health services that reduce crisis risk and promote stability for youth and their families. In addition, there are many other agencies and services that provide mental health services not listed here, however we know from our larger community assessment that service gaps still exists and many families struggle to obtain the appropriate services to best fit their needs.

Recommendations

1. Larger investments should be made to provide the array of System of Care Core Services that include intensive care coordination (evidenced based wraparound services), evidence based intensive in-home services, Mobile crisis and stabilization services (mentioned in Priority 1), parent and youth peer support services (mentioned in Priority 2), respite care, and flexible funding (See glossary for definitions of each service).

2. A consistent and stable funding source should be prioritized to ensure that youth mental and behavioral health programs in CCSD schools remain supported past ARPA funds. School district staff should continue to work with local and state partners to refine a proper documentation process and develop a unified Medicaid billing system for mental and behavioral services.

3. Increase evidence based wraparound care coordination services, treatment services, and educational supports for youth with an intellectual disability and behavioral health needs.

4. Increase access to comprehensive supportive services for children and youth with behavioral health needs (e.g. childcare services, early childhood education programs, afterschool programs, etc.).

5. With regards to insurance carriers, expand covered behavioral health care service array and increase network capacity to help expand community-based services including efforts to support recruitment and retention of mental health professionals trained to work with youth.

6. The Certified Community Behavioral Health Clinic's (CCBHC) should enhance data collection efforts and reporting to better understand service availability, utilization, and quality of care for youth and families, and work with the person appointed as the children's mental health authority to ensure that these programs meet the needs of youth and families. Currently, there is a dashboard available to show total number of clients patients in Clark County and the number of youth 0-24 seen statewide, but it is not possible to break down the data by county (Office of Analytics, 2025). CCBHCs should also increase media promotion efforts to ensure that families and communities are aware of the services available.

7. 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 reduce the number of children who cannot access services because facilities refuse to admit them due to the severity of their behaviors.

8. Agencies in Clark County should strengthen partnerships with state-funded institutions, such as UNLV, to better leverage existing workforce expansion initiatives and clinical programs housed within the university. Enhanced coordination and communication could reduce duplication, improve alignment, and expand access to resources and services for children and families across the county.

Projected Costs

The costs of implementing of any of these recommendations will vary depending what is being implemented. Therefore, it is recommended to consult with each agency involved in the service provision when making budgetary decisions.

III. REVISIONS TO THE CCCMHC'S 10-YEAR STRATEGIC PLAN

In accordance with requirements set forth in Nevada Revised Statutes (NRS) 433B, this section describes the objectives from the ***10-Year Strategic Plan*** that have been revised by the CCCMHC. There have not been any changes to the any of the objectives from the 10-Year Strategic Plan since the 2023 Status Report.

IV. CCCMHC -2025 Review of Activities

In 2025, 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 participating in national awareness events such as Mental Health Acceptance Week and Unity Day, organizing the 2025 youth video contest, conducting a press conference to celebrate the youth video contest winners and participants, hosting a conjoined family wellness summit, and distributing monthly social media posts. A brief description of these activities is provided below.

Monthly Social Media Posts

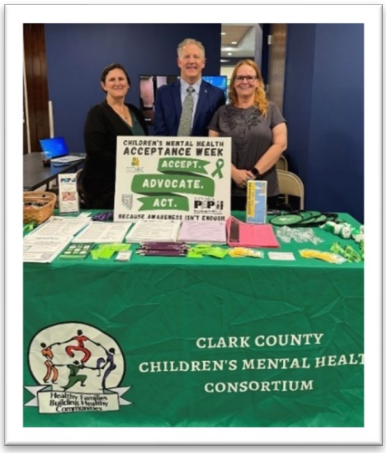
In 2025, CCCMHC continued the dissemination of monthly social media posts to its partners, focusing on a variety of children's mental health topics and updates. These posts aimed to engage the community, raise awareness, and highlight resources to support the mental well-being of children and families. 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.

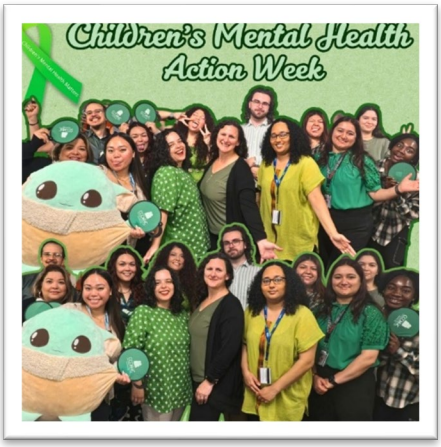
CCCMHC also promotes Youth MOVE Nevada podcasts. In 2025, Youth MOVE NV released the following episodes: Youth Voice in a System of Care, The Nevada Youth Legislature, Voices for Change: Mujtaba Shahzad, Vocational Rehabilitation and Pre-ETS, Voice for Change: Raghav Bhalla, Voices for Change: Steven Burlingham Jr., Voices for Change Boys and Girls Clubs, Voices for Change: Alyssa Hill, Voices for Change: S'ven and DH, Voices for Change: Isabella Tran, Meet the Hosts, First Day Feels: Back to School, Voices for Change: Suicide Prevention Month, Voices for Change: Hope and Suicide Prevention, Music an Mental Health, Bullying Prevention and Spreading Kindness, National Diabetes Month with Amdyn Owen, and Voices for Change: Safe Spaces with Madeline Fisher. All episodes are produced by youth for youth, but contain valuable information that are both educational and informative for listeners of all ages.

Children's Mental Health Acceptance Week – May 4-10, 2025

During the week of May 4-10, 2025, 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. Additionally, members of the CCCMHC tabled at the NV Legislature to raise

awareness about the importance of children's mental health. They had the opportunity to speak with policymakers, share resources, and highlight the need for continued support. Nevada PEP received mental health proclamations from Governor Lombardo, and 16 Mayors: Boulder City, Caliente, Carson City, Elko, Fallon, Fernley, Henderson, Las Vegas, Lovelock, Mesquite, Reno, Sparks, Wells, West Wendover, Winnemucca and Yerington.





As a part of efforts to include youth voices during this week, CCCMHC hosted a youth video contest encouraging Clark County residents aged 24 and younger to submit photos reflecting the theme "My Voice Matters". The 1st, 2nd, and 3rd place winners were announced on our website and CCCMHC partners' social media pages. The contest received a total of 24 impressive submissions.

A majority of the submissions received were from Advanced Technologies Academy. After connecting with the school's video production teacher, Ms. Koprowski, the consortium worked with her and her students to host the *"Listen to Youth – May is Mental Health Awareness Month"* press conference. The event celebrated A-Tech Video Production students, who made up most of the contest submissions and earned both 2nd and 3rd place honors, while also recognizing Ms. Koprowski for empowering her students to use their voices and creative talents to speak out about children's mental health. The press conference also featured remarks from Commissioner Naft, CCSD Trustee Henry, NAMI Southern Nevada, and Hope Means Nevada, whose messages of advocacy and support helped make the event especially meaningful.

2025 Family Wellness Summit - September 30, 2025

On September 30, 2025, CCCMHC and Prevent Child Abuse Nevada, an initiative of the UNLV Nevada Institute for Children's Research & Policy, hosted the Family Wellness Summit on child and family wellbeing at the Tuscany Suites & Casino. The in-person event brought together 111 participants for a day of learning, collaboration, and connection and featured 12 sessions, including a keynote by Dr. Brooks Keeshin on *The Triple Screen: A Trauma-Informed Approach to Pediatric Mental Health, Health, which highlighted an evidence-based model for identifying depression, anxiety, trauma, and suicide risk in adolescents,* and closed with a youth-led closing panel centered on elevating youth voice and creating supportive environments for children. Participants particularly valued the inclusion of youth perspectives and the range of mental health–focused sessions, and while overall feedback was overwhelmingly positive, suggestions included minor logistical improvements and more opportunities for engagement in future events.

Unity Day – October 22, 2025

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 22nd, 2025, 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 proclamations from Governor Lombardo, and 5 Mayors: Boulder City, Boulder City, Caliente, Carlin, Carson City, Fallon, Fernley, Henderson, Las Vegas, North Las Vegas, Reno, Sparks, and Yerington.

Next Steps:

The CCCMHC Public Awareness & Behavioral Wellness Workgroup has already begun planning the 9th 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 2026 Children's Mental Health Acceptance Week (CMHAW) of May 3-9. A youth video contest is currently underway, encouraging youth to submit brief videos representing the theme "That's a W.R.A.P. – wellness, resilience, action, purpose." 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.

V. Glossary of System of Care Core Community and Home-based Services

Community and home-based services provide the highest quality services accessible to families in the least restrictive setting possible and allow children to remain in their homes, neighborhood schools, and communities. *These services should be evidence-based treatments that are trauma informed.*

Core Community and Home-based Services within Systems of Care include the following. The definition of each

1. Intensive care coordination, wraparound approach- Intensive care coordination includes assessment and service planning, accessing and arranging for services, coordinating multiple services, including access to crisis services. Assisting the child and family to meet basic needs, advocating for the child and family, and monitoring progress are also included.

The wraparound approach is a form of intensive care coordination for children with significant mental health conditions. It is a team-based, collaborative process for developing and implementing individualized care plans for children and youth with complex needs and their families. This approach focuses on all life domains and includes clinical interventions and formal and informal supports. The wraparound "facilitator" is the intensive care coordinator who organizes, convenes, and coordinates this process. The wraparound approach is done by a child and family team for each youth that includes the child, family members, involved providers, and key members of the child's formal and informal support network, including members from the child serving agencies. The child and family team develops, implements, and monitors the service plan. Information about wraparound can be found on the website of the National Wraparound Initiative at http://www.nwi.pdx.edu/wraparoundbasics.shtml.

2. Intensive in-home services - Intensive in-home services are therapeutic interventions delivered to children and families in their homes and other community settings to improve youth and family functioning and prevent out-of-home placement in inpatient or PRTF settings. The services are typically developed by a team that can offer a combination of therapy from a licensed clinician and skills training and support from a paraprofessional. The components of intensive in-home services include individual and family therapy, skills training and behavioral interventions. Typically, staff providing intensive in-home services have small caseloads to allow them to work with the child and family intensively, gradually transitioning them to other formal and informal services and supports, as indicated.

3. Mobile crisis response and stabilization - Mobile crisis response and stabilization services are instrumental in defusing and de-escalating difficult mental health situations and preventing unnecessary out-of-home placements, particularly hospitalizations. Mobile crisis services are available 24/7 and can be provided in the home or any setting where a crisis may be occurring. In most cases, a two-person crisis team is on call and available to respond. The team may be comprised of professionals and paraprofessionals (including peer support providers), who are trained in crisis intervention skills and in serving as the first responders to children and families needing help on an emergency basis. In addition to assisting the child and family to resolve the crisis, the team works with them to identify potential triggers of future crises and learn strategies for effectively dealing with potential future crises that may arise. Residential crisis stabilization provides intensive short term, out of home resources for the child and family, helping to avert the need for psychiatric inpatient treatment. The goal is to address acute mental health needs and coordinate a successful return to the family at the earliest possible time with ongoing services. During the time that the child is receiving residential crisis stabilization, there is regular contact between the team and the family to prepare for the child's return to the family.

4. Parent and youth peer support services - Parent and youth support services include developing and linking with formal and informal supports; instilling confidence; assisting in the development of goals; serving as an advocate, mentor, or facilitator for resolution of issues; and teaching skills necessary to improve coping abilities. The providers of peer support services are family members or youth with "lived experience" who have personally faced the challenges of

coping with serious mental health conditions, either as a consumer or a caregiver. These peers provide support, education, skills training, and advocacy in ways that are both accessible and acceptable to families and youth. Almost all of the PRTF demonstration states and many CMHI projects included peer-to-peer support services for the parents, guardians, or caregivers of children and youth with mental health conditions, as well as peer-to-peer support services for youth.

5. Respite care - Respite services are intended to assist children to live in their homes in the community by temporarily relieving the primary caregivers. Respite services provide safe and supportive environments on a short-term basis for children with mental health conditions when their families need relief. Respite services are provided either in the home or in approved out-of-home settings. All CMHI and PRTF demonstrations provide some form of respite care.

6. Flex funds - Flex funds may be used under certain Medicaid authorities to purchase non-recurring, set-up expenses (such as furniture, bedding, or clothing) for children and youth. For example, flex funds may be requested for the one-time payment of utilities or rent or other expenses as long as the youth and family demonstrate the ability to pay future expenses. Flex funds can be particularly useful when a youth is transitioning from the residential treatment setting to a family or to independent living. It should be noted that flex funds can be used for purposes other than transition, such as academic coaching, memberships to local girls or boys clubs, etc. Flex funds are only available to individuals participating in various Medicaid waivers and/or the 1915(i) program.

Trauma-Informed Systems and Evidence-Based Treatments Addressing Trauma

Across the country, including system of care sites and the PRTF demonstration states, there is an increased awareness of the impact of trauma. Children and youth with the most challenging mental health needs often have experienced significant trauma in their lives. The Adverse Childhood Experiences (ACE) study has reported short and long-term outcomes of childhood exposure to certain adverse experiences that include a multitude of mental health, health and social problems. More information on the ACE study can be found at: http://www.cdc.gov/ace/findings.htm

To begin addressing the trauma needs, many states are providing training and coaching for their clinicians in evidence-based practices such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Parent-Child Interaction Therapy (PCIT). Many states are also exploring new policies and practices to ensure that they have trauma-informed systems of care that will be less likely to re-traumatize the children and youth they serve. To assist in developing new policies, practices, training, and coaching for trauma-informed care, a manual and documentary film is being developed in a cooperative effort with the participating states.

The definitions for each of these services was taken from the Joint CMCS and SAMHSA Informational Bulletin published on May 7, 2013, subject Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions.

VI. REFERENCES

- Al Stein-Seroussi, Sean Hanley, Marguerite Grabarek & Tricia Woodliff (2023) Implementation of SafeVoice Nevada: A Statewide Anonymous Tip Line for School-Age Youth, Journal of School Violence, 22:4, 502-516, DOI: 10.1080/15388220.2023.2225219
- Anderson, M., Brandon, K., Zhang, F., Peek, J., Clements-Nolle, K., & Yang, W. (2022). *2021 Nevada High School Youth Risk Behavior Survey (YRBS) state report*. ScholarWorks. Retrieved December 19, 2023 from https://scholarworks.unr.edu/handle/11714/8328.
- Brauner, C. B., & Stephens, C. B. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: challenges and recommendations. *Public health reports (Washington, D.C. : 1974)*, *121*(3), 303–310. https://doi.org/10.1177/003335490612100314
- Centers for Disease Control and Prevention (CDC). (2023). *WISQARS Leading Causes of Death Visualization Tool*. Centers for Disease Control and Prevention. Retrieved from https://wisqars.NVHA.gov/lcd/
- 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 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
- Desert Parkway Behavioral Healthcare Hospital. (2026). *Inpatient and Outpatient Psychiatric Services in Las Vegas*. Retrieved January 27, 2026, from https://www.desertparkway.com
- Division of Child and Family Services. (2025a). Clark County Crisis Response Services, Epidemiologic Profile. State of Nevada, Department of Health and Human Services – Carson City, Nevada.
- Division of Child and Family Services. (2025b). Desert Willow Treatment Center, Residential Services, Epidemiologic Profile. State of Nevada, Department of Health and Human Services – Carson City, Nevada. https://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Programs/Data/Desert_Willow_Treatment_Center_Residential%20Services_2025_Epidemiologic_Profile_ADA.pdf
- Division of Child and Family Services. (2024). DCFS Data. Retrieved from https://dcfs.nv.gov/Programs/Data/DCFSDataPage/
- Division of Child and Family Services. (2025). DCFS Data – State of Nevada Youth Behavioral Health Services. Retrieved from https://app.powerbigov.us/view?r=eyJrIjoiOWIyOGUwZjEtMzllYi00MGM0LTg2YmYtNGQzMzA1ZjRhN2Q0IiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9
- Division of Child and Family Services. (2022). Nevada's Crisis Services System for Children. Retrieved from https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/27047
- 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
- Howard, L., Silva, I., Powers, MG., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. (2025). University of Nevada, Reno School of Public Health and State of Nevada, Division of Public and Behavioral Health. *2025 Nevada High School Youth Risk Behavior Survey (YRBS) Report* [Report in Preparation].
- Legislative Auditor (2022). Governmental and Private Facilities for Children – Inspections Carson City, Nevada. Retrieved from https://www.leg.state.nv.us/division/Audit/Full/BE2024/LA24-06%20 %20Governmental%20and%20 Private%20Facilities%20for%20Children%20-%20Inspections%20December%202022%20Report%20FINAL%20WEBSITE.pdf
- Magellan Healthcare. (2024, December). *Connect Nevada: Youth peer support* [Flyer]. https://www.magellanhealthcare.com/es/documents/2024/12/nv-youth-peer-support-flyer-english.pdf/
- McGill, C. (2023). State of Nevada Department of Education - Nevada Legislature. https://www.leg.state.nv.us/Division/Research/Documents/RTTL_NRS388.1455_2023.pdf
- McGill, C. (2024). State of Nevada Department of Education - Nevada Legislature. https://www.leg.state.nv.us/Division/Research/Documents/RTTL_NRS388.1455_2024.pdf
- McGill, C. (2025). State of Nevada Department of Education - Nevada Legislature. https://www.leg.state.nv.us/Division/Research/Documents/RTTL_NRS388.1455_2025.pdf
- Mental Health America. (n.d.). *How to become a peer support specialist*. https://mhanational.org/resources/how-become-peer-support-specialist/
- Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, *49*(10), 980–989. https://doi.org/10.1016/j.jaac.2010.05.017

- NAMI Southern Nevada. (n.d.). *Youth peer support specialist (YPRSS) program*. https://namisouthernnevada.org/support-and-education/support-groups/youth-peer-support-program/
- Nevada Department of Education. (2025). *Nevada Accountability Portal*. https://nevadareportcard.nv.gov/PDF/2025/02.E.pdf
- Nevada Division of Healthcare Financing and Policy. (2022). CCBHC Consumer Satisfaction Survey Report. https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Pgms/CCBHC/CCBHC%20Consumer%20Satisfaction%20Survey%20Report%20(2022%20Q2%20-%20Bridge%20[Alta]).pdf
- Nevada Health Authority. (2025). Children's Behavioral Health Transformation Implementation Plan. Division of Nevada Medicaid, Carson City, Nevada. https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/kidsBH/Implementation%20Plan%20DRAFT%20for%20Public%20Feedback.pdf Accessed 20 Jan. 2026.
- *Nevada Office of Suicide Prevention.* (2024). "Nevada Office of Suicide Prevention 2024 Year End Report." https://suicideprevention.nv.gov/uploadedFiles/suicidepreventionnvgov/content/home/features/Nevada%20Office%20of%20Suicide%20Prevention%20End%20of%20Year%20Report%2012.20%20-%20ADA.pdf. Accessed 5 Jan. 2026.
- Office of Analytics. (2023). Symptoms of the Disease: The Epidemiological, Economic, and Public Health Impacts of COVID-19 on the Battle Born State. Nevada Department of Health and Human Services. Carson City, Nevada.
- Office of Analytics. (2025). Certified Community Behavioral Health Clinics in Nevada. Last Updated October 7, 2025. https://app.powerbigov.us/view?r=eyJrIjoiYjU2ODRkMmItNjVhNC00ODhkLTgzMWEtNWI3ZmVlZGYwNjdiIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9
- Office of the Surgeon General (OSG). (2021). Protecting Youth Mental Health: The U.S. Surgeon General's Advisory [Internet]. Washington (DC): US Department of Health and Human Services. PMID: 34982518.
- Patchin, J. W. (2023). Cyberbullying Continues to Rise among Youth in the United States. https://cyberbullying.org/cyberbullying-continues-to-rise-among-youth-in-the-united-states-2023
- Reinert, M, Nguyen, T & Fritze, D. (October 2025). "The State of Mental Health in America 2025." Mental Health America, Alexandria VA.
- Seiter, L. (2017). *Issue brief: Mental health and juvenile justice: A review of prevalence ...* The National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth. https://neglected-delinquent.ed.gov/sites/default/files/NDTAC-MentalHealth-JJ-Brief-508.pdf
- Seven Hills Behavioral Health Hospital. (2026). *Mental Health & Substance Abuse Treatment in Las Vegas, NV*. Retrieved January 27, 2026, from https://www.sevenhillsbi.com
- Sill, K. (2020). *A Study of the Root Causes of Juvenile Justice System Involvement*. Criminal Justice Coordinating Council. https://cjcc.dc.gov/featured-content/study-root-causes-juvenile-justice-system-involvement
- Spring Mountain Treatment Center. (2026). *Adolescent and Adult Behavioral Health Services*. Retrieved January 27, 2026, from https://springmountaintreatmentcenter.com
- Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (2007*). Promotion and prevention In mental health: Strengthening parenting and enhancing child resilience*. DHHS Publication No.CMHS-SVP-0175. Rockville, MD.
- 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/
- Thorisdottir, I. E., Agustsson, G., Oskarsdottir, S. Y., Kristjansson, A. L., Asgeirsdottir, B. B., Sigfusdottir, I. D., Valdimarsdottir, H. B., Allegrante, J. P., & Halldorsdottir, T. (2023). Effect of the COVID-19 pandemic on Adolescent Mental Health and substance use up to March, 2022, in Iceland: A repeated, cross-sectional, population-based study. *The Lancet Child & Adolescent Health*, *7*(5), 347–357. https://doi.org/10.1016/s2352-4642(23)00022-6
- U.S. Census Bureau. (2025, December 22). *County population by characteristics: 2020-2024*. Census.gov. https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-detail.html
- U.S. Census Bureau. (2025) *Clark County, Nevada*. Retrieved from https://data.census.gov/profile/C...?g=050XX00US32003#populations-and-people
- U.S. Department of Justice Civil Rights Division. (2022). *Investigation on Nevada's Use of Institutions to Serve Children with Behavioral Health Disabilities.*
- Warner, M. (2021). *The impact of bullying on mental health*. Louis A. Faillace, MD, Department of Psychiatry and Behavioral Sciences. https://med.uth.edu/psychiatry/2021/03/12/the-impact-of-bullying-on-mental-health/
- Youth MOVE National. (n.d.) "Homepage." Youth MOVE National. https://youthmovenational.org/. Accessed 5 Jan. 2026.

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

CURRENT MEMBERSHIP

Dan Musgrove (Chair)
Strategies 360
Business Community Representative

Lori Follett
Nevada Health Authority
Medicaid Services Representative

Kyra E. Morgan
Medical Epidemiologist
DCFS Representative

Dr. Sid Khurana
Healthy Minds
Psychiatric Community Representative

Novelette Mack
PACT Coalition
Community Representative

Karen Taycher
Nevada PEP
Parent Representative

Jackie Harris
Creative Solutions Counseling Center
Substance Abuse Service Providers Representative

Katie A. Dockweiler, Ed.D., CCSD
Director III, Psychological Services
Clark County School District Representative

Jessica Sasso
The Harbor Juvenile Assessment Centers
Juvenile Justice Representative

Charlene Frost
FreedomCare
Parent Representative

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

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

Hunter Cain
Foster Parent Representative

Meambi Newbern-Johnson
Clark County Clinical and Community Services
Child Welfare 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.

CCCMHC
Clark County Children's Mental Health Consortium

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

Contact: Dan Musgrove, Chair 2026-2027
cccmhc.nv@gmail.com | cccmhc.org