

Nevada Mental Health Planning Advisory Council Rural Monitoring Report

Mesquite Mental Health Clinics

May 18 & 19, 2010

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I. Project Background

During State Fiscal Year (SFY) 2007, Nevada's Mental Health Planning Advisory Council (MHPAC, a.k.a. – “the Council”) developed a structured, service provision monitoring project to help better meet the federal mandate for Mental Health Planning Councils to “monitor, review and evaluate the allocation and adequacy of mental health services within the state.” The Council formed a Rural Monitoring Committee that developed a plan and format for conducting quality assurance site visits to selected Rural Clinics Centers, operated by the Nevada Division of Mental Health and Developmental Services (MHDS), with a focus on consumer satisfaction with services. The Rural Monitoring Project serves as an important collaboration between the Council, MHDS and the Division of Child and Family Services (DCFS) in order to increase State partnership with consumers and the Council toward improving the delivery of services.

The Committee developed three sets of specific questions, customized for:

1. Rural Clinics staff,
2. Adult consumers, and
3. Children and their families.

The questions serve as a uniform, statewide instrument for conducting focus groups with agency staff, consumers and family members as part of the site visit. These questions were developed in conjunction with program improvement staff from MHDS and DCFS in order to ensure that effective, consistent monitoring is done throughout the rural areas. A copy of the focus group instrument is included as Appendix A of this report.

Pre-visit study materials are requested from each site prior to the monitoring visit for review by the monitoring team members, as follows:

- Informational materials provided at the clinic site for Rural Clinics services.
- Informational materials provided at the clinic site for related community-based services, including nonprofit and private agencies.
- Lists of local providers for related community-based services.
- Consumer survey format and outcome data from most recent survey, if available.
- Most recent performance improvement reviews, if available.
- Most recent MHDS monthly reports showing service and wait list statistics.
- Most recent Agency Director's reports.

The Rural Monitoring Committee has completed reports on site visits to three Mental Health Clinics since the initiative began in 2007. All three of these reports are posted on the MHPAC website at:

http://mhds.nv.gov/index.php?option=com_content&task=view&id=144&Itemid=234

This report covers the Council's most recent site visit to the Mesquite Mental Health Clinic on May 18th and 19th, 2010.

II. Key Findings

Successes

The following are successes related to the delivery of mental health services in the area identified as a result of the site visit:

- 1) Many aspects of the Mesquite Clinic's operations have improved since the reorganization that put them under the direction of SNAMHS. This includes more responsiveness to referrals, more accessibility to supervisors and managers and more effective use of resources.
- 2) The Mesquite clinic has a good working relationship with the City of Mesquite Police Department.
- 3) All of the clients participating in the focus groups spoke very favorably about the staff at the clinics.
- 4) Although not without problems, telemedicine provides clients with access to services that would otherwise not be available in Caliente and Moapa.
- 5) Nevada PEP has been very active in Mesquite including conducting training for parents and advocating for families.
- 6) The clients of the clinic and members of the community in general are very supportive of the Mesquite Clinic and many people there have very strong feelings about its future.
- 7) Although the number children and adolescents served is low, the Mesquite Mental Health Clinic has established a strong working relationship with the public schools in the area, both elementary and secondary.
- 8) The Mesquite Veterans Center has a Disabled American Veterans' (DAV) Van sponsored by the Elk's Lodge that provides transportation to the Veteran's hospital in Las Vegas three days a week.

Challenges

The following are challenges facing the delivery of mental health services identified as a result of the site visit:

- 1) The statewide furlough has reduced the number of hours available for clinical staff to serve clients.
- 2) As mentioned in previous MHPAC Rural Monitoring reports, the recruitment, retention and development of clinical staff in rural areas is exceptionally difficult.
- 3) High unemployment in the rural areas visited presents significant challenges to clients seeking work and has also added to the caseload of the clinics due to recently unemployed individuals seeking counseling for depression.
- 4) In general, resources for assistance with mental health problems are limited in rural Nevada.
- 5) The completion of the reorganization of Rural Clinics undertaken by MHDS requires the approval of the 2011 Legislature and, given the current economic conditions, no new positions can be expected. The elimination of positions is far more likely.
- 6) The five Rural Clinics that have been brought under SNAMHS in the reorganization will need to be accredited.
- 7) Clinicians are challenged to balance their assigned caseloads against the fact that child and adolescent cases generally require more time to handle.

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Unmet Needs

The following are unmet needs identified as a result of the site visit:

- 1) There is a shortage of practicing psychiatrists in rural Nevada, particularly for ones certified to treat children.
- 2) After hours crisis help and emergency services for mental health problems is lacking.
- 3) As mentioned in previous MHPAC Rural Monitoring reports, psychological testing tools and supplies are inconsistent and limited. The number of toys, games and other play therapy items is limited as well.
- 4) There is little, if any, public transportation in Mesquite itself and to neighboring cities like Las Vegas and St. George. Transportation is even a greater problem in Caliente because of its remoteness.
- 5) Fewer than 5% of the Clinic's clients are adolescents and fewer than 2% of the clients are children.

Recommendations

- 1) Explore reasons why children and adolescents in general and young children (up to six years old) in particular in the area are not being served.
- 2) Explore one-time funding opportunities to purchase psychological testing tools for all clinics.
- 3) Explore funding opportunities to upgrade the Agency's Telemedicine capabilities. For example, the United States Department of Agriculture offers a Distance Learning and Telemedicine (DLT) grant annually which could potentially support Rural Clinic's Telemedicine program. More information is available at:
http://www.rurdev.usda.gov/UTP_DLT.html
- 4) Collaboration by the Mesquite Clinic with the Division of Welfare and Supportive Services Family Resource Centers, Clark County social services agencies and various support groups (e.g. – the local chapter of the National Alliance on Mental Illness {NAMI}) should be increased to make the most out of existing resources. In addition, efforts should be made to ensure that the visits to Mesquite by the Bureau of Vocational Rehabilitation of DETR, which resumed shortly after the monitoring visit, continue.
- 5) Opportunities to procure racks for the display of brochures and pamphlets should be explored. For example, perhaps the high school shop class would be interested in taking on a project such as this.
- 6) Clinicians should be encouraged to participate in training opportunities on child and adolescent mental health issues that become available.
- 7) The State of Nevada Risk Management Office should be contacted for assistance in determining if there is an indoor air quality problem at the Mesquite Mental Health Clinic. More information on the State of Nevada's Indoor Air Quality Policy is available at: <http://risk.state.nv.us/Indoor%20Air%20Policy.htm>
- 8) Providers and other parties that responded to the Request for Information (RFI) released by Rural Clinics in 2009 should be contacted in some fashion to let them know that the RFI is not currently being pursued due to budgetary considerations
- 9) In previous visits to other Rural Clinics, the monitoring committee recommended the use of Block Grant funds to purchase children's therapy tools and toys. The committee requests an update as to the types of therapy tools and toys purchased and an assessment as to whether or not the items have improved services to children at those locations.

III. Mesquite Mental Health Clinic Monitoring Visit Detail

A. Background

Mesquite was settled by Mormon pioneers in 1880, who called it *Mesquite Flat*. The community was finally established on the third attempt after having been flooded out from the waters of the Virgin River. The name was later shortened to Mesquite and the city was incorporated in May 1984. Mesquite, like nearby Bunkerville, had its origins in farming. The Peppermill Mesquite casino, which opened in the 1970s, help diversify Mesquite's economy. In the mid-1990s, other casino resorts opened. According to the 2000 census, Mesquite's population was 9,389 and, according to the Nevada State Demographer, had grown to 20,677 by 2009. However, there are indications not yet quantified that the population has decreased since then due to the economic downturn.

In addition to the Mesquite Mental Health Clinic, social service governmental and non-profit agencies include the following:

- Clark County services include Child Care Licenses, Health cards (two days a week), and the Department of Social Services Outreach Office. (Subsequent to the monitoring visit, Clark County relinquished responsibility for Child Care Licenses to DCFS effective September 2, 2010).
- Nevada Department of Employment Training and Rehabilitation: Unemployment insurance, job link, vocational rehabilitation.
- Alcoholics Anonymous: Meetings, hot line.
- Al-Anon: Alcohol and substance abuse prevention meetings.
- Salvation Army in Mesquite: Contracted Family Resource Center providing case management, information and referrals for accessing services and programs.
- Sunrise Children's Foundation: Eligibility for Women, Infants and Children (WIC).
- SafeNest: Domestic violence advocates
- Virgin Valley Community Food Bank
- Virgin Valley Family Service

Medical service organizations include the following:

- Mesa View Regional Hospital
- Mesquite Women's Clinic

B. Clinic Staff

Mesquite Mental Health Clinic staff members include the following:

- **Clinic Director:** Manages the daily work flow of clinic, including but no limited to services provided and wait lists; works with community partners to provide a continuum of care and provides direct mental health counseling services, including crisis intervention in the schools, jail and local hospital. One full time position
- **Nurse Practitioner:** Provide services in-person services one week a month in Mesquite and via telemedicine at other times of the month.
- **Psychiatric Nurse:** Review intake forms and performs the initial assessment, assists the psychiatrist on days he visits the clinic, and educates clients on the effects of their medications, monitors medication supplies and coordinates medication ordering and

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delivery to the client with the pharmacy at SNAMHS as prescribed by the psychiatrist. One full time position.

- **Psychologist:** Provides mental health counseling services, conducts psychological tests, performs intake assessments and makes appropriate referrals. One full time position
- **Psychiatric Caseworkers II:** Provides service coordination and psychosocial rehabilitation (PSR). One ½ time and one ¾ time position
- **Mental Health Counselor II:** Provides mental health counseling services, performs intake assessments and makes appropriate referrals. Two full time positions
- **Administrative Assistants IV and II:** Greets clients, assist in completion of initial paperwork, manages billing, pre-authorizations and provides administrative support to staff. Two full time positions

In the twelve months from May, 2009 through April 2010, the Mesquite Mental Health Clinic had an average unduplicated caseload of 92 with an average unduplicated waiting list of 31. Adults comprise 93.9% of the caseload and 81.8% of the waiting list. The following table summarizes the average monthly caseload for that period for the Mesquite Mental Health Clinic as well as the Caliente and Moapa Valley satellite clinics.

Clinic	Adults	Adolescents	Children	Total
Mesquite	86	4	2	92
Caliente	24	5	3	32
Moapa	15	1	0	16
Total	125	10	5	140

C. Environmental Scan

The monitoring team arrived at the Mesquite Mental Health Clinic on Tuesday, May 18, 2010 and briefly toured the facility. The clinic is located at 61 Willow Street in Mesquite on the second floor of a small, L-shaped office complex centrally located in the town. During the course of the visit, several facility issues were identified including leaks in the roof, poor drainage on the veranda directly outside the Clinic front door and possible mold intrusion. The current lease expires in 2011.

The lobby was of modest size with brochures and informational pamphlets available for clients. However, it did not afford much privacy for clients speaking to the receptionist. Although somewhat cramped, the clinic was clean, well organized and included a room with a small meeting table and a variety of books, games, toys and puzzles.

D. Staff Feedback

The monitoring team first met with the Clinic Director, Kathy Scott and the Southern Nevada Adult Mental Health Services (SNAMHS) Director Stuart Ghertner, Ph.D. to discuss recent organizational changes and other general issues. Over the last several months, five Rural Clinics in Southern Nevada (Pahrump, Mesquite, Laughlin, Caliente and Moapa) have been placed under the direction of Dr. Ghertner in his capacity as Director of SNAMHS. Previously, all Rural Clinics in the State had been under the direction of the Rural Clinics

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Agency's Central Office in Carson City. Both Kathy and Dr. Ghertner agreed that the change has gone quite well and has allowed the Clinics to more readily access resources from SNAMHS.

Challenges that were mentioned related to the reorganization included the fact that the budget for State Fiscal Years (SFY) 2010 and 2011 was based on the previous structure so a complete reorganization is subject to the approval of the 2011 Legislature. In addition, like virtually all other State agencies, no new positions are available and that staffing reductions in the next biennium are likely. Another challenge is that the five Rural Clinics being brought under SNAMHS will have to be accredited.

It was noted that Mesquite has suffered from the global economic downturn with the recent closure of two hotel/casinos and a reversal of the population growth the town had experienced earlier in the decade. Cutbacks in other social services agencies have been felt by the Mesquite Clinic including the Department of Employment, Training and Rehabilitation's (DETR) Vocational Rehabilitation Division's counselors eliminating their visits and the Clark County Social Services office closing. It was noted that the Division of Child and Family Services (DCFS) staff have reduced their visits as well.

In order to accommodate scheduled client visits, the monitoring team met with the rest of the Clinic staff in two sessions. Using the questions developed for Rural Clinics staff as a guide, the monitoring team conversed with the staff to understand the nature and scope of their duties and to elicit their opinions on successes, challenges and unmet needs at the clinic.

When a client calls for services, their phone call is screened immediately for risk and, based on that risk, they are referred out to the hospital or assigned an intake for services by one of the Licensed Clinical Social Workers (LCSW) or a Psychiatric Nurse or the Psychologist to determine what if any services are appropriate and an orientation appointment is scheduled. At that first appointment, they are given an overview of services and asked to complete the paperwork and determine what if any insurance benefits are available and what authorization is required. In the case of clients without insurance, the sliding fee schedule is discussed.

At the end of a client's first appointment, they are scheduled for an intake appointment with a clinician. In the intake evaluation, the clinician does a detailed history and assesses any risks in order to determine a case management strategy.

Clients as young as six have been treated at the Clinic. A barrier to providing services to youth is the lack, in recent years, of a psychiatrist licensed to prescribe medication to children under eighteen. Families with children under twelve needing services have had to travel to Las Vegas or St. George to receive services. Several of the family doctors in Mesquite and Caliente have proven to be competent in treating some aspects of mental health issues with children.

Telemedicine is used frequently to serve clients in Caliente and has been a real life line in many cases although some of the interpersonal factors such body language and alcohol odors are missed. It works better for adults than it does for children.

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The “Medication Clinic Only” pilot being tried in Northern Nevada is planned for Mesquite sometime in the future. Many of the clients have been or will be eventually put on a mail order supply of medications. Subsequent to the monitoring visit, it was reported that a Medication Only Clinic started in June and is working very well. In addition individuals can have service coordination only, or therapy only or any combination of services to suit their needs.

Mesquite has only one client in a Supported Living Arrangement (SLA) and very few others in any other kind of housing programs. The Clark County Housing Authority has a waiting list of over 4 years. In comparison, the Nevada Rural Housing Authority’s waiting list is only 18 months. However, residents of Mesquite must relocate out of Mesquite to actually redeem a voucher because Mesquite is in Clark County, not Rural Nevada. Subsequent to the monitoring visit, it was reported that the Clinic has partnered with a group home provider willing to move into Mesquite.

Public transportation for clients has always been limited in Mesquite and has only gotten worse in recent years. There is no public transportation from Moapa or Caliente.

Representatives from the Social Security Administration and Clark County Social Services travel to Mesquite about once a month to serve clients on a first-come, first serve basis. There was some confusion as to how applications for programs administered by the Nevada Division of Welfare and Supportive Services (DWSS) such as TANF, SNAP, Medicaid and Child Support are submitted and processed. The Salvation Army has the grant to serve as the Family Resource Center in Mesquite and the Virgin Valley Family Services provides bi-lingual support.

The Clinic has had success working with the City of Mesquite and the City Attorney in getting court ordered treatment for certain clients.

In the last year, the Clinic received some anatomically correct dolls and child therapy games donated by the local Exchange Club as well some children’s art supplies from the Rural Clinics Central Office. However a need still exists for journaling and group therapy supplies as well as art therapy supplies. It was also mentioned that more publicity would encourage more people to become clients. Quite a few of the clients have access to the internet.

The psychologist reported that some assessment tools and supporting software is being acquired and loaded on the computers. He indicated the need for some personality tests still exists.

The lobby does not have appropriate means to display the numerous pamphlets and brochures on hand making it difficult for clients to access them. In addition, the staff removed the television in the lobby at the request of several clients who said it was a source of agitation. Instead, they have put in a small water fountain and a CD player to generate soothing background noise. Subsequent to the monitoring visit, it was reported that a television has been reinstalled. Clinic management will follow-up on the comments by

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clients that it is a source of aggravation.

Staff indicated that funding to take groups on outings would be beneficial. They said the same about having space for a drop-in center. The Psycho Social Rehabilitation (PSR) budget for cards for Wal-Mart has been eliminated. Subsequent to the monitoring visit, it was reported that the PSR budget had not been cut but the Clinic had not requested supplies. They have since received PSR funding and have a plan for quarterly ordering.

A NAMI group is active in the Mesquite area but not in Caliente or Moapa. In the latter two communities, Clinic staff occasionally run group meeting but they are limited by the lack of available space. Caliente covers all of Lincoln County and includes the towns of Rachel, Pioche, Caliente and Panaca. The only retail stores are locally owned and operated (i.e. – no Wal-Mart).

There is no group home available in Mesquite. The nearest one is in St. George. Subsequent to the monitoring visit, it was reported that the Clinic has partnered with a group home provider willing to move into Mesquite.

The Clinic staff said the location of the Clinic is excellent although there are some physical shortcomings and maintenance issues. The office is convenient to a pharmacy and the public library. The Community College is nearby but there is not much of a relationship established with it. Some of the Clinicians find that it is easier to get vocational education and training information from higher education facilities outside the community.

Some of the facility problems include the wet, slick surface outside the lobby front door and leaks in the roof along the southeast corner of the building. The landlord has made several attempts to fix these problems but has not been completely successful. Some staff reported experiencing symptoms of possible exposure to mold as a result of the roof leaks.

There are also several Americans with Disabilities Act (ADA) issues such as limited access for clients in wheelchairs. Several other issues were discussed and it was evident that much work needs to be done.

The landlord and his family previously did the office cleaning which was limited to vacuuming, emptying the garbage and cleaning the restrooms. Clinic staff persuaded him to hire a cleaning service which has been a welcomed improvement.

The Administrative Assistant IV reported that the processing of pre-admission requests and claims to insurance companies has become increasingly difficult and time consuming.

The Clinician who handles Caliente every Wednesday said the intakes take longer because it is done primarily over the computer and with telemedicine. The telemedicine works really well with adults but not so well with children so he tries to see the child clients during his monthly in-person visits. The travel budget has been reduced to allow just one in-person visit a month from a clinician in Mesquite.

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Vocational Rehabilitation has been very responsive to needs in Caliente out of their office in Ely but they have stopped serving Mesquite out of Las Vegas. DCFS has not been as responsive to requests for services in Caliente. There is no Workforce Investment Act (WIA) office in Mesquite.

Clinic staff interact with the local schools via email quite a bit and generally have a good relationship with the Lincoln County School District.

The Medication Clinic works best when a doctor or nurse practitioner is present and the nurse is able to collaborate with them in setting a treatment plan. The rural nature of Mesquite results in delays in medications being received. Telemedicine is more challenging to the nurse than in-person visits because of the amount of follow-up and paperwork that needs to be faxed back and forth.

As in other clinics that have been visited by the monitoring team, there are delays and challenges with the Patient Assistance Program (PAP) such as it being difficult to collect co-pays from some of the clients.

The local hospital is “for profit” and has a reputation for discouraging mental health clients with limited resources or no insurance from coming without actually refusing services to them. A new administrator has been appointed and there may be improvements as a result.

A SAPTA provider comes to Mesquite from Las Vegas and uses space in the Mesquite Clinic to meet with clients. Space is also made available to other State agencies like VR or DETR.

One of the clinicians opined that schools don’t understand emotionally disturbed kids and that the elementary schools do well but the middle schools do not do quite as well.

Some clinicians are challenged to meet the required number of service hours per week which ranges from 25 to 32. One clinician in particular suggested that more flexibility in scheduling their time would be an improvement.

Many of their clients do have access to the internet but for those who do not, there are very few publicly available computers at the local libraries and there is usually a wait.

Clients who have a crisis after hours will generally go to the local emergency rooms. The clinicians felt that they have been very successful through the operation of the medication clinic and the other services in stabilizing the majority of their clients.

The relationship between the Clinic and SNAMHS has improved quite a bit since the reorganization as manifested by more responsiveness and quicker returned phone calls.

When asked for their top two wishes to improve the clinic, suggestions included bringing stability to Moapa to make up for mixed messages sent to the community regarding the future of the clinic there. Also suggested were improvements to the administration of

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variable work schedules to allow more clients to be seen before and after regular business hours. An electronic door that meets ADA requirements was also mentioned as well as a means to provide clients with funds for emergency medication purchases.

E. Stakeholder Meeting

On Wednesday May 19, a series of meetings with various stakeholders in the area was held that included doctors, school counselors, law enforcement personnel and other providers.

Dr. Asma Habib, an Internist practicing in Mesquite and Overton said she sees many clients of both the Mesquite and Moapa clinics with a wide range of mental health problems. The staff at the Clinics have been very responsive to her requests for getting clients who are in crisis seen promptly.

She said she has not experienced any specific problems getting clients transferred to hospitals, including SNAMHS, in Las Vegas and observed that psychiatric care is one of the most underserved branches of medicine, not only in Mesquite, but across the country. The economics of running an internal medicine practice does not lend itself well to providing mental health services because those clients generally take longer.

If the Mesquite Mental Health Clinic closes, she did not think the medical community could absorb the clients into their private practices.

From her perspective, patients she sees who are clients of the Moapa Clinic are generally pleased with the level of service, happy with the staff and grateful for the presence of the Clinic.

Jim Sandborn, a counselor at Virgin Valley High School for four years said the plan for the Clinic and the schools to respond to crises was in disarray when he first started but has improved tremendous since then. He gave some several examples including a distraught student threatening violence who agreed to be taken to the Clinic on a Friday, was seen and released. Afterward, law enforcement personnel discovered the client had an outstanding warrant for a weapons charge resulting in serious concerns about the potential for an incident at the football game that night.

He also described a teenager in crisis who was brought to the Clinic but the Clinic's lack of a certified adolescent psychiatrist prevented her from getting the services she needed. With the exception of that gap, he is very pleased with the services provided by the Clinic.

There is a homeless population that includes both adults and families.

Compared to other school districts where he worked, the prevalence of co-occurring disorders in Mesquite is relatively low. Part of that is due to the large Mormon population in the area.

Communication between the Clinic and all the schools in the area is very strong and commendable.

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Beth Shelley, Ph.D., a counselor at Virgin Valley Elementary School cited the Clinic's responsiveness to referrals from school counselors as a success. Clinicians will frequently attend IEPs to focus on the whole client. An unmet need is the lack of a certified adolescent psychiatrist. She said if the Clinic were to close or even just scale back, it would be tragic for the community.

The rural nature of the community and the underlying strong moral values are admirable but it makes things difficult for those who are different. She thinks the Clinic needs to be bolstered, not scaled back, to meet the community's needs. The Clinic staff has demonstrated their commitment to the clients and the community.

The team spoke with Bonnie Smith from the College of Southern Nevada's Caliente extension via video conferencing. She noted that one of the successes is that clients have become more trusting of the Caliente Clinic which had been damaged when closure of the Caliente Clinic was being considered. Video conferencing is nice to have, but it is difficult to judge how well the clinicians are connecting with the clients and to evaluate other factors such as body language. The service offerings are not widely advertised so the general population is not aware of them.

The clinician who visits Caliente monthly is in contact and has a good working relationship with the Lincoln County School District. Transportation is a significant challenge to clients in the area because the area is so isolated.

Unmet needs include more frequent in-person visits to avoid undermining the trust of the community in the continuity of Clinic services.

Vocational Rehabilitation services are provided in Caliente out of the DETR Ely office and they have been a tremendous asset. There are stakeholders in Lincoln County but the Clinic staff has not been able to regularly schedule monthly meetings.

Ryan Toone from the City Attorney's Office said there has been marked improvement in the responsiveness of the Clinic. He also expressed an interest in receiving additional information on Crisis Intervention Teams (CIT). When asked if courts require clients to undergo psychiatric evaluations or services, he said there is generally a shortage of qualified clinicians to do evaluations. He expressed interest in learning more about available resources for that function.

His wish list included additional resources to assist in the settling of lower level cases and the continued operation of the Mesquite Clinic.

Jim Brown, President of the Mesquite Veterans' Center, a Nevada non-profit corporation, said, when he was with the City of Mesquite Emergency Management, they had had problems with juvenile fire starters so they started an aggressive program to track them down and get them into the system. It included intervention with the juvenile and their family.

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His organization represents veterans from World War II through the current conflicts in Iraq and Afghanistan on compensation and pension(C&P) issues. The organization started as a coalition between the Vietnam Veterans of America, Veterans of Foreign Wars and the American Legion. As a non-profit corporation, they are planning on building a Veterans' Center near the hospital.

Many of the newer veterans are experiencing Post Traumatic Stress (PTS) Syndrome and they need outside medical counsel to be treated. Members of the National Guard and Reserve are experiencing PTS that is being transferred to the jobs to which they are returning. The civilian employers of these people are not well equipped to help so the Veteran's Center offers the opportunity to talk and help identify available resources.

One of the problems being in a rural community is the remoteness and the difficulty in getting transportation and other resources. He has doubts about the effectiveness of Telemedicine because it lacks the personal interaction of an in-person visit.

The Clinic provides a valuable resource in the community and especially to the Veteran's Center. When he was with the Fire Department, the Clinic provided counseling and stress management services after serious situations like major freeway accidents.

The Veterans Center has a Disabled American Veterans' (DAV) Van sponsored by the Elk's Lodge that provides transportation to the Veteran's hospital in Las Vegas on Mondays, Wednesdays and Fridays. Veterans must be established patients of the VA and have an appointment that is no earlier than 9:00 am. The local hospital provides laboratory services to veterans every Thursday and the results are transmitted to the VA.

The VA's mental health facility on Owens Avenue in Las Vegas is well staffed and responsive as is the Veteran's Center on Jones and Sahara. The local Veteran's Center worked with the VA to get services in Mesquite but it was underutilized due to long standing mistrust of the VA by the veterans.

The Veteran's Center primarily role is assisting veterans in completing the necessary paperwork and gathering the required backup documentation. They also help them articulate their story in appropriate terms and gather evidence from outside the VA system.

Glen Horlacher, is a Marriage and Family Therapist (MFT) in private practice working on a contract with Safe Nest, a private non-profit domestic violence agency in Mesquite. He also works with ABC Counseling, a private for profit provider. He has people come to his practice on a regular basis who are unable to pay for services. That is one of the biggest reasons for keeping the Mesquite Clinic open. The Clinic is also adept at handling clients who have multiple case management issues.

He makes a lot of referrals to the Clinic and the Clinic will often refer MFT cases to him to avoid duplication of services. There is a large population of chronic drug users who are mostly unemployed and have health issues in Mesquite who rely on the Clinic for services. He came to Mesquite six months before the Mesquite Clinic opened and he was initially

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concerned there would duplication of services but over the years he has come to appreciate the complimentary role the Clinic plays in the community.

Douglas Law, the Chief of Police for Mesquite accompanied by Lieutenant Troy Tanner, said the Mesquite Clinic was one of the few State agencies with a presence in the community and it has been a huge boost. The biggest challenge is that there is not enough staff at the Clinic. When police officers respond to mental health related calls, they need trained professionals to call upon. The private hospital does not have any mental health professionals on staff and the Clinic has done everything they can do within the budgetary constraints they are facing.

The Mesquite corrections facility is only for misdemeanors and has no mental health staff. They do not put anyone there without approval from a physician. There has been several law suits filed based on people who have been harmed while in the facility.

On more than one occasion, people have been released from their custody because a doctor could not authorize confinement only to have the person back in custody because they continued their bad behavior.

The Clinic has been very helpful in providing relevant training to Police Officers but there are limits on the amount of time and money that can be dedicated to training. As the Chief of Police, his biggest concern is trying to diagnose mental health problems. They have the authority of the Legal 2000 but they usually err on the side of letting the suspects go rather than putting them in danger in the local jail or having to transport them to Las Vegas.

The local hospital limits their evaluations to medical problems and does not attempt to diagnose mental health problems. The Police Department utilizes the Clinic staff for PTS counseling. However, the Clinic staff has fluctuated and changed over the years making the access to them inconsistent.

The Chief expressed interest in receiving more information on CIT training.

Shawn Hotch with Virgin Valley Family Services, a non-profit organization that has been in Mesquite since 1999, helps families identify and apply for various benefits. She identified a success as finally being able to serve more clients. However, they are still understaffed and there are clients in need who are not able to access services. Her organization has a good working relationship with the Clinic. She mentioned receiving a Request for Information from Rural Clinics soliciting input from stakeholders on ways to offer integrated (medical and mental health) services. She submitted a response but never heard back from Rural Clinics. It was explained to her that the integration initiative had to be postponed due to budget problems.

Roberta Franco from the Salvation Army reported that the Clinic collaborates quite well with her but felt that the Clinic is understaffed. She identified transportation to services in Las Vegas as a significant challenge. The Salvation Army has a contract with the Division of Welfare and Supportive Services (DWSS) as an intake unit for various public assistance programs such as TANF, Child Support, Energy Assistance, Medicaid and Child Care.

F. Adult Consumer Feedback

The administrative staff in the Mesquite Clinic scheduled an Adult Focus Group meeting prior to a lunch time Open House for the community. The Focus Groups in Mesquite had the best attendance of any of the prior rural monitoring visits thanks to the efforts of the Clinic staff and strong interest in the future of the Clinic among members of the community. Because of the large number of consumers and the limited time available, the monitoring team decided to conduct the meeting conversationally without following the Focus Group Instrument line by line. The consumers were provided copies of the instrument with a business reply envelope and asked to complete and submit them after the meeting.

How did you hear about Rural Clinics?

Responses included being referred from Rawson/Neal Hospital, from a local family doctor, from a family member, from a pastor, from the Ely Clinic to the Caliente Clinic and the Mayor of Caliente heard about it through Town Council meetings. Another client was referred by the emergency room in Mesquite, another from the phone book and another was referred by a friend.

What kind of services do you receive?

Clients mentioned receiving or participating in medication clinics, group therapy, service coordination, individual counseling and assistance with paperwork for insurance and disability claims. The importance of accessing a combination of services was also stressed because medications alone aren't sufficient.

After your initial intake phone call or visit, were you put on a waiting list? If so, how long before you began receiving services?

One client reported being on a waiting list for Mesquite for over a year three years ago. Most of the clients who had come to the clinic recently reported no wait to receive services.

Do you feel you have been stigmatized in your community because you are coming here for services, or may have a mental health need? Did any specific event happen and what could be done to remove this stigma?

Several clients said they had been stigmatized and were made to feel like their mental health problems were not important or not real in comparison to physical problems.

If you could change things about the existing services you receive, what would you like to be different?

Several clients mentioned the need for better access to a psychiatrist, particularly one certified to treat children and adolescents. Another client asked for more information on mental health resources available on the internet.

What would you consider to be the successes achieved by the clinic and its clients?

One client said the Caliente Clinic has changed her life through the counseling and medications keeping her out of trouble with the law. A Mesquite client praised the compassion, understanding and flexibility of the staff in accommodating schedules and crises. She went on to say that she was given the tools to improve and not just given a lip service.

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Another client had a complete breakdown at age 60. Previously, she had to travel to Henderson to see a psychiatrist who had her on over 25 different medications. She credited the Mesquite Clinic for getting her down to a single medication and saving her life. Another client praised Clinic staff for arranging for local transportation because he was agoraphobic and could not get himself to leave his house.

Another client praised one of the clinicians for helping her get rid of her nightmares and reduce her need for medications. However, she still has to go to Henderson to see a psychiatrist which has compromised her ability to attend classes. The Clinic staff was acknowledged for taking the time to find out what medications the clients are taking and coordinating a service plan.

A wife, her husband and their daughter told how they received help controlling anger management problems and coming to the understanding that it will take a life-long effort to survive. Another client who had made several suicide attempts credited the Clinic staff with saving his life through their caring and compassion demonstrated by frequent phone calls and constant follow-up.

G. Clinic Open House

The Clinic hosted an Open House for clients, stakeholders and other interested community members that featured a moving multi-media presentation created by client of the Clinic to illustrate what bi-polar disorder feels like. There were a number of testimonials from various clients as to the help and support the Clinic has provided in recent years.

H. Youth Adolescent Consumer Feedback

The administrative staff in the Mesquite Clinic scheduled a Youth/Adolescent and Family Member Focus Group meeting after the Open House. This Focus Group was the first one of any of the prior rural monitoring visits in which any youth/adolescents and their family members participated thanks to the efforts of the Clinic staff and strong interest in the future of the Clinic among members of the community. As in the Adult Focus Group, the monitoring team conducted the meeting conversationally without following the Focus Group Instrument line by line. The consumers were provided copies of the instrument with a business reply envelope and asked to complete and submit them after the meeting.

One family member described how she came to the Mesquite Clinic seeking services for her following a number of stressful circumstances. She was pleased with all of the staff and described them as being big hearted. She has found the Clinic to be the best source of referrals and services in the area, especially when her daughter needed help. No clients reported being put on a waiting list or having to wait for services.

Regarding the availability of treatment for co-occurring disorders, one family member said that AI-Anon and AA will take teenagers but services are limited. Some churches do offer some group sessions.

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When asked if they ever disagreed with their Counselor, one adolescent said “All the time.” Another said not really because she is a good listener.

Representatives from Nevada PEP, a non-profit organization, were present to offer their perspective and to assist with some translation. They described their involvement in supporting parents seek the assistance they need for their children.

Two of the adolescents said that having a clinician in the school would be beneficial and that they would be comfortable accessing services there.

In response to a question about what is good about the Clinic, the clients responded that the clinicians help on a personal level with good listening skills and the service is quick with respect to the clients’ time. It was also mentioned that the services are confidential and there is a genuine concern for the client’s well being.

IV. Response from SNAMHS/Rural Clinics

In the following section, the Unmet Needs identified and the Recommendations made by the Monitoring Team are restated *in italics* followed by a response from Rural Clinics **in bold**.

Unmet Needs

- 1) *There is a shortage of practicing psychiatrists in rural Nevada, particularly for ones certified to treat children.*
SNAMHS is currently working on a telemedicine contract with Monte Vista hospital to provide psychiatrist for children in the five southern rural sites. A doctor is in place and contract and equipment issues are being negotiated.
- 2) *After hours crisis help and emergency services for mental health problems is lacking.*
SNAMHS is working with Monte Vista on a partnership and developing a contract to provide these services either by Mesquite Mental Health or a private provider.
- 3) *As mentioned in previous MHPAC Rural Monitoring reports, psychological testing tools and supplies are inconsistent and limited. The number of toys, games and other play therapy items is limited as well.*
All materials that have been requested by current psychologist have been purchased out of SNAMHS budget.
- 4) *There is little, if any, public transportation in Mesquite itself and to neighboring cities like Las Vegas and St. George. Transportation is even a greater problem in Caliente because of its remoteness.*
Correct, however we have a Mental Health Tech (MHT) in Moapa Valley and an MHT and two Service coordinators in Mesquite that can provide transportation with the two state issued vehicles. Caliente has a problem as there is no vehicle assigned to that location due to the budget and an insufficient number of miles traveled per month. The state has a requirement that a vehicle be used 18 days and/or 500 miles per month to be justified. However, we are working on a partnership with the Caliente youth center to “loan” their car when needed.
- 5) *Fewer than 5% of the Clinic’s clients are adolescents and fewer than 2% of the clients are children.*
True, we are meeting October 20th with our Stakeholders and a mini-needs assessment for youth services is on the agenda.

Recommendations

- 1) *Explore reasons why children and adolescents in general and young children (up to six years old) in particular in the area are not being served.*
Historically there has been a long waiting list, which has now been resolved, and the center was not seen as a resource for youth and families. Again we are meeting with stakeholders.

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- 2) *Explore one-time funding opportunities to purchase psychological testing tools for all clinics.*

The needed items have already been purchased out of the SNAMHS budget.

- 3) *Explore funding opportunities to upgrade the Agency's Telemedicine capabilities. For example, the United States Department of Agriculture offers a Distance Learning and Telemedicine (DLT) grant annually which could potentially support Rural Clinic's Telemedicine program. More information is available at:*

http://www.rurdev.usda.gov/UTP_DLT.html

We have done so through the University however, this is very expensive and not in the budget at this time.

- 4) *Collaboration by the Mesquite Clinic with the Division of Welfare and Supportive Services Family Resource Centers, Clark County social services agencies and various support groups (e.g. – the local chapter of the National Alliance on Mental Illness {NAMI}) should be increased to make the most out of existing resources. In addition, efforts should be made to ensure that the visits to Mesquite by the Bureau of Vocational Rehabilitation of DETR, which resumed shortly after the monitoring visit, continue.*
BVR is coming to the center once per month for applicants and NAMI has a regular weekly support group at the site.

- 5) *Opportunities to procure racks for the display of brochures and pamphlets should be explored. For example, perhaps the high school shop class would be interested in taking on a project such as this.*

The Clinic will explore opportunities to acquire display racks.

- 6) *Clinicians should be encouraged to participate in training opportunities on child and adolescent mental health issues that become available.*

Several of the staff were unaware that they were allowed 24 hours a year leave time for training. Staff is being encouraged to take advantage of this time to attend appropriate trainings in Las Vegas.

- 7) *The State of Nevada Risk Management Office should be contacted for assistance in determining if there is an indoor air quality problem at the Mesquite Mental Health Clinic. More information on the State of Nevada's Indoor Air Quality Policy is available at:*

<http://risk.state.nv.us/Indoor%20Air%20Policy.htm>

Tom Clements from SNAMHS (Environment of Care Committee Chairman and Head of the Maintenance Department) completed a site visit. Mr. Clements removed inappropriate items (i.e. – space heaters, fans, road flares, etc.) and checked the environment including the ceiling tiles thought to be creating air quality issues. They were found to be free of defect and in compliance with recognized standards.

- 8) *Providers and other parties that responded to the Request for Information (RFI) released by Rural Clinics in 2009 should be contacted in some fashion to let them know that the RFI is not currently being pursued due to budgetary considerations.*

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All respondents to the RFI have been contacted and informed of the status of the project.

- 9) *In previous visits to other Rural Clinics, the monitoring committee recommended the use of Block Grant funds to purchase children's therapy tools and toys. The committee requests an update as to the types of therapy tools and toys purchased and an assessment as to whether or not the items have improved services to children at those locations.*
- Rural Clinics purchased a variety of children's therapy tools and toys that have been disseminated to the clinics. A detailed spreadsheet of what has been purchased and for which center can be provided upon request. All appropriately trained clinical staff who have ordered and /or are using the tools and toys have expressed great appreciation to the MHPAC for their provision. Being able to use appropriate therapeutic tools during evaluation and treatment leads to improved identification of service needs and provision of services. In addition, staff will be encouraged to attend continuing education courses, including but not limited to children and adolescents, and play therapy.**

Appendix A – Focus Group Instruments

Clinic Staff Questions

1. Discuss the following services described in your pamphlet for both adults and families:
 - a. Outpatient counseling
 - b. Service coordination
 - c. Medication clinic
 - d. Rehabilitation
 - e. Residential supports
 - f. Integrated services
 - g. Consumer Assistance Program
 - h. Emergency services
 - i. Consultation and education
 - j. Hours of service
 - k. Waiting list
2. What ages are served?
3. What do you do when you get a referral for a child under that age?
4. Is there a plan to do so some training to enhance the ability of staff to serve children under that age?
5. What psychological testing tools has your clinic received in the last 6 months?
6. What tools for child therapy has your clinic received in the last 6 months?

Staffing Issues

1. What efforts are being made to recruit and retain staff?

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2. How often does a psychiatrist visit and how many client hours are provided per month for adults and/or children.
3. How often does a nurse visit and how many client hours are provided per month.
4. How are Telepsychiatric services for children and adolescents used?
5. What services does the Psychologist provide?
6. What services does the Psychiatric Caseworker provide?
7. What services does the Mental Health Counselor provide?
8. What are the roles of the administrative support staff?
9. How have the budget cuts and Rural Clinics' organizational changes affected the number and types of clients you service.
 - a. Adults,
 - b. Children
 - c. Adolescents
 - d. Dual diagnosis or co-occurring disorders

Other Issues

1. Environmental scan regarding location, housekeeping and general surroundings.
2. Successes and what is going well
3. Challenges
4. Unmet needs

Adult Focus Group Questions

1. How did you hear about Rural Clinics?
2. What kinds of services do you or did you receive?
3. After your initial intake phone call or visit, were you put on a waiting list? If so, how long before you began receiving services?
4. What if any barriers have you encountered that have hindered you or your family from receiving the mental health care you need?
5. Are treatments available in your community for adults with co-occurring substance abuse and mental health disorders? What do you need in your community to address this?
6. When receiving treatment, do you feel that it is private, confidential, and respectful to you as an individual?
7. If you feel uncomfortable with your therapist, do you feel comfortable that you can ask to change to a different one?
8. What does wellness mean to you?
9. Do you feel you have been stigmatized in your community because you are coming here for services, or may have a mental health need? Did any specific event happen and what could be done to remove this stigma?
10. Is there particular information you would like to see made available?

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11. If you come from a different background than other people in your area, do you feel that your cultural needs were met? Was information provided to you in your native language? Did you have any special need in order to receive services?

12. What is the best thing about the services at this clinic?

13. If you could change three things about the existing services you receive, what would you like to be different?

14. What would you consider to be the successes achieved by the clinic and its clients?

15. What are the challenges facing the clinic and its clients?

16. What needs do you have that are not being met?

Family Focus Group Questions

1. Have you ever sought out information on mental health or behavioral services for a family member?
2. If you sought services, did you seek them from the Rural Health Clinic? If not, where did you seek services?
3. What do you know about the services of the Rural Mental Health Clinic in Mesquite?
4. After your initial intake phone call or visit to the Mesquite Clinic, were you put on a waiting list? If so, how long before you began receiving services?
5. What if any barriers have you encountered that have hindered you or your family from receiving the mental health care you need?
6. Are treatments available in your community for adolescents with co-occurring substance abuse and mental health disorders? What do you need in your community to address this?
7. Did your child's therapist interact with your child's school? Do you believe the Clinic's services are adequately linked to your local school system?
8. Do you feel that your therapist or service coordinator is familiar with the community resources available to help your child and your family?
9. If you or your child disagree with the services provided, do you feel comfortable that you can ask for different services?
10. What does wellness mean to you?

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11. Do you feel you have been stigmatized in your community because you are coming here for services, or may have a mental health need? Did any specific event happen and what could be done to remove this stigma?

12. Is there particular information you would like to see made available?

13. If you come from a different background than other people in your area, do you feel that your cultural needs were met? Was information provided to you in your native language? Did you have any special need in order to receive services?

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17. What are the challenges facing the clinic and its clients?

18. What needs do you have that are not being met?

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Appendix B –Letters of Support from Clients

May 12,2010

RE: Mesquite Mental Health

To Whom It May Concern:

I am appealing to the State of Nevada regarding the Mesquite Mental Health Center. You, as an elected official, should be made aware of this clinic in the city of Mesquite.

I understand there are plans for cutbacks and layoffs at our clinic. I am a resident of Mesquite and also a patient at said clinic. The cutbacks would be devastating to this community! Not only for the patients but for their families, local law enforcement, firefighters and referrals from the medical field.

I say, with all sincerity, Mesquite needs this clinic fully operational. It has its' finger on the pulse of this community and the heart of Mesquite. The staff has been exceptional to myself and my family's needs

As a personal note: I've always meant to write a letter thanking the State for the gift of the Mental Health Center. I'm sorry it took these circumstances for this letter to come to you. Mesquite Mental Health is the heart of this community. Countless citizens have been helped by the clinic including myself and my children. If anything needs to be done to the clinic, it needs to be expanded not disbanded.

Before making any rash decisions, you might want to come to Mesquite and see the incredible job done by the counselors and staff. They are true leaders in our community and should be assisted in any way they need. Thank you for your attention to this matter.

Sincerely,



Colleen Singleton
1448 Oakmont Ridge
Mesquite, NV 89027
(702) 346-5192 (home)
(702) 250-5260 (cell)

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May 18, 2010

RE: Mesquite Mental Health Center

To Whom It May Concern:

I am writing you concerning the possible cutbacks and layoffs at the Mesquite Mental Health Center.

As the chairperson for the Chemical Dependency Group at First Baptist Church, I can tell you from a birdseye view that this would be a travesty to the city of Mesquite. I am close and in some cases, personal friends with clients associated with the clinic. It would be devastating to these patients if the clinic were to close, or if they had to travel to Las Vegas for their mental health needs.

As a recovering alcoholic/addict myself, I have sponsored people who have completely changed their lives because of the assistance and help they have received through Mesquite Mental Health. To take this clinic out of Mesquite would mean that many patients would discontinue their recovery just by having to be diverted to Las Vegas.

The staff are aware of the "small town mentality" in Mesquite which would not be understood by counselors and staff in a metropolitan area such as Las Vegas.

As a concerned and caring citizen of Mesquite, I pray that you will reconsider this action and come see the clinic for yourself and the personal caring and assistance that it offers our fair city.

Sincerely,

Virginia Luesse
PO Box 2375
Mesquite, NV 89024
(702) 238-2056