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Vice-Chair

Behavioral Health and Wellness Council

State of Nevada
Governor's Advisory Council on
Behavioral Health and Wellness

December 2014 Report to Governor Sandoval

Joel A. Dvoskin, Ph.D., Chair
February 24, 2015

On behalf of the Council:

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Introduction

The Council's first report and recommendations, sent to Governor Sandoval on May 28, 2014, contained a number of broad and comprehensive recommendations, largely aimed at addressing the serious problems facing Nevada's emergency rooms (ERs). People in crisis due to mental illness, situational challenges, and intoxication were unfortunately being "boarded" in emergency rooms, causing overcrowded conditions that impaired the ability of emergency departments to meet their primary obligation of saving lives by providing treatment for acute, life-threatening illnesses and injuries. Further, emergency rooms are often chaotic, noisy places that are poorly suited to provide treatment for people in emotional crisis.

The Council also noted that people in crisis might often find their way into jails, which are even less suited as a primary locus for managing and treating emotional crises.

To their credit, the staff members of Nevada's emergency departments and jails worked hard and courageously to meet these difficult challenges; clearly, however, something needed to be done. As a result, the Council decided to focus many of its first set of recommendations on solving this problem, not just for the moment, but in a manner that would likely stand the test of time.

The Council was enormously gratified at Governor Sandoval's almost immediate and positive response to our recommendations, the results of which are listed below. We also note that many of our May 2014 recommendations will require action by the Nevada Legislature, which is meeting at the present time. As a result, during the second half of 2014, the Council did not seek to create a new list of recommendations. Instead, we focused on fine-tuning some of the May 2014 recommendations, especially as they apply to the needs of aging Nevadans, children and youth.

We also began the longer-term task of addressing the need for reconsideration of the manner in which public mental health services are governed in the State of Nevada. To that end, the Council is extremely grateful to the Kenny Guinn Center, which provided us with an outstanding national study of governance methods for the mental health systems of a wide variety of states. Their report will serve the Council as a set of standards and options for our consideration in the coming months.

During the past six months, the Council received a great deal of excellent information regarding the needs of older Nevadans with behavioral health problems. Division of Healthcare Financing and Policy Administrator Laurie Squartsoff presented the Council with updates on behavioral health care clients in nursing facilities. She explained that her agency continues to work with the federal Center for Medicare and Medicaid Services (CMS) to get approval for a change in methodology that will allow for creation of added and adequate behaviorally complex rate on top of the nursing rate for behavioral health care services.

This report will not address mental health care within the Department of Corrections, which will be addressed in 2015 since information gathering on this important issue is yet to be completed. This will be an important part of the Council's agenda in the coming months.

As we await legislative responses to our May 2014 recommendations, this report will largely consist of a progress report on our first set of recommendations, as well as setting the stage for our review of governance options, which we intend to lead to a comprehensive set of recommendations that will be provided to Governor Sandoval and the Nevada Legislature in time for consideration during the 2017 session.

Status Report on May 2014 Recommendations

Recommendation #1 – Service enhancements for the SMI population, including creation of a special, high intensity, low-caseload program targeted specifically at the heaviest users of the most expensive forms of care.

1. Housing support-re-entry for frequent utilizers:

    a. The Department of Health and Human Services (DHHS) has collaborated with the Clark County Social Services and Washoe County Social Services to provide a statewide focus on service coordination, medication clinics, and residential services for individuals that are the most frequent users of jail, inpatient psychiatric, and emergency room admissions.

    b. DPBH has provided assistance to clients in the North, South and Rural parts of our state for intensive supportive living arrangements, transitional housing, group homes, and assisted independent living, serving 1,475 clients (1,037 in Southern Nevada, 397 in Northern Nevada, and 41 in Rural Nevada.)

2. Dove House: As part of a high intensity system of case management and housing for the heaviest users of the most expensive behavioral health services, a 14 bed residential unit with intensive wrap-around services was specifically created to serve the needs of so-called "super utilizers" with frequent criminal justice and/or hospital utilization. The Dove House is on the campus of Northern Nevada Adult Mental Health and takes complex behavioral health clients released from jail into the house. There clients receive the wrap-around services (e.g., therapy, medication management, social services, and residential services) needed to help them remain stable. The goal is to avoid recidivism in both the criminal justice and mental health systems.

3. Assisted Outpatient Treatment (AOT): As of December 2014, this program had accepted 79 clients. Appropriately, since this is a mandated treatment program, not all of the people who had been referred to the program were petitioned, and

not all of the petitions had been accepted by AOT and approved by the court. The following data reflects AOT activity from March 2014 until January 2015:

- Referrals 182
- Petitions 87
- Re-petitions 16
- Denied by AOT 94
- Denied by Court 4
- Accepted 79
- Terminated by Court 6
- Graduated 4

4. Mental Health Court continues to provide alternatives to incarceration for Nevadans with serious mental illnesses. This program currently serves more than 316 clients throughout Nevada, more than half of whom are receiving both housing and case management services. This program has received well-deserved national praise, and should be considered for expansion in the future.

5. Mental Health Court: Funding restored – In order to maximize the effectiveness of the Mental Health Courts, the Council recommended restoration of housing funds.

Recommendation #2 - Increase Availability of Short-Term Crisis Triage Services

1. Thanks to Governor Sandoval's decisive response to our May recommendation, funding to enable WestCare to return to its previous capacity of 50 beds was provided almost immediately after our May report was submitted to the Governor. As a result, all 50 beds are operational at this time.

2. Unfortunately, so far no applications have been received by the Bureau of Healthcare Quality and Compliance (HCQC) to create additional psychiatric emergency services in Nevada. However, some private sector providers have expressed interest in creating crisis or urgent care clinics in the community. Because these programs will likely rely on Medicaid for their funding, we believe that this will enable expanded services without additional state funding.

3. The psychiatric hospital community is pursuing expanded partial hospitalization, intensive outpatient and day treatment programs, many of which will be funded through the Medicaid managed care programs. As these programs are expanded, we believe that some emergency room admissions will be averted and some lengths of stay reduced.

Recommendation #3 - Allow Emergency Medical Personnel to Make Triage Decisions regarding Mental Health Crises, and Stop Requiring Them to Transport People to Emergency Departments

1. The Southern Nevada Health District (SNHD) is working on changing its policy language to allow transportation to a facility other than a hospital, where medically appropriate. This change will make it possible to avoid expensive and unnecessary admissions to emergency rooms.

Recommendation #4 – Increase Number of Reimbursable Psychiatric Inpatient Beds in Southern Nevada

Perhaps the most important short-term response to the emergency room crisis was responding to the need for more acute inpatient beds in Southern Nevada. We are pleased to report some dramatic accomplishments in the creation of inpatient bed space in Southern Nevada during the past 6 months.

1. Addition of Building 3A at SNAMHS – In order to provide immediate relief, the Department decided to quickly renovate vacant space in Building 3A on the SNAMHS campus. This created 21 new inpatient beds, which were quickly filled.

2. In order to achieve a more permanent solution to unmet bed need, the State proposed a change in the State Medicaid Plan to increase the rate for psychiatric care in general acute care hospitals from $460 to $944 per day. This change was approved and saw immediate positive results. As follows:

    a. Valley Hospital almost immediately committed to the creation of a new psychiatric inpatient unit of approximately 50 beds. After extensive capital improvements were completed in near-record time, the unit opened on December 10, 2014.

    b. North Vista Hospital opened a new 10-bed inpatient psychiatric unit on August 1, 2014.

3. The State Medicaid Plan was also amended to allow managed care organizations (MCO's) to contract with freestanding psychiatric hospitals for MCO client inpatient services. These hospitals were previously excluded from billing Medicaid under the co-called IMD (Institutions for Mental Disease) exclusion. The managed care plans have been notified by State's Division of Healthcare Financing and Policy (DHCFP – Medicaid) and have negotiated rates with several local hospitals. As a result, additional clients are being provided with inpatient care.

Recommendation #5 – Reconsideration of the IMD Exclusion

Joining a multi-state chorus, DHCFP has brought the issue to the attention of CMMS administrators and the United States Congress.

Recommendation #6 – Provide Appropriate MHP's to Public Schools

The Council appreciates Governor Sandoval's support of this important goal. Ideally, these services should be provided, where possible, with federal reimbursement. To this end, proposed expansion of Comprehensive School-based Health Centers (SBHC) with DPBH certification criteria was completed and a Medicaid Public Hearing was held on December 11, 2014 to include SBHC as a reimbursable service under Medicaid. Establishment of SBHC is in progress.

Recommendation #7 – Expand Mobile Crisis for Children

1. After our recommendations were received, significant additional funding of $1,951,740 was provided for crisis services for children in Nevada. All of the new positions in northern and southern Nevada have been filled, and all training was scheduled for completion by Jan 1, 2015.

    a. Southern Nevada Child and Adolescent Services Mobile Crisis Response Team is averaging approximately 60 calls per week, and has a caseload average of 40 families participating in short term stabilization. They continue to maintain an average 91% hospital diversion rate.

    b. Northern Nevada Child and Adolescent Services Mobile Crisis Response Team has received a total of 25 calls per week, an average of 10 families participating in ongoing stabilization services, and a hospital diversion rate of 85%.

2. Evaluation of outcome measures for the "mini mobile crisis" in SNCAS from Jan 1, 2014 – Sept. 30, 2014 is completed, as is the first quarter evaluation for FY 14.

Recommendation #8 – Create Licensure Category for Residential Treatment

1. We are happy to report that a licensure category has been created for Residential Treatment Facilities for youth. Unfortunately, this accomplishment has yet to bear fruit, as no facilities have requested licensure to date. We remain hopeful that Nevada will see the creation of this new level of care for children in the near future.

Recommendation #9 - Changes to the Legal 2000 Process

1. A bill draft request (BDR) is in place to add Physicians' Assistants as well as Advanced Practice Nurse Practitioners (APRNs)[1] to the list of those that can place a person on a legal hold.

2. The BDR also allows certain trained mental health professionals to complete (decertify) an individual from a legal hold. This change will reduce the number of

[1] Some observers believe that APRNs are already empowered to place a person on legal hold, as they are also Registered Nurses, in which case there may not be a need to mention them specifically in this legislation.

people who are boarded in emergency departments unnecessarily when there is no clinical need for inpatient hospitalization.

Recommendation #10 - Anti-stigma and Suicide Prevention Public Information Campaign

1. DPBH is working with the Substance Abuse Prevention and Treatment Agency (SAPTA) and is requesting funding for a public information campaign in next grant cycle.

Recommendation #11 - Engage in Serious Efforts toward Workforce Development for Mental Health Professionals

1. Once again, the Council is indebted to the Kenny Guinn Center, which conducted its own study of the very serious workforce development challenges facing Nevada (and indeed the nation's) public mental health system now and for the foreseeable future.

2. Progress in workforce development will not be easy or quickly achieved. However, it remains important for the State to begin the process of creating additional mental health providers as soon as possible. This should include collaboration with the various licensing boards, creation of additional residency slots, and the other measures suggested in the Guinn Center Report.

Recommendation #12 - Telepsychiatry and PCP Consultation

1. The State Medicaid Plan had been amended to allow telepsychiatry to be provided to both urban and rural settings in Nevada, essentially eliminating the geographical restrictions.

2. Medicaid will now reimburse the provider where the patient is located (originating site) as well as the provider at the distant site. The provider at the distant site now gets reimbursed at a fee equal to the current physician fee schedule.

Recommendation #13 - Enhancing Peer Services

1. DHHS has submitted a BDR to certify peer agencies, which are potentially reimbursable under Medicaid.

Recommendation #14 - Discharge Planning

At the Governor's direction, even before the Council's first meeting, in response to some of the allegations regarding discharge policies at Rawson-Neal Hospital, SNAMHS had already begun the process of ensuring that its discharge plans met the national standard of care. To date, the following steps have been taken to ensure the quality of the discharge planning process:

1. Rawson-Neal has now modified its discharge policy to ensure that all discharge plans are patient centered, that the discharge planning process starts at admission, and that outpatient appointments are confirmed.

2. SNAMHS has hired a primary care physician to assist in an outpatient medication clinic for continuity of care for medical issues.

3. All patients eligible for Medicaid are being enrolled and referred to the appropriate level of care in the community, including both Medicaid managed care plans.

4. Managed care organizations are participating in discharge planning of their Rawson-Neal clients.

5. Residential placement is started at the time of admission as part of discharge plans. Patients are not discharged without a housing evaluation completed.

6. Patients are assessed for risk for transportation and if necessary, a chaperone is provided.

Recommendation #15 - Medicaid eligibility for Persons Leaving Jail or Juvenile Justice Facilities

1. DHHS has begun the process of changing its system to allow suspension (as opposed to termination) of Medicaid eligibility; however, this project requires system changes both at Division of Welfare and Supportive Services (DWSS) and DHCFP and will require significant information technology resources. The system changes are slated to begin in the spring of 2015, but until a suspension tool is in place, the key is effective case management coordinated with DWSS. A streamlined process has been put in place with a centralized unit within DWSS who works with DOC staff on eligibility issues.

2. It is also important to note that the Department has dramatically improved its ability to enroll appropriate people in Medicaid in a much more timely manner than was previously the case.

Recommendation #16 - One-Way Information Portal for Family Members

1. DPBH is still working on this recommendation and the possibility of a database that can be integrated where family information can be entered.

2. The hospital is a single point of entry for patient's families as information can be given and without breaking HIPPA compliance provided to the client and their case management team. Thus, for patients at Rawson-Neal, a simple phone call to the hospital can suffice. In order to ensure that this process is as user-friendly as possible, hospital staff have been trained to receive and document patient-specific information without acknowledging the identity of any patients.

Expansion or Refinement of May 2014 Recommendations

Recommendation #3 -- Allow Emergency Medical Personnel to Make Triage Decisions regarding Mental Health Crises, and Stop Requiring Them to Transport People to Emergency Departments

1. The Council recommended changes in statue to allow trained emergency medical technicians and paramedics to medically clear patients for inpatient admission. The intent of this recommendation is to allow appropriately trained paramedic staff to do medical clearance on an individual before he or she is accepted into a psychiatric facility. This practice would follow specific training and protocols. Of course, if there is any doubt about the cause of the person's mental status or there is any emergent medical issue that would prevent an inpatient admission, the paramedic staff would still either seek telephonic consultation from a physician and/or take the person to the ER for further evaluation. This recommendation would allow some people to be diverted from transfer to the ER. For example, if a well-known consumer wanted to go directly to a psychiatric hospital for readmission and there was a bed available and no physical reason why they could not be admitted, this recommendation would allow them to bypass the emergency room. Importantly, this would also allow emergency medical staff to take individuals to other appropriate destinations, such as crisis triage services in the community. In addition to saving money, this change should allow a person needing help to the appropriate level of care much quicker.

Recommendation #6 – Provide Appropriate MHP's to Public Schools

1. Pursue grants to fund School Districts. The funding will focus on behavioral health services to children and families in schools to include:
    a. Suicide prevention (screening) and intervention
    b. Mental Health assessment with service linkage
    c. School based behavioral health interventions, e.g., Positive Behavior Support Interventions, Bullying Programs.

Recommendation #10 - Anti-stigma and Suicide Prevention Public Information Campaign

1. The Council recommends expansion of suicide prevention screening recommendations to include children and elderly Nevadans.

2. The Council recommends that the current depression screening system be evaluated to determine its appropriateness for the elder population.

Recommendation #11 - Engage in Serious Efforts toward Workforce Development for Mental Health Professionals

In our earlier recommendations, the Council noted the need for attention to the very serious challenges in mental health workforce development. It was our intention that these needs include the specific needs of special populations, including children and youth, the elderly, and military veterans with serious mental health needs.

Recommendation #12 - Telepsychiatry and PCP Consultation

Similarly, our recommendations regarding telepsychiatry were also intended to meet the wide array of behavioral health needs in Nevada, including the use of telepsychiatry and consultation for individuals with dementia and related cognitive difficulties. Currently, individuals must travel great distances to receive medical care. Older adults, especially individuals with cognitive impairments, have a difficult time traveling and the experience may add to the individual's confusion and loss of functioning.

New Recommendations

1. The Council heard extensive testimony regarding the difficulties experienced by caregivers, especially those providing in-home care to aging loved ones with serious behavioral health problems. We note that the willingness of these caregivers to keep their loved ones at home provides savings to the state and federal governments, and a more appropriate and satisfying environment for many aging Nevadans. However, even the most dedicated caregiver may occasionally need a respite from the daily challenges of caregiving. We therefore recommend that DPBH explore the appropriateness of in-home "respite" care as a possible billable service.

2. In collaboration with DHCFP, the Department should explore billable, evidenced based practices designed to support caregivers. This will support family caregivers to learn appropriate techniques for handling difficult situations.

3. Where mobile crisis services are available, and as they are hopefully expanded, the Council recommends attention to the needs of older Nevadans who may be experiencing mental health crises. This can be accomplished by including reference to these needs in training, and by inclusion of staff members with special expertise in meeting the needs of aging clients in crisis.

4. The Council recommends continued improvement in a system that monitors and identifies inpatient psychiatric bed availability throughout the State. Council member Dr. Carrison suggested that the Department investigate the system currently being used in the State of Missouri, which provides such information to emergency medical services and police departments.

5. The Council notes the need to improve the quality of information on 211 specifically to include elder issues.

6. Noting that aging Nevadans are at especially high risk of suicide, the Council also recommends that the Department consider measures to increase resources for elderly Nevadans at high risk of suicide.

Looking to the Future – Governance

As noted above, I have appointed Council Member Richard Whitley to chair a Council sub-committee on governance issues. Mr. Whitley will propose the membership of this sub-committee, and organize its meetings, starting as soon as possible. It will be interesting to see the manner in which the changing landscape of public mental health (e.g., the rapid growth of Medicaid managed care) affects the subcommittee's deliberations.

While the Council has only begun the process of looking at the issue of governance, a number of important considerations are already quite clear. Incentives should be aligned, so that Nevada's various regions and counties are not "punished" for doing the right thing. In other words, to the maximum extent possible, "the money should follow the person." While many public mental health systems have espoused this principle, frankly few have achieved it. In other words, when a region figures out ways to help clients avoid the crises that require expensive emergency room or inpatient admissions (e.g., supported housing, peer-run drop-in centers, intensive case management, assertive community treatment), the region should experience at least some appropriate fiscal benefit. Again, this is part of the logic behind Medicaid managed care, and it will serve Nevada well to maximize the degree to which this principle is followed.

As the Council has continually recommended, Nevada should make every effort to receive its fair share of federal entitlements such as Medicaid. This will allow continued expansion of services without affecting the state budget.

To the maximum extent possible, mental and physical health care should be integrated. Not only is this more clinically appropriate, but there is strong evidence that higher quality mental health care improves outcomes and reduces expenses for physical medical care, and vice versa. The Council believes in the essence of good treatment, which is to "treat the whole person." By doing so, people can experience physical and mental health care that is more respectful and effective, at significantly lower cost to the State.

Of course, providing the best care at the lowest cost is not simply a matter of cost reduction. By reducing the cost of good care, resources are freed up to provide high quality care to as many Nevadans as possible. As noted by Council member and DHHS Director Romaine Gilliland, as more individuals with a payment source are identified and the use of Medicaid is broadened, more local and state funds may be freed up, which in turn may be reinvested for improvement of the behavioral health environment at large.

Specifically, the Council unanimously recommends that the following principles guide our discussions of governance:

1. Best care at lowest cost
2. Encourage savings across programs and agencies
3. Hold providers accountable for outcomes
4. Money follows client from hospital to community
5. Effective integration of physical and mental health services
6. Cost-neutrality, at both the state and county levels, through optimization of federal funding participation through Medicaid.

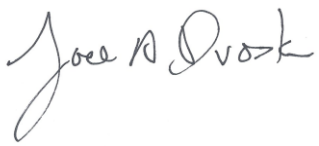
Concluding Remarks

Once again, on behalf of the entire Council, I want to express my gratitude to Governor Sandoval for the opportunity to recommend improvements to the public mental health system in Nevada. I anticipate that our activities will be minimal during this important legislative session; however, as soon as feasible, we intend to enthusiastically return to our work.

The Council is also indebted to the many citizens, advocates, service providers, and public servants who testified before the Council, and provided us with a great deal of valuable information that significantly contributed to our work. We look forward to working with them in the future.

Finally, I want to share a special thanks to the hard working public servants within DHHS. The Council has added a significant amount of work to their already impressive list of duties. State government is often thankless work, and the public seldom sees the incredibly hard and impressive work that is accomplished on its behalf by Director Gilliland and his staff. Most of the accomplishments listed in this report are the direct result of very hard work by the employees of DHHS at all levels of the organization, and the Council is deeply appreciative of their accomplishments on behalf of Nevada and its citizens with behavioral health problems.

Respectfully submitted,



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