STATE OF NEVADA
COMMISSION ON BEHAVIORAL HEALTH
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BRIAN SANDOVAL
Governor

VALERIE KINNIKIN
Chair

Governor Brian Sandoval
Office of the Governor
101 North Carson Street, Suite 1
Carson City, Nevada 89701
January 30, 2016

Dear Governor Sandoval:

The State of Nevada Commission on Mental Health and Developmental Services is a 10-member, legislatively created body designed to provide policy guidance and oversight of Nevada's public system of integrated care and treatment of adults and children with mental health, substance abuse, and intellectual/developmental disabilities and related conditions.

The Commission establishes policies to ensure adequate development and administration of services for persons with mental illnesses[1] and reports to the Governor and Legislature on the quality of care and treatment provided for persons with mental illness, mental retardation or co-occurring disorders and persons with related conditions in this State and on any progress made toward improving the quality of that care and treatment.[2]

The Commission is charged with sending you a report in January of each year. This letter is intended to fulfill that obligation. Our last report in January of 2015 resulted in dialogue with your office and with several legislators. It is our hope that this year's report will have a similar response.

Since the time of our 2015 report, the State of Nevada has continued to move toward providing the most comprehensive and effective services possible to the citizens of Nevada. It is our hope that the Commission can continue to be an entity to drive forth these statewide efforts. This 2016 report includes successes and opportunities for improvement within Children's Behavioral Health Services, Adult Behavioral Health Services, Workforce Development, Intellectual/Developmental Services and Substance Abuse Treatment/Prevention Services. Recommendations regarding the opportunities for improvement will accompany each section.

[1] Nevada Revised Statutes (NRS) Chapter 433.314 Sec. 1.
[2] NRS 433.314 Sec. 5.

ITEM #1: Children's Behavioral Health Services

According to the 2016 report on youth from The State of Mental Health in America, Nevada was ranked 45th in the nation for states with the highest prevalence of mental illness and the lowest rates of access to care.

The Division of Children and Family Services (DCFS) is responsible for providing behavioral health services to children and adolescents in Washoe and Clark County, while the Division of Public and Behavioral Health (DPBH) is responsible for providing services in the rural areas of the state.

Currently, the juvenile justice system in Washoe County serves as a portal for the treatment placements of a significant number of youth with serious emotional disturbance. Because most of these children are not clients of the state mental health system, juvenile justice has become a parallel mental health system for the most impaired youth in the State. Youth who are treated by private providers or who are not served at all, commit crimes and are placed in detention which allows them to obtain Medicaid. Based on the risk that these youth pose to the community or themselves, they are often placed in residential treatment centers, most of which are out of state. The State funds these placement through Medicaid yet in most cases does not have the resources to provide case management for these children with the highest level of need. This curious state of affairs is driven by a lack of intensive community based services, no state run residential treatment beds in the north, and the absence of service coordination at the state level.

To improve upon this service gap, DCFS has been working toward expanding preventative services, developing an organized delivery system, strengthening LOCAL systems and restructuring funding and Medicaid policies to produce positive outcomes for youth.

In the fall of 2015 the State of Nevada/DCFS were awarded a System of Care Implementation (SOC) Grant. This was a part of an ongoing process that stakeholders have been involved in for several years.

The concept and philosophy of SOC has become increasingly more prevalent in communities across the country since its inception in the mid 1980's. Investment in SOC has been shown to reduce utilization of higher levels of care, inpatient services, emergency room visits, and out of state placements. States utilizing this approach often were able to allocate funds to provide care locally in the families' community. In addition to utilizing funds more effectively, more intervention services can be in place.

Coming together as a statewide effort, the Nevada Children's System of Care Behavioral Health Subcommittee, which includes the regional consortia and other key stakeholders have been examining commonalities across the regional strategic plans, developing statewide logic models and taking other steps toward the shift to a System of Care.

The Nevada System of Care Implementation Grant is summarized in four broad goals. These goals will also serve as the organizing framework from which activities and planned, implemented and evaluated. The goals are;

1. Generate support among families and youth, providers, and decision policy makers at state and local levels, to support expansion of the SOC approach, transition the Division of Child and Family Services, Children's Mental Health from a direct care provider to an agency that primarily provides planning, provider enrollment, utilization management through an assessment center, technical assistance and training, continuous quality improvement.
2. Maximize public and private funding at the state and local levels to provide a SOC with accountability, efficiency and effective statewide funding sources.
3. Implement workforce development mechanisms to provide ongoing training, technical assistance, and coaching to ensure that providers are prepared to provide effective services and support consistent with the SOC approach.
4. Establish an on-going locus of management and accountability for SOC to ensure accountable, reliable, responsible, evidence and data-based decision making to improve child and family outcomes and to provide transparency at all levels.

Over the past year, DCFS has also been successful with increasing the capacity to divert youth in crisis from costly emergency rooms, inpatient care and juvenile detention due to the expansion of DCFS's Mobile Crisis Intervention Program (MCRT). The hospital diversion rate has been reduced by 91.3%.

Recommendation: Review Medicaid rates for children's behavioral health services to determine if inadequate provider reimbursement contributes to lack of capacity and access for children and families.

- Medicaid eligible children face longs waits for many behavioral health services or have difficulty finding qualified providers.

Recommendation: Expand and streamline the Mobile Crisis Intervention Program (MCRT): Although this program has been very successful, many children assessed by the DCFS teams and referred for hospitalization of other types of care, face delays in receiving services due to additional assessments required by the hospitals or managed care providers.

- Develop interagency protocols and policies to facilitate the seamless transition to appropriate inpatient or community-based care for all uninsured as well as privately and publicly insured youths admitted to emergency rooms with severe psychiatric crises, including those with suicidal behavior.

- Develop a mechanism for providing presumptive Medicaid eligibility to appropriate youths referred for crisis intervention services.

Recommendation: Enhance intensive community based services, state run residential treatment beds and service coordination for youth.

ITEM #2: Adult Behavioral Health Services

Over the last several years, it was apparent that Nevada was in need of additional placements for the forensic population. In answer to this need, Stein Hospital was opened in Las Vegas in November 2015. Currently, 12 of the 47 beds are being utilized. It is anticipated that Stein hospital will reach maximum capacity by February 2016. Current projections suggest that Nevada will need to continue to plan for even further expansion in this area. Additionally, the case law 7 day requirement for admission into forensic placement presents difficulties that need to be addressed, even with the addition of Stein Hospital.

Within the inpatient psychiatric hospitals, DPBH has embarked on a multi-year effort to reduce the utilization of seclusion and restraints. DPBH has provided and will continue to provide all of its direct care staff members *Conflict Prevention and Response Training* (CPART) during new employee orientation. CPART is an approved, evidence-based curriculum of de-escalation techniques and increasingly intrusive/restrictive intervention procedures used by trained staff to re-establish and/or maintain safety in the presence of threatening or dangerous behavior. In addition, the hospitals have begun to introduce seclusion and restraint prevention tools such as positive behavioral support plans and sensory/comfort rooms that promote de-escalation and allow consumers to develop distress tolerance and self-soothing skills.

From October 2014 through September 2015, DPBH inpatient psychiatric hospitals had a seclusion rate of 0.50 per 1,000 patient hours, more than the national average of 0.38. For that same time period, DPBH inpatient psychiatric hospitals had a restraint rate of 0.48 per 1,000 patient hours, below the national average of 0.57.

A successful outpatient program, Assisted Outpatient Treatment (AOT) became operationalized in March 2014 by Southern Nevada Adult Mental Health Services (SNAMHS). The intent of AOT is to support individuals who have demonstrated a history of non-compliance with mental health treatment through multiple hospitalizations and/or arrests through a civil commitment and wrap around services in an outpatient setting. AOT has been adopted by many states, and it utilizes the PACT (program for assertive treatment) model for services. Family court has jurisdiction over the civil commitment, and the court orders are valid for six months with the ability to re-petition if needed to continue stability. The budgeted caseload is 12:1 with an overall caseload of 75. The current program is running at 80+. The team is comprised of a psychiatrist, psychiatrist nurses, psychologist, clinical social worker, substance abuse counselor, psychiatrist case workers, and is provided oversight by a mental health counselor. AOT

provides wrap around services including intensive service coordination, counseling, substance abuse counseling, residential support, medication management, integrated medical care, and daily living skills. Individuals either graduate or are terminated from AOT through the court process, and then they are transitioned over to the Supportive Outpatient Treatment (SOT) team.

When individuals have graduated or terminated from AOT, they are then supported through wrap around services of SOT. Originally when individuals were stepping down from AOT, they were again becoming "lost" within the system. Individuals who had graduated from AOT were asking to go back. This brought attention to a gap in our system of what was missing and how to fix it. Essentially, SOT is AOT without the civil commitment component. SOT provides wrap around services including intensive service coordination, counseling, substance abuse counseling, residential support, medication management, integrated medical care, and daily living skills. The average caseload is 15:1. Individuals stay with the SOT team and this becomes their "home pod" unless they demonstrate non-compliance or the need for civil commitment for AOT again.

The Mobile Outreach Safety Team (MOST) is statewide but the programming implementation is different based upon the region and the community's needs. The concept and goal of MOST is to provide field services intervention and de-escalation for individuals who are experiencing crisis in the community. In Washoe and Douglas Counties, staff ride along with officers from the Sheriff's department and provide de-escalation and intervention for individuals. Some individuals are able to be diverted to alternative placements such as outpatient services, sobering units or local hospitals instead of jail. For individuals where it is appropriate, they might be placed on a Legal 2000 if they are a danger to themselves or others. The cost advantage to MOST is that individuals are linked to the appropriate resources and services in a swifter manner, and it reduces the amount of arrests and recidivisms for individuals who do not necessarily need to be in jail. In Clark County, MOST is sub-granted from the State to Clark County Social Services (CCSS). CCSS and Metro police department provide home visits follow up through referrals based on individuals who were placed on a Legal 2000 through the police department. If individuals agree to services, then they are provided with three months of case management and linkage to services and support through a treatment plan. This program methodology was designed and approved due to the size of the county, police department, and the limitations of human resources to replicate the Washoe model. The post intervention after the Legal 2000 provides supportive services to reduce recidivism and additional hospitalizations and/or arrests for individuals.

Crisis Intervention Training (CIT) is a national model that has been adopted statewide and has been fully integrated with Washoe, Clark and Douglas counties in cooperation of the police/sheriff departments and DPBH. The rural areas are expanding their training cooperation efforts with the smaller counties, and have recently hired two new mental health counselors to launch the programming.

Recommendation: Support the streamlining and expansions of the forensic, seclusion and restraint and jail diversion programs.

- Monitor and facilitate the means to provide an adequate number of forensic beds.
- Support the examination of forensic case law that contains a 7 day admission requirement, which may create unreasonable demands on the forensic system and not align with standards that are practical for Nevada
- Provide training for inpatient psychiatric hospital staff in effort to drastically reduce the use of seclusion and restraints within the treatment realm.
- Expand the AOT program with a second AOT team in the south (Capacity is 75 participants and the program is currently serving 80) and the establishment of a team in the north and rural areas.
- Expand the SOT program in the south to compliment the growth of the AOT program and establish AOT programs in both the north and the rurals.
- Although the MOST and CIT programs are established statewide, the expansion of the programs in all areas would increase the positive dynamics for both the early intervention and post intervention components that empower the individuals to help them stabilize.

ITEM #3: Workforce Development

Over the past year, Nevada has made improvements that have resulted in a positive impact on the growth of Nevada's healthcare workforce. Roseman University, a private medical school has opened, offering programs in dentistry, medicine, pharmacology and nursing. A large component of Roseman University's programs entail embedding their students within Nevada's communities to encourage students to seek their residencies in Nevada as well as to promote making Nevada their chosen place to practice. The University of Nevada, Las Vegas has also opened a school of medicine, offering a curriculum for Nevada's future physicians. Several of the state's major hospitals are starting new residency programs that concentrate on primary care and psychiatry.

The Division of Public and Behavioral Health (DPBH), in partnership with Western Interstate Commission for Higher Education's (WICHE's) Mental Health Program and the Nevada WICHE program, developed a psychology internship program named The Nevada Psychology Internship Consortium (NV-PIC). This program consists of four partner agencies within the Division: Lake's Crossing, NNAMHS, SNAMHS, and Rural Community Health Services (RCHS). The NV-PIC welcomed its inaugural cohort of four interns in August, 2015 to begin their yearlong training program. Since that time NV-PIC has applied for and been granted membership to the national internship organizing body APPIC. NV-PIC faculty are currently completing the self-study for national accreditation with the American Psychological Association (APA) with plans to submit in December, 2015. If granted membership, NV-PIC will become the second accredited internship

program in the state. NV-PIC is currently reviewing applications from 50 applicants for next year's cohort, which will include a 5th intern position (for SNAMHS/Stein Hospital).

The Division of Public and Behavioral Health (DPBH) has also worked with WICHE to provide tuition assistance for current Registered Nurses (RNs) to become Advanced Practitioners of Nursing (APNs) and also for current APNs to go back to school to specialize in psychiatry.

As Nevada continues to move toward improvement in workforce development, it is important to recognize where we stand in relation to the rest of the nation when it comes to the availability of healthcare providers. According to the latest data available, the following rankings (per 100,000 population) display a baseline for improvement.

- Active Physicians – **47th** (2014)
- Total Active Patient Care Physicians – **49th** (2014)
- Active Primary Care Physicians – **48th** (2014)
- Registered Nurses – **51st** (2014)
- Advanced Practitioners of Nursing – **51st** (2014)
- Psychiatrists – **47th** (2014)
- Psychologists – **41st** (2014)
- Counselors – **51st** (2014)
- Social Workers – **50th** (2014)

Another aspect of the workforce development issue for consideration is the continuing need for the state of Nevada to offer wages that are competitive across state agencies as well as with other states. For example, it would be beneficial for people employed in the forensic mental health facilities to have the same financial opportunities as those employed by corrections. This would encourage more stability in the workforce.

In addition to strengthening the workforce through competitive wages, Nevada must also examine and restructure the Medicaid reimbursement rates available to our healthcare providers. This will ensure access to healthcare for Nevada's most needy citizens where currently, some vital services are in danger of being discontinued. One example of this risk for reduced services is manifesting itself at Mojave Mental Health in Reno. Due to low Medicaid reimbursement rates for physicians, Mojave is considering offering an extremely reduced amount of services to children and the Intellectually Disabled population to specialize in adults diagnosed with Serious Mental Illness (SMI). This specialization would allow them to stay afloat financially.

Recommendation: Support and expand programs that create incentives and opportunity for provider education and establishment within the state of Nevada.

- Continue and expand the medical programs and residency opportunities for physicians.

- Expand programs that grant tuition assistance for nurses as well as other disciplines.
- Continue and expand internships and fellowships for psychologists as well as establish more available positions for Psychological Assistants.

  Research has shown that psychologists and other healthcare providers are most likely to begin their careers in the geographic area where they complete their training. Psychologists are required to complete a yearlong internship in order to complete their doctorate degree, which is typically the last year of their training program. Currently, Nevada only has one nationally accredited internship program in the state (the VA in Reno). This means that historically the majority of psychology students from UNR and UNLV had to leave the state to complete their training at an accredited internship, thereby reducing the probability of them beginning their professional careers in the state. The lack of accredited internships in Nevada also results in a reduced ability to recruit early career psychologists trained in other states. The stipends for the four NV-PIC interns are paid for by funding from Nevada WICHE. This funding is provided for at least the 2015-2017 biennium to help NV-PIC launch its first two cohorts. Long-term funding for the program is still needed. With long-term funding NV-PIC would be able to sustain its current cohort class and potentially expand to offer even more internship slots each year.

  An additional consideration for the recruitment and retention of psychologists is the need for dedicated Psychological Assistant positions. In Nevada, after a person completes their internship and doctorate degree they are required to register with the Nevada Board of Psychological Examiners as a Psychological Assistant for one year, which requires them to practice under the license of a psychologist. Currently, there are very few dedicated Psychological Assistant positons within DPBH or elsewhere in the state. The creation of dedicated Psychological Assistant positions, which would be one year terminal positions, would help ensure that NV-PIC and other state internship programs could retain successful interns by promoting them into a Psychological Assistant position in support of their last year of training before becoming independently licensed to practice as a psychologist in Nevada.

Recommendation: Examine and support the adjustment of wages to be competitive across state agencies and with other states.

Recommendation: Examine and Support the adjustment of Medicaid reimbursement rates for Nevada's healthcare providers.

ITEM #4: Intellectual/Developmental Services

Aging and Disability Services Division (ADSD) is responsible for providing integrated services statewide for individuals across the lifespan with an intellectual/developmental disability or a related condition.

Additionally, Aging and Disability Services Division supports three regional centers assisting individuals with intellectual/developmental disabilities or with a related condition. Sierra Regional (SRC), Rural Regional Center (RRC) and Desert Regional Center (DRC) provide assistance to individuals and their family's to live as independently as possible in their community. The service supports include the following: Service Coordination, Respite, Family Support, Jobs and Day Training Programs, Habilitative Services including residential supports. Desert Regional Center includes an intermediary care facility to assist individuals unable to live within their local community due to health care needs, intense behavioral issue or personal choice.

In June, the 2015 Legislature approved the establishment of two pilot programs specific to providing treatment for children with intellectual disabilities and a behavioral health need. The programs will be located in Washoe County and Clark County focusing on providing community based treatment. The programs will enhance Nevada's ability to support children with intense behavioral needs in their own community avoiding out of state placement.

Over the past year, Aging and Disability Services Division has worked to provide training on Person Centered Thinking to all staff within the division. Using an evidenced based program, the division continues to work toward building a service system prepared to meet the needs of individuals living with an intellectual disability or a related condition across the lifespan through assisting the individuals and their family's to live and work in the least restrictive setting.

Developmental Services is participating in the National Core Indicators which will provide data on performance measures specific to quality measures and may be compared to 48 other participating states. The independent surveys will provide value data for assessing the health of the service system.

Aging and Disability Services Division in collaboration with Vocational Rehabilitation and the Governor's Council on Developmental Disabilities completed a strategic plan on Integrated Employment in July 2015. The plan provides strategies for transforming the service delivery system to provide support for individuals to obtain and retain competitive employment.

Statewide training for Aging and Disability Services Division staff, sister agency staff, community partners and other interested parties on Person Centered Thinking will continue on an ongoing basis. The division invested on developing a train the trainer model for the evidence based practice and will be available on a quarterly basis.

Developmental Services increased their ability to assist individuals with behavioral issues to live in the least restrictive setting by providing training and support for Safety Care. Safety Care provides techniques and processes to assist staff to focus on behavioral interventions in a less intrusive manner.

Recommendation: Increase availability of funding to support habilitative services for individuals to live and work in the least restrictive setting within their community.

Recommendation: Ensure availability of appropriate mental health services, especially community based psychiatric services, for children with special needs.

Recommendation: Establish a Medicaid rate for children with intellectual/developmental conditions which takes into account the additional time needed by the professional to address the individual's condition and support needs.

Recommendation: Support the growing need for innovative mental health delivery systems for older adults. Nevada has one of the highest suicide rates in the county for individuals over the age of 65. Nevada must address the need for specialized training for all professionals working in the field to learn the signs ***and symptoms of depression in seniors especially as they relate to age related conditions.***

Recommendation: Address the issue of discrimination by mental health providers towards individuals with intellectual/developmental conditions. Psychiatric care for this population has reached a crisis level with many providers unwilling to continue to service the population. Medicaid reimbursement for the actual time needed to address the individual's needs would enhance the availability to obtain healthcare.

ITEM #5: Substance Abuse Treatment/Prevention Services

According to SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH) an estimated 43.6 million (18.1%) Americans ages 18 and up experienced some form of mental illness. In the past year, 20.2 million adults (8.4%) had a substance use disorder. Of these, 7.9 or million people or 39.1% of those with a substance use disorder had both a mental health disorder and substance use disorder, also known as co-occurring mental and substance use disorders. (Source: http://www.samhsa.gov/disorders)

In Nevada in 2015, only 6% of clients treated within the Bureau of Behavioral Health, Wellness and Prevention (BBHWP) funded and certified programs were identified as having a co-occurring disorder, which is many times less than the national average. It is presumed that Nevada's lower numbers of co-occurring clients represents an issue of under identification and relate to program capacity and ability to identify and treat clients with co-occurring disorders.

Despite the intersection of substance use and mental health disorders in the individual client, traditionally treatment services for substance use disorders and treatment for mental health disorders have been conducted separately and with little coordination

between the two. In 2007, the Nevada Legislature allocated additional funds to treat clients through the BBHWP funded providers. This was a strong acknowledgment of the need to address co-occurring issues comprehensively. However, since 2008, those funds have been cut by more than half to under $500,000 per year due to overall state budget cuts.

The Division of Public and Behavioral Health (DPBH) and the BBHWP recognize the need to elevate the issue of access to treatment for those with co-occurring disorders. At this point in time, all of the treatment providers funded and certified by BBHWP are certified to provide various levels of care for those with substance use disorders. In addition, all providers are recognized as "Co-occurring Capable," which means that their programs and clinicians are able to recognize a possible mental health disorder and refer that client to external and appropriate mental health services.

However, only one BBHWP funded and certified provider is "Co-occurring Enhanced," meaning that provider is able to treat (in-house with their own clinical staff) clients who present with co-occurring disorders. The lack of Co-occurring Enhanced providers in the BBHWP programs creates a bifurcated system of care for those with co-occurring disorders and, bottom line, creates barriers to access to comprehensive systems of care for substance use and mental health disorders.

To remedy this access problem, the Bureau is embarking on a project in which all BBHWP funded and certified providers will be given the opportunity to become Co-occurring Enhanced providers. This will be accomplished through training on a tool entitled the Dual Diagnosis Capability in Addiction Treatment (DDCAT). BBHWP team members in collaboration with the UNR based Center for the Application of Substance Abuse Technologies (CASAT) will provide on-site training and certification to all BBHWP funded and certified providers in 2016 in order to enable those providers to become Co-occurring Enhanced. This opportunity will also be offered to all State of Nevada run mental health providers.

The outcome of this project will be the increased capacity of the BBHWP funded and certified system of care, as well as the State Mental Health system, to identify and effectively treat clients with co-occurring disorders. Barriers to access will be decreased. In addition, clients will be able to access care in a "one stop shop" as opposed to being seen by two or more providers in what often amounts to fragmented episodes of care for that client.

***Recommendations*: Even though the DPBH and BBHWP are working to upgrade provider capacity to treat clients with co-occurring disorders, more funding is needed to help providers meet the need. It is recommended that funds are allocated in the next Biennial budget for workforce development and to fund programs to improve their ability to hire clinicians who can identify and treat co-occurring disorders. In addition,**

it is recommended that Medicaid policies are examined to ensure that providers who are Co-occurring Enhanced are able to be reimbursed adequately for services rendered to clients with co-occurring disorders.

In closing, thank you for taking time to consider our concerns and if you or staff have any questions, we welcome discussion.

Sincerely,
Nevada Commission on Behavioral Health and Developmental Services
Chair: Valerie Kinnikin, LCSW (Representing Social Workers)
Larry Nussbaum, M.D. (Representing Psychiatrists)
Marcia Cohen, APRN (Representing General Public – MH)
Pamela Johnson, RN (Representing Registered Nurses)
Paula Squitieri, Ph.D. (Representing Psychologists)
Thomas Hunt, MD (Representing Physicians)
Capa Casale, MFT (Representing Marriage and Family Therapists)
Barbara Jackson (Representing Consumers)

Pc: Nevada State Senate
Nevada State Assembly
Nevada Behavioral Health and Wellness Council
Richard Whitley, Director, Department of Health and Human Services
Jane Gruner, Administrator, Division of Aging and Disability Services
Cody Phinney, Administrator, Division of Public and Behavioral Health
Tracey Green, M.D., State Health Officer
Kirsten Coulombe, Administrator, Division of Child and Family Services
Nevada Children's Mental Health Consortia
Nevada Behavioral Health Planning and Advisory Council (BHPAC)

APPENDIX

Recommendation Summary

ITEM #1: Children's Behavioral Health Services

Recommendation: Review Medicaid rates for children's behavioral health services to determine if inadequate provider reimbursement contributes to lack of capacity and access for children and families.

- Medicaid eligible children face longs waits for many behavioral health services or have difficulty finding qualified providers.

Recommendation: Expand and streamline the Mobile Crisis Intervention Program (MCRT): Although this program has been very successful, many children assessed by the DCFS teams and referred for hospitalization of other types of care, face delays in receiving services due to additional assessments required by the hospitals or managed care providers.

- Develop interagency protocols and policies to facilitate the seamless transition to appropriate inpatient or community-based care for all uninsured as well as privately and publicly insured youths admitted to emergency rooms with severe psychiatric crises, including those with suicidal behavior.

- Develop a mechanism for providing presumptive Medicaid eligibility to appropriate youths referred for crisis intervention services.

Recommendation: Enhance intensive community based services, state run residential treatment beds and service coordination for youth.

ITEM #2: Adult Behavioral Health Services

Recommendation: Support the streamlining and expansions of the forensic, seclusion and restraint and jail diversion programs.

- Monitor and facilitate the means to provide an adequate number of forensic beds.
- Support the change in case law for forensic admission to occur within 21 to 28 days instead of 7.
- Provide training for inpatient psychiatric hospital staff in effort to drastically reduce the use of seclusion and restraints within the treatment realm.
- Expand the AOT program with a second AOT team in the south (Capacity is 75 participants and the program is currently serving 80) and the establishment of a team in the north and rural areas.

- Expand the SOT program in the south to compliment the growth of the AOT program and establish AOT programs in both the north and the rural areas.
- Although the MOST and CIT programs are established statewide, the expansion of the programs in all areas would increase the positive dynamics for both the early intervention and post intervention components that empower the individuals to help them stabilize.

ITEM #3: Workforce Development

Recommendation: Support and expand programs that create incentives and opportunity for provider education and establishment within the state of Nevada.

- Continue and expand the medical programs and residency opportunities for physicians.
- Expand programs that grant tuition assistance for nurses as well as other disciplines.
- Continue and expand internships and fellowships for psychologists as well as establish more available positions for Psychological Assistants.

  Research has shown that psychologists and other healthcare providers are most likely to begin their careers in the geographic area where they complete their training. Psychologists are required to complete a yearlong internship in order to complete their doctorate degree, which is typically the last year of their training program. Currently, Nevada only has one nationally accredited internship program in the state (the VA in Reno). This means that historically the majority of psychology students from UNR and UNLV had to leave the state to complete their training at an accredited internship, thereby reducing the probability of them beginning their professional careers in the state. The lack of accredited internships in Nevada also results in a reduced ability to recruit early career psychologists trained in other states. The stipends for the four NV-PIC interns are paid for by funding from Nevada WICHE. This funding is provided for at least the 2015-2017 biennium to help NV-PIC launch its first two cohorts. Long-term funding for the program is still needed. With long-term funding NV-PIC would be able to sustain its current cohort class and potentially expand to offer even more internship slots each year.

  An additional consideration for the recruitment and retention of psychologists is the need for dedicated Psychological Assistant positions. In Nevada, after a person completes their internship and doctorate degree they are required to register with the Nevada Board of Psychological Examiners as a Psychological Assistant for one year, which requires them to practice under the license of a psychologist. Currently, there are very few dedicated Psychological Assistant

positons within DPBH or elsewhere in the state. The creation of dedicated Psychological Assistant positions, which would be one year terminal positions, would help ensure that NV-PIC and other state internship programs could retain successful interns by promoting them into a Psychological Assistant position in support of their last year of training before becoming independently licensed to practice as a psychologist in Nevada.

Recommendation: Examine and support the adjustment of wages to be competitive across state agencies and with other states.

Recommendation: Examine and Support the adjustment of Medicaid reimbursement rates for Nevada's healthcare providers.

ITEM #4: Intellectual/Developmental Services

Recommendation: Increase availability of funding to support habilitative services for individuals to live and work in the least restrictive setting within their community.

Recommendation: Ensure availability of appropriate mental health services, especially community based psychiatric services, for children with special needs.

Recommendation: Establish a Medicaid rate for children with intellectual/developmental conditions which takes into account the additional time needed by the professional to address the individual's condition and support needs.

Recommendation: Support the growing need for innovative mental health delivery systems for older adults. Nevada has one of the highest suicide rates in the county for individuals over the age of 65. Nevada must address the need for specialized training for all professionals working in the field to learn the signs ***and symptoms of depression in seniors especially as they relate to age related conditions.***

Recommendation: Address the issue of discrimination by mental health providers towards individuals with intellectual/developmental conditions. Psychiatric care for this population has reached a crisis level with many providers unwilling to continue to service the population. Medicaid reimbursement for the actual time needed to address the individual's needs would enhance the availability to obtain healthcare.

ITEM #5: Substance Abuse Treatment/Prevention Services

Recommendations: Even though the DPBH and BBHWP are working to upgrade provider capacity to treat clients with co-occurring disorders, more funding is needed to help providers meet the need. It is recommended that funds are allocated in the next Biennial budget for workforce development and to fund programs to improve their ability to hire clinicians who can identify and treat co-occurring disorders. In addition, it is recommended that Medicaid policies are examined to ensure that providers who are Co-occurring Enhanced are able to be reimbursed adequately for services rendered to clients with co-occurring disorders.