



Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

Commission on Behavioral Health
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Regional Behavioral Health Coordinators

During the 79th session of the Nevada Legislature, testimony was provided to members of the Nevada Legislature and the attending public in support of Assembly Bill (A.B.) 366, supporting the creation of four regional behavioral health policy boards.

NORTHERN REGION- (Carson City, Churchill, Douglas, Lyon, Mineral, and Storey Counties)

WASHOE- (Washoe County)

SOUTHERN REGION- (Clark, Nye, and Esmeralda Counties)

FRONTIER REGION- (Elko, Eureka, Humboldt, Lander, Lincoln, Pershing and White Pine)

Nevada's Behavioral Health Priorities

Adults

- Criminal justice diversion
- Supported housing
- Assertive Community Treatment (ACT) services
- Access to providers for crisis and community-based treatment

Children/Youth

- Juvenile justice diversion
- Residential treatment facility treatment capacity, discharges, and linkages to services
- Transitional Age Youth (TAY) services (children to adult)
- Access to services: crisis services, Partial Hospitalization Programs (PHP), Intensive Outpatient Program (IOP), day treatment, wraparound, respite, family peer support, and habilitation services

1915(i) Home and Community Based Services State Plan Options

Establish Supportive Housing Services and Supports for individuals who are experiencing homelessness.

Decent, safe, and affordable community-based housing that:

- provides tenants with the rights of tenancy under state and local landlord tenant laws and
- is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences.

Permanent Supportive Housing makes housing affordable to someone on SSI, (either through rental assistance or housing development).

It provides sufficient wraparound supports to allow people with significant support needs to remain in the housing they have chosen.



Assertive Community Treatment

Community-based services provided by a Behavioral Health Team

Severe and persistent mental illness

Significant impairment in completing daily living skills needed to live independently in the community

Continuously high-service need demonstrated by high utilization

Includes integrated coordination of healthcare services

CRISIS NOW

CORE ELEMENTS

High-Tech Crisis Call Centers

- Crisis Support Service Specialists that can coordinate all levels of crisis care.
- Stabilization of up to 90% of cases
- “Air traffic control center” that dispatches appropriate resources and supporting resources.

27/7 Mobile Crisis

- Mobile crisis teams meeting people where they are resolving the crisis right then.
- Dispatched by crisis call center hub, alleviates law enforcement resources
- Reduces stigma surrounding law enforcement knocking on doors.

Crisis Stabilization

- Short term “sub acute” care for individual who need support and observation but not an emergency room.
- Operate 24/7
- Law enforcement drop off time is no more than 5-7 minutes.
- Living room model to be more warm and welcoming.

Essential Principles and Practices

Must include:

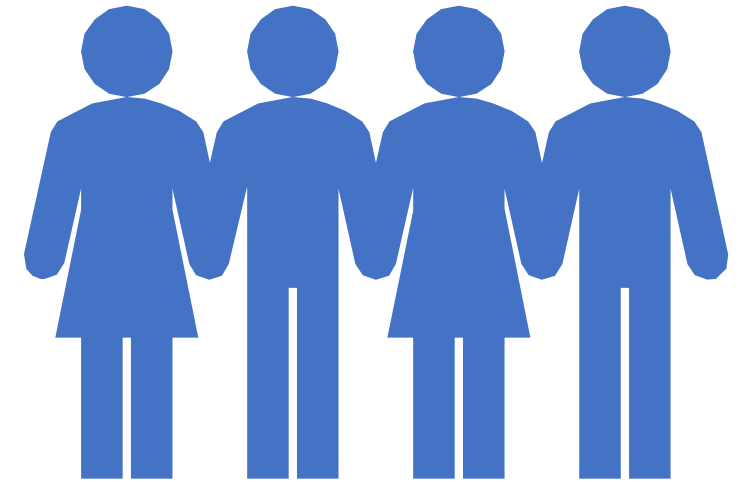
- Recovery Orientation
- Trauma-informed care
- Significant use of peer staff
- Commitment to Zero Suicide/Suicide Safer Care
- Strong commitments to safety for consumers/staff, and
- Collaboration with Law Enforcement.

National Association of State Mental Health Program Directors
National Action Alliance for Suicide Prevention
Crisis Now

Zero Suicide

Shift from fragmented suicide care toward a holistic and comprehensive approach to patient safety and quality improvement within healthcare systems

- Lead system-wide culture change committed to reducing suicides
- Train a competent, confident, and caring workforce
- Identify patients with suicide risk with comprehensive screenings
- Engage all individuals at-risk of suicide with a suicide care management plan
- Treat suicidal thoughts and behaviors using evidence-based treatments
- Transition individuals through care with warm-handoffs and supportive contacts
- Improve policies and procedures through continuous quality improvement



Early Serious Mental Illness and First Episode Psychosis

Establish	Establish training for healthcare providers on the detection, assessment, and referral for individuals with signs of early serious mental illness including psychosis
Expedite	Expedite accurate diagnosis and evidence-based treatment
Develop	Develop Specialty Care Teams
Reduce	Reduce consequences of functional impairment through early, wrap-around intervention of individuals and families
Provide	Provide on-going psychiatric treatment, counseling, and case management for extended times with on-going intermittent support as needed

Substance Abuse Prevention

11 funded Community Prevention Coalitions

Provide primary prevention strategies to prevent substance use, abuse, and addiction

Priorities are based on data collected within communities

Youth Risk Behavior Survey

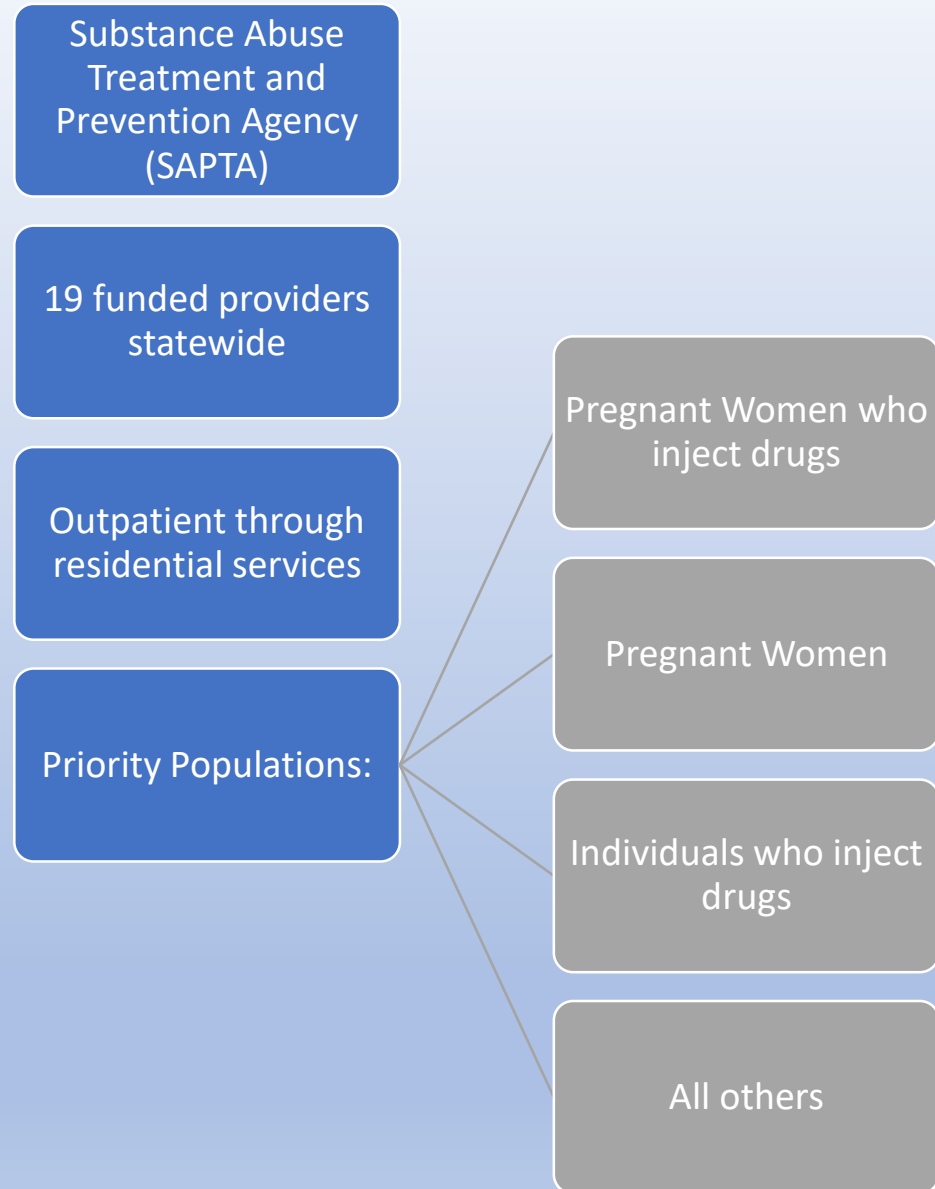
Behavioral Risk Factor Surveillance System

Statewide Epidemiological Workgroup

Multidisciplinary Prevention Advisory Committee

Evidence Based Workgroup

Substance Abuse Treatment



Certification

All publicly funded substance abuse treatment providers, including Medicaid, must be certified through SAPTA

Certified by level of care using the American Society of Addiction Medicine (ASAM) criteria

Establishes a standard of care, staffing, treatment, and supportive services

138 SAPTA certified treatment facilities across the state

Certification reviews have increased significantly over the past 3 years

No such certification exists within the mental health system of care*

State Plan Amendment

1915(b) waiver

Extend and expand Certified Community Behavioral Health Clinics (increase from 3-10)

Current CCBCH's: Bridge Counseling, New Frontier, Vitality

Prospective CCBHC's:

- Bridge Counseling (Expansion), Carson City Community Counseling Center, First Med, Northern Nevada HOPES, Rural Nevada Counseling , Quest Counseling, Vitality (Federal Expansion)

Opioid Treatment

Nevada's MAT Treatment Infrastructure

192 providers are waived to provide buprenorphine however, not all prescribe. For those who do prescribe, very few prescribe to their upper limit.

13 Opioid Treatment Programs within Clark, Washoe and Carson City

Capacity remains available however, connection to high-quality, integrated services remains a challenge

Rural/Frontier communities have limited access

Solutions include integrated treatment networks and increasing access within primary care

Integrated Opioid Treatment and Recovery Centers (IOTRC)

Center for Behavioral Health

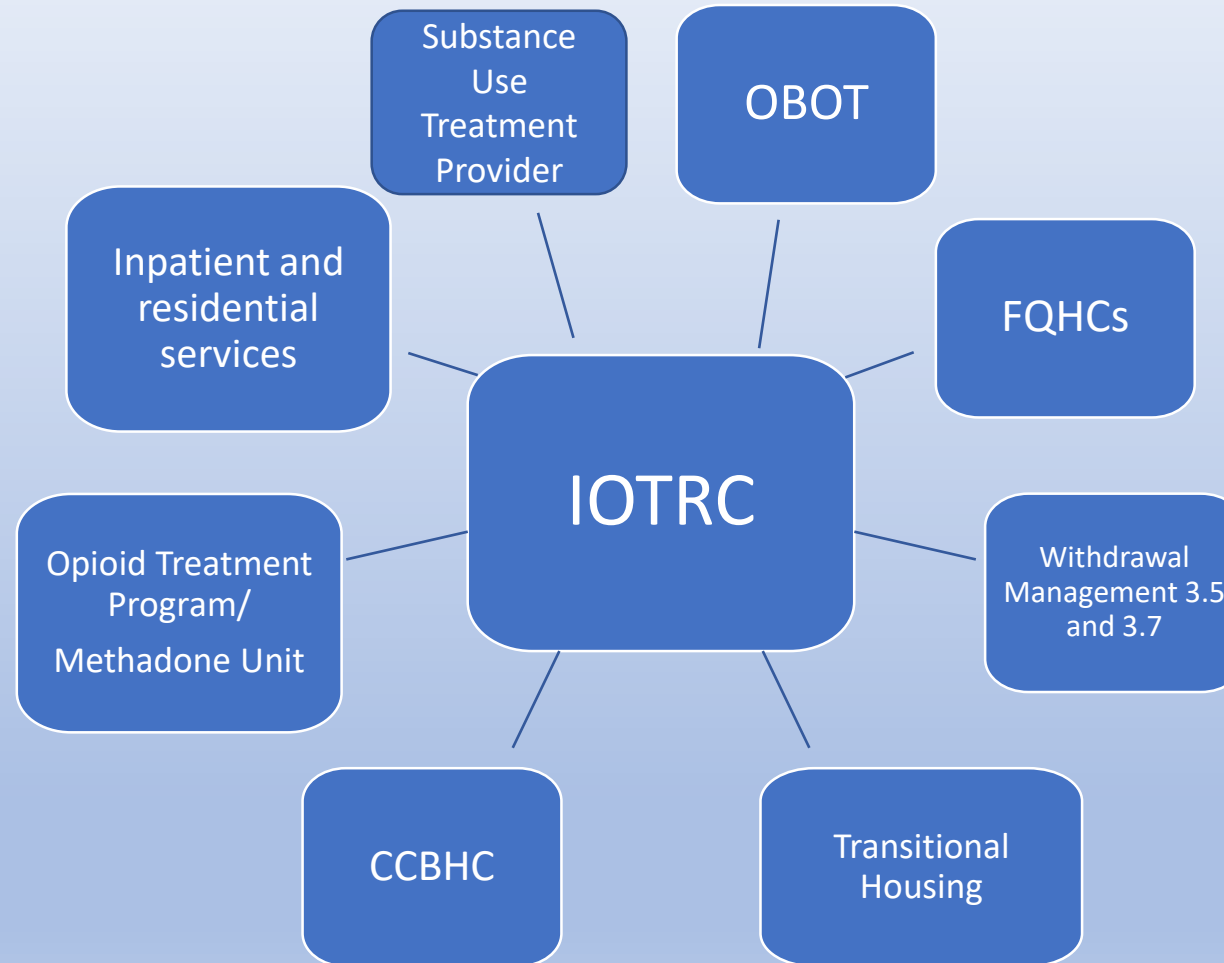
- 4 sites Las Vegas
- 1 site Reno

Life Change Center

- 1 site Sparks
- 1 site Carson City

Vitality Unlimited

- 1 site Elko



Contact Information

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