



Nevada's Behavioral Health Community Integration Strategic Plan

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Role of the State Behavioral Health Authority*

- Design, Plan, and Implement Systems
- Provide Oversight and Quality Assurance
- Guide Financing Options for Sustainability
- Evaluate Outcomes
- *No provision of direct services



Community Integration Strategic Planning

- Behavioral Health Strategic Plan built off the DHHS Strategic Framework for Community Integration (2017)
- **Mission:** To ensure Nevadan's have the opportunity to achieve optimal quality of life in the community of their choice.
- **Vision:** Regardless of age or ability, Nevadan's will enjoy a meaningful life led with dignity and self-determination.
- **Guiding principles:** Independence, Access, Dignity, Quality, and Sustainability



Why Prioritize Community Integration?

- States are required to provide integrated community services and supports for people with disabilities.
- Aims to reduce unnecessary segregation and institutionalization (e.g. incarceration, hospitalization) of individuals with disabilities.
- Unnecessary placements outside of community settings is a form of discrimination and prohibited under Americans with Disabilities Act.



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



Behavioral Health Community Integration Goals

Goal 1: Ensure there is a high quality recovery support and care to achieve and maintain stability

Goal 2: Ensure individuals have access to appropriate, timely services in the most integrated setting based on a self-determination plan.

Goal 3: Ensure a system that prevents inappropriate incarceration, hospitalization, institutionalization, or placement.



Current Implementation Strategies

1115 Substance Use Disorder Demonstration Program

- Expand Certified Community Behavioral Health Clinics
- Create an Alternative Payment Methodology for Office Based Opioid Treatment (P-COATS; AMA/ASAM)
- Waive the Institutes of Mental Disease restrictions for substance use disorders for residential and withdrawal management



Current Implementation Strategies

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.



Current Implementation Strategies

Early Serious Mental Illness and First Episode Psychosis

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



Current Implementation Strategies

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



Current Implementation Strategies

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

-Education Development Center (2018)



Current Implementation Strategies

Expansion of Services into Healthcare Settings including FQHC's

- Support policy to expand types of behavioral health providers in FQHC's
- Certified Community Behavioral Health Clinics within FQHC's; formal care coordination agreements with healthcare providers
- Provide training for Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Offer grant funding to expand Medication Assisted Treatment



State Targeted Response to the Opioid Crisis

Nevada's Opioid State Targeted Response and State Opioid Response Grants



Prescriber Education and Guidelines

Prescribers

- Academic Detailing for Naloxone Co-Prescribing
- Project ECHO: Non-pharmacological Treatments for Pain
- Project ECHO: Medication Assisted Treatment
- AB474 Prescribing Protocols and Patient Information
- Prevention and Treatment of Neonatal Abstinence Syndrome
- Effective Use of MAT in an Opioid Dependent Population
- Alternatives to Opioids (ALTO) Program for Healthcare Systems



Prescriber Support

University of Nevada, Reno



PROJECT ECHO

OPIOID WEDNESDAYS

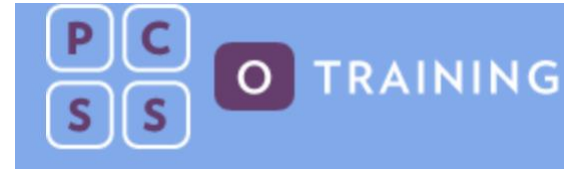
a weekly clinic for prescribing providers

EVERY WEDNESDAY
8AM - 9AM

Nevada Occupational Boards



SAMHSA



Centers for Disease Control and Prevention

<p>Mobile App</p> <p>Opioid Prescribing Guideline Mobile App [PDF - 637K]</p> <p>Guideline Resources: Mobile App</p>	<p>Pharmacists' Brochure</p> <p>Pharmacists: On the Front Lines [PDF - 1M]</p>	<p>Pocket Guide: Tapering</p> <p>Pocket Guide: Tapering Opioids for Chronic Pain [PDF - 2M]</p>
<p>Fact Sheet</p> <p>Guideline for Prescribing Opioids for Chronic Pain: Recommendations [PDF - 674K]</p>	<p>Checklist*</p> <p>Checklist for Prescribing Opioids for Chronic Pain [PDF - 81K]</p>	<p>Nonopioid Treatments</p> <p>Nonopioid Treatments for Chronic Pain [PDF - 2 MB]</p>



Patient Education



Talk to your healthcare provider about **pain management options today.**

Opioids are powerful drugs, not without risk.

Begin a conversation with your healthcare provider about alternatives to opiates for pain management

Clinician Commitment to Patient Prescription Safety Poster



[Clinician Commitment to Patient Prescription Safety Poster](#) [PDF - 2 MB]



Criminal Justice Interventions

First Responders, EMS, and Law Enforcement

- Overdose Education and Naloxone Distribution
- Good Samaritan Law
- Partnership with the LEAD program in Las Vegas
- Law Enforcement Coordinator for AG's Office

Judicial System

- Enhancing Court Efficacy Through Emerging Addiction Science: Justice Leaders System Change Initiative



Overdose Education/Naloxone Distribution

Distribute Naloxone to individuals with high-risk for overdose

- Overdose survivors; Release/discharge from controlled environment following detox: jails, detox facilities, residential treatment centers, prison; Individuals who self-identify as at-risk: i.e. needle exchanges
- Determine community based organizations to store and distribute
- Develop a Naloxone Virtual Dispensary
- Coordinate efforts with AG's Office for law enforcement



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.
- 15 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)

IOTRC to provide at a minimum	Formal Written Care Coordination Agreements to Provide (IOTRC may choose to offer these services internally)
<ul style="list-style-type: none"> • Behavioral Health Screening/Assessment • Medical Evaluation • FDA Approved Medication for OUD Treatment • ASAM Level 1 Ambulatory Withdrawal Management • Toxicology Screening • ASAM Level 1 Outpatient • Overdose education and naloxone distribution • Psychiatry • Mobile Recovery • Peer/Recovery Support Services • Care Coordination • Supported employment • Enrollment into Medicaid, TANF, SNAP, WIC • Engagement with criminal justice entities (e.g. police, judicial, correction) 	<ul style="list-style-type: none"> • Opioid Treatment Provider for Methadone • ASAM Level 3.2 and Level 3.7 Withdrawal Management • OB/Perinatal providers • Office-Based Opioid prescribers • ASAM Level 3.1 and Level 3.5 Residential Services • Transitional Housing per SAPTA Division Criteria • COD and other Community-based service providers • Wellness Promotion • FQHC partnership • HIV/Hep C Testing



Integrated Opioid Treatment and Recovery Centers

Center for Behavioral Health

4 sites Las Vegas

1 site Reno

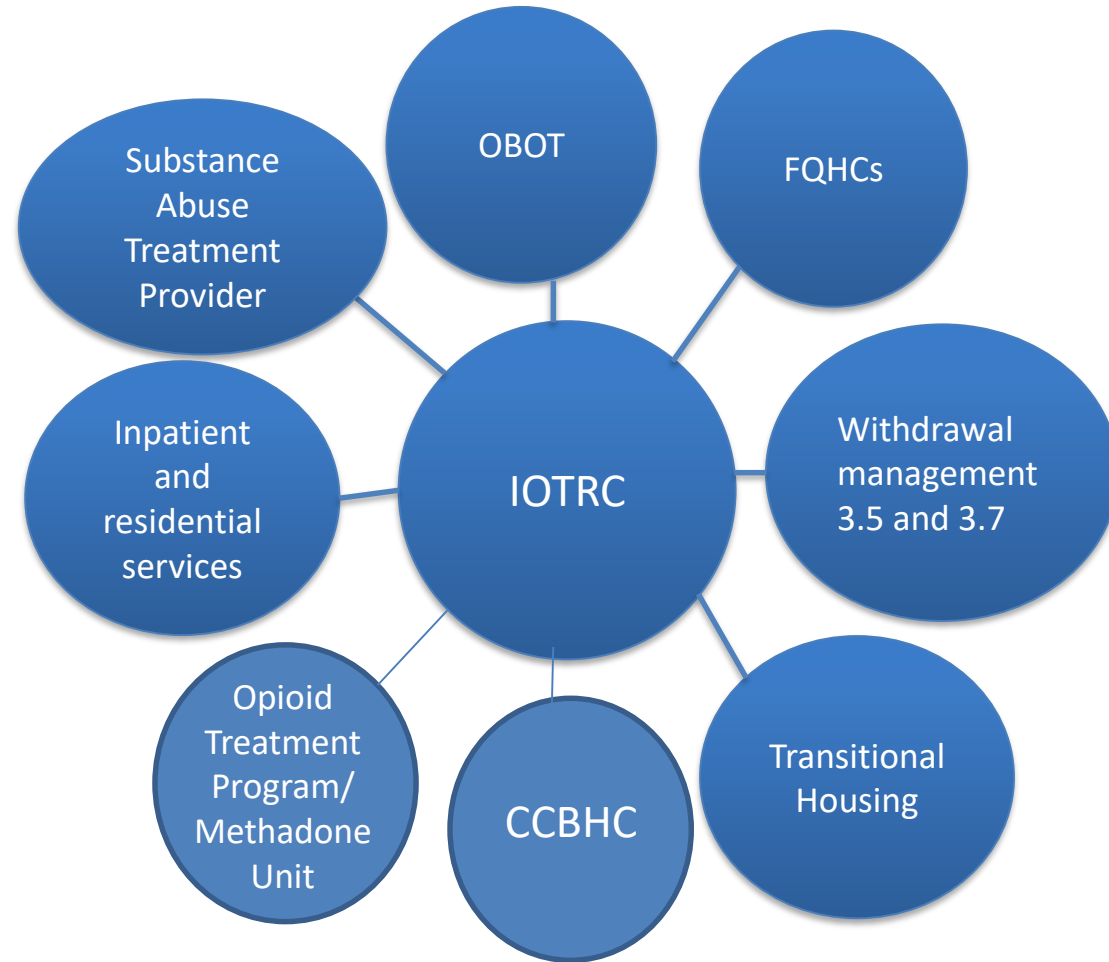
Life Change Center

1 site Sparks

1 site Carson City

Vitality Unlimited

1 site Elko





Contact Information

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