

## **2013 Nevada DHHS/DCFS via Social Entrepreneurs, Inc.**

### **Comprehensive Gaps Analysis of Behavioral Health Services Recommendations**

1. Ensure accountability, credibility and high quality services.
2. Develop community and state capacity to implement no wrong door
3. Establish a vision and plan for the system of care and secure the resources necessary to implement the plan

## **March 25, 2014 Southern Nevada Forum on Healthcare**

### **Short-term Recommendations to the Governor's Behavioral Health and Wellness Council**

1. Expand and improve crisis response and stabilization via Metro's Crisis Intervention Teams and establishing community outreach teams
2. Establish strategically located mental health triage centers to divert hospitalizations and incarcerations (e.g., sobering centers, triage centers)
3. Restore funding to mental health courts as another effort at diversion
4. Increase mechanisms to decertify involuntary holds (e.g., paramedics, CIT clinicians, non-MDs)
5. Establish Regional Mental Health Authority to foster regional responsibility for service policy decisions that account for regional differences
6. Centralized, accessible mental health information system that facilitate interdisciplinary coordination of care and an inventory of available services that is publicly available and updated regularly
7. Encourage team-based care via reimbursement
8. Housing options and support for patients stepping down in therapy intensity
9. Increase provider supply across all disciplines via loan repayment, higher reimbursement, and terminal training programs

## **April 2014 Dr. Dvoskin, Governor's Advisory Council on Behavioral Health and Wellness**

### **Potential Areas for Council Recommendations**

1. "Super-User Project" w/ low caseloads for heaviest users of inpatient, emergency, and jail beds
2. Increase Capacity for Crisis Triage Service: sobering center, respite care, crisis beds
3. Increase Inpatient Bed Capacity
4. IMD Exclusion: state waiver or pilot for MH facilities to have more than 16 beds
5. Workforce development across disciplines: increase reimbursement & training programs
6. Mental Health in Public Schools: screening, intervention, referral, staffing, reimbursement
7. Other Services for Children: residential services, Consortia recommendations
8. Changes to Legal 2K Process: expand decertification, track L2Ks, address liability limits
9. EMT's and Paramedics: triage without transport, transport reimbursement, address liability limits
10. Anti-Stigma and Suicide Prevention Campaign
11. Tele-psychiatry and PCP Consultation: billing codes & reimbursement
12. Enhancing Peer Services: training, certification, and reimbursement
13. Re-Create Urgent Care

14. Discharge Planning: address out-of-state discharges and general standards
15. Medicaid and Jail: eligibility upon release
16. Liability Limits for Medicaid Providers: builds motivation to expand service availability
17. Co-Occurring Disorders: enhance skills, training opportunities, consultation
18. Seek Change in IMD Exclusions
19. Miscellaneous Important Issues: use of SAPTA funding, crisis planning, MH directives
20. One-Way Information Portal for Family to help more while maintaining confidentiality
21. Future Consideration: prison, forensic, senior, & children's MH,

## **June 2016 DCFS**

### **Nevada System of Care, Implementation Grant Strategic Plan, "4 broad goals"**

1. Generate support among families and youth, providers, and decision policy makers at state and local levels, to support expansion of the SOC approach, transitioning DCFS's 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.

## **October 3, 2016 Strategic Progress, LLC**

### **Nevada Children's Mental Health Needs Assessment Recommendations (Clark portion)**

1. Collaboration among social service and mental health agencies
2. Data Infrastructure: better communication between state and county (e.g., case management systems, referral tracking, case processing, outcomes)
3. Streamline use of research screening/assessment tools
4. Cultural competency via mandatory trainings
5. New diversion initiatives to reduce restrictive interventions (inpatient/detention stays)
6. Expand number of clinicians
7. Healthcare awareness to reduce stigma and increase awareness of and access to social service and healthcare resources
8. Encourage individualized, team-based care
9. Facilitate streamlined communication of critical incidents to providers and agencies
10. Increase quality via increased oversight and quality assurance measures
11. Outcome recommendations for a juvenile mental health

## **2016 American Foundation for Suicide Prevention**

### **Suicide: 2016 Facts 7 Figures**

Nevada's 2016 Suicide Ranking: 44 (high number equals high rate)

**June 2016 (using 2014 data) Applied Analysis  
Behavioral Health Services in Southern Nevada**

*Provider feedback on biggest challenges:*

1. Lack of quality providers
2. Inadequate insurance coverage and difficult treatment approval process
3. Lack of funding and resources
4. Limited inpatient care or temporary housing
5. Focus on short-term solutions
6. Education, awareness, and early intervention

*Key areas identified for long-term success in behavioral health system*

1. Mental health infrastructure investment (e.g., inadequate bed supply, long-term care)
2. Growing the pool of medical professionals, especially psychiatrists
3. Targeted funding increases (e.g., Medicaid reimbursement rates, recruitment incentives)
4. Increased awareness (e.g., signs of mental illness, increase accessibility for most acute population)
5. Transitional services improvement (e.g., diversion or stepdown services/supports, improved case management to reduce recidivism)

**2017 Clark County Children's Mental Health Consortium (CCCMHC)  
10-year Strategic Plan**

*Short-Term Service Priorities*

1. Re-structure the public children's behavioral health financing and delivery system to ensure quality, accountability, and positive outcome for Clark County's children and families.
  - a. "Some progress"
2. Provide mobile crisis intervention and stabilization services to Clark County youths in crisis.
  - a. "Significant progress"
3. Expand access to family-to-family support services for the families of Clark County's children at risk for long-term institutional placement.
  - a. "Minimal progress"
4. Develop partnerships between schools and behavioral health providers to implement school-based and school-linked interventions for children identified with behavioral health care needs.
  - a. "Some progress"

*10-Year Plan Goals*

1. Children with serious emotional disturbance and their families will thrive at home, at school, and in the community with intensive supports and services.
2. Children with behavioral health needs and their families will access a comprehensive array of effective services when and where they are needed.

3. Families seeking assistance will find an organized pathway to information, referral, assessment and crisis intervention coordinated across agencies and providers.
4. The system will be managed at the local level through a partnership of families, providers and stakeholders committed to community-based family driven, and culturally competent services.
5. County-wide programs will be available to facilitate all children's healthy social and emotional development, identify behavioral health issues as early as possible, and assist all families in caring for their children.
6. Heightened public awareness of children's behavioral health needs will reduce stigma, empower families to seek early assistance and mobilize community support for system enhancements.

**2018 Southern Nevada Forum on Healthcare (priorities currently in process)**

- Substance abuse
- Suicide awareness
- Behavioral & cognitive health
- CSN & NSC health science building
- Group homes
- Assisted living
- Telemedicine
- FQHCs
- Veterans' health
- Medicaid – reimbursement separately
- Dementia & Alzheimer's Care
- Healthcare for people with Autism
- Marijuana medical patient protection
- Respite care
- Graduate medical education & residencies
- Scope of practice
- Healthcare professionals in schools