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Joint Block Grant Application Overview Draft Priorities 2018/2019

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

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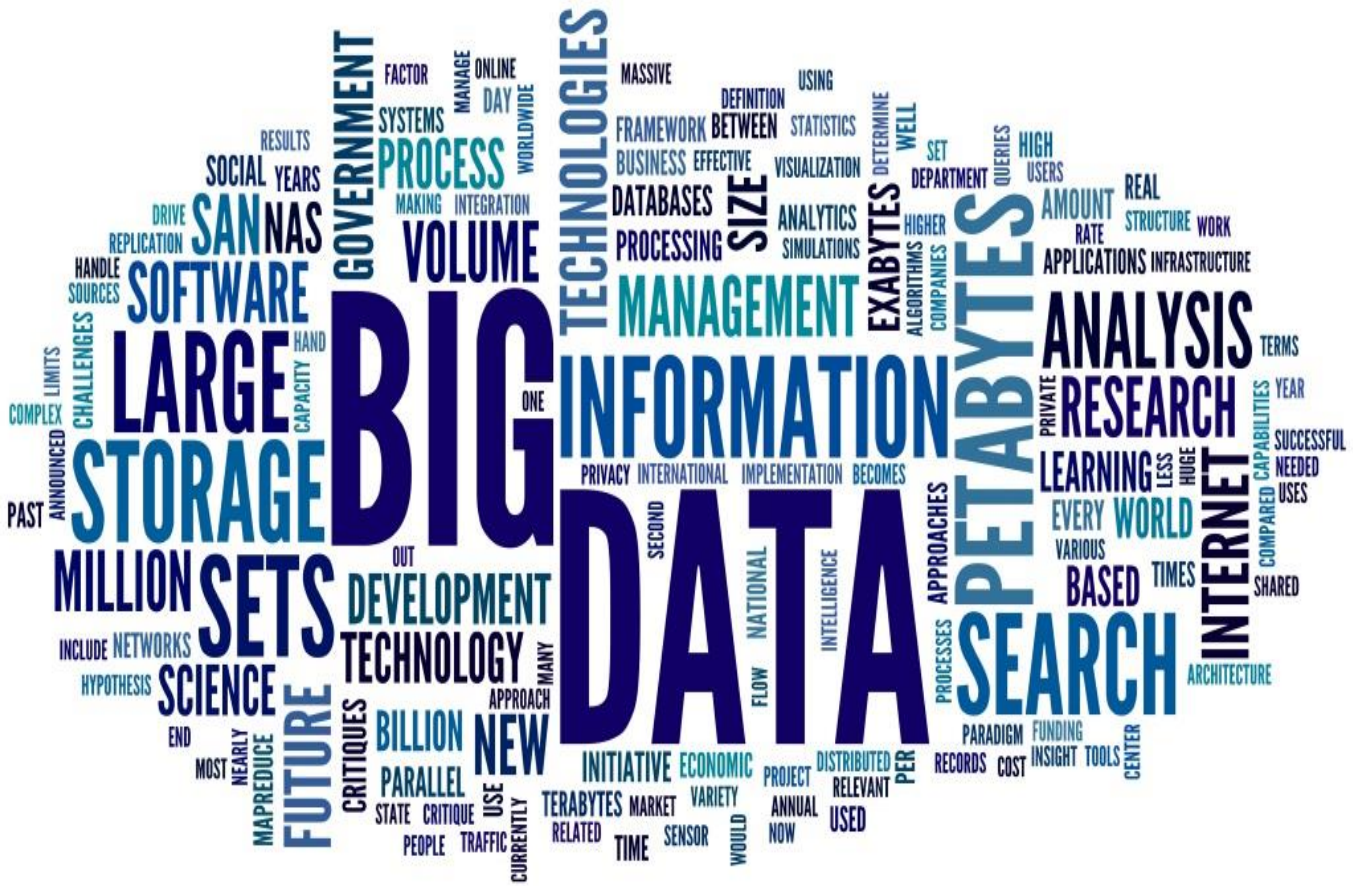
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Mental Health Block Grant
FFY 2018 - 2019

STEP 2:

Unmet Service Needs and Critical Gaps

Within Nevada's Current Mental Health System

Priority Area #1, based on Unmet Service Needs & Critical Gaps #1:

Gap #1: Nevada's children and adolescents are vulnerable to developing serious mental disorders, which in the absence of effective early interventions may progress to chronic and debilitating illnesses.

Priority Area #1, based on Unmet Service Needs & Critical Gaps #1:

Gap #1: Nevada's children and adolescents are vulnerable to developing serious mental disorders, which in the absence of effective early interventions may progress to chronic and debilitating illnesses.

Gap #1: Evidence

- ***One-third of Nevada's adolescents reported experiencing depressed mood and reduced functioning*** during the year before participating in the 2015 Nevada Youth Risk Behavior Survey.
- ***Nevada's youth were more likely to report one or more suicide attempts during the prior year, compared to their age peers nationwide*.** Those suicide attempts did not necessarily result in medical intervention.
- **More than *20% acknowledged deliberate acts of self harm, such as cutting or burning themselves, without the intent to die*.**
- Importantly, the **clinical outcomes and current mental health status, in 2017, for each adolescent who reported psychological distress and life-threatening behaviors, in 2015, are unknown.**

Gap #1: Priority, Goal & Objectives

- **Priority 1–Improve the quality and disorder-relevance of services.**
- **Goal 1–Improve capacity of social institutions within communities (Ex: schools, youth social groups and services organizations, faith-based organizations) to identify, assess, treat and track at-risk and high-risk populations of children and adolescents.**
  - *Objective 1.1:* By March, 2018, develop behavioral health protocols to embed within community social institutions and youth organizations.
    - Aims of protocol design : (a) identify at risk and high risk youth; and (b) referral to risk-relevant interventions.
    - Minimum requirements for protocols: assessments & interventions are evidence-based, and evaluations of outcomes are empirically-driven.
  - *Objective 1.2:* By March, 2018, solicit competitive bids from community providers statewide to implement behavioral health protocols for at risk and high risk youth.
  - *Objective 1.3:* By October, 2018, roll out behavioral health protocols for at risk and high risk youth and children.
  - *Objective 1.4:* By March, 2019, establish database and schedules for long-term tracking of outcomes for each at-risk and high-risk individual who is served in behavioral health protocols.
  - *Objective 1.5:* By October, 2019, establish mechanisms for routine (at least annually) programmatic reviews that are outcomes driven.

Priority Area #2, based on Unmet Service Need and Critical Gaps #2:

Gap #2: Expansion of early intervention services for individuals with early serious mental illness (ESMI) and first episode of psychosis (FEP) throughout Nevada is a critical need.

Gap #2: Evidence

- **8%-13% of Nevada's youth aged 17 & younger are at risk for experiencing serious emotional disturbance (SED);**
- **5.4% of Nevada's adults aged 18 & older will likely develop serious mental illness (SMI)**.
- **Based on above estimates,**
  - ❖ about **6,453 youth in NV Rural & Frontier counties**, will suffer from **serious emotional disturbance (SED)** in 2017.
  - ❖ about **8,869 adults in NV Rural & Frontier counties** will suffer from **serious mental illness (SMI)** in 2017.
- **Early intervention services have been initiated for first episode of psychosis (FEP) in Urban counties in Northern & Southern NV.**
- **Lack of early intervention for FEP & Early Serious Mental illness (ESMI) in NV Rural and Frontier counties are critical gaps**.

Gap #2: Priority, Goal & Objectives

- **Priority 2- Improve access to services for First Episode of Psychosis (FEP) and Early Severe Mental Illness (ESMI).**
- **Goal 2- Ensure early intervention services are available statewide for First Episode of Psychosis (FEP), and Early Serious Mental Illness (SMI).**
  - *Objective 2.1:* By October, 2018, adapt and implement the evidence-based Coordinated Specialty Care (CSC) model in NV's Rural & Frontier communities for First Episode of Psychosis (FEP) and Early Severe Mental Illness (ESMI).
  - *Objective 2.2:* By October, 2018, solicit competitive bids from community providers to implement ***CSC-Rural and Frontier Nevada***.
  - *Objective 2.3:* By March, 2019, roll out ***CSC-Rural and Frontier Nevada.***

Priority Area #3, based on Unmet Service Needs and Critical Gap #4:

Gap #4: Nevada's mental health workforce is underdeveloped in volume and in clinical expertise.

Gap #3: Evidence, Part I

- Almost all of Nevada qualifies as a mental health professional shortage area (Health Resources & Services Administration, HRSA), with the only exception being Las Vegas (Griswold et al., 2017).

- Nevada's geography and its low population density in Rural and Frontier regions amplify the challenges associated with this critical shortage.

- Stable financial resources and active investment from state leadership are required to incentivize professional training and development for Nevada's current and future mental health workforce.

Gap #3: Priority, Goal & Objectives

- **Priority 3-Promote professional competence and development of Nevada's mental health workforce.**

- **Goal 3-Strengthen knowledge and skills of workforce through participation in education and training curricula that are mission-relevant and nationally recognized as evidence-based. Participation is required, and rewarded with promotional opportunities.**

  - *Objective 3.1:* By March, 2018, develop education and training curricula for staff and community providers, which include promotional and financial incentives that are perceived as meaningful.
  - *Objective 3.2:* By March, 2018, solicit competitive bids from community providers statewide for implementation of education and training for staff and community providers.
  - *Objective 3.3:* By October, 2018, roll out educational and training curricula for staff and community providers.

Priority Area #4, based on Unmet Service Needs and Critical Gap #5:

Gap #5: Suicide prevention efforts are not integrated with clinical services or post-mortem reviews within the state's current mental health system.

Gap #4: Evidence

- Nevada continues to rank in the top 10 states with the highest rates of suicide deaths nationwide.
- Countywide rates show the highest numbers of suicide deaths per population for Rural and Frontier counties.
- Suicide-related conditions accounted for 39% of all behavioral-health related visits among children and adolescents to Nevada's emergency rooms from 2009 to 2014.
- Ideally, suicide prevention efforts are integrated with clinical intervention services that involve evidence-based and promising practices, and post-mortem reviews that support quality assurance and performance improvement initiatives.
- This type of integrated suicide prevention model is incomplete and fragmented in the urban counties of northern and southern Nevada, and nonexistent in the state's rural and frontier counties.

Gap #4: Priority, Goal & Objectives

- **Priority 4-Increase integration of suicide prevention efforts, clinical services and post-mortem reviews within the state's mental health system.**

- **Goal 4- Develop a model of suicide prevention services that integrates community education, clinical intervention and treatment, and continual quality assurance and performance improvement.**

  - *Objective 4.1:* By March, 2018, identify evidence-based and promising practices for suicide prevention education, clinical interventions and treatment, and post-mortem reviews that support quality assurance and performance improvement initiatives.
  - *Objective 4.2:* By March, 2018, solicit competitive bids from community providers statewide for implementation of evidence-based and promising practices for suicide prevention.
  - *Objective 4.3:* By October, 2018, roll out evidence-based and promising practices for suicide prevention
  - *Objective 4.4:* By March, 2019, establish database and schedules for long-term tracking of outcomes associated with each component in the integrated model.
  - *Objective 4.5:* By October, 2019, establish mechanisms for routine (at least annually) programmatic reviews of the ***integrated model for suicide prevention*** that are driven by clinical outcomes related to suicide.

Priority Area #5, based on Unmet Service Needs and Critical Gap #6:

- ***Gap #6: Health information technology and measurement methodology that support Nevada's current mental health care system, including its community providers, are characterized by critical gaps.***

Gap #5: Evidence

- Data are not organized for prevention, planning, and treatment, including a lack of support for monitoring and evaluating the efficacy of programs based on access to services and clinical outcomes.
- Health records databases are not integrated.
- The reference in Gap #1 (above) to findings from the *2015 Nevada Youth Risk Behavior Survey* serves to illustrate these technical and analytical deficiencies. Specifically, the clinical outcomes and current mental health status, in 2017, for each Nevada adolescent who reported psychological distress and life-threatening behaviors, in 2015, are unknown.

Gap #5: Priority, Goal & Objectives

- **Priority 5-Organize clinical data to enable tracking of empirically-based clinical outcomes.**
- **Goal 5- Improve capacity for monitoring and evaluating programmatic efficacy by tracking empirically-based clinical outcomes.**
  - *Objective 5.1:* By March, 2018, develop specifications for database to support monitoring and evaluating program efficacy.
  - *Objective 5.2:* By March, 2018, solicit competitive bids from community providers statewide for creating databases that will support program monitoring and evaluation.
  - *Objective 5.3:* By October, 2018, roll out database for health information technology and measurement protocol.

Needs Assessment Data

- Data was reviewed from multiple sources

- Substance Abuse Prevention and Treatment Agency 2017 Epidemiologic Profile
- Substance Abuse Prevention and Treatment Agency Bureau of Behavioral health, Wellness and Prevention Strategic Plan 2017-2020.
- The Nevada System of Care for Youth with Serious Emotional Disorders Three site Summary. December, 2016
- Nevada Children's Mental health needs Assessment October 3, 2016
- Nevada's Behavioral health Gaps, Priorities and Recommendations: A Meta-analysis Summary Report
- Washoe county Children's mental Health Consortium Summary of the Annual Plan 2017-2018
- Nevada Rural Children's Mental Health Consortium Annual progress report for Ten-Year Strategic Plan 1/31/2017
- Clark County Children's Mental health Consortium 10 Year Strategic Plan 2017 Status Report
- Governors Commission on Behavioral Health Report January, 2017.

Priority Area #1, based on Unmet Service Needs & Critical Gaps #1:

Gap #1: Nevada's children and adolescents are vulnerable to developing serious mental disorders, which in the absence of effective early interventions may progress to chronic and debilitating illnesses.

Common Weaknesses

Turnover and burnout of professionals
Lack of providers (specifically residential treatment)
Lack of funding
Housing
Transportation
Overutilization of emergency rooms/jails
Long waiting lists for services
Lack of cultural competence
Lack of resources/services in other languages besides English (specifically Spanish)
Lack of knowledge of resources
Inadequate wages of providers
Alternative activities (prevention)

Recommendations

- Utilize peer support (integrate mental health, behavioral, SUD)
- Promote 2-1-1
- Person-Centered And Family Centered Services
- Recruit Residential Providers
- Postvention (Specifically Suicide)
- School- based Screening
- Cultural Competency
- Expanded Bandwidth to rural areas for telehealth
- Provide incentives for Providers (Increased Salaries)
- Workforce Development –Certifications/Licensure
- Internship opportunities (rural, school-based)
- Social Workers and mental health workers in schools

Recommendations continued

- One Stop shops and wraparound services
- Mobile Crisis Response Team
- Expanded trainings for providers, parents, peers, caregivers
- Trauma-informed and specific services
- Home-based services
- Bilingual services
- Electronic Health Record (EHR)
- Medication-assisted treatment (MAT)
- Suicide Prevention
- Expand Medicaid availability.

At Risk or Underserved Populations

- Pregnant Women
- People who Inject Drugs
- Homeless
- Youth
- Undocumented
- Tuberculosis
- HIV/AIDS
- LGBTQ
- Co- Occurring
- Tribal Children

Block Grant Application 2018-2019 Draft Priorities

Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness
1. Improve screening, assessment, and referral services for at-risk populations
2. Support earlier access to prevention and early intervention services
3. Increase community-based services across the system of care

Strategic Initiative #2: Health Care and Health Systems Integration
1. Provide behavioral health services in primary care and non-traditional settings
2. Enhance collaboration between behavioral health and other systems of care

Strategic Initiative #3: Trauma and Justice via Trauma-informed Approach
1. Provide community-based intervention and support to address trauma and prevent incarceration

Strategic Initiative #4: Person-centered Planning and Recovery Supports
1. Prioritize community-based strategies and solutions that enhance the system of care
2. Improve discharge planning and transition support
3. Increase recovery support services through peer support

Strategic Initiative #6: Workforce Development
1. Increase the number and quality of behavioral health professionals in Nevada, specifically in the rural areas
2. Remove barriers to behavioral health professional licensure and certification

SAPT Goal 1 Increase behavioral health care in Nevada

- GAP: Substance Abuse professional shortage in rural and frontier communities in Nevada: according to the 2017 health data book, in 2016 Licensed Alcohol and drug counselors went down from 45.0 to 42.1 per 100,000 population. It is clear there is not enough capacity for service need therefore alternative strategies need to be developed which includes substance abuse professional shortages in rural and frontier communities in Nevada. Alcohol-related visits increased from 21,063 visits in 2009 to 30,180 visits in 2014, a 43% increase. Visits related to other drugs followed the same trend, with a low of 13,969 visits in 2009 to a high of 28,065 visits in 2014, a 101% increase.

- Objective – Expand access to professionals in areas of Nevada that currently have shortages
- Strategies – Increase incentives to practice in rural areas, utilize telehealth when needed, increase training opportunities for professionals, increase evidence-based practices, provide adequate screening at multiple outlets (hospitals,treatment,etc), utilize mobile units and first responders.
  - **Some of the initiatives DHHS is working on include;**
    - Recruitment, retention and hiring of qualified professionals
    - Licensing and reciprocity
    - Education and training with competency-based curriculum.
    - Workforce pipeline mapping
    - Stage loan repayment program national health services corps.
    - Medicaid reimbursement for psychology interns, Nevada-PIC
    - Nevada Office of Rural Hospital Partners - Telehealth

SAPT Goal 2 Increase Recovery Support Services

- GAP: In Nevada there are currently 277 documented certified peer support specialists. According to the SAMHSA, center for Behavioral Health Statistics and Quality, national Surveys on Drug Use and Health, 2010-2014 there are 95% of individuals aged 12 or Older with Alcohol dependence or abuse who did not receive treatment for alcohol use.
- Objective – Expand continuum of care beyond treatment to support services
- Strategies –. Increase the use of Peer Support Specialists, increase the number of sober living opportunities, open a recovery community organization in Northern Nevada, focus on holistic health and wellness.

Goal 3 Integrate behavioral health with health promotion and health care delivery

- GAP: Our statewide mental health and substance abuse state systems are not currently fully integrated. The State needs to develop an integrated model of care that reduces service gaps.
- Objective –Improve the accessibility and dissemination of prevention, outreach, intervention, treatment, and recovery information and intercommunication throughout the state

- Strategies – Create linkages between state systems for access to information, develop culturally and linguistically appropriate services, provide easy access and up-to-date information for providers and consumers, utilize HER Indicators/Outcomes
    - Promote 2-1-1 and/or other resource guides/how complete the documentation is or distribution of document
    - Ensure referral process between agencies improve.

SAPT Goal 4 Support earlier access to prevention and early intervention services

- GAP: The 2015 YRBS report shows that approximately one third (29.4%) of middle school students in Nevada have had at least one drink of alcohol (more than a few sips). About 10% of middle school students currently drink. About 11% of Nevada middle school students had alcohol before the age of 11 years, and over 2% of students had a recent binge drinking experience (had at least 5 drinks in a couple of hours in the past 30 days). Primary prevention services are funded at the local level heavily by the block grant. Without community level prevention services the potential for an increase in substance use also increases as shown by trends in the YRBS data.
- Objective – Promote holistic health and early diagnosis
  - Strategies – Target high risk populations (adolescence/LGBTQIA, pregnant women), alternative activities, education on misuse
  - Indicators/Outcomes
    - Decrease adolescent drug and alcohol use
    - Prevention campaigns towards targeted populations.
    - Fund community partners to provide prevention services that include environmental strategies, education,