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Community Mental Health Services Block Grant:
Overview of Key Priorities for 2018-2020

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Community Mental Health Services Block Grant, Nevada



Overview for Biennium 2018-2020

Target Populations

Key Priority Areas, Objectives & Performance Indicators

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Target Populations

- ❖ Children (0 - 17 yrs) with ***Serious Emotional Disturbance (SED)*** and their families
- ❖ Adults (18 - 64 yrs) with ***Serious Mental Illness (SMI)***
- ❖ Older Adults (65 yrs and older) with ***Serious Mental Illness (SMI)***
- ❖ Individuals with ***SMI*** and ***SED*** in ***Rural and Homeless Populations***
- ❖ Individuals with ***Early Serious Mental Illness (ESMI)***, including ***First Episode of Psychosis (FEP)***

Definitions *

- ***Serious Emotional Disturbance (SED)*** refers to children and youth who have had a diagnosable mental, behavioral or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role in family, school, or community activities.
- ***Serious Mental Illness (SMI)*** refers to individuals 18 or older, who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the diagnostic manual of the American Psychiatric Association and that has resulted in functional impairment, that substantially interferes with or limits one or more major life activities, including: basic daily living skills (eating, bathing, dressing); instrumental living skills (maintaining a household, managing money, getting around the community, taking prescribed medication); and functioning in social, family, and vocational/educational contexts.

For the original wording of these definitions, see Federal Register/Vol. 58, No. 96/Thursday, May 20, 1993, pp. 29422-29425.

[Source: Interdepartmental Serious Mental Illness Coordinating Committee, The Way Forward: Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers, December 13, 2017.](https://store.samhsa.gov/shin/content/PEP17-ISMICC-RTC/PEP17-ISMICC-RTC.pdf)
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Key Priority Areas, Objectives and Performance Indicators

Priority 1: Improve the quality and disorder-relevance of mental health services for Serious Emotional Disturbance (SED) population.

Goal and Objectives: Improve the capacity of social institutions within communities (e.g., 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 in order to improve child and adolescent mental health through the following objectives:

- Increase the number of youth-serving adults in the State's communities who are trained in recognizing the signs and symptoms of substance use/misuse/abuse and mental health disorders;
- Increase the numbers of referrals by trained community members to behavioral health services.

Baseline measurement: In 2015, 33% of Nevada's youth and adolescents, who participated in the Youth Risk Behavior Surveys (YRBS), reported having felt sad or hopeless almost every day for 2 or more weeks and having reduced involvement in their usual activities during the year before the survey; more than 20% acknowledged having engaged in deliberate acts of self-harm without the intent to die during the past year; and 11% reported having made one or more suicide attempts during the 12 months prior to the survey.

Primary Performance Indicators: Demonstrate a statistically significant reduction in the proportions of Youth who report the following signs and symptoms of emotional health conditions on the *Youth Risk Behavior Surveys (YRBS)*, which are conducted as part of the *Youth Risk Behavior Surveillance System (YRBSS)* by the Centers for Disease Control (CDC) and Prevention and state and local education and health agencies: self-harm behaviors (intentional cutting or burning); depressed mood and decreased involvement in usual activities; suicide attempts.

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Key Priority Areas, Objectives and Performance Indicators

Priority 2: Improve access to evidence-based program services for individuals with Early Serious Mental Illness (ESMI), including First Episode of Psychosis (FEP). (Mental Health Block Grant, 10% Set Aside)

Goal and Objectives: Ensure that evidence-based early treatment services are available statewide for individuals who are experiencing early serious mental illness (ESMI), including a first episode of psychosis (FEP), through the following objectives:

- Expand the capacity to address ESMI and FEP in the State's Urban counties;
- Build the capacity in the State's Rural and Frontier counties to provide evidence-based early treatment services for ESMI and FEP.

Baseline measurement: From July 2015 through May 2017 (23 months), forty (n=40) individuals were enrolled and maintained as active cases that received FEP services in the State's Urban counties.

Primary Performance Indicators: The State's benchmark for the next biennium is to enroll an additional 150 individuals, who are experiencing a first episode of psychosis (FEP), in evidence-based programs (EBPs) of early treatment services throughout the State, including within rural and frontier counties. The State will adopt the national EBP standard of a minimum of two years of continuous care for each client receiving FEP early treatment services.

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Key Priority Areas, Objectives and Performance Indicators

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

Goal and Objectives: Strengthen knowledge and skills of workforce through their participation in education and training curricula that are mission-relevant and nationally recognized as evidence-based through the following objective:

- During the next biennium, increase the number of trainings offered to providers throughout the State.

Baseline measurement: Number of trainings completed by contracted agencies in 2016.

Primary Performance Indicators: Increase the number of trainings by 25% from the 2016 baseline.

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Key Priority Areas, Objectives and Performance Indicators

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

Goal and Objectives: Develop and implement a model of suicide prevention and intervention services that integrates community education, clinical intervention and treatment, and ongoing quality assurance and performance improvement through the following integrated objectives:

- Increase participation in training and cross-agency collaborations, education through case presentations and post-mortem analyses and reviews (e.g., root-cause analyses), and implementation of an evidence-based system of suicide prevention services (e.g., Zero Suicide).

Baseline measurement: Any level of collaborative and education activities and services implementation that is greater than zero.

Primary Performance Indicators: During the next biennium, complete two of each of the prescribed collaborative, education, and implementation activities.

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Key Priority Areas, Objectives and Performance Indicators

Priority 5: Organize clinical data to enable tracking of empirically-based clinical outcomes.

Goal and Objectives: To establish health information technology and measurement methodology that support Nevada's current mental health system, including its community providers, through the following integrated objectives:

- Improve capacity for monitoring and evaluating programmatic effectiveness through the tracking of empirically-based clinical and medical outcomes for each individual client.

Baseline measurement: The State does not currently have a mechanism to measure and track multiple clinical and medical outcomes for each individual client.

Primary Performance Indicators: Capacity to track clinical and medical outcomes for each individual who receives clinical and medical care using data collected and recorded within a longitudinal, repeated measures design.

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References

Planning Tables, Nevada Uniform FY 2018/2019 – State Behavioral Health Assessment and Plan, Community Mental Health Services Block Grant, pp. 189 of 955 -198 of 955.

Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC): The Way Forward: Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers, December 13, 2017.

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