

**The Children’s System of Care Behavioral Health Subcommittee has submitted recommendations for the December 9, 2014 Governor’s Council.**

The goal of the recommendations is to provide a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them function better at home, in school, in the community, and throughout life.

The **2014 Plan**, was initiated to develop and implement prioritized strategies across three phases:

1. Generate increased support and rebuild capacity for Nevada System of Care
2. Develop or expand service and supports based on SOC philosophy and approach
3. Develop a system of accountability, management and standards of care at the state and local level

The target populations for these strategies are both consumers and providers of children’s mental health services.

**Phase One:** Expand the current model of mobile crisis services across the State. – **Completed**

**Phase Two:** Develop and support a plan with local school districts to provide school-based mental health services.

**The Subcommittee is requesting of the Governor’s Council on December 9, 2014:**

Provide “Block Grant” type funding to School Districts in the North, South, and Rural Regions that is administered through the DCFS and the Children’s System of Care Behavioral Health Subcommittee. The request for proposals will focus on behavioral health **services** to children and families in schools and must include:

- Suicide prevention (screening) and intervention
- Mental Health assessment with service linkage
- School based behavioral health interventions, i.e. Positive Behavior Support Interventions, Bullying Programs.

**Phase Three:** Develop a system of accountability management and standards of care at the state and local level. The target populations for these strategies are both consumers and providers of children’s mental health services.

**To Be Determined** – The Subcommittee continues to develop recommendations for this phase.

**The Department of Aging and Disability Services Division has also submitted recommendations for the December 9, 2014 Governor’s Council.**

**Problem Summary:**

The prevalence and complexity of behavioral/mental health issues for individuals age 60 and older poses unprecedented challenges for the community and its health care delivery systems. Key factors include the longevity of the older population and the extraordinary growth of this age cohort in Nevada. Age is a primary risk factor for many illnesses which affect cognitive and behavioral health including stroke and dementia. The health care system has not evolved to meet the changing and burgeoning demand for these services.

The dramatic increase in life expectancy, from 50 years in 1900 to nearly 80 today, is a significant factor in the rising number of individuals impacted by mental health disorders. Nevada has one of the nation’s fastest growing older adult populations, with approximately 500,000 individuals over the age of 60, representing 18% of the state’s population (U.S. Census Bureau, 2009 Projections). The most rapidly increasing subset are those over the age of 85 who are most likely to be frail, with declining physical health and mental health challenges.

Researchers estimate that 20 – 25 percent of those over the age of 65 have a mental health disorder (Karel, Gatz & Smyer, 2012 APA, Jeste et.al., 1999 Mentally Healthy Aging). This cohort is comprised primarily of 3 subgroups; individuals who:

- Have been diagnosed with chronic psychiatric illnesses earlier in their adult years
- Experience the onset of cognitive and/or behavioral symptoms due to an illness such as dementia or stroke
- Are affected by mental health disorders due to age-related disabilities and circumstances including caregiving

Older adults can experience a wide range of disorders that impact their mental health including depression, dementia, psychosis and anxiety. Risk factors include: declining physical health; diagnosis and progression of chronic illness; loss of independence; medication interactions; caregiving; loss of a loved one; substance abuse; poor nutrition; pain; social isolation; and, sleep problems. Approximately one-third of individuals age 65 and over report having a disability (Nevada Aging and Disability Services

Division, State Plan 2012). Dementia affects one in 9 over the age of 60 and almost 50% of those 85 and older. Caregiving is also recognized as a risk factor for depression, anxiety and other mental health illnesses.

Nevada's current system of care is inadequate to effectively meet the specialized needs of older adults with behavioral/mental health issues. As a result, mental health and cognitive disorders go undiagnosed, underreported and untreated. Individuals who exhibit behavioral manifestations face even greater challenges in securing a diagnosis and receiving appropriate ongoing care.

The challenges to improving mental health care options are myriad and include:

- Lack of knowledge and misconceptions about the normal aging process and diseases affecting older adults
- Insufficient community-based care options and inpatient facilities that specialize in care modalities proven effective for older individuals
- Training for medical and mental health professionals in diagnosis, treatment and behavior management specific to common diseases and disorders
- Implementation of evidence-based models of care
- Medication management of prescription drugs, over-the-counter products and supplements
- Education/training for caregivers and families in support of their caregiving tasks including non-pharmacological behavior management
- Community-based mental health services that are affordable and accessible

The development and implementation of specific steps to solve these challenges is imperative. Changes and improvements in the current system will result in the delivery of more cost-efficient quality care, reduce the use of emergency services and decrease premature institutional placements. Most importantly, a more effective system to deliver behavioral and cognitive health care will assist older individuals in their quest to remain independent and reside in the community for as long as possible.

#### **Recommendations for the Governor's Behavioral Health and Wellness Council:**

- 1. Expand the Council's recommendation #12 to include the use of tele-psychiatry and consultation for individuals with dementia and related cognitive difficulties. Currently, individuals must travel great distances to receive medical care.** Older adults, especially individuals with cognitive impairments, have a difficult time traveling and the experience may add to the individual's confusion and loss of functioning.
- 2. Expand the Council's recommendation #11 to include professionals working in the area of gerontology.**
- 3. Expand the Council's recommendation #10 to include suicide prevention for older adults.**
- 4. Recommend a higher rate of pay by Medicaid for nursing facilities prepared and trained to**

**support individuals with behavioral health needs.** This would allow many Nevada citizens to remain in their own communities where their quality of life would be improved by being close to family and friends.

**5. Expand the mobile crisis team supporting adults to include professionals with expertise in assessing older adults.** This could be done through additional education or selecting a professional with this experience