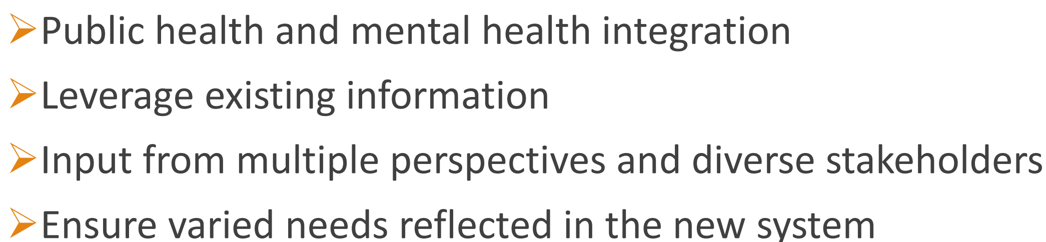
Nevada's Behavioral Health Gaps, Priorities and Recommendations

PRESENTATION AND PRIORITIZATION OF STRATEGIC INITIATIVES AND GOALS

Background and Purpose

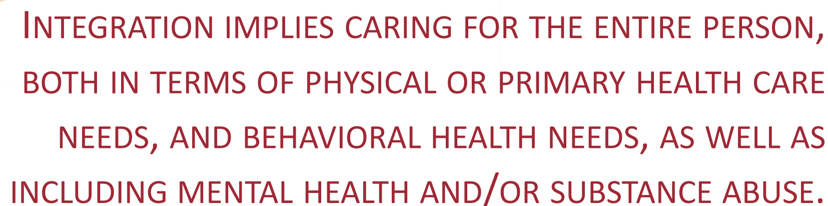


- Public health and mental health integration
- Leverage existing information
- Input from multiple perspectives and diverse stakeholders
- Ensure varied needs reflected in the new system

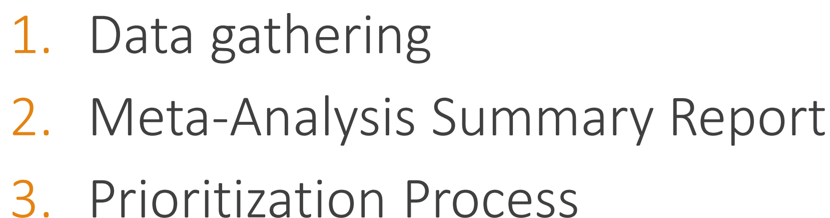
Methodology and Summary

Methodology and Summary of Data Collected, and Synthesis and Intended Use of Data

Start with a Shared Understanding



Methodology Approach



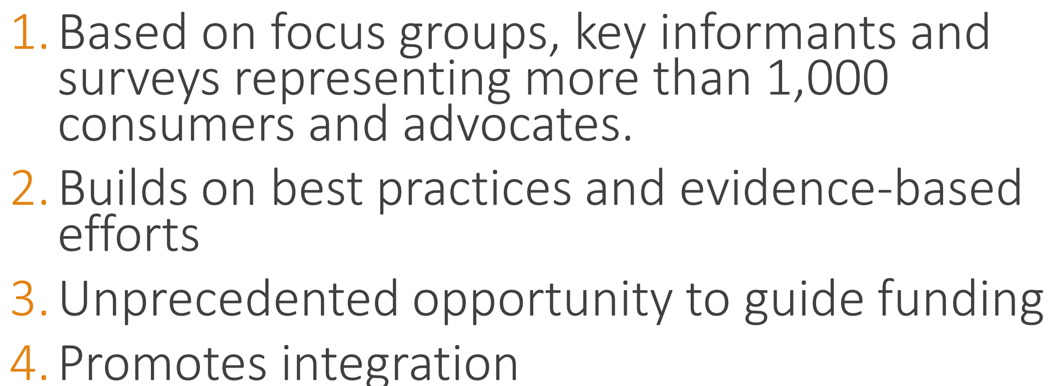
Report Development Steps

1. Gather and synthesize
2. Identify shared needs and gaps
3. Identify shared priorities and recommendations
4. Develop summary report

Report Limitations

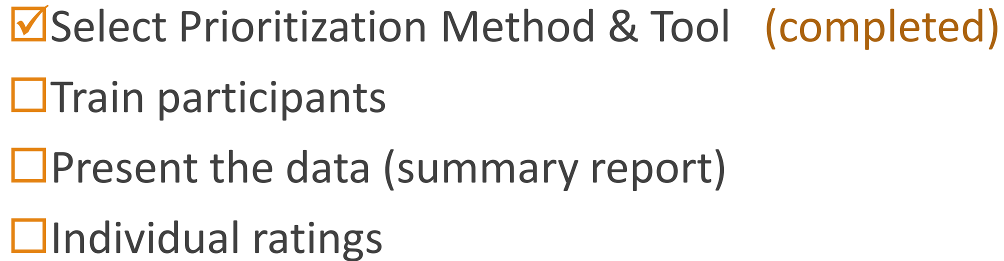
1. Consumer-engagement—brief and may not have captured the richness or depth or articulated their thoughts in a manner that promotes a particular framework or evidence-base.
2. Timing and sphere of influence—summary doesn't consider changes that may have already occurred to the system of care, or those changes planned or in process and doesn't bring forward strategies related to regulation, policy or legislation.
3. Terminology—Recommendations and strategies are provided in summary and in some cases the wording was changed when necessary.
4. Additional input—Because planning and initiative work is dynamic in nature, additional data, input and recommendations may have been developed but not identified for inclusion in the meta-analysis summary.

Report Strengths

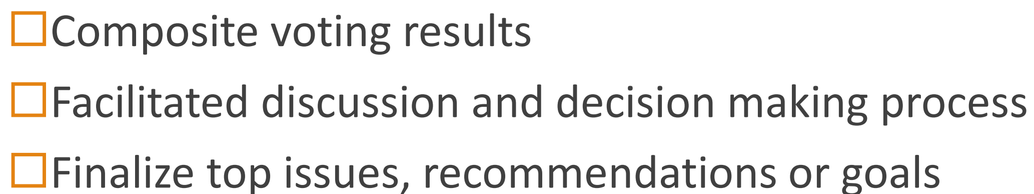


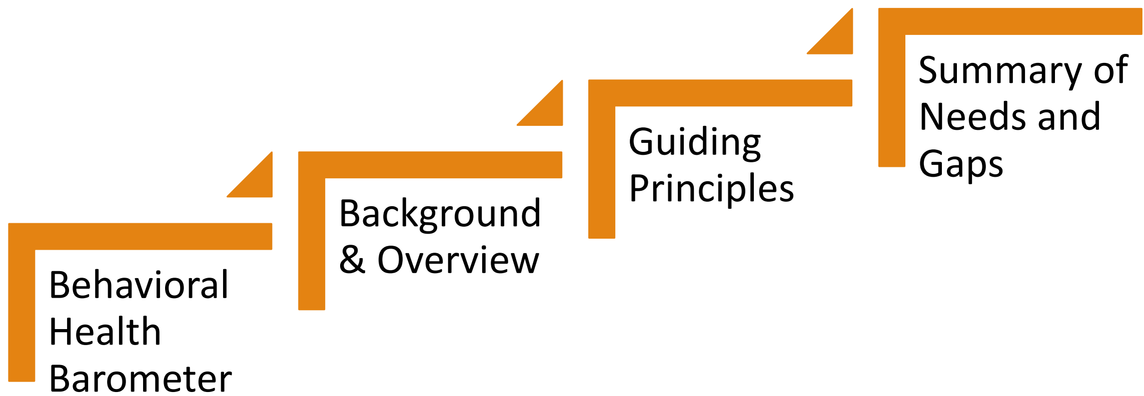
Prioritization Process

Facilitated Prioritization Process



Facilitated Prioritization Process





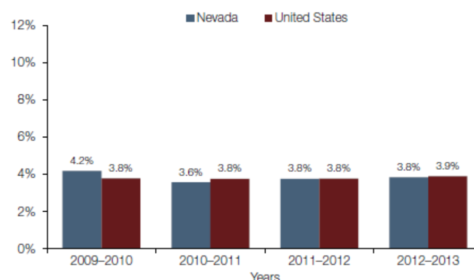
Approach to Prioritization Process

Nevada's Behavioral Health Barometer

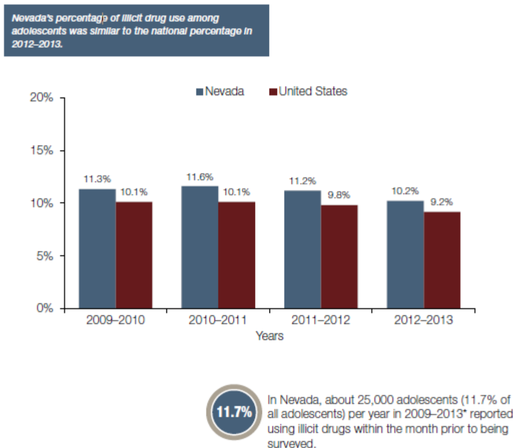
Behavioral Health Barometer: Nevada

- The *Behavioral Health Barometer: Nevada* is one of a series of state and national reports that provide a snapshot of behavioral health in the United States.
- Presents a set of substance use and mental health indicators as measured through data collection efforts sponsored by SAMHSA, including the National Survey on Drug Use and Health, and the National Survey of Substance Abuse Treatment Services.

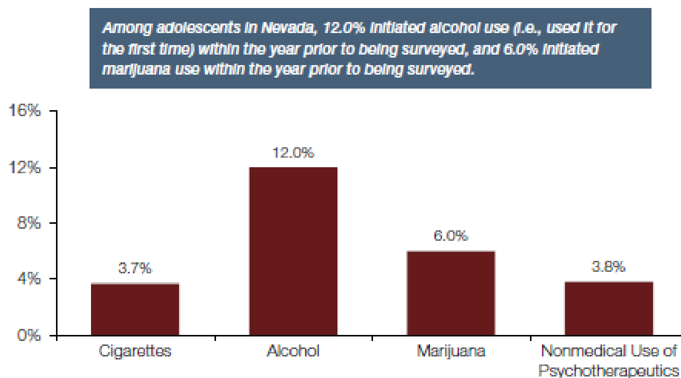
Past-Year Serious Thoughts of Suicide Among Adults Aged 18 or Older in Nevada and the United States (2009-13)



Past-Month Illicit Drug Use Among Adolescents Aged 12-17 in Nevada and the United States (2009-13)

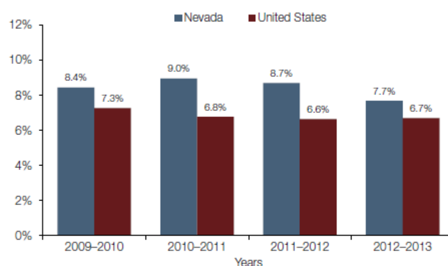


Past-Year Initiation of Substance Use Among Adolescents Aged 12-17 in Nevada, by Substance of Abuse (2009-13)



Past-Year Alcohol Dependence or Abuse Among Individuals Aged 12 or Older in Nevada and the United States (2009-13)

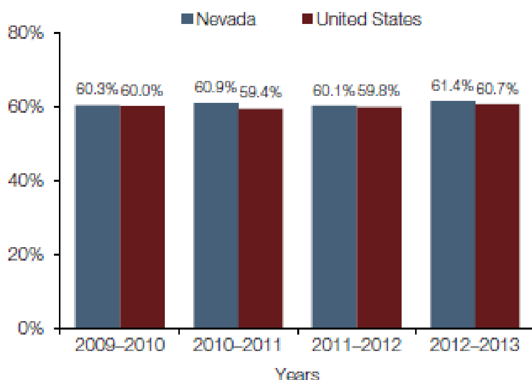
Nevada's percentage of alcohol dependence or abuse among individuals aged 12 or older was similar to the national percentage in 2012–2013.



9.0%

In Nevada, about 201,000 individuals aged 12 or older (9.0% of all individuals in this age group) per year in 2009–2013* were dependent on or abused alcohol within the year prior to being surveyed. The percentage did not change significantly over this period.

Adolescents Aged 12-17 in Nevada and the United States Who Perceived No Great Risk from Having Five or More Drinks Once or Twice a Week (2009-13)

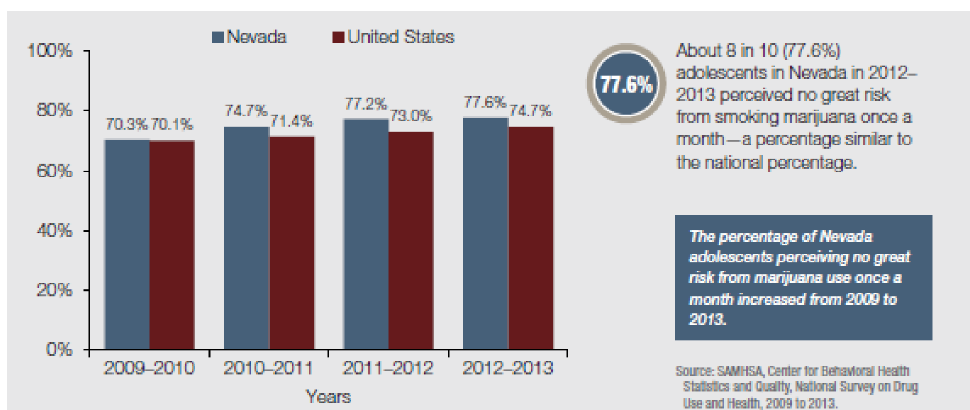


61.4%

About 6 in 10 (61.4%) adolescents in Nevada in 2012–2013 perceived no great risk from drinking five or more drinks once or twice a week—a percentage similar to the national percentage.

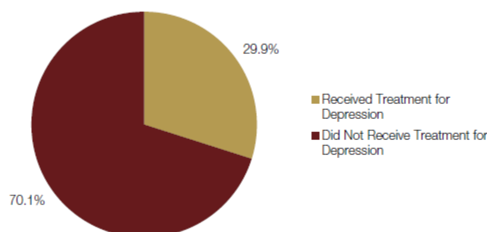
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.

Adolescents Aged 12-17 in Nevada and the United States Who Perceived No Great Risk from Smoking Marijuana Once a Month (2009-13)



Past-Year Depression Treatment Among Adolescents Aged 12-17 with Major Depressive Episode (MDE) in Nevada (2009-13)

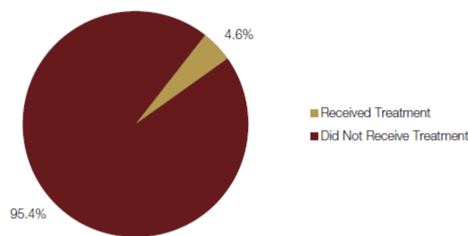
Nevada's percentage of treatment for depression among adolescents with MDE was similar to the national percentage in 2009–2013.



In Nevada, about 5,000 adolescents with MDE (29.9% of all adolescents with MDE) per year in 2009–2013 received treatment for their depression within the year prior to being surveyed.

Past-Year Alcohol Use Treatment Among Individuals Aged 12 or Older with Alcohol Dependence or Abuse in Nevada (2009-13)

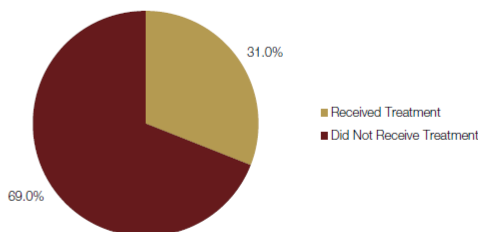
Nevada's percentage of treatment for alcohol use among individuals aged 12 or older with alcohol dependence or abuse was similar to the national percentage in 2009–2013.



4.6% In Nevada, among individuals aged 12 or older with alcohol dependence or abuse, about 9,000 individuals (4.6%) per year in 2009–2013 received treatment for their alcohol use within the year prior to being surveyed.

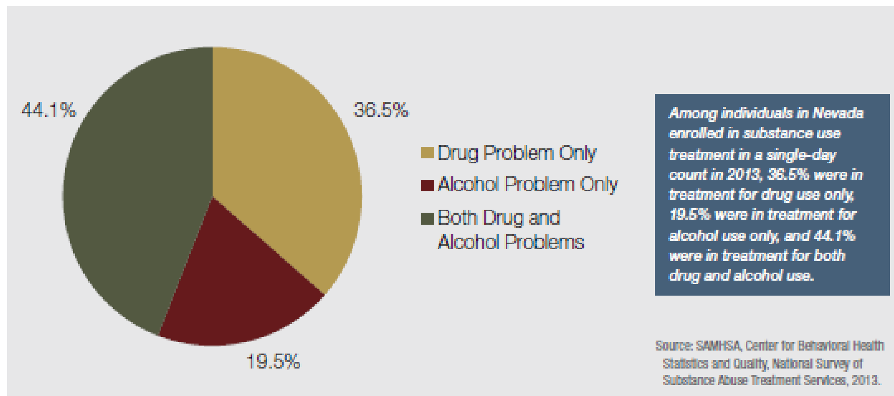
Past-Year Mental Health Treatment/Counseling Among Adults Aged 18 or Older with Any Mental Illness (AMI) in Nevada (2009-13)

Nevada's percentage of mental health treatment among adults with AMI was lower than the national percentage in 2009–2013.



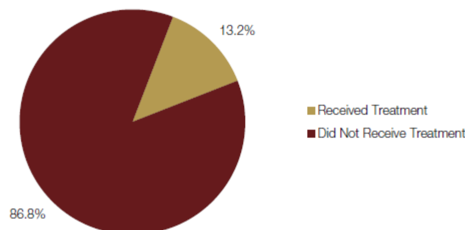
31.0% In Nevada, about 114,000 adults with AMI (31.0% of all adults with AMI) per year in 2009–2013 received mental health treatment or counseling within the year prior to being surveyed.

Substance Use Problems Among Individuals Enrolled in Substance Use Treatment in Nevada: Single-Day Count (2013)



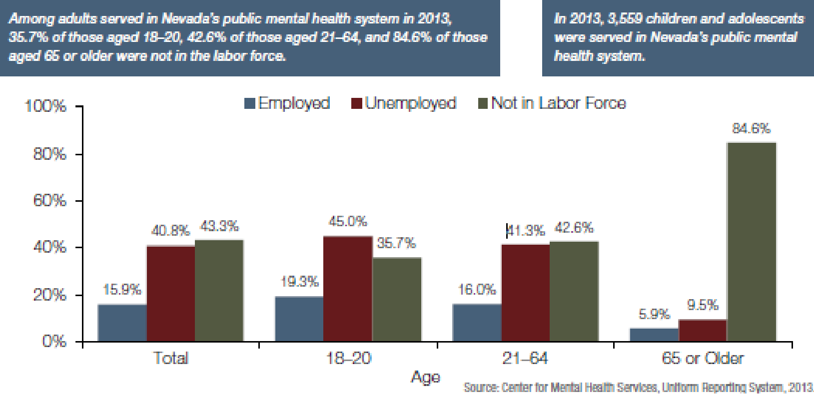
Past-Year Illicit Drug Use Treatment Among Individuals Aged 12 or Older with Illicit Drug Dependence or Abuse in Nevada (2005-13)

Nevada's percentage of treatment for illicit drug use among individuals aged 12 or older with drug dependence or abuse was similar to the national percentage in 2005–2013.

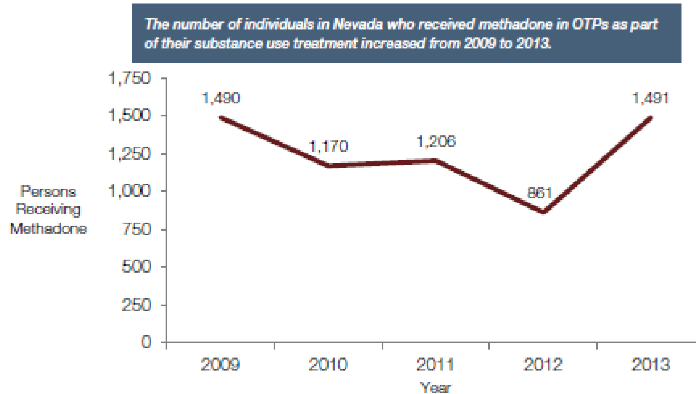


In Nevada, among individuals aged 12 or older with illicit drug dependence or abuse, about 9,000 individuals (13.2%) per year in 2005–2013 received treatment for their illicit drug use within the year prior to being surveyed.

Adult Mental Health Consumers Served in the Public Mental Health System in Nevada, by Employment Status and Age (2013)



Individuals Enrolled in Opioid Treatment Programs (OTPs) in Nevada Receiving Methadone: Single-Day Counts (2009-13)



Individuals Enrolled in Substance Use Treatment in Nevada Receiving Buprenorphine: Single-Day Counts (2009-13)

Overview of Nevada's Behavioral Health System

Nevada’s Behavioral Health System

Federal, state and local resources

Variety of funding sources, priorities and mandates

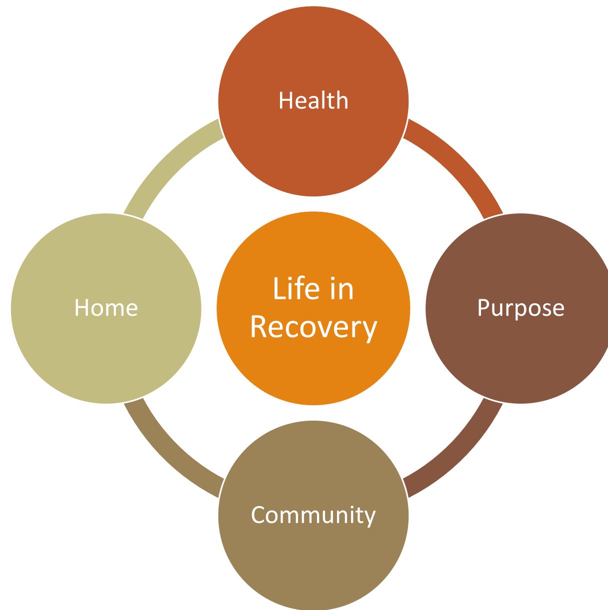
Division of Health & Human Services behavioral health expenditures in five categories:

1. Director’s Office, Aging and Disability Services Division (ADSD)
2. Division of Health Care Financing and Policy (DHCFP)
3. Division of Public and Behavioral Health (DPBH)
4. Division of Child and Family Services (DCFS)

Dimensions of Recovery

RECOVERY IS A PROCESS OF CHANGE THROUGH WHICH INDIVIDUALS IMPROVE THEIR HEALTH AND WELLNESS, LIVE A SELF-DIRECTED LIFE, AND STRIVE TO REACH THEIR FULL POTENTIAL.

-SAMHSA's Working Definition of Recovery



10 Guiding Principles

1. Recovery emerges from hope
2. Recovery is person and family-driven
3. Recovery occurs via many pathways
4. Recovery is holistic
5. Recovery is supported by peers and allies

Guiding Principles (continued)

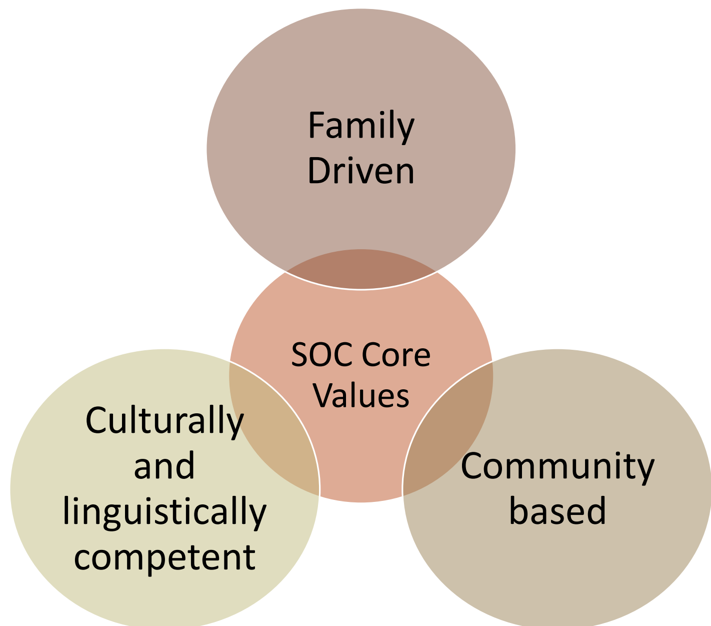
6. Recovery is supported through relationship and social networks
7. Recovery is culturally-based and influenced
8. Recovery is supported by addressing trauma
9. Recovery involves individual, family, and community strengths and responsibilities
10. Recovery is based on respect

System of Care (SOC) Model

Organizational philosophy and framework

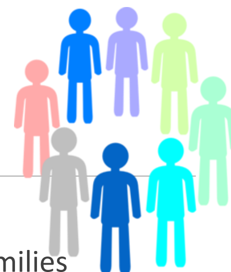
Collaboration across:

- Agencies
- Families
- Youth



Summary of Needs and Gaps

System Gaps



DHHS Populations of Focus

1. Adults with Serious Mental Illness (SMI)
2. Children with Severe Emotional Disturbance (SED) and their families
3. Pregnant Women and Women with Dependent Children (PWWDC)
4. Persons in need of primary substance abuse prevention (PP)
5. Persons with or at-risk of tuberculosis who are in treatment for substance abuse (TB)
6. Persons with or at-risk for HIV/AIDS and in treatment for substance use (HIV-EIS)
7. Intravenous Drug Users (IVDU)

Sub-Populations with Disparities in Service Access, Utilization & Outcomes

- At-risk and transition-age youth
- Individuals that are affected by homelessness and substance use disorders (both children and adults)
- Individuals with co-occurring disorders
- Individuals that are lesbian, gay, bisexual, transgender, or questioning (LGBTQ)
- Residents living in rural/frontier communities

Largest Behavioral Health Service Gaps

Mental Health Continuum

- Children's residential behavioral health
- Crisis stabilization
- Acute intensive services: mobile crisis
- Intensive home-based services
- Adult residential behavioral health treatment

Substance Abuse Continuum

- Youth residential treatment
- Adult residential treatment
- Recovery Supports: Peer support
- Community Support: Assistance with education
- Community Support: Recovery housing

SAMHSA'S Strategic Initiatives

1: Prevention of Substance Abuse and Mental Illness
2: Health Care and Health Systems Integration
3: Trauma and Justice via Trauma-informed Approach
4: Person-centered Planning and Recovery Supports
5: Health Information Technology
6: Workforce Development

Needs and Gaps: Prevention of Substance Abuse & Mental Illness

- ✓Limited crisis intervention services
- ✓Limited early intervention services
- ✓Lack of early identification and intervention for at-risk populations
- ✓Lack of positive community-based activities for the prevention of substance abuse

Needs and Gaps: Health Care & Health Systems Integration

- ✓Overutilization of emergency rooms
- ✓Fragmentation across systems and lack of coordination
- ✓Too many youth placed out of state
- ✓Insufficient alternatives to hospitalization
- ✓Lack of treatment facilities that will serve pregnant women
- ✓Long waiting lists/lack of available services and providers
- ✓Distance and time to access nearest available services
- ✓Affordability of services
- ✓Lack of insurance coverage

Needs and Gaps: Trauma & Justice

- ✓Minimal access to and options for jail diversion, particularly for Black and Hispanic males
- ✓Limited access to and options for community re-entry programs
- ✓Lack of understanding about how specialty courts function
- ✓Limited legal avenues to address misuse/abuse of prescription drugs
- ✓Resistance of some judges to use alternative treatment options like telemedicine, and medication assisted treatments
- ✓Lack of knowledge about behavioral health and substance abuse issues, especially among first responders and law enforcement

Needs and Gaps: Recovery Supports

- ✓Lack of affordable housing options
- ✓Need for habilitative services and support
- ✓Cultural and/or community stigma associated with needing or seeking services
- ✓Lack of adequate transportation options
- ✓Need for peer support services

Needs and Gaps: Health Information Technology

- ✓No current centralized repository for information sharing
- ✓No single set of standards for data collection
- ✓No single set of measures for all agencies to collect
- ✓No training on HIT and the importance
- ✓Lack of broad adoption of Health Information Exchange
- ✓Lack of awareness about resources

Needs and Gaps: Workforce Development

- ✓Behavioral health workforce shortage
- ✓Poor workforce retention/high staff turnover rates
- ✓Behavioral health training programs have not worked together
- ✓Low wages
- ✓Front line staff burnout
- ✓Capacity building issues
- ✓Scope of practice issues
- ✓Licensing and credentialing policies

SAMHSA’s Six Strategic Initiatives Defined

SAMHSA’S Strategic Initiatives

1: Prevention of Substance Abuse and Mental Illness
2: Health Care and Health Systems Integration
3: Trauma and Justice via Trauma-informed Approach
4: Person-centered Planning and Recovery Supports
5: Health Information Technology
6: Workforce Development

Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness

- Focuses on the prevention of substance abuse, SMI and SED
- Emphasis on motivating and empowering individuals, families, communities, and systems to manage their overall emotional, behavioral, and physical health
- Strategies include:
  - Information dissemination and education
  - Screening and referral
  - Community-based approaches (e.g. coalitions)
  - Environmental strategies
- Can include a focus on high-risk populations (such as transition-age youth, ethnic minorities experiencing health and behavioral health disparities, and LGBTQ individuals)

Strategic Initiative #2: Health Care and Health Systems Integration

- Focuses on health care and integration across the multiple systems that serve people with behavioral health needs
- Integration efforts will aim to:
  - increase access to high-quality prevention, treatment, recovery, and wellness services and supports;
  - reduce disparities between the availability of behavioral health services compared with the availability of services for other medical conditions; and
  - support coordinated care and services across systems.

Strategic Initiative #3: Trauma and Justice via Trauma-informed Approach

- Focuses on weaving a trauma-informed approach throughout the systems and services that support individuals with behavioral health needs
- Goal of reducing:
  - harmful effects of trauma and violence on individuals, families, and communities,
  - criminal/juvenile justice system involvement of those with trauma and behavioral health issues
- Factors in the importance of context and culture in a person's response to trauma
- Prioritizes the development of trauma-informed screening and assessment tools, techniques, strategies, and approaches
- Emphasizes the adherence to a strengths-based perspective

Strategic Initiative #4: Person-centered Planning and Recovery Supports

- Emphasizes person- and family-centered planning
- Promotes partnering with those in recovery and their family members to guide individual, program, and system-level approaches that will:
  - foster health and resilience;
  - increase housing to support recovery;
  - reduce barriers to employment, education, and other life goals; and
  - secure necessary social supports in their chosen community.
- Ensures that for children, adolescents, and transition-age youth, supports should be family-driven, youth-guided, and consistent with the principles of the system of care.

Strategic Initiative #5: Health Information Technology

- Focused on the behavioral health system's full participation (in conjunction with the overall healthcare delivery system) in adopting health information technology
- Includes interoperable electronic health records (EHRs) and the use of other electronic training, assessment, treatment, monitoring, and recovery support tools
- Purpose is to ensure high-quality coordinated and integrated care, improved patient/consumer engagement, and outcome-driven prevention and wellness strategies

Strategic Initiative #6: Workforce Development

- Supports active strategies to strengthen the behavioral health workforce
- Uses technical assistance, training, and focused programs to promote an integrated, aligned, competent workforce that:
  - enhances the availability of prevention and treatment options
  - strengthens the competency of behavioral health professionals; and
  - Builds the capacity of DHHS to deliver competent, organized behavioral health services.

Discussion of Ranking the Strategic Initiatives

- Incorporates findings from twenty reports and planning initiatives
- Includes the rural, urban and frontier communities
- Reveals some important overarching themes

Summary of Recommendations by Strategic Initiative Area

Overarching Themes

- Integrate behavioral health and substance abuse prevention and treatment services
- Innovative approaches to combine new funding with existing resources to increase capacity and coordination
- Behavioral health system of care needs to be community-based, consumer-driven, and person/family-centered
- There is a demand for quality, accountability, and effective services
- Priority on use of evidence-based approaches, at both the state and community provider levels

Recommendations: Prevention of Substance Abuse and Mental Illness

1. Design, disseminate and support prevention-focused information and services
2. Improve screening, assessment, and referral services for at-risk populations
3. Support earlier access to prevention and early intervention services
4. Increase community-based services across the system of care
5. Improve crisis management response and resources

Recommendations: 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
3. Increase community-based services to develop a comprehensive system of care

Recommendations: Trauma and Justice via Trauma-informed Approach

1. Provide community-based intervention and support to address trauma and prevent incarceration
2. Provide community-based treatment and supportive services upon release
3. Work in partnership with the courts

Recommendations: Person-centered Planning and Recovery Supports

1. Build capacity to ensure a safe and stable living environment
2. Prioritize community-based strategies and solutions that enhance the system of care
3. Improve discharge planning and transition support
4. Promote a peer recovery approach with family support

Recommendations: Health Information Technology

1. Strengthen communication and coordination with technology
2. Improve system capacity and quality using existing technology resources
3. Develop standards of data collection for performance measures and continuity across systems

Recommendations:
Workforce Development

1. Increase the number and quality of behavioral health professionals in Nevada
2. Remove barriers to behavioral health professional licensure and certification
3. Improve retention of behavioral health professionals in Nevada's workforce