

NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

BEHAVIORAL HEALTH STRATEGIC INITIATIVES

SFY 14 and 15 (July 1, 2013 to June 30, 2015)



NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Statutory Authority

Chapters 433 to 436 of the Nevada Revised Statutes (NRS) set forth the provisions and responsibilities of the state mental health and developmental services programs in Nevada. Chapter 458 of NRS pertains to the abuse of alcohol and other drugs.

By statute, DPBH is responsible for planning, administration, policy setting, monitoring and budget development for all state-operated public mental health. Mental Health administration is also directly involved in decisions regarding agency structure, staffing, program administration and budget development.

DPBH provides services through four major state agencies representing persons with mental illness, substance use/abuse and co-occurring disorders. These agencies also provide step down, community-based services through community partners and providers. In addition to serving consumers directly, Behavioral Health works with many stakeholders including family members, advocates, service providers, legislators, law enforcement and the public. Because of stakeholders' diverse interests, the issues facing Behavioral Health are complex and require input from many different perspectives. The unifying theme in this diversity, however, is the commitment of all stakeholders to have a system for mental health, substance use/abuse and co-occurring services that meet the needs of all Nevada's citizens. The five (5) agencies that provide behavioral health services to Nevadans are:

Mental Health

- Southern Nevada Adult Mental Health Services (SNAMHS)
- Northern Nevada Adult Mental Health Services (NNAMHS)
- Rural Services (Mental Health)
- Lake's Crossing Center

Alcohol, Substance Abuse and Co-Occurring Services

- Substance Abuse Prevention and Treatment Agency (SAPTA)

Behavioral Health collects some federal (Medicare) and state (Medicaid) dollars. The primary clientele of Behavioral Health are Nevadans who are underinsured, uninsured, and/or lack the means to pay for mental health care.

With respect to mental health, DPBH serves adults statewide, and children/adolescents in the 15 rural counties of the state. For alcohol and substance use/abuse and co-occurring services, Behavioral Health serves people of all ages, statewide.

Services Offered and Provided (Mental Health)

Behavioral Health's mental health agency and community provider services include, but are not limited to:

- Inpatient Psychiatric Hospital (NNAMHS and SNAMHS only)
- Program for Assertive Community Treatment (NNAMHS and SNAMHS only)
- Mobile Crisis (SNAMHS only)
- Outpatient Psychotherapy
- Psychotropic Medications and Medication Management
- Service Coordination/Case Management
- Housing and Residential Programs
- Mental Health Court
- Co-Occurring mental and substance abuse services

Lake's Crossing Center (LCC) provides forensic mental health services in a maximum-security facility. Offenders with mental health concerns are referred by the court system for evaluation of their competency to stand trial and/or are treated to restore competency. LCC is located in Sparks, NV. It is Nevada's only facility for this purpose and, therefore, serves people from throughout the state. LCC also provides treatment for individuals adjudicated Not Guilty by Reason of Insanity (NGRI) and those determined to be incompetent to stand trial but requiring a maximum-security setting due to dangerousness.

Services Offered and Provided (Substance Abuse)

Behavioral Health's Substance Abuse and Treatment Agency (SAPTA), through its community coalitions, partners and providers, offers alcohol and substance abuse prevention and treatment services. These services include, but are not limited to, direct prevention services and environmental

strategies, comprehensive evaluation, outpatient treatment, residential treatment, transitional housing services, co-occurring treatment, prevention, and counseling and education.

Integration

Public Health and Behavioral Health were integrated on July 1, 2013 with the intent of working with “whole persons”, increasing public education and outreach, and increasing systems on prevention. A formal gaps analysis was completed to address gaps in the mental health system, and a formal strategic plan with community contribution is recommended for next steps.

Organizational Structure

Updated organizational charts for clinical services may be accessed through: http://health.nv.gov/DPBH_OrgCharts.htm

PUBLIC AND BEHAVIORAL HEALTH VISION AND MISSION STATEMENTS

Vision: The Division of Public and Behavioral Health is the foundation for improving Nevada's health.

Mission: It is the mission of the Division of Public and Behavioral Health to protect, promote and improve the physical and behavioral health of the people in Nevada.

Upcoming Activities and Priorities

The major priority of behavioral health is sub-integrating mental health with substance abuse and co-occurring disorders to form behavioral health, and the large overall integration of behavioral health with public health. Integration implies caring for the entire person, both in terms of physical or primary health care needs, and behavioral health needs, as well as including mental health and/or substance abuse. Statistics show that while the average life expectancy of a person in the United States is approximately 79 years, the average lifespan of someone with mental illness is 54 years of age – approximately 25 years less than someone without mental illness (SAMHSA – Behavioral Health is Essential to Health, 2011). People with mental illness die approximately 25 years earlier due to health-related factors such as higher rates of suicide, untreated chronic disease (e.g., kidney, diabetes, high blood pressure, etc.), higher rates of smoking, alcohol and drug use, and lower rates of exercising.

DPBH: Strategic Priority Initiatives

Priority #1: **Build Community Capacity:** Currently, the state mental health system and the criminal justice system (both state and local) are the state's largest providers of mental health services and substance abuse treatment.

Goal: Build community capacity to treat individuals with a history of mental health, substance abuse and criminal justice involvement within their home community.

Strategy: The strategy would develop Community based mental health service systems, including prevention, early intervention and treatment for the mentally ill population.

Actions: Develop regional Mental Health Consortium to focus on gaps and funding in mental health services. State support of community service delivery through training and funding would occur.

Policy/Process:

1. Consider legislation mirroring Division of Child Family Services Children's Mental Health Consortia (NRS 433B.333-433B.337). This includes the establishment of the consortia members, requirements of a long-term strategic plan, and the coordination with the Department.
2. Alternative solution to legislation is creating the local consortiums and having them develop and implement bylaws.

Fiscal:

1. Opportunity to use the Mental Health Block Grant for start-up costs.

Priority #2: **Crisis Prevention:** Currently, most individuals experiencing behavioral health crisis end up at local emergency rooms for services despite not needing acute medical care.

Goal: With community partners, create effective alternatives for persons with mental illness in crisis other than local emergency rooms.

Strategy: Create alternatives to emergency rooms to include ie crisis intervention centers, clubhouse models, community triage centers, and sobering units. In addition standardization of the Mobile Crisis and Mobile outreach services to address de-escalation in the field with law enforcement and emergency room evaluations of client.

Actions:

Policy/Process:

1. Standardize statewide programs including MOST and Mobile Crisis
2. Expand Community Triage beds
3. Establish regulations for facility types acknowledged by CMS but not present in Nevada. (Psychiatric residential treatment facilities)
4. Establish a community communication plan, policy and procedures for an Emergency Mental Health Response System.

Fiscal:

1. State and local support for new initiatives.
2. Review Medicaid reimbursement for services that are reimbursable.

Priority #3: **Hospital Beds:** With the current system in place, options are limited of where to take someone when they are experiencing behavioral health crisis. There are limited numbers of Medicaid reimbursable beds and excess numbers of beds that are not Medicaid reimbursable due to the IMD (Institute for Mental Disease) rule.

Goal: Provide reimbursable hospital beds for all individuals with mental health disorders in crisis requiring hospitalization.

Strategy:

1. Improve the Legal 2000 process to expand the options for certification and decertification.
2. Establish reimbursable rates adequate for bed expansion.

Actions:

Policy/Process:

1. Explore options to establish Medicaid rates that will encourage private hospitals to provide reimbursable beds.
2. IMD (institute for mental disease) rule: Address alternatives ie. 16 bed facilities, acute medical facilities creating Psychiatric units, managed care organizations contracting with hospitals for inpatient reimbursement.
3. Legal 2000: Evaluate options to include an area for decertification and identify those qualified to certify and decertify.

Fiscal:

1. Review Medicaid reimbursement rates.
2. Maximize Federal participation in rate structure.

Priority #4: **Stable Housing:** Currently there is staggered housing throughout Southern Nevada with no central management system or system to assure that all individuals in need of housing can access resources.

Goal: Develop a strategic plan to identify resource inventories of community housing options, gaps and funding options.

Strategy: Create a community based strategic plan for housing.

Actions:

Policy/Process:

1. Resource inventory of state and community existing housing.
2. Resource inventory of available funding sources for housing.
3. Technical assistance to identify and plan for gaps.
4. Work with County Social Services to develop community based housing authorities.

Fiscal:

1. Reconciliation of unmet needs and current capacity.
2. State and local funding based on caseload growth.

Priority #5: Workforce Development: Currently Nevada has an inadequate workforce to serve all clients requiring services for behavioral health disorders.

Goal: Build a sustainable workforce (both existing and new) to support improved access to behavioral health care.

Strategy: Utilize various studies and reports, including the Comprehensive Gaps Analysis of Behavioral Health Report, Mental and Behavioral Health Workforce in Nevada, and the work product from the Behavioral Health Professional Pipeline Mapping Project to target each segment of the workforce to expand capacity: 1) Education and Training; 2) Certification and Licensure; 3) Medicaid and Medicare Reimbursement; and 4) Recruitment and Retention.

Actions: Policy/Process:

1a) Collaborate with Nevada System of Higher Education and other Health Professional Training institutions to incentivize students to pursue health care careers in Nevada.

2) Work with licensing boards to identify constraints and review financial assistance and other support for licensing and certification;

3) Work with state and federal partners to review reimbursement rates and billable categories for behavioral health care.

4a) Work with federal and state partners to improve access to loan repayment and scholarship funds; 4b) Provide technical assistance to community health centers and state facilities to implement best practices for retention and support recruitment efforts; 4c) Administer Nevada Conrad 30/J-1 Physician Visa Waiver program to recruit and retain international medical graduates.

5.) Review/revise NRS/NAC for licensure and certification.

Fiscal:

1. Request state and local funds for training slots, financial assistance, scholarships and loan repayment.

2. Expand Graduate Medical Education programs where possible.

3. Explore alternatives to traditional work and employment schedules.

Priority #6: **Mental Health Literacy:** Often people with mental illness are stigmatized. Individuals or families who have concerns of mental illness do not know how or where to access evaluation and services.

Goal: To educate families and communities of mental illness, and how to access behavioral health services when needed.

Strategy: Promote programming that includes cultural and linguistic competencies. Identify and implement different types of literacy support such as public service announcements, brochures, and hotline(s). Create public service announcements through local radio and television stations to educate the public of mental illness, and reduce the stigmas associated with this population. Create internet links with valid source for simple screenings to prompt possible professional intervention. Ensure resources are incorporated to illicit access if the screener indicates red flags. In addition, provide user-friendly brochures for individuals or family members if they need to access services. Incorporate SAMSHA's prevention models and outreach mechanisms.

Actions:

Policy/Process:

1. Follow effective practice models to reduce stigmatism and raise awareness.
2. Utilize data and quality initiatives to target populations and increase effectiveness of prevention.
3. Include health literacy in mental health data collection and surveillance.

Fiscal:

1. Evaluate use of the Mental Health block grant.
2. Explore state and local funding options.