Department of Health and Human Services

Division of Public and Behavioral Health
Behavioral Health

Health Division & Mental Health
Integration Plan
SFY 14/15

Public and Behavioral Health Integration Model

- The model of Public and Behavioral Health integration is a holistic healthcare approach that integrates services that address both body and mind and treat individuals as a whole person.

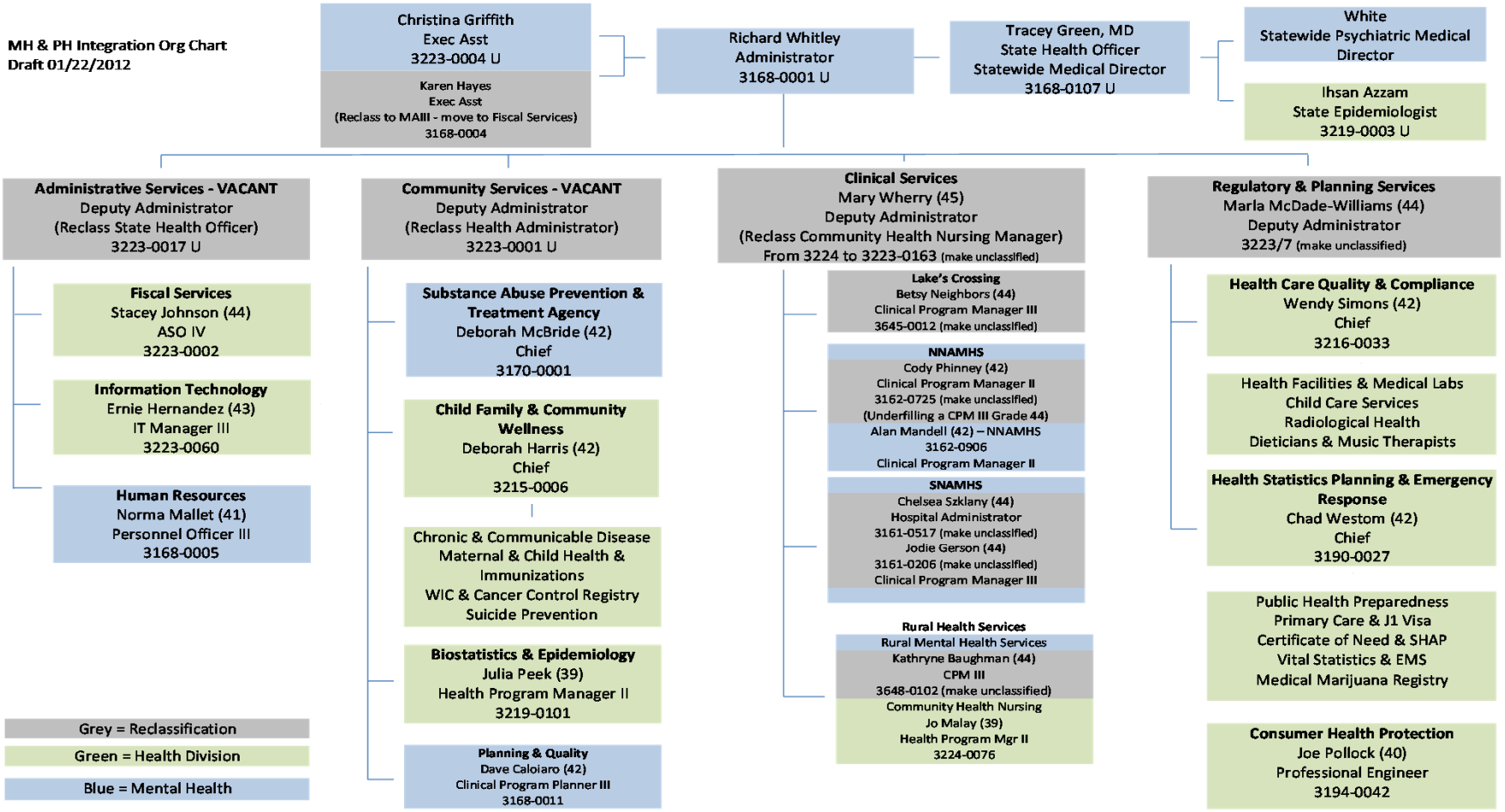
Benefits of Integration

- Using PH data /surveillance and epidemiology to identify areas for prevention and early intervention
  - Criminal justice continuum of care:
    - Data has revealed that there are high end users of the criminal justice system that require intensive wrap around services: Forensic PACT (Program for Assertive Community Treatment) team.
  - Using the data to re-allocate existing funds
- Integration of mental health and public health in primary care to provide comprehensive healthcare services
  - Immunizations
- Utilization of a population based approach to develop systems of care
  - Supporting public and private sector resources to serve the people of their communities.
- Recognizing Co-morbid issues among vulnerable populations
  - Individuals with SMI, on average die 25 years earlier than the general population from chronic diseases.
  - 60% of premature deaths in persons with Schizophrenia are due to chronic medical conditions.
- Maximize pharmaceutical opportunities
- Centralize and standardize billing and collections, grants management and fiscal monitoring core functions

Public and Behavioral Health Integration Plan

- **Major agency components being reorganized**:
  - The Health Division will integrate with Mental Health to form one Division of Public and Behavioral Health.
  - Early Intervention Services (EIS) to be transferred out of the Health Division and integrated into the Aging and Disability Services Division (ADSD).
  - Developmental Services to be transferred out of the Division of Mental Health and integrated into the Aging and Disability Services Division (ADSD).
  - DHHS, Director's Office – The Office of Suicide Prevention (4 FTEs) will be integrated into Public Health's Bureau of Child Family and Community Wellness.

Division of Public and Behavioral Health



Summary of Behavioral Health Operations

- Behavioral Health agencies provide a safety net of services and programs, designed to assist those coping with mental illness. A list of Behavioral Health's program areas include:
  - **Mental Health Hospitals:** Hospitalization is the most intensive form of treatment provided for people in an acute episode of their mental illness. Generally, it is the service of last resort for those consumers who are a danger to themselves or others. Length of stay is usually a few days to three months.
    - Rawson-Neal Psychiatric Hospital: 289 bed facility; however the hospital is budgeted for 190 beds (including 30 beds in the Psychiatric Observation Unit). The patient cost per day is $665. The hospital runs at a 95% occupancy rate.
    - Dini-Townsend Psychiatric Hospital: 70 bed facility; however the hospital is budgeted for 50 beds (including 10 beds in the Psychiatric Observation Unit). The patient cost per day is $1,310. The hospital runs at a 35% occupancy rate.
  - **Forensic Hospital:** Lake's Crossing Center (LCC) facility provides statewide forensic mental health services in a maximum security facility to mentally disordered offenders who are referred from the court system so their competency can be restored. LCC is Nevada's only facility for this purpose and, therefore, serves people from throughout the state. LCC has 56 beds with an additional 10 beds in the annex (located at the Dini-Townsend Psychiatric Hospital). LCC runs at a 94% occupancy rate.
  - **Rural Services:** Rural Services Community Mental Health Centers (RSCMHC) have eight satellite, four sub-satellite and two itinerant clinics that provide mental health services to more than 6,800 consumers throughout the 100,000 square miles of Nevada with exception of Washoe County, Clark County, Lincoln County and parts of Nye County. Satellite Clinics provide all services offered by RSCMHC. Sub-satellite clinics offer most services with Itinerant Clinics providing services less frequently.
  - **Outpatient Services:** Mental Health offers many outpatient services including psychiatric services, counseling, consumer assistance program/drop-in centers, Mental Health Court, Mobile Crisis Team, Mobile Outreach Safety Team, residential support, service coordination, Program for Assertive Community Treatment, and Co-occurring disorders programs.
  - **Administrative and Other Services:** These include mental health oversight, information management, central office fiscal support, personnel services, centralized billing unit, and grants management.

Agency Goal

- Public and Behavioral Health Integration
  - This consolidation will integrate public and behavioral health services by leveraging existing capacity and implementing a patient centered system of care for prevention, early intervention and access to treatment.

Department of Health and Human Services

Behavioral Health

Budget Presentation SFY 14/15

Brian Sandoval, Governor

Michael J. Willden, Director

Richard Whitley, Administrator

Tracey D. Green, MD, State Health Officer

January 24, 2013

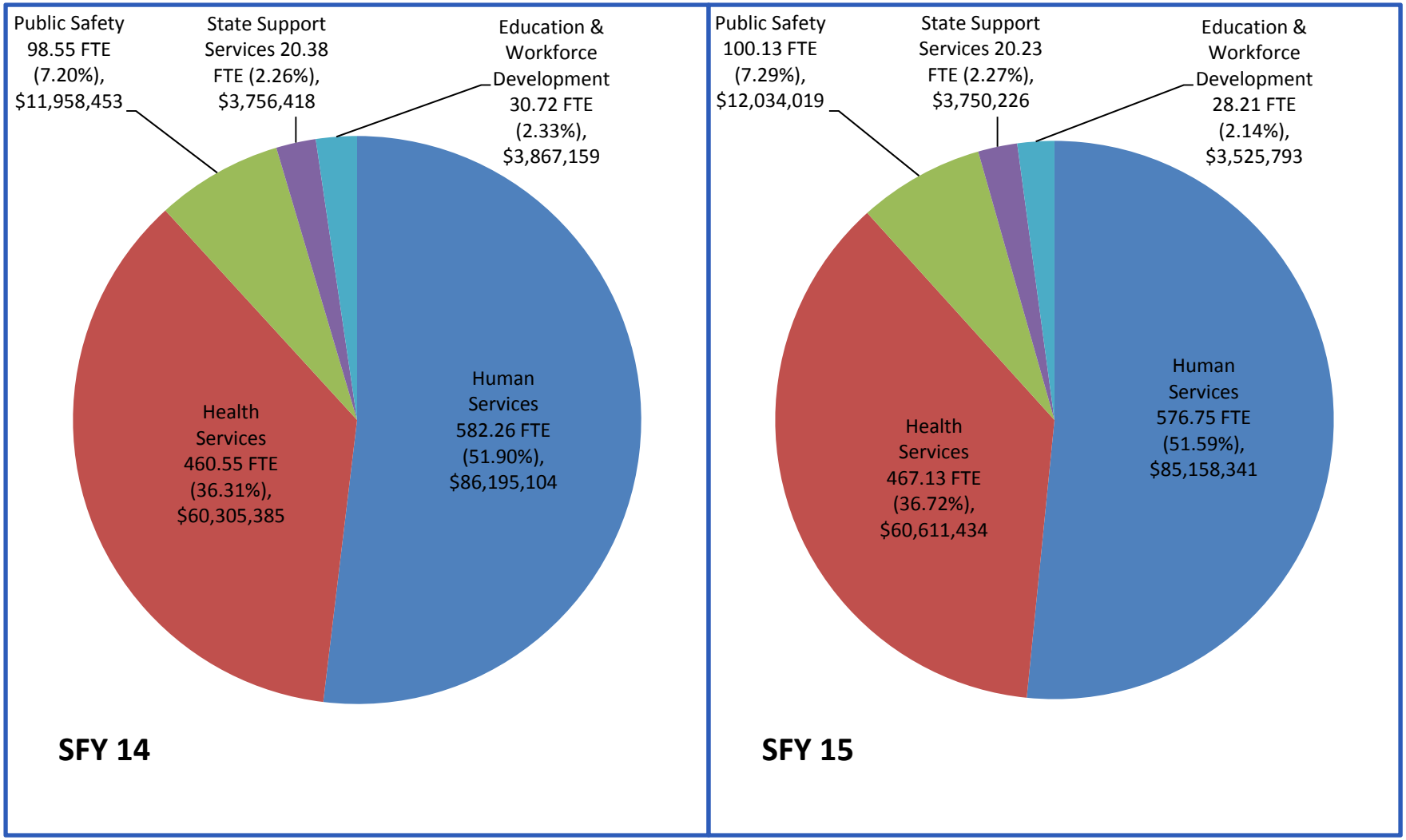
Governor Sandoval's Planning Framework Behavioral Health

Vision					
Nevada's best day are yet to come					
Mission					
Create a new promise of opportunity					
Values					
Action	Collaboration	Courage	Opportunity	Optimism	Pride

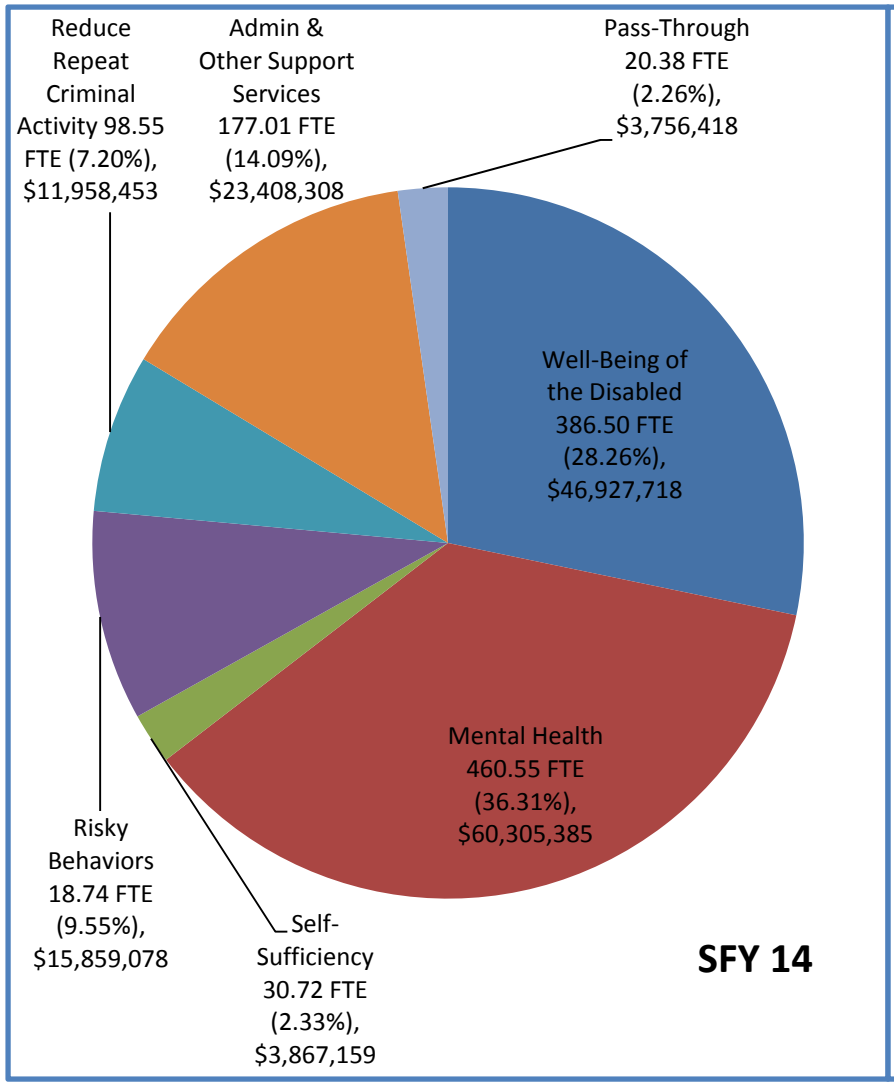
Strategic Priorities
Sustainable and Growing Economy
Educated and Healthy Citizenry
Safe and Livable Communities
Efficient and Responsive State Government

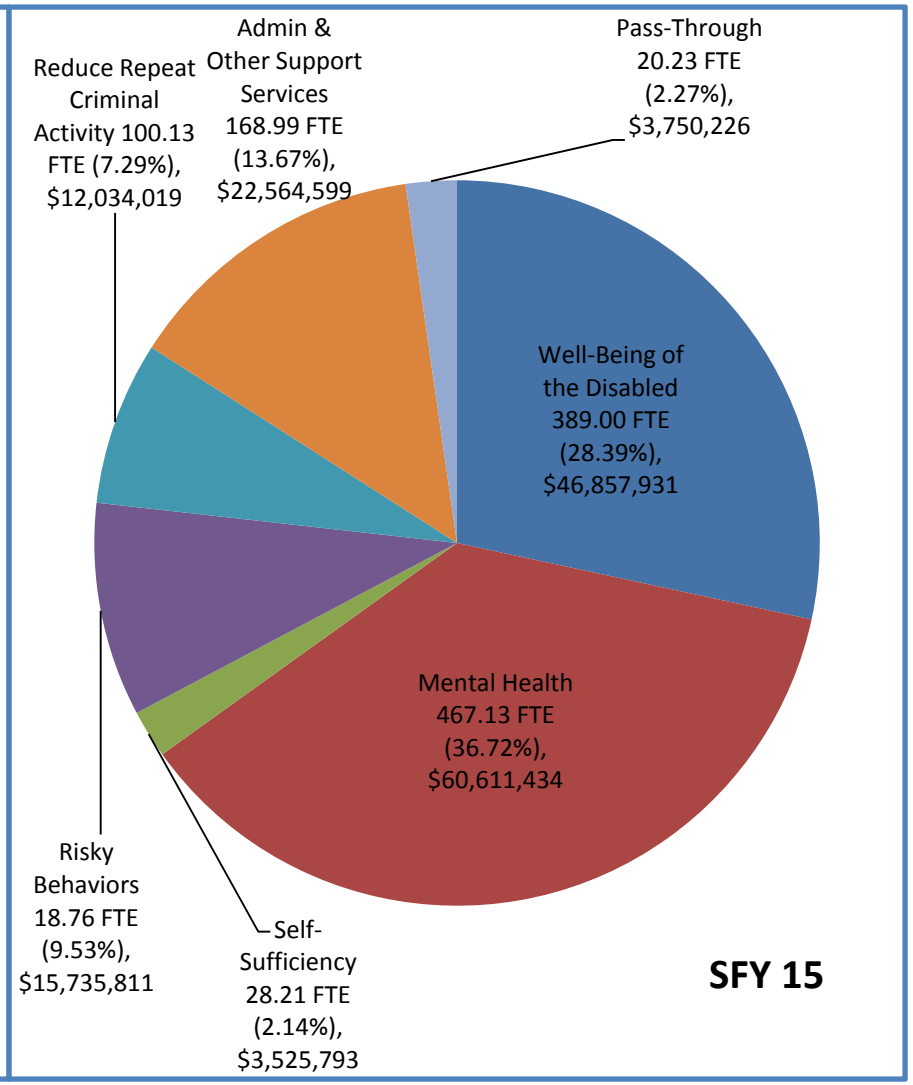
Core Functions of Government
Business Development and Services
Education and Workforce Development
Health Services
Human Services
Infrastructure and Communications
Public Safety
Resource Management
State Support Services

Behavioral Health PPBB by Core Function

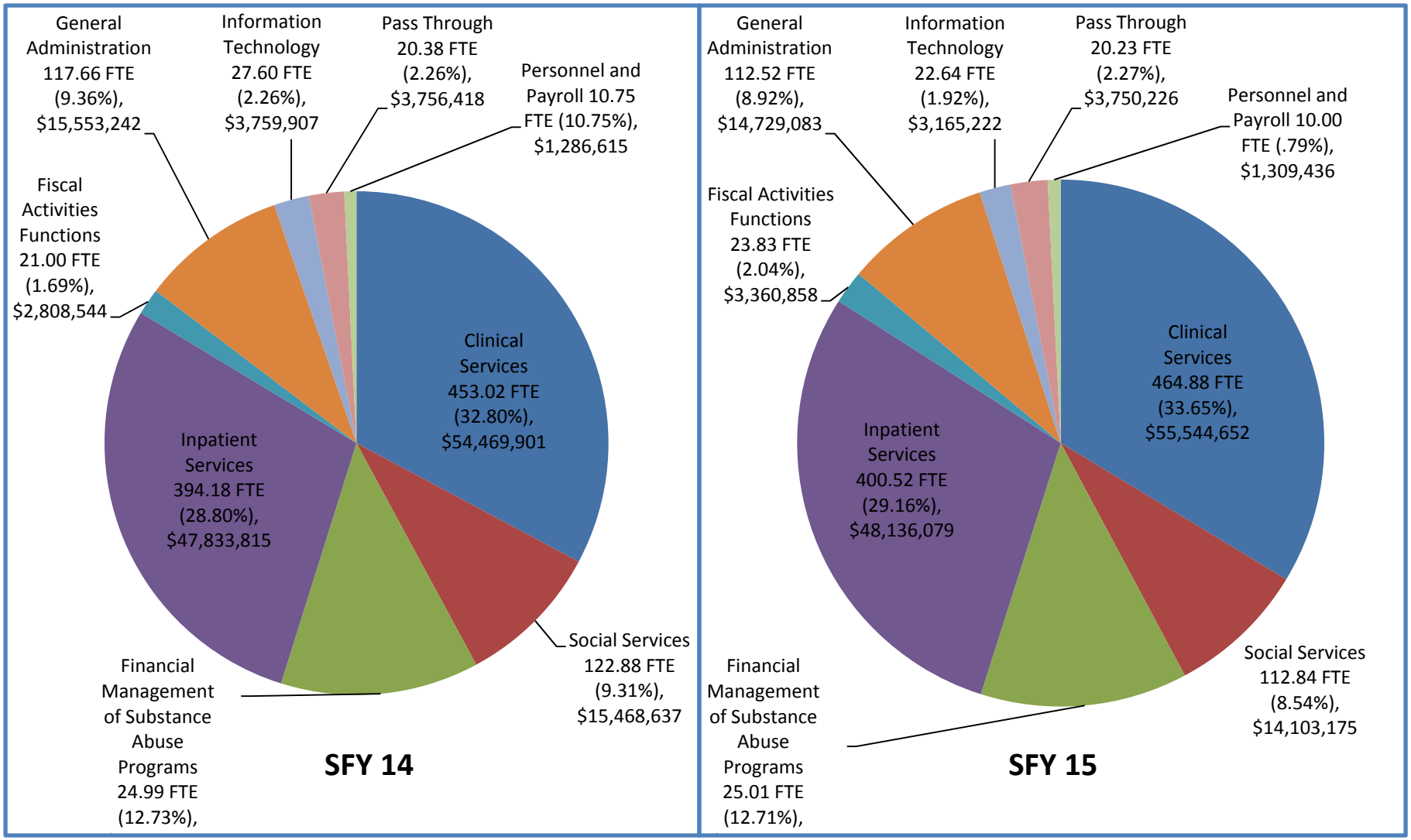


Behavioral Health PPBB by Objective





Behavioral Health PPBB by Activity



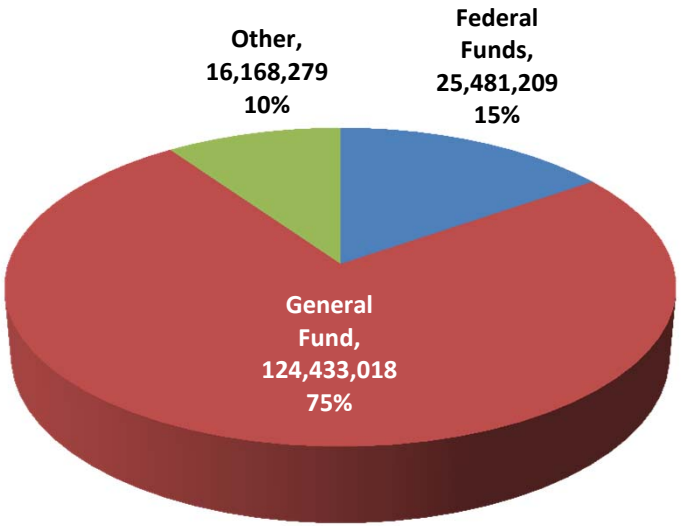
Behavioral Health Activities & Programs

Core Function	Objective	Activity	Programs
Health Services Human Services	Mental Health Well-Being of the Disabled	Clinical Services	Psychiatric Observation Unit Program for Assertive Community Treatment Mental Health Court Service Coordination Medication Management Outpatient Counseling
Education and Workforce Development Health Services Human Services	Self-Sufficiency Mental Health Well-Being of the Disabled	Social Services	Residential Supports Consumer Assistance Programs
Health Services Human Services Public Safety	Mental Health Well-Being of the Disabled Reduce Repeat Criminal Activity	Inpatient Services	Hospital (SNAMHS/NNAMHS) Forensic Mental Health Facility
Health Services Human Services	Mental Health Risky Behavior	Financial Management of Substance Abuse Programs	Transitional Housing Evaluation Opioid Treatment Outpatient Treatment Co-Occurring Disorders Treatment Prevention Efforts Meth Education
Human Services		General Admin Fiscal/Accounting/Budget Information Technology Payroll and Personnel	Mental Health Administration Mental Health Information Systems
State Support Services	Pass Through	Pass Through	Payments made from one state executive budget account to another state executive budget account

Behavioral Health Budgeted Funding Sources
Fiscal Years 2014 and 2015

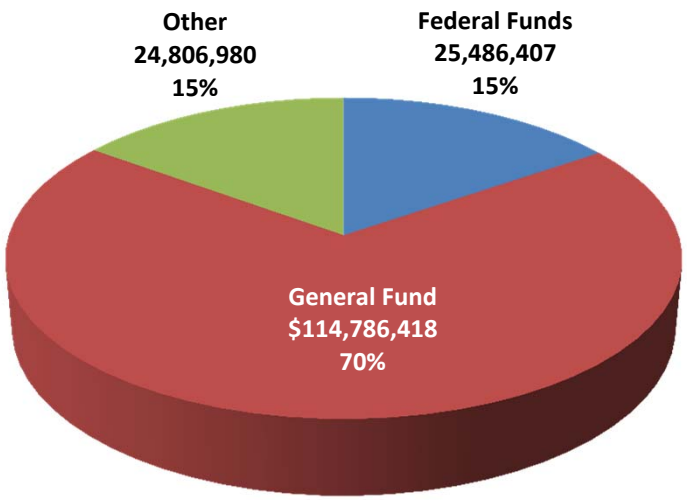
SFY 2014

Total: $166,082,519



SFY 2015

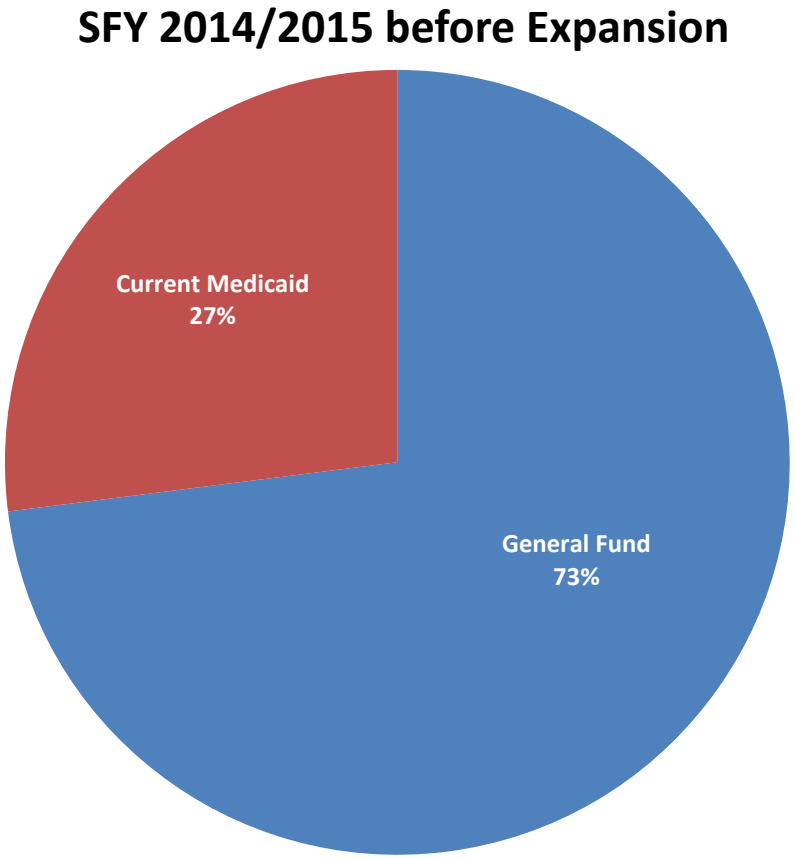
Total: $165,079,813



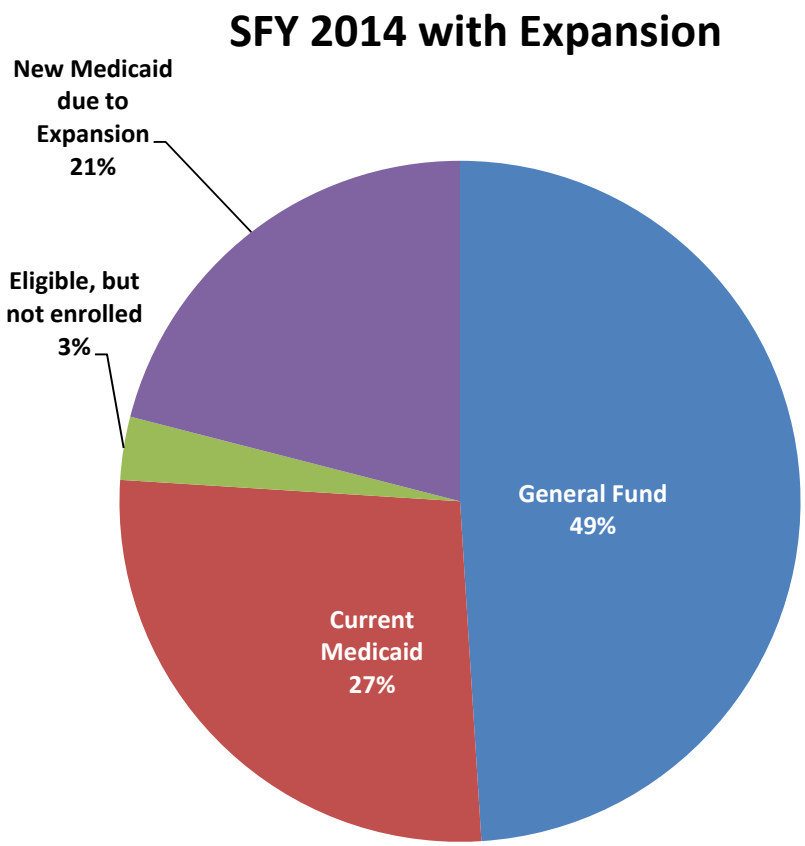
Budget Highlights

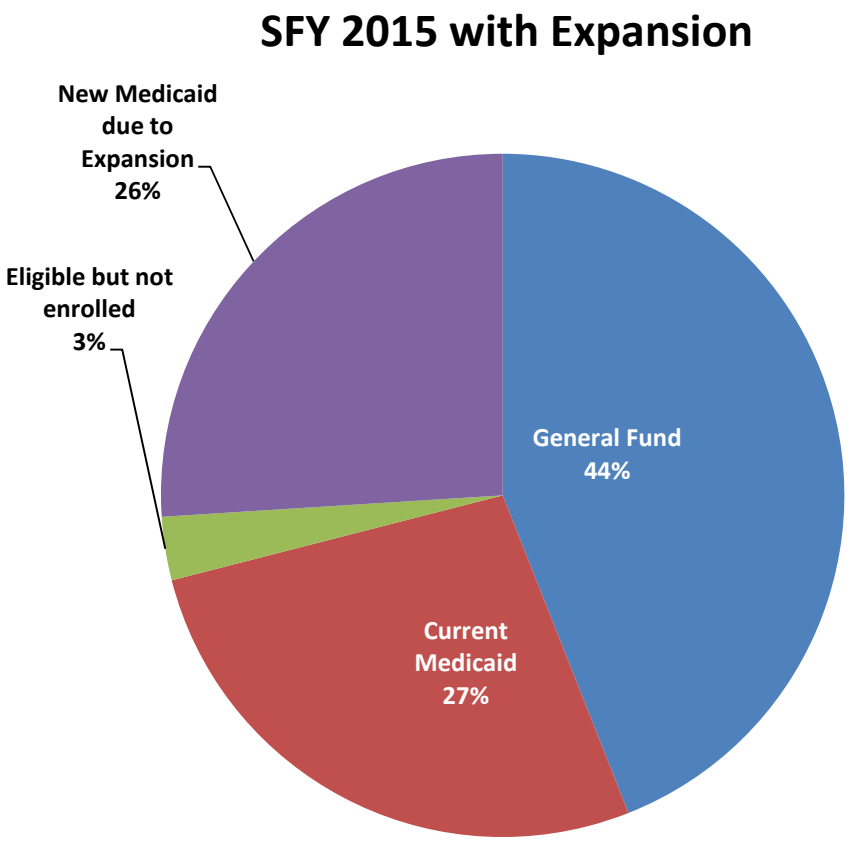
- Affordable Care Act (ACA)
  - Mental Health
    - State delivers direct services
  - SAPTA Treatment
    - Only 5 out of 23 funded agencies currently bill Medicaid
- Billing and Collections
- Capital Improvement Projects (CIPs)
- 24 Hour Urgent Care (Southern Nevada)
- Returning Out-of-State Youth to Nevada

Affordable Care Act



Affordable Care Act

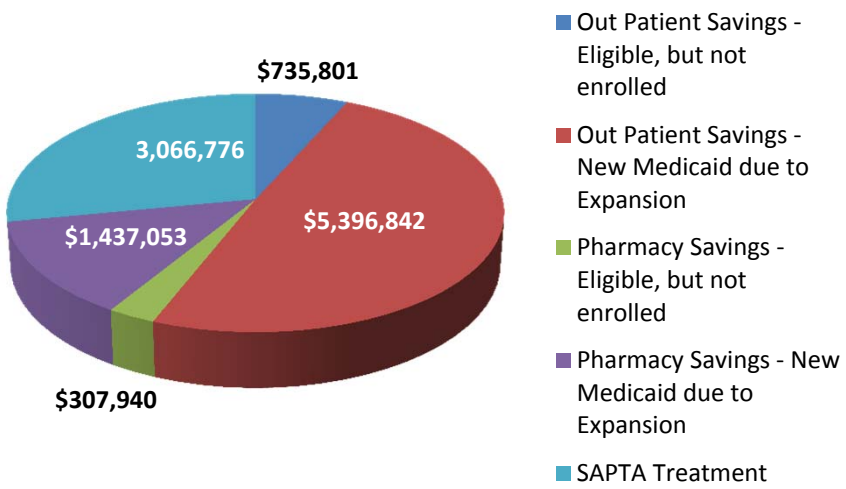




Affordable Care Act

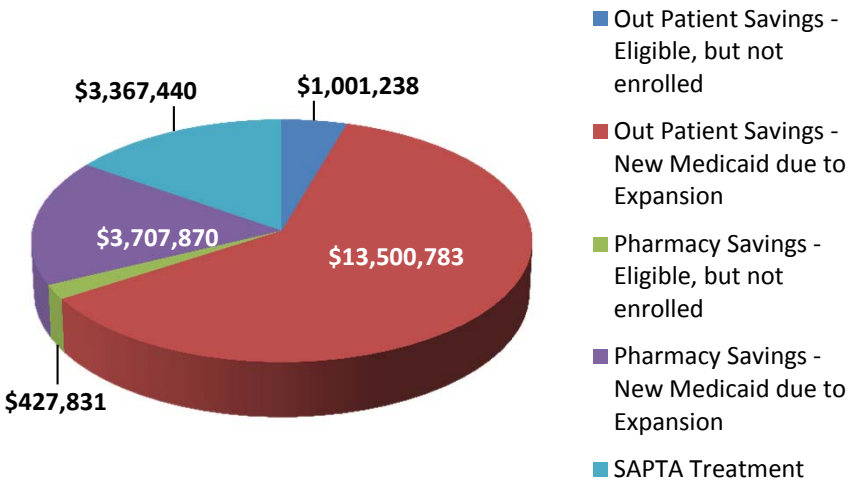
SFY 2014 Projected ACA Savings

Total Savings: $10,944,412

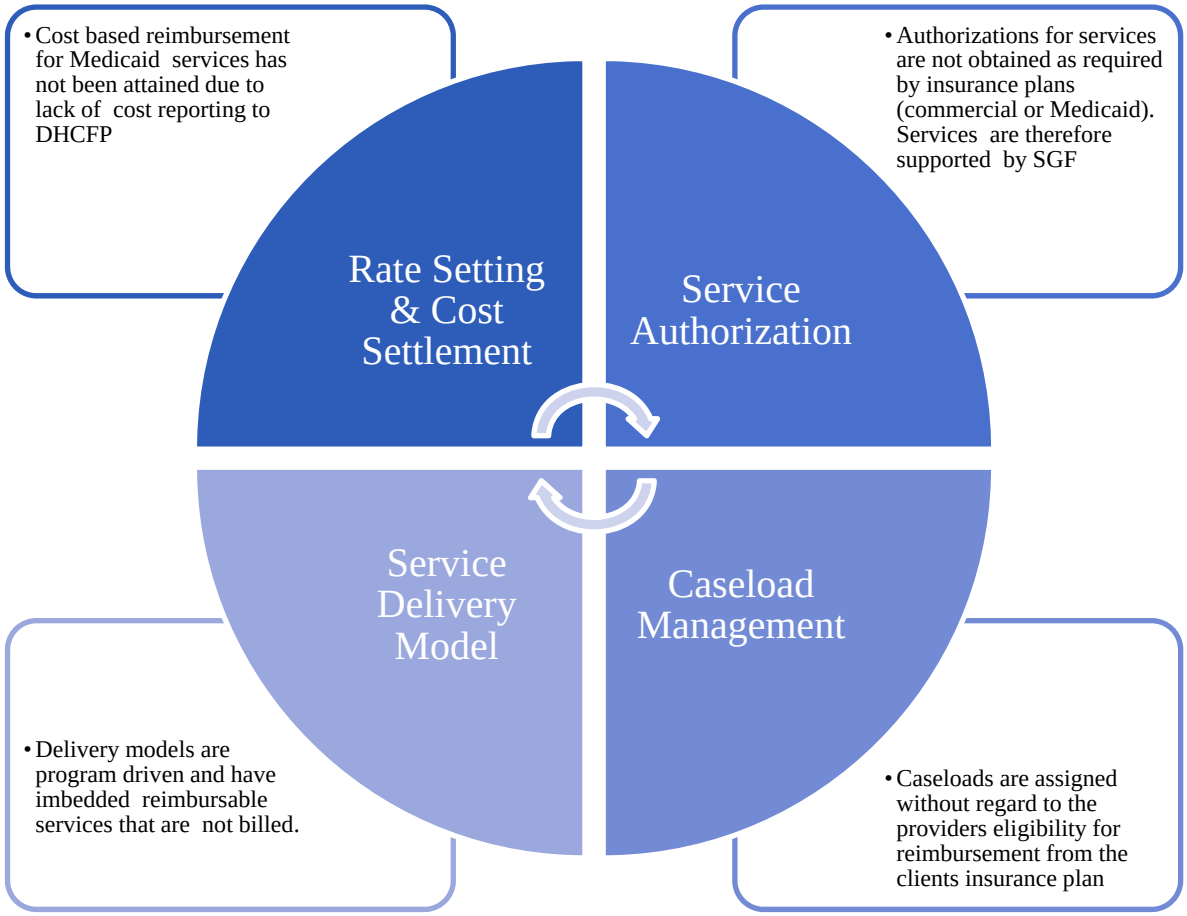


SFY 2015 Projected ACA Savings

Total Savings: $22,005,162



Missed Opportunities for Reimbursement



FY2012 vs. FY2015

FY 2012

- 27% of Clients are Medicaid Eligible
- 13.55% of costs were recouped in Medicaid Revenue

Cost	$14,181,837
Revenue	$ 1,921,686
SGF Match	$ 6,374,736
General Fund	$ 5,885,415

FY 2015

- 56% of Clients are Medicaid Eligible
- 100% of costs(less SGF Match) will be recouped in Medicaid Revenue

Cost	$29,414,179
Revenue	$23,408,510
SGF Match	$ 6,005,669
General Fund	$ 0

Insurance Breakdown

Behavioral Health Clients

Insurance	2/23/2012	Projected FY 14	Projected FY 15
Medicaid Only	2207 (27%)	7840(51%)	8608(56%)
Medicare/Medicaid	151	151	151
Private/Medicaid	197	197	197
Private/Medicare/Medicaid	1627	1627	1627
Medicare Only	171	171	171
Medicare/Private	1569	1569	1569
Private Only	616	616	616
No Insurance	8834	3174	2433
	15372	15372	15372

**Includes Medicaid and other insurance

Capital Improvement Projects (CIPs)

- Lake's Crossing
  - Life Safety Upgrades $830,556
  - Control Room Renovation $1,610,008
  - Boiler Plant Improvements $266,028

24 Hour Urgent Care

- **24 Hour Urgent Care Facility in Southern Nevada**
  - The purpose of this program is to more effectively manage the flow of individuals seeking psychiatric services 24 hours a day/7 days a week to better divert individuals from the local hospital emergency rooms, provide quicker access to inpatient and outpatient psychiatric services and deliver appropriate level of services as indicated.
  - This requests co-location of the SNAMHS outpatient urban clinic identified as the Downtown Clinic into the Rawson Neal Hospital to provide focused medical clearance and urgent care services at SNAMHS.
  - Lease Savings FY14 $352,051 FY15 $366,252
  - The lease savings will provide for two additional Senior Psychiatrists to provide the clinical services and two Accounting Assistant II positions to process the intakes, financial and billing. SNAMHS will incorporate current psychiatrists and staff from the closed clinic into the new clinic. Additional contract psychiatric services will be utilized to help staff the new clinic and SNAMHS outside regular operating hours.

  - BA 3161/E226, E227
  - FY 14/15 GF $814,658 Other $76,284

Returning Out-of-State Youth to Nevada

- M202 – Youth returning from out-of-state
- These dollars are aimed at managing the population of severely mentally ill youth (age 18-25) who require intensive support as they transition from Youth Parole and County services into the adult mental health system. In an effort to provide safe placement in the community these dollars provide intensive supervision services. The unit is based on placement of five youth with one-to-one services in the community. The program goal is to provide intensive services for a limited time (6-12 months) and transition them to a lower level of care.

Mental Health Caseload

- M200 – This decision unit requests funds for Medication Clinic caseload growth.
  - Caseload Details
    - June 2012 Actual Caseload = 3,177 clients
    - FY13 Budgeted Caseload = 2,565 clients
    - Projected Caseload through June 2015 = 3,356 clients
- M201 – This decision unit requests funds for Mental Health Court caseload growth and a part-time (0.51 FTE) Psychiatric Caseworker 2.
  - Caseload Details
    - June 2012 Actual Caseload = 189 clients
    - FY13 Budgeted Caseload = 175 clients
    - Projected Caseload through June 2015 = 196 clients
- M202 – This decision unit increases the supported living arrangement caseload to accommodate the growth projected through fiscal year 2015.
  - Caseload Details
    - June 2012 Actual Caseload = 237 clients
    - FY13 Budget Caseload = 193 clients
    - Projected Caseload through June 2015 = 250 clients

Mental Health Hospital Resource Utilization Analysis

- Mental Health Court
- Transitional Living
- Hospital
- Medications

One Shot Appropriations

- 3164/E721 Mental Health Information System
  - Symantec Endpoint and Altiris
    - DHHS has adopted Symantec Endpoint antivirus software across all divisions. This was recommended by EITS as part of a statewide collaboration to simplify management and reduce overall costs.
    - Symantec Altiris is used to deploy software and monitor Symantec Endpoint from a global perspective. Both EITS and Public Health have already implemented Altiris and will be used to manage IT infrastructure locally, allowing for timely deployments of both software updates and hardware patches.
  - Symantec PGP Encryption
    - This will allow Behavioral Health to meet the requirements of NRS 603A that states you *must* encrypt any information containing personal identifiable information (PII) sent via electronic media. PGP Encryption is software deployed on mobile devices in use that contain PII. Behavioral Health currently uses ProofPoint encryption appliance for email sent outside the state email system. This is limited to only encrypting email and does not meet the full requirement of NRS 603A.
  - SharePoint
    - Microsoft SharePoint is a content management and collaboration program that replaces the outdated intranet for improved communications between staff, provides better compliance and information governance, and improved project management.

Behavioral Health FTE Summary

	FY 2012	FY 2013	FY 2014	FY 2015
Base	1,188.89	1,188.77	1,188.77	1,188.77
Maintenance			.51	.51
Enhancement			3.17	3.17
TOTAL	1,188.89	1,188.77	1,192.45	1,192.45

- Total of 14.25 new positions (11.18 GF and 3.07 Other)
- Summary: +14.25 New + 1 Transfer- In – 7.51 Transfer Out – 4.57 Eliminated = 3.17
- Total of 25 reclassifications

Behavioral Health Bill Draft Requests (BDRs)

BDR #	Type of BDR	Program/Division	Concept
13A4061050	Budget	Division Reorganization Health/Behavioral	Merges the Health Division and the Mental Health Section of MHDS and creates the Division of Public and Behavioral Health.
13A4081051	Budget	SAPTA Behavioral Health	This proposal eliminates redundancies for certain alcohol and drug abuse facilities by allowing a facility to be certified or accredited. It also ensures integrity of the licensure process for such facilities by not allowing promotion of unlicensed facilities. The proposal moves the certification of detoxification technicians to the Health Division thereby following the model to consolidate functions related to individual practitioners and their licensure or certification with the Health Division. Finally, the proposal makes a change concerning the entity that is authorized to adopt regulations related to an evaluation center.