State of Nevada
Department of Health and Human Services

Senate Committee on Health and Human Services Presentation
Division of Public and Behavioral Health

February 6, 2018
DPBH Mission and Vision

**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 of Nevada.

**Philosophy:** By utilizing a population based approach the Division can find strategies, innovations, and evidence based practices to improve the health and well being of Nevadans.
**Summary of Agency Operations**

Disease Prevention & Investigation Services: provides oversight of several foundational public health programs including immunization, human immunodeficiency syndrome (HIV) prevention and care, communicable disease prevention and control, and epidemiology.

Community Services: provides core public health prevention programs and services by establishing and maintaining relationships with community partners; identifying and maximizing resources; and collaborating to improve public health and behavioral health outcomes for all communities within Nevada.

Regulatory & Planning Services: provides licensing and certification of healthcare facilities, child care facilities, medical laboratories and personnel, dietitians, music therapists and food establishments. This section is also responsible for vital records (birth/death and marriage/divorce records), medical marijuana regulation, Emergency Medical Systems, public health preparedness and radiation control.

Clinical Services: provides direct services for those suffering from mental illness by operating inpatient hospitals at both ends of the state. The civil hospitals include Rawson-Neal, in Las Vegas, and Dini-Townsend, in Sparks. The forensic hospitals include Lakes Crossing Center and Stein Forensic hospital. Additionally, outpatient services are provided statewide including the rural and frontier communities for public and mental health needs.

Behavioral Health Policy: provides oversight and quality assurance to behavioral health providers statewide; designs, plans, funds, and implements systems of care, including behavioral health prevention, early intervention, treatment and recovery support services; establishes funding priorities for behavioral health services and supports through close collaboration with communities and stakeholders; evaluates outcomes of behavioral health interventions; and guides policy and financing options across DHHS.

Administrative Services: Administrative Services provides support for fiscal services, human resources and information and technology.
## Position Summary

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Helping People. It’s who we are and what we do.
Accomplishments

• Women’s Health Connection (WHC) Breast and Cervical Cancer Screening Program has been able to serve over 2,500 additional women (as of Nov 2018), with State General Fund (AB 388, 2017 Session), that the program would otherwise not have capacity to serve.

• Family Planning State General Fund (AB 397, 2017 Session) is being used to support statewide local agencies, including multiple rural based agencies, in providing family planning services. The funds also support innovative activities such as family planning services to female inmates in the Washoe County Sheriffs Office, in collaboration with Washoe County Health District as well as mobile family planning services to urban-underserved areas in collaboration with Southern Nevada Health District.

• Rural Mobile Health Clinic collaboration with Southern Nevada Health District and Medicaid recognition of dental hygienists with a public health endorsement provided a way to improve access to oral health for patients in dental health professional shortage areas focusing on disease prevention and dental health promotion.
Accomplishments

- Collaborated with Medicaid on the creation of Certified Community Behavioral Health Clinics. Currently 3 clinics are providing safety net community based mental health services.

- Established the first Behavioral Health Community Integration Plan for adult and children’s mental health

- Southern Nevada and Northern Nevada Adult Mental Health Services were able to expand hours for Mobile Mental Health Units with State General Fund (SB 192, 2017 Session). MOST is now available to the community from 7:00am – 12:00am.

- Established Nevada’s hub and spoke model for the treatment of opioid use disorder, expanded access to medication assisted treatment and recovery support services, and increased accessibility to naloxone.

- Supported prescriber education and the implementation of prescribing protocols following the passage of AB474.
Opportunities and Challenges

• Behavioral Health
  • Increased acuity and complexity of behavioral health cases, as the Division transitions between providing services and growing community capacity.
  • Community programs and hospitals indicate they are not able to serve more complex or violent clients.
  • In many cases, this means we have to increase the number of people who are providing supervision in order to maintain a safe environment even though caseload projections have not necessarily increased.
  • Crisis response was expanded, but is currently not available 24/7.

• Family Planning
  • Outreach and education are inconsistently funded and available for preconception, birth spacing education/plan, and Long Acting Reversable Contraception (LARC).
  • Significant gap in enhanced outreach/accommodations for family planning services to higher risk populations (including transition from incarceration or women who are homeless).
  • Nevada continues to lag in women who access timely and appropriate prenatal care.
  • Nevada has faced significant health issues related to congenital syphilis (second highest rate of congenital syphilis and the highest rate of primary syphilis in the nation).
Opportunities and Challenges

• Women’s Health
  • Varying guidelines for mammography: The Federal CDC funds require Nevada Women's Health Connection (WHC) to follow USPSTF guidelines for screening mammograms starting at 50 years old; however, other screening guidelines such as Komen, American Cancer Society, and HRSA begin earlier, with informed-decision making with a provider beginning at 40 years old, and annual mammography screenings starting at 45 years old.

• While WHC has been successful getting women from screening to treatment, the Program projects a challenge maintaining this pace with anticipated population growth (including populations not eligible for Medicaid or insurance product), workforce shortages, and existing access to care.

• WHC screening funds are exhausted every year. Through additional funding, WHC can increase the number of women screened. The funding from AB 388 has allowed the WHC to expand screening and diagnostic services, most notably to women aged 40-49 years old.
Opportunities and Challenges

• Regulatory Programs
  • Increased number of inspections of licensed facilities and complaints for unlicensed facilities.
  • BHCQC currently licenses 35 facility types (1,632 facilities) and certifies 4 facility types (33 facilities).
• Skilled Nursing Facilities Complaints
  • 2016
    • 198 complaints
    • 1,634 self reported
  • 2018
    • 392 complaints (98% increase)
    • 2,218 self reported (36% increase)
• Child Care Facilities Complaints
  • 2016
    • 290 complaints
  • 2018
    • 500 complaints (72% increase)
Major Initiatives

- **Community Mental Health Services** - The budget includes a collaboration with Medicaid to increase the number of Certified Community Behavioral Health Clinics which provide comprehensive physical and mental health services.

- **Mental Health Crisis Response Expansion** - The budget includes a request to expand the Mobile Outreach Safety Teams to 24/7 operations as well as funding to sustain the successful Rural Children’s Mobile Crisis Response Team and expand these behavioral health crisis stabilization services to adults.

- **Women’s Health** - The budget includes continued funding for the Women’s Health Connection Program to fund cancer screenings and increase capacity for the cancer registry. The budget also includes funding for family planning and prenatal outreach and education programs throughout Nevada.

- **Regulatory Services** – The budget includes increased staffing and resources for our regulatory programs to meet the growing demand for licensure and complaint investigation.
Below are acronyms referenced in the presentation:

• BHCQC: Bureau of Health Care Quality and Compliance
• CCBHC: Certified Community Behavioral Health Clinic
• CDC: Centers for Disease Control and Prevention
• DPBH: Division of Public and Behavioral Health
• DHHS: Department of Health and Human Services
• FTE: Full-Time Equivalent
• HRSA: Health Resources and Services Administration
• MOST: Mobile Outreach Safety Team
• RSU: Rapid Stabilization Unit
• USPSTF: United States Preventive Services Task Force
• WHC: Women’s Health Connection
• WIC: Women Infant and Children