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Division of Public and Behavioral Health
Mental Health Presentation
February 2017

Overview of Mental Health Services

- Mental Health services provided by the Department of Health and Human Services, include:
 - Children's Mental Health- Division of Child and Family Services (DCFS)
 - Adult Mental Health- Division of Public and Behavioral Health (DPBH)
- Urban areas- the state, local and community-based providers support the mental health service systems in the major population centers.
- Rural areas- DPBH provides most of the services for all age ranges, as there are limited community resources available. This is accomplished through local and tele-health providers.

Overview of Mental Health Services

- DCFS provides children's inpatient, outpatient and residential services in urban areas in collaboration with agencies such as the Children's Cabinet.
- DPBH provides adult services statewide, and provides funding to community partners to operate services where billing for services to Medicaid is encouraged, when possible.
- Services include inpatient/outpatient, civil and forensic, supportive housing, and telehealth services, diversion and court-ordered services, and more.
- Partners include the counties throughout the state, along with the Specialty Courts, Nevada Rural Hospital Partners, WestCare, Ridge House, UNSOM and Law Enforcement agencies, and many more.

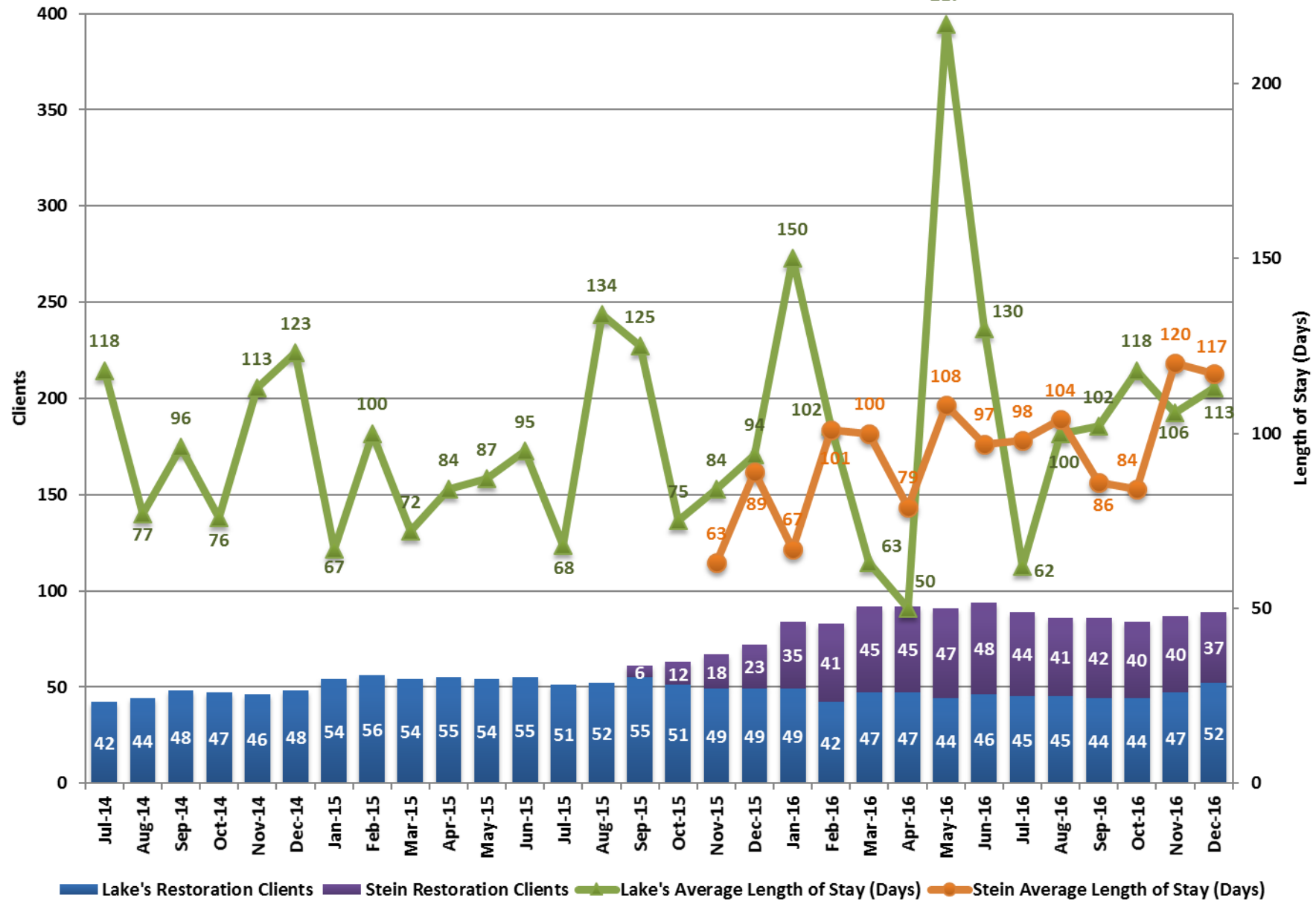
Major Issues Facing the Division

- Expanding Forensic inpatient services located at Stein Hospital in Las Vegas, based on the Consent Decree requirements including competency evaluations, restoration and long-term care.
- Decreasing short-term crisis stabilization services where community capacity is available, a result of the Affordable Care Act, (Civil commitments).
- Increasing outpatient services for those in the criminal justice system and evidence-based programs such as Diversion, Specialty Courts and Assisted Outpatient Treatment (AOT) programs, in lieu of incarceration.

Delivery Model Changes

- Expansion of Medicaid- the Governor's expansion of Medicaid has allowed the uninsured access to community services.
- The Division is focused on the de-criminalization of individuals with mental-illness, a group with very limited treatment options.
- The inpatient Forensic population is only served by DPBH.
- Increases in Forensic competency evaluations in jails and restoration activities, have driven the expansion of services.
- This demand for services for these populations is increasing, and by diverting from the criminal justice system to mental health services, there is treatment rather than incarceration.

Adult Forensic Restoration Clients



Delivery Model Changes (cont.)

- Expansion of outpatient services will impact those who previously encountered the criminal justice system.
- Collaboration with the courts, correctional centers and those who have a prevailing mental health disorders will allow for longer-term impacts and a stabilizing of this population.
- Partnering with DPS, Parole and Probation, and local law enforcement for mental health assessments for those exiting jail/prison provides for a seamless approach to post-release services. This approach will reduce recidivism for this population.

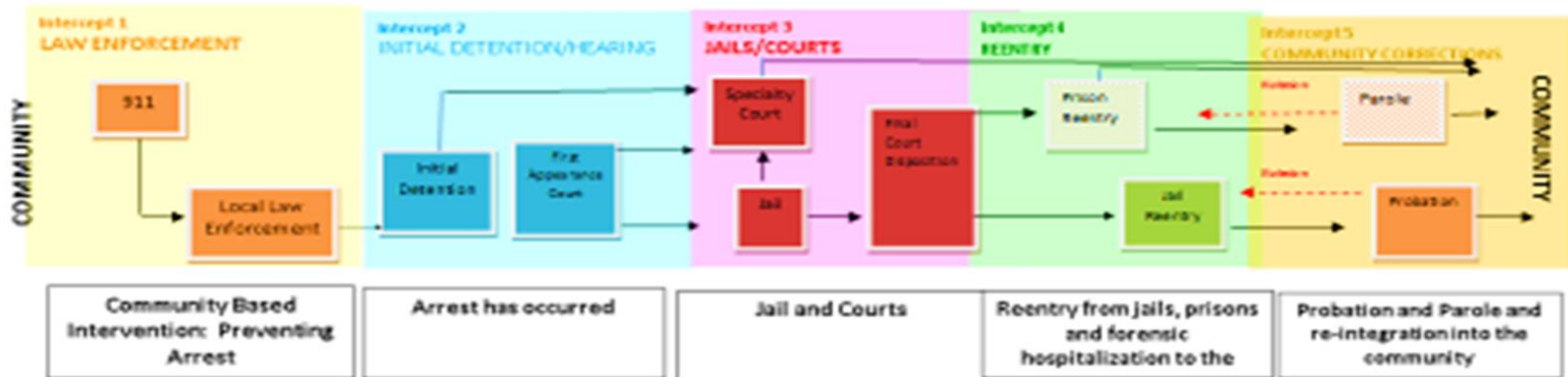
Delivery Model Changes (cont.)

- The Sequential Intercept Model*, (an evidenced-based approach which defines the points in time, where the individual can be linked with mental health services), has impacted the community and the service delivery models.
- Benefits include reduced burden to the criminal justice system and improved health outcomes.
- This decreases the improper housing of individuals with mental-illness in correctional facilities.

*See next page

INTERCEPTS BETWEEN CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEMS

ADULT MODEL:



CCBHC

- Certified Community Behavioral Health Centers, (CCBHC) are a new model which standardizes expectations for quality and service delivery in community mental health centers, and provides linkages which tie payments to outcomes.
- The goal of CCBHC's is to strengthen community-based mental health and addiction treatment services, integrate behavioral health care with physical health care and use evidence-based care more consistently.

Affordable Care Act

- The Affordable Care Act (ACA) provides a resource for the patients who previously were only able to be served in Emergency Rooms and by the State-operated facilities.
- This has allowed for Medicaid's Managed Care Organizations (MCO's) to cover mental health services in community-based traditional and private health care settings.
- Addition of two MCO's to make four, will aid in coverage for all eligible mental health enrollees, as of July 1, 2017.

Affordable Care Act

- The MCO's are responsible for managing the care of those who are participants in their plans.
- They have an incentive to keep individuals 'well', to avoid paying high costs.
- This expansion to four plans will allow for competition, which is expected to drive improved services for people with mental-illness.



HEALTH PLAN OF NEVADA

A UnitedHealthcare Company



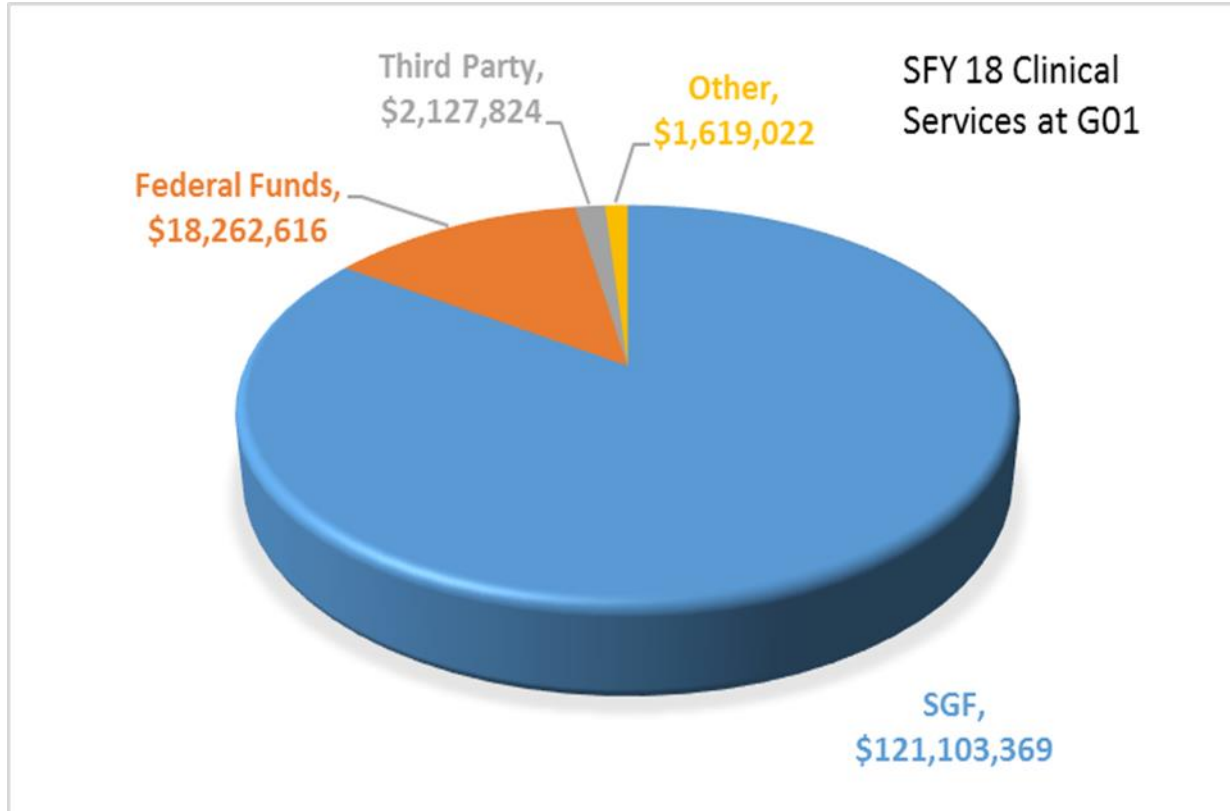
Mental Health Budgets

- Under the ACA the majority of those between the ages of 19-64 years are now covered under the MCOs.
- Individuals can access services at any clinic, in any hospital, and fill prescriptions at any pharmacy that accepts Medicaid/MCO. This has resulted in less demand.
- Budgets were predicated on the fact that the ACA remains intact moving forward.
- The role then of DPBH becomes the safety-net for those who do not have insurance, or are under-insured or are a population that currently is not being served.

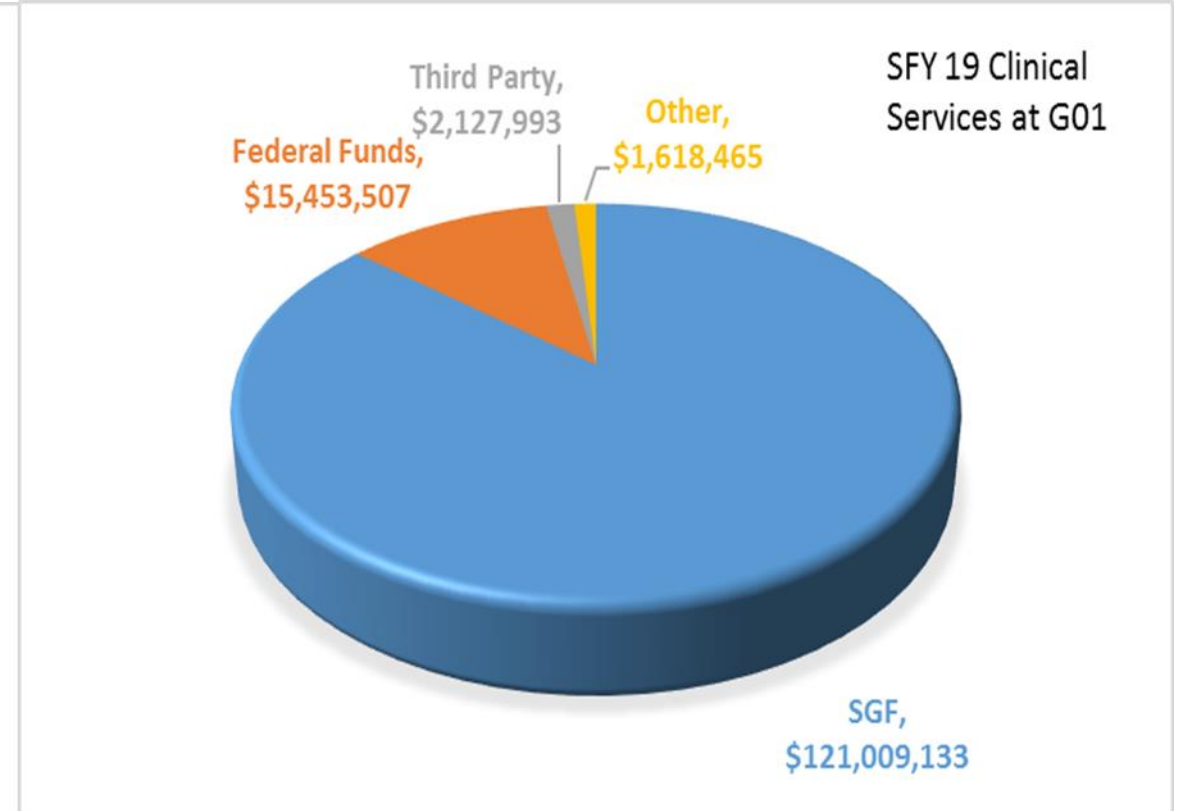
Mental Health Budgets

- Rural Clinic's demand for behavioral health services for all ages continues to remain high and therefore there were no changes to that budget.
- Many of the initiatives in the budgets were based on the recommendations also found in the Regionalization of Mental Health Services study provided by LCB.
- New community-based services- such as CCBHC's are organized similarly to FQHC's under Medicaid. SAMHSA recently awarded a grant to fund three across the state.

Clinical Services Statewide



Total Budget SFY 18: \$143,112,831



Total Budget SFY 19: \$140,209,103

SGF- State General Fund

Federal Funds- Medicaid, etc.

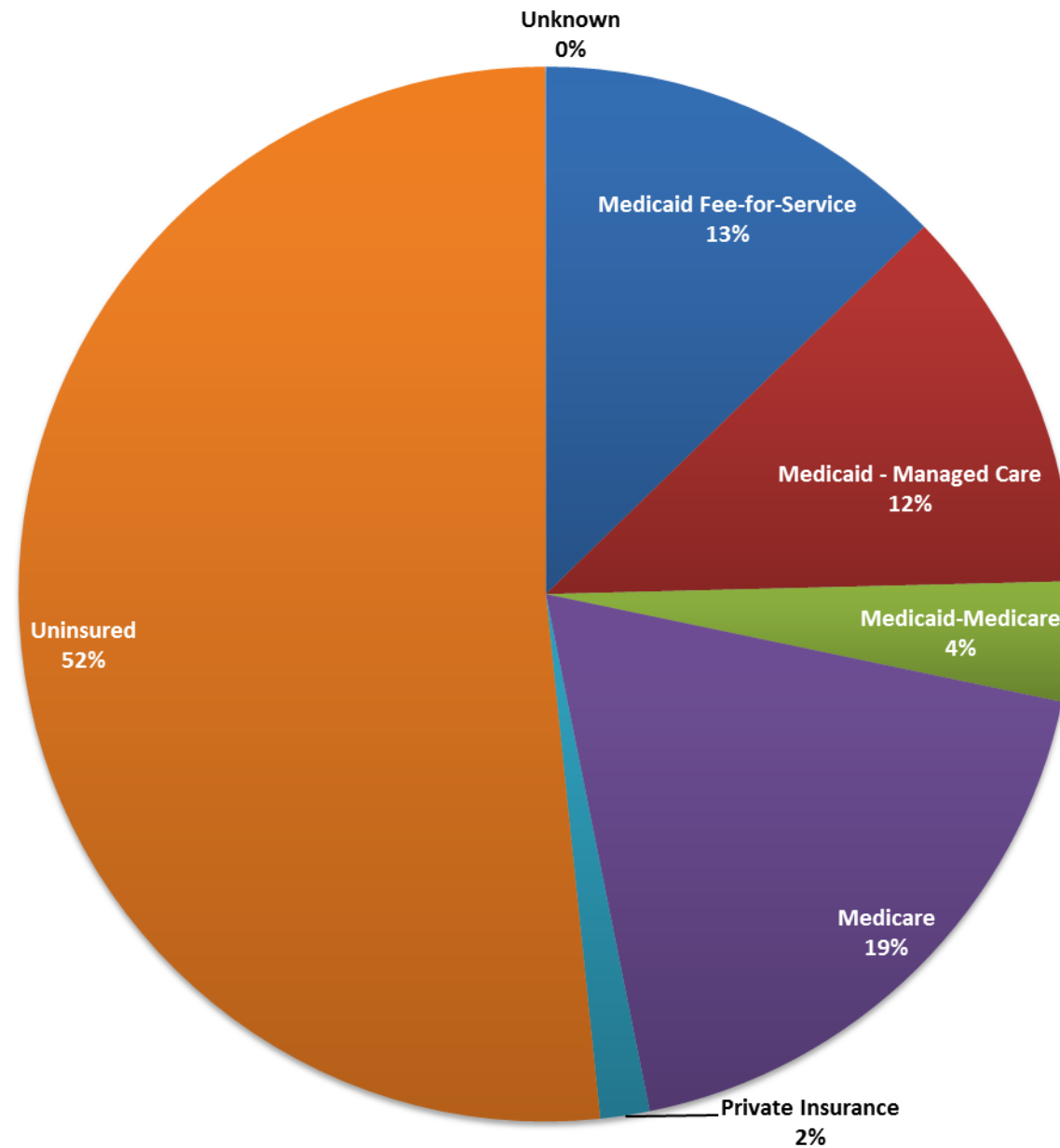
Third Party- commercial insurance

Other- Fees, Cash pay, other sources

Budget Changes

SFY	Budget Amount	Amount Changed	% Change
16	\$166,019,161	n/a	n/a
17	\$168,940,870	\$2,921,709	1.7%
18	\$143,112,831	(\$25,828,039)	-15.29%
19	\$140,209,103	(\$2,903,728)	-2.03%

Insurance Status of Inpatient Clients - Statewide, FY17 to date



Eligibility

- The uninsured numbers noted on the chart on the prior slide indicate that there could be a larger population of uninsured that could be covered.
- The remedy for this is the co-locating of Welfare Eligibility Workers from the Division of Welfare and Supportive Services, (DWSS) in many settings to provide determinations for the uninsured, in real-time.

Services to the Uninsured

Several creative partnerships have improved access to benefits including Medicaid, SNAP, and other services.

- DWSS Eligibility Workers available, or in progress:
 - Dini-Townsend Hospital
 - Northern Nevada Adult Mental Health Services campus
 - Rawson-Neal Hospital
 - Southern Nevada Adult Mental Health Services campus
 - Clark County Detention Center
 - Warm Springs Correctional Center
 - Casa Grande
 - Parole and Probation Services Children's Cabinet

Examples of Services

- Warm Springs Correctional Center in Carson City- Eligibility workers come to the prison, and two community providers are working with DPBH/ DOC to gain access to their pre-parole population to provide discharge planning and placement 30-60 days prior to release.
- Casa Grande in Las Vegas, is currently using one-half of their housing unit for parolees who are released after serving their sentence, yet have parole plan that is acceptable. DPBH in partnership with DOC is engaged in a Transition Partnership which includes Mental Health Assessments, Individualized Services and a Transition plan.

Examples of Services

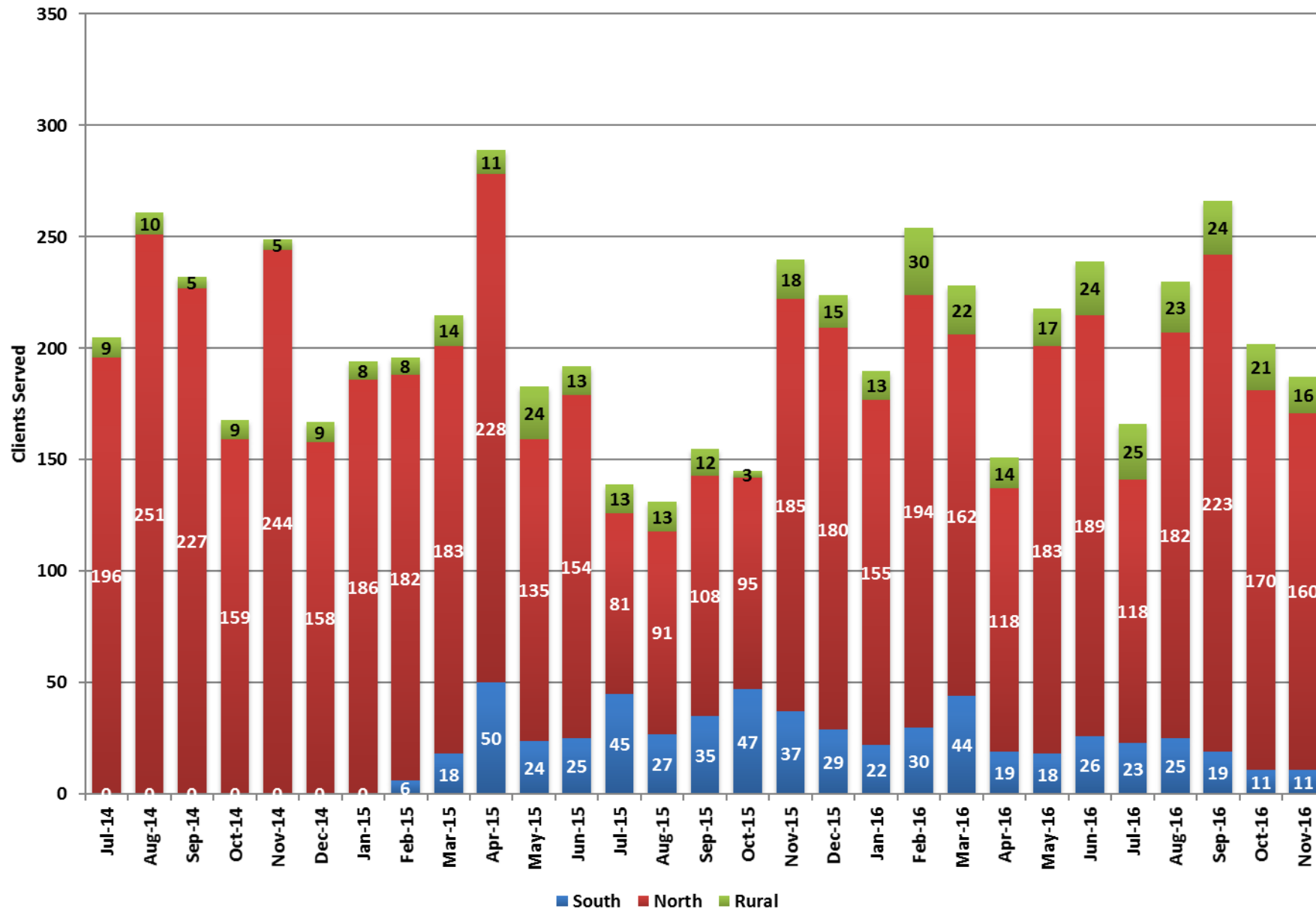
Casa Grande services include:

- Medication Management
- Counseling
- Service Coordination
- Housing Support
- Peer to Peer Support
- Drop In Center
- Substance Abuse Counseling
- Supported Employment with DETR

Mobile Outreach Safety Teams

- **Mobile Outreach Safety Team, (MOST)** is a program that operates in several areas across the state. It is a collaboration with local law enforcement in each area, who participate in Crisis Intervention Training, (CIT) so that they are prepared to intervene with those in a mental health crisis.
- Clinicians accompany the officers to assess the individual(s).
- Based on the Governor's Behavioral Health and Wellness Council recommendations report, there is now local control for decision-making in Clark County, and in process in Washoe County .

Mobile Outreach Safety Team (MOST)



Mobile Outreach Safety Teams

- **Clark County** has C.I.T. trained Metro Police Officers who respond to calls for individuals experiencing a mental health crisis.
- DPBH funds Clark County Social Services who then sub-grant funds to WestCare Nevada, the service provider.
- MOST was operationalized based on the community needs, which allows the decision-making to remain at the local level.
- This was a recommendation of the Governor's Health and Wellness Council.

Mobile Outreach Safety Teams

- **Washoe County** has C.I.T. trained Police Officers and Sheriff's Deputies who respond to calls for individuals experiencing a mental health crisis. Programs currently operate through several law enforcement agencies.
- DPBH currently supports the Clinicians who accompany the law enforcement personnel. This funding is being transferred to Washoe County Social Services so that they can base decisions on their community needs.
- This was a recommendation of the Governor's Health and Wellness Council.

Mobile Outreach Safety Teams

- **Carson City** has a clinician employed by DPBH Rural Clinics, who works with local C.I.T. trained Sheriff's Deputies.
- When there is a need, law enforcement responds to the specified location in support of the staff who determines there is a mental health crisis.
- This is a new program which expands services to the rural communities however have been successful overall.
- There are discussions about potential programs in other rural counties.

Staff Changes

- There are considerable reductions in staffing, included in the Clinical Services budgets, however;
- Most are vacant positions, which are unable to be filled due to workforce shortages, and the need to hold some positions vacant in anticipation of the budget impacts.
- The Division has communicated to staff through Town-Hall meetings, to work with them through the personnel process, if impacted.
- Majority of the impacted positions will have other options for employment within the Division or the Department.

Workforce Shortage

- Mental Health services are experiencing a severe workforce shortage in Nevada for behavioral health professionals.
- The Nevada Primary Care Office works with the Federal Health Resources Services Administration to designate *Health Professional Shortage Areas, (HPSAs)* in Nevada to leverage federal funding for recruitment and retention.
- For behavioral health, most of Nevada is a designated HPSA, with a single catchment area in all of northern Nevada, and multiple designations in southern Nevada.

Workforce Shortage (cont.)

According to the **2017 Health Data Book**, Office of Statewide Initiatives, University of Nevada Reno, School of Medicine, as of 2016:

- Licensed Alcohol & Drug counselors went down from 45.0 to 42.1 per 100,000 population;
- Licensed Marriage & Family therapists has decreased by 15.6% since 2010;
- Licensed Clinical Professional Counselors has increased from 1.0 -3.4 per 100,000 population since 2010;
- Of the 190 Psychiatrists licensed in Nevada, 189 live in the urban areas, and the per capita is 6.8 per 100,000, an increase of 25%. (Average is 12.3 per 100,000 nationwide);

Workforce Shortage (cont.)

- Licensed Psychologists have increased by 25.4% from 11.4 to 13.4 per 100,000 population, (average in US is 65 per 100,000);
- Licensed Clinical Social Workers is 14.3 per 100,000 in rural counties versus 25.1 in urban areas, (169 per 100,000 nationwide on average).

These statistics rank Nevada in the bottom 5% across these professions, in comparison to other states. The Department of Health & Human Services is working on several initiatives to address these issues.

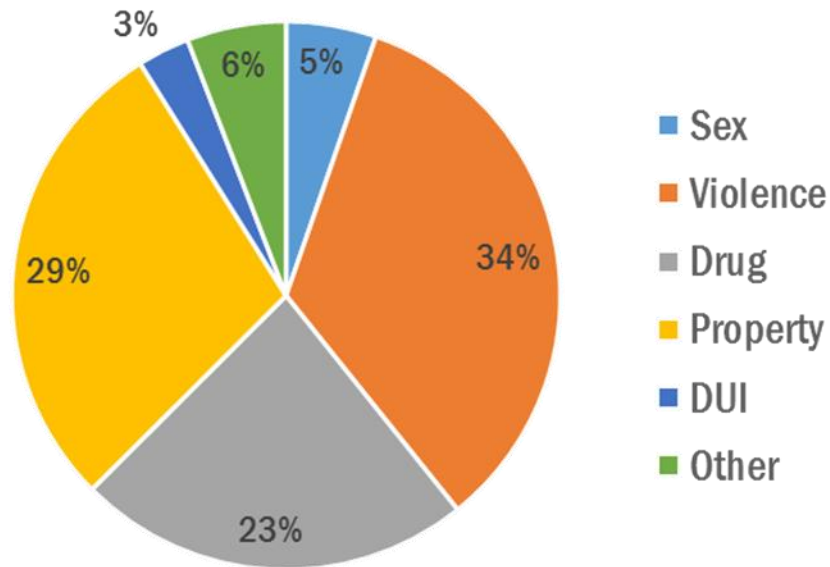
Workforce Shortage (cont.)

Some of the initiatives include:

- Recruitment, retention and hiring of qualified professionals;
- Licensing and reciprocity; SB69;
- Education and training with competency-based curriculum;
- Workforce pipeline- Social Workers, UNSOM,
- State Loan Repayment program; National Health Services Corps;
- Medicaid reimbursement for Psychology Interns, NV-PIC;
- Nevada Office of Rural Hospital Partners- Telehealth;

Nevada Department of Corrections Received Mental Health Treatment

Highest Offense

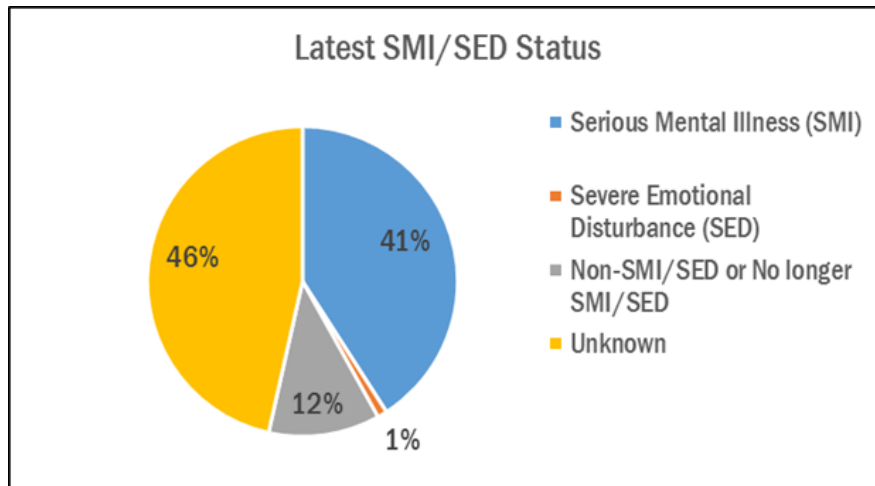
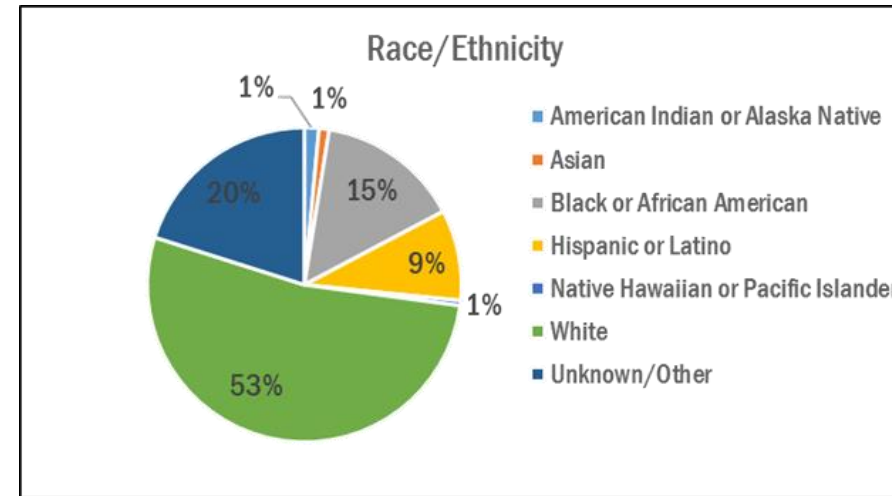
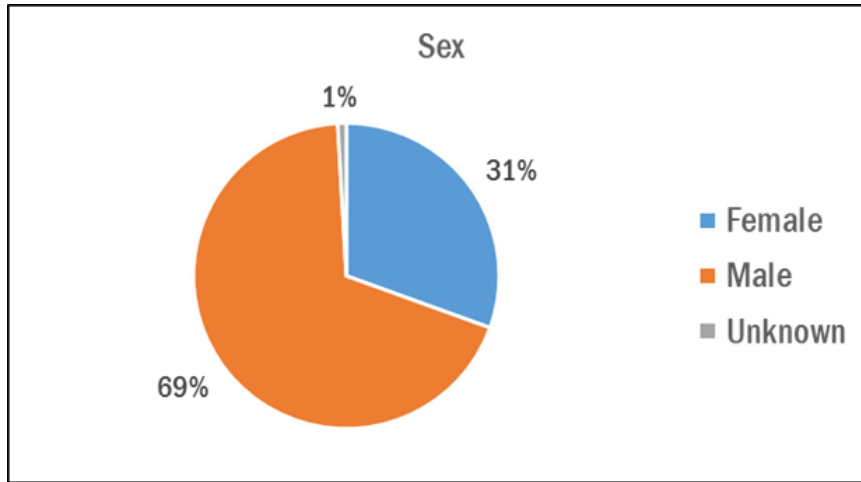


Top Offenses

- Burglary/Grand Larceny
- Possession/Under Influence of Control Substance
- Robbery
- Use of Deadly Weapon
- Possession of Stolen Vehicle/Property
- DUI
- Sexual Assault

Source: Nevada Department of Corrections (FY 2013 – FY 2016) and AVATAR (as of January 07, 2017)

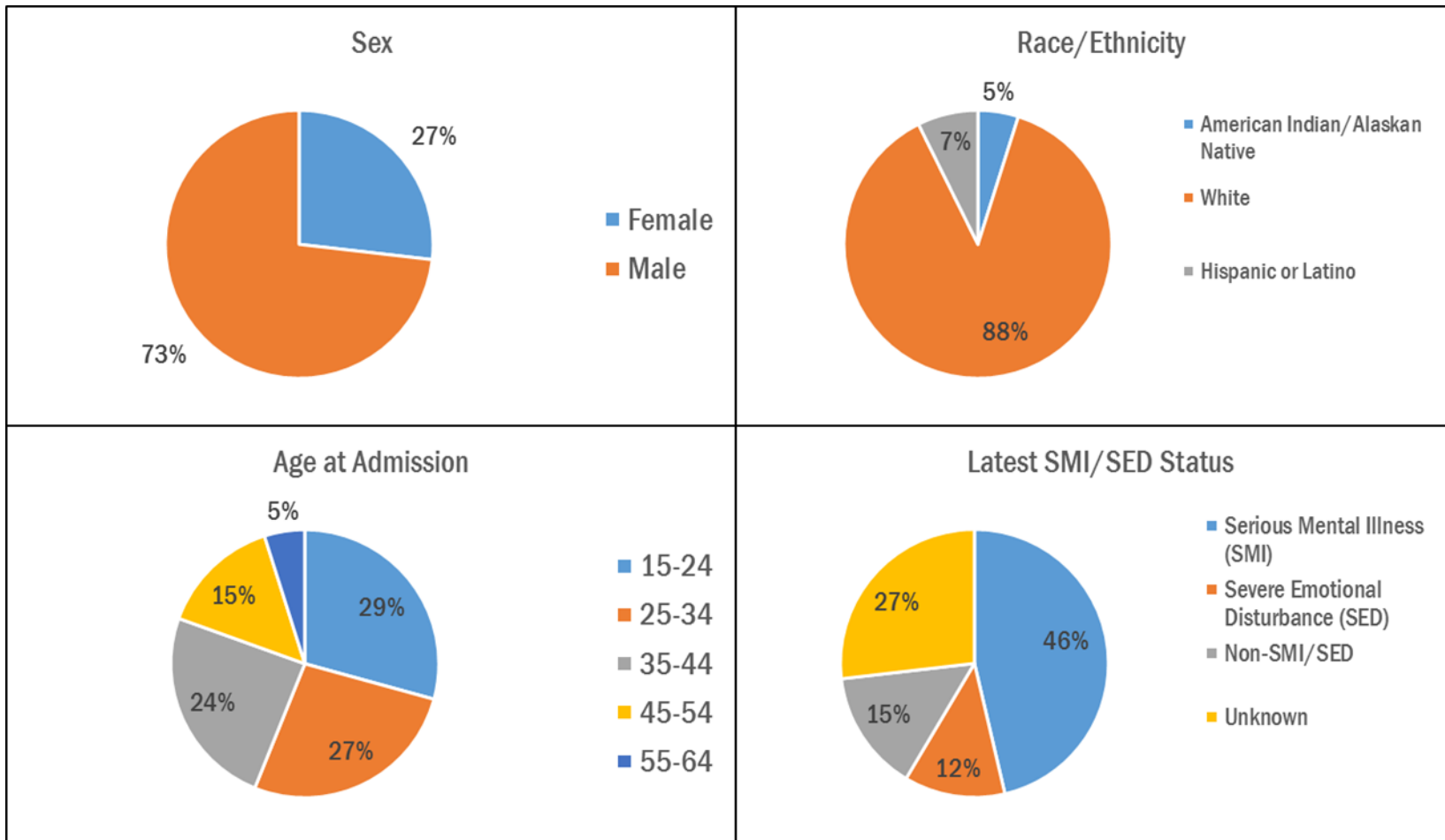
Parole & Probation Received Mental Health Treatment



- Top Charges**
- Burglary/Grand Larceny
 - Possession/Under Influence of Control Substance
 - Robbery
 - Theft
 - Forgery
 - Possession of Stolen Vehicle/Property

Source: Nevada Parole and Probation and AVATAR (as of January 07, 2017)

Lyon County Jail Received Mental Health Treatment



Source: Lyon County Jail (October – November, 2017) and AVATAR (as of January 07, 2017)

Most Common Mental Health Diagnosis Among Clients, Nevada

Mood Disorder
Polysubstance Dependence
Antisocial Personality Disorder
Depressive Disorder
Psychotic Disorder
Amphetamine Dependence
Personality Disorder
Alcohol Dependence
Anxiety Disorder
Bipolar Disorder



Source: AVATAR (as of January 07, 2017)

Individuals with Mental Illness and Crime

According to an article in the New England Journal of Medicine:

As physicians, we are uniquely positioned to call attention to the circumstances that result in our patients being housed in places of punishment rather than places of healing. We can also push for the expansion and funding of programs that seek to rectify these injustices. Given the vast scope of the problem, a combination of solutions — including the foundation of insurance parity for mental health care — is necessary. “If you dramatically increase the number of crisis options,” points out Joel Dvoskin, chair of the Nevada Behavioral Health and Wellness Council, “police will be less likely to arrest.”

Hard Time or Hospital Treatment? Mental Illness and the Criminal Justice System, Christine Montross, M.D.

N Engl J Med 2016; 375:1407-1409 [October 13, 2016](#) DOI: 10.1056/NEJMp1606083

Gun Violence and Individuals with Mental Illness

According to CNN, People with serious mental illness are three times more likely than those who are not mentally ill to commit violent acts against themselves or others, but that is still a very small number of people, about 2.9% of people with serious mental illness within a year. And the impact on gun violence statistics is marginal, amounting to about 4% of all firearm homicides, according to [research as recent as last year](#).

When talking about gun deaths from suicide, however, epidemiologists say mental illness legitimately becomes an area of concern. Suicides accounted for 61% of all firearm fatalities in the United States in 2014, or 21,384 of 33,599 gun deaths recorded by the Centers for Disease Control and Prevention.

Gun violence not a mental health issue, experts say, pointing to 'anger,' suicides

By [Emanuella Grinberg](#), CNN; <http://www.cnn.com/2016/01/25/health/gun-violence-mental-health-issue/>

Summary

- The Affordable Care Act is in a precarious situation with threats of *repeal or replace* by new President Trump. If they reduce or eliminate this expanded coverage, there is a need to reconsider our proposed changes to our programs, services and budgets.
- Trends in the healthcare system means that the Division is now focused on the unmet needs such as those being sent out-of-state for care, including children and adolescents, and adults who need long-term treatment in a secure setting.

Summary

- Service capacity that now is covered by Medicaid, is expanding by community providers, which needs support to be sustained.
- Behavioral Health workforce shortages make for limited resources to operate these programs and therefore the system remains somewhat limited.
- Safety-net services are now changing to focus on the uninsured, and services that are not reimbursable by traditional health insurance, and Medicaid.
- These changes drive the modifications in the Mental Health budgets and services at the State level.