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Department of Health and Human Services

Responsive and Resilient: Nevada's Solution to Addressing Crisis

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September 18, 2019

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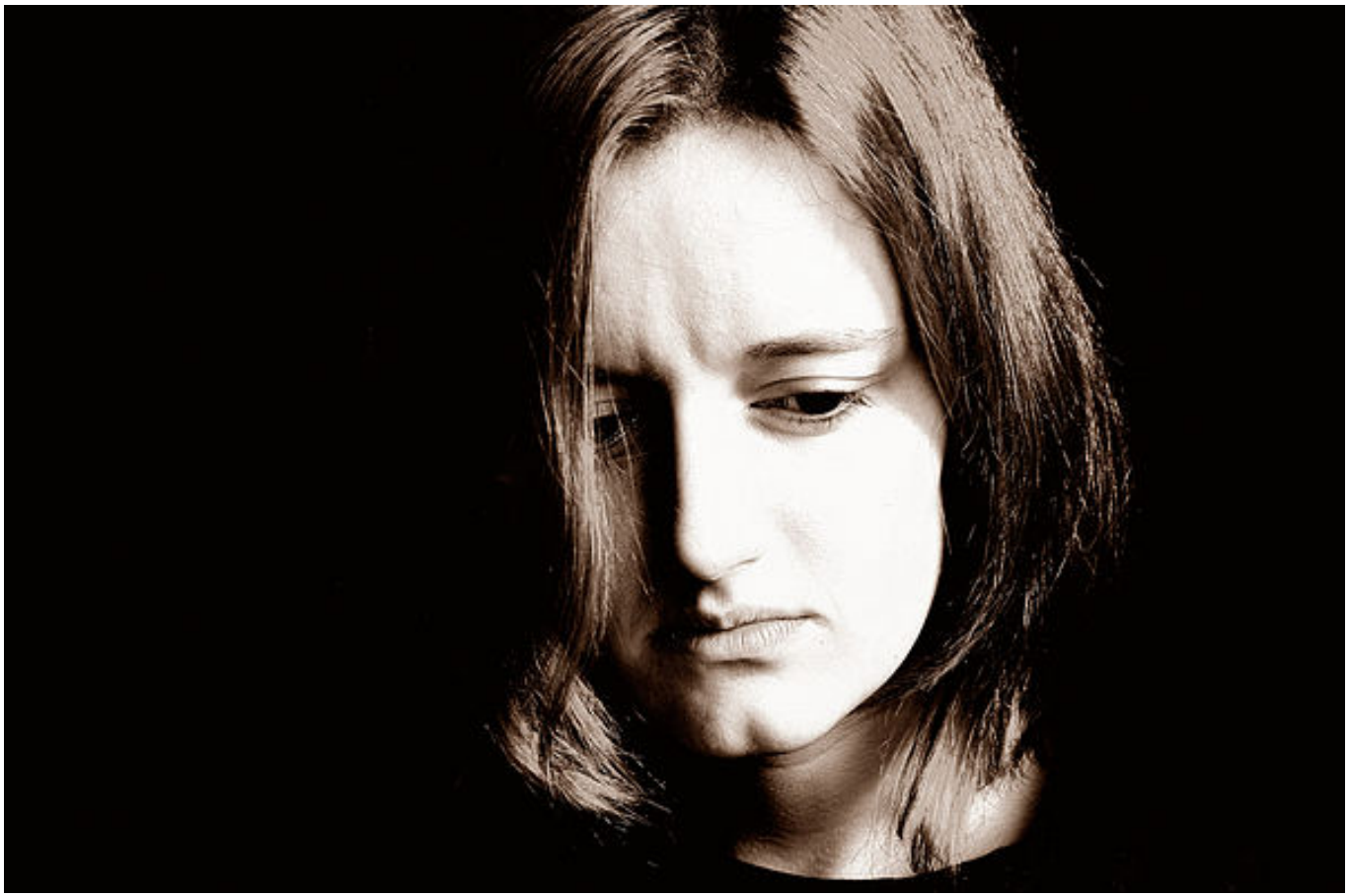
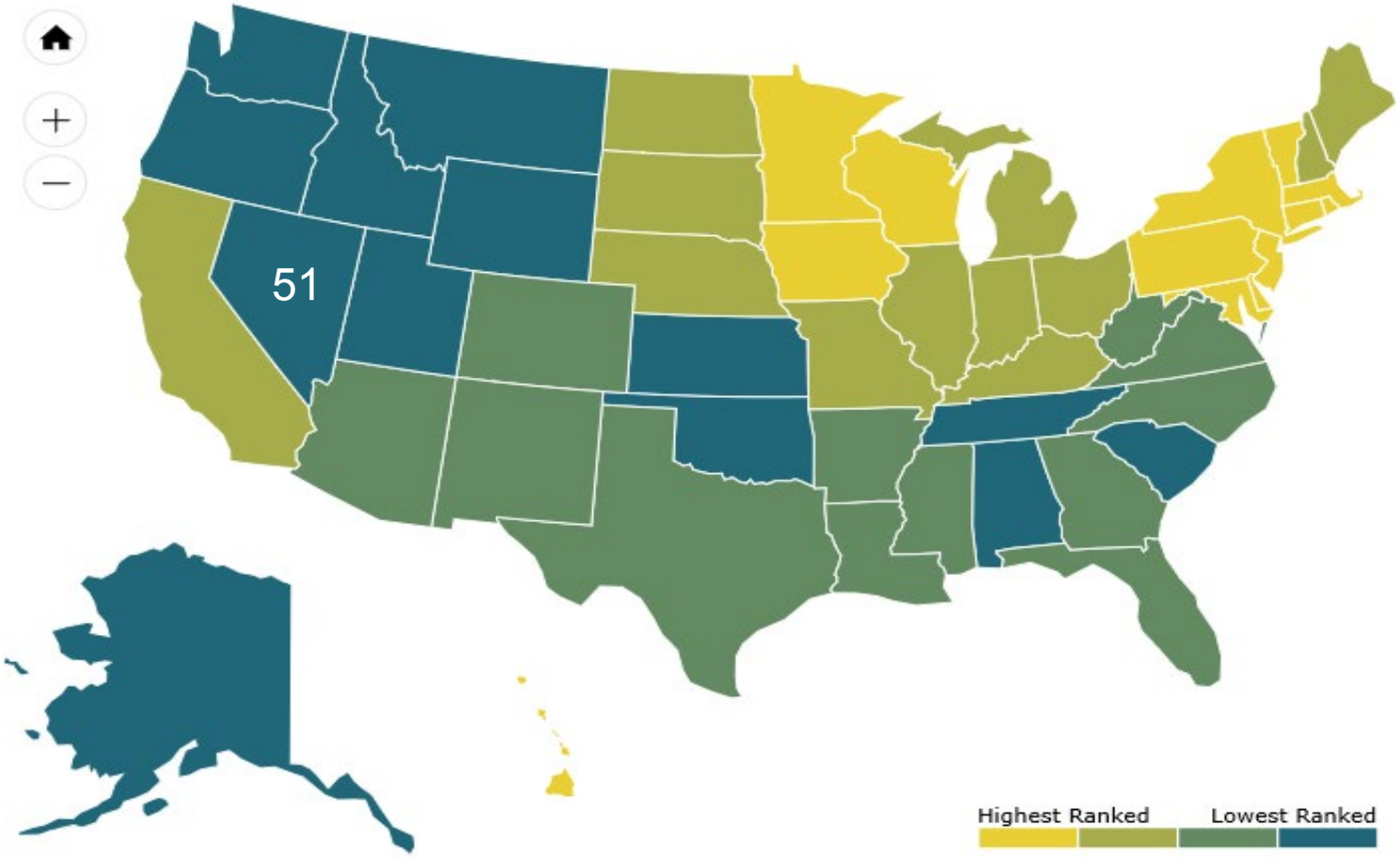


Crisis in Nevada

- Services are reactive; often only available to those in greatest need
- The absence of access to intermediate levels of care increase utilization of L2K
- Increase trauma, stigma, asking for help leads to victimization
- Unnecessary incarceration, institutionalization, hospitalization, and placement; ER's and jails
- Paradigm of scarcity of resources vs. building upon natural support
- Lack of access to evidence-based care for individuals with suicidality
- Poor discharge planning, connectivity to community resources
- Dependence on cost resources such as police and ambulance
- Perpetuates the "revolving door" or alienation from services
- Does not take into account treatment matching
- Leads to ER boarding, creating a bottleneck for admission for those who need access to timely inpatient care
- And the list could go on…..

Now is the Time

Overall Ranking 2020



Mental Health America, 2020 Report

Mental Health America 2020

The 15 measures that make up the overall ranking include:

- Adults with Any Mental Illness (AMI)
- Adults with Substance Use Disorder in the Past Year
- Adults with Serious Thoughts of Suicide
- Youth with At Least One Major Depressive Episode (MDE) in the Past Year
- Youth with Substance Use Disorder in the Past Year
- Youth with Severe MDE
- Adults with AMI who Did Not Receive Treatment
- Adults with AMI Reporting Unmet Need
- Adults with AMI who are Uninsured
- Adults with Cognitive Disability who Could Not See a Doctor Due to Costs
- Youth with MDE who Did Not Receive Mental Health Services
- Youth with Severe MDE who Received Some Consistent Treatment
- Children with Private Insurance that Did Not Cover Mental or Emotional Problems
- Students Identified with Emotional Disturbance for an Individualized Education Program
- Mental Health Workforce Availability

The State of Mental Health in America 2020 Nevada Summary

Category	Previous Rankings (2011-2013*)	Current Rankings (2016-2017)	Precent (%) Change	Nevada	US
Overall Ranking	51	51	0%		
Adult Ranking^	46	47	2%		
Adults with Any Mental Health (AMI)^	3	24	700%	18.87%	18.57%
Adults with Substance Use Disorder in the Past Year^	47	33	-30%	8.32%	7.68%
Adults with Serious Thoughts of Suicide^	15	36	140%	4.62%	4.19%
Adults with AMI who Did Not Receive Treatment~	51	47	-8%	63.90%	57.20%
Adults with AMI Reporting Unment Need~	29	49	69%	28.60%	22.30%
Adults with AMI Who are Uninsured~	51	34	-33%	10.90%	10.30%
Adults with Cognitive Disability who Could Not See a Doctor Due to Costs~	43	34	-21%	30.76%	29.40%
Youth Rankings	44	51	16%		
Youth with At Least One Major Depressive Episode (MDE) in the Past Year^	22	47	114%	14.97%	13.01%
Youth with Substance Use Disorder in the Past Year^	34	43	26%	5.20%	4.13%
Youth with Severe MDE^	12	51	325%	13.20%	9.20%
Youth with MDE who Did Not Received Mental Health Services~	48	36	-25%	61.40%	59.00%
Youth with Severe MDE who Received Some Consistent Treatment~	51	46	-10%	18.00%	28.20%
Children with Private Insurance that Did Not Cover Mental or Emotional Problems~	35	49	40%	16.00%	8.10%
Students Identified with Emotional Disturbance for an Individualized Education~ Program	43	43	0%	4.45%	7.33%
Access to Care Rankings (made up of Indicators listed above and below, marked with ^)	51	49	-4%		
Mental Health Workforce Availability~	40	33	-18%	510 :1	
Prevalence of Mental Illness (made up of indicators listed above, marked with ^)	18	45	150%		

Emergency Room Boarding

- On any given day 94 individuals are waiting for an inpatient admission
- Half are uninsured
- 2014 daily average: 119 individuals

Crisis Triage Centers

Added to the NRS during the 73rd Session (2005) with AB40 by then Assemblywoman Shelia Leslie

The bill added the following definition to statute.

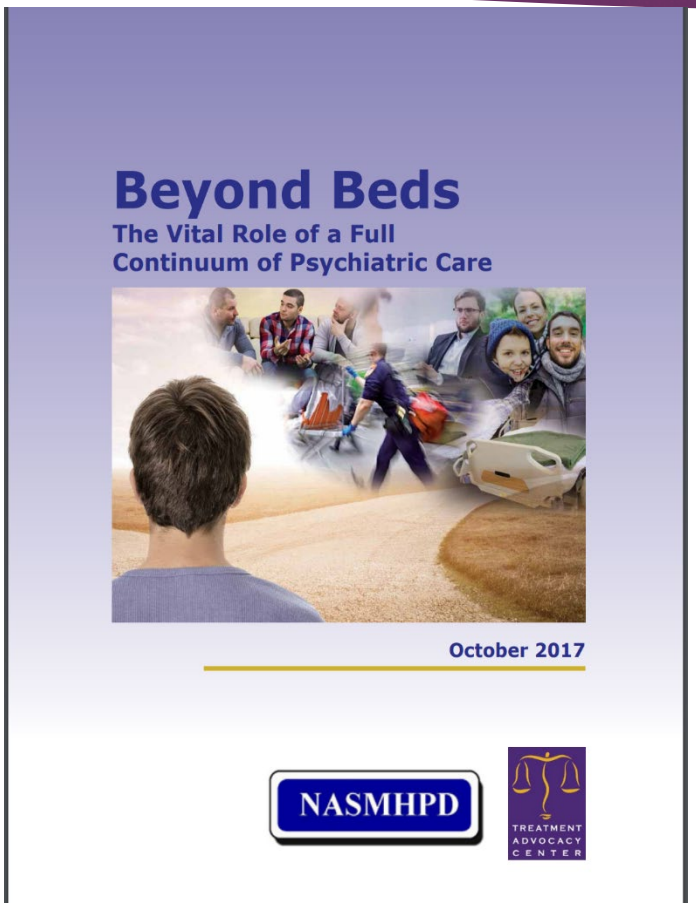
"Community triage center" means a facility that provides on a 24-hour basis medical assessments of and short-term monitoring services for mentally ill persons and abusers of alcohol or drugs in a manner which does not require that the assessments and services be provided in a licensed hospital."

https://www.leg.state.nv.us/Session/73rd2005/Reports/history.cfm?ID=1363

Funding was provided during the same session in AB175 sponsored by Assembly HHS. The bill appropriated $500,000 for FY05-06 and another $500,000 for FY 06-07. The bill required matching funding from local government and hospitals.

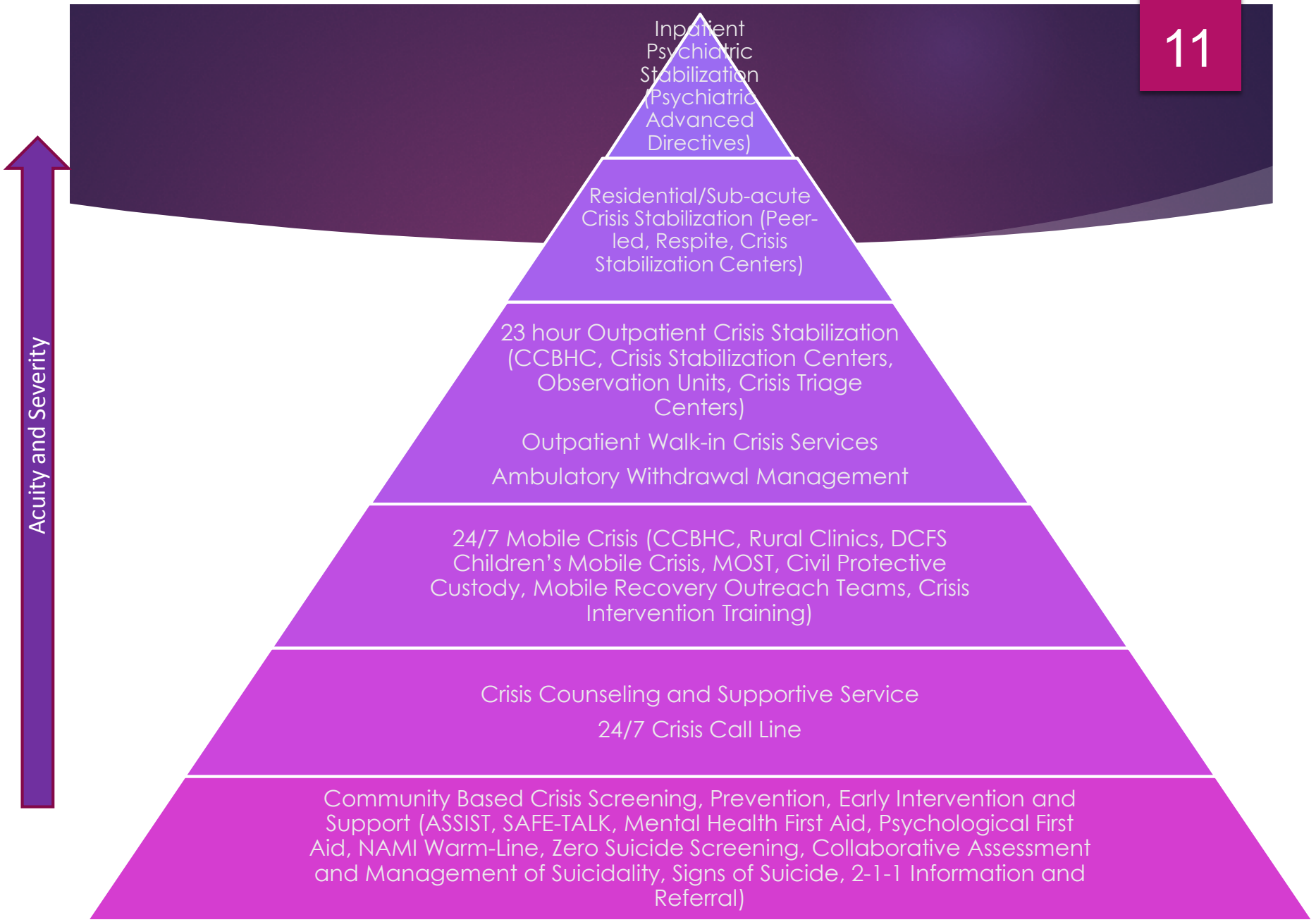
https://www.leg.state.nv.us/Session/73rd2005/Reports/history.cfm?ID=1657

Moving Beyond "Beds"



- Full continuum of Care
- Terminology
- Criminal/Juvenile Justice Diversion
- Emergency Care Standards
- Psychiatric Beds
- Transitions in Care
- Community Resources
- Data
- Technology
- Workforce

Nevada's Ideal Crisis Continuum



Responsive and Resilient: Communities that Care:

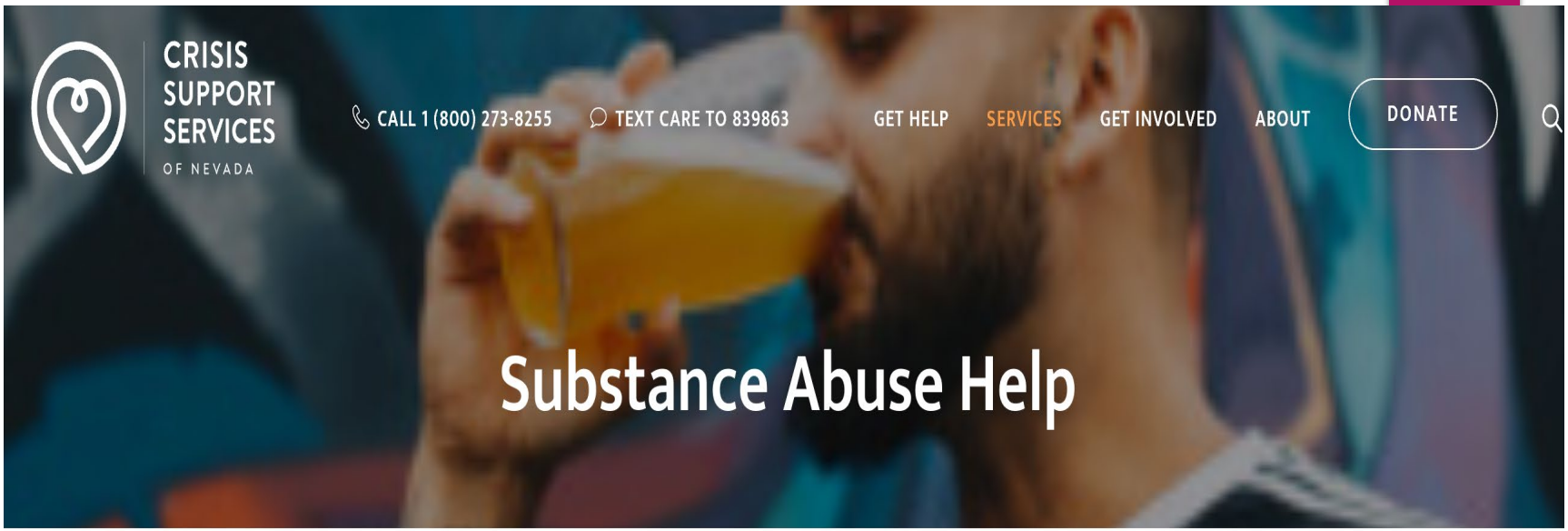
- Community Based Crisis Screening,
- Prevention,
- Early Intervention and Support (ASSIST, SAFE-TALK),
- Mental Health First Aid,
- Psychological First Aid,
- NAMI Warm-Line,
- Zero Suicide Screening,
- Collaborative Assessment and Management of Suicidality,
- Signs of Suicide,
- 2-1-1 (Information and Referral)

National Suicide Prevention Lifeline
Crisis Support Services of Nevada

- One of six National Suicide Prevention Lifeline National Call Centers.
  - Answer all of the Lifeline calls from Nevada
  - Answer roll over calls from the regional call centers around the nation
  - Nevada recently awarded the Lifeline Capacity Expansion Grant and funding through DHHS/DPBH

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK (8255)
suicidepreventionlifeline.org

CRISIS SUPPORT SERVICES OF NEVADA



The Substance Abuse Helpline is a free, confidential, 24-hour-a-day phone line staffed by the Crisis Support Services of Nevada. It is available for anyone in the state of Nevada. When you call, you are provided with support and referrals to substance abuse counseling and treatment resources throughout the state.

Substance Abuse Help Line

1-775-825-4357

Substance Abuse Help Line (Toll Free)

1-800-450-9530

National Suicide Prevention Lifeline
Crisis Support Services of Nevada

- Total Contacts last year
  - 67,000 + Total
  - 11,500 Text messages – 70% are from youth between 13-24 years old
  - Of the 67,000 + calls and texts, 19,500 of those were from Nevadans
    - 37% Washoe County
    - 38% Clark County
    - 25% Rural Counties

- Resolution to Calls and Texts
  - 60% -- De-escalated
  - 39% -- No Change
  - 1% -- Escalated
- Deployed Emergency Services
  - National – 776 or 2.4%
  - Nevada – 1044 or 5.4%

CRISIS SUPPORT SERVICES OF NEVADA

Mobile Crisis Teams

- Deployment of supports to the community
- Allows for assessment and intervention, crisis stabilization, and referral
- Mobile Recovery Outreach Teams for Post-overdose intervention
- Certified Community Behavioral Health Clinics

Hospital Diversion Rates

Children's Mobile Crisis

Southern NV: 76%-97%

Northern NV: 44%-100%

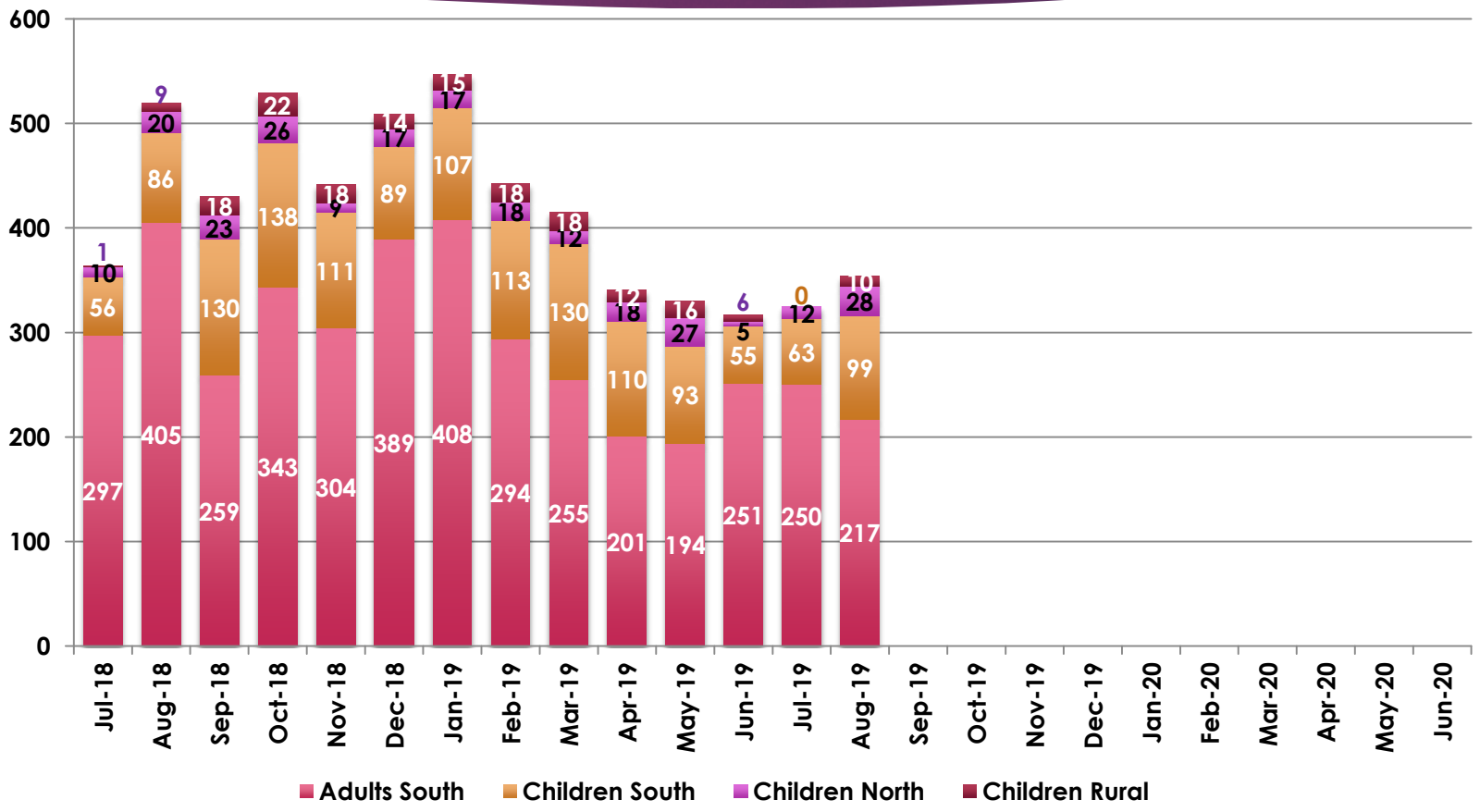
Rural NV: 60%-100%

Adult Mobile Crisis*

Southern NV: 57%-88%

*Rural NV: Developing through funding this past legislative session

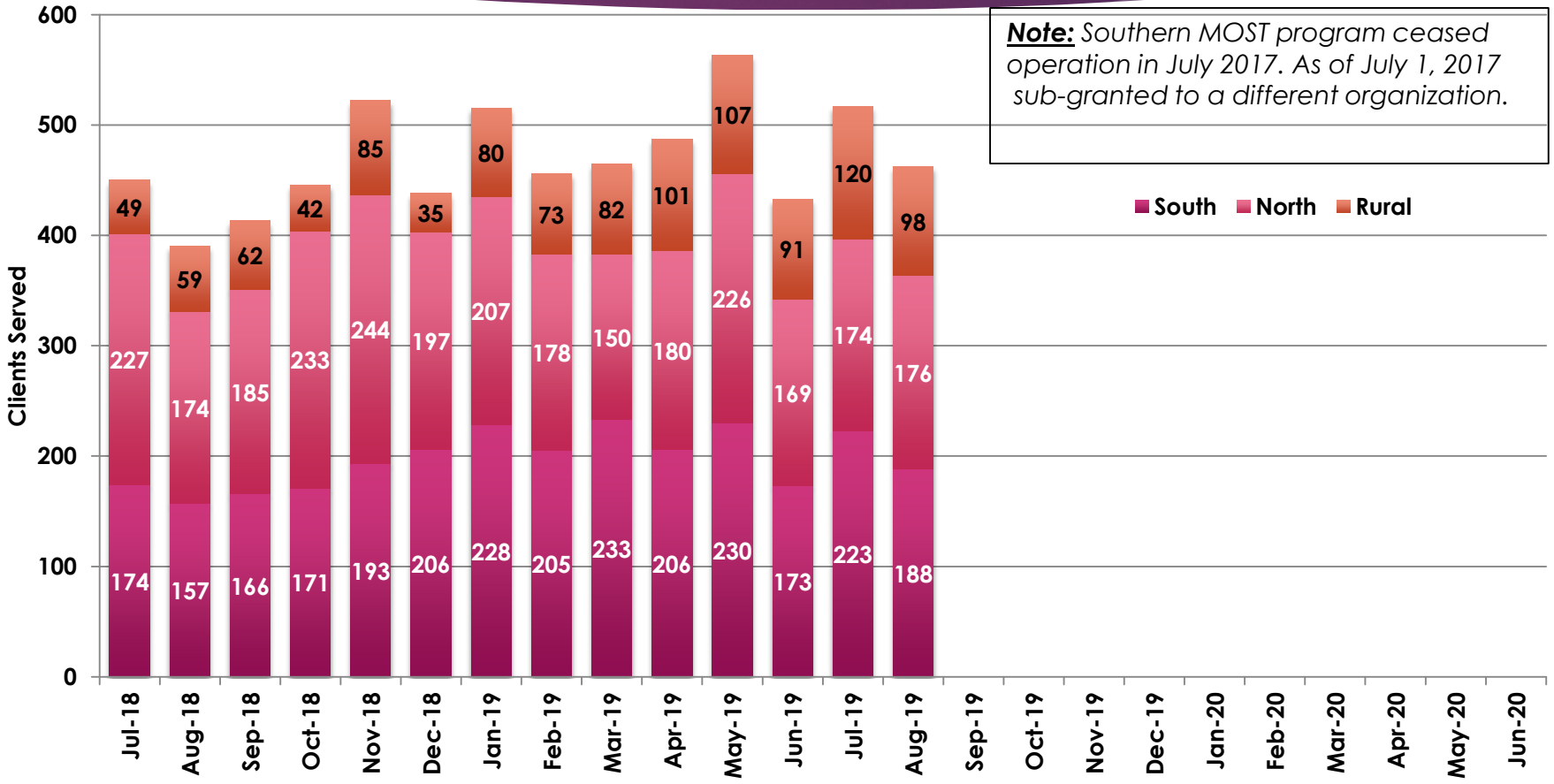
Mobile Crisis
Total Clients Served



Criminal/Juvenile Justice Deflection and Diversion

- Mobile Outreach Safety Teams: Community-based law enforcement/behavioral health intervention
- Law Enforcement Assisted Diversion Programs (LEAD)
- Based on Needs, Risk, Responsivity Model (Marlowe)
- Goal of reducing criminally justice involved individuals with behavioral health issues in incarcerated settings and connecting them with care
- Treatment Courts (Mental Health Court/Drug Court)
- Assisted Outpatient Treatment
- Assertive Community Treatment

Mobile Outreach Safety Team



Outpatient Crisis Stabilization

- 23 hour Outpatient Crisis Stabilization

Certified Behavioral Health Clinics (CCBHC)

Bridge Counseling (Las Vegas), New Frontier (Fallon), and Vitality Unlimited (Elko)

Prospective CCBHC's

Bridge Counseling (Las Vegas-McCloud), FirstMed (Las Vegas), Quest Counseling (Reno), Northern Nevada HOPES (Reno), Rural Nevada Counseling (Silver Springs), Carson Community Counseling Center (Carson), Vitality Unlimited (Carson)

Crisis Triage Centers (CTC)

DCFS/DSF Children's Mobile Crisis Outpatient Stabilization

Community Based/Hospital Based Community Stabilization (Mallory Center)

Residential/Subacute Crisis Stabilization

- Medically Monitored Residential Services (ASAM 3.5 & 3.7; LOCUS 5 & 6)
- Step-down or alternative from Inpatient Treatment
- Length of Stay 3-5 days
- Peer recovery housing, Respite
- AB66: Established Crisis Stabilization Centers

Defines Crisis Stabilization Centers, requires Medicaid reimbursement, establishes non-emergency secure behavioral health transport services

Inpatient Psychiatric and Substance Abuse Services

- Civil Commitment Holds (AB 85; AB 378; 2019)
- Psychiatric Advanced Directive (SB 50; 2017)
- CMS regulations for discharge planning (Revisions to Discharge Planning Requirements [CMS-3317-F]) revises the discharge planning requirements to focus on a patient's goals and treatment preferences. https://www.federalregister.gov/documents/2019/09/30/2019-20732/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals

Safer Suicide Care

- Increase the number of providers who have training in evidence-based interventions specifically designed to address the screening, assessment, and treatment of suicidality
- Recognizes research findings: lack of suicide specific care is the standard practice; can lead to greater sense of loss of hope and helplessness
- Integrate safe suicide care into healthcare and hospital settings (Zero Suicide Academy; 2020)
- Collaborative Assessment and Management of Suicidality (CAMS) used in Mobile Crisis (adult and youth) as well as CCBHC's

Connecting referring, treatment and social services into one trusted, comprehensive network

2 NETWORK ADMINISTRATOR

6 PUBLIC-FACING PORTAL

1 OpenBeds®
SYSTEM ADMINISTRATOR AND NETWORK SUPPORT

REFER

3

Medical facilities (inpatient and outpatient)
Justice system
County authority
Inpatient Withdrawal Management
Mobile crisis units
Child Placement Services
Crisis Lines

CRISIS SUPPORT SERVICES OF NEVADA

Nevada 2-1-1 Get Connected. Get Answers.

5 REFERRAL TO CARE & SOCIAL SERVICES SUPPORT

4 TREATMENT

Acute Inpatient Care
Residential Treatment Program
Partial Hospitalization
Recovery Support Services
Inpatient Withdrawal Management
Recovery Housing
Intensive Outpatient Treatment
Outpatient Counseling
MAT
Mobile Crisis Units

Nevada's Crisis Continuum
Getting from fragmented to integrated

Fully fund Crisis Call Center to be the hub for "air traffic control"

Crisis Call Center deploy 24/7 mobile crisis

Crisis Call Center to have scheduling access to same day/next day appointments for state-run and community providers

Full participation in on-line bed registry (Open Beds) for all inpatient, residential, crisis stabilization beds

Design "living room model" crisis stabilization centers

Optimize community paramedicine programs for evaluation, triage, and step-down support

Train and implement core evidence based practices across the continuum (CAMS, Zero Suicide, Columbia, trauma informed services, LOCUS/ASAM)

Develop peer and community based volunteers, including faith based organizations to deploy

Fund tele-psychiatry for statewide access for consultation and evaluation

Nevada's Crisis Continuum
Getting from fragmented to integrated

Grow outpatient stabilization programs

Educate community and law enforcement on options for referral instead of ER

Establish additional Assertive Community Treatment teams for step-down and outpatient crisis stabilization

Utilize Assisted Outpatient Treatment statewide

Establish Comprehensive Care Teams for Early Serious Mental Illness Statewide (ESMI)

Train primary care and psychiatry providers on ESMI

Move away from "bed-based" care models at levels below Residential, 3.7 Withdrawal Management, and Inpatient Psychiatry

Explore Medicaid 1115(a) Demonstration Waiver for SUD and SMI/SED IMD exclusion to reimburse for residential services and expand access to inpatient psychiatry

Utilize Medicaid Long-Term Services and Supports (LTSS) to provide medically necessary supports for individuals with disabilities