

Nevada System of Care DCFS Children's Mental Health

Access to Children and Youth
Mental and Behavioral Health
Services and Treatment Programs
in Nevada

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Nevada System of Care

Agenda Item V A (HEALTH)
Meeting Date: 07-17-18



Nevada SOC Implementation:

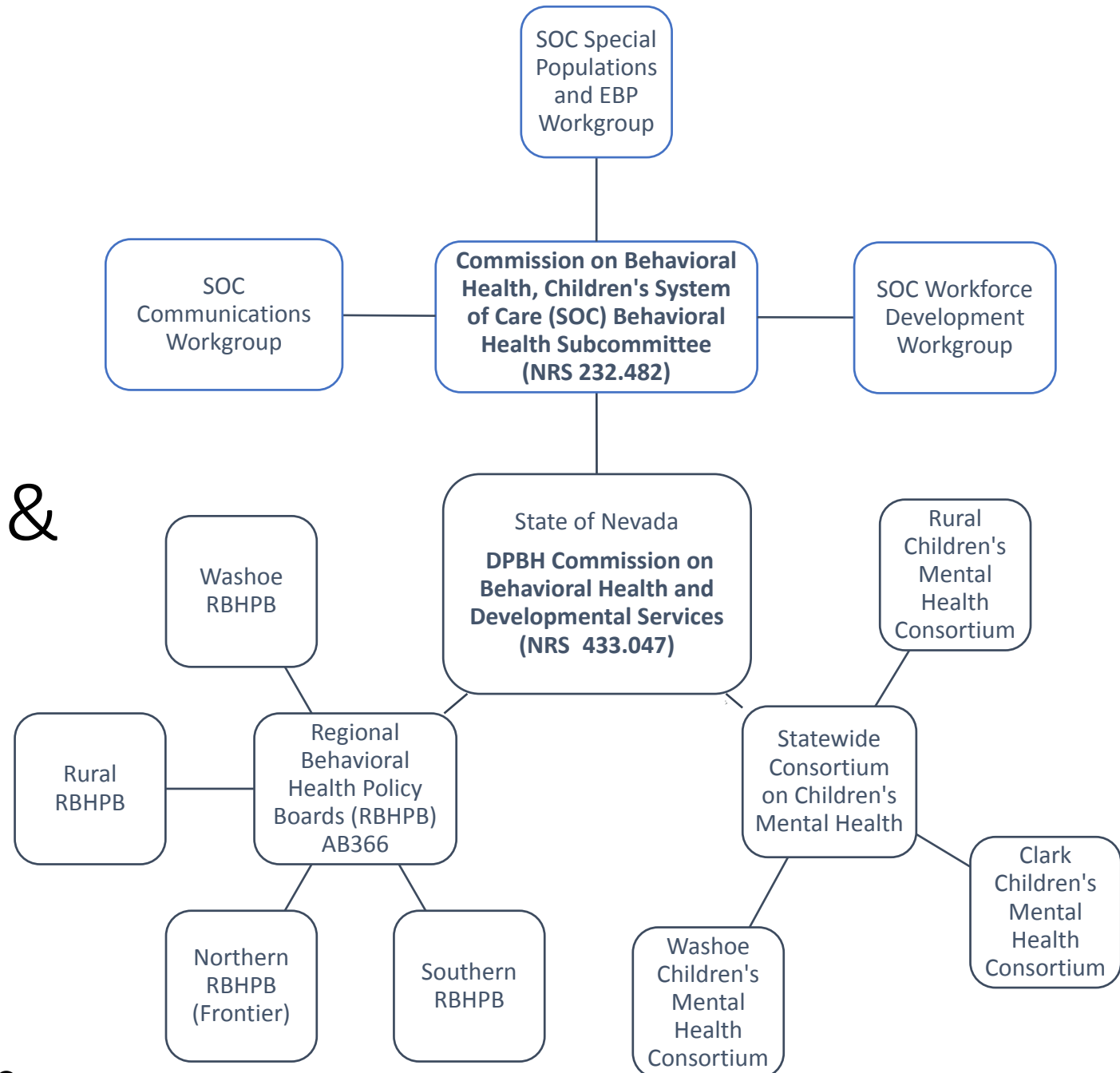
Nevada began transitioning to a System of Care approach in 1998, after receiving a seven year SAMHSA grant that created and sustained Neighborhood Service Centers in Clark County, Wraparound in Nevada statewide and Family Peer-Support Services.

The Nevada System of Care implementation grant builds upon previous successes in the state and aims to infuse and expand the System of Care philosophy throughout children's behavioral health policies and services across the State of Nevada.



Children's Mental Health in Nevada

Current Oversight & Stakeholder Structure



SOC Goals:



1. Generate support among families and youth, providers, and policy decision makers at state and local levels, to support expansion of the SOC approach, minimizing the role of CMH providing direct care, to an agency that primarily provides planning, provider enrollment, utilization management, technical assistance and training & continuous quality improvement. The transition to becoming a certifying agency for publicly funded providers of CMH is currently being researched and pursued with the SOC and division partners.
2. Maximize public and private funding at the state and local levels to provide a SOC with accountability, efficiency and effective statewide funding sources.
3. Implement workforce development mechanisms to provide ongoing training, technical assistance, and coaching to ensure that providers are prepared to provide effective services and support consistent with the SOC approach.
4. Establish an on-going locus of management and accountability for SOC to ensure accountable, reliable, responsible, evidence and data-based decision making to improve child and family outcomes and to provide transparency at all levels.





SOC Accomplishments – Direct Services

- **Child Parent Psychotherapy**: Training for one learning collaborative for early childhood clinicians to provide this service at DCFS.
- Expanded children's **Mobile Crisis Response Team** in Clark and Washoe County. Established mobile crisis in select rural areas.
- DCFS is collaborating with Juvenile Justice on **The Harbor** which is a program aimed at diverting children from the juvenile justice system.
- Implementing Together Facing the Challenge; an evidence-based **Specialized Foster Care program** in Washoe and Clark counties.
- DCFS is collaborating with DPBH to offer a **First Episode Psychosis program** that uses the **RAISE** model and provides services in both Clark and Washoe counties.





Accomplishments – Direct Services

- Youth in Transition: **Transitional living services** to transitional age youth in Washoe County.
- The GROW Program: **Transitional living services** to transitional age youth in Clark County. United Citizens Foundation: A program that provides **school based mental health services** to children in Las Vegas.
- Washoe County School District Coordinated Care: **School-based case management** services to children in the Washoe County School District.
- Pacific Behavioral Health Rural Intensive Outpatient Program: A program to provide **intensive outpatient services** to adolescent children in the Washoe county and rural areas.
- Apple Grove Day Treatment Services: A program to provide **day treatment services** to children in Las Vegas.





System Level Accomplishments

- ✓ The SOC social media plan was launched to include Facebook, Twitter, the SOC webpage, online webinars, posters and the monthly newsletter.
- ✓ Continued to support and expand the Statewide Family Network at Nevada PEP to facilitate the family voice.
- ✓ Family peer support services has expanded and is being proposed in the Medicaid State Plan Amendment.
- ✓ The Youth M.O.V.E. Nevada chapter was created and approved by National Youth M.O.V.E. organization. Youth M.O.V.E. Nevada held a Statewide Youth and Family Summit, gathering consumer information that continues to guide the SOC planning.



System Level Accomplishments



- Developed mechanism for funding, training and monitoring sub-grantees.
 - ✓ A provider enrollment process has been developed and practice standards have been included.
 - ✓ A clinical service delivery tool and a fiscal analysis tool have been developed to provide utilization review for all subgrantees.
 - ✓ Sustainability reviews are held quarterly with each subgrantee.
- National Wraparound Implementation Center training.
 - ✓ Two year training program to assist the SOC in getting the latest curriculum, coaching, supervision and fidelity tools on Wraparound.



System Level Accomplishments

- ✓ Provided evaluation training and established data collection protocol across the SOC.
- ✓ Completed a Readiness Implementation Survey and a follow-up survey to assess stakeholder readiness for the SOC.
- ✓ DCFS Children's Mental Health in conjunction with DHCFP applied for a Technical Assistance Opportunity with ZERO TO THREE. Nevada was one of ten states chosen to participate in 2018-19.



Nevada SOC Initiatives

- Wraparound
- Mobile Crisis Response Team
- Specialized Foster Care - TFTC
- Nevada CANS
- PBIS
- Building Bridges Initiative
- Training Initiatives



Division of Child and Family Services-Children's Mental Health programs:

❖ Northern Nevada Child and Adolescent Services (NNCAS)

❖ Southern Nevada Child and Adolescent Services (SNCAS)

Outpatient Programs:

- Mobile Crisis Response Teams
- Early Childhood Mental Health Services
- Outpatient Mental Health Services
- Wraparound in Nevada

Residential Programs:

- Family Learning Homes (NNCAS)
- Adolescent Treatment Center (NNCAS)
- Oasis on campus Treatment Homes (SNCAS)
- Desert Willow Treatment Center (RTC & Acute-SNCAS)





June, 2016-Governor's Finance Office recommendations

Recommendation 1: Transition from RTC Placements to Home and Community Based Services (HCBS) strategies. Without a full service array of mental health services in NV, children may be placed in RTC's unnecessarily. Federal studies of programs in other states show better outcomes for children, youth and families who receive more intensive HCBS rather than RTC placements.

- SOC workgroup in place
- SOC funded community providers and worked with them on how to bill Medicaid
- Increase in Outpatient, Intensive outpatient, Mobile Crisis response, Partial Hospitalization programs.





June, 2016-Governor's Finance Office recommendations

- Recommendation 2: Modify the Medicaid State Plan to develop new benefits and redesign existing benefits for children and youth with Serious Emotional Disorders.
 - State Plan amendment submitted with a plan to expand the service array.
 - Current benefits to be redesigned to increase community based and home based services using projected cost savings from reduction of youth going out of state to Residential Treatment Facilities.



Desert Willow Treatment Center:

- Legislature approved plan to reduce the number of state funded beds for RTC and acute care at DWTC and work with a private provider to provide services in the remaining space at DWTC.
 - August 14, 2017: RFP released.
 - September 26, 2017: DCFS offered First Med the opportunity to enter into a contract for services at DWTC as a result of the RFP.
 - DCFS and DHCFC working with First Med in reviewing public-private partnership and funding options through Medicaid.
 - DCFS, DHCQC and First Med reviewing licensing and accreditation requirements of private agency occupying publicly owned building space to operate children's acute care and RTC programs.

SOC Challenges:

- Workforce shortages in Nevada
 - Trained professionals (psychiatrists, psychologists, social workers, MFT's psychiatric nurses, APRN, mental health staff at all levels)
 - Provider shortage
- Sustainable funding
 - Incentivizing funding for qualified providers and trained professionals
- Systems Change is slow moving



System of Care-Workforce Development: Policies, Standards and Training Workgroup

The workgroup has reviewed national and state-wide trend data reflecting that:

- despite recent improvement in the number of licensed health professionals, Nevada's health workforce rankings have not changed appreciatively over the past two decades.
- outlines noteworthy rankings include the number of physicians per capita (Nevada is ranked 48th among US states), registered nurses (48th), psychiatrists (47th), psychologists (38th), Social Workers ((51st), Counselors (50th) and Mental Health and Substance Abuse Counselors (45th).
- Non-physician health professions possess a per capita number lower than the national average or number of professionals per 100,000 population. (The "Health Workforce Supply in Nevada, UNR Med Health Policy Report, 2017 edition)



UNR Med Health Policy Report: Health Workforce Supply in Nevada 2017 edition

10 year trend:



Licensed Mental and Behavioral Health Professionals in Nevada							
Licensed Health Professionals	2006	2008	2010	2012	2014	2016	Change –2006to 2016
Number							
Alcohol, Drug, and Gambling Counselors	–	1,233	1,306	1,263	1,277	1,224	-9
Clinical Professional Counselors	–	–	28	47	–	99	71
Licensed Clinical Social Workers (LSCWs)	–	543	537	596	602	698	155
Marriage and Family Therapists	–	–	635	669	–	734	99
Psychiatrists	152	169	139	195	182	190	38
Psychologists	–	311	334	368	373	390	79
Number per 100,000 Population							
Alcohol, Drug, and Gambling Counselors	–	45.0	48.4	45.9	43.4	42.1	-3.2
Clinical Professional Counselors	–	–	1.0	1.7	–	3.4	2.3
Licensed Clinical Social Workers (LSCWs)	–	19.8	19.9	21.7	21.3	23.8	4.0
Marriage and Family Therapists	–	–	23.5	24.3	–	25.1	1.6
Psychiatrists	6.0	6.2	5.1	7.1	6.4	6.5	0.5
Psychologists	–	11.4	12.4	13.4	13.2	13.3	2.0
Source: Nevada State Board of Medical Examiners (2006, 2008, 2010, 2012, 2014, 2016), Nevada State Board of Psychological Examiners (2008, 2010, 2012, 2014), State of Nevada Board of Examiners for Marriage & Family Therapists and Clinical Professional Counselors (2010, 2012, 2014), State of Nevada Board of Examiners for Social Workers (2008, 2010, 2012, 2014), Nevada State Board of Examiners for Alcohol, Drug, and Gambling Counselors (2008, 2012, 2014), Nevada State Demographer's Office (2008, 2010, 2012, 2014, 2016).							



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Formal Recommendations from the SOC Workforce Development Workgroup to address the healthcare workforce shortage:

- State, county and private providers offer loan forgiveness and adjust compensation upwards for mental and behavioral healthcare professionals.
- State, county and private providers pursue grant funding that can pay licensed professionals for supervision time when supervising interns.
- State, county and private providers develop stipends for interns or contract staff to see clients who are indigent (uninsured) or have high insurance deductibles.
- Analyze Medicaid managed care providers to determine the number of staff they have and if staff are commensurate with national standards (staff per covered lives). If there are 62 thousand children on a plan, check actuarial data, use an ideal number, then build this into the contract.
- State, county and private providers engage in active recruiting. Companies that have a contract with the Veteran's Administration or with insurance companies to enlist new providers on an ongoing basis.
- State licensing boards and state Department of Human Resources give the option of underfilling/filling positions with interns, thereby increasing the workforce. This would simultaneously create new internship sites which is an identified need in the state.



Where is Nevada Headed?

Review of Key Decision Points and Opportunities

- DCFS will explore becoming the children's mental health authority in Nevada and/or becoming the certification agency for publicly funded CMH providers.
- Wraparound will be provided by DCFS and SOC proposes DCFS serve as the Care Management Entity (CME).
- DCFS has developed a tiered system that includes case management services to children and families meeting SED criteria. High Fidelity Wraparound is provided to the top 5% of children who need the most intensive level of case management support and will continue to be provided by DCFS. The second tier are for those children and families who would benefit from case management services at a less intensive level. This tier of services will be provided by school districts, counties and other community providers with the state serving as the safety net provider.





Where is Nevada headed?

Expansion of service array:

DCFS (guided by SOC strategic plan) will pursue a state plan amendment to expand the current service array to include:

- Wraparound in Nevada
- Respite services
- **Family Peer Support** (FPS specialists assist the family to develop coping and advocacy skills, problem solving and parenting skills and helps make linkages with formal and informal community supports)
- **Consultative Services** (psychiatrists reimbursed for involvement in CFT meetings)
- **Intensive home-based services** (Homebuilders is one suggested model)

