

REVISED WORK SESSION DOCUMENT

Nevada Mental Health Plan Implementation Commission Senate Bill 301 (Chapter 445, Statutes of Nevada 2003) January 26, 2004

This Work Session Document has been prepared by the staff of the Nevada Mental Health Plan Implementation Commission. Organized by the goals as set forth in the report of the President's New Freedom Commission on Mental Health, this document contains a summary of major recommendations made to the Commission and designated by the Chairman for inclusion here. It is designed to assist the Commission members in developing statements and in determining recommendations to be forwarded to the 2005 Session of the Nevada Legislature.

The recommendations contained herein do not have the support or opposition of the Commission. Rather, each item in this document may be the subject of further discussion, refinement, or action. Actions available to the Commission include: (1) legislating a recommendation; (2) transmitting a recommendation or request by Commission letter; (3) including a statement or recommendation in the Commission's report; and (4) urging an action by resolution. According to Nevada Revised Statutes 218.2429, the Commission may request the drafting of up to five legislative measures, which includes both legislation and resolutions.

GOAL 1 AMERICANS UNDERSTAND THAT MENTAL HEALTH IS ESSENTIAL TO OVERALL HEALTH

1. Develop English and Spanish consumer-friendly information packets for all consumers contacting the agencies.
2. Urge the appropriate governmental agencies to develop a "housing first" program modeled after Tennessee's Creating Homes Initiative whereby certain funds from the state budget would be utilized to capitalize on available housing funds from other sources.
3. Promote, encourage, and facilitate greater access to safe, decent, and affordable community-based housing and support services, including permanent supportive housing, by using an array of resources within the U.S. Departments of Housing and Urban Development (HUD), Health and Human Services (HHS), and the Veterans Administration (VA) as leverage.

GOAL 2 MENTAL HEALTH CARE IS CONSUMER- AND FAMILY-DRIVEN

4. Fund and implement the proposed Behavioral Health Plan System Redesign of the Division of Health Care Financing and Policy (DHCFP), Department of Human Resources (DHR). The Behavioral Health Plan recommendations include, but are not limited to, standardizing the infrastructure of the system, developing specialty clinics, eliminating state-devised reimbursable codes for Nevada Medicaid, delivering targeted case management services through state agencies, and defining mechanisms for utilization management.

Options:

- (a) Urge DHCFP to include in its Behavioral Health Plan System Redesign coverage for family support services.
- (b) Urge DHR to take the steps necessary to ensure that publicly supported services are tied to outcomes.
- (c) Urge DHR to incorporate the concept of family-driven care as an integral part of all children's mental health programs.

- (d) Urge DHCFF to work with Nevada's Department of Education and local school districts to expand mental health resources for children with serious emotional disturbance and facilitate better access to resources with emphasis on service delivery through schools.

- 5. Urge the Division of Mental Health and Developmental Services (DMHDS) to retain one or more grant writers to secure available federal and other grants relating to mental health needs of adults and children, housing, and other services.
- 6. Modify Nevada's disability application process to make it easier for Medicaid to be provided without qualifying for Supplemental Security Income. This could be implemented as a State Medicaid Plan option.

Note: Modification of the application process is also under consideration by the interim Legislative Committee on Health Care under a Health Insurance Flexibility and Accountability (HIFA) waiver.

- 7. Urge DHR to develop a family-driven, integrated, and comprehensive service delivery system that requires the sharing or pooling of resources, with consideration given to reorganizing state budgets to unify and braid funding streams.

Note: According to the Washoe County Children's Mental Health Consortium, this approach would broaden the array of services available to mental health consortia agencies and to the children and families being served. In addition, it would strengthen coordination of services to the child.

- 8. Establish mechanisms to reduce "dumping" of older people utilizing mental health services, enhance senior mental health outreach programs, increase competency of service providers through training specifically for working with older adults, identify nationally recognized programs for establishing peer counseling programs to allow nonprofessional seniors to assist seniors with mental illness, organize and support older adult consumer advocacy in Nevada, improve specialized geriatric mental health services to address needs of residents as well as staff in group care, assisted living and skilled nursing facilities.

GOAL 3 DISPARITIES IN MENTAL HEALTH SERVICES ARE ELIMINATED

- 9. Urge DMHDS to develop a rural recruitment and retention program that acknowledges difficulties in hiring and retaining qualified professionals in rural Nevada. Collaboration among the following programs will be necessary: (1) Executive Branch of state government, including DHR, DMHDS, and Rural Clinics; (2) Legislative Branch of government, (3) University and Community College System of Nevada; (4) occupational boards; and (5) Western Interstate Commission for Higher Education. Improving recruitment and retention will improve accessibility in rural Nevada. Impress upon those who make budgetary decisions that rural Nevada programs can succeed only if they are developed and evaluated with a "rural yardstick" (not urban).
- 10. Require the inclusion of: (1) consumers; and (2) representatives from minority communities as members of the Commission on Mental Health and Developmental Services.
- 11. Urge DHR to develop a cultural competency plan for the state.
- 12. Urge DHR to provide effective assistance for minorities, particularly those who face cultural barriers and lack English proficiency, in receiving in-patient and outpatient mental health services.

GOAL 4 EARLY MENTAL HEALTH SCREENING, ASSESSMENT, AND REFERRAL TO SERVICES ARE COMMON PRACTICES

- 13. Urge DMHDS to establish comprehensive, statewide suicide prevention and intervention programs that include survivors of suicide. Support and maintain a statewide suicide prevention plan that will include evaluation,

prevention, and post-intervention services; education and training for gatekeepers, professionals, the media, and the public; youth suicide prevention in schools; and careful attention to the relationship between suicide and co-occurring disorders.

Note: In 2003, the Nevada Legislature enacted Senate Bill 49 (Chapter 437, Statutes of Nevada 2003), which creates a Statewide Program for Suicide Prevention within the office of the Director of the Department of Human Resources.

14. Increase medical staff at the state's mental hospital to accommodate mentally ill patients with physical health issues, e.g., through the University of Nevada School of Medicine (UNSOM).
15. Develop and implement formalized training for staff that interact with offenders with mental health disorders.
16. Reduce the shortage of child and adolescent psychiatrists in Nevada through fiscal support for psychiatry fellows from the UNSOM Child and Adolescent Psychiatry Fellowship Training Program.
17. Maintain UNSOM's psychiatry residency training program in northern Nevada and support the establishment of a new psychiatry residency training program in Las Vegas. It is anticipated that graduates from these programs will most likely remain in Nevada and establish practice in our state.
18. Through collaborative efforts among the Legislature, universities, and professional boards (e.g., social work, psychology, marriage and family), establish residency training, fellows, and paid internships that include alcohol and drug training to increase qualified mental health staff.

Options:

- (a) Broaden the pool of qualified geriatric clinicians through the licensing of professional counselors in Nevada.
- (b) Expand the scope of practice for licensed alcohol and drug counselors to assess for and oversee the treatment for Axis 2 mental health disorders.
- (c) Require certification of professional staff working with older adults such as completion of a Providers Certificate of Specialization in Aging offered by the Geriatric Education Center at UNSOM.

**GOAL 5
EXCELLENT MENTAL HEALTH CARE IS DELIVERED
AND RESEARCH IS ACCELERATED**

19. Urge the University and Community College System of Nevada to assist governmental agencies with behavioral health data collection issues.
20. Urge DMHDS to establish mechanisms to monitor the effectiveness of mental health service efforts.
21. Urge DHR to establish funding mechanisms/incentives to implement an evidence-based practices agenda.
22. Urge DHR to seek funding to purchase materials and train clinicians in evidence-based psychological practices.

Note: According to Carlos Brandenburg, Ph.D., Administrator, DMHDS, such practices for the treatment of depression, panic disorder, and obsessive-compulsive disorder are readily available, and material costs are minimal.

**GOAL 6
TECHNOLOGY IS USED TO ACCESS
MENTAL HEALTH CARE AND INFORMATION**

23. Urge DMHDS to implement electronic medical records for all DMHDS clients.
24. Urge DMHDS to develop telemental health capability for rural Nevada for all disciplines, including psychiatry, psychology, social work, juvenile justice, marriage and family therapy, dually licensed (substance abuse and mental health) providers, service coordination, and nursing. Collaboration with the UNSOM Outreach Office and Nevada's Department of Information Technology will be essential for cost containment and expediency of implementation. Savings in travel costs would be significant allowing the agency to purchase additional treatment hours.
25. Urge the Division of Child and Family Services (DCFS) to establish telehealth-based psychiatric services at each of the three state-operated youth (correctional) training facilities: the Nevada Youth Training Center in Elko, the Caliente Youth Center in Caliente, and the Summit View Correctional Center in Las Vegas.
26. Urge DMHDS and DCFS to establish a computerized medical information system to increase coordination, communication, and continuity between and within state and private agencies. Such a system would facilitate continuity of care and seamless services for children, adults, and senior clients. It would also be cost effective and reduce duplication and delay of services.