Nevada System of Care Implementation Grant

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EXHIBIT I – Health Care
Document consists of 33 pages.
Entire Exhibit provided.
Meeting Date: 11-16-15

GRANT APPLICATION

Why we applied……..

- The 2013 Gaps Analysis presented at the Governor's Council for Behavioral Health and Wellness reported only 27% of Nevada's Severely Emotionally Disturbed (SED) children were receiving treatment services.
- The 2015 Mental Health America report ranked Nevada 49th in access to mental health services and poor outcomes for those receiving services.
- Rates of youth receiving treatment in an emergency room for a behavioral health diagnosis has steadily increased over the last four years. Youth are more likely to receive costly acute care as the first treatment episode (data attached).
- Rates for youth placed in out of state Residential Treatment Centers has remained steady for the last four years (data attached).
- Suicide is the 2nd leading cause of death for youth ages 15-24 (NV Office of Suicide Prevention)
- NV youth ages 10-19 averaged the 10th highest rate of suicide in the nation for 1999-2009 (6.27 per 100,000) (NV Office of Suicide Prevention)

Grant Application

Why we applied…

- It has been estimated that providing care to children with serious mental health conditions costs the public around $247 billion annually (Institute of Medicine and National Research Council, 2009)
- Nevada Medicaid spending to children with serious mental health conditions over the last five years:

FY 2011	**$158,365,924.48**
FY 2012	**$161,483,244.29**
FY 2013	**$174,237,063.81**
FY 2014	**$181,649,960.77**
FY 2015	**$194,837,848.43**

Grant Application

Why We Applied…

- For nearly 25 years, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) has invested resources in the development of systems of care for children with behavioral health challenges and their families. Such resources are intended to improve quality and outcomes and control costs

Grant Application

Grant application team:

- Governor's Office
- Division of Child and Family Services
- Divisions of Public and Behavioral Health
- Regional Children's Mental Health Consortia
- Commission on Behavioral Health
  - System Of Care Subcommittee

What is a "System of Care?"

Increasingly over the past 15 years, the concept and philosophy of a "system of care" has provided a guide and organizational framework for system reform in children's mental health

The definition first published in 1986 (Stroul & Friedman) states that a system of care is:

A comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families

What is a "System of Care?"

- The concept of a system of care was never intended to be a discrete "model" to be "replicated" but rather an organizing framework and value-base system.
- Flexibility to implement the system of care concept and philosophy in a way that fits the particular state and community is inherent in the approach.

System of Care Values

The core values of the system of care philosophy specify that services should be community based, child centered and family focused, and culturally competent, and the guiding principles specify that services should be (Stroul & Friedman, 1986; Stroul & Friedman, 1996):

- Comprehensive, with a broad array of services;
- Individualized to each child and family;
- Provided in the least restrictive, appropriate setting;
- Coordinated both at the system and service delivery levels;
- Involve families and youth as full partners;
- Emphasize early identification and intervention.

System of Care Return on Investment

- In 1993, SAMHSA launched the Comprehensive Community Mental Health Services for Children and Their Families Program, commonly referred to as the "Children's Mental Health Initiative" (CMHI).
- An extensive national evaluation has informed the implementation of the system of care approach and has provided substantial evidence that systems of care work for children and youth who have serious mental health conditions (Stroul, Goldman, Pires, & Manteuffel, 2012)

System of Care Return on Investment

As of Fiscal Year (FY) 2010, the CMHI had funded 173 communities in all 50 states (including tribes).

- Nevada is the 38th State to receive a state wide System of Care Implementation Grant.

System of Care Return on Investment

Child Functional Improvement

- Child Emotional Well Being - children and youth served in systems of care experience significant decreases in emotional and behavioral symptoms, such as depression, anxiety, and aggression.
- Schools—children and youth served in systems of care consistently show improvements in school attendance and grades as well as reduced suspensions, expulsions, and detention and behavior toward others
- Improvements for youth involved with the Juvenile Justice System—youth served in systems of care demonstrate reduced involvement in the juvenile justice system, including reduced arrests and associated costs, decreased contact with law enforcement, and reduced rule breaking behavior

System of Care Return on Investment

Child Functional Improvement

- Improvements for Children Involved with the Child Welfare System—children and youth served in systems of care have increased stability of living situations, with fewer out-of-home placements and disruptions in placements.
- Reductions in Rates of Suicide— systems of care are keeping children and youth alive by reducing rates of suicide attempts, and substantial decreases are found in the percentage of youth who talk about suicide.

System of Care Return on Investment

National Outcomes of Fiscal Accountability

- The national evaluation of the CMHI found that children and youth served with the system of care approach were less likely to receive psychiatric inpatient services (ICF International, 2013). From the 6 months prior to intake to the 12-month follow-up, the average cost per child served for inpatient services decreased by 42%.
- These youth were less likely to visit an emergency room (ER) for behavioral and/or emotional problems, and, as a result, the average cost per child for ER visits decreased by 57%.
- These youth were also less likely to be arrested, with the average cost per child for juvenile arrests decreasing by 38%

System of Care Return on Investment

National Outcomes of Fiscal Accountability

Massachusetts

- From 2009 to 2012, there was a steady downward trend in the percentage of youth hospitalized (a 32% reduction) and in the number of days spent in the hospital (a 30% reduction).

Maine

- For children and youth served by the trauma-informed system of care, the use of inpatient mental health services decreased by half, from 18% to 9%. Medicaid inpatient hospital costs decreased by approximately $122,000, yielding a savings of 51%.

System of Care Return on Investment

National Outcomes of Fiscal Accountability

Texas

- Based on an analysis of the potential cost benefits of systems of care, an estimated $4,142 per month could be saved and reinvested for each child deflected from incarceration

New York

- In the first year of implementation of a system of care in Monroe County (Rochester), savings to the county averaged approximately $38,274 per youth, with overall savings estimated conservatively at over $500,000.

Grant Oversight Committee

Commission on Behavioral Health and Developmental Disability

- Establish policies to ensure adequate development and administration of services for persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders, including services to prevent mental illness, intellectual disabilities and related conditions, substance use disorders and co-occurring disorders, and services provided without admission to a facility or institution;

Grant Oversight Committee

Children's Mental Health Consortia

Pursuant to NRS 433B.335 Children's Mental Health Consortia shall:

- Develop Long-term strategic plan for provision of services to children with emotional disturbance. This report is submitted to the Department and the Commission.

Grant Oversight Committee

System of Care Subcommittee for Children's Behavioral Health

- In January 2014 the Commission developed the System of Care Subcommittee for Children's Behavioral Health.
- This Subcommittee includes membership from each regional Children's Mental Health Consortia and Commission Members.
- This subcommittee was central in developing the strategic plan needed for the grant application.

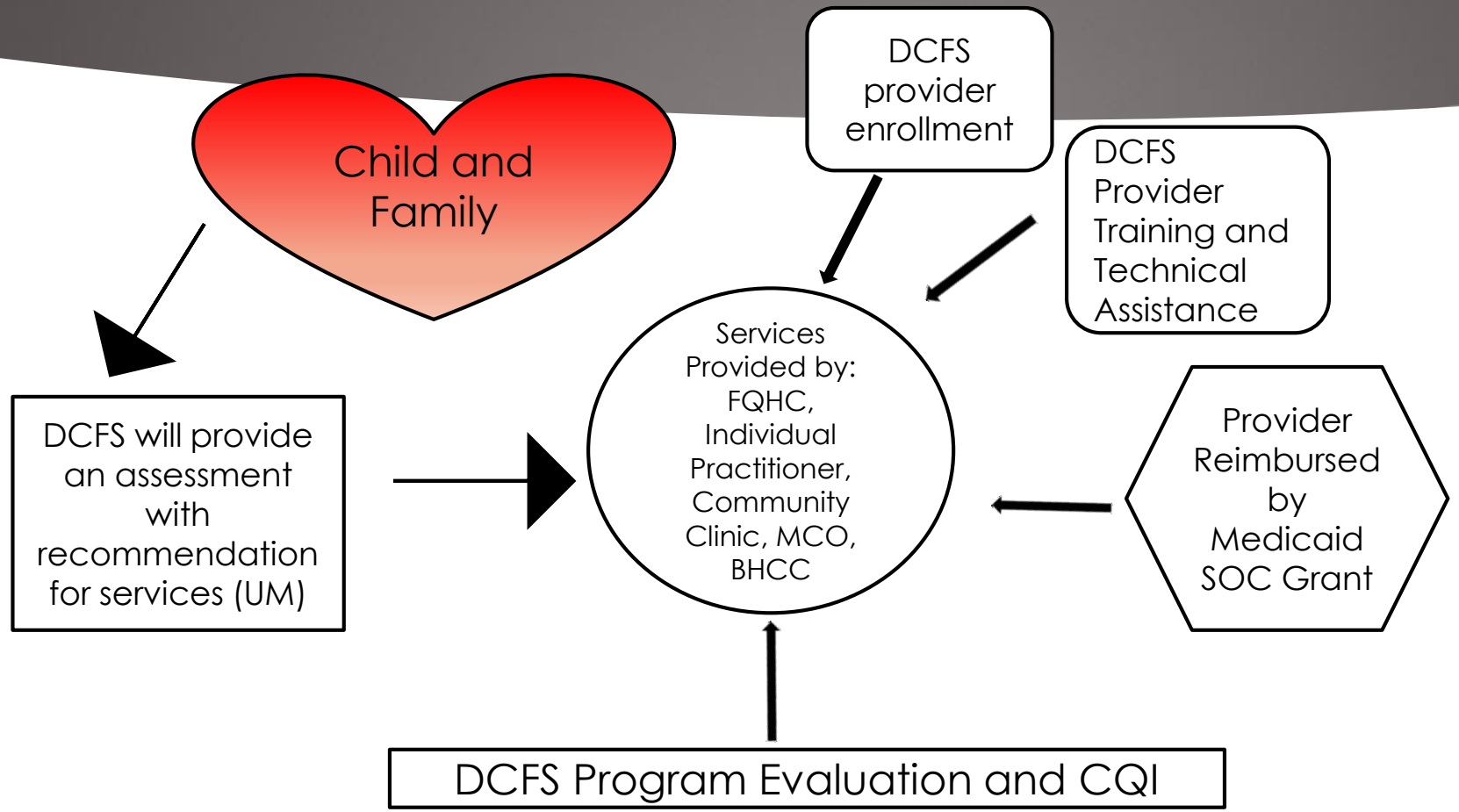
ROLE OF THE SOC SUBCOMMITTEE

- Provide oversight of the project
- Provide stakeholder/community input
- Develop a “statewide” strategic action plan
- Develop a “statewide” communication plan

Grant Period

- Budget Period: 09/30/2015 – 09/29/2016
- Project Period: 09/30/2015 – 09/29/2019

Proposed DCFS Role



Grant Goals

Goal One

Generate support among families and youth, providers, and decision policy makers at state and local levels, to support expansion the SOC approach, transitioning the Division of Child and Family Services, Children's Mental Health from a direct care provider to an agency that primarily provides planning, provider enrollment, utilization management through an assessment center, technical assistance and training, continues quality improvement.

Grant Goals

Goal Two

Maximize public and private funding at the state and local levels to provide a SOC with accountability, efficiency and effective statewide funding sources.

Grant Goals

Goal Three

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.

Grant Goals

Goal Four

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.

Grant Positions

- Project Manager
- Youth and Family Coordinator
- Grants and Project Analyst
- Administrative Assistant
- Technical Assistance and Training Manager
- Technical Assistance and Training Coordinator North and South
- Quality Assurance and Policy Development Manager
- Policy Development Coordinator (statewide)
- Quality Assurance Coordinator North and South

Grant Budget Year One

HMIS Access Point	$100,000
External Evaluator	$200,000
Service Coordination	$210,000
Community Supports	$165,000
Clinical Supports	$300,000
Family Supports	$300,000
Home Supports	$180,000
Crisis Supports	$135,000
Individual Service Plan Supports	$120,000

Current Grant Activities

- SOC subcommittee has formed two work groups. One is completing the statewide strategic plan and the other is completing the SOC grant communication plan. Each workgroup meets bi-weekly and the SOC subcommittee as a whole meets monthly
- The Division of Child and Family Services is currently:
  - interviewing for the grant positions;
  - developing provider agreements with community providers to immediately increase access; and
  - holding meetings with stakeholders, community providers, and other governmental entities to present the grant goals and activities.

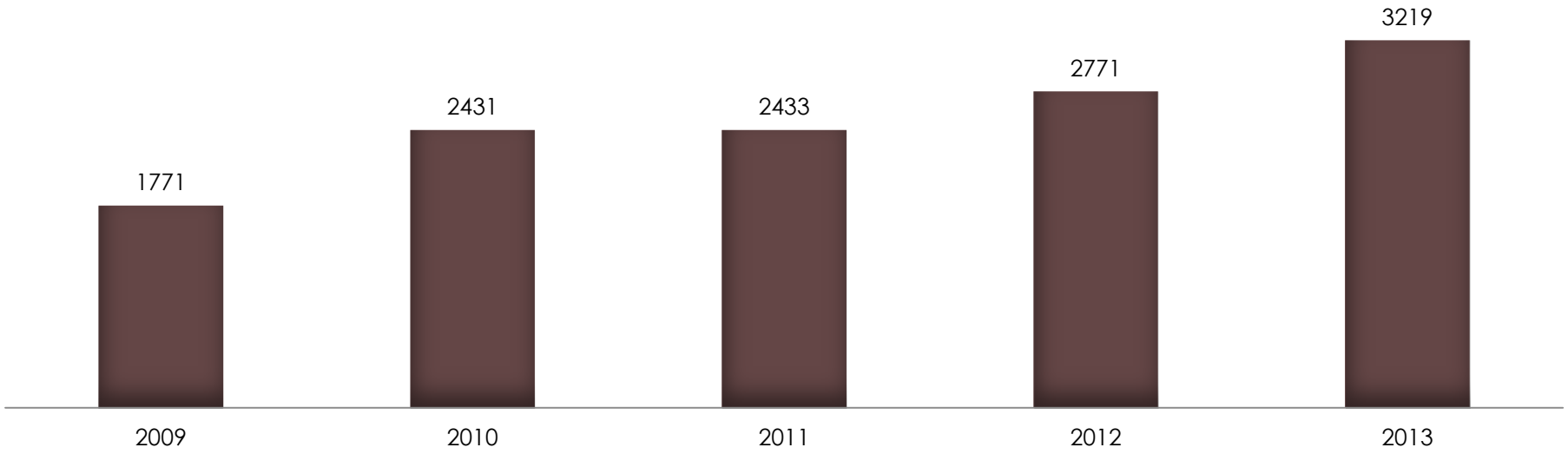
Citations

- Stroul, B., Goldman, S., Pires, S., & Manteuffel, B. (2012). Expanding systems of care: Improving the lives of children, youth, and families. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.
- Stroul, B., Pires, S., Boyce, S., Krivelyova, A., & Walrath, C. (2014). Return on investment in systems of care for children with behavioral health challenges. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health
- Division of Health Care Financing and Policy, Department of Health and Human Services
- Children's Health Information and Analysis, University of Nevada Las Vegas
- Nevada Office of Suicide Prevention, Division of Public and Behavioral Health

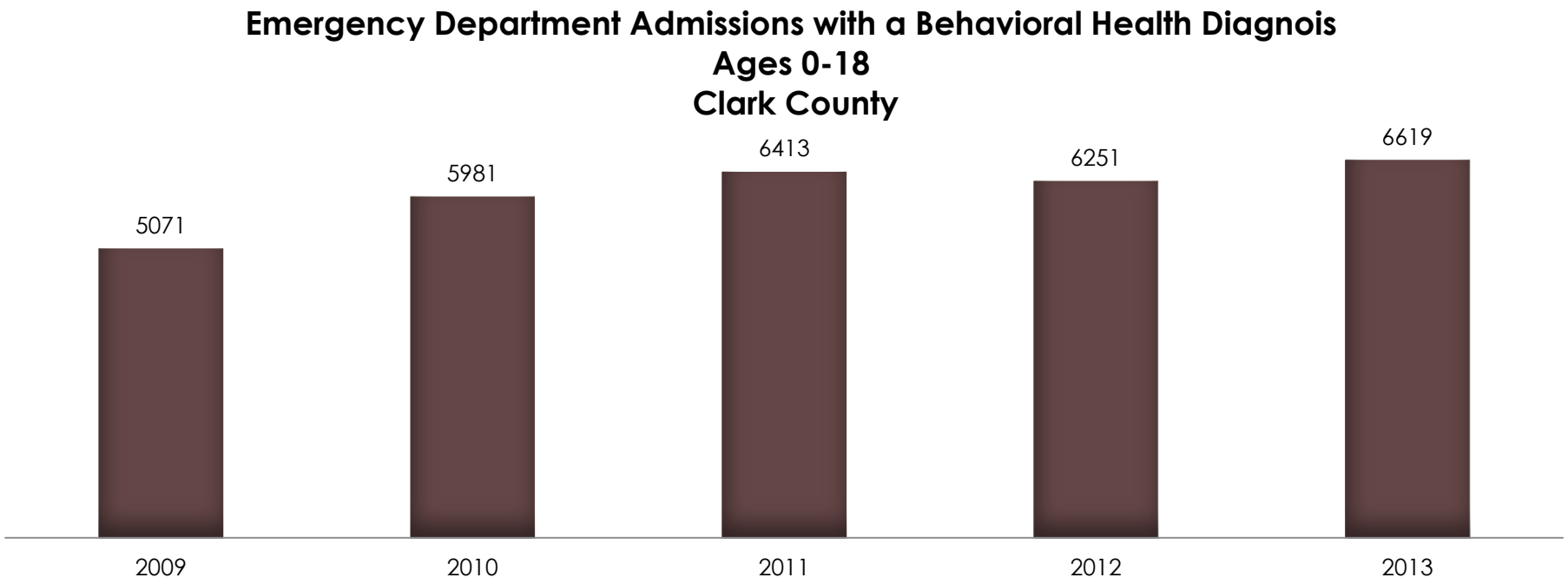
Questions??

Attachments

Emergency Department Admissions with a Behavioral Health Diagnosis
Ages 0-18
Washoe County & Carson City



Attachments



Attachments