Joe Lombardo
Governor

Richard Whitley
Director

Crisis Response and Forensic Services

Division of Public and Behavioral Health

Shannon Bennett, CPM, Bureau Chief, Behavioral Health, Wellness and Prevention
Drew Cross, RN, Statewide Forensic Program Director
Ronna J. Dillinger, Ph.D., ABPP, Deputy of Clinical Services

May 13, 2024
Joint Interim Standing Committee on Health and Human Services

Department of Health and Human Services

Helping people. It's who we are and what we do.

Crisis Response

Presented by Shannon Bennett, CPM

Crisis Response Agenda

1. Crisis Response System Overview
2. 988 Data
3. Community Mental Health
4. Improving Mental Health

Crisis Response System

- Whole system technology, Nevada's Behavioral Health Crisis Care Hub (NBHCCH)
  - Three components of the Crisis Care Hub: someone to call, someone to respond, somewhere to go
- Appropriate service provision to address behavioral health crisis with the lowest level of care
- Follow-up care/case management
- Community Engagement: Public safety, social services, providers, etc.
- Long-term solution for behavioral health crises

Crisis Requirements

- Per NRS 433.704:
  - The Division shall support the implementation of a hotline for persons who are considering suicide or otherwise in a behavioral health crisis that may be accessed by dialing the digits 9-8-8 by:
    - Establishing at least one support center meeting the requirements of NRS 433.706 to answer calls to the hotline and coordinate the response to persons who access the hotline;
    - Encouraging the establishment of and, to the extent that money is available, establishing mobile crisis teams to provide community-based intervention, including, without limitation, de-escalation and stabilization, for persons who are considering suicide or otherwise in a behavioral health crisis and access the hotline;
    - Participating in any collection of information by the federal government concerning the National Suicide Prevention Lifeline program.

Crisis Requirements, continued

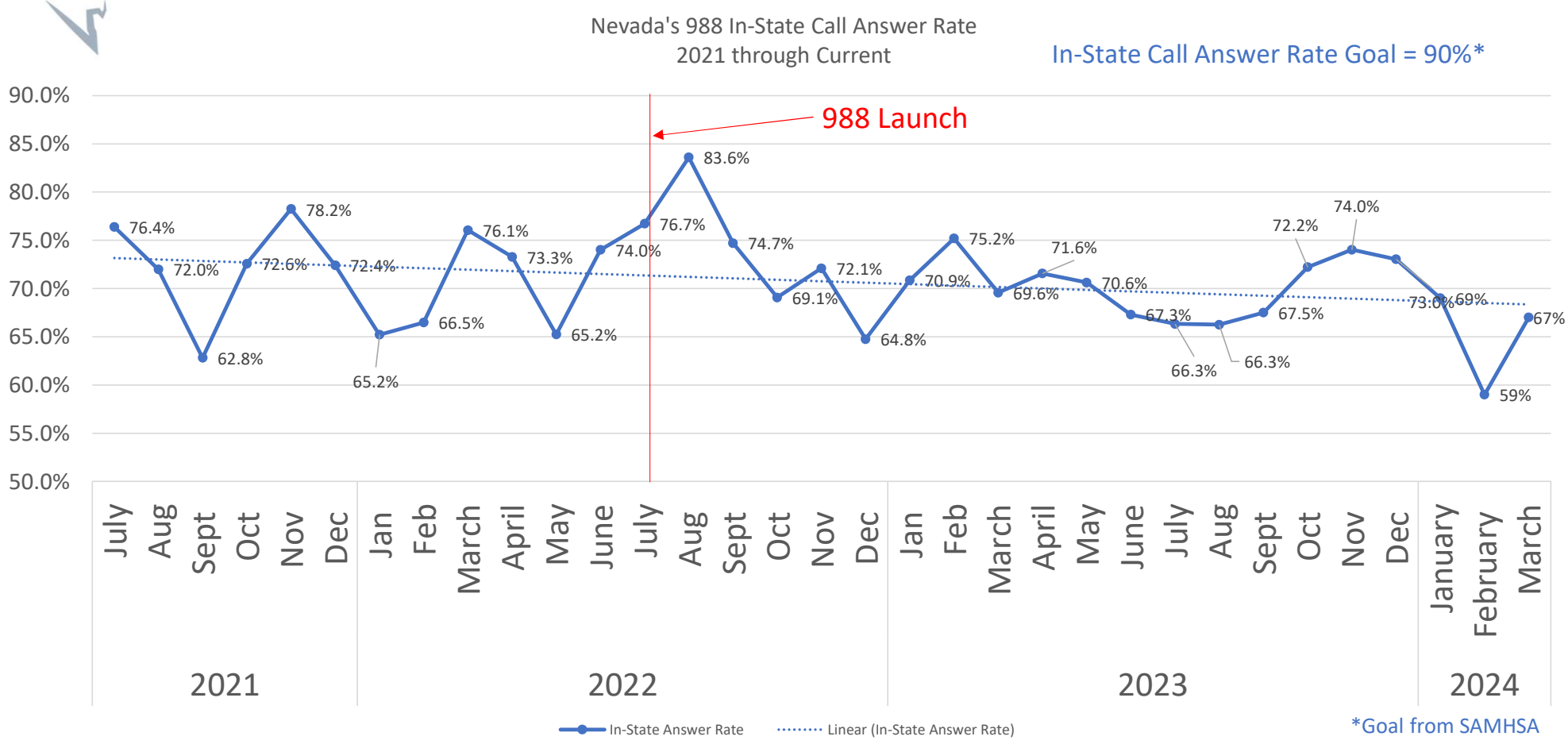
- Collaborating with the National Suicide Prevention Lifeline program and the Veterans Crisis Line program established pursuant to 38 U.S.C. § 1720F(h) to ensure consistent messaging to the public about the hotline; and
- Adopting any regulations necessary to carry out the provisions of NRS 433.702 to 433.710, inclusive, including, without limitation:
  - (1) Regulations establishing the qualifications of providers of services who are involved in responding to persons who are considering suicide or are otherwise in a behavioral health crisis and access the hotline;
  - (2) Any regulations necessary to allow for communication and sharing of information between persons and entities involved in responding to crises and emergencies in this State to facilitate the coordination of care for persons who are considering suicide or are otherwise in a behavioral health crisis and access the hotline; and
  - (3) Regulations defining the term "person professionally qualified in the field of behavioral health" for the purposes of this section.

- SB 237 (2023) added a requirement to support the provision of crisis stabilization centers at hospitals that hold endorsements as crisis stabilization centers pursuant to NRS 449.0915.

Crises in Nevada

- Calls are initially directed to Nevada's only 988 call center, Crisis Support Services of Nevada
  - Calls that cannot be answered promptly are redirected to national backup centers run by the Substance Abuse and Mental Health Services Administration
- In March, Vibrant Emotional Health reported that Nevada received 3,828 calls to the 988 Suicide & Crisis Lifeline
  - 2,561 answered in-state (67% in-state call answer rate)
- 156 calls to the LGBTQ+ subnetwork (not part of the calls answered in-state)
- 109 to the Spanish Speaking Lifeline (not part of the calls answered in-state)
- 1,097 were transferred to the VA (not part of the calls answered in-state)

Nevada 988 In-State Call Answer Rate



*Goal from SAMHSA

Crisis Now Projections

- Projects that $347 million* annually will be required to address crisis care and acute inpatient costs in Nevada.
  - $255 million for Clark
  - $53 million for Washoe
  - $7 million for Carson City
  - $32 million for other rural counties

- 43 mobile crisis teams – projected to serve 26.8K crisis episodes
- 167 crisis receiving chairs – projected to serve 53.3k crisis episodes
- 142 short-term crisis beds – projected to serve 18.6k crisis episodes
- 414 acute psychiatric inpatient beds – projected to serve 16.4k episodes

***All numbers on this slide are **estimates** based off national data.

988 Fee Revenue

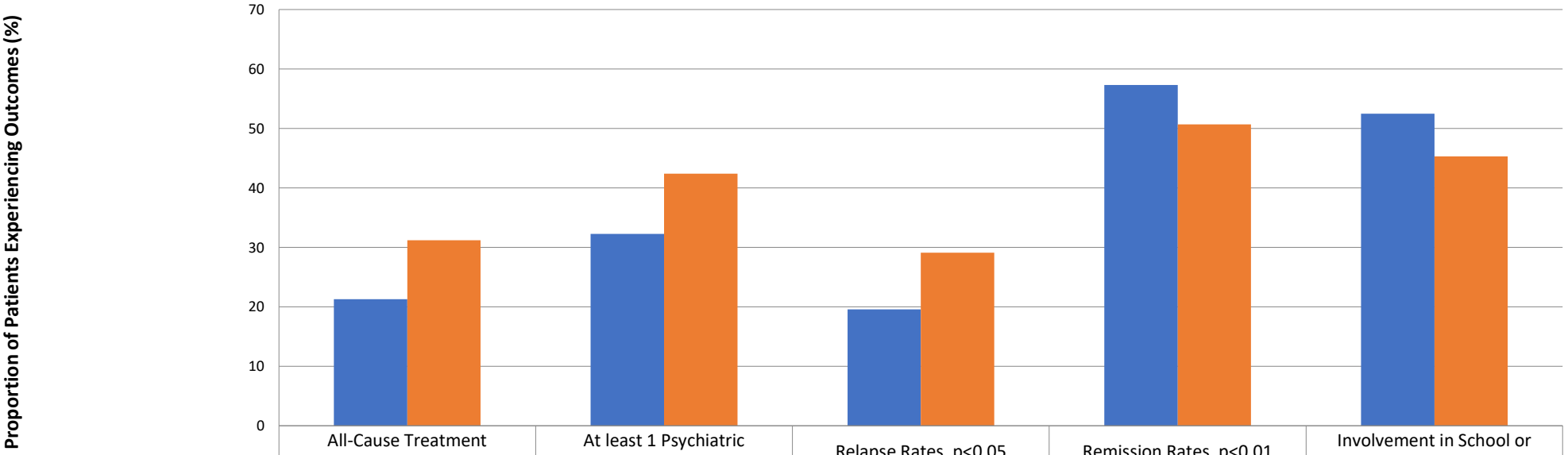
- $11,665,091.02 collected since June 2023
- $14,812,482.28 projected to be collected by SFY 2024
- Nevada's 988 fee is $0.35
- 8 states have enacted 988 fee legislation. Fees range from $0.12 to $0.60.
- A state-by-state comparison of legislation can be found here: https://reimaginecrisis.org/map/

Community Mental Health System

Improving Patient Outcomes

Outcomes for Patients with Early-phase Psychosis in Early Intervention Services *vs.* Treatment As Usual: Meta-Analysis, 10 Randomized Clinical Trials (n = 2176 patients), 9 countries

Adapted from: **Correll, CU, et al., JAMA Psychiatry. 2018 Jun; 75(6): 555-5**



	All-Cause Treatment Discontinuation, p<0.001	At least 1 Psychiatric Hospitalization, p<0.01	Relapse Rates, p<0.05	Remission Rates, p<0.01	Involvement in School or Work, p<0.05
Early Intervention Services (EIS)	21.3	32.3	19.6	57.3	52.5
Treatment as Ususal (TAU)	31.2	42.4	29.1	50.7	45.3

Plan

- Enhance community mental health services for sustained support
  - The Crisis Response and Community Mental Health Services system can only succeed if both systems are strong enough to support each other
- Continue the implementation of the Crisis Response System
  - Request for Proposal will increase capacity of Nevada 988 Lifeline
    - Recently completed evaluation of proposals
    - Will move from one call center in the state to a minimum of two
    - New technology infrastructure will allow improved data collection of callers while still maintaining their privacy
  - Designated Mobile Crisis Teams (DMCTs)
    - A DMCT is a higher standard of crisis response than a MCT and provides in-person, 24/7 services
    - Continue working with community providers to explore sustainable, realistic options for Nevadan DMCTs
  - Crisis Stabilization Centers
    - ARPA funding: Clark and Washoe counties
    - Plan for rural Nevada and other options for CSCs

Barriers

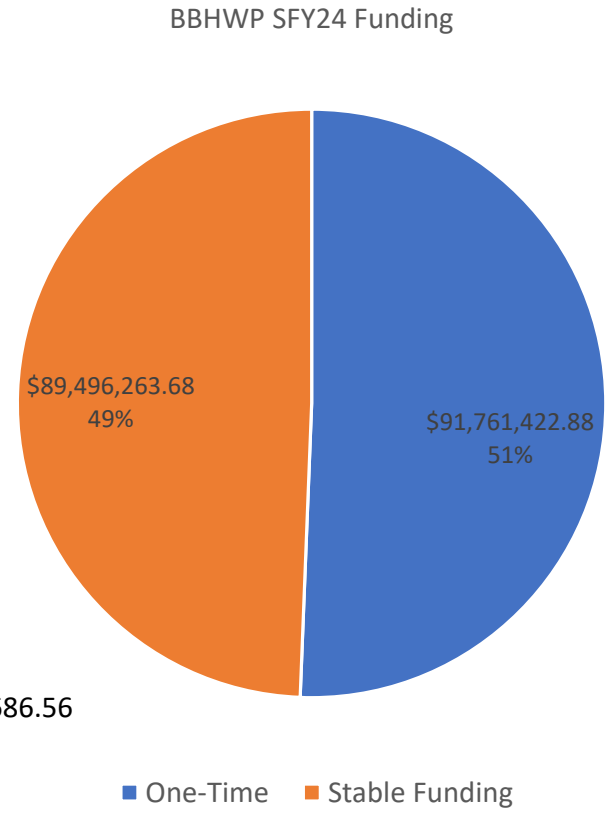
- Local community infrastructure challenges
- Lack of unrestricted dollars for people with dual-diagnoses
- A significant portion of mental health funding is one-time. Providers may not be able to run programs sustainably without fear of having to find funding again at the end of a one-time grant.

Workforce

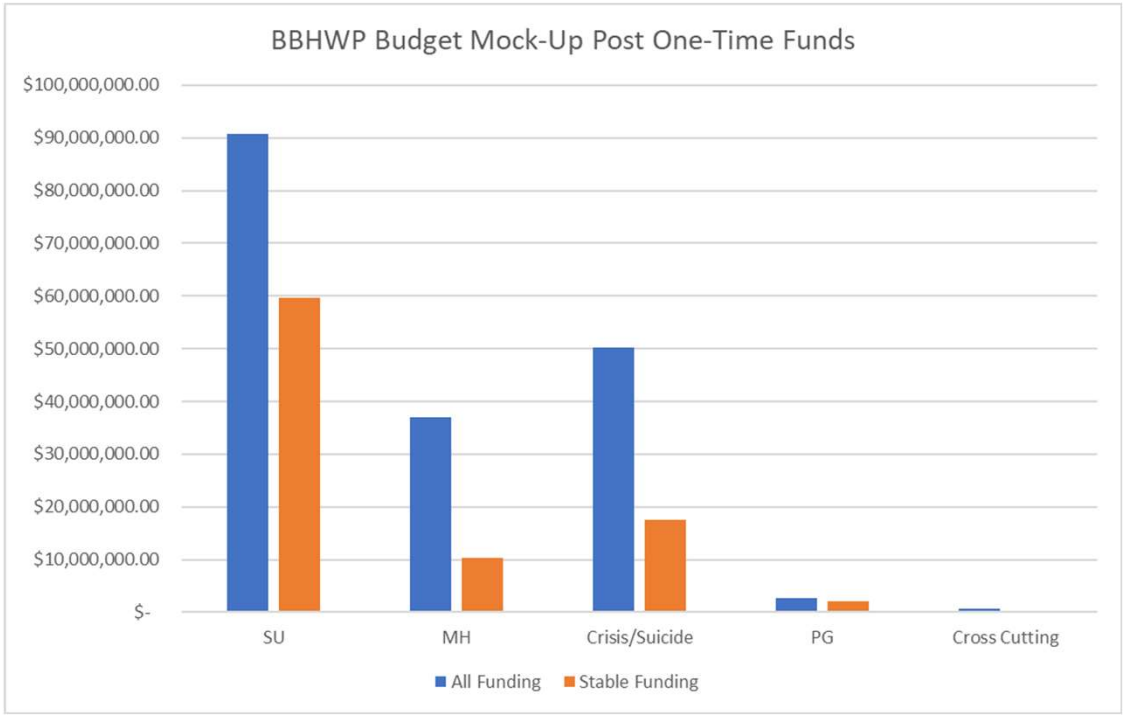
- Creating pipelines for qualified mental health professionals, such as clinicians, create more licensed professionals in the crisis response field.
  - Easing the licensure process for qualified mental health professionals in other states to attract them to the state of Nevada.
- Investing in MCTs and DMCTs to improve crisis response, especially in urban areas.
  - SAMHSA best practice recommends DMCTs, which is a team comprised at minimum of two people, a licensed mental health professional and a peer support specialist.
  - DMCTs are required to provide 24/7, in-person service.
  - Peer support specialists and qualified clinicians can be difficult to recruit and retain.
- There are 420 individuals in Nevada for every one mental health provider.

Description	Amount	Funding Period	One-Time
Improve state 988 operations.	$ 2,069,191.62	4/30/2022-4/29/2025	Yes
Improve state 988 operations (second version of above).	$ 2,178,040.00	9/30/2023-9/29/2024	No
Pending June IFC -- Projected988 fee revenue to be spent on the 988 Suicide and Crisis Lifeline and other services as funding is available.	$14,812,482.28	7/1/2023-6/30/2024	No
TTI -- Behavioral Health Workforce Initiative	$ 250,000.00	12/31/2022-6/30/2026	Yes
Helmsley Charitable Trust for virtual crisis care programming in rural, frontier Nevada.	$ 3,802,451.00	7/1/2022-6/30/2025	Yes
GFO ARPA Crisis Response System -- initial 988 contract.	$ 3,500,000.00	7/1/2022-6/30/2024	Yes
GFO ARPA Crisis Stabilization Centers	$ 14,962,904.90	7/1/2022-6/30/2024	Yes
GFO ARPA Crisis Billing for uninsured clients.	$ 5,000,000.00	7/1/2022-6/30/2024	Yes
General Fund for substance use treatment.	$ 2,625,051.45	7/1/2023-6/30/2024	No
General Fund for substance use prevention.	$ 1,572,789.27	7/1/2023-6/30/2024	No
Substance Use Prevention, Treatment and Recovery Services COVID mitigation supplement for PPE and COVID tests.	$ 501,181.00	9/1/2021-9/30/2025	Yes
Provides resources and assistance to minority populations with behavioral health challenges.	$ 3,373,488.00	7/1/2021-5/31/2024	Yes
Community Mental Health Services Block Grant for COVID supplement.	$ 8,743,742.00	3/15/2021-3/14/2024	Yes
Community Mental Health Services Block Grant for Early Serious Mental Illness, Children and Youth, Crisis Response System, Direct Mental Health Services, etc.	$ 9,734,376.68	10/1/2023-9/30/2024	No
Substance Use certification fee revenue.	$ 52,236.00	7/1/2023-6/30/2024	No
Law Enforcement and Behavioral Health Partnership for Early Diversion grant.	$ 348,720.00	4/30/2024-4/29/2025	Yes
Community Mental Health Services Block Grant for COVID mitigation supplement for PPE and COVID tests..	$ 519,744.00	9/1/2021-9/30/2025	Yes
TTI -- 988 projects.	$ 18,053.00	7/1/2023-6/30/2024	Yes
Data collection for substance use and mental health survey.	$ 44,400.00	9/15/2023-9/14/2024	No
Clinical High-Risk for Psychosis Grant to support young adults access to early care.	$ 399,926.00	9/30/2023-9/29/2024	Yes
Substance Use Prevention, Treatment, and Recovery Servies Block Grant COVID supplement.	$ 15,937,418.00	3/15/2021-3/14/2025	Yes
Substance Use Prevention, Treatment, and Recovery Services Block Grant to fund prevention, treatment, and recovery services.	$ 20,537,145.00	10/1/2023-9/30/2024	No
State Opioid Response Grant, includes multiple years of concurrent funding	$ 29,490,158.00	9/30/2023-9/29/2024	No
Overdose Data to Action grant from CDC for overdose surveillance and prevention.	$ 2,509,678.00	9/1/2023-8/31/2024	No
Projects for Assistance in Transition from Homelessness.	$ 616,176.00	9/30/2023-9/29/2024	No
Empowering Nevada Program to support women in recovery and their children.	$ 894,497.36	9/30/2023-9/29/2024	Yes
Partnership with Nevada Department of Education for youth suicide awareness.	$ 124,265.00	9/30/2023-9/30/2024	Yes
Funds for Healthy Nevada core suicide prevention funding.	$ 453,345.00	7/1/2023-6/30/2024	No
Substance Use Prevention, Treatment, and Recovery Services Block Grant ARPA supplement.	$ 13,764,133.00	9/1/2021-9/30/2025	Yes
Community Mental Health Services Block Grant for ARPA supplement.	$ 15,102,828.00	9/1/2021-9/30/2025	Yes
Medical marijuana transfer to fund agencies which provide child welfare services to provide programs for alcohol and other substance use disorders.	$ 257,374.00	7/1/2023-6/30/2024	No
GFO ARPA Assertive Community Treatment programs in Washoe and Clark counties.	$ 1,948,880.00	10/20/2022-12/31/2024	Yes
General funds to address problem gambling.	$ 2,082,192.00	7/1/2023-6/30/2024	No
SB 341 -- additional general funds to host seminar(s) for problem gambling.	$ 500,000.00	7/1/2023-6/30/2025	Yes
The Alcohol Tax Program (Liquor Tax) must be used to increase services for the prevention of alcohol and other substance use disorders and for the detoxification and rehabilitation of persons with an alcohol or other substance use disorder.	$ 2,530,820.00	7/1/2023-6/30/2024	No

One-Time Funding vs. Sustained vs. Topic Area



SFY 2024:
$181,257,686.56



Notes: Some MH funds are required to be spent on crisis. Crisis funds are directed toward the system which can support those in behavioral health crisis. This could be substance or mental health related.

Behavioral Health Strategic Plans

- Division of Public and Behavioral Health Strategic Plan, 2023-2025
- Substance Use and Mental Health Services Administration Strategic Plan, 2023-2026
- Silver State Health Improvement Plan, 2023-2028
- Annual SURG (Substance Use Response Working Group) Report, 2023
- Nevada Behavioral Health Community Integration Strategic Plan, 2023
- Lombardo Administration 3-Year Plan Policy Matrix, 2024-2026
- Problem Gambling Strategic Plan, 2024-2027

Forensic Services

Presented by

Drew Cross, RN, Statewide Forensic Program Director

Ronna J. Dillinger, Ph.D., ABPP, Deputy of Clinical Services

Forensic Services Agenda

1. Forensic Services Explanation and Requirements
2. Challenges Facing Forensic Services
3. ARPA-Funded Initiatives: Alternative Long-Term Care, Workforce
4. Responding to the Challenge: Jail Liaison, Diversion
5. The Future
6. Questions

Forensic Services Explanation and Definitions

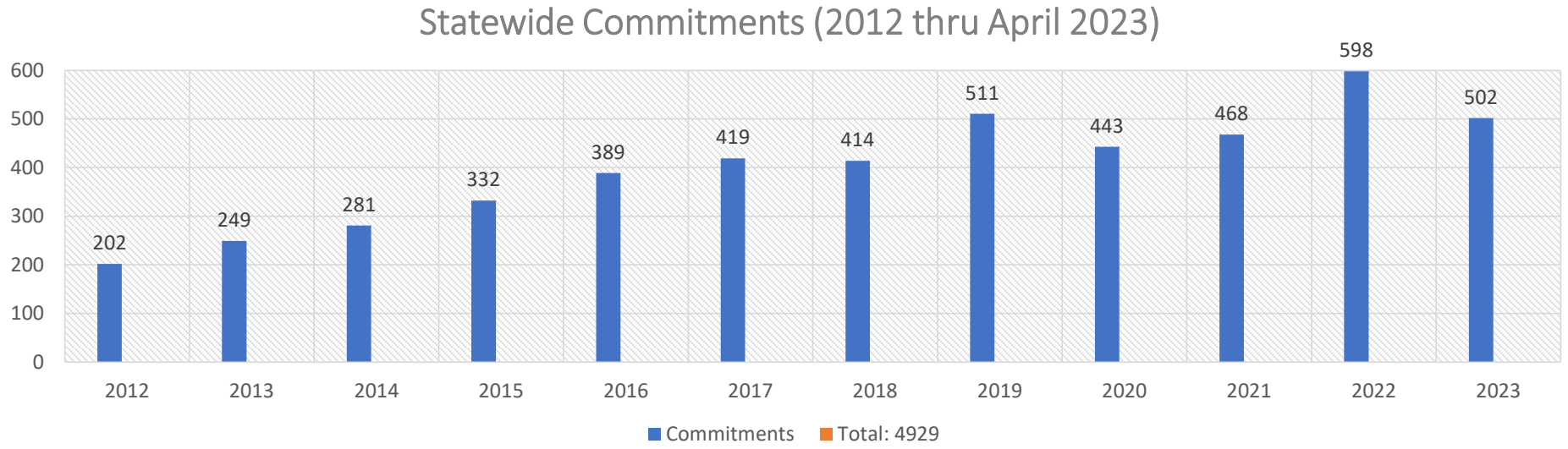
- Competency to stand trial – an individual must have the mental capacity to defend against any charges. They must be able to comprehend the judicial system, their charges, and to be able to work with their attorney (defined in NRS 178.400).
- If a person is deemed by a judge to be incompetent to stand trial due to mental illness or deficiency, the person is then ordered by the court receive restoration treatment. Restoration is aimed at helping an individual acquire “adjudicative functioning” — the necessary ability to proceed with his or her court case — often through psychiatric medication, education, and other psychosocial interventions. The legal case is suspended during restoration.
- Once an individual is deemed to be competent by a judge, he or she is returned to the detention center and the legal process resumes.

Section 1: Forensic Service Requirements

- Per NRS 178.425, DPBH is required to provide court-ordered inpatient and outpatient services to restore individuals so they may stand trial. Presently, two secure forensic facilities serve the entire state of Nevada
- Per NRS 178.461, DPBH and the facilities are also required to house those individuals who are ultimately determined to be unable to be restored to the statutorily required level of adjudicative functioning.
- Per NRS 175.539, DPBH and the facilities are required to house those found not guilty by reason of insanity (NGRI).
- These three services are not covered by health insurance or federal funding.

Section 2: Challenges Facing Forensic Services

- The demand for inpatient forensic services has steadily increased over the past 20 years and Nevada has been under two separate consent decrees.
- More recently, between 2012 and 2023, DPBH experienced a 148% increase in commitments.

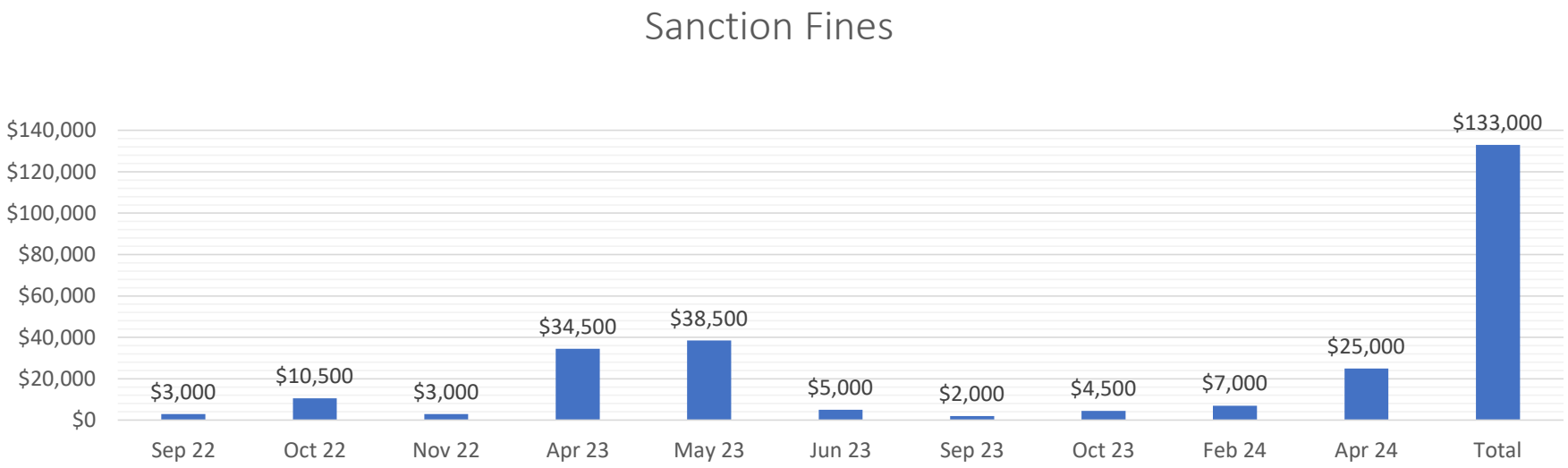


Long-Term Commitment Clients

- DPBH's long-term client population (persons committed for 10-plus years and NGRI acquittees) has increased by 366% between 2013 and 2023 (from 6 to 28), which has led to less available bed space for restoration individuals.

Sanction Fines

- The courts have fined DPBH due to the amount of time individuals wait to be admitted to an inpatient facility.
- DPBH has been under two separate consent decrees.



Section 3: ARPA-Funded Initiatives

- Jail-based programming (JBP) is a collaboration between Clark County, Washoe County and DPBH.
- The components of JBP:
  - Creation of a dedicated unit in the jail comprised only of individuals whose competency to proceed has been brought into question.
  - Introduction of psychiatric treatment (such as medication) and programming specifically targeting the unique needs of these individuals.

Section 3: ARPA-Funded Initiatives, cont.

- The goals of JBP:
  - Will allow for potential improvement in adjudicative abilities, at which time an individual may be re-evaluated, found competent and removed from the waitlist.
  - Will offer support for individuals returning from inpatient restoration treatment to increase the likelihood of maintaining psychiatric treatment and decreasing a possible repeat admission.

Alternative Long-term Care

- Some individuals committed for long-term have aged to the point of being infirm.
- These individuals receive more appropriate services in a skilled nursing level of care.
- Historically, funding for this has been a limiting factor.
- ARPA funds have been made available for qualified clients.
- To date, DPBH has successfully placed four long-term forensic clients in skilled nursing facilities throughout the state and are continually assessing other individuals for possible placement.

Workforce

Workforce shortages impact services across the state and the specialized training required for forensic work has only exacerbated the issue. Through ARPA funds, DPBH has been able to expand contracted services, bringing on several staff through this program and will continue to do so with the available funding.

- Outpatient services
- Outreach to jails
- Additional evaluators

Section 4: Responding to the Challenge

- Additional beds are being added to the Southern Nevada Adult Mental Health Services (SNAMHS) campus to expand the census and allow for additional admissions.
- Community collaboration has been identified nationwide as a proven method towards improving the lives of the chronically mentally ill and reducing re-incarceration.
  - Jail liaison
  - Diversion

Jail Liaison

A trained clinician will identify nonviolent offenders with low-level charges who are currently in jail awaiting inpatient forensic services. Once selected, these individuals are presented and discussed with the competency court, including the judge, district attorney and public defender for potential diversion to other services that address their mental health issues.

- Assisted outpatient treatment (AOT)
- Outpatient restoration
- Civil mental health services

Diversion

- If approved by the court, the client will be placed on a legal hold and diverted to appropriate services to address their mental health challenges. This initiative has led to the development of community collaboration between forensic and civil facilities, courts and detention facilities.
- There is a potential for charges to be dismissed and the individual will likely no longer need inpatient admission to the forensic facilities.
- Misdemeanor diversion to civil hospitals.

Section 5: The Future

- A new forensic facility is being designed for placement on the SNAMHS campus in Clark County. This new facility will be able to serve all the commitments in Clark County and surrounding counties.
- As recommended by renowned consultation group Groundswell, one solution is a small, dedicated team of experienced staff who will primarily focus on forensic issues and gather the data to support this initiative, implement change on a statewide level, and address any challenges that may arise.
  - These initiatives will help to offer adequate treatment to all individuals in need and in a timely manner and will lead to an elimination of fines and decrease in delays in offering treatment, while also preserving the integrity of the judicial process.

Questions?

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Acronyms

FORENSIC SERVICES

- ARPA – American Rescue Plan
- DPBH – Division of Public and Behavioral Health
- NGRI – Not guilty by reason of insanity
- AOT – Assisted Outpatient Treatment
- SNAMHS – Southern Nevada Adult Mental Health Services
- JBP – Jail-based programming

CRISIS RESPONSE

- BBHWP – Bureau of Behavioral Health and Wellness Prevention
- CSC – Crisis Stabilization Center
- SED – Serious Emotional Disturbance
- SMI – Serious Mental Illness
- CCBHC – Certified Community Behavioral Health Clinics
- MCT – Mobile Crisis Team
- DMCT – Designated Mobile Crisis Team

Joe Lombardo
Governor

Richard Whitley
Director

Fund for a Resilient Nevada

Dawn Yohey, MFT, LCADC, CPP3

May 13, 2024

Department of Health and Human Services

Helping people. It's who we are and what we do.

Fund for a Resilient Nevada

- Nevada Revised Statutes (NRS) 433.712 through 433.744 established the Fund for a Resilient Nevada (FRN) in 2021 and also created an advisory committee.
- FRN is administered by the Nevada Department of Health and Human Services (DHHS) and is specific to the State of Nevada's portion of opioid litigation recoveries. As the settlements are outlined, the State will receive yearly distributions for the next 18-20 years.
- 43% of opioid litigation recoveries are managed through FRN. Local governments that are part of the One Nevada Agreement receive funding directly.
- Monies received by FRN as a result of litigation related to the manufacture, distribution, sale or marketing of opioids are included in the fund to respond to the identified priorities to mitigate the impact of opioid misuse on Nevadans. These funds can supplement current efforts or be used for new programs and initiatives.

Advisory Committee for a Resilient Nevada

NRS also created the Advisory Committee for a Resilient Nevada (ACRN) to identify and prioritize recommendations to the DHHS Director's Office by June 30 every even-numbered year.

- 2022 Nevada Advisory Committee for a Resilient Nevada Report to Department of Health and Human Services

The committee is comprised of members who range from subject matter experts in their fields to consumers or family members who have been affected by the opioid epidemic.

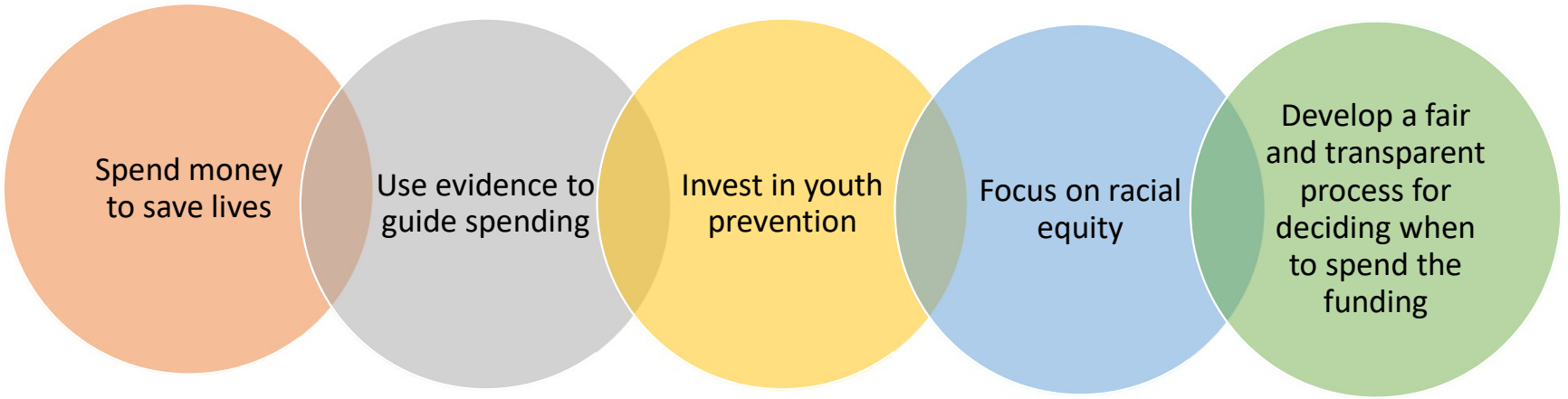
Needs Assessment and Statewide Plan

One of DHHS' responsibilities is the development of a Statewide Needs Assessment and a Statewide Plan to drive funding allocations.

- The needs assessment was completed in July 2022
- The statewide plan was finalized in December 2022

Nevada Opioid Needs Assessment and Statewide Plan 2022

Principles for the Use of Funds from Opioid Litigation (John Hopkins; 2021)



Identified Gaps

Primary, secondary and tertiary prevention needs that were identified include, but are not limited to:

- School-based prevention programs with measured outcomes that are culturally sensitive.
- Prescription drug disposal programs.
- Collaborative practice agreements.
- Increased adoption of and implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT) models in primary care and other community-based settings.
- Harm reduction and treatment access trainings for people who use or misuse opioids and/or have experienced a nonfatal overdose.
- Programs to decrease stigma among providers and community members.
- Increased access to harm-reduction services, including syringe services programs.
- Community education on the use of naloxone.
- Increased access to youth prevention services.

Identified Gaps, continued

Treatment needs that were identified include, but are not limited to:

- Increased provider availability for pregnant women with OUD and people with co-occurring SUDs and other conditions.
- Increased residential and outpatient medication-assisted treatment programs in rural and frontier areas and justice facilities.
- Transportation to treatment and recovery supports.
- Increased access to and use of opioid treatment programs.
- Increased access to office-based treatment for OUD.
- Increased access to crisis services.
- Increase access to all the above for youths.

Identified Gaps, continued 2

Recovery needs that were identified include, but are not limited to:

- The elimination of prior authorization requirements for peer recovery support services.
- Increased access to peer support services for pregnant and postpartum women.
- Statewide availability of peer support services throughout the treatment and recovery system.
- Youth and caregiver needs.

Additional Gaps

- Capacity
- Data
- Workforce
- Public safety, including treatment in jails and prisons
- Social determinants of health
- Youth services

Statewide Plan Goals

Goal 1: Ensure local programs have the capacity to implement recommendations effectively and sustainably.

Goal 2: Prevent the misuse of opioids.

Goal 3: Reduce harm related to opioid use.

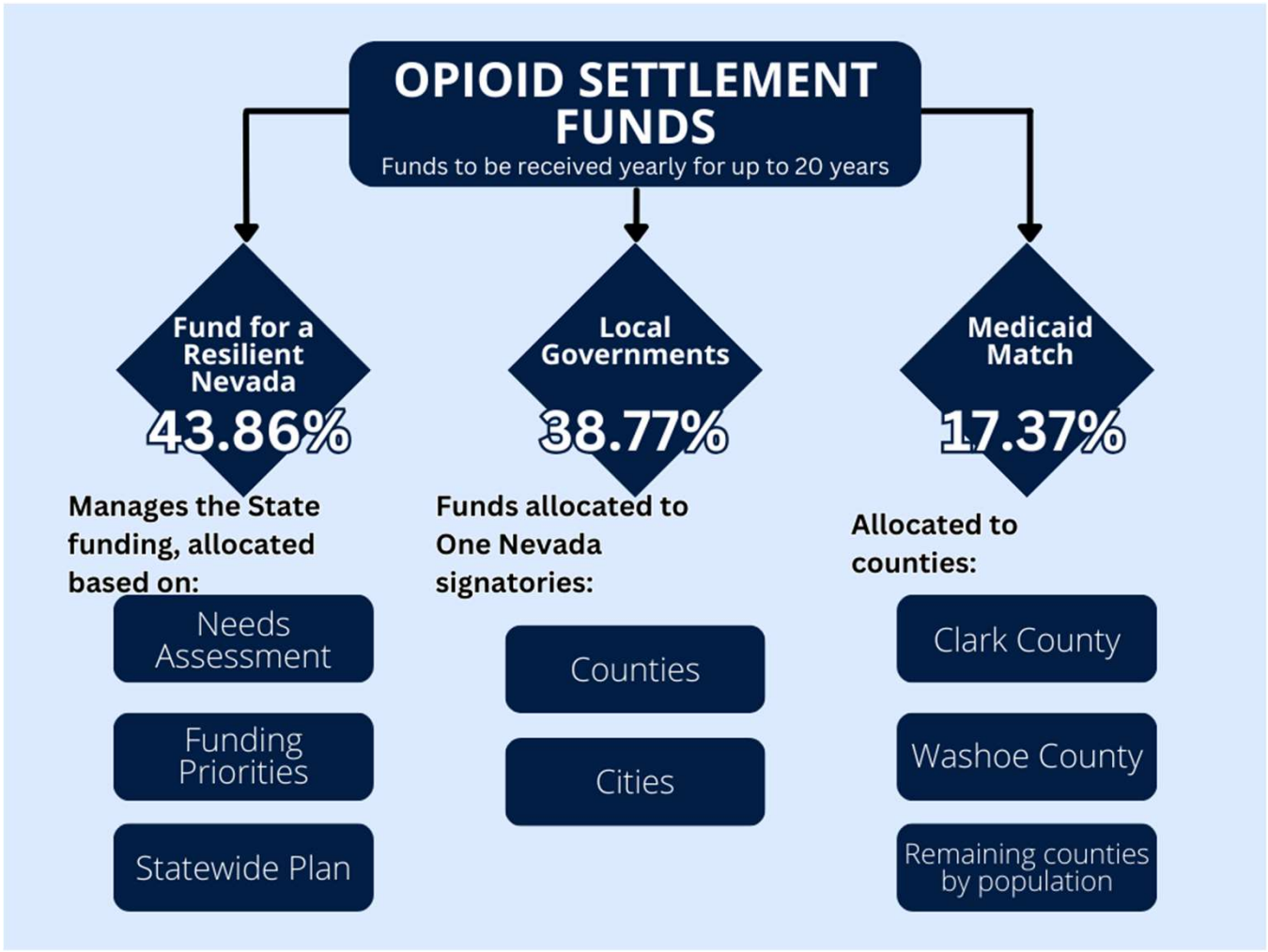
Goal 4: Provide behavioral health treatment

Goal 5: Implement recovery communities across Nevada.

Goal 6: Provide opioid prevention and treatment consistently across the criminal justice and public safety systems.

Goal 7: Provide high-quality and robust data and accessible, timely reporting.

Allocation of Recoveries



Questions?

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Acronyms

- ACRN – Advisory Committee for a Resilient Nevada
- DHHS – Department of Health and Human Services
- FRN – Fund for a Resilient Nevada
- NRS – Nevada Revised Statutes
- OUD – Opioid Use Disorder
- SAMHSA – Substance Abuse and Mental Health Services Administration
- SBIRT – Screening, Brief Intervention, and Referral to Treatment
- SUD – Substance Use Disorder