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Division of Public and Behavioral Health **Overview of Behavioral Health Services**

Presentation to the Nevada Legislature
Legislative Committee on Health Care
June 29, 2016



DPBH Clinical Services

DPBH behavioral health agencies provide a safety net of services and programs, designed to assist indigent and uninsured individuals coping with serious mental illnesses. We serve approximately 26,000 individuals per year; adults in the urban areas and adults and children in the rural areas. Programs include:

- Forensic Inpatient Hospitals – Lake’s Crossing and Stein
- Psychiatric Inpatient Hospitals - Rawson Neal and Dini-Townsend
- Urban Outpatient Clinics - 3 in Clark County and 1 in Washoe County
- Rural Outpatient Clinics – 18 covering all rural counties

Agenda Item V A—HEALTH CARE
Meeting Date: 06-29-16



Behavioral Health in Nevada

- Behavioral health services are multifaceted and include services to individuals with mental illness, substance use disorders and co-occurring behavioral health disorders.
- Providers of services include private entities, Managed Care Organizations (MCOs), and State services through:
 - Division of Child and Family Services coordinating services for children in Clark and Washoe Counties
 - DPBH for adults statewide and adults and children in rural areas.



State Services

- The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates 4.1% of the population has a serious mental illness.
- This means of Nevada's 2.89 million people, there are approximately 118,525 individuals needing assistance.
 - The State behavioral health system serves approximately 21,000 of these individuals; about 18% of this targeted group.



Behavioral Health Needs

- Formalize coordination of care for individuals with serious mental illness across all providers
 - Increase efficiency by eliminating duplicative assessments and encouraging a whole person approach
- Access to psychiatric care and specialty psychiatry remains a challenge in Nevada
 - Forensic, co-occurring, dually diagnosed (IDD & BH), gerontology, and child psychiatry.



Impact of ACA on Behavioral Health

- Behavioral health in the State of Nevada has seen both improvements and challenges in access to care.
 - Increase in number of insured individuals allowing access to private providers
 - Increase in demand for inpatient psychiatric services (North)
 - Increase in complexity of the treatment system as more entities participate



Sharing Treatment Information

- Challenge: need to readily share treatment information
- HIPAA allows for sharing of information in an emergency situation.
 - Great strides have been made in educating State employees and hospital staff in this Federal requirement.
 - Information systems for the State hospitals have been adjusted to make medication information more readily available.
 - Consultations have been arranged for rural hospital ERs



Gaps in Adults Services

- Information sharing for care coordination across providers
- Residential treatment services for adults
 - Stepdown level of care post hospital
- Duplicative assessments or entry requirements



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Civil Hospitals

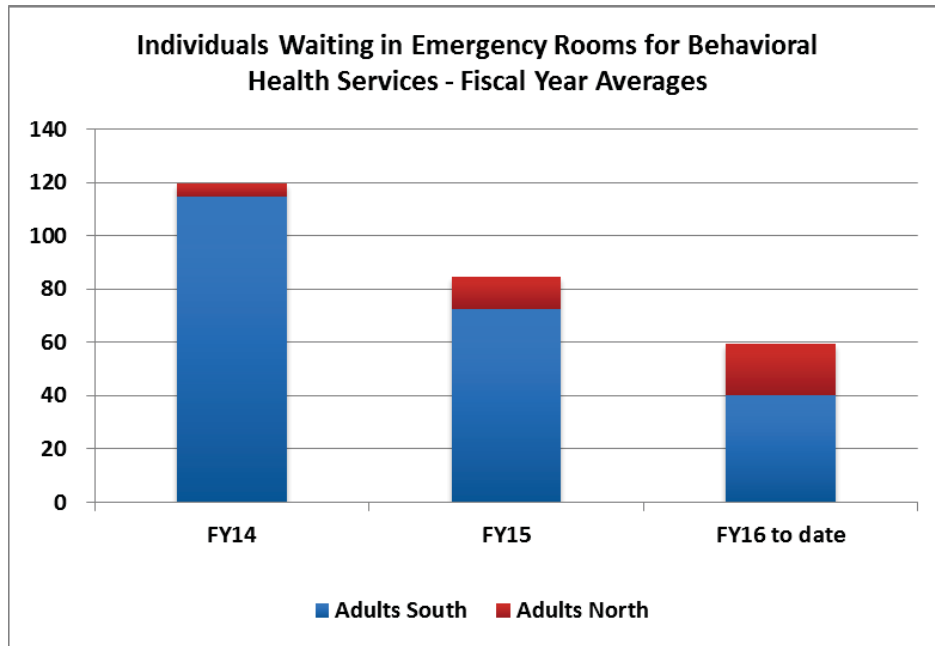
- Rawson-Neal Hospital- Las Vegas
 - 105 Staffed Beds
- Dini-Townsend Hospital- Sparks
 - 30 Staffed beds

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Wait Times in ERs



OUTPATIENT SERVICES



Structure of Outpatient Services

- Four urban outpatient clinics:
 - 3 in Clark County: East Las Vegas, West Charleston, and Henderson and
 - 1 in Washoe County
- There are 18 behavioral health community networks (BHCNS) operated by the State covering rural Nevada.
 - Two of these clinics are located in Clark County and operated under SNAMHS.
 - The other clinics are operated under Rural Community Health Services (RCHS)



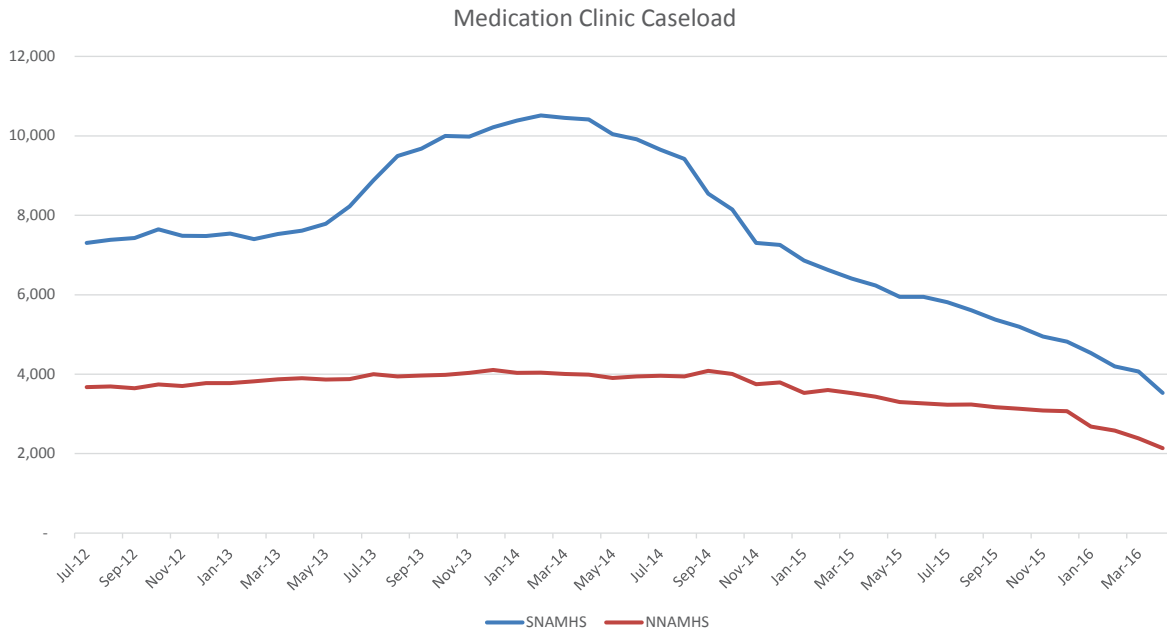
Outpatient Services

- Mobile Crisis
- Mobile Outreach Safety Team (MOST)
- Assessments and Counseling,
- Service Coordination/Case Management Services,
- Medication Management,
- Residential Support Programs,
- Mental Health Court,
- Assisted Outpatient Treatment (AOT)*, and
- Programs for Assertive Community Treatment (PACT)* teams.

*Currently provided in Urban areas only



Decreasing Demand for DPBH Services



Current Initiatives



Initiatives

- Using data-driven decision making in program design and implementation
- Taking population-based solutions to resolve community issues
- Collaborating with communities to meet their needs as the community defines them



Integrated Care

- For improved services, especially to individuals who are aging with medical co-morbidity, the State has moved to whole person care through collaborations with FQHCs and primary care providers
- Certified Community Behavioral Health Clinics (CCBHC) grant



Housing

- Residential support services exist but a service gap remains, especially for those with complex needs
- Move resources to community partners for developing supported housing for individuals with disabilities, including serious mental illnesses
- State moving the role of program oversight



Higher Levels of Care (HLC) Statewide Task Force

- Goal: coordination of care of individuals with behavioral health disorders needing higher levels of care.
- This committee consists of representation from:
 - Nevada Hospital Association
 - Nevada Rural Hospital Partner
 - Carson Tahoe Hospital, Carson City
 - Northeastern Nevada Regional Hospital, Elko
 - State Divisions: DPBH, DWSS, and DHCFP
 - Representatives from both MCOs
- The committee will meet quarterly to address and plan for systemic changes.



Questions?



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