



STATE OF NEVADA
COMMISSION ON BEHAVIORAL HEALTH
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BRIAN SANDOVAL
Governor

VALERIE KINNIKIN
Chair

Governor Brian Sandoval
Office of the Governor
101 North Carson Street, Suite 1
Carson City, Nevada 89701

March 7, 2017

Dear Governor Sandoval:

The State of Nevada's Commission on Behavioral Health is a 10-member, legislatively-created body designed to provide policy guidance and oversight of Nevada's public system of integrated care and treatment of adults and children with mental health, substance abuse, and intellectual/developmental disabilities and related conditions.

This 2017 report includes successes and opportunities for improvement within Children's Behavioral Health Services, Adult Behavioral Health Services, Workforce Development, Intellectual/Developmental Services and Substance Abuse Treatment/Prevention Services. Recommendations regarding the opportunities for improvement will accompany each section.

Please accept the following recommendations made on behalf of the Commission on Behavioral

ITEM #1: Children's Behavioral Health Services

- Recommendation: Review Medicaid rates for children's behavioral health services to determine if inadequate provider reimbursement contributes to lack of capacity and access for children and families.
- Recommendation: Continue to expand and streamline the Mobile Crisis Intervention Program (MCRT):
- Recommendations: Enhance intensive community based services, residential treatment beds and service coordination for youth by engaging community providers to explore options of their service-delivery systems meeting the needs.

ITEM #2: Adult Behavioral Health Services

- Recommendations: Support the streamlining and expansions of the forensic and jail diversion programs.

- Recommendations: Support for reduced Civil hospital beds in support of increased Forensic beds, as indicated:
- Recommendations: Support for Outpatient and Early Intervention behavioral health programs:

ITEM #3: Workforce Development

- Recommendation: Support and expand programs that create incentives and opportunity for provider education, and collaboration.
- Recommendation: Examine and support the long-term funding of the NV-PIC, as well as the creation of dedicated Psychological Assistant positions.
- Recommendation: Examine and support the parity between state agencies for wages to be competitive and to be able to support services.
- Recommendation: Examine and support the adjustment of Medicaid reimbursement rates for Nevada's healthcare providers.
- Recommendation: Create opportunities that will increase the number of qualified and Certified Mental Health professionals that specialize in treatment for children and youth.

ITEM #4: Intellectual/Developmental Services

- Recommendations: Increase availability of funding to support habilitative services for individuals to live and work in the least restrictive setting within their community.

ITEM #5: Substance Abuse Treatment/Prevention Services

- Recommendations: It is recommended that additional resources be allocated for workforce development.
- Recommendations: Funding of programs to improve their ability to hire clinicians who can identify and treat co-occurring disorders.
- Recommendations: Statewide policies need to be examined to ensure that providers who are 'Co-occurring Enhanced' are able to be reimbursed adequately for services rendered to clients with co-occurring disorders.
- Recommendations: It is recommended that concerted effort be made to increase access to MAT statewide in general and for high priority populations.

Should there be any questions regarding this letter or report please contact Cody L. Phinney, Secretary to the Commission on Behavioral Health at (775) 684-224.

Sincerely,

Nevada Commission on Behavioral Health

Chair: Valerie Kinnikin, LCSW (Representing Social Workers)
Pamela Johnson, RN (Representing Registered Nurses)
Thomas Hunt, MD (Representing Physicians)
Barbara Jackson (Representing Consumers)

Lisa Durette, M.D. (Representing Psychiatry)
Noelle Lefforge, Ph.D. (Representing Psychology)
Asma Tahir (Representing Public)
Tabitha Johnson (Representing Marriage and Family Therapy)

Pc: Nevada State Senate
Nevada State Assembly
Richard Whitley, Director, Department of Health and Human Services
Edward Ableser, Administrator, Division of Aging and Disability Services
Cody L. Phinney, Administrator, Division of Public and Behavioral Health
John DiMuro, D.O., State Health Officer
Kelly Wooldridge, Administrator, Division of Child and Family Services
Nevada Children's Mental Health Consortia
Nevada Behavioral Health Planning and Advisory Council (BHPAC)

INTRODUCTION

The Commission establishes policies to ensure adequate development and administration of services for persons with mental illnesses¹ and reports to the Governor and Legislature on the quality of care and treatment provided for persons with mental illness, intellectual/developmental disabilities or related conditions and co-occurring disorders in this State and on any progress made toward improving the quality of that care and treatment.²

The following report includes recommendations related to five service areas that aim to improve the lives of those who receive such services **ITEM #1: Children's Behavioral Health Services**

According to the 2017 report, as it relates to youth, Nevada was ranked 40th in the nation for states with the highest prevalence of mental illness and the lowest rates of access to care although an improvement from 2016 where the ranking was 45th, it is still representative of concerns for our youth in need of care.

The Division of Children and Family Services (DCFS) is responsible for providing behavioral health services to children and adolescents in Washoe and Clark County, while the Division of Public and Behavioral Health (DPBH) is responsible for providing services in the rural areas of the state.

Currently, the juvenile justice system in Washoe County serves as a portal for the treatment placements of a significant number of youth with serious emotional disturbance. Because most of these children are not clients of the state mental health system, juvenile justice has become a parallel mental health system for the most impaired youth in the State. Youth who are treated by private providers or who are not served at all, commit crimes and are placed in detention which allows them to obtain Medicaid. Based on the risk that these youth pose to the community or themselves, they are often placed in residential treatment centers, most of which are out of state. The State funds these placement through Medicaid yet in most cases does not have the resources to provide case management for these children with the highest level of need. This is driven by a lack of intensive community based services, no state run residential treatment beds in the north, and the absence of service coordination at the state level.

To improve upon this service gap, DCFS has been working toward expanding preventative services, developing an organized delivery system, strengthening LOCAL systems and restructuring funding and Medicaid policies to produce positive outcomes for youth. The monthly Children's Advocacy Alliance newsletter has been created to share information about the issues related to the legislation and information on research and policies that are of concern for those working towards the improvement of the lives of their children.

¹ Nevada Revised Statutes (NRS) Chapter 433.314 Sec. 1.

² NRS 433.314 Sec. 5.

In the fall of 2015 the State of Nevada/DCFS were awarded a System of Care Implementation (SOC) Grant. This was a part of an ongoing process that stakeholders have been involved in for several years.

The concept and philosophy of SOC has become increasingly more prevalent in communities across the country since its inception in the mid 1980's. Investment in SOC has been shown to reduce utilization of higher levels of care, inpatient services, emergency room visits, and out of state placements. States utilizing this approach often were able to allocate funds to provide care locally in the families' community. In addition to utilizing funds more effectively, more intervention services can be in place.

Coming together as a statewide effort, the Nevada Children's System of Care Behavioral Health Subcommittee, which includes the regional consortia and other key stakeholders have been examining commonalities across the regional strategic plans, developing statewide logic models and taking other steps toward the shift to a System of Care.

The Nevada System of Care Implementation Grant is summarized in four broad goals. These goals will also serve as the organizing framework from which activities are planned, implemented and evaluated. The goals are;

1. Generate support among families and youth, providers, and decision policy makers at state and local levels, to support expansion of the SOC approach, transition 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, continuous quality improvement.
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.

Activities related to the SOC grant have already resulted in an increase in home and community based services, including the development and expansion of a number of programs aimed at keeping children and adolescents in their home community.

Over the past two years, DCFS has also been successful with increasing the capacity to divert youth in crisis from costly emergency rooms, inpatient care and juvenile detention due to the expansion of DCFS's Mobile Crisis Intervention Program (MCRT). The hospital

diversion rate has been reduced by 91.3% in the south in 2016, and across the state it has been greater than 85%.

Recommendation: Raise Medicaid rates for children's behavioral health services to address inadequate provider reimbursement which contributes to lack of capacity and access for children and families.

- Medicaid eligible children face long waits for many behavioral health services and have difficulty finding qualified providers. With the expansion of the options in Medicaid Managed Care Organizations increasing to four as of July 2017, there should be more available providers to choose from.

Recommendation: Continue to expand the Mobile Crisis Intervention Program (MCRT): Although this program has been very successful, many children assessed by the DCFS teams and referred for hospitalization of other types of care, face delays in receiving services due to additional assessments required by the hospitals or managed care providers.

- Develop interagency protocols and policies to facilitate the seamless transition to appropriate inpatient or community-based care for all uninsured as well as privately and publicly insured youths admitted to emergency rooms with severe psychiatric crises, including those with suicidal behavior.
- MCRT has begun initial work with Division of Welfare and Supportive Services to address eligibility needs immediately after engaging the family.

Recommendation: Enhance intensive community based services, residential treatment beds and service coordination for youth by engaging community providers to explore options of their service-delivery systems meeting the needs.

ITEM #2: Adult Behavioral Health Services

The Division of Public and Behavioral Health, (DPBH) has many service-delivery systems which impact the citizens of Nevada with regards to Behavioral Health. There have been many changes made over the past year and there are several on the horizon which are discussed below. The DPBH in collaboration with other Divisions in the Department of Health and Human Services, (DHHS), has defined each area below for ease in access and for summarizing the current status.

Forensic Services: Over the last several years, it was apparent that Nevada was in need of additional placements for the forensic population. In answer to this need, Stein Hospital was opened in Las Vegas in November 2015. Currently, 30 of the 47 beds are being utilized however there is an enhancement in the biennial budget to expand the capacity in the upcoming biennium. As anticipated Stein hospital has reached maximum capacity and they are finding that transportation to and from the forensic facilities has

become problematic due to the weather. Current projections suggest that Nevada will need to continue to plan for even further expansion in this area. Additionally, the Consent Decree provided case law which enacted the 7 day requirement for admission into forensic placement presents difficulties that need to be addressed, even with the addition of Stein Hospital.

There was much discussion regarding the 7-day admission requirement over the last biennium. Washington filed a motion with the 9th Circuit Court regarding this issue that was unsuccessful in increasing the inpatient admission time requirement. They were successful in getting the court to drop the 7-day requirement for completing outpatient re-commitment evaluations. It is doubtful that since this has already been adjudicated within the 9th District Court, that Nevada would have any luck in changing the requirement here. This compares with the Deputy Attorney General's (DAG) recommendation as well. The forensic beds that were previously defined at Southern Nevada Adult Mental Health Services (SNAMHS) facilities were completed and opened. It is significant that they are running at full capacity and that Clark County clients continue to be transported to Lake's Crossing Center in order to comply with the consent decree.

Civil Services- Adult: The inpatient psychiatric hospitals operated by the DPBH staff include Rawson-Neal in Las Vegas, and Dini-Townsend, in Sparks. These facilities currently house the civil patients, who are those on involuntary holds for safety, and those who are not court-ordered to be psychiatrically-hospitalized. This population is unique and it has become apparent that behavioral health care for this population can be served in their community, as they are prepared to accept them for the short-term crisis stabilization treatment indicated. Therefore, the biennial budget has proposed that these facilities increase their forensic services and decrease those considered 'civil', with the exception of those without insurance, or undocumented.

As a part of the DPBH Quality Assurance/Performance Improvement (QAPI) program, the Division has embarked on a multi-year effort to reduce the utilization of seclusion and restraints. DPBH provides all direct care staff members *Conflict Prevention and Response Training* (CPART) during new employee orientation and annually. CPART is an approved, evidence-based curriculum of de-escalation techniques and increasingly intrusive/restrictive intervention procedures used by trained staff to re-establish and/or maintain safety in the presence of threatening or dangerous behavior. In addition, the hospitals have begun to introduce seclusion and restraint prevention tools such as positive behavioral support plans and sensory/comfort rooms that promote de-escalation and allow consumers to develop distress tolerance and self-soothing skills.

From January 1, 2016 through November 30, 2016, DPBH inpatient psychiatric hospitals had improvements in the seclusion rate of 0.15 per 1,000 patient hours, less than the national average of 0.42. For that same time period, DPBH inpatient psychiatric hospitals had a restraint rate of 0.24 per 1,000 patient hours, below the national average of 0.46; both demonstrating significant improvement overall.

Outpatient Services – Adult: Based upon a national model, the Assisted Outpatient Treatment (AOT) opened in March 2014 at Southern Nevada Adult Mental Health Services (SNAMHS).

As of January 1, 2017, there is also the same AOT program at Northern Nevada Adult Mental Health Services (NNAMHS). The intent of AOT is to support individuals who have demonstrated a history of non-compliance with mental health treatment through multiple hospitalizations and/or arrests through a civil commitment and wraparound services in an outpatient setting. AOT has been adopted by many states, and it utilizes the PACT (Program for Assertive Treatment) model for services. Family court has jurisdiction over the civil commitment, and the court orders are valid for six months with the ability to re-petition if needed to continue stability. The budgeted caseload is 12:1 with an overall caseload of 75, however currently there are 78 active clients.

The current program at SNAMHS has an average length of stay of 281.43 days in the program. The team is comprised of a psychiatrist, psychiatric nurses, psychologist, clinical social worker, substance abuse counselor, psychiatric case workers, and is provided oversight by a mental health counselor. AOT provides wraparound services including intensive service coordination, counseling, substance abuse counseling, residential support, medication management, integrated medical care, peer support services and daily living skills. Individuals either graduate or are terminated from AOT through the court process, and then they are transitioned over to the Supportive Outpatient Treatment (SOT) team.

When individuals have graduated or terminated from AOT, they are then supported through wrap around services of SOT. Originally when individuals were stepping down from AOT, they were again becoming "lost" within the system. Individuals who had graduated from AOT were asking to go back. This brought attention to a gap in our system of what was missing and how to fix it. Essentially, SOT is AOT without the civil commitment component.

The SOT program is based upon the clients' ability to achieve and maintain their treatment goals with regards to their psychiatric stability, independent functions and responsible medication and physical health management. The SOT provides wraparound services including intensive service coordination, counseling, substance abuse counseling, residential support, medication management, integrated medical care, peer support services and daily living skills. Should the client exhibit behavior or signs of non-compliance with his/her treatment programming or the client's condition deteriorates while in SOT due to non-compliance with their treatment programming, the client may be assessed and moved back into the AOT program.

The average caseload is 15:1. Individuals stay with the SOT team and this becomes their "home pod" unless they demonstrate non-compliance or the need for civil commitment for AOT again.

The Mobile Outreach Safety Team (MOST) is statewide but the programming implementation is different based upon the region and the community's needs. The concept and goal of MOST is to provide field services intervention and de-escalation for individuals who are experiencing crisis in the community. In Washoe and Douglas Counties, staff ride along with officers from the Sheriff's Department and provide de-escalation and intervention for individuals. Some individuals are able to be diverted to alternative placements such as outpatient services, sobering units or local hospitals instead of jail. For individuals where it is appropriate, they might be placed on a Legal 2000 if they are a danger to themselves or others. The cost advantage to MOST is that individuals are linked to the appropriate resources and services in a swifter manner, and it reduces the amount of arrests and recidivisms for individuals who do not necessarily need to be in jail. In Clark County, MOST is sub-granted from the State to Clark County Social Services (CCSS). CCSS and Metro Police Department provide home visits follow up through referrals based on individuals who were placed on a Legal 2000 through the police department. If individuals agree to services, then they are provided with three months of case management and linkage to services and support through a treatment plan. This program methodology was designed and approved due to the size of the county, police department, and the limitations of human resources to replicate the Washoe model. The post intervention after the Legal 2000 provides supportive services to reduce recidivism and additional hospitalizations and/or arrests for individuals.

In Washoe County, DPBH is in the process of contracting the MOST services to Washoe County Social Services (WCSS) as in Clark County, rather than having this remain a function of the State. These services are based in hospital diversion and response to crisis situations with individuals throughout the County. Currently, these services only operate during business hours and it is hoped that WCSS will expand this program to be available during times of highest crisis calls, per Reno Police Department data.

There is now a rural MOST service that is available in the four counties of Carson City, Lyon, Churchill and Douglas. This is an individual who is trained in crisis response and works for DPBH as a part of the Rural Clinics programs. In addition, there is now a Churchill County Resource Liaison, through the Churchill Community Coalition, who provides linkages and support to consumers in this area, as a Care Coordinator.

There has been an increase in available services for this population as well, as Carson-Tahoe Health has recently opened their own Triage Center, called the Mallory Crisis Center, serving the surrounding areas.

Crisis Intervention Training (CIT) is a national model that has been adopted statewide and has been fully integrated with Washoe, Clark and Douglas counties in cooperation with the police/sheriff departments and DPBH. The rural areas are expanding their

training cooperation efforts with the smaller counties, and have recently hired two new mental health counselors to launch the programming. Over the past year, Lyon County has trained 82 additional law enforcement officials in the 16-hour CIT/Behavioral Health training. In 2016 in cooperation with the Department of Psychiatry of the University of Nevada School of Medicine Las Vegas, the DPBH assisted Las Vegas Metropolitan Police Department with CIT training of 293 Police Officers and 94 Correctional Officers.

Peer support services are supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a national evidence-based model. DPBH has integrated peer supporters throughout many of the outpatient programs. As SAMHSA describes, peers support services are “delivered by individuals who have common life experiences, giving a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience...research has shown that peer support facilitates recovery and reduces health care costs. Peers also provide assistance that promotes a sense of belonging within the community.” (<http://www.samhsa.gov/recovery/peer-support-social-inclusion>)

Certified Community Behavioral Health Clinics: An award announcement on December 22, 2016, granted Nevada as one of only eight states awarded to start this new, community-based model by SAMHSA. The planned implementation in four areas of the state will aid in service-delivery in the underserved areas. There is a need to consider re-design of services in an effort to support resources in areas without these new CCBHC's are not located. The intent of the service-delivery model is to provide behavioral health services with co-location of primary/preventative care and behavioral health care.

Recommendation: Support the streamlining and expansions of the forensic, seclusion and restraint and jail diversion programs.

- Increase forensic beds in facilities in the state where they are running at nearly full capacity, all the time. Projections demonstrate that the need to further expand in 2018 seems accurate with large numbers of clients continuing to be admitted. Consequently, consideration of additional staff and bed space appears to be a necessity.
- Consider alternative resources to meet the ADA requirements and special needs of the forensic patients. There has been increasing medical needs of the forensic population being served and adequate funding for the portion of this care that the state must provide must be provided. Also, with rising costs for interpreters and an increased population of profoundly deaf clients this creates required services which must meet ADA standards. These services are very expensive and have depleted funds that normally would be expended in other areas of the budget.
- Clarification of the responsibility of the counties in regard to outside medical services these clients receive from independent physicians.

Recommendations: Support for reduced civil hospital beds in support of increased Forensic beds, as indicated:

- Continue to reduce services so that there is the capacity to expand forensic services to meet the growing population that relies solely on DPBH for inpatient competency and restoration services in lieu of incarceration.
- Work with community-based providers to expand their services for this now reimbursable care for the civil patients.

Recommendations: Support for Outpatient and Early Intervention behavioral health programs:

- Although the MOST and CIT programs are established statewide, the expansion of these programs in all areas would increase the positive dynamics for both the early intervention and post intervention components that empower the individuals to help them stabilize. This also contributes to the hospital/ER diversion.
- Support the growth of AOT and SOT programs to enhance the ability for this population to maintain their health in both mental and physical ways, outside of an institution or hospital.

ITEM #3: Workforce Development

DHHS has identified critical shortages in specific health care professional workforce which creates a deficit in providers and therefore access to services, for both existing and emerging populations. According to the Nevada Department of Training, Rehabilitation and Employment agency (DETR), there are projections that demonstrate there has been significant increases in need in Nursing and Residential Care facilities.

Projections for 2015-2017 illustrate that the following occupations have a growth potential of greater than 8%: Counselors; Social Workers and Other Community & Social Services; Social and Human Services Assistants; Respiratory Therapists; Registered Nurses; Healthcare Support Occupations; Nursing, Psychiatric and Home Health Aides; Occupational and Physical Therapy Aides; Occupational Therapy Assistants and Physical Therapy Assistants.

Greater than 9% include: Mental Health Counselors and in addition there were other occupations listed such as Occupational Therapists (6%); Licensed Practical and Licensed Vocational Nurses (7%); Medical Records and Health Information Technicians (7.6%); Nursing Assistants (7%); and Healthcare Support Workers- all other (7.9%). (Source: DETR, *Industry Projections for Nursing Care Facilities and Residential Facilities data report*, 2016).

According to the Nevada Governor's Office of Economic Development, *Using Data and Information to Align Economic and Workforce Development in the Healthcare Sector* report, 8/18/2016, page 2, the Development Sector noted below the *National Concentration in the Health and Medical Services* sector. It is noted as 34% below the National Concentration however represents 8.1% of all jobs or approximately 106,222 across the state.

The same report, (above) notes on page 6 the Top 20 High Demand Health and Medical Occupational Groups are led by the Health Diagnosing and Treating Practitioners with 7,312 jobs below the National Average of 26,238 jobs as of 2016. This is followed by the Health Technologists and Technicians, at 5,377 jobs below the National Standard of 12,700. Counselors, Social Workers, and other Community and Social Services Specialists are second with 2,050 below the Standard of 3,496 jobs in 2016. Of note at number 12 on the list is Nursing, Psychiatric and Home Health Aides, which defines 11,980 below the National Average at 7,167 jobs in 2016, thus noting that the demand is the greatest and the workforce is insufficient across the state.

When the details are explored, it appears that the overall deficit in nursing is the greatest, with Bachelor Degree-level Nurses under the National Average of jobs by 3,876. The shortage of physicians is significant at 1,135, according to the study, (page 8).

Considering the Health Technologists' category noted above, the greatest deficit exists again in nursing, however it is noted as Licensed Practical and Licensed Vocational Nurses with 3,000 jobs less than the National Standards, (page 10).

The Top 25 High Demand Occupations in Healthcare cohort, per this report is led by the physicians and surgeons with the lack of available individuals to fill these roles, followed by the LPN/LVN group, and the Registered Nurses rank number 8 on the list of 25, page 15. (Source: Governor's Office of Economic Development report, 8/18/16 author: Bob Potts, Research Director).

According to the American Nurses Association's website, article on Nursing Shortage:

- *"Over the past decade, the average age of employed RNs has increased by nearly two years from 42.7 years in 2000 to 44.6 years in 2010.*
- *America is seeing vast increases in the number of people over 65. This age group has many medical and health needs, and will put a strain on our health system.*
- *Recent reforms in healthcare will give millions of people access to the healthcare system. More nurses and healthcare professionals are needed in response," (retrieved 12/13/2016).*

State of Nevada is ranked the 50th in the US with the low number of 6 psychiatrists per 100,000 people (national average of 13/100,000) and 46th in the country for current ratio of resident and fellows per 100,000 people. Over half of the psychiatry positions in state service in Nevada are currently vacant, requiring the state to fill positions with contracted or locum tenens psychiatrists. In addition to the higher cost of these contracted professionals, many of them only work in Nevada for a short time, decreasing the continuity and quality of care they can provide. Currently, the salaries for state-employed psychiatrists in Nevada are significantly lower than those offered by the Veterans Administration, a primary source of competition for these professionals. The Governor's Behavioral Health and Wellness Council recommended an increase state psychiatrists' compensation to improve recruitment and retention of psychiatrists. Their Proposed Council Recommendations submitted on May, 2014 have not been implemented.

Substance use epidemic in Nevada, increase in geriatric as well as child and adolescent patients in rural clinics and growth in forensic services delivered by the DPBH created significant demand on psychiatrists who are trained in subspecialty disciplines. The DPBH training sites can serve as excellent training grounds for psychiatrists-in-training seeking subspecialty training and board certification. However, the Accreditation Council for Graduate Medical Education (ACGME) requires that these psychiatrists-in-training are supervised by psychiatrists who are board certified in the subspecialty.

The University of Nevada School of Medicine was able to increase the number of psychiatry residency slots starting July 2017, the State Nevada does not train psychiatrists in any specialty other than General Adult or Child Psychiatry. Presently, with exception of child psychiatric training, fellowship training in subspecialties of psychiatry does not exist in Nevada and psychiatric residents who are interested in obtaining subspecialty certification have to leave the State of Nevada to continue with their training in other states.

The DPBH has significant and ever-growing need in subspecialty-trained psychiatrists. However, with no in-state training programs, these specialists have to be recruited from other states. Unlike a number of other states, the State of Nevada does not have provisions for additional compensation for psychiatrists who have completed additional training in subspecialties such as addiction psychiatry, child and adolescent psychiatry, geriatric psychiatry or forensic psychiatry. As a result, The DPBH has struggled to recruit such specialists to respond to current demands.

There are several pending legislative actions that may have influence over the way in which health care professionals are licensed across the state. In an attempt to create a more standardized process for reciprocity and for workforce pipeline, these bills will have an impact on the Workforce Development initiatives indicated.

The Division of Public and Behavioral Health (DPBH), in partnership with Western Interstate Commission for Higher Education's (WICHE's) Mental Health Program and the Nevada WICHE program, developed a psychology internship program named the Nevada Psychology Internship Consortium (NV-PIC). This program consists of four partner agencies within the Division: Lake's Crossing, NNAAMHS, SNAMHS, and Rural Community Health Services (RCHS). The NV-PIC welcomed its inaugural cohort of four interns in August, 2015 to begin their yearlong training program. Since that time NV-PIC has applied for and been granted membership to the national internship organizing body APPIC, and has added five additional positions in the biennial budget.

Research has shown that psychologists and other healthcare providers are most likely to begin their careers in the geographic area where they complete their training. Psychologists are required to complete a yearlong internship in order to complete their doctorate degree, which is typically the last year of their training program. Currently, Nevada only has one nationally accredited internship program in the state (the VA in Reno). This means that historically the majority of psychology students from UNR and UNLV had to leave the state to complete their training at an accredited internship, thereby reducing the probability of them beginning their professional careers in the state. The lack of accredited internships in Nevada also results in a reduced ability to recruit early career psychologists trained in other states. The stipends for the four NV-PIC interns are paid for by funding from Nevada WICHE. This funding is provided for at least the 2015-2017 biennium to help NV-PIC launch its first two cohorts. Long-term funding for the program is still needed. With long-term funding NV-PIC would be able to sustain its current cohort class and potentially expand to offer even more internship slots each year.

An additional consideration for the recruitment and retention of psychologists is the need for dedicated Psychological Assistant positions. In Nevada, after a person completes their internship and doctorate degree they are required to register with the Nevada Board of Psychological Examiners as a Psychological Assistant for one year, which requires them to practice under the license of a psychologist. Currently, there are very few dedicated Psychological Assistant positions within DPBH or elsewhere in the state. The creation of dedicated Psychological Assistant positions, which would be one-year terminal positions, would help ensure that NV-PIC and other state internship programs could retain successful interns by promoting them into a Psychological Assistant position in support of their last year of training before becoming independently licensed to practice as a psychologist in Nevada.

The Division of Public and Behavioral Health (DPBH) has also worked with WICHE to provide tuition assistance for current Registered Nurses (RNs) to become Advanced Practitioners of Nursing (APNs) and also for current APNs to go back to school to specialize in psychiatry.

As Nevada continues to move toward improvement in workforce development, it is important to recognize where we stand in relation to the rest of the nation when it comes to the availability of healthcare providers. According to the latest data available, the following rankings (per 100,000 population) display a baseline for improvement. According to the Mental Health in America 2017 report, Nevada statistics, overall the state ranks 51st in Access to Care rankings, which is comprised of nine elements, with one being available workforce. (<http://www.mentalhealthamerica.net/issues/state-mental-health-america>)

According to the Nevada Department of Training and Rehabilitation, the 2016 employment and growth in healthcare and medical services occupations, there are several areas where the workforce is significantly trailing the national averages, including Registered Nurses, Personal Care Aides, Nursing Assistants, Licensed Vocational/ Practical Nurses as well as Licensed Psychiatrists.

Another aspect of the workforce development issue for consideration is the continuing need for the state of Nevada to offer wages that are competitive across state agencies as well as with other states. For example, it would be beneficial for people employed in the forensic mental health facilities to have the same financial opportunities as those employed by the Department of Corrections. This would encourage more stability in the workforce.

Recommendation: Support and expand programs that create incentives and opportunity for provider education and collaboration.

- Continue and expand the medical programs, ~~and residency,~~ and psychiatric subspecialty fellowship opportunities for physicians.
- Expand programs that grant tuition assistance for nurses as well as other disciplines.
- Continue and expand internships and fellowships for psychologists as well as establish more available positions for Psychological Assistants.

Recommendation: Examine and support the long-term funding of the NV-PIC, as well as the creation of dedicated Psychological Assistant positions.

Recommendation: Examine and support the parity between state agencies for wages to be competitive and to be able to support services.

Recommendation: Examine and support the adjustment of Medicaid reimbursement rates for Nevada's healthcare providers.

Recommendation: Create opportunities that will increase the number of qualified and Certified Mental Health professionals that specialize in treatment for children and youth, treatment of elderly, treatment of forensic patients, and treatment of those who have co-occurring mental health and substance use diagnoses.

- Further, there is a need for attention on recruitment and retention. The forensic facilities have a difficult time recruiting and maintaining most staff, especially forensic specialists and nursing staff. Salaries are not competitive with other law enforcement agencies for either of those disciplines. At least making the hiring and salary rates consistent in state agencies would be one step toward being able to retain staff at the forensic facilities.

ITEM #4: Intellectual/Developmental Services

Developmental Services is responsible for providing integrated services statewide for individuals across the lifespan with an intellectual/developmental disability or a related condition.

Additionally, Aging and Disability Services Division supports three regional centers assisting individuals with intellectual/developmental disabilities or with a related condition. Sierra Regional (SRC), Rural Regional Center (RRC) and Desert Regional Center (DRC) provide assistance to individuals and their family's to achieve community integration and live as independently as possible in their community. The service supports include the following: Service Coordination, Respite, Family Support, Behavioral Intervention, Nursing Consultation, Jobs and Day Training Programs, Habilitative Services including residential supports. Desert Regional Center includes an intermediary care facility to assist individuals unable to live within their local community due to health care needs, intense behavioral issues.

In June, the 2015 Legislature approved AB 307, which allowed for the establishment of piloted supportive living treatment homes which offer treatment for children with co-occurring intellectual disabilities and a mental/behavioral health diagnosis. These pilot programs will be located in Washoe County and Clark County focusing on providing community based treatment and in-home supports. The programs will enhance Nevada's ability to support children with intense behavioral needs in their own community avoiding out of state placement.

Developmental Services is participating in the National Core Indicators which will provide data on performance measures specific to quality measures and may be compared to 48 other participating states. These independent surveys will provide value data for assessing the health of the service system.

Aging and Disability Services Division in collaboration with Vocational Rehabilitation and the Governor's Council on Developmental Disabilities completed a strategic plan on Integrated Employment in July 2015. The plan provides strategies for transforming the service delivery system to provide support for individuals to obtain and retain competitive employment.

Over the past year, Aging and Disability Services Division has worked to provide training on Person-Centered Thinking to all staff within the Division. Using an evidenced-based program, the Division continues to work toward building a service system prepared to meet the needs of individuals living with an intellectual disability or a related condition across the lifespan through assisting the individuals and their families to live and work in the least restrictive setting. Statewide training for Aging and Disability Services Division staff, sister agency staff, community partners and other interested parties on Person-Centered Thinking will continue on an ongoing basis. The Division invested in developing a "train-the-trainer" model for the evidence-based practice and this is occurring on a quarterly basis.

Recommendations: Increase availability of funding to support habilitative services for individuals to live and work in the least restrictive setting within their community. Ensure availability of appropriate mental health services, for children and adults with co-occurring developmental disability and a behavioral health disorder. Establish a Medicaid rate for children and adults with intellectual/developmental disabilities which takes into account the additional time needed by the professional to address the individual's condition and support needs. Support the growing need for innovative mental health delivery systems for older adults. Nevada has one of the highest suicide rates in the country for individuals over the age of 65. Nevada must address the need for specialized training for all professionals working in the field to learn the signs and symptoms of depression in seniors especially as they relate to age related conditions.

Address the issue of discrimination by mental health providers towards individuals with intellectual/developmental conditions. Psychiatric care for this population has reached a crisis level with many providers unwilling to continue to-serve this population. Medicaid reimbursement for the actual time needed to address the individual's needs would enhance the availability to obtain healthcare.

ITEM #5: Substance Abuse Treatment/Prevention Services

The Bureau of Behavioral Health Wellness and Prevention (BBHWP) completed its project to assess and train all certified-funded providers to become co-occurring enhanced facilities. The evaluation/training tool used in this project is the Dual Diagnosis Capability in Addiction Treatment (DDCAT). This is the first time the DDCAT assessment tool was used with BBHWP certified-funded providers. The DDCAT tool provides a scoring range that enables the evaluator to score the actual progress a provider is making towards becoming "Co-occurring Enhanced".

Based upon the DDCAT assessments, there are currently no certified and funded providers that meet criteria as “Co-occurring Enhanced”, however many are approaching the standards for this status. In order to continually observe provider growth towards becoming Co-occurring Enhanced, the DDCAT assessment tool has been incorporated into the providers annual certification processes. Each year a new assessment will be completed to determine Co-occurring Enhanced status, or progress towards status. Providers who fail to flourish will be provided additional support, training and technical assistance by BBHWP.

DPBH continues to work on upgrading provider capacity to treat clients with co-occurring disorders; however, more funding is needed to help providers meet the need. It is recommended that additional resources be allocated for workforce development and to fund programs to improve their ability to hire clinicians who can identify and treat co-occurring disorders. In addition, it is recommended that statewide policies are examined to ensure that providers who are co-occurring enhanced are able to be reimbursed adequately for services rendered to clients with co-occurring disorders.

In March 2016, BBHWP entered into a contractual agreement with the accounting firm of Myers and Stauffer, LC, to conduct a comprehensive study to determine actual costs associated with providing outpatient and residential substance abuse services in Nevada. During the six month study, rates were developed for BBHWP reimbursable HCPCS, CPT codes, and residential room and board for both co-occurring enhanced and co-occurring capable facilities. The rate study concluded that the current rate structure is not sufficient to support the provision of services.

Substance abuse has a devastating impact on families in the United States. According to the Centers for Disease Control, 144 people per day die of drug overdoses while admissions to treatment for prescription opiates has increased 500 percent. In 2013, 22.7 million people needed substance abuse treatment, but only 11% of them received it (www.addictionpolicy.org). Opioids were involved in 33,091, or 63% of 2015 drug overdose deaths (up from 61% in 2014) or 91 out of 144 daily drug overdose deaths are the result of opioids. Nevada has been hit hard by the opioid epidemic. Nevada currently has 13 CARF (Commission on Accreditation of Rehabilitation Facilities) certified Medication Assisted Treatment (MAT) providers with 15 locations statewide. BBHWP is looking to increase capacity for care for opioid-addicted individuals (adolescent and adult), identify long-term solutions, incorporate MAT into drug diversion programs, and reduce the stigma and barriers to services for individuals seeking residential treatment and/or transitional housing. It is recommended that concerted effort be made to increase access to MAT statewide in general and for high priority populations.

Recommendations: It is recommended that additional resources be allocated for workforce development.

Recommendations: Funding of programs to improve their ability to hire clinicians who can identify and treat co-occurring disorders.

Recommendations: Statewide policies need to be examined to ensure that providers who are 'Co-occurring Enhanced' are able to be reimbursed adequately for services rendered to clients with co-occurring disorders.

Recommendations: It is recommended that concerted effort be made to increase access to MAT statewide in general and for high priority populations.

APPENDIX

Recommendation Summary

ITEM #1: Children's Behavioral Health Services

Recommendation: Raise Medicaid rates for children's behavioral health services to address inadequate provider reimbursement which contributes to lack of capacity and access for children and families.

- Medicaid eligible children face long waits for many behavioral health services or have difficulty finding qualified providers.

Recommendation: Continue to expand the Mobile Crisis Intervention Program (MCRT).

Recommendation: Enhance intensive community based services, state run residential treatment beds and service coordination for youth.

ITEM #2: Adult Behavioral Health Services

Recommendation: Support the streamlining and expansions of the forensic, seclusion and restraint and jail diversion programs.

- Monitor and facilitate the means to provide an adequate number of forensic beds.
- Support the examination of forensic case law that contains a 7 day admission requirement, which may create unreasonable demands on the forensic system and not align with standards that are practical for Nevada.
- Provide training for inpatient psychiatric hospital staff in effort to drastically reduce the use of seclusion and restraints within the treatment realm.
- Expand the AOT program with a second AOT team in the south (Capacity is 75 participants and the program is currently serving 80) and the establishment of a team in the north and rural areas.
- Expand the SOT program in the south to compliment the growth of the AOT program and establish AOT programs in both the north and the rural areas.
- Although the MOST and CIT programs are established statewide, the expansion of the programs in all areas would increase the positive dynamics for both the early intervention and post intervention components that empower the individuals to help them stabilize.

ITEM #3: Workforce Development

Recommendation: Support and expand programs that create incentives and opportunity for provider education and establishment within the state of Nevada by allocating funds from the next Biennial budget for program creation and preservation.

- Continue and expand the medical programs and residency opportunities for physicians.
- Expand programs that grant tuition assistance for nurses as well as other disciplines.
- Continue and expand internships and fellowships for psychologists as well as establish more available positions for Psychological Assistants.

Research has shown that psychologists and other healthcare providers are most likely to begin their careers in the geographic area where they complete their training. Psychologists are required to complete a yearlong internship in order to complete their doctorate degree, which is typically the last year of their training program. Currently, Nevada only has one nationally accredited internship program in the state (the VA in Reno). This means that historically the majority of psychology students from UNR and UNLV had to leave the state to complete their training at an accredited internship, thereby reducing the probability of them beginning their professional careers in the state. The lack of accredited internships in Nevada also results in a reduced ability to recruit early career psychologists trained in other states. The stipends for the four NV-PIC interns are paid for by funding from Nevada WICHE. This funding is provided for at least the 2015-2017 biennium to help NV-PIC launch its first two cohorts. Long-term funding for the program is still needed. With long-term funding NV-PIC would be able to sustain its current cohort class and potentially expand to offer even more internship slots each year.

An additional consideration for the recruitment and retention of psychologists is the need for dedicated Psychological Assistant positions. In Nevada, after a person completes their internship and doctorate degree they are required to register with the Nevada Board of Psychological Examiners as a Psychological Assistant for one year, which requires them to practice under the license of a psychologist. Currently, there are very few dedicated Psychological Assistant positions within DPBH or elsewhere in the state. The creation of dedicated Psychological Assistant positions, which would be one year terminal positions, would help ensure that NV-PIC and other state internship programs could retain successful interns by promoting them into a Psychological Assistant position in support of their last year of training before becoming independently licensed to practice as a psychologist in Nevada.

Recommendation: Examine and support the long-term funding of the NV-PIC, as well as the creation of dedicated Psychological Assistant positions.

Recommendation: Examine and support the adjustment of wages to be competitive across state agencies and with other states. It is recommended that funds are allocated in the next Biennial budget to create a competitive environment that attracts and retains a qualified workforce.

Recommendation: Examine and Support the adjustment of Medicaid reimbursement rates for Nevada's healthcare providers.

Recommendation: Create opportunities that will increase the number of certified mental health professionals that specialize in treatment for children and youth.

ITEM #4: Intellectual/Developmental Services

Recommendation: Increase availability of funding to support habilitative services for individuals to live and work in the least restrictive setting within their community.

Recommendation: Ensure availability of appropriate mental health services, especially community based psychiatric services, for children with special needs.

Recommendation: Establish a Medicaid rate for children with intellectual/developmental conditions which takes into account the additional time needed by the professional to address the individual's condition and support needs.

Recommendation: Support the growing need for innovative mental health delivery systems for older adults. Nevada has one of the highest suicide rates in the country for individuals over the age of 65. Nevada must address the need for specialized training for all professionals working in the field to learn the signs and symptoms of depression in seniors especially as they relate to age related conditions.

Recommendation: Address the issue of discrimination by mental health providers towards individuals with intellectual/developmental conditions. Psychiatric care for this population has reached a crisis level with many providers unwilling to continue to service the population. Medicaid reimbursement for the actual time needed to address the individual's needs would enhance the availability to obtain healthcare.

ITEM #5: Substance Abuse Treatment/Prevention Services

Recommendations: Even though the DPBH and BBHWP are working to upgrade provider capacity to treat clients with co-occurring disorders, more funding is needed to help providers meet the need. It is recommended that funds are allocated in the next Biennial budget for workforce development and to fund programs to improve their ability to hire clinicians who can identify and treat co-occurring disorders. In addition, it is recommended that Medicaid policies are examined to ensure that providers who are Co-occurring Enhanced are able to be reimbursed adequately for services rendered to clients with co-occurring disorders.