

Mental Health Overview

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Facts about Mental Illness

- Has nothing to do with intelligence
- Can happen to anyone
- Chronic but not contagious
- Difficult to diagnose and to treat
- Treated but not cured
- Mentally ill are not all dangerous
- Should not be confused with terms psychopath or sociopath

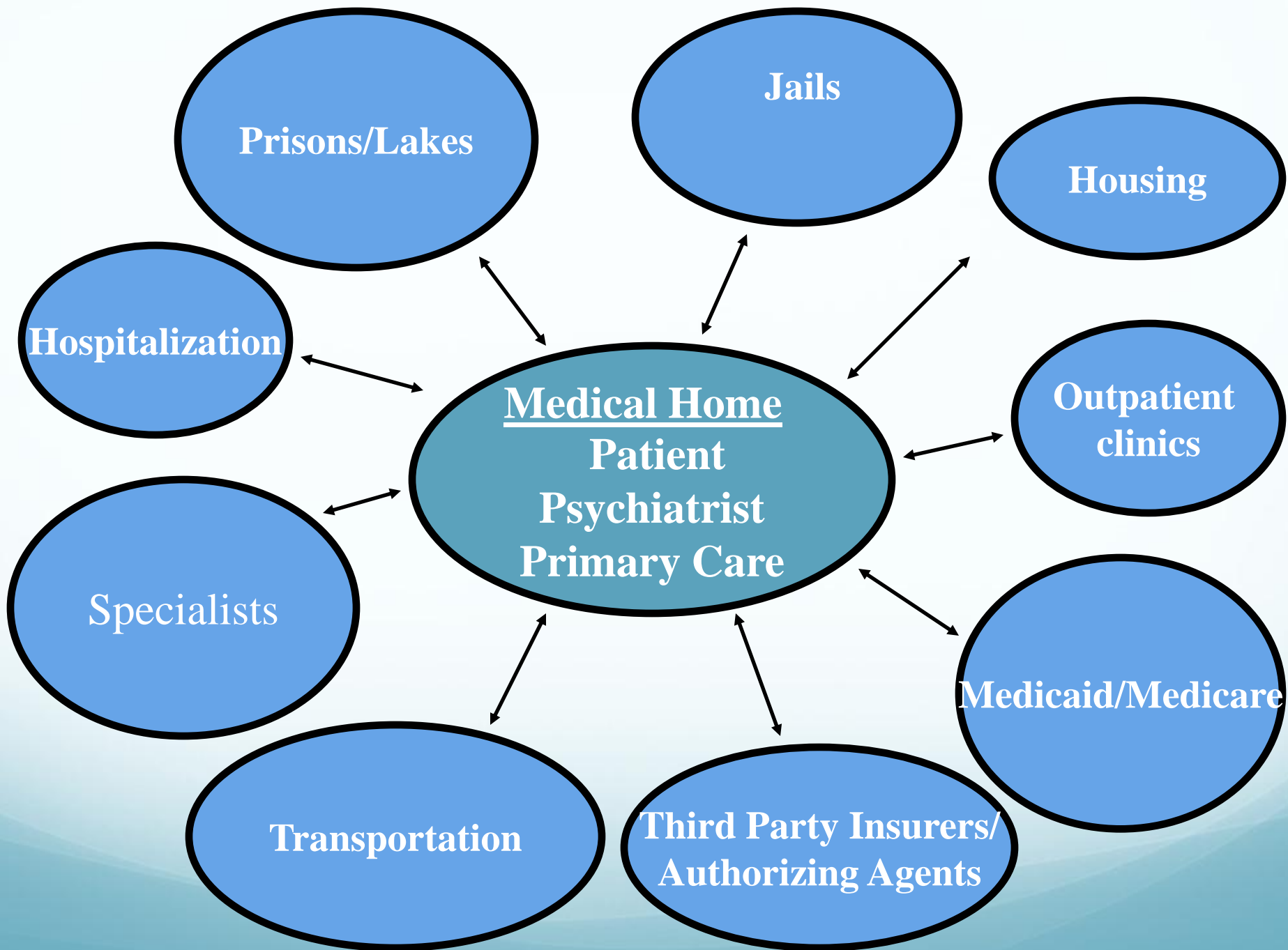
Violence

- ▶▶ **The incidence of violence is no greater in persons with mental illness than it is in the general population**
- ▶▶ Incidence increases 60% if the illness is untreated.
- ▶▶ Substance use greatly increases violence
- ▶▶ Greatest risk, males in late teens to early 20's
- ▶▶ Past behavior best predictor
- ▶▶ **BE SAFE**



Delivery of Mental Health Services

- Fragmented system
- Many clients enter the system via the Criminal Justice system , Emergency rooms, Primary Care Providers, Psychiatrists
- Primary medical care is Psychiatrist visit without integration of any medical services
- Gives us an opportunity to use a PH model of data collection and assessment to develop programs and solutions for the population as a whole.



Usual Care vs. Integrated for mental health clients

- Usual Care
 - Rarely treated effectively
 - Only 1 in 5 receive treatment
 - Rarely treated by MH professionals
 - Fewer than 10 report see a MH worker
 - Increasing use of antidepressants in PC but treatment often not effective
- Integrated Care
 - Most effective approach to treat mental health in PC settings
 - Comprehensive
 - Multidisciplinary approach
 - Fully integrated with information available to all practitioners
 - Cost-effective

I. Merger of Health Division and Mental Health Division

- The model of Health and Mental Health integration is a holistic healthcare approach that integrates services that address both body and mind and treat individuals as a whole person.
- The overall vision of an integrated system is to effectively serve individuals no matter where they enter the system, be it through public health, behavioral health or criminal justice.

Benefits of Integration

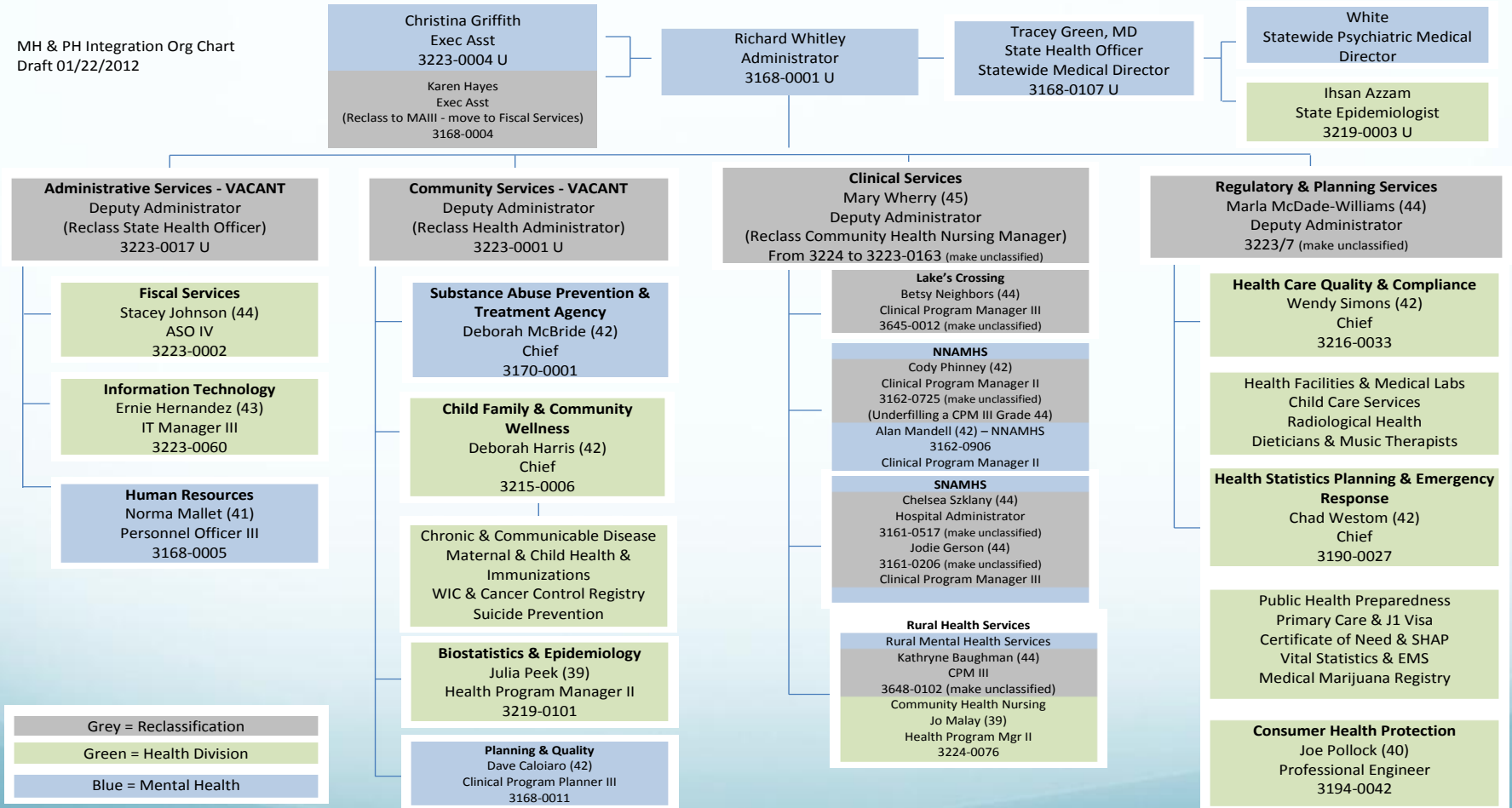
- Using PH data /surveillance and epidemiology to identify areas for prevention and early intervention
 - Criminal justice continuum of care:
 - Data has revealed that there are high end users of the criminal justice system that require intensive wrap around services: Forensic PACT (Program for Assertive Community Treatment) team.
 - Using the data to re-allocate existing funds
- Integration of mental health and public health in primary care to provide comprehensive healthcare services
 - Immunizations
- Utilization of a population based approach to develop systems of care
 - Supporting public and private sector resources to serve the people of their communities.
- Recognizing Co-morbid issues among vulnerable populations
 - Individuals with SMI, on average die 25 years earlier than the general population from chronic diseases.
 - 60% of premature deaths in persons with Schizophrenia are due to chronic medical conditions.
- Maximize pharmaceutical opportunities
- Centralize and standardize billing and collections, grants management and fiscal monitoring core functions

Health and Mental Health Integration Plan

- **Major agency components being reorganized:**
 - The Health Division will integrate with Mental Health to form one Division of Public and Behavioral Health.
 - Early Intervention Services (EIS) to be transferred out of the Health Division and integrated into the Aging and Disability Services Division (ADSD).
 - Developmental Services to be transferred out of the Division of Mental Health and integrated into the Aging and Disability Services Division (ADSD).
 - DHHS, Director's Office – The Office of Suicide Prevention (4 FTEs) will be integrated into Public Health's Bureau of Child Family and Community Wellness.

Division of Public and Behavioral Health

MH & PH Integration Org Chart
Draft 01/22/2012



Budget Highlights

- Affordable Care Act (ACA)
 - Mental Health: State delivers direct services
 - Sapta :
 - Treatment: Only 5/23 funded agencies currently bill Medicaid
- Reimbursement (Billing)
- 24 Hour Urgent Care (Southern Nevada)
- Forensic Mental Health
- Early screening of children at SBHC

ACA and Medicaid Expansion | New Eligibles

- Starting 2014, the ACA creates a new mandatory eligibility group that expands Medicaid to adults with incomes at or below 138 percent of the Federal Poverty Level (FPL); \$15,415 for an individual in 2012. These individuals are considered “New Eligibles” under the Act and include those who are:
 - Ages 19-65;
 - NOT Pregnant;
 - NOT entitled to/enrolled for benefits under Medicare;
 - NOT otherwise eligible for Medicaid under the Social Security Act; and
 - Whose income does not exceed 138% of the FPL.This population includes most of our mental health clients

Affordable Care Act

- Essential benefits will support the integration of mental health and public health with the medical home model.
- Key is to focus on BEHAVIORAL HEALTH and to look at substance abuse and mental health as the disease of addiction and a Chronic disease
- Two types of medical home models: Medical home with entry via a primary medical doctor and the psychiatric medical home with entry through a psychiatric visit.

Affordable Care Act

- Look at opportunity for new service models: 16 bed Inpatient Psychiatric units, Community Mental Health Centers, Behavioral Health Homes , Medical Homes, and Psychiatric Personal Care Agencies not in our state but reimbursable under ACA.

School Based Health Centers

- About 20% of children and adolescents (15 million), ages 9-17, have diagnosable mental health disorders.
- Between 9-13% of children ages 9-17yrs meet the definition of Serious Emotional Disturbance (SED) that limits their ability to function in the family, school and community.
- An estimated 70% of children identified with mental health conditions are not getting the mental health treatment they need.

Screening and Early detection

- Breast cancer and colon cancer screening
- Often SMI and mentally ill clients are the most difficult to address and reach
- Working on issues of non-compliance

Rural Mental Health and Primary Care

- Co-location
- Shared resources
- Development of Rural Health Centers, FQHCs
- Service delivery streamlined to provide care for the “whole” person.

Co- occurring (mental health and substance abuse) Programs

- Focus on working with SAPTA providers to make all eligible to bill Medicaid
- Budget to include funding for housing and treatment services for clients leaving jails and prisons with co-occurring disorders
- Working with Medicaid to enhance services for clients with Co-Occurring diagnosis

24 Hour Urgent Care

- **24 Hour Urgent Care Facility in Southern Nevada**

- The purpose of this program is to more effectively manage the flow of individuals seeking psychiatric services 24 hours a day/7 days a week to better divert individuals from the local hospital emergency rooms, provide quicker access to inpatient and outpatient psychiatric services and deliver appropriate level of services as indicated.
- This requests co-location of the SNAMHS outpatient urban clinic identified as the Downtown Clinic into the Rawson Neal Hospital to provide focused medical clearance and urgent care services at SNAMHS.
- Lease Savings FY14 \$352,051 FY15 \$366,252
- The lease savings will provide for two additional Senior Psychiatrists to provide the clinical services and two Accounting Assistant II positions to process the intakes, financial and billing. SNAMHS will incorporate current psychiatrists and staff from the closed clinic into the new clinic. Additional contract psychiatric services will be utilized to help staff the new clinic and SNAMHS outside regular operating hours.

- BA 3161/E226, E227

- FY 14/15 GF \$844,699 Other \$76,284

Forensic Jail Program

- Using the Public Health model of data collection a group of individuals were identified that had more than 3 hospitalizations in a period and involvement in the criminal justice system either jail, prison or parole.
- 53 Individuals were identified in Washoe county and they accounted for over 300 hospital/emergency room visits in a year.
- Using the integrated model a Forensic Reentry program has been established that provides wrap around services for this group of high users. (PACT team)

