



Laying the Foundation for Transformation

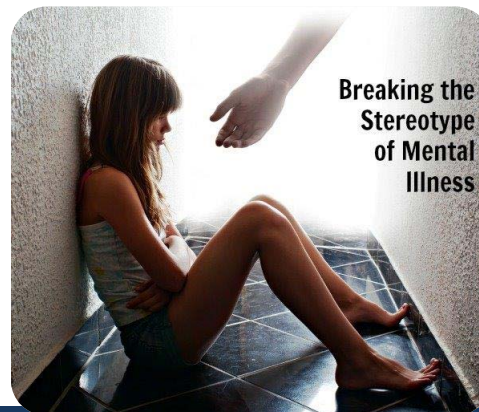
*Leveraging Medicaid for
Statewide Healthcare
Transformation in Nevada*





Presentation Outline

- What do we know about youth and mental illness in Nevada?
- What do the data tell us about these populations?
- How can the state address these challenges?





A Hidden Epidemic

- **Four million** young people with mental disorders suffer impairments that affect their life at home, at school and with peers.
- Unlike heart disease or most cancers, young people with mental disorders suffer disability when they are in the prime of life, when they would normally be the most productive.



NAMI – Child and Adolescent Action Center and NIH



Mental Illness and Youth - Nevada

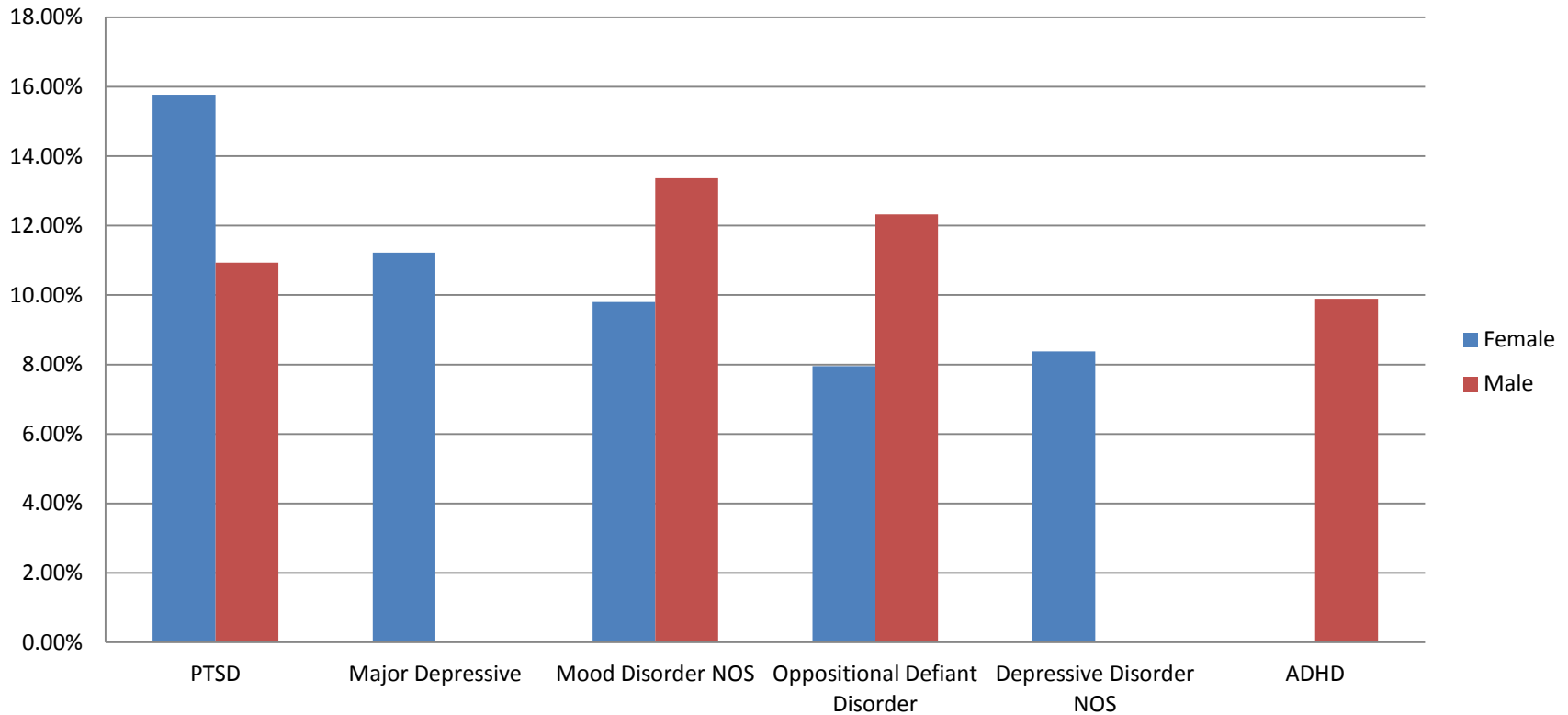
- Mental Health America report found:
 - Attempted suicide among youth, Nevada ranked 37th
 - Prevalence of emotional, behavioral, developmental issues and being consistently uninsured among children, Nevada ranked 51st
 - Ongoing emotional, behavioral, developmental issues and reporting inadequate insurance among children, Nevada ranked 51st
 - Needing but not receiving mental health services among children, Nevada ranked 49th

[Parity or Disparity: The State of Mental Health in America: 2015](#)



Nevada Prevalence

Most Prevalent Diagnosis Ages 13-18

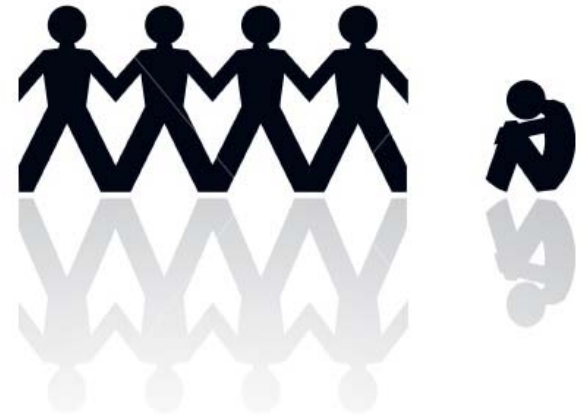




Depression and Suicide

In the past 12 months:

- 31.7% of high school students experienced depression.
- 19.3% of high school students had suicidal ideation.
- 11.8% of high school students attempted suicide.



**Nevada YRBS 2013 Report (<http://chs.unr.edu/subpages/research/YRBS.htm>)



Substance Use

Alcohol

- 67.3% of high school students drank alcohol (lifetime).
- 21.2% of high school students drank alcohol for the first time before 13 years old.
- In the past 30 days before the survey:
 - 33.3% of high school students drank alcohol
 - 17.5% of high school students binge drank



**Nevada YRBS 2013 Report (<http://chs.unr.edu/subpages/research/YRBS.htm>)



Substance Use



Illicit Drugs

- In their lifetime:
 - 39.8% of high school students used marijuana at least one time.
 - 17.3% of students used synthetic marijuana at least one time.
 - 18.4% of students took prescription drugs without a doctor's prescription at least one time.
- 18.5% of students used marijuana during within the past 30 days before the survey.

**Nevada YRBS 2013 Report (<http://chs.unr.edu/subpages/research/YRBS.htm>)



What we know:

- Mental illness in youth is associated with:
 - Increased traumatic events early in life (ACES – Adverse Childhood Experiences)
 - Poor school performance
 - Increased truancy
 - Increased drop out
 - Increased interaction with the criminal justice system
 - Increased risk of substance use (self-medication)
 - Increased risk of suicide ideation
- Early identification and appropriate treatment will improve the overall outcome for the individual and be more cost efficient
 - It may be decades before an individual is diagnosed and treated for a mental illness that has been present since youth



Moving from Crisis Treatment

Nevada's vision of a transformed
mental health system for youth

To Prevention and Early Intervention



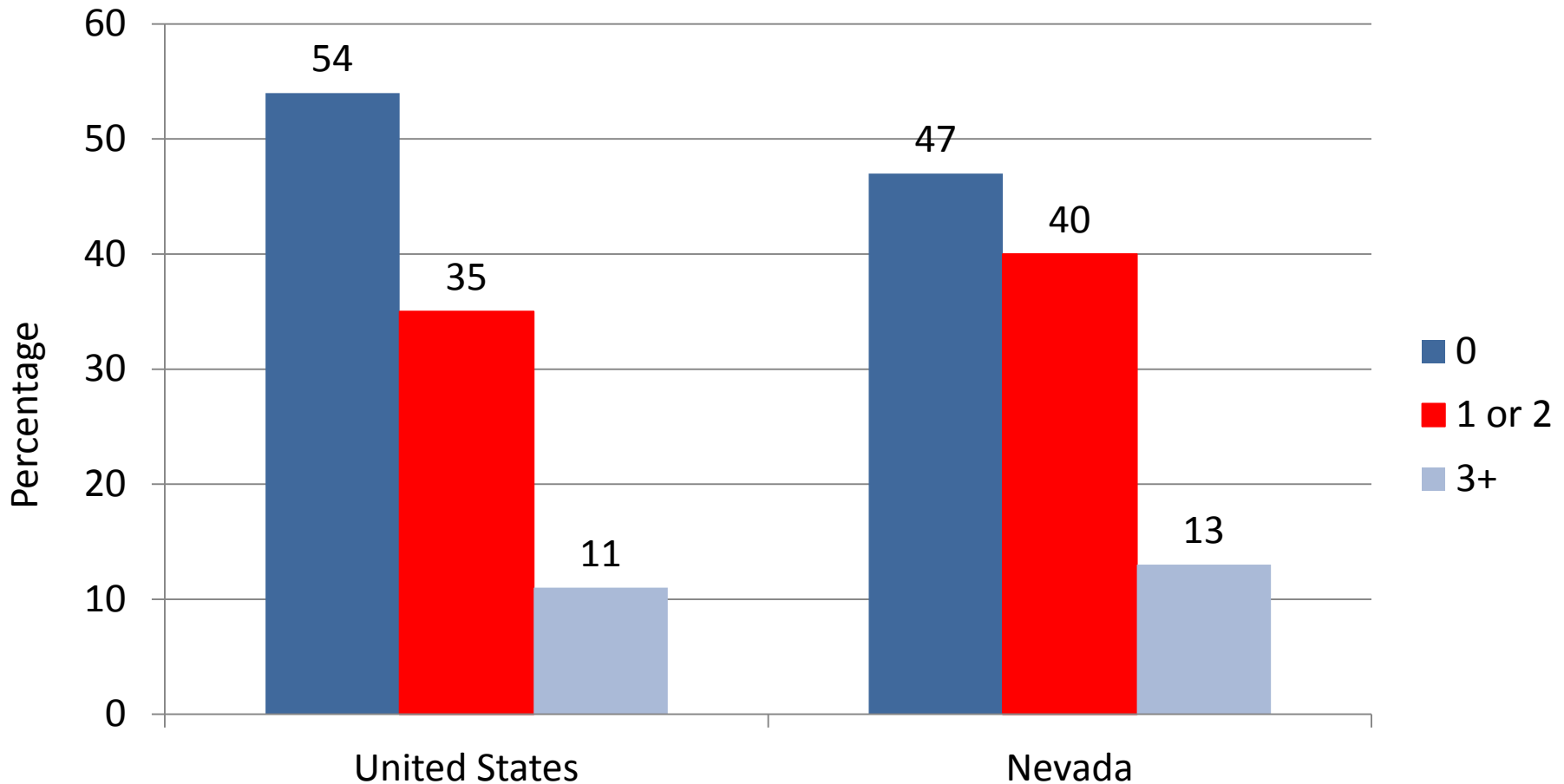
Our Target Population – “Rising Risk”

- The Adverse Childhood Experiences (ACEs) allow a clear “tipping point” based on the number of ACEs and lifetime risk of poor outcomes.
- As the number of ACEs increase, the risk increases exponentially.
- Nevada’s goal is to identify and intervene before a child experiences more than 3 ACEs – “Rising Risk” Youth.



ACES – Nevada Compared to the Nation

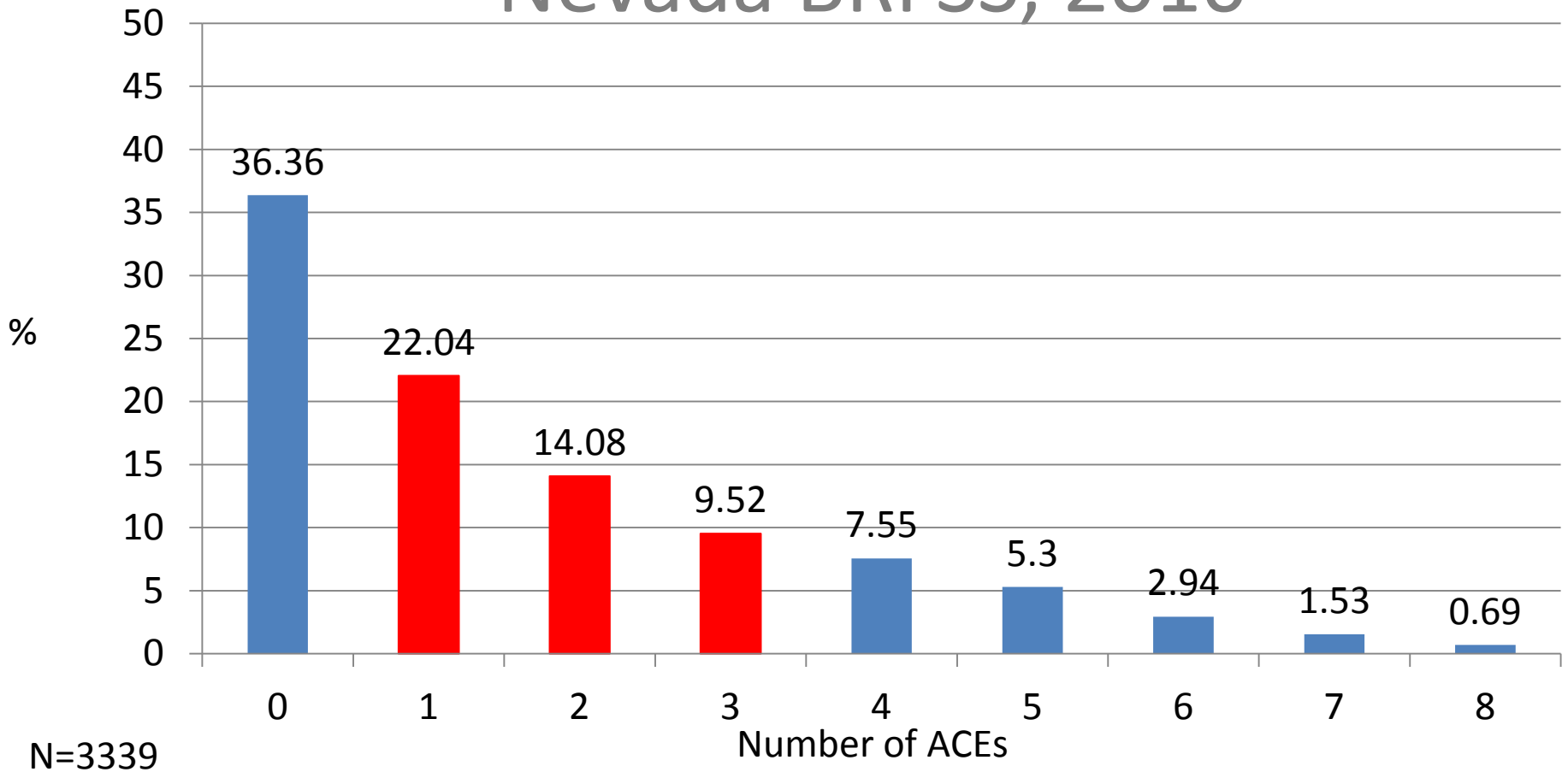
Among Children Aged Birth to 17, Percentage Reported to Have Had Zero, One or Two, or Three or More Adverse Childhood Experiences



2011/12 National Survey of Children's Health (NSCH)



Estimated Prevalence of ACEs, Nevada BRFSS, 2010



Clements-Nolle, K. and Yang, W. (2012). *Adverse Childhood Experiences: Nevada Examples*. University of Nevada, Reno.



Opportunity – Early Intervention

- Early identification and intervention can minimize the long-term disability of mental disorders.
- Early identification and treatment prevents the loss of critical developmental years that cannot be recovered and helps youth avoid years of unnecessary suffering.

NAMI – Child and Adolescent Action Center



Opportunity – Early Intervention

- Early and effective treatment can prevent a significant proportion of delinquent and violent youth from future violence and crime.
- It also enables children and adolescents to succeed in school, to develop socially and to fully experience the developmental opportunities of childhood

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What we can do

- Identify signs of mental illness early and treat
 - Screen
 - Mandate behavioral health screenings
 - Standardized behavioral health screening tools
 - Increased usage of EPSDT (with new behavioral health tool) for all ages
 - Increase the provider types who can conduct screening
 - Incentivize completion of wellness check with behavioral health

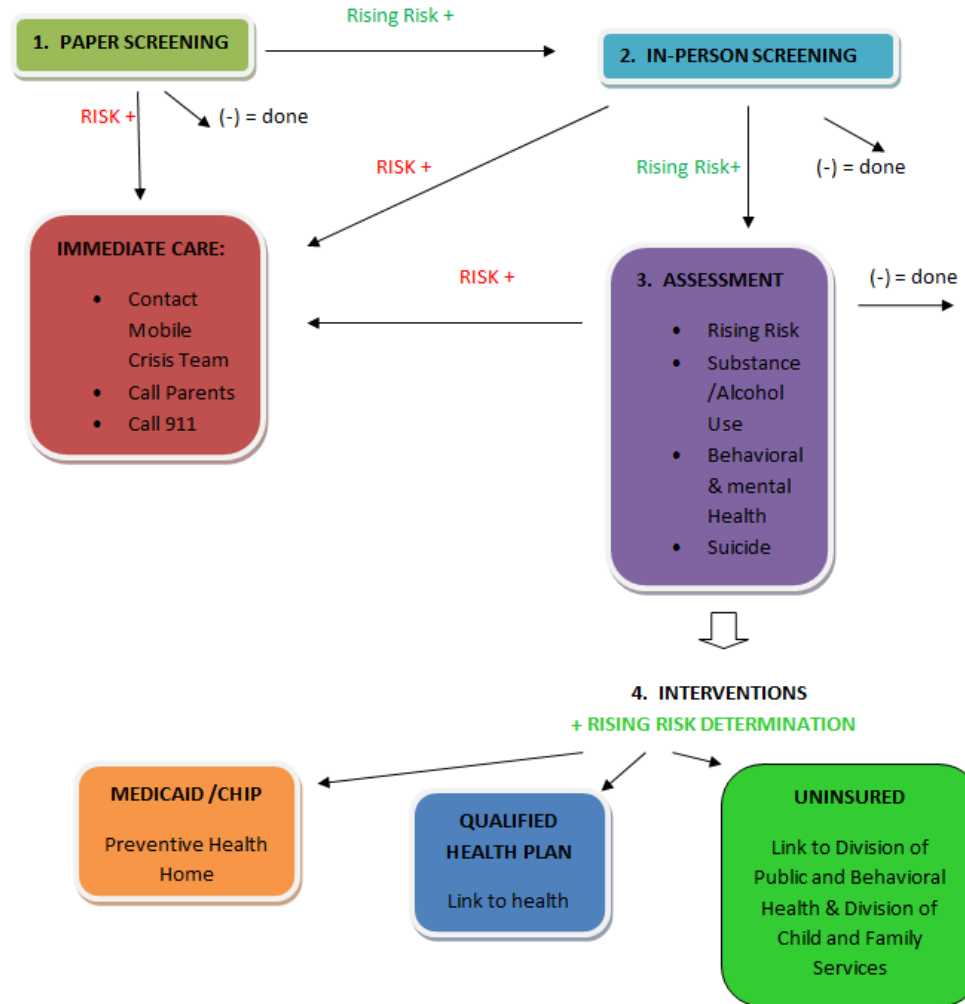


What we can do

- Improve Access to Services
 - Preventative Services for Rising Risk
 - Peer to Peer Services, Parent Education, Respite Care, Family to Family Support, Substance Abuse Interventions
 - Immediate and Appropriate Referrals
 - Improve the referral network to ensure adequate coverage
 - Educate providers on behavioral health
 - Improve Medicaid billing options for providers



Rising Risk Designation





Next Steps

- Concept approval from CMS
- Continued Stakeholder Engagement and Input
- State Plan Development and Approval
- Provider Training and Development



Questions?