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.
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

- PTSD
- Major Depressive
- Mood Disorder NOS
- Oppositional Defiant Disorder
- Depressive Disorder NOS
- ADHD

Department of Health and Human Services
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

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.
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

1. PAPER SCREENING
   - Rising Risk +
   - Risk +
     (-) = done

2. IN-PERSON SCREENING
   - Rising Risk +

3. ASSESSMENT
   - Rising Risk
   - Substance / Alcohol Use
   - Behavioral & Mental Health
   - Suicide

4. INTERVENTIONS
   (+) RISING RISK DETERMINATION

IMMEDIATE CARE:
- Contact Mobile Crisis Team
- Call Parents
- Call 911

MEDICAID / CHIP
Preventive Health Home

QUALIFIED HEALTH PLAN
Link to health

UNINSURED
Link to Division of Public & Behavioral Health & Division of Child and Family Services
Next Steps

• Concept approval from CMS

• Continued Stakeholder Engagement and Input

• State Plan Development and Approval

• Provider Training and Development
Questions?