



Adolescent Behavioral Health Screening Proposal

Department of Health and Human Services

Division for Public and Behavioral Health

Division of Health Care Financing and Policy

Division of Child and Family Services



Moving from Crisis Treatment

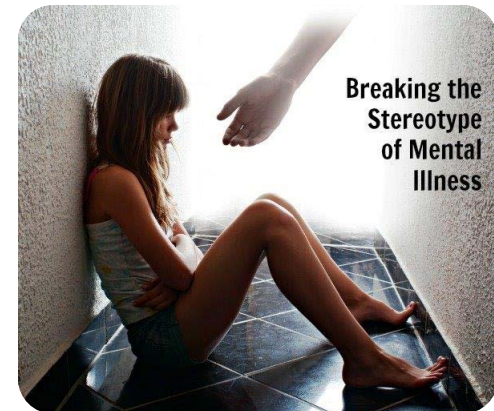
**Nevada's vision for a transformed
mental health system for youth**

To Prevention and Early Intervention



Presentation Outline

- Nevada's vision for transforming behavioral health in youth
- Summary of last workshop
- Screening Proposal
 - Tools
 - Mandate
- CMS Transformation Project





Consequences of Untreated Behavioral Health Issues in Youth

- Suicide or attempts
- Poor school performance
- Involvement with criminal justice
- More severe disease/Higher health care utilization and cost
- Stigmatization/low self esteem/bullying
- Increased frequency of substance abuse
- Increased primary medical conditions

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Prevention and Early Intervention

- Identify early to assure children function at their highest potential
- Early and effective treatment to prevent youth from future delinquency and crime
- Identify youth as “rising risk”
- Early intervention is crisis prevention

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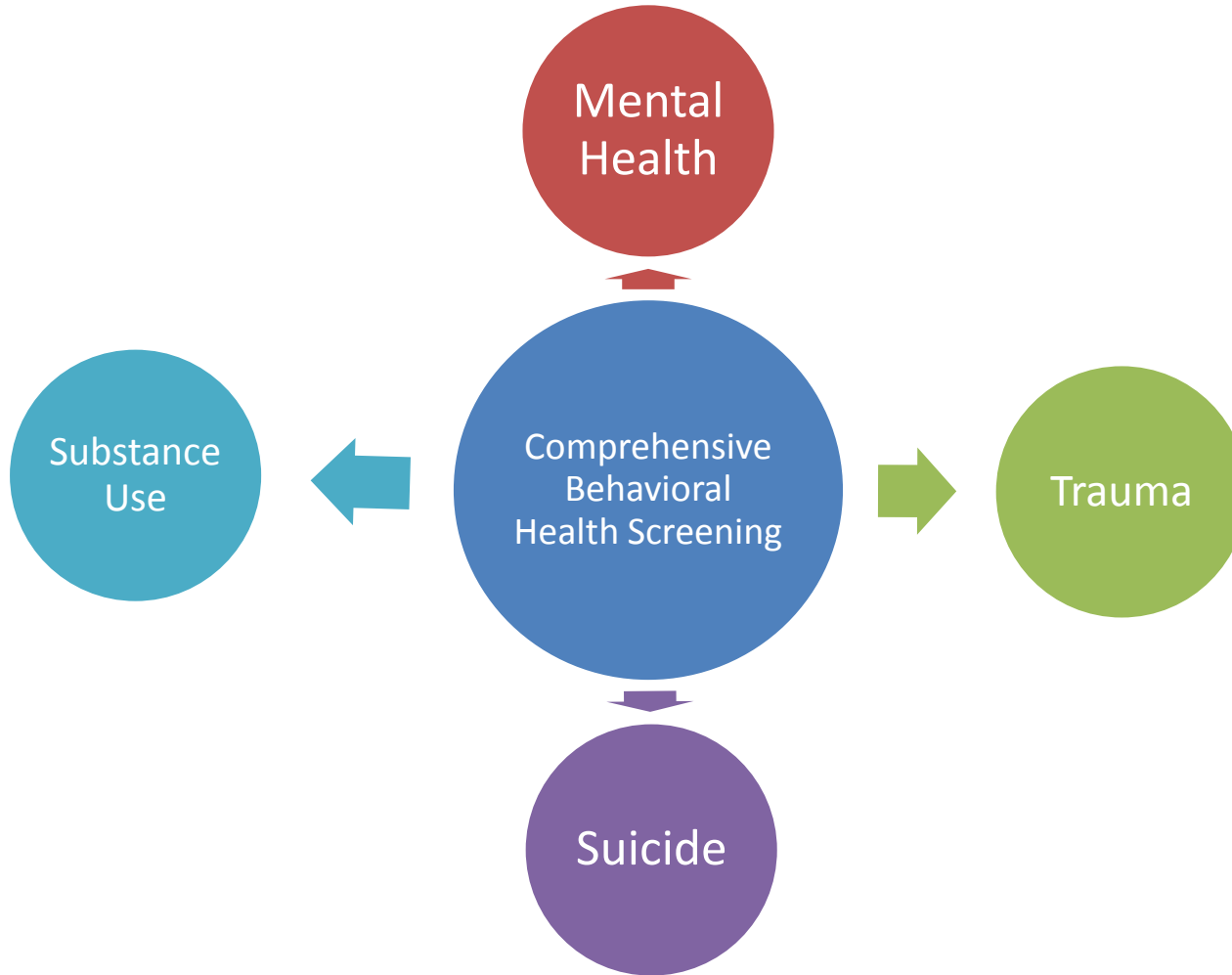
Treatment

- There are long delays, sometimes **decades**, between the first onset of symptoms and when people are screened for, seek or receive treatment.
- In any given year, only **20 percent** of children with mental disorders are identified and receive mental health services.
- New service delivery model focused on rising risk and preventative care

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Screening Areas





Mental Health

"Unlike most disabling physical diseases, mental illness begins very early in life. Half of all lifetime cases begin by age 14; three quarters have begun by age 24. Thus, mental disorders are really the chronic diseases of the young." - National Institutes of Health

- In Nevada in the past 12 months, **31.7%** of high school students experienced depression.**

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



Mental Health Screening Tools

- **Strengths and Difficulties Questionnaire**
- Patient Health Questionnaire (PHQ- 9)
- The MacArthur Foundation Initiative on Depression and Primary Care Depression Toolkit
- Medicare Learning Network “Screening for Depression” Booklet



Trauma

- Adverse childhood events/experiences (ACE) and trauma may predict health and wellness later in life
 - Includes questions related to abuse, neglect, and household dysfunction
 - According to the ACE study, the higher your score, the higher your risk for various health problems later



Trauma Screening Tools

- **ACE Study Questions**
- Childhood Trauma Screening Questionnaire (CTSQ) (Brewin et al. (2002))
- Childhood Trauma Questionnaire (CTQ)
- Early Trauma Inventory Self Report – Short Form (ETISR-SF)



Substance Use

- 21.2% of high school students drank alcohol for the first time before 13 years old.
- In their lifetime:
 - 39.8% of high school students used marijuana at least one time.
 - 18.4% of students took prescription drugs without a doctor's prescription at least one time.

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



Substance Use Screening Tools

- **CRAFFT**
- Alcohol Screening and Brief Intervention for Youth
- SBIRT
- NIDAMED
- CAGE AID
- DAST-10



Suicide

- Over 90 percent of children and adolescents who commit suicide have a mental disorder.*
- In Nevada, in the past 12 month**:
 - 19.3% of high school students had suicide ideation.
 - 11.8% of high school students attempted suicide.

*NAMI – Child and Adolescent Action Center

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



Suicide Screening Tools

- **Signs of Suicide (SOS)**
- Suicide Behaviors Questionnaire (SBQ-R)
- Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
- Columbia-Suicide Severity Rating Scale (C-SSRS)



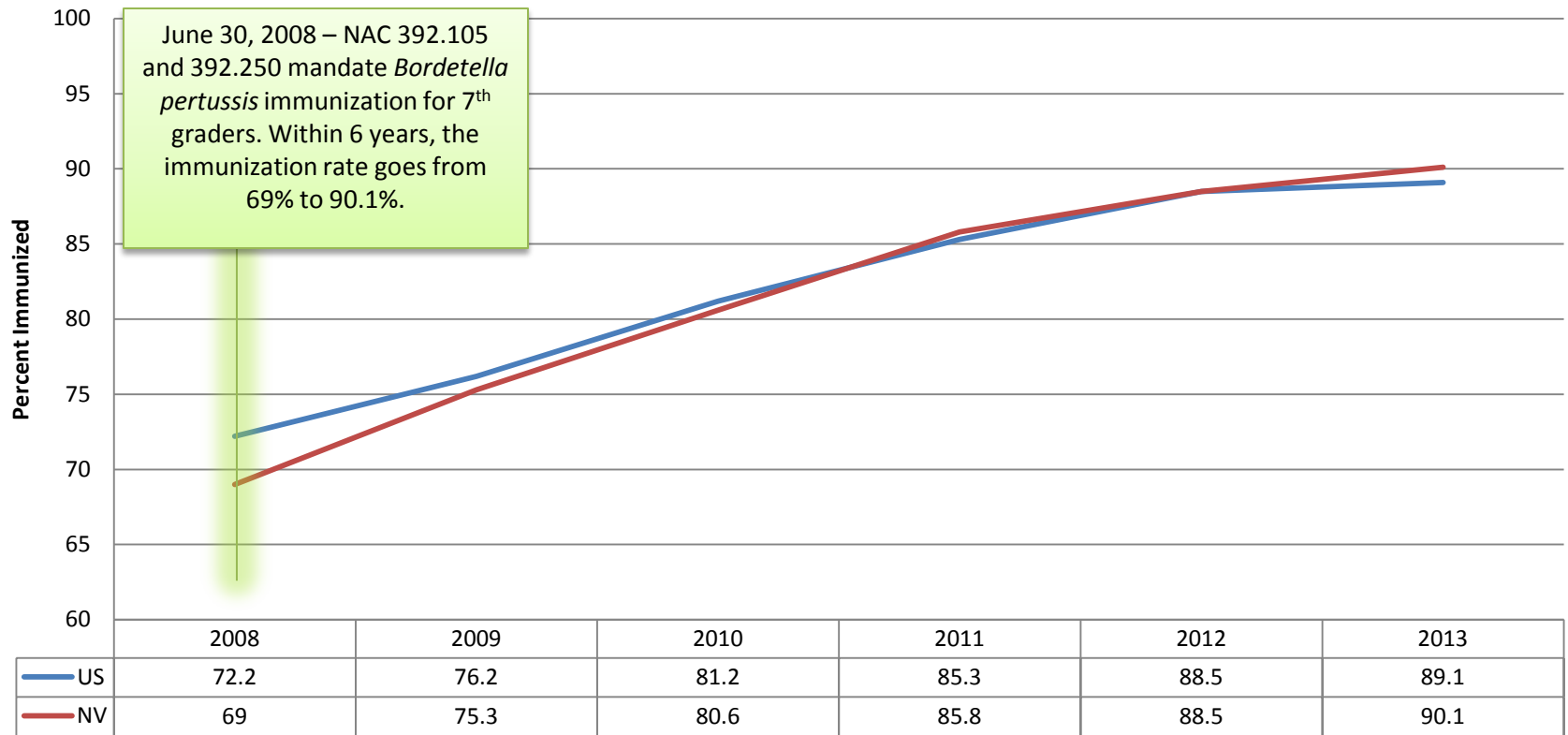
Mandate Proposal

- Removes stigma associated with screening
- All 7th graders would need to complete the 4-part behavioral health screening prior to school entry
- Proof of completion will align with immunization requirements prior to 7th grade entry



Success of Mandates

NIS Teen Immunization Survey 2008-2013, 13-17 Year Olds



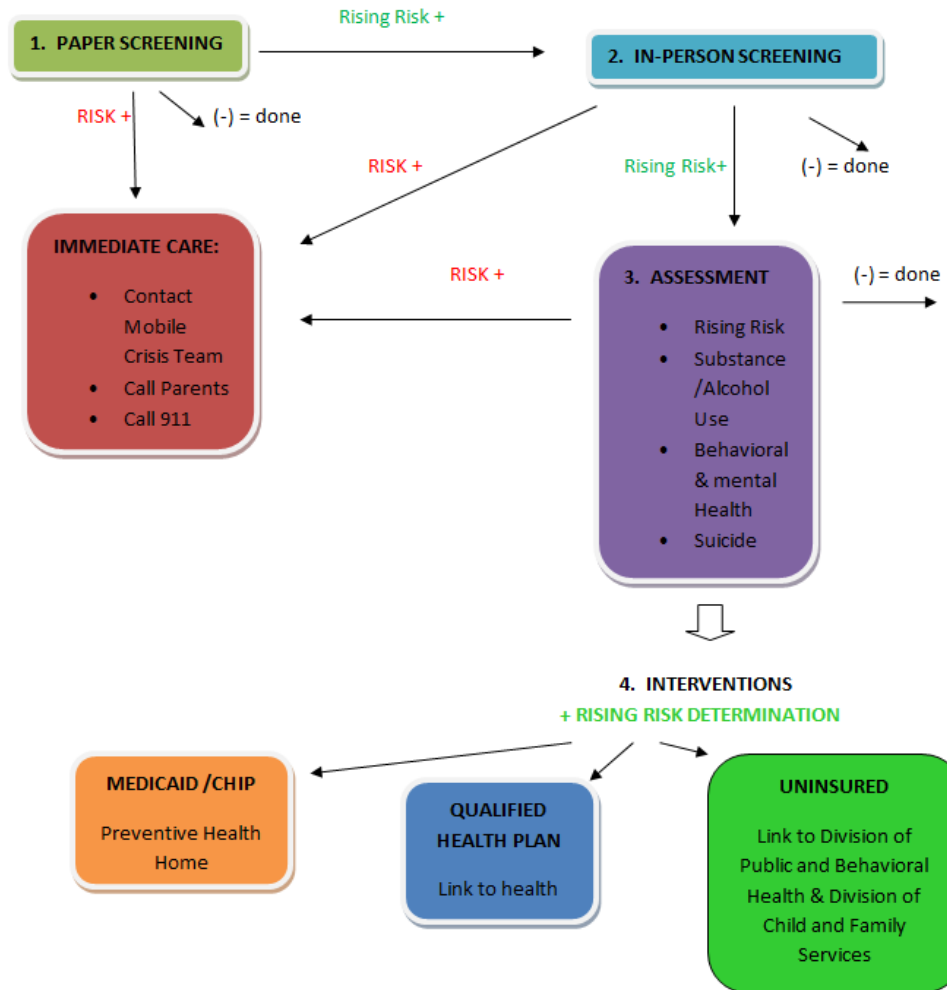


Medicaid Transformation

- Same day billing for EPSDT and behavioral health screening
- Addition of “non-traditional” providers who can bill for behavioral health screening
- New designation for youth that allows services without a diagnosis (risking risk)
- Incentivize referral for services and comprehensive exams



Rising Risk Designation





Provider Type Expansion

- Addition of non-typical provider types
 - Governmental
 - Juvenile Justice/Truancy officers
 - Probation Officers
 - School Counselors
 - School Social Workers
 - Non-governmental
 - Community Health Workers
 - Childcare Providers
 - Private/Charter Schools
 - Peers



Next Steps

- What are best practices around screening?
- What are barriers to the mandate?
- How do we operationalize this concept?
- How do we establish comprehensive care?
- Any areas for concern?
- Any areas for improvement?