

Joe Lombardo
Governor



Richard Whitley
Director

Children's Behavioral Health Transformation: Medicaid Benefits Working Group

Division of Health Care Financing and Policy

December 5th, 2024



Department of Health and Human Services



Nevada Department of
Health and Human Services
DIVISION OF HEALTH CARE
FINANCING AND POLICY

Helping people. It's who we are and what we do.



Meeting Agenda

1. Introductions & roll call 4:30pm–4:40pm
2. Population health data summary & discussion 4:40pm-5:20pm
 - *Public comment period after Representative discussion*
3. Wrap up 5:20pm-5:25pm
4. Public comment period 5:25pm-5:30pm



Introductions & Welcome: NV Medicaid Team

- Stacie Weeks, Administrator
- Dr. Malinda Southard, Deputy Administrator
- Dr. Roshanda Clemons, Medicaid Medical Officer
- Sarah Dearborn, Medicaid Benefits Chief III
- Ann Jensen, Innovations Officer
- Matt Burdick, Behavioral Health Policy Expert
- Melorine Mokri, Behavioral Health Policy Specialist





Roll Call: Working Group Representatives

Youth, Family, and Disability Self-Advocate representatives:

Representative Seat	Representative	Affiliated Org
Family representative (1)	Matt Lehman, BCBA	Foster parent, ABA Group
Family representative (2)	Leah Skinner	Parent
Family representative (3)	LaNesha Battle	Foster parent, Washoe County School District
Family representative (4)	JayDee Porras-Grant	Foster parent
Youth representative (1)	Devin Daniels	Black Youth Mental Health Project
Youth representative (2)	Analicia Cruz	Black Youth Mental Health Project
Disability self-advocate representative	Luke Dumarán	Autism Treatment Assistance Program



Roll Call: Working Group Representatives

Behavioral Health Provider representatives:

Representative Seat	Representative	Affiliated Org
Certified Community Behavioral Health Center	Alana Rogne, DNP, PMHNP-BC	Rural Nevada Counseling
Current specialized foster care (1915i) provider	Dave Doyle	Eagle Quest & Family Focused Treatment Association
Home & Community-based provider (1)	Megan McGrew, PhD, BCBA, LBA	Impact ABA Services
Home & community-based provider (2)	Megan Freeman, PhD	Boys & Girls Clubs of Southern Nevada
Psychiatrist or psychologist (MD/DO)	Takesha Cooper, MD, MS, FAPA	UNR Med and Renown
Social worker	Glenda Cruz Juarez, LCSW	Veridian Wellness
Therapist	Natalie Sanchez, LMFT	Health Psychology Associates
Psychiatric Regional Treatment Facility	Stephanie Brown	Reno Behavioral Health
In-patient Behavioral Health Services	Janelle Hoover, MSN, RN	Carson Tahoe Health



Roll Call: Working Group Representatives

Community Partner representatives:

Representative Seat	Representative	Affiliated Org
Tribal Health representative (Urban Health Center)	Angie Wilson	Reno Sparks Tribal Health Center
Tribal Health representative (Rural Health Center)	Nikky Redpath, LPC-S	Shoshone-Paiute Tribe
Juvenile Justice system representative	Gwynneth Smith, PhD, JD	Clark County District Attorney Juvenile Division
Washoe County representative	Jessica Goicoechea-Parise, MFT	Washoe County Human Services Agency, Children's Mobile Crisis Response Team
Clark County representative	Meambi Newbern-Johnson, LCSW, PLLC	Clark County Family Services
Rural County representative	Shayla Holmes, MA	Lyon County (Human Services)



Roll Call: Working Group Representatives

Community Partner representatives:

Representative Seat	Representative	Affiliated Org
School system representative	Bre Taylor, MSN	Humboldt County School District
Advocacy representative (1)	Karen Taycher	NV Pep
Advocacy representative (2)	Robin Reedy	NAMI NV
Legal Service Provider representative	Jonathan Norman, Esq	NV Coalition of Legal Service Providers (Legal Aid Center of Southern NV, NNLA, SLP, VARN)
Provider Organization representatives	Santosh Veeramachaneni	American Academy of Pediatrics, Nevada Chapter



Purpose of the Working Group

1. Offer specific advice, expert opinions and suggestions to state team regarding the transformation project for children's behavioral health
2. Provide clinical and programmatic input or lived experience feedback on key components of new and enhanced services covered by Medicaid
3. Review policy development and changes for new benefits and services
4. Provide critical technical feedback regarding initial implementation activities and operations for delivery system reforms

MEMBERS SELECTED FOR THE WORKING GROUP REPRESENT:



Youth and Families with Lived Experience

Associations & Service Providers

Diverse range of expertise and experience

State and Local System Partners

Rural and Urban Representation



Working Group Operational Items

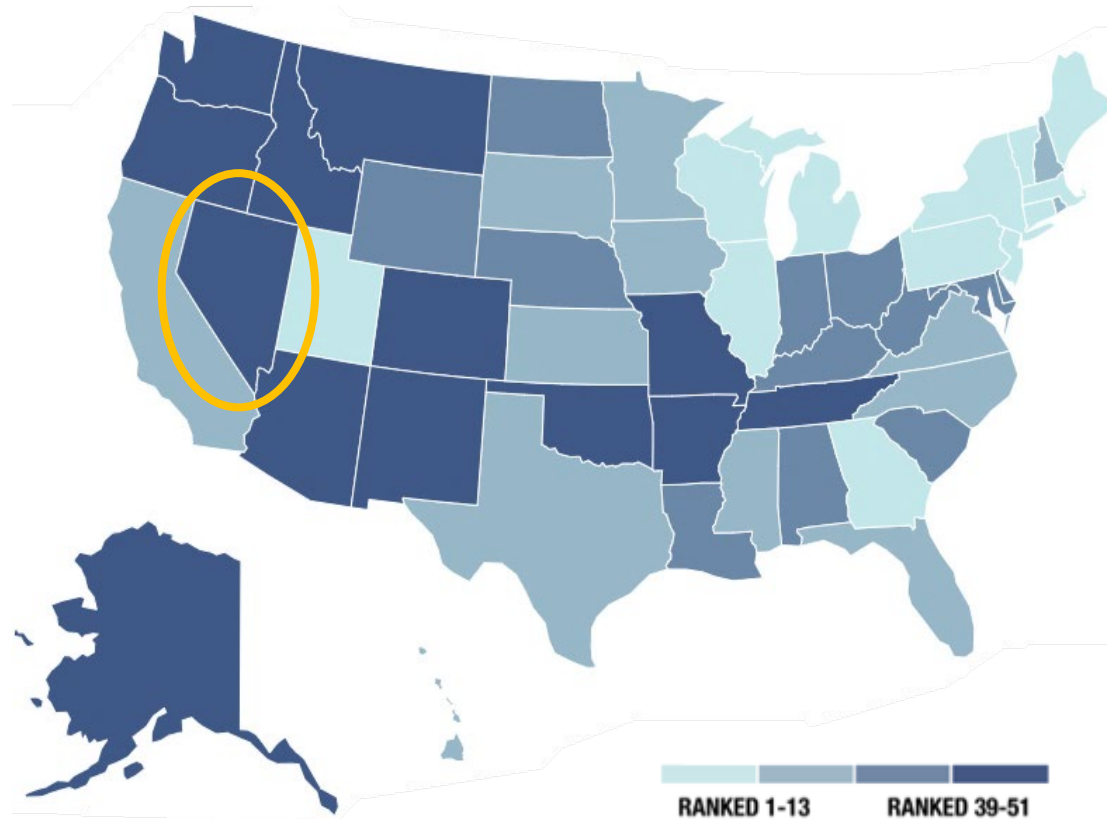
- Open Meeting Law will apply to this forum. All meetings are open to the public and will be posted to the DHCFP Meetings Page.
 - There will be opportunity for public comment after each discussion item, prior to any action items, and at the conclusion of every meeting.
 - Meetings will be recorded and posted on the DHCFP Meetings page.
- The goal is to make this forum as discussion-based as possible. Representatives are encouraged to raise their hand at any point with questions or input.
 - All representatives are asked to join with their camera on, technology permitting.
- Members of the public are welcome to contribute during public comment agenda sections, held after each discussion item.



Population Health Data Review & Discussion



Nevada ranks last in the nation for children's behavioral health outcomes.



Nevada has ranked **51st** of 50 states + the District of Columbia for **7** years in a row.

Breakdown of Ranking:

- **49th** in Children with at Least One Major Depressive Episode (MDE)
- **34th** in Children with Serious Thoughts Of Suicide
- **50th** in Children with Substance Use Disorder (SUD)



Nevada youth are experiencing a high prevalence of behavioral health challenges.

16%

1 in 6 Children have a Diagnosed **Mental Health Condition**



Rate of children ages 3-17 diagnosed by a health care provider with a behavioral health condition.²

43%

2 in 5 High School Students Reported **Prolonged Sadness or Hopelessness**



High School students who reported feelings of sadness or hopelessness everyday for at least two weeks in the span of a year.³

21%

1 in 5 High School Students Reported **Suicidal Ideation**



High School students who reported seriously considered attempting suicide during the past year.³

14%

1 in 7 Children are Diagnosed with a **Substance Use Disorder**



Children with a substance use disorder (SUD), defined as meeting the criteria for drug or alcohol use disorder.¹

¹ 2024 Mental Health America Youth Ranking: [Youth data 2024 | Mental Health America](#)

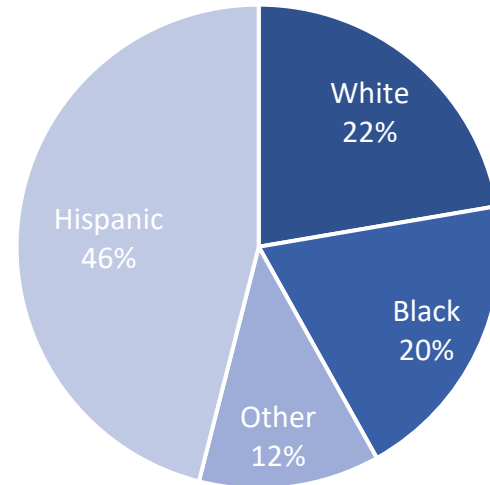
² America's Health Rankings Mental Health Conditions in Nevada: [Explore Mental Health Conditions \(Diagnosed\) - Children in Nevada | AHR](#)

³ 2023 Nevada High School Youth Risk Behavior Survey (YRBS) State Report: [2023 Nevada High School YRBS State Report](#)



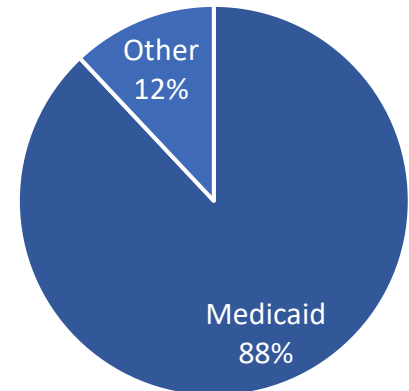
Half of children in Nevada receive health coverage through Medicaid.

In Nevada, Medicaid Covers:



78%
of Children enrolled Nevada Medicaid are Black, Indigenous, People of Color (BIPOC)

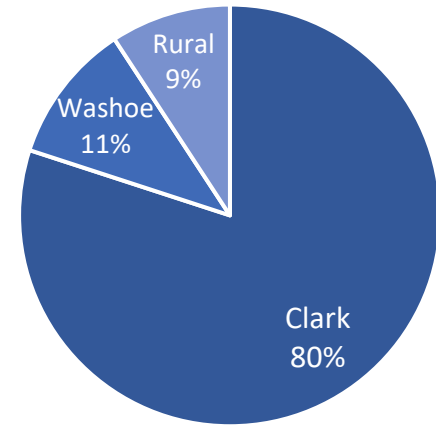
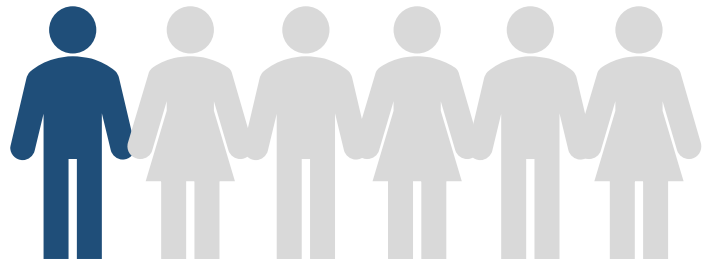
88%
of Black Children in Nevada are enrolled in Medicaid





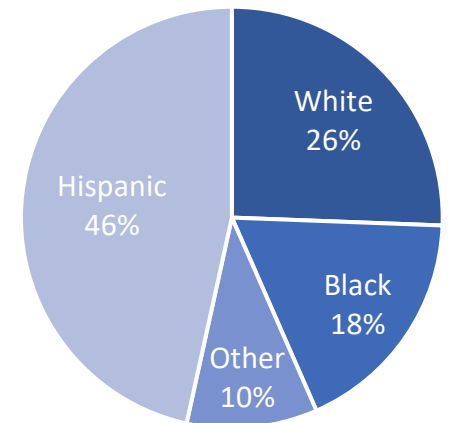
Youth covered by Nevada Medicaid are facing similar behavioral health challenges as all children across the state.

1 in 6 Children enrolled in Nevada Medicaid have a Diagnosed Behavioral Health Condition



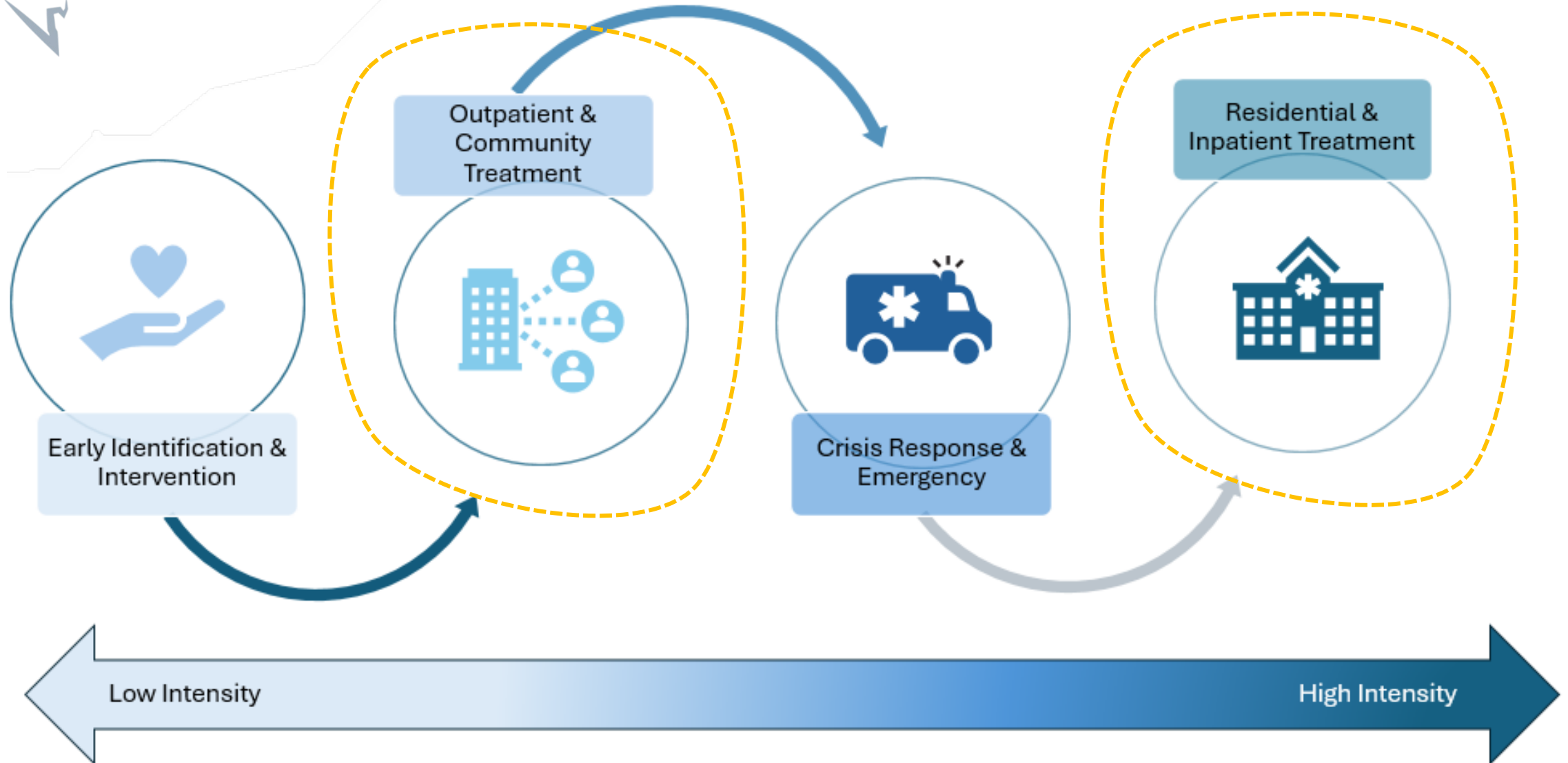
80% of Children with a BH Diagnosis live in Clark County

74% of Children with a BH Diagnosis are BIPOC





Today, we will go deeper into a few aspects of the behavioral health continuum.





What are Inpatient Services?

Inpatient services provide **short-term, intensive care** in a **hospital setting** for children with acute needs.

- Clinically appropriate for:
 - Treatment during acute mental health crises (e.g., severe depression, psychosis, risk of self-harm)
 - Immediate stabilization and 24/7 monitoring are required.
- Not clinically appropriate for:
 - Long-term management of chronic conditions outside of crisis periods.



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What is a Residential Treatment Center (RTC)?

A **Residential Treatment Center** provides **long-term** care in a **live-in facility** where children receive **therapy, education, and support.**

Clinically appropriate for:

- For children with persistent mental health issues not improving with outpatient care.

Not clinically appropriate for:

- For conditions manageable through regular outpatient services or community support.



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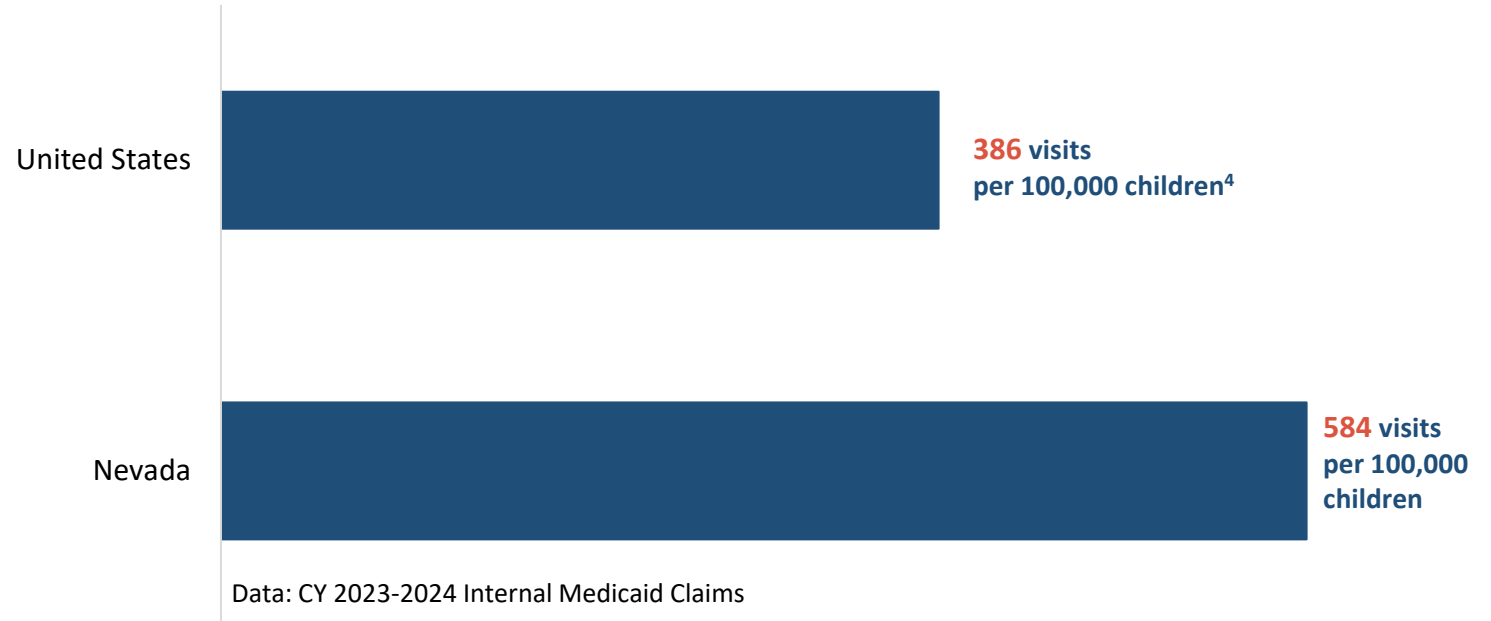


Behavioral health-related inpatient stays for youth occur more often in Nevada.



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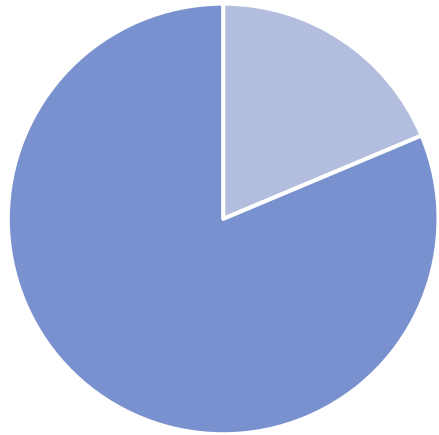
Children enrolled in Nevada Medicaid have a **51% higher risk** of an inpatient stay associated with behavioral health diagnoses compared to the national average.



⁴ Healthcare Cost and Utilization Project (HCUPnet) Children's Inpatient Stays for Mental Health/Substance Use: [HCUPnet Data Tools – Healthcare Cost and Utilization Project \(HCUPnet\)](#)



Residential and inpatient services are highly utilized in Nevada, compared to outpatient services.



19%

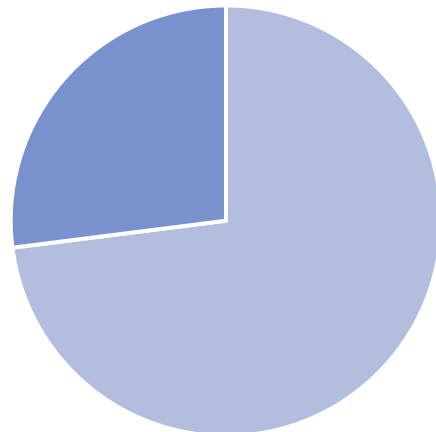
of children with stays at a RTC were placed out of state



80%

of Medicaid spending on Behavioral Health services was for residential and inpatient services.

27%
of children at a RTC stayed **over a year.**
The average length of stay was **9-12 months**

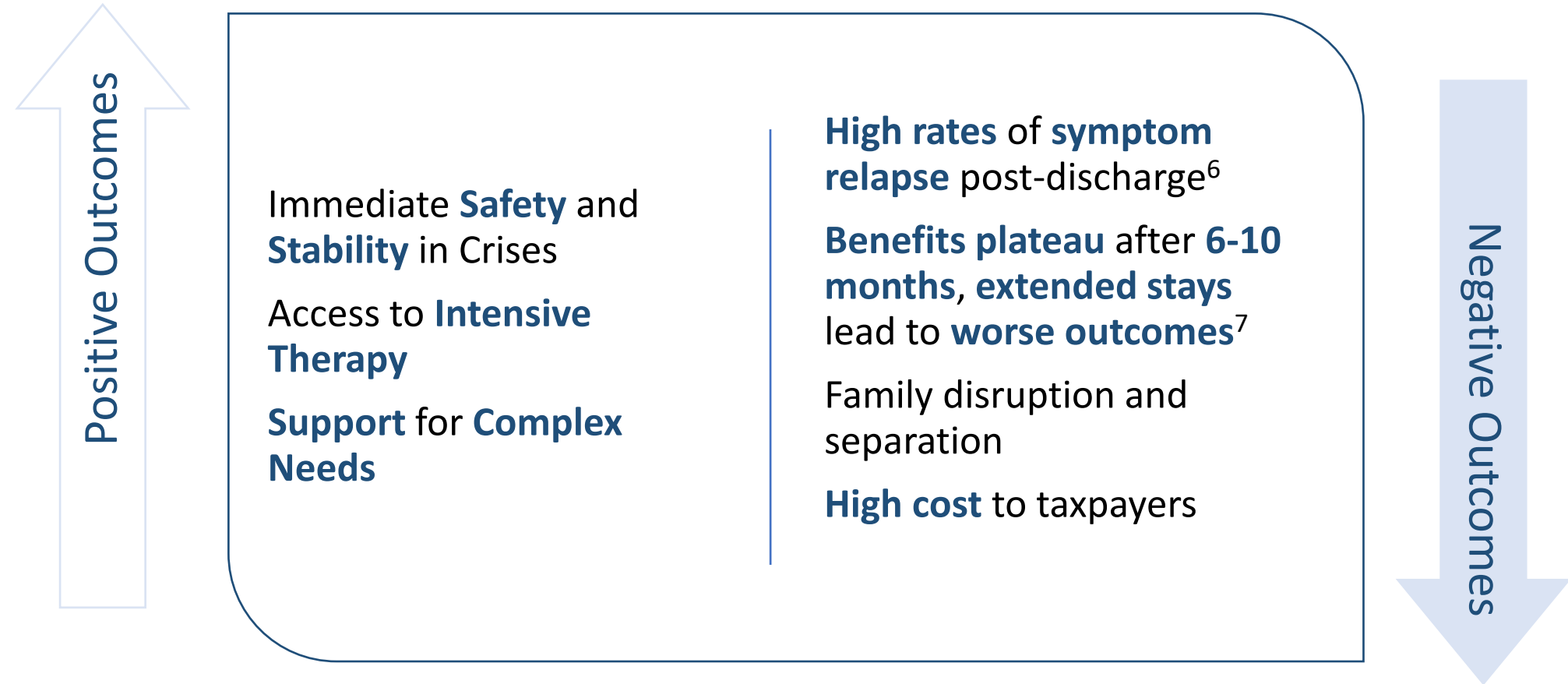


38 Million
of Medicaid dollars spent on RTC services.





Outcomes of inpatient & residential treatment services vary.



⁶ National Council for Mental Wellbeing: [Demystifying Relapse Series](#)

⁷ Journal of Child and Family Studies: [Relationship Between Time in Residential Treatment and Youth Outcomes: Results from a Cross-Site 5-Year Analysis](#) | Journal of Child and Family Studies



Reflection Time

1. What **successes & barriers** have you experienced or observed in Nevada for children in need of accessing (or providing) inpatient or residential behavioral health services?
2. The state is planning to adjust our reimbursement methodology by increasing daily rates and paying a bonus to 1) providers serving young children and/or children with complex needs and 2) providers who achieve specific quality targets. **What other solutions should the state consider** when addressing barriers to high quality residential treatment?



What are outpatient & community-based services?

Community-based services provide behavioral health support in the community, focusing on integrating care into individuals' daily lives.

Outpatient services provide behavioral health treatment in clinics or other locations without requiring an overnight stay.

Clinically appropriate for:

- Mild to Moderate Conditions that don't require 24/7 support
- Ongoing support
- Post-intensive care transition



Free Stock Images, Microsoft PowerPoint.



Outcomes of outpatient & community-based care are positive, both in Nevada and nationally.

Improved Long Term Stability:

- Reduced hospitalization rates.⁷

Family-Centered Care:

- Strengthens family dynamics and reduces trauma.

Cost-Effective:

- Community-Based services cost just 25% of RTCs.⁸



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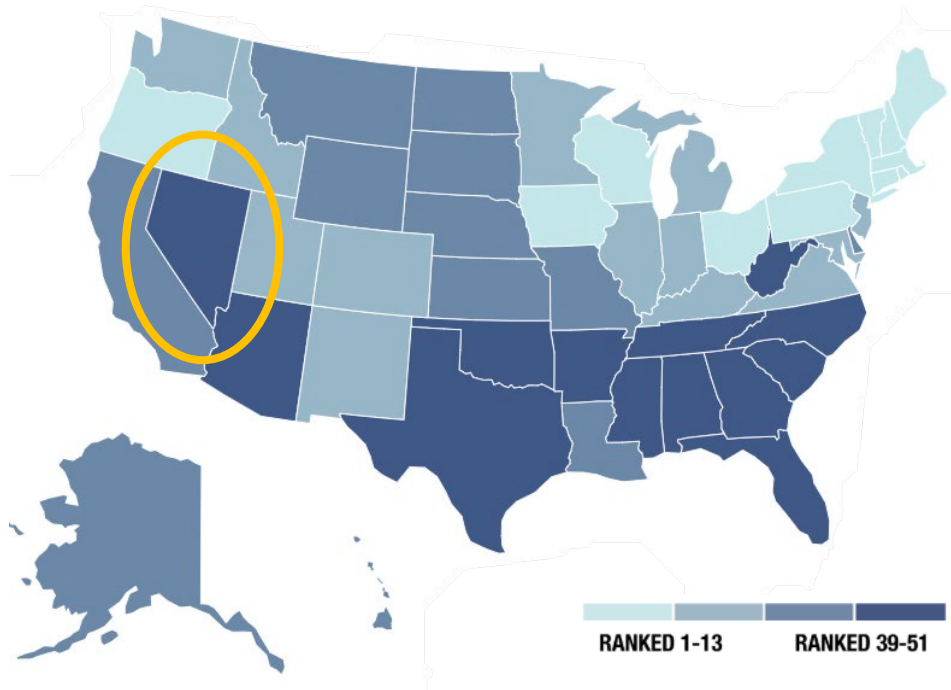
⁷ Behavioral Health System Modernization along the Continuum: [Behavioral Health System Modernization along the Continuum - NASHP](#)

⁸ Nevada's use of institutions to serve children with Behavioral Health Disabilities: https://www.justice.gov/d9/press-releases/attachments/2022/10/04/2022.10.04_report_of_nevada_investigation_0.pdf

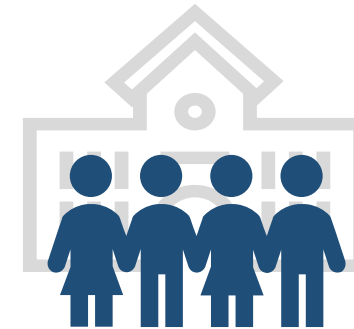


However, access to outpatient providers in Nevada is much lower than national averages.

Nevada is ranked **45th** of 51 states and D.C. for **Access to Behavioral Health Care**⁹



All 400,000+ Children in Nevada Medicaid live in an area with a shortage of behavioral health providers¹⁰



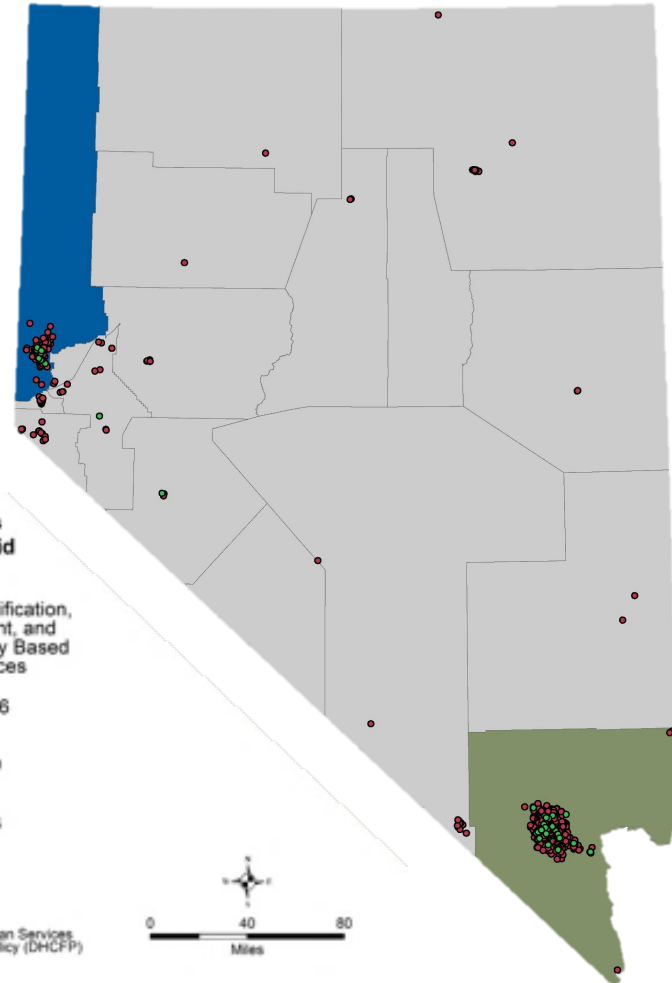
Leading to High Rates of **Unmet Needs** and **Overreliance on Residential and Inpatient Services**

⁹ 2024 Mental Health America Youth Ranking: [Youth data 2024 | Mental Health America](#)

¹⁰ Health Professional Shortage Areas: [HPSA Find](#)



On average, there is 1 Medicaid outpatient BH provider per 100 Medicaid recipients.



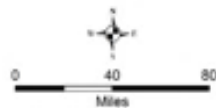
There are **4 Outpatient and Community-Based Providers per 1,000** Medicaid recipients in **Washoe County**

There are **6 Outpatient and Community-Based Providers per 1,000** Medicaid recipients in **Clark County**

There are **11 Outpatient and Community-Based Providers per 1,000** Medicaid recipients in the **Rural Counties**



Sources:
Nevada Department of Health and Human Services
Division of Health Care Financing and Policy (DHCFP)
Office of Analytics





Reflection Time

1. What **successes & barriers** have you experienced or observed when accessing or providing community-based or outpatient behavioral health services?
2. The state is seeking to add coverage in Medicaid of additional community-based services for children and families (i.e., family peer supports, respite care, wraparound facilitation, and intensive in-home supports). **What else should the state be considering in addition to these services?**



The impact of the lack of robust behavioral health services on youth & families is immense.

“We were told the **only option** for our son was **residential care**. After **multiple stays at out-of-state facilities**, he came back **worse than when he left**. The distance tore us apart as a family, and he missed critical milestones at home. **We just want services here in Nevada to keep him close.**”

- Parent of a 14-year-old in Residential Treatment¹¹

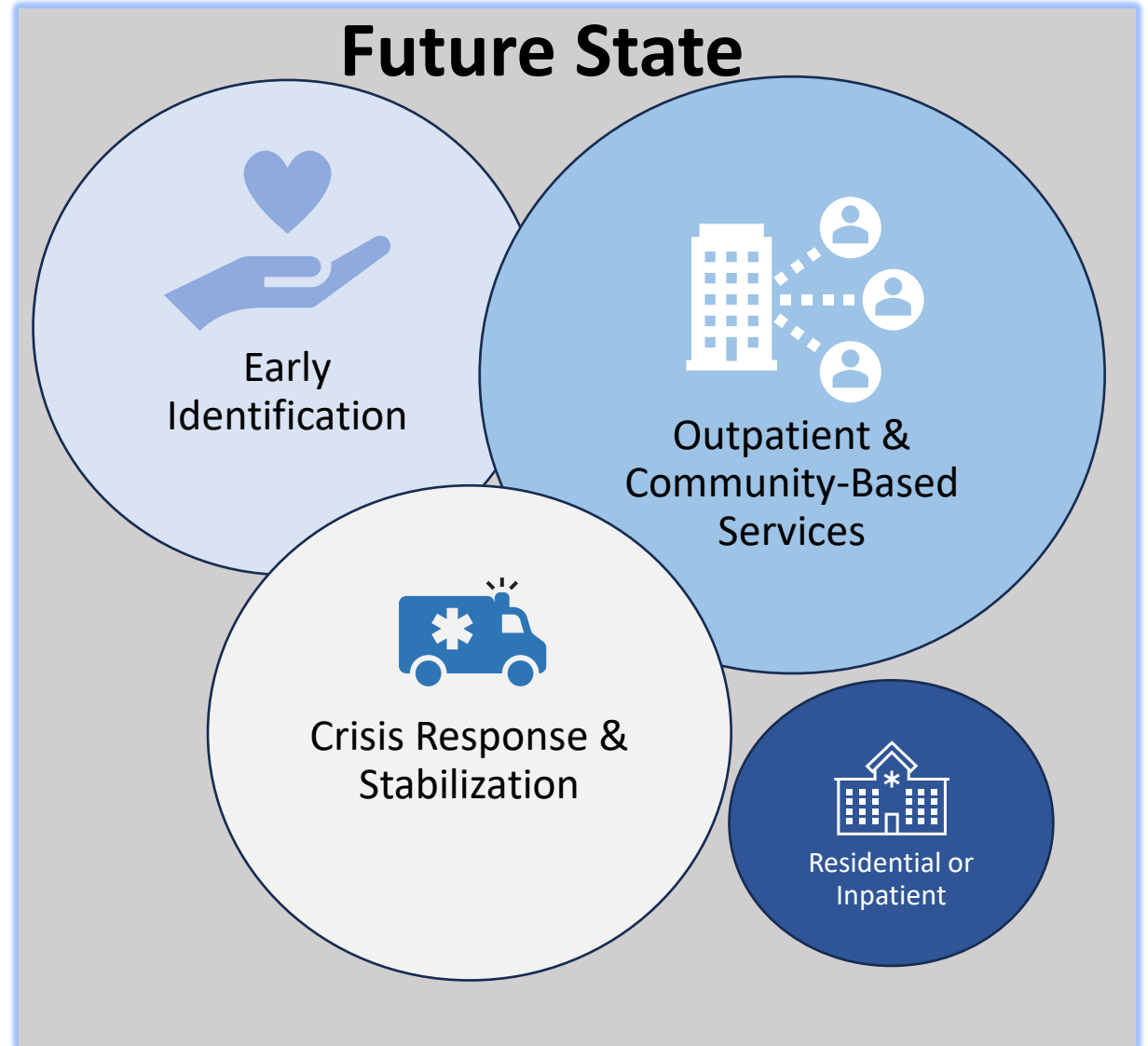


Looking ahead: the Transformation's vision to balance the array of behavioral health benefits.

Current State



Future State





Population Health Data **DISCUSSION**

1. Are any of these data **surprising** to you?
2. What **additional questions** do you have about Nevada's behavioral health landscape that could (potentially) be answered by data?
3. Other states use metrics such as the number of children engaged in care management, shorter residential treatment stays, or lower rates of inpatient hospitalization. **How would you measure the success of our transformation?**



Public Comment Period

Time limit: 3 minutes



Upcoming Working Group Meetings

January

- **Day/time:** Thursday, January 9th from 4:30-5:30pm
- **Agenda:**
 - Medicaid Benefits 101
 - New benefit discussion: Family Peer Support

February

- **Day/time:** [TBD – pending feedback from Representatives]
- **Agenda:**
 - Enhanced benefit discussion: Psychiatric Residential Treatment Facilities

All topics subject to change pending transformation timeline.



Public Comment Period

Time limit: 3 minutes



Thank you for your time!

Questions? Feedback? Please reach out to ChildrensBH@dhcfp.nv.gov.