

## Analysis of Behavioral and Wellness Council Recommendations

May 2014 Recommendations	December 2014 Report	Current Status
Recommendation #1 --- The Super--User Project: Create a special, high intensity, low-caseload program targeted specifically at the heaviest users of the most expensive forms of care.	Housing support re-entry - collaboration between Clark County Social Services and Washoe County Social Services. - serving 1,475 clients Dove House created Assisted Outpatient Treatment - had accepted 79 clients Mental Health Court - Funding restored	Status to be investigated
Recommendation #2 --- Increase Availability of Short-Term Crisis Triage Services	Funding to WestCare to return to previous capacity of 50 beds Psychiatric hospital community pursuing partial hospitalization	Status to be investigated
Recommendation #3 --- Allow Emergency Medical Personnel to Make Triage Decisions Regarding Mental Health Crises, and Stop Requiring Them to Transport People to Emergency Rooms	Southern Nevada Health District working on changing policy language	Status to be investigated
Recommendation #4 – Increase Number of Reimbursable Psychiatric Inpatient Beds in Southern Nevada	Creation of inpatient bed space - addition of Building 3A at SNAMHS. State proposed increase in rate for psychiatric care. Valley Hospital opened 50 beds, North Vista opened 10. State Medicaid Plan amended to allow contracting with freestanding psychiatric hospitals.	There are Medicaid beds available in several facilities including Valley Hospital and North Vista Hospital. There are also 3 free-standing psych facilities and Southern
Recommendation #5 – Reconsideration of the Institutions for Mental Disease (IMD) Exclusion	Joined a multi-state chorus to bring issue to attending of administrators and Congress	Status to be investigated
Recommendation #6 – Provide Appropriate Mental Health Professionals (MHP) to Public Schools	Establishment of School Based Health Centers is in progress.	Status to be investigated

Recommendation #7 – Expand Mobile Crisis for Children	Significant additional funding of almost \$2 million provided for crisis services for children.	A mobile crisis team for children was funded. 87% of children evaluated resulted in home stabilization. We need to double this funding.
Recommendation #8 – Create Licensure Category for Residential Treatment	Licensure category was created for Residential Treatment Facilities for youth - no results to date.	Status to be investigated
Recommendation #9 - Changes to Legal 2000 Process	BDR in place to add categories to list of those who can place a person on a legal hold	The BDR died. There have been no changes to the Legal 2000 since 2000. Important to pursue this.
Recommendation #10 - Anti-stigma and Suicide Prevention Public Information Campaign	Funding being requested for next grant cycle.	Status to be investigated
Recommendation #11 --Engage in Serious Efforts toward Workforce Development for Mental Health Professionals	Difficult process, need collaboration with various licensing boards, and other measures suggested in the Guinn Center Report	Efforts are being made, as shown by the UNLV Lincy Institute Forum on October 7th. Besides workforce development, we need to look at licensing reciprocity as well.
Recommendation #12 -- Telepsychiatry and Consultation with Primary Care Physicians (PCP)	State Medicaid Plan amended to allow telepsychiatry.	Status to be investigated - is this being done?
Recommendation #13 --- Enhancing Peer Services	BDR submitted to certify peer agencies, potentially reimbursable under Medicaid.	The BDR died.
Recommendation #14 --- Discharge Planning	SNAMHS was already beginning to ensure that its discharge plans meet the national standard of care.	Status to be investigated
Recommendation #15 --- Medicaid and Jail or Juvenile Justice	Process begun to allow suspension of Medicaid as opposed to termination for people in jail or juvenile facilities. Medicaid enrollment must be more timely now.	Status to be investigated
Recommendation #16 -- One-Way Information Portal for Family Members	Process being worked on to have database where family information can be stored. At Rawson-Neal, staff trained to receive and document patient-specific information without violating HIPAA	Not discussed, but I feel this is very important as staff cannot discuss a patient who has not given permission with family members. However, they can LISTEN to family members, who often have a great deal of insight. We

		should check on the progress of the database.
NEW ISSUE		There is no longer a crisis team for adults. This is a huge gap in service.
NEW ISSUE		Study regionalization of services as opposed to all state-based