

Steve Sisolak
Governor



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State of Nevada
**Department of Health and
Human Services**

**The Sequential Intercept Model in Nevada
and Drug Court Transformation**

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

Drug Court Transformation

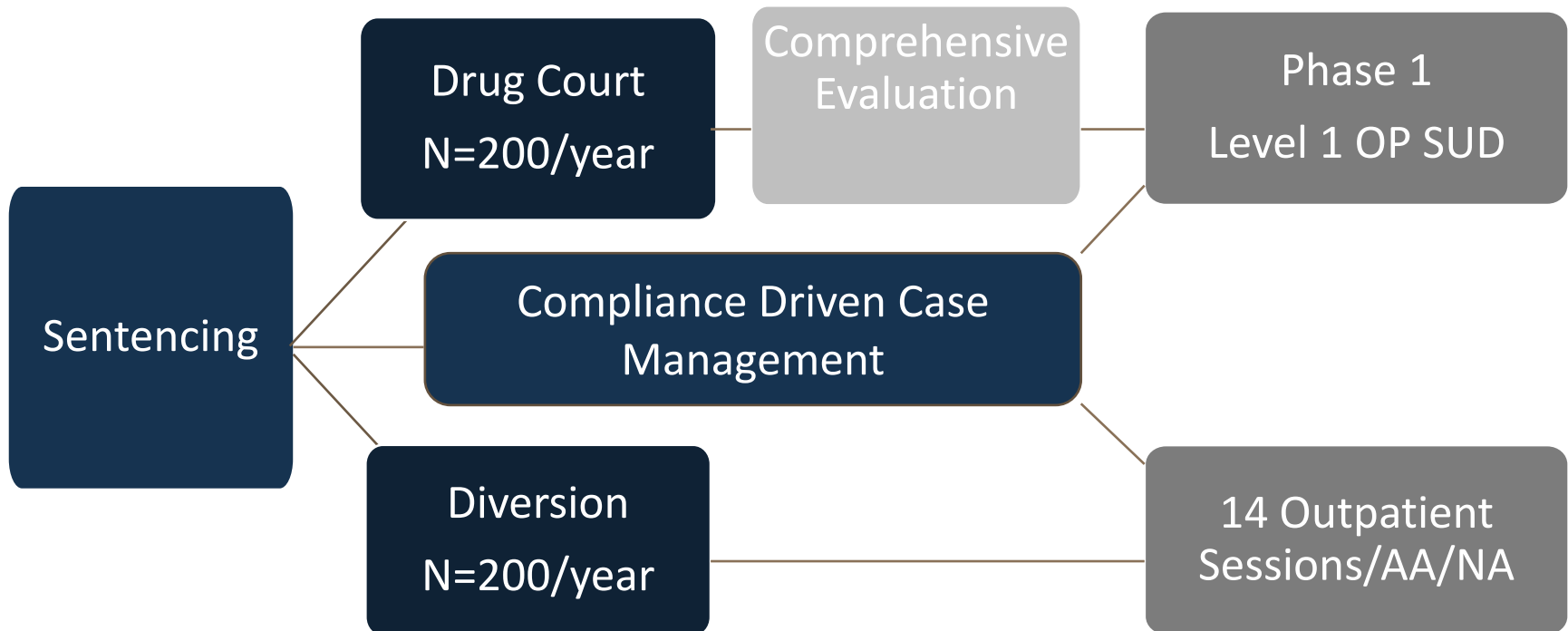
- Centers on Judicial Leadership
- Implements Best Practices
- Leverages Public Partnerships
- Optimizes Payers and Funding

Drug Count Transformation Overview

Project began with Adult Drug Court in collaboration with Division of Public and Behavioral Health, County Adult Drug Court Judges and Administration, Substance Abuse Treatment and Prevention Agency (SAPTA), and local substance abuse treatment providers.

- **Discovery phase:** conducted meetings with all primary stakeholders, including Judges, observed current processes, researched best practices for Drug Court assessments, consulted with providers.
- **Planning phase:** developed processes, communication plans, necessary releases, and comprehensive evaluation, evaluated current data from Adult Drug Court, developed targeted outcomes for evaluation and goals for the project.
- **Implementation phase:** conducted assessments, refined processes, collected data, evaluated outcomes, continued to engage primary stakeholders in further development of the project.
- **Transformation phase:** change in contracting, connects with benefits eligibility, case management supports, utilizes payers, stratifies dockets by NRAS

Initial Drug Court Model



Critical Steps for Drug Court Transformation

- Provide objective **comprehensive evaluation** of an individual's intensity of needs to determine medical necessity and clinical appropriateness of treatment. Includes factors that impact responsivity, trauma history, and co-occurring/co-morbid conditions.
- Establish **treatment matching** using level of care placement criteria
- Prioritize **initial treatment and case management** recommendations
- Coordinate **timely initiation of medically necessary care** with payers and community providers, including primary care and case management.
- **Implement Drug Court Best Practices** with high fidelity
- Support Court **transition to Risk, Needs, Responsivity Model**
- Define data for performance and outcome evaluation in collaboration with Specialty Courts for **on-going quality improvement**.

Goal 1: Expand Comprehensive Risk, Needs, Responsivity Assessment

- Comprehensive Evaluation
- Enhance with Nevada Risk Assessment System
- Addresses Responsivity Factors

Establish Treatment and Supervision Recommendations

Goal 2: Risk, Needs, Responsivity Model for Court to Develop Treatment and Supervisory Programming

- Drug Court Track 1: High Need/High Risk
- Drug Court Track 2:High Need/Low Risk
- Drug Court Track 3:Low Need/High Risk
- Drug Court Track 4: Low Need/Low Risk

Implement RNR Model to design and assign tracks
Develop Data for CQI

Goal 3: Expand the Continuity of Care and Use of Evidence-Based Practices

- Access to Case Management from early engagement through treatment
- Increase access to additional rehabilitative services for improved outcomes (JobConnect, DETR, psychiatric rehabilitation)
- Increase access to medically necessary medical and behavioral health services

Match individual needs to evidence-based treatment and case management

Goal 1: Expand Comprehensive Risk, Needs, Responsivity Assessment

- **Behavioral Health Screen**
- Modified Mini-Screen
- Current diagnosis and/or current psychiatric medication
- **Comprehensive Evaluation**
- DSM-5 Level 1 Cross-Cutting Symptom Measure
- World Health Organization Disability Assessment Scale (WHODAS 2.0)
- Addiction Severity Index
- American Society of Addiction Medicine Criteria (ASAM)
- Nevada Risk Assessment
- **Report to Court**
- Diagnosis
- Level of Care Recommendation
- Functional Impairments/Responsivity Factors
- Case Management and Treatment Recommendations

The ASAM Criteria (3rd Ed.)

- Integrated bio-psycho-social profile
- 6 interactive dimensions of assessment
- Address psychiatric, medical, and addiction variables/ co-occurring disorders
- Emphasis on risk, history, engagement, and support
- Provide a structure to assess both historical factors as well as current circumstances that can impact treatment effectiveness.
- Allow for on-going assessment to determine if there is a “goodness of fit” between the client’s intensity of needs and the level of services provided.
- Informs medical necessity by looking at type, duration, intensity, setting, and clinical appropriateness of the placement and treatment.
- Delineate levels of care and services based on intensity of need
- Requires synthesis to make placement recommendations
- Results in placement recommendations

Characteristics of ASAM Levels of Care (ASAM; 3rd Ed.)

- Setting
- Support Systems
- Co-Occurring Enhanced Programs
- Staff
- Therapies
- Assessment/Treatment Plan Review
- Documentation
- Admission Criteria

The ASAM Criteria Levels of Care (3rd Ed.)

- Level 0.5 Early Intervention
- Level 1 Outpatient Treatment
- Level 2.1 Intensive Outpatient Treatment
- Level 2.5 Partial Hospitalization
- Level 3.1 Clinically Managed Low Intensity Residential
- Level 3.3 Clinically Managed Population-Specific High-Intensity Residential
- Level 3.5 Clinically Managed High-Intensity Residential
- Level 3.7 Medically Monitored Intensive Inpatient
- Level 4 Medically Managed Intensive Inpatient
- Opioid Treatment Services
- Withdrawal Management Services

Goal 2: Risk, Needs, Responsivity Model for Court to Develop Treatment and Supervisory Programming

Allows for court participants to be assigned to treatment settings and community supervision based on needs and risk, focus on increasing responsivity

Courts can be designed around best practices based on participants characteristics

Goal 3: Expand the Continuity of Care and Use of Evidence-Based Practices

- Case management services support participants movement through the treatment and recovery continuum
- Peer recovery supports are integrated into the programming to support engagement
- Social determinants of health are targeted
- Responsivity factors, including functional impairment, are recognized, accounted for, and actively addressed
- Courts employ trauma informed strategies
- Co-occurring disorders and co-morbid medical conditions are included in the comprehensive care plan
- Evidence-based practices including stages of change, cognitive and behavioral strategies to reduce risk, trauma-informed treatments, and medications are integrated into the programming

Treatment and Recovery Landscape

- Medicaid covers a broad range of behavioral health services including outpatient, intensive outpatient, partial hospitalization, inpatient services, peer supports and medications
- Residential treatment reimbursement is on the horizon
- Managed Medicaid also provides care coordination and case management
- Medicaid required SAPTA Certification for enrollment
- Certified Community Behavioral Health Centers provide critical services such as crisis services, Assertive Community Treatment, psychiatric rehabilitation services, and peer supports

Treatment and Recovery Landscape

- Medicaid requires medical necessity to be established prior to authorizing services; ASAM level of care treatment matching
- SAPTA Certification is needed for a provider to enroll in Medicaid
- Several SAPTA certified providers are also funded to help offset costs for uninsured and underinsured individuals and covers Residential Treatment and Transitional Housing; Recovery Housing is coming
- Sliding fee-scales are also used to offset high costs of care

Locating Treatment and Recovery Supports



Provider Search

Download this [Accessible list of providers](#).

Medicaid provider eligibility is updated quarterly. The last update was May 2020.

Other FAQs

Not sure what the different Service Levels, Ratings, or Endorsements mean? Visit our [About Certification Page](#) for detailed descriptions.

Adult = 18 and older / **Adolescent** = 13-17

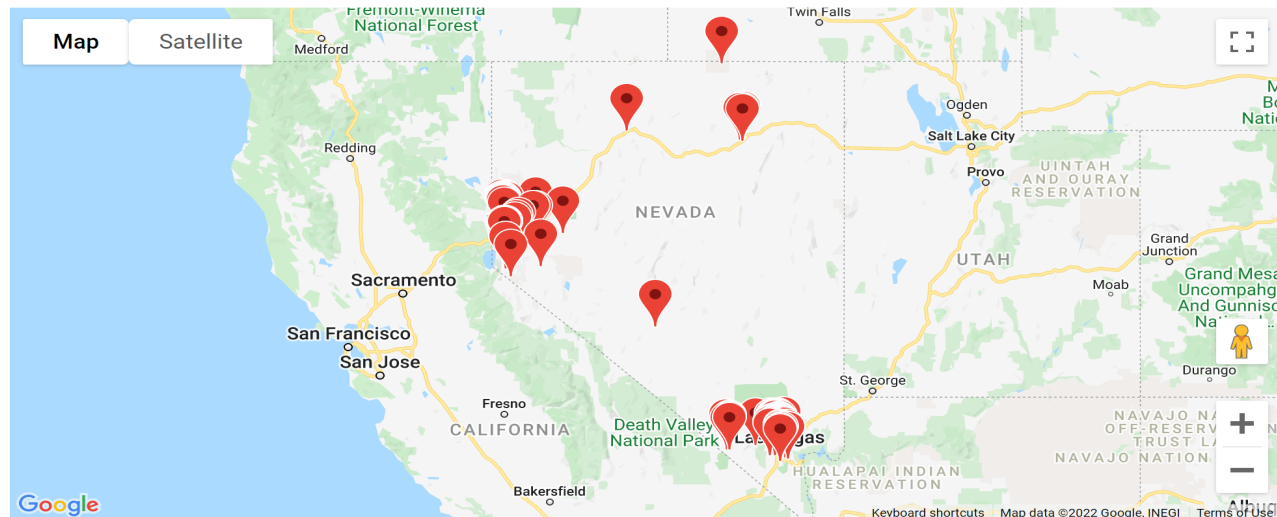
Location

Enter Any Keyword/s

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Service Categories - Adult

- Early Intervention Services - Adult
- Evaluation Center - Adult
- Outpatient Services - Adult
- OBOT (Office-based Opioid Treatment) / Outpatient Services - Adult



2D Chance

6600 W. Charleston Blvd., Ste. 120, Las Vegas, NV

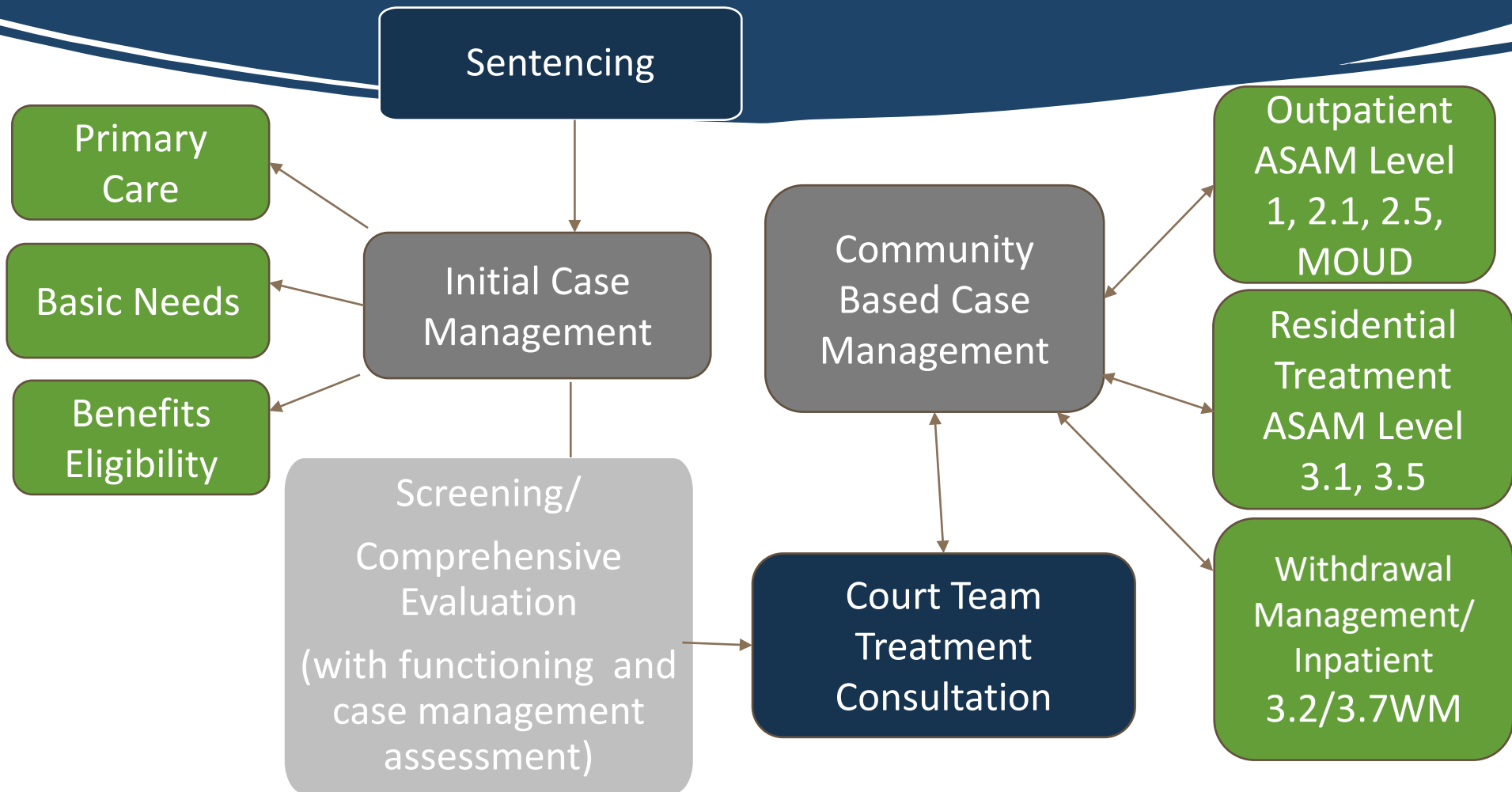
Adult: Early Intervention Services - Adult, Outpatient Services - Adult, Co-Occurring Disorder Services (substance use and mental health services) - Adult

Adolescent:

Age Range:

Adult (18 and older)

Transformational Drug Court Model



Key Findings

Case Management can be provided to assist with linkage, referral, and follow-up to treatment and ancillary services. 90% referred to PCP with no prior engagement in primary/preventative health services in the past year.

Functional Impairments must be addressed in a holistic approach to treatment. Over 50% of individuals had moderate to severe impairments in one or more major life areas.

Co-Occurring Disorders are common in this population. 75% of the population had COD, 50% met criteria for SMI.

The majority of individuals intensity of needs were assessed to exceed Level 1 Outpatient Substance Use Treatment. 75% exceeded outpatient Level I and II. 50% recommended level of care for Level IV and V.

Access to medically necessary care can be increased when maximizing available payer sources. 75% were enrolled or eligible for Medicaid.

Opportunities and Challenges

Challenges:

- Understanding the healthcare system
- Court System structure
- Data sharing efficiently
- Wraparound services needed
- Available urgent and emergent services

Opportunities:

- MAT provisions
- Opportunity to expand specialty courts
- Parity with Affordable Care Act
- Expansion of Screening and Assessment

Questions?

Contact Information

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