
NEVADA'S BEHAVIORAL HEALTH COMMUNITY INTEGRATION PLAN

PRESENTATION TO
NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD

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HOW WE GOT HERE

- ADSD Strategic Plan
- Two Day Policy Academy in December 2016
- Extensive Data Collection using a National Tool to Assess Nevada's System
- Planning Group comprised of Regional Behavioral Health Coordinators, State Agencies within DHHS, and Community Partners and Advocates Convened
- The planning group met in October 2017 to review system goals and prioritize key categories for planning for both adults and children

MISSION & VISION

- The **mission** of the DHHS Olmstead Framework is to ensure that Nevadans have the opportunity to achieve optimal quality of life in the community of their choice.
- The **vision** is that Nevadans, regardless of age or ability will enjoy a meaningful life led with dignity and self-determination.



GUIDING PRINCIPLES

Independence

- People should have options and the ability to select the manner in which they live

Access

- People's needs are identified and met quickly

Dignity

- People are viewed and respected as human beings

Integration

- People can live, work, and play as part of their community

Quality

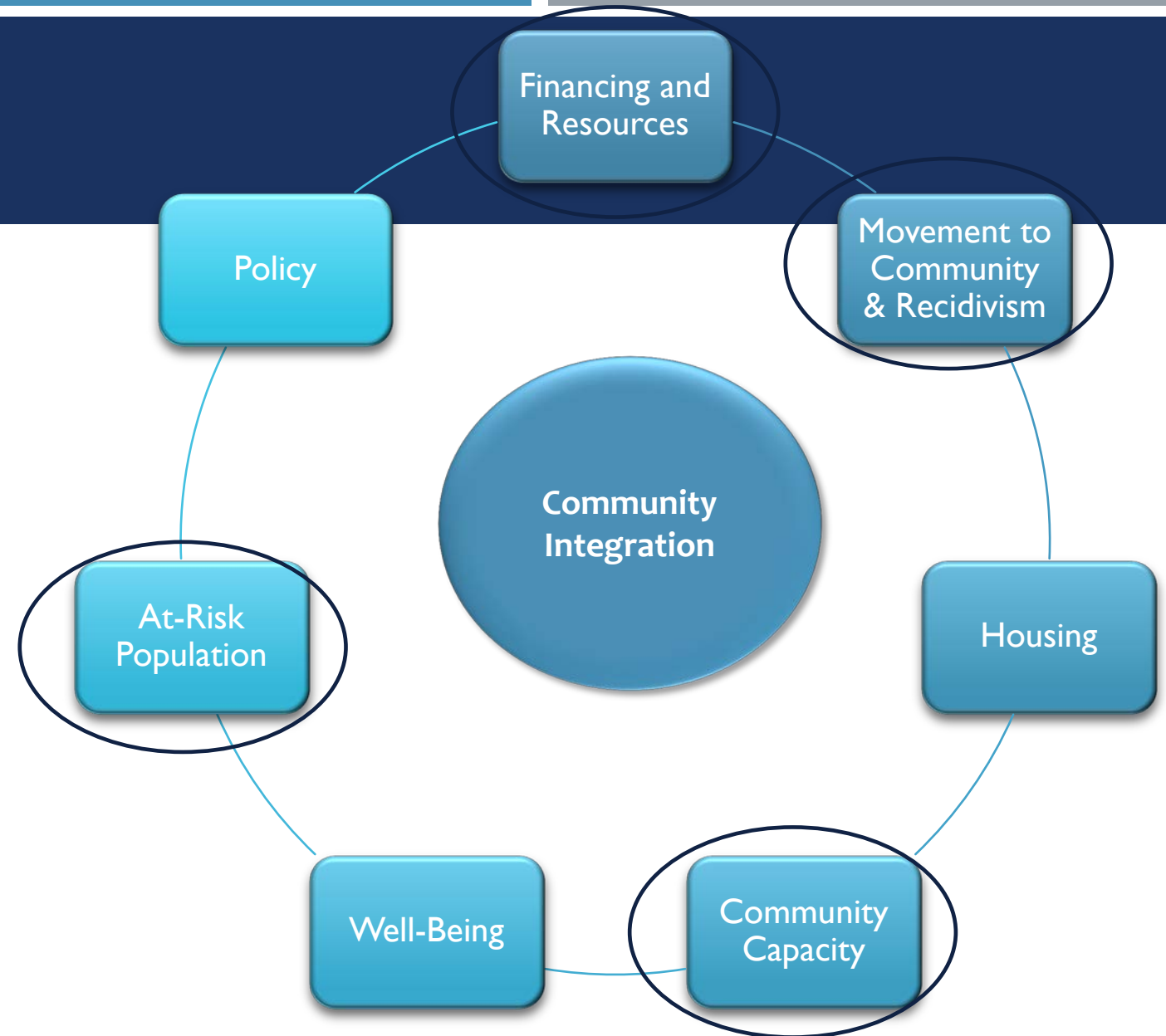
- Services and supports achieve desired outcomes

Sustainability

- Services and supports can be delivered over the long term so individuals can be self-sufficient

CISA TOOL

- Provides a menu of indicators states can use to conduct a self-assessment of their current performance related to the degree of community integration across 7 domains



VALIDATION OF KEY CATEGORIES FOR PLANNING - ADULT

1. **Assertive Community Treatment Services;**
2. **Crisis services;**
3. **Peer-delivered services;**
4. **Supported housing;**
5. **Supported employment services;**
6. **Habilitation services;**
7. SMHA discharges and linkages to services;
8. Acute psychiatric care discharges and linkages to services;
9. Residential Treatment Facility discharges;
10. Emergency department services;
11. Criminal Justice diversion;
12. **Quality and performance improvement; and**
13. **Data reporting.***

***Mandatory Areas for Measuring and Monitoring Compliance**

Community Behavioral Health System



State Behavioral Health Plan

Regional/County Behavioral Health Plan

Regional Behavioral Health Commissions



Federal



Substance Abuse and Mental Health Services Administration



Health Resources & Service Administration



Centers for Medicare and Medicaid Services
Administration for Community Living



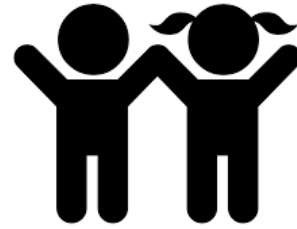
Department of Housing and Urban Development

PRIORITIZED KEY CATEGORIES FOR PLANNING



Adults

- Criminal Justice diversion
- Supported housing
- Assertive Community Treatment Services
- Access to providers for crisis and community-based treatment



Children

- Juvenile Justice diversion
- Residential Treatment Facility Treatment Capacity, discharges and linkages to services
- Transitional Age Youth Services (children to adult)
- Access to services: crisis services, PHP, IOP, Day Treatment, wraparound, Respite, Family Peer Support, and Habilitation Services

HOW WE GOT HERE

- State Plan Goals:
 - **System Goal 1: Ensure there is a continuum of high quality recovery support and care to achieve and maintain stability.**
 - **System Goal 2: Ensure individuals have access to appropriate, timely services in the most integrated setting based on a self-determination plan.**
 - **System Goal 3: Ensure a system that prevents inappropriate incarceration, hospitalization, institutionalization, or placement.**
- Development of an Adult and Children's Implementation Plan.

STRATEGIES

- Build local capacity across the regions, and provide opportunities for collaboration
- Implement evidence based best practices for behavioral health
- Provide linkages, recovery support, and coordinated care
- Assure a comprehensive system of service provision through access to technical assistance and information for local agencies/providers (i.e., funding peer-to-peer training and support)
- Support the voucher programs and evaluate if the shelter plus care vouchers have a place within the state

STRATEGIES

- Work with the Governor's Interagency Council on Homelessness to address housing needs
- Collaborate with HUD and social justice agencies, and incentivize developers to build new housing stock
- Ensure economic sustainability of the individual and encourage individuals with disabilities that are interfacing with state to apply for SSI/SSDI through utilization of the Statewide SOAR Coordinator

STRATEGIES

- Support patients and their families so that patients are able to navigate through the system
- Promote culturally and linguistically appropriate services to facilitate participation
- Provide health literacy and ensure consumers know about their plan options
- Identify a key point person who will work with the community providers to help navigate the State

STRATEGIES

- Coordinate efforts to build budgets so that rates are pursued in an organized fashion
- Implement the standardized definition of behavioral health/serious mental illness (SMI)/serious emotional disorder (SED) across DHHS, among providers and SMHA in Nevada
- Revise SMI determination throughout DHHS
- Ensure that the funding for the regional BHC positions are included in grants

IMPLEMENTATION PRIORITIES

- Statewide Community Based Strategies for implementation (next 12-18 months) include:
 - Access to providers for crisis and community-based treatment
 - Criminal Justice Diversion using the Sequential Intercept Model
 - Supported Housing
 - Assertive Community Treatment

IMPLEMENTATION PRIORITIES

- **Access to providers for crisis and community-based treatment** — Expand Certified Community Behavioral Health Clinics (CCBHCS) and create a sustainability funding (reimbursement model) through DHCFP
- **Criminal Justice Diversion Utilizing the Sequential Intercept Model** — Utilize Crisis Intervention Teams (CIT) and implement a data-driven risk assessment for diversion
- **Supported Housing** — Provide training, implementation, fidelity and funding for supported housing evidence-based practices
- **Assertive Community Treatment** — Provide training, implementation, fidelity and funding to ensure ACT is provided statewide including a rural ACT service

DISCUSSION AND QUESTIONS

