Nevada's Behavioral Health Gaps, Priorities and Recommendations: A Meta-analysis Summary Report

1 Background and Overview

Nevada's Division of Public and Behavioral Health (DPBH), under the Department of Health and Human Services (DHHS), is integrating public health and behavioral health services to develop a system-of-care for primary health, behavioral health, and substance use services to meet the needs of all Nevadans.

> Integration implies caring for the entire person, both in terms of physical or primary health care needs, and behavioral health needs, as well as including mental health and/or substance abuse.
>
> DPBH Behavioral Health Strategic Initiatives, 2014

The behavioral health system in Nevada is comprised of federal, state and local resources that operate under a variety of funding sources, priorities and mandates. Expenditures related to behavioral health within DHHS are separated into five categories: Director's Office, Aging and Disability Services Division (ADSD), Division of Health Care Financing and Policy (DHCFP), Division of Public and Behavioral Health (DPBH), and Division of Child and Family Services (DCFS). In addition to providing direct services, Divisions within DHHS work with many diverse stakeholders across the state, including family members, advocates, non-profit and public service providers, partner agencies, legislators, law enforcement, and the public. In order to ensure that the varied needs and interests of Nevada stakeholders are reflected in the integration and decision making process, and to set priorities, DHHS sought input from multiple perspectives.

The three Divisions within DHHS that provide services that can address gaps in the system of care identified in the meta-analysis include ADSD, DCFS and DPBH. Although Medicaid expenditures make up over half of all state behavioral health funding, the most significant primary provider for adult public behavioral health services is DPBH. In addition to Medicaid fee for service providers and managed care organizations, DCFS provides behavioral health services to children and adolescents in Washoe and Clark County, while DPBH provides services in the rural areas of the state. ADSD behavioral health funding is allocated for Youth Intensive Support Services providing intensive support services to children/youth and their families. ADSD also provides support services recipients who are 18 years and older and have significant medical and/or behavioral support needs.

This meta-analysis is designed to support the stakeholder input process and facilitate priority-setting by providing a high-level summary of the recommendations submitted by over fifteen regional and statewide planning initiatives that have taken place since 2010. The most critically defined needs and gaps that have been identified for Nevada's behavioral health system through these diverse planning efforts are presented in this report. This meta-analysis summary incorporates information from multiple reports without individual attribution to each of the original documents. Rather, documents are referenced by number and cited in Appendix 6.1.

Table 1: SAMHSA Six Strategic Initiatives

SAMHSA'S STRATEGIC INITIATIVES
1: Prevention of Substance Abuse and Mental Illness
2: Health Care and Health Systems Integration
3: Trauma and Justice via Trauma-informed Approach
4: Person-centered Planning and Recovery Supports
5: Health Information Technology
6: Workforce Development

This summary report also focuses on specific sub-populations that are considered priority recipients of services because of the disparity of services and access to health and behavioral health care services, when compared to the general population. Recommendations are organized by and aligned with the United States (US) Substance Abuse and Mental Health Services Administration's (SAMHSA's) six Strategic Initiatives that address the evolving needs of the behavioral health field, specifically patient and family centered care services delivered under DHHS by ADSD, DCFS, DBPH or partner agencies in an ever-changing health care environment.

2 Guiding Principles & Dimensions of Recovery

The core values and principles that guide the behavioral health and substance use disorder prevention and treatment services in Nevada overlap across the different systems within which these services are delivered. This overarching philosophy of care, as articulated in multiple planning efforts, seeks to ensure that Nevada's entire system reflects a unified view of recovery and incorporates the elements essential to recovery into service delivery, advocacy, decision-making, funding and policy development.

SAMHSA has identified four major dimensions that support a life in recovery:

HEALTH **HOME** **PURPOSE** **COMMUNITY**

Additionally, the ten guiding principles of recovery laid out below were put forth by SAMHSA and have been modified to encompass the values and principles reflected in Nevada's planning initiatives:

> RECOVERY IS A PROCESS OF CHANGE THROUGH WHICH INDIVIDUALS IMPROVE THEIR HEALTH AND WELLNESS, LIVE A SELF-DIRECTED LIFE, AND STRIVE TO REACH THEIR FULL POTENTIAL.
>
> *-SAMHSA's Working Definition of Recovery*

1. **Recovery emerges from hope.** The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is the catalyst of the recovery process.
2. **Recovery is person and family-driven.** Individuals and families optimize their autonomy to the greatest extent possible by making decisions and playing a central role in determining which services and supports will best assist their recovery and resilience. Services and supports need to be provided in the least restrictive, most appropriate community-based setting in order to support independence. Such services and supports allow families to remain intact and recognize that children, youth, and families thrive in the context of their homes, communities, and schools.
3. **Recovery occurs via many pathways.** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds, including trauma experiences. This influences their pathway(s) to recovery. Recovery is built on the strengths, resources, and inherent value of each individual. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

4. **Recovery is holistic.** Recovery encompasses an individual's whole life, so the array of services and supports available should be integrated, coordinated, and community-based. This means addressing: self-care, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation.
5. **Recovery is supported by peers and allies.** Peers encourage, engage, and provide each other with a vital sense of belonging, cultural support and community. Peer and family supports, combined with professional allies, provide important resources to assist people, including children with behavioral health problems and youth in recovery and their families, along their journeys of recovery and wellness.
6. **Recovery is supported through relationship and social networks.** Family members, peers, providers, faith groups, community members, and other allies who offer hope, support, and encouragement; and who also suggest strategies and resources for change, form vital support networks that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and well-being.
7. **Recovery is culturally-based and influenced**. Culture and cultural background in all of its diverse representations, including values, traditions, and beliefs are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.
8. **Recovery is supported by addressing trauma.** The experience of trauma is often a precursor to or associated with behavioral health issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.
9. **Recovery involves individual, family, and community strengths and responsibilities.** Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. Families have a key stake in the policies and procedures governing care for all children in their own community, state, and tribe. In order to facilitate their full, authentic involvement, they must be given tools and opportunities to participate in the process. This includes: choosing supports, services, and providers; setting goals; designing and implementing programs; monitoring outcomes; partnering in funding decisions; and determining the effectiveness of all efforts to promote the behavioral health and well-being of individuals, including children and youth. For every level of Nevada's behavioral health system of care, this involves:

   - ✓ Coordinating Across Partners
   - ✓ Community-led Action
   - ✓ Data-driven Achievable Strategies and Goals
   - ✓ Making Commitments and Measuring Results
   - ✓ Leveraging Existing and Untapped Resources
   - ✓ Removing Barriers

10. **Recovery is based on respect.** System and societal acceptance and appreciation for people affected by behavioral health and substance use problems are crucial factors in achieving recovery. There is a need to protect their rights, eliminate discrimination, and ensure that policies and practices are designed to remove barriers and decrease stigma. Recognizing that every family has individual cultural values which exist in the context of the community culture in which they live, services must be culturally and linguistically responsive and demonstrate respect for the values, beliefs, traditions, and customs of every person and every family.

The system of care (SOC) model is an organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving services and access and expanding the array of coordinated

community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbance and their families. The SOC is built upon these core values and guiding principles:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.

2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.

3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

Taken together, the core values and principles lead to a framework that is being implemented across Divisions under DHHS.

3 Summary of Needs and Gaps

The table that follows, highlights the major needs and gaps that have been repeatedly identified in previous gaps analyses and strategic planning efforts in Nevada (since 2010). A brief summary of the specific levels and types of care that are most needed in Nevada is provided. In addition to the needs/gaps identified in the following table, there are other gaps that are specific to subpopulations. These include a gap in rural Nevada for behavioral health and health services, a lack of providers (both general and specialty), lack of transportation to access services in consumers' communities, and the lack of **s**ervices available in native language, such as the lack of Spanish-speaking behavioral health professionals throughout the state.

3.1 Limitations

There are several limitations that must be noted related to the meta-analysis summary. They include:

Consumer-engagement—Consumers participated in a variety of ways to inform the reports analyzed in this summary. Engagement occurred via interviews, focus groups and surveys. These processes, in order to be efficient, are necessarily brief and may not have captured the richness or depth of the consumer's perspective or articulated their thoughts in a manner that promotes a particular framework or evidence-base.

Timing and sphere of influence—While emphasizing reports and needs analysis from 2012 on, this analysis included reports written as early as 2010. Nevada has experienced considerable economic, political and social change since then and this summary doesn't consider changes that may have already occurred to the system of care, or those changes planned or in process. It also acknowledges, but doesn't bring forward strategies related to regulation, policy or legislation that are outside the sphere of influence of the Advisory body that will use this report to make recommendations.

Terminology—Initiatives and needs assessments used varied terminology in the 20 reports that were reviewed. Recommendations and strategies are provided in summary and in some cases the wording was changed when necessary to ensure consistency while retaining the original intent of the sentence.

Additional input—Because planning and initiative work is dynamic in nature, additional data, input and recommendations may have been developed but not identified for inclusion in the meta-analysis summary.

Table 2: Needs and Gaps by Strategic Initiative

STRATEGIC INITIATIVE	NEEDS AND GAPS
PREVENTION OF SUBSTANCE ABUSE AND MENTAL ILLNESS	• Limited crisis intervention services • Limited early intervention services • Lack of early identification and intervention for at-risk populations • Lack of positive community-based activities for the prevention of substance abuse
HEALTH CARE AND HEALTH SYSTEMS INTEGRATION	• Overutilization of emergency rooms due to emotional or psychiatric crisis that could be better served at lower cost in other settings • Fragmentation across systems and lack of resource coordination • Too many youth placed out of state • Insufficient alternatives to hospitalization • Lack of treatment facilities that will serve pregnant women • Long waiting lists/lack of available services and providers • Distance and time to access nearest available services • Affordability of services • Lack of insurance coverage
TRAUMA AND JUSTICE	• Minimal access to and options for jail diversion, particularly for Black and Hispanic males • Limited access to and options for community re-entry programs • Lack of understanding about how specialty courts function • Limited legal avenues to address misuse/abuse of prescription drugs • Resistance of some judges to use alternative treatment options like telemedicine, and medication assisted treatments • Lack of knowledge about behavioral health and substance abuse issues, especially among first responders and law enforcement
RECOVERY SUPPORTS	• Lack of affordable housing options • Need for habilitative services and support • Cultural and/or community stigma associated with needing or seeking services • Lack of adequate transportation options • Need for peer support services
HEALTH INFORMATION TECHNOLOGY	• No current centralized repository for information sharing • No single set of standards for data collection • No single set of measures for all agencies to collect • No training on HIT and the importance • Lack of broad adoption of HIE • Lack of awareness about resources
WORKFORCE DEVELOPMENT	• Behavioral health workforce shortage • Poor workforce retention/high staff turnover rates • Behavioral health training programs have not worked together • Low wages • Front line staff burnout • Capacity building issues: (a) costs, (b) degree program capacity, (c) recruitment and retention, (d) clinical supervision, and (e) clinical site availability • Scope of practice issues • Licensing and credentialing policies

SYSTEM GAPS

Insufficient service options identified through key informant interviews and consumer surveys include:

- Inpatient and outpatient treatment statewide,
- Services for substance abusing mentally ill consumers,
- Substance abuse services for all populations,
- Lack of youth services,
- Lack of affordable housing,
- Care management and wraparound services to help those getting better to maintain stability, and
- Workforce concerns related to morale, compensation, recruitment and retention.

NDPBH Behavioral Health Services System Report, 2014 Update

For purposes of planning and reporting, SAMHSA has clarified the definitions of SED and SMI. Children with SED refers to persons from birth to age 18 and adults with SMI refers to persons age 18 and over; (1) who currently meets or at any time during the past year has met criteria for a mental disorder – including within developmental and cultural contexts – as specified within a recognized diagnostic classification system (e.g., most recent editions of DSM, ICD, etc.), and (2) who displays functional impairment, as determined by a standardized measure that impedes progress towards recovery and substantially interferes with or limits the person's role or functioning in family, school, employment, relationships, or community activities.

The largest gaps in behavioral health services in Nevada, as noted in the DHHS June 2015 Needs Assessment, are consistently reported to be:

- Children's residential behavioral health services
- Crisis stabilization
- Acute intensive services: mobile crisis
- Intensive home-based services
- Adult residential behavioral health treatment

These service gaps are exacerbated in rural areas, where there is limited availability of case management services.

The largest gaps in substance use disorder treatment services in Nevada, as noted in the DHHS June 2015 Needs Assessment, are consistently reported to be:

- Youth residential substance abuse treatment
- Adult residential substance abuse treatment
- Recovery Supports: Peer support
- Community Support: Assistance with education
- Community Support: Recovery housing

Key informant interviews, focus groups and provider and consumer surveys used to develop **the ADSD Integration Plan** identified gaps for children and adults with developmental disabilities (DD) or intellectual disabilities (ID) or both (I/DD) including those with behavioral health concerns noting:

- A growing population of Nevadans will need services at a time when sufficient resources are not available to meet those needs.
- Access to care is oftentimes interrupted by the lack of available primary care providers, specialty providers, transportation, and community-based housing, respite and socialization options, training and employment opportunities. There was a clear indication that overall funding to meet basic and special needs is not sufficient.
- There is a need for a service delivery system that supports people throughout the lifespan with specific supports during times of transition.
- There is a lack of awareness regarding services available and a lack of clarity about how to navigate the service delivery system.

4 Strategic Initiatives & Recommendations

Within DHHS, the approach to integrating behavioral health and substance abuse prevention and treatment services, and providing services seamlessly across the lifespan is aligned with SAMHSA's six strategic initiatives, so the synthesis of recommendations from relevant planning initiatives, largely since 2012, has been organized in accordance with these six categories. The recommendations include the realization that many communities across Nevada experience disparities in public and behavioral health care due to issues of access, cultural barriers and fiscal constraints.

Populations of Focus

Nevada seeks to understand who is or is not being served in order to develop appropriate strategies to meet the needs of diverse populations. The priority populations related to the delivery of behavioral health services includes the following groups:

- Adults with Serious Mental Illness (SMI)
- Children with Severe Emotional Disturbance (SED) and their families
- Pregnant Women and Women with Dependent Children (PWWDC)
- Persons in need of primary substance abuse prevention (PP)
- Persons with or at-risk of tuberculosis who are in treatment for substance abuse (TB)
- Persons with or at-risk for HIV/AIDS and who are in treatment for substance use (HIV-EIS)
- Intravenous Drug Users (IVDU)

Within each community, there are sub-populations that have behavioral health disparities related to access, utilization, and outcomes of service. These disparities might not be experienced by the general population, but are common in groups that are particularly vulnerable to disparities. These sub-populations are:

- At-risk and transition-age youth
- Individuals that are affected by homelessness and substance use disorders (both children and adults)
- Individuals with co-occurring disorders
- Individuals that are lesbian, gay, bisexual, transgender, or questioning (LGBTQ)
- Residents living in rural/frontier communities

Populations Served

Top Populations in Need of Mental Health Services (provider survey)

- Children with serious emotional disturbance (SED) and their families,
- Adults with serious mental illness (SMI),
- Individuals with mental and/or substance use disorder involved in the criminal or juvenile justice systems, and
- Individuals with SMI or SED in rural areas.

Top Populations in Need of Substance Abuse Services (provider survey)

- Adolescents with substance abuse and/or mental health problems,
- Parents with substance use and/or mental health disorders who have dependent children,
- Individuals with substance abuse disorders in rural areas,
- Women who are pregnant and have a substance use and/or mental disorder, and
- Unaccompanied minor children and youth

Providers wrote in other populations facing significant unmet need. Some of those included dual diagnosis, homeless individuals, Latinos, Native Americans, Veterans, LGBT, and transition-ageyouth.

- **Nevada Substance Abuse, Mental Health and Suicide Prevention Needs Assessment Report 2015**

The needs assessments and planning reports indicate these populations have specific service needs. For example, children with serious emotional disturbance are more likely to need home and community-based services to address the

needs of both the child and family. Youth in transition are in need of assessment and service planning processes that begin long before the transition is initiated. This process would also facilitate the identification of individual strengths, talents, and skills that can lead to education and career goals.

Summary of Recommendations by Strategic Initiative Area

Following is a synthesis of recommendations to address the needs of the priority populations analyzed from the planning documents across the State. They are organized according to the six strategic initiatives.

Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness

1. Design, disseminate and support prevention-focused information and services
2. Improve screening, assessment, and referral services for at-risk populations
3. Support earlier access to prevention and early intervention services
4. Increase community-based services across the system of care
5. Improve crisis management response and resources

Strategic Initiative #2: Health Care and Health Systems Integration

1. Provide behavioral health services in primary care and non-traditional settings
2. Enhance collaboration between behavioral health and other systems of care
3. Increase community-based services to develop a comprehensive system of care

Strategic Initiative #3: Trauma and Justice via Trauma-informed Approach

1. Provide community-based intervention and support to address trauma and prevent incarceration
2. Provide community-based treatment and supportive services upon release
3. Work in partnership with the courts

Strategic Initiative #4: Person-centered Planning and Recovery Supports

1. Build capacity to ensure a safe and stable living environment
2. Prioritize community-based strategies and solutions that enhance the system of care
3. Improve discharge planning and transition support
4. Promote a peer recovery approach with family support

Strategic Initiative #5: Health Information Technology

1. Strengthen communication and coordination with technology
2. Improve system capacity and quality using existing technology resources
3. Develop standards of data collection for performance measures and continuity across systems

Strategic Initiative #6: Workforce Development

1. Increase the number and quality of behavioral health professionals in Nevada
2. Remove barriers to behavioral health professional licensure and certification
3. Improve retention of behavioral health professionals in Nevada's workforce

A detailed description of the recommendations and action strategies, including the priority populations and source documents, is provided in Appendix 6.4. Appendix 6.5 notes strategies that were recommended in multiple documents related to policies or regulations that fell outside the scope of the intended audience for this meta-analysis.

4.1 Prevention of Substance Abuse and Mental Illness

STRATEGIC INITIATIVE #1 focuses on the prevention of substance abuse, SMI and SED by maximizing opportunities to create environments where individuals, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health. Strategies include information dissemination, education, alternative activities, problem identification and referral, environmental strategies and community-based processes such as coalitions. This can include a focus on several populations of high risk, including transition-age youth, ethnic minorities experiencing health and behavioral health disparities, and LGBTQ individuals.

1. DESIGN, DISSEMINATE AND SUPPORT PREVENTION-FOCUSED INFORMATION AND SERVICES

A. Launch ads about substance abuse resources on social media (5)
B. Educate children and youth about drugs in school with evidence-based programs (5, 9)
C. Educate youth in schools with people who have first-hand experience abusing (5)
D. Educate parents on the signs of AOD dependencies in youth (5)
E. Provide more community and extracurricular activities to prevent substance abuse (5, 9)
F. Invest additional resources in high-impact prevention and intervention programs, utilizing funding as available from savings (8)
G. Design an education program to confront myths, explain the signs of mental illness and substance abuse, and inform the public on how they can help persons at-risk (8)
H. Develop and implement strategies to reduce the stigma associated with being a consumer of behavioral health, substance abuse, and suicide prevention services (9, 17, 18)
I. Support early childhood preventative programs that strengthen families' ability to promote the social and emotional development of their children (6A, 9, 14)
J. Support system-wide implementation of Positive Behavioral Supports so that youth can develop pro-social skills while remaining in their home, school, and family setting (6C)
K. Develop an Anti-stigma and Suicide Prevention Public Information Campaign (2B, 3)

2. IMPROVE SCREENING, ASSESSMENT AND REFERRAL SERVICES FOR AT-RISK POPULATIONS

A. Expand suicide prevention identification recommendations to include children and elderly (2B)
B. Evaluate the current depression screening system to determine its appropriateness for the elder population (2B)
C. Utilize assessment tools that are valid and reliable (8, 9)
D. Link with other formal systems to help identify and address behaviors that may be an indication of a concern, such as school expulsions (8, 9)
E. Identify resources and approved assessment processes that are appropriate to the person's culture and level of acculturation (8, 17)
F. Provide comprehensive behavioral health screenings that target children and adolescents involved in Child Welfare, Juvenile Justice, Nevada Tribes, and Hispanic communities (6D)
G. Ensure coordination of children's behavioral health surveillance and screening initiatives (6D)
H. Access resources such as EPSDT – combined with behavioral health screenings (6D, 8)

3. SUPPORT EARLIER ACCESS TO PREVENTION AND EARLY INTERVENTION SERVICES

A. Develop access plans to deliver services utilizing rural school systems (6D)
B. Develop new venues for collaboration, allowing Nevada's rural region to access comprehensive assessment and intervention services (e.g. collaborating with universities and colleges; coordinating a

Rural Children's Behavioral Health Institute) (6D)

C. Expand the availability of services that are responsive during critical windows of opportunity (6D)
D. Ensure that the community is aware of services and how to access them and that services are accessible, available, and supportive in every community (8, 11)

4. INCREASE COMMUNITY-BASED SERVICES ACROSS THE SYSTEM OF CARE

A. Develop services that can be delivered utilizing rural school systems (6D)
B. Increase behavioral health access for children and their families in rural and frontier counties (6D)
C. Increase services that are accessible, available and supportive in every community (8, 11, 14)
D. Transition some state services to local communities as possible and appropriate and reallocate funding to support the system of care (2, 8, 11, 14)

5. IMPROVE CRISIS MANAGEMENT RESPONSE AND RESOURCES

A. Expand mobile crisis services for children (2B, 6A, 15)
B. Increase availability of short-term crisis triage services (2B, 8, 17)
C. Create alternatives to emergency rooms (6B, 17)
D. Provide intensive service coordination, crisis prevention, and intervention for individuals living in the community (8, 11)
E. Increase focus on prevention services, such as school-based behavioral health services and mobile crisis services (8, 9, 15, 17)

4.2 Health Care and Health Systems Integration

STRATEGIC INITIATIVE # 2 focuses on health care and integration across systems of particular importance for persons with behavioral health needs such as community health promotion; health care delivery; education; treatment and recovery; and community living needs. Integration efforts will aim to:

- ✓ increase access to appropriate high-quality prevention, treatment, recovery, and wellness services and supports;
- ✓ reduce disparities between the availability of services for persons with mental illness (including SMI/SEDs) and substance use disorders compared with the availability of services for other medical conditions; and
- ✓ support coordinated care and services across systems.

1. PROVIDE BEHAVIORAL HEALTH SERVICES IN PRIMARY CARE AND NON-TRADITIONAL SETTINGS

A. Offer tobacco cessation services or referrals to patients (5, 12)
B. Incorporate behavioral health screenings in health check-ups, with referral to a behavioral health assessment for follow-up (8)
C. Locate behavioral health professionals in schools to provide behavioral health prevention, education, screening, assessment, and brief treatment services to children and families (2B)
D. Develop partnerships between schools and behavioral health providers to implement school-based and school-linked interventions for children with behavioral health care needs (6A, 9)
E. Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness (14)
F. Integrate behavioral health and suicide prevention into health and social services outreach programs (9, 18)
G. Make it easier to find treatment resources online (5, 11)
H. Expand access to health care and treatment for pregnant women/ and women with infants (8, 12)

I. Assist individuals and providers to address behavioral and emotional issues by assessing behavior, analyzing data, creating treatment plans, and supporting treatment implementation (8, 11)

2. ENHANCE COLLABORATION BETWEEN BEHAVIORAL HEALTH AND OTHER SYSTEMS

A. Provide cross-training between behavioral health and public health staff to maximize resources and advance knowledge of all services within all programs and staff of DHHS (8)
B. Create systems and linkages to ensure individuals are connected to both medical and behavioral health services, and facilitate the coordination of care (8)
C. Train primary care practitioners serving high-risk populations (e.g. OB/GYNs) to identify behavioral health and substance abuse problems and make referrals for treatment (8)
D. Promote a culture of shared ownership with regional, county, and local partners where all staff promote collaboration, coordination, and communication with counties and community-based agencies and between public health workers and behavioral health staff (8)
E. Develop and formalize partnerships that effectively facilitate referrals and transitions across systems so that there truly is no wrong door or point of contact within public agencies and throughout Nevada (8)
F. Promote the "no wrong door" mindset, where system partners help families locate and access needed behavioral health services, regardless of which agency is contacted first through a coordinated system of care initiative (6D, 8, 11, 17, 18)
G. Collaborate with Nevada's Office of Primary Care to promote access in rural areas (12)

3. INCREASE COMMUNITY-BASED SERVICES TO DEVELOP A COMPREHENSIVE SYSTEM OF CARE

A. Design outreach to reach people in their own settings, e.g. health care (8, 11)
B. Identify and make available standard screening tools that can be utilized in various settings such as doctor's office, social service agency, criminal justice settings, etc. (13)
C. Develop linkages between places where a person is screened and treatment centers with the goal of decreasing barriers to treatment access (9, 13)
D. Enhance capacity to provide community-based treatment and wraparound supports to serve youth and adults locally in a manner that supports safety, stability, and permanency (6C, 9, 14)
E. Ensure that resources are added to the mobile crisis program to provide adequate clinical supervision and quality of services and are trauma-informed (6B)

4.3 Trauma and Justice Via a Trauma-Informed Approach

STRATEGIC INITIATIVE #3 focuses on trauma and justice by integrating a trauma-informed approach throughout health, behavioral health, human services, and related systems to reduce the harmful effects of trauma and violence on individuals, families, and communities. This Strategic Initiative will also support the use of innovative strategies to reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems. According to SAMHSA, the following issues must be considered when using a trauma-informed approach; the variety of ways that substance abuse, mental health, and trauma interact; the importance of context and culture in a person's response to trauma; trauma-informed screening and assessment tools, techniques, strategies, and approaches that help behavioral health professionals assist clients in recovery from mental and substance use disorders who have also been affected by acute or chronic traumas; and the significance of adhering to a strengths-based perspective that acknowledges the resilience within individual clients, providers, and communities.

1. PROVIDE COMMUNITY-BASED INTERVENTION AND SUPPORT TO ADDRESS TRAUMA AND PREVENT INCARCERATION

A. Link law enforcement, social service providers, and emergency responders to crisis intervention teams to identify and provide protection for vulnerable populations, such as victims of violence or abuse with behavioral health or substance abuse problems (8)
B. Establish linkages with community-based entities (including group homes, churches, police, emergency rooms, inpatient facilities, pharmacists, primary care physicians, public housing facilities, senior centers, child care settings, etc.) capable of identifying and referring people in need of services prior to law enforcement involvement (8)
C. Expand access to intensive care management using a wraparound model for youth with serious emotional disturbance, including those involved with the juvenile justice system and those living with their families and for adults (6B, 14)
D. Develop community-based and community-wide best practices, with an emphasis on Trauma-informed Care (15)
E. Build community capacity to treat individuals with a history of behavioral health, substance abuse and criminal justice involvement within their home community (17)

2. PROVIDE COMMUNITY-BASED TREATMENT AND SUPPORTIVE SERVICES UPON RELEASE

A. Research best practices for working with adjudicated offenders with prescription drug problems (8)
B. Improve screening, assessment, and treatment linkage upon jail release (13)
C. Establish linkages with community-based entities (including group homes, churches, police, emergency rooms, inpatient facilities, pharmacists, primary care physicians, public housing facilities, senior centers, child care settings, etc.) capable of identifying and referring people in need of services (8)

3. WORK IN PARTNERSHIP WITH THE COURTS

A. Work with the specialty courts in the state to establish resources needed to work with prescription drug abusers (13)
B. Support specialty courts in their provision of prevention activities (13)
C. Engage tribal courts as partners in the process (13)
D. Develop a continuum of services throughout the system with various partners (for pre, during, and post-adjudication) (13)

4.4 Person-centered Planning and Recovery Supports

STRATEGIC INITIATIVE #4 emphasizes person-centered planning and promotes partnering with people in recovery and their family members to guide individual, program, and system-level approaches that foster health and resilience; increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports in their chosen community. In the cases of youth, supports should be family driven and youth guided in accordance with the principles of the system of care.

1. BUILD CAPACITY TO ENSURE A SAFE AND STABLE LIVING ENVIRONMENT

A. Develop a continuum of safe, stable community-based housing options to support persons in recovery (8, 14, 17)
B. Provide case management services with wraparound supports to help people achieve stability and retain housing once it is obtained (8, 14)
C. Expand high-intensity case management and housing services for the heaviest users of the most expensive behavioral health services (i.e., ER, jail, and inpatient admissions) (2B, 8)
D. Develop appropriate shelter/housing environments for young adults to provide safe, comfortable spaces that offer recreational and social activities (4, 9)

2. PRIORITIZE COMMUNITY-BASED STRATEGIES AND SOLUTIONS THAT ENHANCE THE SYSTEM OF CARE

A. Provide individualized life skills training to support the development of interpersonal relationships and leisure activities that foster community connections (5, 8)
B. Provide life skills support (5, 8, 11)
C. Build the capacity of community-based organizations to provide services to people in need in their communities (8, 9)
D. Provide treatment within an individual's community (8)
E. Provide youth with transition support for education, work, and independence (6C, 11)
F. Expand access to neighborhood-based financial supports and intensive services to assist individuals with emotional and behavioral concerns in the least restrictive setting (6A, 11)
G. Assist staff with skills for addressing behavioral health with consumers and in individual support plans (11)

3. IMPROVE DISCHARGE PLANNING AND TRANSITION SUPPORT

A. Ensure that discharge planning addresses housing, medication, and basic needs at a minimum (8)
B. Provide assistance for persons discharged from a facility or to another level of care to make the transition to a safe, stable environment (2B, 8)
C. Promote the coordination of formal and informal strategies and resources that support youth and family autonomy in actively managing and finding solutions to fit their needs (6C)

4. PROMOTE A PEER RECOVERY APPROACH WITH FAMILY SUPPORT

A. Promote peer support programs as peers are one of the most influential groups for people with behavioral health issues and provide a "non-treatment" approach most persons prefer (8)
B. Support faith-based groups, community organizations, and other informal support systems that can help at-risk children and adults maintain their treatment (5, 8, 13)

4.5 HEALTH INFORMATION TECHNOLOGY

STRATEGIC INITIATIVE #5 ensures that the behavioral health system fully participates with the general healthcare delivery system in the adoption of health information technology. This includes interoperable electronic health records (EHRs) and the use of other electronic training, assessment, treatment, monitoring, and recovery support tools, to ensure high-quality coordinated and integrated care, improved patient/consumer engagement, and effective prevention and wellness strategies.

1. STRENGTHEN COMMUNICATION AND COORDINATION WITH TECHNOLOGY

A. Develop a one-way information portal for family members to facilitate information exchange that doesn't tread on privacy/confidentiality concerns (2b)
B. Create centralized, shared data systems to facilitate access to services; share data on treatment, housing, services and supports; and gather statewide baseline data on prescription drug use, misuse, and abuse in Nevada (8, 11, 13, 14)
C. Build easy systems to communicate with Medicaid and receive policy updates; implement hub and spokes case management model (13)

2. IMPROVE SYSTEM CAPACITY AND QUALITY USING EXISTING TECHNOLOGY RESOURCES

A. Strengthen connections with caregivers (via the internet and/or other technologies including social networking and Geo-Mapping) as a method of screening, assessment, and referral that is interactive and family driven (6D, 11)
B. Create a shared financing model supported by an integrated data system where the funding follows the client (e.g., Milwaukee wraparound model) (13)

3. DEVELOP STANDARDS OF DATA COLLECTION FOR PERFORMANCE MEASURES AND CONTINUITY ACROSS SYSTEMS

A. Create a state registry of treatment capacity/open slots, including inpatient psychiatric bed availability, throughout the state; leverage Homeless Management Information System (HMIS) platform to create a state registry (2B, 13)
B. Develop data collection standards across systems within DHHS (8, 11, 14)
C. Use technology to provide training and promote evidence-based practices within the system of care (8, 11)
D. Collect and report data uniformly across services and within DPBH using one shared data system. Use data to make decisions about how future resources are allocated (8)
E. Leverage mobile technologies for screening (9, 13)
F. Develop a plan to collect and house data related to prescription drug use, misuse, and abuse; and utilize data to inform policy and funding decisions as well as to develop outcome measures for prevention and treatment efforts in the state (13)

4.6 WORKFORCE DEVELOPMENT

STRATEGIC INITIATIVE #6 supports active strategies to strengthen the behavioral health workforce. Through technical assistance, training, and focused programs, the initiative will promote an integrated, aligned, competent workforce that:

- ✓ enhances the availability of prevention and treatment for substance abuse and mental illness;
- ✓ strengthens the capabilities of behavioral health professionals; and
- ✓ promotes the infrastructure of health systems to deliver competent, organized behavioral health services.

1. INCREASE THE NUMBER AND QUALITY OF BEHAVIORAL HEALTH PROFESSIONALS IN NEVADA

A. Develop a Behavioral Health Training Academy that advances research, training, and delivery of behavioral health services (1)
B. Collaborate with Nevada System of Higher Education (NSHE) and other Health Professional Training institutions to expand program capacity and incentivize students to pursue health care careers in Nevada (1, 2B, 3, 17)
C. Create a peer training program that certifies peer agencies (2B)
D. Create a link on the DHHS website with contacts to assist applicants (3)
E. Increase residency slots, internships, practica, fellowships, and other training slots for psychiatrists and other behavioral health professionals (3, 9, 11)
F. Maximize use of advanced practice registered nurses as independent providers (11)
G. Evaluate joining interstate compacts in medicine, nursing, and psychology to improve recruitment from other states, which could facilitate the use of telehealth to help meet needs in underserved areas (16)

2. REMOVE BARRIERS TO BEHAVIORAL HEALTH PROFESSIONAL LICENSURE AND CERTIFICATION

A. Establish online FAQs on all licensure websites and provide outreach to training programs to educate students about requirements and processes (3)
B. Expand scope of telehealth for both practice and supervision (3)
C. Expand supervision opportunities in underserved clinical settings (3)
D. Increase low cost trainings for Nevada's providers to ensure that they are able to maintain their licensure and improve standards of care (15)

3. IMPROVE RETENTION OF BEHAVIORAL HEALTH PROFESSIONALS IN NEVADA'S WORKFORCE

A. Work with federal and state partners to improve access to loan repayment and scholarship funds (1, 3)
B. Create reimbursable post-doctoral fellowships (2B, 3)
C. Provide pay incentives for additional board certifications (e.g., child psychiatry) (2B, 3)

5 SUMMARY

Nevada's needs, gaps and recommendations on the public and behavioral system incorporate findings from twenty reports and planning initiatives across the State of Nevada that included stakeholder input. These stakeholder groups included the rural, urban and frontier communities. Nevada's stakeholders have experienced many of the same challenges and several overarching themes are apparent.

1. At all levels of care and from multiple perspectives—including consumers and families—the integration of behavioral health and substance abuse prevention and treatment services is a high priority and makes economic sense.

2. While the array of behavioral health services in Nevada includes some significant assets in terms of providers, coalitions, and programming, it is very clear that the services are not able to keep up with the demand. This is about capacity as well as coordination, and there are exciting opportunities that have been identified to increase services utilizing resources that already exist. Nonetheless, an innovative approach is needed that combines new funding with these existing resources in order to adequately meet the diverse and critical needs of DHHS's target populations.

3. Planning initiatives are united in the call for Nevada's behavioral health system of care to be community-based, consumer-driven, and person/family-centered. This has serious and strong implications for DHHS's Divisions and its partners to examine where current policy and practice needs to be overhauled in order to answer that call.

4. The demand for quality, accountability, and effective services is threaded throughout the recommendations as well as stakeholder input about system needs and gaps. These planning initiatives universally articulate this as a priority for action, using evidence-based approaches, at both the state and community provider levels.

As the state proceeds with identifying priorities and completing the full integration of Nevada's behavioral health system, stakeholders are asking that DHHS maintains a focus on ensuring that recommendations are implemented in a manner that is consumer-informed, data-driven, and outcome-based. This will position Nevada to deliver state-of-the-art behavioral health and substance abuse services to those in need, guided by the core values and principles that define a high quality system of care.

6 APPENDICES

6.1 LIST OF REPORTS USED IN THE META-ANALYSIS

1. University of Nevada, Las Vegas Mental and Behavioral Health Coalition. (2015). *Coalition's Strategic Action Plan 2015*.

2a. Behavioral Health and Wellness Council, State of Nevada. (May 2014). *May 2014 Report and Recommendations to Governor Sandoval.* Nevada Department of Health and Human Services, Division of Public and Behavioral Health. Retrieved from http://health.nv.gov/BHWC/Reports/2014-05_ReportAndRecommendationsToGovernorSandoval.pdf

2b. Behavioral Health and Wellness Council, State of Nevada. (December 2014). *December 2014 Council Report and Recommendations to Governor Sandoval.* Nevada Department of Health and Human Services, Division of Public and Behavioral Health. Retrieved from http://health.nv.gov/BHWC/Reports/2014-12_CouncilRptAndRecommendationsToGovernorSandoval.pdf

3. University of Nevada, Las Vegas. (2014). *Mental and Behavioral Health Workforce Development: Strengthening the Clinical Workforce by Aligning Resources and Results.*

4. Reno Area Alliance for the Homeless. (2012). *Achieving New HYTS for Young Adults in Washoe County: A Community Vision and Blueprint for Action.*

5. Nevada Department of Health and Human Services, Division of Public and Behavioral Health. (June 2015). *Nevada Substance Abuse, Mental Health and Suicide Prevention Needs Assessment Report 2015.*

6a. Clark County Children's Mental Health Consortium. (2010). *10-Year Strategic Plan.* Las Vegas, NV. Retrieved from http://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Meetings/CLARK10-YearStrategicPlan(2).pdf

6b. Clark County Children's Mental Health Consortium. (2015). *10-Year Strategic Plan – 2015 Status Report.* Las Vegas, NV. Retrieved from http://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Tips/Reports/CCCMHC%20Status%20Report%202015%20EXPANDED-FINAL-2-23-15.pdf

6c. Washoe County Children's Mental Health Consortium. (2010). *2020 Vision: A Call to Action Ten Year Plan*. Retrieved from http://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Meetings/10-YearPlan.pdf

6d. Rural Children's Mental Health Consortium. (2010). *Strategic Ten-Year Plan*. Retrieved from http://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Meetings/RURAL_10-yearplan.pdf

7. Packham, J. (2014). *Mental and Behavioral Health Workforce in Nevada.* Reno, NV: University of Nevada, Reno.

8. Nevada Department of Health and Human Services, Division of Public and Behavioral Health. (2014). *Behavioral Health Services System in the State of Nevada*.

9. Safe Schools/Healthy Students. (2014). *Needs Assessment, Environmental Scan & Gaps Analysis.*

10. State of Nevada. (2010). *Maternal, Infant & Early Childhood Home Visiting: Needs Assessment – Initial Findings*.

11. Nevada's Aging and Disability Services Division. (2014). *Nevada's Strategic Plan for Integration of Developmental Services and Early Intervention Services into ADSD.*

12. Nevada Collaborative to Improve Birth Outcomes. (2013). *Summary of Nevada Improving Birth Outcomes Initiative 3.0*. Carson City, NV.

13. National Governor's Association. (2015). *Policy Academy on Prescription Drug Abuse and Prevention: May 2015 Facilitation Summary.*

14. Nevada Department of Health and Human Services, Division of Public and Behavioral Health. (2015). *Nevada Interagency Council on Homelessness: Strategic Plan.*

15. State of Nevada Commission on Mental Health and Developmental Services. (February 2014). *Letter to Governor Sandoval on February 7, 2014*.

16. Guinn Center for Policy Priorities. (October 2014). *Nevada's Mental Health Workforce: Shortages and Opportunities.* Retrieved from http://guinncenter.org/wp-content/uploads/2014/10/Guinn-Center-Policy-Brief_Mental-Health-Workforce-Final.pdf

17. Nevada Division of Public and Behavioral Health. (2014). *Behavioral Health Strategic Inititiatives.* Retrieved from http://health.nv.gov/BHWC/Presentations/2014-02-26_DPBH_BehavioralHealthStrategicInitiatives.pdf

18. Department of Health and Human Services, Office of Suicide Prevention. (2007). *Nevada Suicide Prevention Plan 2007-2012.* Retrieved from http://www.sprc.org/sites/sprc.org/files/state_plans/plan_nv.pdf

19. Nevada Department of Health and Human Services. (2014). *2014 Statewide Community Needs Assessment.* Retrieved from http://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Grants/Reports/2014-Needs-Assessment-Results-GMAC-GMU_052814.pdf

20. U.S. Department of Housing and Urban Development. (2014). *FY 2014 Action Plan for Housing & Community Development.* Clark County, NV. Retrieved from http://www.clarkcountynv.gov/Depts/admin_services/comresmgmt/Documents/ConPlan/AP2014.pdf

6.2 Additional Resources Referenced

Packham, J. F., Griswold, M. T., & Marchand, C. (2013). *Health workforce in Nevada 2013 Edition*. Reno, NV: Office of Health Professionals Research and Policy, University of Nevada School of Medicine.

Pires, Sheila A. (2010). Building Systems of Care: A Primer. 2nd Edition. Washington, D.C. Retrieved from http://gucchd.georgetown.edu/products/PRIMER2ndEd_FullVersion.pdf

Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's Working Definition of Recovery: 10 Guiding Principles.*

Substance Abuse and Mental Health Services Administration. (2014). *TIP 57: Trauma-Informed Care in Behavioral Health Services*. Rockville, MD. Retrieved from http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf

6.3 Acronyms and Definitions

Adolescence: The transitional period between puberty and adulthood in human development, extending mainly over the teen years and terminating legally when the age of majority is reached; youth

Adult: One who has attained maturity or legal age, typically age 18 or older

ADSD: Aging and Disability Services Division

AIDS: Acquired Immune Deficiency Syndrome

AOD: Alcohol and Other Drugs

Child: A young person of either sex between infancy and youth

CLAS: Culturally and Linguistically Appropriate Services

CMS: Centers for Medicare & Medicaid Services

COD: Co-occurring Disorder

DPBH: (Nevada) Division of Public and Behavioral Health

DHHS: (Nevada) Department of Health and Human Services

EBP: Evidence-Based Practice

EHR: Electronic Health Record

ER: Emergency Room

FAQ: Frequently Asked Question

FEP: First Episode Psychosis

GYN: Gynecologist

HHS: Department of Health and Human Services

HIE: Health Information Exchange

HIT: Health Information Technology

HIV: Human Immunodeficiency Virus

HIV-EIS: Individuals living with or at-risk for HIV/AIDS who are in need of mental health or substance abuse early intervention, treatment, or prevention services

HMIS: Homeless Management Information System

IVDU: Intravenous Drug User

LGBT: Lesbian, Gay, Bisexual, and Transgendered

LGBTQ: Lesbian, Gay, Bisexual, Transgendered, and Questioning

MH: Mental Health

M/SUD: Mental and/or Substance Use Disorder

NBHQF: National Behavioral Health Quality Framework

No Wrong Door - A no wrong door approach provides people with, or links them to, appropriate service regardless of where they enter the system of care. Services must be accessible from multiple points of entry and be perceived as welcoming, caring and accepting by the consumer. This principle commits all services to respond to the individual's stated and assessed needs through either direct service or linkage to appropriate programs, as opposed to sending a person from one agency (or department) to another.[1]

NSHE: Nevada System of Higher Education

OB: Obstetrician

PBHCI: Primary and Behavioral Health Care Integration

Person-centered – Person-centered practice is defined as treatment and care that places the person at the center of their own care and considers first and foremost the needs of the person receiving the care. It is also known as person-centered care, patient-centered care and client-centered care. Person-centered practice is treating persons/patients/clients, as they want to be treated.[2]

PWWDC: Pregnant Women and Women with Dependent Children

SABG: Substance Abuse Prevention and Treatment Block Grant

SAMHSA: Substance Abuse and Mental Health Services Administration

SAPTA: (Nevada) Substance Abuse Prevention and Treatment Agency

SED: Serious Emotional Disturbance

SMI: Serious Mental Illness

SOC: System of Care

SUD: Substance Use Disorder

TB: Tuberculosis

VA: Veterans Administration

Youth: A young person who has not yet reached adulthood and refers to the time period between childhood and maturity

Youth in Transition: Transitional age youth are young people between the ages of sixteen and twenty-four who are in transition from state custody or foster care and are at-risk. Once they turn 18 they can no longer receive assistance from the systems of care that previously provided for many of their needs.

[1] Retrieved on November 11, 2013 from: http://www.nowrongdoor.org.au/policy_procedures.html

[2] Definition adapted from retrieval on November 11, 2013 from: http://www.health.vic.gov.au/older/toolkit/02PersonCentredPractice/docs/Guide%20to%20implentating%20Person%20centred%20practice.pdf

6.4 Recommendations with Detail on Priority Populations

Other: In addition to the targeted/required populations and/or services required in statute, the following populations, and/or services were also identified and apply to the other category:

- Individuals with behavioral and/or substance use disorders who are homeless or involved in the criminal or juvenile justice systems
- Individuals with behavioral and/or substance use disorders who live in rural areas
- Underserved racial and ethnic minority and LGBTQ populations
- Persons with disabilities
- Community populations for environmental prevention activities, including policy changing activities, and behavior change activities to change community, school, family and business norms through laws, policy and guidelines and enforcement.
- Community settings for universal, selective and indicated prevention interventions, including hard-to-reach communities and "late" adopters of prevention strategies.

Strategic Initiative #1 Prevention of Substance Abuse and Mental Illness

Focuses on the prevention of substance abuse, SMI and SED by maximizing opportunities to create environments where individuals, families, communities, and systems are motivated and empowered to manage their overall emotional, behavioral, and physical health.

Recommendation 1: Design, disseminate and support prevention-focused information and services. Recommendation Sources 2B, 3, 5, 6A, 6C, 8, 9, 14, 17, 18,		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
DPBH Needs Assessment (5); SSHS Needs Assessment (9)	Launch ads about substance abuse resources on social media (5)			X		X	X		X
	Educate children and youth about drugs in school with evidence-based programs (5,9)					X			X
	Educate youth in schools with people who have first-hand experience abusing (5)		X			X			X
	Educate parents on the signs of AOD dependencies in youth (5)					X			X
	Provide more community and extracurricular activities to prevent substance abuse (5, 9)					X			X
Behavioral Health Services System (8); SSHS Needs	Invest additional resources in high-impact prevention and intervention programs, utilizing funding as available from savings (8)		X	X		X			X
	Design an education program to confront myths, explain the signs of mental illness and substance abuse, and inform the public on how they can help persons at-risk (8)		X	X		X			X

Recommendation 1: Design, disseminate and support prevention-focused information and services. Recommendation Sources 2B, 3, 5, 6A, 6C, 8, 9, 14, 17, 18,		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Assessment (9)									
SSHS Needs Assessment (9); Behavioral Health Strategic Initiatives (17); Preventing Suicide (18)	Develop and implement strategies to reduce the stigma associated with being a consumer of behavioral health, substance abuse, and suicide prevention services (9, 17, 18)	X	X	X			X		X
Children's Mental Health Consortium (6A, C); SSHS Needs Assessment (9); Nevada ICH Plan (14)	Support early childhood preventative programs that strengthen families' ability to promote the social and emotional development of their children (6A, 9, 14)		X	X		X			X
	Support system-wide implementation of Positive Behavioral Supports so that youth can develop pro-social skills while remaining in their home, school and family setting (6C)		X						X
Gov. BH & Wellness Report (2B); UNLV Mental and Behavioral Health Workforce (3)	Develop an Anti-stigma and Suicide Prevention Public Information Campaign (2B, 3)	X	X	X		X			X

Recommendation 2: Improve screening, assessment and referral services for at-risk populations. Recommendation Sources 2B, 6D, 8, 9, 11, and 17		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Gov. BH & Wellness Report (2B)	Expand suicide prevention identification recommendations to include children and elderly (2B)	X	X			X			X
	Evaluate the current depression screening system to determine its appropriateness for the elder population (2B)	X							X
Behavioral	Utilize assessment tools that are valid and reliable (8, 9)	X	X	X	X	X	X	X	X

Recommendation 2: Improve screening, assessment and referral services for at-risk populations. Recommendation Sources 2B, 6D, 8, 9, 11, and 17		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Health Services System (8); SSHS Needs Assessment (9); ADSD Integration Plan (11); Behavioral Health Strategic Initiatives (17)	Link with other formal systems to help identify and address behaviors that may be an indication of a concern, such as school expulsions (8, 9)		X			X			X
	Identify resources and approved assessment processes that are appropriate to the person's culture and level of acculturation (8, 11, 17)	X	X	X	X	X	X	X	X
Children's Mental Health Consortium (6D); Behavioral Health Services System (8)	Provide comprehensive behavioral health screenings that target children and adolescents involved in Child Welfare, Juvenile Justice, Nevada Tribes, and Hispanic communities. (6D)		X			X			X
	Ensure coordination of children's behavioral health surveillance and screening initiatives (6D)		X			X			X
	Access resources such as EPSDT – combined with behavioral health screenings (6D, 8)		X			X			X

Recommendation 3: Support earlier access to prevention and early intervention services. Recommendation Sources 6D, 8, and 11		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Children's Mental Health Consortium (6D)	Develop access plans to deliver services utilizing rural school systems (6D)		X			X			X
	Develop new venues for collaboration, allowing Nevada's rural region to access comprehensive assessment and intervention services (e.g. collaborating with universities and colleges; coordinating a Rural Children's Mental Health Institute) (6D)		X			X			X
	Expand the availability of services that are responsive during critical windows of opportunity (6D)		X			X			X
Behavioral Health Services System (8); ADSD Integration Plan (11)	Ensure that the community is aware of services and how to access them and that services are accessible, available, and supportive in every community (8, 11)		X			X			X

Recommendation 4: Increase community-based services across the system of care. Recommendation Sources 6D, 8, 11, and 14		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Children's Mental Health Consortium (6D)	Develop services that can be delivered utilizing rural school systems (6D)		X			X			X
	Increase behavioral health access for children and their families in rural and frontier counties (6D)		X	X		X			X
Behavioral Health Services System (8); ADSD Integration Plan (11) NV ICH Strategic Plan (14)	Increase services that are accessible, available and supportive in every community (8, 11, 14)		X			X			X
Behavioral Health Services System (8); ADSD Integration Plan (11); NV ICH Strategic Plan (14)	Transition some state services to local communities as possible and appropriate and reallocate funding to support the system of care (8, 11, 14)								X

Recommendation 5: Improve crisis management response and resources. Recommendation Sources 2B, 6A, 6B, 8, 9, 11, 15, 17		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Gov. BH & Wellness Report (2B); Children's Mental Health Consortium (6A, B); Behavioral Health Services System (8); Behavioral Health Commission (15);	Expand mobile crisis services for children (2B, 6A, 15)		X						X
	Increase availability of short-term crisis triage services (2B, 8, 17)		x						X
	Create alternatives to emergency rooms (6B, 17)								X

Recommendation 5: Improve crisis management response and resources. Recommendation Sources 2B, 6A, 6B, 8, 9, 11, 15, 17		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Behavioral Health Strategic Initiatives (17)									
Behavioral Health Services System (8); ADSD Integration Plan (11)	Provide intensive service coordination, crisis prevention, and intervention for individuals living in the community (8, 11)		X	X		X			X
Behavioral Health Services System (8); SSHS Needs Assessment (9); Behavioral Health Commission (15); Behavioral Health Strategic Initiatives (17)	Increase focus on prevention services, such as school-based behavioral health services and mobile crisis services (8, 9, 15, 17)		X			X			X

Strategic Initiative #2 Health Care and Health Systems Integration

Focuses on health care and integration across systems of particular importance for persons with behavioral health needs such as community health promotion; health care delivery; education; treatment and recovery; and community living needs. Integration efforts will aim to:

- ✓ increase access to appropriate high-quality prevention, treatment, recovery and wellness services and supports;
- ✓ reduce disparities between the availability of services for persons with mental illness (including SMI/SEDs) and substance use disorders compared with the availability of services for other medical conditions; and
- ✓ support coordinated care and services across systems.

Recommendation 1: Provide behavioral health services in primary care and non-traditional settings. Recommendation Sources 2B, 5, 6A, 8, 9, 11, 12, 14, and 18		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
DPBH Needs Assessment (5); NGA Improving Birth Outcomes (12)	Offer tobacco cessation services or referrals to patients (5, 12)	X	X	X	X	X	X	X	X
Behavioral Health Services System (8), ADSD Integration Plan (11)	Incorporate behavioral health screenings in health check-ups, with referral to a behavioral health assessment for follow-up (8)	X	X	X	X	X	X	X	X
Gov. BH and Wellness Report (2B); SSHS Needs Assessment (9)	Locate behavioral health professionals in schools to provide behavioral health prevention, education, screening, assessment, and brief treatment services to children and families (2B, 9)		X			X			X
Children's Mental Health Consortium (6A); SSHS Needs Assessment (9)	Develop partnerships between schools and behavioral health providers to implement school-based and school-linked interventions for children with behavioral health care needs (6A, 9)		X			X			X
NV ICH Plan (14)	Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness (14)	X	X	X	X	X	X	X	X
SSHS Needs Assessment (9);	Integrate behavioral health and suicide prevention into health and social services outreach programs (9, 18)		X			X			X

Preventing Suicide (18)									
DPBH Needs Assessment (5); ADSD Integration Plan (11)	Make it easier to find treatment resources online (5, 11)	X	X	X	X	X	X	X	X
Behavioral Health Services System (8); NGA Improving Birth Outcomes (12)	Expand access to health care and treatment for women/pregnant women with infants (8,9)			X					X
ADSD Integration Plan (11)	Assist individuals and providers to address behavioral and emotional issues by assessing behavior, analyzing data, creating treatment plans, and supporting treatment implementation (11)	X	X	X	X		X	X	X

Recommendation 2: Enhance collaboration between behavioral health and other systems. Recommendation Sources 6D, 8, 9, 11, 12, 17 and 18		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Behavioral Health Services System (8); SSHS Needs Assessment (9)	Provide cross-training between behavioral health and public health staff to maximize resources and advance knowledge of all services within all programs and staff of DHHS (8)	X	X	X	X		X	X	X
	Create systems and linkages to ensure individuals are connected to both medical and behavioral health services, and facilitate the coordination of care (8)	X	X	X	X		X	X	X
	Train primary care practitioners serving high-risk populations (e.g. OB/GYNs) to identify behavioral health and substance abuse problems and make referrals for treatment (8)	X	X	X	X		X	X	X
	Promote a culture of shared ownership with regional, county and local partners where all staff promotes collaboration, coordination and communication with counties and community-based agencies and between public health workers and behavioral health staff (8, 9)	X	X	X	X	X	X	X	X
	Develop and formalize partnerships that effectively facilitate referrals and transitions across systems so that there truly is no wrong door or point of contact within public agencies and throughout Nevada (8, 9)	X	X	X	X	X	X	X	X
Children's Mental Health Consortium (6D); Behavioral Health Services System (8); ADSD Integration Plan (11); Behavioral	Promote the "no wrong door" mindset, where system partners help families locate and access needed behavioral health services, regardless of which agency is contacted first through a coordinated system of care initiative (6D, 8, 11, 17, 18)	X	X	X	X	X	X	X	X

Health Strategic Initiatives (17); Preventing Suicide (18)									
NGA Improving Birth Outcomes (12)	Collaborate with Nevada's Office of Primary Care to promote access in rural areas (12)	X	X	X	X	X	X	X	X

Recommendation 3: Increase community-based services to develop a comprehensive system of care. Recommendation Sources 6B, 6C, 8, 9, 11, 13 and 14		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Behavioral Health Services System (8); ADSD Integration Plan (11)	Design outreach to reach people in their own settings, e.g. health care (8, 11)	X	X	X	X	X	X	X	X
NGA Prescription Drug Abuse (13)	Identify and make available standard screening tools that can be utilized in various settings such as doctor's office, social service agency, criminal justice settings, etc. (13)	X	X	X	X	X	X	X	X
SSHS Needs Assessment (9); NGA Prescription Drug Abuse (13)	Develop linkages between places where a person is screened and treatment centers with the goal of decreasing barriers to treatment access (9, 13)	X	X	X	X		X	X	X
Children's Mental Health Consortium (6C); SSHS Needs Assessment (9); NV ICH Plan (14)	Enhance capacity to provide community-based treatment and wraparound supports to serve youth and adults locally in a manner that supports safety, stability, and permanency (6C, 9, 14)	X	X	X	X	X	X	X	X
Children's Mental Health Consortium (6B);	Ensure that resources are added to the mobile crisis program to provide adequate clinical supervision and quality of services and are trauma-informed (6B)	X							X

Strategic Initiative #3: Trauma and Justice via Trauma-informed Approach

Focuses on trauma and justice by integrating a trauma-informed approach throughout health, behavioral health, human services, and related systems to reduce the harmful effects of trauma and violence on individuals, families, and communities. This Strategic Initiative will also support the use of innovative strategies to reduce the involvement of individuals with trauma and behavioral health issues in the criminal and juvenile justice systems.

Recommendation 1: Provide community-based intervention and support to address trauma and prevent incarceration. Recommendation Sources 6B, 8, 14, 15 and 17		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Behavioral Health Services System (8)	Link law enforcement, social service providers and emergency responders to crisis intervention teams to identify and provide protection for vulnerable populations, such as victims of violence or abuse with behavioral health or substance abuse problems (8)	X	X	X	X	X	X	X	X
	Establish linkages with community-based entities (including group homes, churches, police, emergency rooms, inpatient facilities, pharmacists, primary care physicians, public housing facilities, senior centers, child care settings, etc.) capable of identifying and referring people in need of services prior to law enforcement involvement (8)	X	X	X	X	X	X	X	X
Children's Mental Health Consortium (6B); NV ICH Strategic Plan (14)	Expand access to intensive care management using a wraparound model for youth with serious emotional disturbance, including those involved with the juvenile justice system and those living with their families and for adults (6B, 14)		X			X			X
Behavioral Health Commission (15)	Develop community-based and community-wide best practices, with an emphasis on Trauma-informed Care (15)	X	X	X	X	X	X	X	X
Behavioral Health Strategic Initiatives (17)	Build community capacity to treat individuals with a history of behavioral health, substance abuse and criminal justice involvement within their home community (17)	X	X	X	X	X	X	X	X

Recommendation 2: Provide community-based treatment and supportive services upon release. Recommendation Sources 8 and 13		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Behavioral Health Services System (8)	Research best practices for working with adjudicated offenders with prescription drug problems (8)	X	X	X	X		X	X	X
NGA Prescription Drug Abuse (13)	Improve screening, assessment and treatment linkage upon jail release (13)	X	X	X	X		X	X	X
Behavioral Health Services System (8)	Establish linkages with community-based entities (including group homes, churches, police, emergency rooms, inpatient facilities, pharmacists, primary care physicians, public housing facilities, senior centers, child care settings, etc.) capable of identifying and referring people in need of services prior to and upon release from a criminal justice setting (8)	X	X	X	X	X	X	X	X

Recommendation 3: Work in partnership with the courts. Recommendation Source 13		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
NGA Prescription Drug Abuse (13)	Work with the specialty courts in the state to establish resources needed to work with prescription drug abusers (13)	X	X	X	X		X	X	X
	Support specialty courts in their provision of prevention activities (13)	X	X	X	X	X	X	X	X
	Engage tribal courts as partners in the process (13)	X	X	X	X		X	X	X
	Develop a continuum of services throughout the system with various partners (for pre, during, and post-adjudication) (13)	X	X	X	X		X	X	X

Strategic Initiative #4 Person-centered Planning and Recover Supports

Emphasizes person-centered planning and promotes partnering with people in recovery and their family members to guide individual, program, and system-level approaches that foster health and resilience; increase housing to support recovery; reduce barriers to employment, education, and other life goals; and secure necessary social supports in their chosen community.

Recommendation 1: Build capacity to ensure a safe and stable living environment. Recommendation Sources 2B, 4, 8, 9, 14, and 17		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Gov. BH & Wellness Report (2B); Behavioral Health Services System (8); NV ICH Strategic Plan (14); Behavioral Health Strategic Initiatives (17)	Develop a continuum of safe, stable community-based housing options to support persons in recovery (8, 14, 17)	X		X	X		X	X	X
	Provide case management services with wraparound supports to help people achieve stability and retain housing once it is obtained (8, 14)	X	X	X	X		X	X	X
	Expand high-intensity case management and housing services for the heaviest users of the most expensive behavioral health services (i.e., ER, jail, and inpatient admissions) (2B, 8)	X							X
Helping Youth Transition to Sufficiency (4); SSHS Needs Assessment (9)	Develop appropriate shelter/housing environments for young adults to provide safe, comfortable spaces that offer recreational and social activities (4, 9)	X	X	X			X		X

Recommendation 2: Prioritize community-based strategies and solutions that enhance the system of care Recommendation Sources 5, 6A, 6C, 8, 9 and 11		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
DPBH Needs Assessment (5); Behavioral Health Gaps Analysis (8); ADSD Integration Plan	Provide individualized life skills training to support the development of interpersonal relationships and leisure activities that foster community connections. (5, 8)	X	X	X	X	X	X	X	X
	Provide life skills support (5, 8, 11)	X	X	X	X	X	X	X	X
Behavioral Health Services System (8); SSHS Needs Assessment (9)	Build the capacity of community-based organizations to provide services to people in need in their communities (8, 9)	X	X	X	X	X	X	X	X
	Provide treatment within an individual's community (8)	X	X	X	X		X	X	X
Children's Mental Health Consortium (6C)	Provide youth with transition support for education, work, and independence (6C, 11)		X			X			X
Children's Mental Health Consortium (6A); ADSD Integration Plan (11)	Expand access to neighborhood-based, financial supports and intensive services to assist individuals with emotional and behavioral concerns in the least restrictive setting (6A, 11)	X	X	X	X		X	X	X
ADSD Integration Plan (11)	Assist staff with skills for addressing behavioral health with consumers and in individual support plans (11)	X	X	X	X		X	X	X

Recommendation 3: Improve discharge planning and transition support. Recommendation Sources 2B, 6C, and 8		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Behavioral Health Services System (8); Gov. BH & Wellness Report (2B)	Ensure that discharge planning addresses housing, medication and basic needs at a minimum (8)	X	X	X	X		X	X	X
	Provide assistance for persons discharged from a facility or to another level of care to make the transition to a safe, stable environment (2B, 8)	X	X	X	X		X	X	X
Children's Mental Health Consortium (6C)	Promote the coordination of formal and informal strategies and resources that support youth and family autonomy in actively managing and finding solutions to fit their needs (6C)	X	X	X	X		X	X	X

Recommendation 4: Promote a peer recovery approach with family support. Recommendation Sources 5, 8 and 13		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Behavioral Health Services System (8)	Promote peer support programs as peers are one of the most influential groups for people with behavioral health issues and provide a "non-treatment" approach most persons prefer. (8)	X	X	X	X		X	X	X
DPBH Needs Assessment (5); Behavioral Health Services System (8); NGA Prescription Drug Abuse (13)	Support faith-based groups, community organizations, and other informal support systems that can help at-risk children and adults maintain their treatment (5, 8, 13)		X			X			X

Strategic Initiative #5 Health Information Technology

Ensures that the behavioral health system fully participates with the general healthcare delivery system in the adoption of health information technology. This includes interoperable electronic health records (EHRs) and the use of other electronic training, assessment, treatment, monitoring, and recovery support tools, to ensure high-quality coordinated and integrated care, improved patient/consumer engagement, and effective prevention and wellness strategies.

Recommendation 1: Strengthen communication and coordination with technology. Recommendation Sources 2B, 8, 11, 13 and 14		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Gov. BH & Wellness Report (2B)	Develop a one-way information portal for family members to facilitate information exchange that doesn't tread on privacy/confidentiality concerns (2B)	X	X	X	X		X		X
Behavioral Health Services System (8); ADSD Integration Plan (11); NGA Prescription Drug Abuse (13); NV ICH Strategic Plan (14)	Create centralized, shared data systems to facilitate access to services; share data on treatment, housing, services and supports; and gather statewide baseline data on prescription drug use, misuse, and abuse in Nevada (8, 11, 13, 14)	X	X	X	X		X	X	X
	Build easy systems to communicate with Medicaid and receive policy updates; implement hub and spokes case management model (13)								X

Recommendation 2: Improve system capacity and quality using existing technology resources Recommendation Sources 6D, 11, and 13		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Children's Mental Health Consortium (6D); ADSD Integration Plan (11)	Strengthen connections with caregivers (via the internet and/or other technologies including social networking and Geo-Mapping) as a method of screening, assessment, and referral that is interactive and family driven (6D, 11)	X	X	X	X		X	X	X
NGA Prescription Drug Abuse (13)	Create a shared financing model supported by an integrated data system where the funding follows the client (e.g., Milwaukee wraparound model) (13)	X	X	X	X		X	X	X

Recommendation 3: Develop standards of data collection for performance measures and continuity across systems. Recommendation Sources 2B, 8, 9, 11, 13		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Gov. BH & Wellness Report (2B); NGA Prescription Drug Abuse (13)	Create a state registry of treatment capacity/open slots, including inpatient psychiatric bed availability, throughout the State; leverage Homeless Management Information System (HMIS) platform to create a state registry (2B, 13)								X
Behavioral Health Services System (8); ADSD Integration Plan (11); NV ICH Strategic Plan (14)	Develop data collection standards across systems within DHHS (8, 11, 14)								X
	Use technology to provide training and promote evidence-based practices within the system of care (8, 11)								X
	Collect and report data uniformly across services and within DPBH using one shared data system. Use data to make decisions about how future resources are allocated (8)								X
SSHS Needs Assessment (9); NGA Prescription Drug Abuse (13)	Leverage mobile technologies for screening (9, 13)								X
	Develop a plan to collect and house data related to prescription drug use, misuse, and abuse; and utilize data to inform policy and funding decisions as well as to develop outcome measures for prevention and treatment efforts in the state (13)								X

Strategic Initiative #6 Workforce Development

Supports active strategies to strengthen the behavioral health workforce. Through technical assistance, training, and focused programs, the initiative will promote an integrated, aligned, competent workforce that:

- → enhances the availability of prevention and treatment for substance abuse and mental illness;
- → strengthens the capabilities of behavioral health professionals; and
- → promotes the infrastructure of health systems to deliver competent, organized behavioral health services.

Recommendation 1: Increase the number and quality of behavioral health professionals in Nevada. Recommendation Sources 1, 2B, 3, 9, 11, 16 and 17		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
UNLV Workforce Development Report (1)	Develop a Behavioral Health Training Academy that advances research, training, and delivery of behavioral health services (1)								X
UNLV Workforce	Collaborate with Nevada System of Higher Education (NSHE) and other Health Professional Training								X

Recommendation 1: Increase the number and quality of behavioral health professionals in Nevada. Recommendation Sources 1, 2B, 3, 9, 11, 16 and 17		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Development Report (1); Gov. BH & Wellness Report (2B); UNLV Mental and Behavioral Health Workforce (3); Behavioral Health Strategic Initiatives (17)	institutions to expand program capacity and incentivize students to pursue health care careers in Nevada (1, 2B, 3, 17)								
	Create a peer training program that certifies peer agencies (2B)								X
	Create a link on the DHHS website with contacts to assist applicants (3)								X
UNLV Mental and Behavioral Health Workforce (3); SSHS Needs Assessment (9); ADSD Integration Plan (11)	Increase residency slots, internships, practica, fellowships, and other training slots for psychiatrists and other behavioral health professionals (3, 9, 11)								X
	Maximize use of advanced practice registered nurses as independent providers (11)								X
Guinn Report on MH Workforce Shortage (16)	Evaluate joining interstate compacts in medicine, nursing, and psychology to improve recruitment from other states, which could facilitate the use of tele-health to help meet needs in underserved areas (16)								X

Recommendation 2: Remove barriers to behavioral health professional licensure and certification. Recommendation Sources 3, 9, and 15		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
UNLV Mental and Behavioral Health Workforce (3); SSHS Needs Assessment (9)	Establish online FAQs on all licensure websites and provide outreach to training programs to educate students about requirements and processes (3)								X
	Expand scope of telehealth for both practice and supervision (3, 9)								X
	Expand supervision opportunities in underserved clinical settings (3)								X

Recommendation 2: Remove barriers to behavioral health professional licensure and certification. Recommendation Sources 3, 9, and 15		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
Behavioral Health Commission (15)	Increase low cost trainings for Nevada's providers to ensure that they are able to maintain their licensure and improve standards of care (15)								X

Recommendation 3: Improve retention of behavioral health professionals in Nevada's workforce. Recommendation Sources 1, 2B, and 3		SMI	SED	PWWDC	HIV-EIS	PP	IVDU	TB	Other
UNLV Workforce Development Report (1); UNLV Mental and Behavioral Health Workforce (3)	Work with federal and state partners to improve access to loan repayment and scholarship funds (1, 3)								X
Gov. BH and Wellness Report (2B); UNLV Mental and Behavioral Health Workforce (3)	Create reimbursable post-doctoral fellowships (2B, 3)								X
	Provide pay incentives for additional board certifications (e.g., child psychiatry) (2B, 3)								X

6.5 Policy or Regulatory Recommendations

The following recommendations were identified in the reports used for the meta-analysis but relate to policy or regulations that fall outside the scope of an Advisory body's influence. Therefore, while not included in recommendations to establish priorities, they are provided to offer a more complete picture of the breadth of issues of concern for stakeholders who provided input into the various reports and planning processes.

A. Establish standards for access to assessment that promote prevention and intervention rather than delaying access until an individual reaches crisis status (8, 9, 11)
B. Expedite implementation of the hospital presumptive eligibility program and expand presumptive eligibility approaches to improve early access to community-based care for children with behavioral health crises (6B)
C. Allow emergency medical personnel to make triage decisions regarding behavioral health crises, and stop requiring them to transport people to emergency departments (2B)
D. Change the Legal 2000 process to provide reimbursable hospital beds for all individuals with behavioral health disorders in crises requiring hospitalization (2B, 17)
E. Establish Medicaid eligibility for persons leaving jail or juvenile justice facilities (2B)
F. Develop a statewide plan between the specialty courts, Parole and Probation, Juvenile Justice, and treatment agencies to ensure that treatment is available for offenders while incarcerated and afterward (13)
G. Address issue of Medicaid termination upon incarceration (13)
H. Establish uniform pre-trial assessment tools (13)
I. Pursue certification of and Medicaid reimbursement for peer services (2B)
J. Approve Medicaid reimbursement for telepsychiatry and primary care provider consultation services (2B)
K. Explore establishing a state compact related to telehealth (12)
L. Broaden telemedicine policies for urban areas (12)
M. Evaluate recruiting incentives such as signing bonuses or reimbursement of moving expenses for the positions that are most difficult to fill (11)
N. Work with licensing boards to identify constraints and review financial assistance and other supports for licensing and certification (3, 15, 17)
O. Develop transparent processes for employers to collaborate on validation of core competencies and clinical expertise to provide support for out-of-state applicants (3)
P. Establish interstate licensing reciprocity for behavioral health professionals (2B, 12, 13, 16)
Q. Create a uniform 30-day timeline to consider applications from behavioral health professionals licensed in other states (16)
R. Advertise loan forgiveness in underserved areas (1)
S. Work with state and federal partners to review reimbursement rates and billable categories for behavioral health care (1, 3, 16)