



Nevada's Behavioral Health Community Integration Strategic Plan

STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health

Plan Summary - January 1, 2023

In June of 2022, the Nation celebrated the 23rd year since the Olmstead ruling. Through the Olmstead lawsuit, the Supreme Court interpreted the Americans with Disabilities Act and found that unnecessary segregation of people with disabilities is unlawful and upheld that people with disabilities have a right to live and receive services in the most integrated setting appropriate.

In 2018, Nevada developed a Behavioral Health Community Integration (BHCI) Strategic Plan to guide system improvements. In alignment with the Department of Health and Human Services (DHHS), the mission of the BHCI Plan 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. Since the 2018 Plan was developed, many improvements and system changes have taken place. Yet, considerable work is still required to reach this vision. Under the direction of DHHS, the Division of Public and Behavioral Health convened a cross-agency Steering Committee to update the 2018 BHCI Plan, concluding this work at the end of 2022.

The resulting 2023 BHCI Plan is informed by existing plans, state experts, and peer-reviewed publications. It documents progress made and sets forward important strategies to strengthen the systems and supports for people with behavioral health disabilities to live and receive services in integrated, community-based settings that reflect their choices.

The term *behavioral health disabilities* is used as an umbrella term that encompasses both mental health and substance use disorders, including severe emotional disturbance (SED) or serious mental illness (SMI). People with developmental or intellectual disabilities often have co-occurring behavioral health disabilities.

DHHS principles guide the Plan, with the additional principle of equity added by the BHCI Steering Committee. Achieving health equity—in which individuals have a fair and just opportunity to attain their highest levels of health—is an important aspect of the Plan. Individuals with behavioral health disabilities often face challenges reaching their highest levels of health, and this issue is only compounded when they are also part of other groups who face

current and historical barriers to health equity. A key path to achieving equity involves engaging individuals and families impacted by behavioral health disabilities, elevating their voice, and ensuring they have opportunities for meaningful input related to planning, designing, and improving systems.

Recognizing that individuals, agencies, and organizations are working to strengthen Nevada's systems for behavioral health, the Plan is intended to unite divisions, departments, organizations, and providers toward a shared strategic direction.

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
- **Equity:** Systems and services will center the priorities of people with diverse backgrounds and identities and include marginalized and under-represented groups in planning, strategies, and resource allocation toward equitable outcomes.

Plan Goals

The Plan works toward the following goals for all Nevadans.

1. Ensure there is a continuum of high-quality support and care so individuals can attain or maintain stability, recovery, and resilience.
2. Ensure individuals have equitable access to appropriate, timely services in the most integrated setting based on their plan for self-determination.
3. Ensure that systems and services prevent inappropriate incarceration, hospitalization, institutionalization, or placement.

To accomplish these goals, the Plan identified specific strategies under four system levers that are critical to Plan success. System issues are beyond the direct scope of any one agency and require cross-sector, cross-agency attention. Improvements to these system issues also have impacts beyond behavioral health.

- A. Workforce Development and Sufficient Provider Network
- B. Sustainable Funding and Reimbursement
- C. Authority, Oversight, and Coordination
- D. Prevention and Upstream Interventions

The Plan is intended to improve systems and support across the lifespan. Three sections of the Plan are dedicated to the issues and strategies relevant to specific age groups.

Priorities for Children, Youth, and their Families

The Priorities for Children and Youth section of the Plan describes issues and strategies for:

- A. Accessible Community-Based Services
- B. Appropriate Diversion from Institutional Settings
- C. Transitions Back to the Community from Institutional Settings

Priority for Young Adults in Transition

This priority highlights the challenges faced by individuals who must navigate the transition from child-serving to adult-serving systems. The Priority for Young Adults in Transition section of the Plan describes issues and strategies for:

- A. Coordinated Transitions between Child and Adult-Serving Systems Paired with Specialty Services and Supports

Priorities for Adults

Building from the 2018 Plan, the priorities for adults were confirmed with additions of Access to Early Serious Mental Illness Services and Transportation. The Priorities for Adults section of the Plan describes issues and strategies for:

- A. Access to a Crisis Continuum
- B. Access to Early Serious Mental Illness Services
- C. Assertive Community Treatment Services
- D. Supportive Housing
- E. Transportation
- F. Deflection and Diversion from Criminal Justice Systems

All sections and priorities include description of strengths and gaps. Strategies to advance BHCI are summarized in the following pages, with more detail in the full 2023 BHCI Plan.

The BHCI Plan is intended to guide the period from 2023–2026 and should be updated in 2026 or sooner, should there be considerable shifts in the context for BHCI implementation.

Summary of Strategies for System Priorities

A. Workforce Development and Sufficient Provider Network

1. Elevate and support the efforts of the Nevada Healthcare Workforce and Pipeline Development Workgroup.
2. Consider adopting models used by other states—such as Nebraska’s Behavioral Health Education Center—to pursue and monitor workforce goals
3. Continue to expand efforts to support primary care providers, who can serve as critical behavioral health workforce extenders.
4. Recruit, support, and retain a diverse workforce, inclusive of race/ethnicity, culture, language, and other dimensions of identity and experience.
5. Modify Medicaid’s State Plan to allow community health workers to work under behavioral health providers.
6. Adjust Medicaid rules and procedures to facilitate increased participation from behavioral health providers.
7. Explore other options for expanding the workforce that can serve individual with behavioral health disabilities.
8. Improve access to and routinely analyze high-quality workforce data.
9. Expand student loan repayments.
10. Increase salaries of clinical staff and higher education faculty to be more competitive.

B. Sustainable Funding and Reimbursement

1. Increase efforts to leverage federal Medicaid funding as a key path to sustainability.
2. Explore feasibility and appropriateness of all Medicaid authorities.
3. Ensure that Medicaid reimbursement rates and policies support providers in performing necessary behavioral health services.
4. Fully fund and certify all CCBHCs, including those currently funded by SAMHSA.
5. Monitor the proportion of behavioral health expenditures dedicated to community-based, rather than institutional care to ensure that Nevada is prioritizing the former.
6. Consider reinvesting resources saved through diversion and deflection from criminal and juvenile justice settings to community-based behavioral health services
7. Leverage Title IV-E funding to expand services for children in foster care and those at risk of removal.
8. Operationalize enforcement of Nevada’s 2021 law regarding mental health parity for health care insurers
9. Through SUPPORT Act Planning Grant, continue improvement and awareness of substance use treatment and expansion of services through the 1115 demonstration waiver.

C. Authority, Oversight, and Coordination

1. Establish a single Nevada Behavioral Health Authority to ensure clear lines of leadership, oversight, and accountability
2. Create a DHHS oversight body for community integration that is responsible for reviewing progress for this BHCI Plan across all division.

3. Continue development and expansion of the Children’s System of Care.
4. Exercise robust oversight of community-based providers.
5. Exercise robust oversight and quality assurance in institutional settings.
6. Elevate family choice and voice within the Behavioral Health Authority governance structure, ensuring opportunities for meaningful input related to planning, designing, and improving systems.
7. Continue work toward universal screenings and assessments for behavioral health.
8. Improve the process for making and tracking SMI/SED determinations.

D. Prevention and Upstream Interventions

1. Invest in early intervention.
2. Continue investment in Nevada’s Multi-Tiered Systems of Support and Social-Emotional Learning in all K–12 schools.
3. Increase support for families.
4. Increase the number of people trained to offer trauma-informed approaches across sectors and over the lifespan.
5. Attend to social determinants of health and their roles in both prevention and promotion.
6. Expand culturally relevant strategies, co-designed by and for communities.

Summary of Strategies for Children, Youth, and their Families

A. Accessible Community-Based Services

1. Continue to stand up the array of essential community-based services.
2. Expand the use of behavioral health screening and assessment tools across settings.
3. Set up high quality residential treatment to bring Nevada beds to national standards.
4. Use authority and oversight to ensure that services and supports for children and youth are evidence-based whenever possible.
5. Strengthen pathways for engaging the voices of children and their families in program planning and improvements.
6. Develop training and certification for family peer support providers and include these services in Medicaid's service array.
7. Expand resources for early intervention by further integrating behavioral health into primary care.
8. Improve mobile crisis response and stabilization to meet the needs of children and their families, which differ from the needs of adults.
9. Continue and expand collaboration for integration across settings.
10. Based on input from families that have navigated systems, work to address and take down barriers to service access.
11. Work toward integrated data systems and data sharing agreements among child-serving agencies.
12. Continue to develop and expand evidence-based practices for services to youth in foster care through the FFPSA and Title IV-E Plan.

B. Appropriate Diversion from Institutional Settings

1. Provide oversight and management to properly assess children and youth at risk of being institutionalized.
2. Support emerging crisis response and stabilization services, with attention to national best practices for children and youth.
3. Provide oversight to routinely and systematically assess why children are placed under institutional care to prevent future unnecessary placements.
4. Periodically assess the sufficiency of Nevada's PRTF capacity.
5. Engage juvenile justice partners to deflect and divert children with behavioral health issues into more appropriate settings.

C. Transitions Back to the Community from Institutional Settings

1. Ensure successful discharge planning.
2. Establish policies and procedures for meaningfully including children and their families into discharge and transition planning.
3. Oversee quality assurance in any institutional setting that provides behavioral health services.
4. Follow up with children with recent discharges to verify they are receiving appropriate community-based services.
5. Reimburse community-based providers for engaging in the discharge planning of their patients from institutional settings.
6. Track and measure progress related to child and youth transitions to the community.

Summary of Strategies for Young Adults in Transition

A. Coordinated Transitions between Child and Adult-Serving Systems Paired with Specialty Services and Supports

1. Establish a well-coordinated inter-agency plan to address Nevada's bifurcated systems.
2. Implement specialty mental health teams.
3. Create more opportunities for independent living.
4. Expand the authority of children's MCTs to serve young adults in transition.
5. Create drop-in centers tailored to young adults in transition.
6. Consider policy changes to allow child-serving systems to serve individuals into their early twenties.
7. Support young adults in transition with community engagement and competitive integrated employment.
8. Continue implementing a virtual Intensive Outpatient Program targeting young adults in transition in rural areas.

Summary of Strategies for Adults

A. Access to a Crisis Continuum

1. Implement a Call Center Hub.
2. Complete the Mobile Crisis Planning Grant and implement designated MCTs.
3. Implement crisis stabilization units (CSUs).
4. Implement all CRS services in accordance with the National Guidelines.
5. Utilize National Guidelines for Children and Youth to ensure that children's MCTs and CSUs are tailored according to best practices.
6. Establish and use authority and oversight to ensure services and supports for children, youth, and adults are aligned with evidence-based practices.
7. Establish clear protocols for post-crisis follow-up care.
8. Ensure resources are available for referrals to persons in crisis.

B. Access to Early Serious Mental Illness Services

1. Develop sustainable funding mechanisms via Medicaid and other payers to maintain and expand ESMI services in Nevada.
2. Ensure rural areas statewide have access to ESMI services.
3. Expand eligibility for ESMI services in terms of diagnostic categories of mental illness.

C. Assertive Community Treatment Services

1. Pursue sustainable funding for ACT services via Medicaid and other insurers.
2. Ensure adequate reimbursement for all ACT teams statewide.
3. Tailor the ACT model to ensure availability of ACT services statewide, including in rural areas.

D. Supportive Housing

1. Define and begin building a statewide supportive housing initiative.
2. Leverage Medicaid, as well as other tools, to sustainably finance the required supports and services that individuals with behavioral health disabilities required to maintain independent living in the community.
3. Develop appropriate incentives for developers to target lower income levels.
4. Implement appropriate preferences to support Olmstead efforts.
5. Explore opportunities to engage a SOAR coordinator for Nevada, connecting individuals facing homelessness to SSI/SSDI income supports and benefits.

E. Transportation

1. Assess the extent to which the new Medicaid service, Non-Emergency Secure Behavioral Health Transports, improved access to behavioral health services.
2. Determine what transportation-related barriers remain for individuals and families facing behavioral health disabilities and how best to address them.

F. Deflection and Diversion from Criminal Justice Systems

1. Continue implementation of the Sequential Intercept Model across all intercepts.
2. Develop data systems to be able to routinely monitor successes and challenges with Sequential Intercept Model implementation.
3. Assess the impact of NRS 176A.7 and expand the associated programs and interventions that have had the most impact.
4. Expand statewide agreements through a summit on behavioral health in justice settings.
5. Strengthen systems of support for people post-release.
6. Review the degree to which the application of cultural competence and cultural safety guidance has been effective.
7. Consider a pilot and related study to determine if trauma-informed approaches in Nevada jails and prisons can improve outcomes for people with SMI.

The 2023 BHCI Plan is the work of many people who contributed time, information, and expertise. The Nevada Department of Health and Human Services' Division of Public and Behavioral Health would like to recognize the Core Team, Steering Committee, and Subject Matter Experts that provided information, guidance, and important perspectives.

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Access to the full 2023 BHCI Plan is available at www.socialent.com.