



## DHHS OLMSTEAD/ADSD STRATEGIC PLAN

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### AGENDA

- Overview of ADA and Olmstead
- Present key points from ADSD Strategic Plan
- Present DPBH approach
- Review objectives and strategies
- Discussion
- Recommendations



## OVERVIEW OF THE AMERICANS WITH DISABILITIES ACT AND *OLMSTEAD* DECISION

## BACKGROUND AND LEGAL BASIS: AMERICANS WITH DISABILITIES ACT

- In 1990, the Americans with Disabilities Act (ADA) was enacted into law to provide “a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities.”
- The ADA—along with the 1988 Amendments to the Fair Housing Act—expanded key civil rights protections to people with disabilities.
- Title II of the ADA applies to states, including local governments.



## EXCERPT FROM ADA SECTION 2 FINDINGS AND PURPOSES

“...individuals with disabilities are a **discrete and insular minority ... subjected to a history of purposeful unequal treatment**, and relegated to a position of political powerlessness in our society ... **resulting from stereotypic assumptions** not truly indicative of the individual ability of such individuals to participate in, and contribute to, society; ... the **Nation’s proper goals regarding individuals with disabilities are to assure equality of opportunity, full participation, independent living, and economic self-sufficiency...**”



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## THE ADA INCLUDES AN “INTEGRATION MANDATE”

**ADA Title II:** “No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.”  
42 U.S.C. § 12132.7

**The integration mandate:** (U.S. Department of Justice [DOJ] regulation): “Persons with disabilities must receive services in the most integrated setting appropriate to their needs.” 28 C.F.R. § 35.130(d)



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## REQUIREMENTS AND BEST PRACTICES FOR *OLMSTEAD* PLANS

“A comprehensive, effectively working plan must do more than provide vague assurances of future integrated options ...

Instead, it must reflect an analysis of the extent to which the public entity is providing services in the most integrated setting and must contain **concrete and reliable commitments** to expand integrated opportunities.

The plan must have **specific and reasonable timeframes** and **measurable goals** for which the public entity may be held accountable, and there must be **funding to support the plan**, which may come from reallocating existing service dollars....To be effective, the plan must have **demonstrated success** in actually moving individuals to integrated settings in accordance with the plan.”

Statement of the DOJ on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.*



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## KEY STAKEHOLDERS WHEN DEVELOPING A SYSTEM FOR SERVING PEOPLE IN THE COMMUNITY

- People with disabilities and their families
- Advocates who work with and on behalf of people with disabilities
- Service providers
- State Medicaid agencies
- Additional state agencies that play a role in overseeing the system for serving people with disabilities



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## Today's *Olmstead* Advocacy Agenda

- Access to services and supports that reduce the risk of segregation and level the playing field
- Ensuring meaningful community integration
- Demonstrating that this can be achieved without fundamental alterations or an undue financial burden



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### KEY PRINCIPLES OF COMMUNITY INTEGRATION (ENDORSED BY 28 NATIONAL DISABILITY ADVOCACY GROUPS)

- Individuals with disabilities should have the opportunity to live like people without disabilities. Individuals with disabilities should have control over their own day, including which job or educational or leisure activities they pursue.
- Individuals with disabilities should have control over where and how they live, including the opportunity to live in their own apartment or home. Living situations that require conformity to a collective schedule or that restrict personal activities limit the right to choose.



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## OVERVIEW OF ADSD PLAN

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# ADSD Strategic Orientation For Planning



- Premised on the need for integration of services
- This means a seamless, person/family-centered delivery system beginning with assessment, care coordination, treatment/supports and accountability
- The goals in ADSD's plan are predicated on this design



# Mission



*The mission of this plan is to ensure that Nevadans have the opportunity to achieve optimal quality of life in the community of their choice.*



# Purpose



- For use throughout DHHS
- Builds upon previously adopted strategic plans in Nevada
- Inclusive rather than focusing on exclusive subpopulations



# Purpose



- Assumes that communities throughout the state benefit from the people that reside in the community, offering diversity and a richness of experience
- Provides innovative solutions to solve gaps that are a result of the current state structure
- No Wrong Door approach streamlining access to information, services and supports for people of all ages, incomes and abilities



# 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 a part of their community
- **Quality:** Services and supports achieve desired person-centered outcomes
- **Sustainability:** Services and supports can be delivered over the long term so individuals can be self-sufficient





# Goals

## 1. Strong, Supportive Systems

- Fund and implement an integrated, high-quality, person-centered service delivery system



# Goals

## 2. Access and Engagement

- Facilitate timely, responsive services to achieve person-directed goals



# Goals

## 3. Meaningful Community Integration

- Increase opportunities and supports that promote social connection and enhance self-determination and personal dignity



# Goals

## 4. Strengthening Other Systems to Address Barriers

- Expand systems and supports to ensure that older adults and persons with disabilities have the opportunity to achieve optimal quality of life in the community of their choice



# Goals

## 5. Accountability

- Establish and report on Nevada's progress to implement an integrated, high quality, person-centered service delivery culture across systems throughout the state with measurable indicators and outcomes that address the unmet need for services
- Use data to drive quality improvement and decision making regarding resource allocation and policy within the state to meet the needs of Nevadans while upholding guiding principles and ensuring accountability for the implementation of the plan



## RESULT

**Meaningful Community Integration  
And  
Quality of Life**

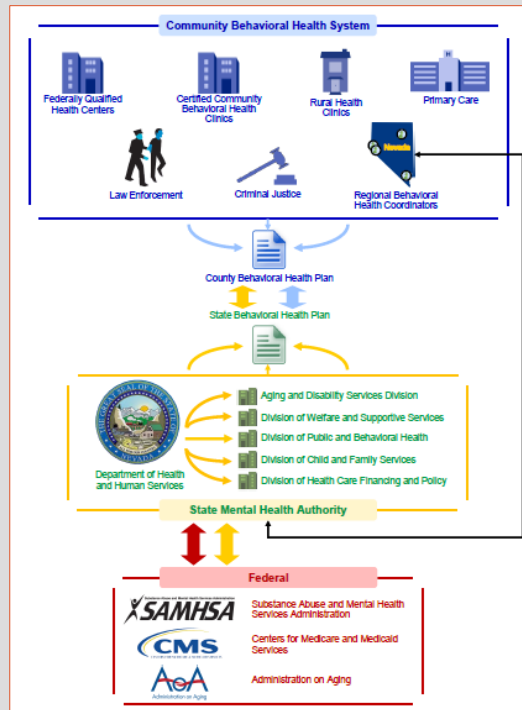
# OVERVIEW OF DPBH PLANNING PROCESS

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## DPBH PLANNING STRUCTURE

### PLANNING STRUCTURE





## DPBH SYSTEM GOALS

The following system goals were identified during the July 2017 planning meeting:

- **System Goal 1: Ensure there is a continuum of high quality recovery support and care**
- **System Goal 2: Develop a cross-division collaboration/framework to determine processes and prioritize key categories for planning adult and youth services**



## KEY CATEGORY ACTIVITY AREAS

1. **Direct Services**
2. **Supportive Services**
3. Institutional Facilities
4. Early Intervention/Diversion Services
5. **Data and Quality Management\***

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



## VALIDATION OF KEY CATEGORIES FOR PLANNING - ADULT

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. <b>Assertive Community Treatment Services</b></li> <li>2. <b>Crisis services</b></li> <li>3. <b>Peer-delivered services</b></li> <li>4. <b>Supported housing</b></li> <li>5. <b>Supported employment services</b></li> <li>6. <b>Habilitation services</b></li> <li>7. SMHA discharges and linkages to services</li> <li>8. Acute psychiatric care discharges</li> </ol> | <p>and linkages to services</p> <ol style="list-style-type: none"> <li>9. Residential Treatment Facility discharges</li> <li>10. Emergency department services</li> <li>11. Criminal Justice diversion</li> <li>12. <b>Quality and performance improvement</b></li> <li>13. <b>Data reporting.*</b></li> </ol> <p><b>*Mandatory Areas for Measuring and Monitoring Compliance</b></p> |
|--|---|



## VALIDATION OF KEY CATEGORIES FOR PLANNING - YOUTH

1. **Transitional Age Youth Services**
  2. **Crisis services**
  3. **PHP, IOP, Day Treatment**
  4. **Respite**
  5. **Family to Family**
  6. **Habilitation Services**
  7. SMHA discharges and linkages to services
  8. Acute psychiatric care discharges and linkages to services
  9. Residential Treatment Facility Treatment Capacity, discharges and linkages to services
  10. Emergency department services
  11. Juvenile Justice diversion
  12. **Quality and performance improvement**
  13. **Data reporting\***
- \*Mandatory Areas for Measuring and Monitoring Compliance**



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 1, OBJ. 1.1

**System Goal 1: Ensure there is a continuum of high quality recovery support and care.**

**Objective 1.1: Improve availability of high quality recovery support and care.**

- **1.1.1. Strategy:** Build local capacity across the regions, and provide opportunities for collaboration.
- **1.1.2. Strategy:** Implement evidence based best practices for behavioral health.
  - Example: Community providers to provide services, with the State Mental Health Authority (SMHA) to provide oversight, training, and technical assistance



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 1, OBJ. 1.2

**System Goal 1: Ensure there is a continuum of high quality recovery support and care.**

**Objective 1.2: Improve access to high quality recovery support and care.**

- 1.2.1 Strategy: Provide linkages, recovery support, and coordinated care.
- 1.2.2 Strategy: Assure a comprehensive system of service provision through access to technical assistance and information for local agencies/providers (i.e., funding peer-to-peer training and support).
- 1.2.3 Strategy: Support the voucher programs and evaluate if the shelter plus care vouchers have a place within the state.



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 1, OBJ. 1.2 CONT.

**System Goal 1: Ensure there is a continuum of high quality recovery support and care.**

**Objective 1.2: Improve access to high quality recovery support and care.**

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





## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 1, OBJ. 1.3

**System Goal 1: Ensure there is a continuum of high quality recovery support and care.**

**Objective 1.3: Improve participation in high quality recovery support and care.**

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



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 2, OBJ. 2.1

**System Goal 2: Develop a cross-division collaboration/ framework to determine processes and prioritize key categories for planning adult and youth services.**

**Objective 2.1: Implement the statewide framework for key categories for adult and youth services.**

- 2.1.1 Strategy: Coordinate efforts to build budgets so that rates are pursued in an organized fashion.
- 2.1.2 Strategy: Implement the standardized definition of behavioral health/serious mental illness (SMI)/serious emotional disorder (SED) across DHHS, among providers and SMHA in Nevada.
- 2.1.3 Strategy: Revise SMI determination throughout DHHS.



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 2, OBJ. 2.1 CONT.

**System Goal 2: Develop a cross-division collaboration/ framework to determine processes and prioritize key categories for planning adult and youth services.**

**Objective 2.1: Implement the statewide framework for key categories for adult and youth services.**

- **2.1.4 Strategy:** Deconstruct and rebuild the state system to address community needs, include a No Wrong Door (NWD) approach, and establish assessment centers.
- **2.1.5 Strategy:** Work with FQHCs to build a comprehensive model for high acuity patients in which the FQHC defines the service package and informs Medicaid of what needs to be included in managed care contracts.



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 2, OBJ. 2.2

**System Goal 2: Develop a cross-division collaboration/ framework to determine processes and prioritize key categories for planning adult and youth services.**

**Objective 2.2: Ensure, fund, and regulate services to support the statewide framework.**

**Ensure:**

- **2.2.1 Strategy:** Create working groups to address portions of planning and ensure that the State Behavioral Health Plan aligns with the counties' plans.
- **2.2.2 Strategy:** Ensure that the funding for the regional BHC positions are included in grants.
- **2.2.3 Strategy:** Provide a workshop for community providers to inform them of how statewide funding is administered.



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 2, OBJ. 2.2 CONT.

**System Goal 2: Develop a cross-division collaboration/ framework to determine processes and prioritize key categories for planning adult and youth services.**

**Objective 2.2: Ensure, fund, and regulate services to support the statewide framework.**

**Ensure:**

- 2.2.4 Strategy: Create sustainability plans for all sources of funding.
- 2.2.5 Strategy: Provide supports-based budgeting.
- 2.2.6 Strategy: Ensure there are reminders to institutions to bill Medicaid.
- 2.2.7 Strategy: Ensure that certifications for services are billable.



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 2, OBJ. 2.2 CONT.

**System Goal 2: Develop a cross-division collaboration/ framework to determine processes and prioritize key categories for planning adult and youth services.**

**Objective 2.2: Ensure, fund, and regulate services to support the statewide framework.**

**Fund:**

- 2.2.8 Strategy: Fund managed care, coverage options, and ensure accountability among contractors and providers.
- 2.2.9 Strategy: Fund Intensive Case Management (ICM).
- 2.2.10 Strategy: Fund behavioral health as continuum of services that provides low-barrier housing and wraparound services.
- 2.2.11 Strategy: Provide funding for Block Grants which will allow for community innovation.
- 2.2.12 Strategy: Fund additional positions in Medicaid as they have limited staff and are not able to address all the issues.



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 2, OBJ. 2.2 CONT.

**System Goal 2: Develop a cross-division collaboration/ framework to determine processes and prioritize key categories for planning adult and youth services.**

**Objective 2.2: Ensure, fund, and regulate services to support the statewide framework.**

**Fund:**

- 2.2.13 Strategy: Fund initiatives such as Certified Community Behavioral Health Centers (CCBHC), FQHC, opioid treatment, and increase Screening, Brief Intervention, and Referral to Treatment (SBIRT), which can address regional issues.
- 2.2.14 Strategy: Provide funding for additional options so that consumers are empowered.
- 2.2.15 Strategy: Include SMI or housing as a funding source.
- 2.2.16 Strategy: Identify additional sources of funding to sustain the SOAR Coordinator position.



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 2, OBJ. 2.2 CONT.

**System Goal 2: Develop a cross-division collaboration/ framework to determine processes and prioritize key categories for planning adult and youth services.**

**Objective 2.2: Ensure, fund, and regulate services to support the statewide framework.**

**Regulate:**

- 2.2.17 Strategy: Reduce barriers in regulatory rules as they can be prohibitive.
- 2.2.18 Strategy: Oversee contracting, accountability, and flexibility for innovation in systems which will allow access to other funding.
- 2.2.19 Strategy: Consolidate regulatory efforts, identify a regulating body, and provide guidance on regulations and program outcome reporting.
- 2.2.20 Strategy: Include licensing boards in regulating behavioral health to remove barriers.



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 2, OBJ. 2.3

**System Goal 2: Develop a cross-division collaboration/ framework to determine processes and prioritize key categories for planning adult and youth services.**

**Objective 2.3: Support providers in implementing statewide framework for key categories for adult and youth services.**

- **2.3.1 Strategy:** Explore options for behavioral health grants to support efforts Medicaid is doing to provide education and technical assistance.
- **2.3.2 Strategy:** Provide education to providers, streamline processes, and engage stakeholders throughout the critical activities.
- **2.3.3 Strategy:** Educate clinicians and providers on assessments to determine the level of care that should be provided.



## REVIEW DRAFT OBJECTIVES AND STRATEGIES: GOAL 2, OBJ. 2.3 CONT.

**System Goal 2: Develop a cross-division collaboration/ framework to determine processes and prioritize key categories for planning adult and youth services.**

**Objective 2.3: Support providers in implementing statewide framework for key categories for adult and youth services.**

- **2.3.4 Strategy:** Implement No Wrong Door (NWD) to act as an overarching system with self-assessment that will present eligible programs to clients.
- **2.3.5 Strategy:** Centralize data collection into on system, and consult community partners to ensure their data needs are addressed.
- **2.3.6 Strategy:** Ensure there is communication and coordination between the state, counties, and communities.



## UNDERSTANDING RISK: SETTINGS FOR RISK ASSESSMENT

- State psychiatric hospitals
- Nursing homes
- Adult Care homes and other congregate living settings
- Residential treatment centers
- Jails and prisons
- Individuals in the community at risk of unnecessary institutionalization



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## DISCUSSION AND RECOMMENDATIONS

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