The Forum Policy Brief: Spotlight on State Innovation

How Nevada Leveraged Medicaid for Community-Based Youth Mental Health Services

JULY 2023

the forum FOR YOUTH INVESTMENT

BOYS & GIRLS CLUBS OF AMERICA

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the forum FOR YOUTH INVESTMENT

About the Forum for Youth Investment

The Forum for Youth Investment is a national "action tank" with the mission of advancing equitable youth opportunities and outcomes through quality capacity building and policy action across systems and sectors. Our vision is that all young people reach their fullest potential – in education, work, and life.

OUR STRATEGY

Our work is guided by our 2023-2028 Strategic Plan—Stronger Systems, Stronger Youth—and anchored in our vision that all young people reach their fullest potential in education, work, and life. By focusing on quality capacity building and policy action across systems and sectors, the Forum connects leaders in youth development to the resources and services they need to create equitable opportunities and outcomes for all young people.

Our core priorities throughout the next five years will be focused in three broad areas:

1. **Strengthen Programs:** Improving program quality in youth development systems, leveraging continuous quality improvement tools, resources, and frameworks along with research and evaluation.

2. **Support System Leaders & Practitioners:** Building practitioner and system leader capacity; providing consultation, training, and technical assistance; and co-designing innovative solutions that support positive youth development.

3. **Shape Policy:** Convening the youth development ecosystem to shape policy, identifying gaps and building relationships to advance a youth policy agenda.

Shareable Abstract: A State and Local Nonprofit Innovation

A partnership between the Nevada Department of Health and Human Services and the Boys & Girls Clubs of Southern Nevada. This partnership offers a roadmap for other state systems leaders to establish and sustain effective mental and behavioral health supports for young people, through trusted positive youth development settings.

Acknowledgements

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Summary

In Nevada, as the global pandemic took a toll on young people's mental health, state and nonprofit leaders collaborated to use federal COVID-19 relief funds to quickly launch an effective intervention through trusted youth development settings and fast-track the process of Medicaid credentialing and diversified funding to sustain these supports in the long term.

This policy brief offers actionable lessons for state policymakers to replicate this model across jurisdictions and service delivery models, sustaining effective supports for young people as our nation emerges from the public health emergency of the COVID-19 pandemic.

Background: The Essential Role of Medicaid, CHIP, and other Federal Investments for Youth Mental Health

Across the United States, young people are facing a well-documented mental and behavioral health crisis in the wake of the global COVID-19 pandemic. In its Protecting Youth Mental Health Advisory,[1] the U.S. Surgeon General identifies "a national emergency in child and adolescent mental health" evidenced by significant increases in rates of anxiety, depression, and other psychological health disorders among youth. The Advisory notes that this harm is especially acute for youth who were already experiencing disproportionate rates of mental health distress before the pandemic, including youth of color, Indigenous youth, LGBTQ+ youth, those involved with the justice and child welfare systems, low-income youth, and youth in rural areas.

For millions of children and youth, two programs—Medicaid and the Children's Health Insurance Program (CHIP)—provide essential health care coverage. Medicaid provides health and behavioral care coverage to low-income adults, children, pregnant women, elderly adults and people with disabilities; CHIP works as a complement by covering children in families with incomes too high to qualify for Medicaid but too low to afford private coverage.

In 2022, Medicaid and CHIP, which are administered by states and jointly funded with the federal government, provided health coverage to about 49 million children under age 19, according to the Centers for Medicare & Medicaid Services (CMS).[2]

[1] U.S. Surgeon General. (2021). Protecting Youth Mental Health: The U.S. Surgeon General's Advisory. Retrieved from https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf.

[2] Centers for Medicare & Medicaid Services. (2022). Medicaid and CHIP and the COVID-19 Public Health Emergency. Retrieved from https://www.medicaid.gov/state-resource-center/downloads/covid-19-medicaid-data-snapshot-01312022.pdf.

Medicaid, CHIP, and youth mental health. In addition to providing physical health coverage, Medicaid is the nation's largest payer for public mental health services[3] and together with CHIP provides millions of children and youth with essential mental and behavioral health screening, diagnosis, treatment, and prevention services.

Medicaid and CHIP cover these services in settings ranging from clinics and hospitals to community-based organizations, after-school programs, and schools. Numerous studies show that providing care through trusted community settings makes it easier and more likely for children, adolescents, and families to access mental and behavioral health supports.

Significant data demonstrates that trusted settings where young people spend their time are particularly effective for enrolling eligible children and adolescents in Medicaid and CHIP and providing physical and mental health care services. The federal government encourages school-based services and programs. In 2014, CMS issued guidance[4] reversing the so-called "free care rule" and allowing schools to receive Medicaid reimbursement for some health services provided by school employees, including mental health counselors, even for students who do not have an Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act. As of June 2021, seventeen states had expanded Medicaid coverage in schools in this way, with an additional five states in the process of doing so, according to a Healthy Students, Promising Futures data map.[5]

The Biden Administration has taken significant actions to increase access to mental health services for school-aged youth through Medicaid in a variety of settings, including K-12 schools and out-of-school time (OST) settings. At the start of the 2022-2023 school year—amid growing data[6] on the toll the pandemic has had on young people's physical and mental health—CMS and the U.S. Department of Education issued an advisory and school-based services checklist for state Medicaid agencies[7] to "encourage states to ease administrative burden placed on school-based health providers to promote their participation in the Medicaid program and thereby increase access to Medicaid-covered services." The advisory clarified federal and state regulations to help states implement, maintain, and expand school-based programs to ensure all eligible students have access to urgently needed health and behavioral health care—including noting that local education agencies (LEAs) can use school registration processes to help identify eligible students and family members and enroll them in Medicaid or CHIP.

[3] Centers for Medicare & Medicaid Services. (2023). Behavioral Health Services: Medicaid. Retrieved from https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/index.html.

[4] Centers for Medicare & Medicaid Services. (2014). Letter to State Medicaid Directors on "Free Care." Retrieved from https://www.medicaid.gov/federal-policy-guidance/downloads/smd-medicaid-payment-for-services-provided-without-charge-free-care.pdf.

[5] Healthy Schools Campaign, Healthy Students, Promising Futures Initiative. (2023). Map: School Medicaid Programs, State Data on Medicaid-Eligible School Health Services & Providers. Retrieved from https://healthystudentspromisingfutures.org/map-school-medicaid-programs/#0.

[6] Centers for Disease Control and Prevention, CDC Online Newsroom. (2022). New CDC data illuminate youth mental health threats during the COVID-19 pandemic. Retrieved from https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html.

[7] Centers for Medicare & Medicaid Services. (2022). Information on School-Based Services in Medicaid: Funding, Documentation and Expanding Services. Retrieved from https://www.medicaid.gov/federal-policy-guidance/downloads/sbscib081820222.pdf.

Other federal investments for youth mental health. In his February 7, 2023, State of the Union address, President Biden announced[8] that the U.S. Department of Education (ED) plans to grant more than $280 million to increase the number of mental health care professionals in high-need districts and strengthen the school-based mental health profession pipeline. In addition, ED and Health and Human Services (HHS) together intend to issue additional guidance in 2023 to make it easier for schools to provide crucial mental health care to students and bill Medicaid funding for these services, building on the 2022 advisory.[9]

Furthermore, the federal government has made funds available, including through pandemic emergency relief grants, to help states address local priorities, which can be used for youth mental and behavioral health care. Examples include:

- School districts can use some of the funds in the *American Rescue Plan Act* to bring mental health professionals into school buildings and expand social and emotional learning programs. The $190 billion in Elementary and Secondary School Emergency Relief (ESSER) funding includes dollars that can be used[10] for school-based mental health supports. A FutureEd analysis[11] shows that LEAs have planned for nearly $4 billion in ESSER funds to support physical and mental health care for students; Georgetown University's Center for Children and Families estimates[12] that if current spending trends continue, at least half of that, or $2 billion, will be spent on school-based mental health services and counselors by September 30, 2024.
- Notably, the federal *Every Student Succeeds Act* (ESSA) provides funding streams via Title I, II, and IV to increase school psychological services to meet the mental and behavioral health needs of students. The addition of ESSER emergency funds positions local and state education agencies to facilitate the delivery of prompt, culturally responsive and effective mental and behavioral health services and programs that have otherwise been underfunded, understaffed, and underutilized up to this point. The National Association of School Psychologists offers guidance[13] and tools[14] essential to developing such services and programs.

[8] Biden Administration White House Briefing Room. (2023). FACT SHEET: In State of the Union, President Biden to Outline Vision to Advance Progress on Unity Agenda in Year Ahead. Retrieved from https://www.whitehouse.gov/briefing-room/statements-releases/2023/02/07/fact-sheet-in-state-of-the-union-president-biden-to-outline-vision-to-advance-progress-on-unity-agenda-in-year-ahead.

[9] Centers for Medicare & Medicaid Services. (2022). Information on School-Based Services in Medicaid: Funding, Documentation and Expanding Services. Retrieved from https://www.medicaid.gov/federal-policy-guidance/downloads/sbscib081820222.pdf.

[10] U.S. Department of Education, Office of Elementary and Secondary Education. (2022). Supporting the Mental Health Needs of All Students with American Rescue Plan Funds. Retrieved from https://oese.ed.gov/files/2022/04/Mental-Health-Fact-Sheet.pdf.

[11] FutureEd. (2022). How Local Educators Plan to Spend Billions in Federal Covid Aid. Retrieved from https://www.future-ed.org/local-covid-relief-spending.

[12] Georgetown University Health Policy Institute, Center for Children and Families. (2022). How Medicaid Can Help Schools Sustain Support for Students' Mental Health. Retrieved from https://ccf.georgetown.edu/2022/05/17/how-medicaid-can-help-schools-sustain-support-for-students-mental-health.

[13] National Association of School Psychologists. (2016). ESSA Mental and Behavioral Health Services for Decision-Makers (nasponline.org). Retrieved from https://www.nasponline.org/research-and-policy/policy-priorities/relevant-law/the-every-student-succeeds-act/essa-implementation-resources/essa-mental-and-behavioral-health-services-for-decision-makers.

[14] National Association of School Psychologists. Mental Health Resources & Publications. Retrieved from https://www.nasponline.org/resources-and-publications.

- The *Family First Prevention Services Act* (FFPSA), enacted under the 2018 Balanced Budget Act, provides families with additional access[15] to mental health services, substance use treatment, and/or parenting skills courses and plays an important role in the continuum of behavioral and mental health care for youth and families, including expecting and parenting older youth.
- The *Bipartisan Safer Communities Act* will invest $1 billion over the next five years in mental health supports in our schools, according to a White House fact sheet.[16]
- Even before the pandemic, the *Affordable Care Act* created a pathway for young people who were in foster care to be eligible to receive Medicaid until their 26th birthday, including for mental and behavioral health services.

These policy actions and investments enable states to make mental health care more accessible to meet immediate needs and to leverage Medicaid, CHIP, and other programs to sustain these services and counselors over time, including after the COVID-19 public health emergency relief funds sunset. Notably, many of the recovery funds flow directly to local education agencies (LEAs) that may not be equipped to design a behavioral health continuum within schools or communities, or know how to contract for it. Thus, partnership among LEAs and youth-serving agencies and nonprofits are important for both design and delivery of services.

[15] U.S. Department of Health and Human Services, Administration for Children & Families, Children's Bureau Child Welfare Information Gateway. Family First Prevention Services Act. Retrieved from https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/family-first.

[16] U.S. Department of Education. (2022). Fact Sheet: Biden-Harris Administration Announces Two New Actions to Address Youth Mental Health Crisis. Retrieved from https://www.ed.gov/news/press-releases/fact-sheet-biden-harris-administration-announces-two-new-actions-address-youth-mental-health-crisis.

A gap in access with long-term impacts. Despite federal guidance to states and the availability of emergency relief funding to expand access to services, CMS data[17] show that as of early 2022, mental and behavioral health services to youth age 18 and under actually *declined* by 23 percent compared to the same period before the pandemic, even while rates of youth mental health disorders were rising. Access remains below pre-pandemic levels.

A severe national shortage of qualified mental and behavioral health providers is partly responsible for this decline in access to needed care. More than one-third of Americans live in areas that are designated as Mental Health Professional Shortage Areas,[18] with fewer mental health providers than the minimum number their population would need, according to U.S. Department of Health Resources and Services Administration data.

The gap between need and access to mental health supports can have lifelong consequences: Research from the National Institutes of Health[19] shows that addressing behavioral health problems earlier in life through interventions like those provided by Medicaid and CHIP can yield significant savings, less involvement in juvenile justice, less disruption in education, and more productivity in the workforce as a young person enters adulthood. Specifically, young people in high school with untreated mental health needs are more than twice as likely to disconnect from school compared to their peers in the general population. Referral to mental health supports in trusted environments such as schools can help reduce absenteeism rates by 50 percent and tardiness rates by 25 percent, according to federal data.[20]

[17] Centers for Medicare & Medicaid Services. (2022). Medicaid and CHIP and the COVID-19 Public Health Emergency. Retrieved from https://www.medicaid.gov/state-resource-center/downloads/covid-19-medicaid-data-snapshot-01312022.pdf.

[18] U.S. Health and Human Services Administration, Health Resources & Services Administration Data Warehouse. (2023). Health Workforce Shortage Areas. Retrieved from https://data.hrsa.gov/topics/health-workforce/shortage-areas.

[19] U.S. National Institutes of Health National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. National Academies Press. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK32767.

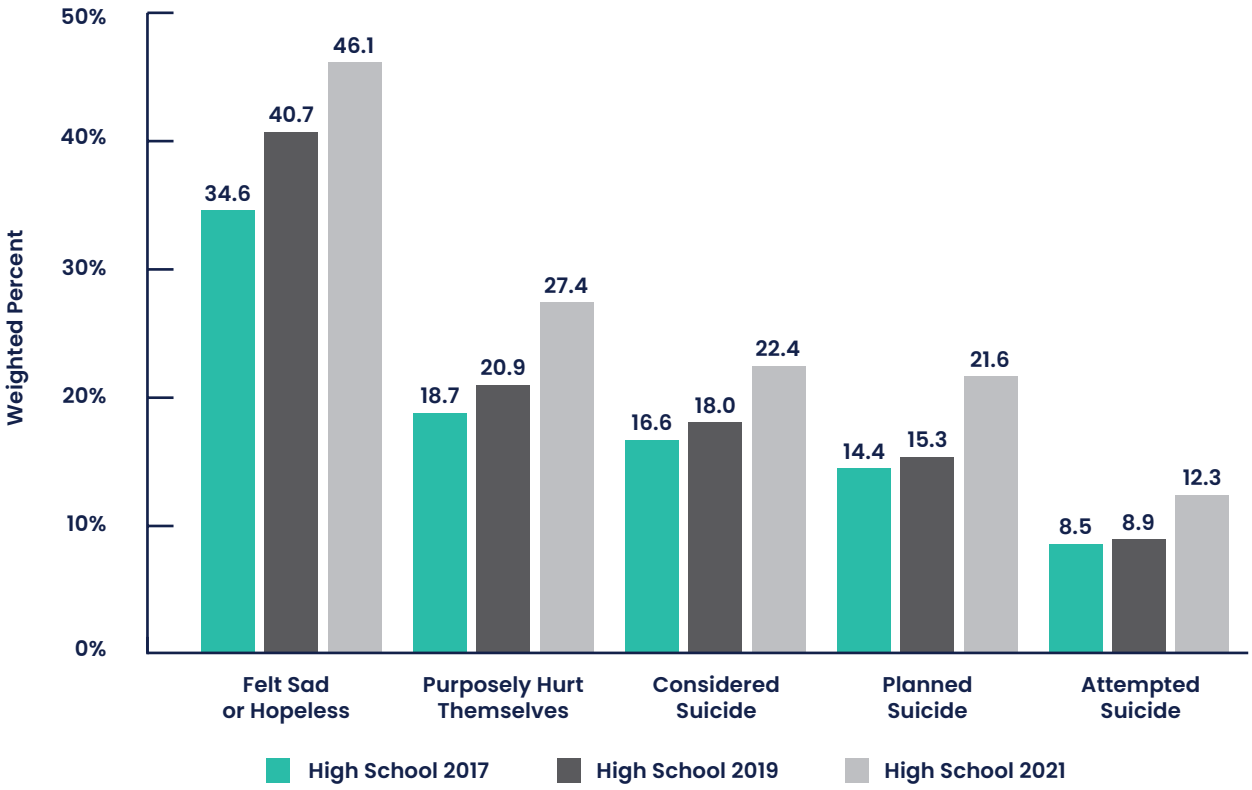
[20] Youth.gov, InterAgency Working Group on Youth Programs. How Mental Health Disorders Affect Youth. Retrieved from https://youth.gov/youth-topics/youth-mental-health/how-mental-health-disorders-affect-youth#_ftn.

The Nevada Context: Acute Mental Health Needs Among Young People and a Shortage of Providers

In Nevada, COVID-19 has exacerbated existing youth mental health concerns. Even before the pandemic, high school students across the state were experiencing rising rates of mental health distress in multiple categories, according to the Nevada Youth Risk Behavior Survey.[21]

The state's Electronic Death Registry System[22] identified suicide as the leading cause of death for Nevada youth ages 10 to 24 across the combined years of 2017 to 2021. Students identifying as female, as well as Native Hawaiian and Pacific Islander, Native American, and Alaska Native students reported disproportionately higher rates of attempted suicide in the prior 12 months than their white peers.

Figure 1. Mental Health Behaviors, Nevada High School Students, 2017, 2019, and 2021.



Source: *Nevada Youth Rish Behavior Survey(YRBS). Chart scaled to 50.0% to display differences among groups.*

[21] University of Nevada Reno School of Public Health, Nevada Department of Education, and Nevada Division of Public and Behavioral Health. (2021). Nevada Youth Risk Behavior Survey. Retrieved from https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey.

[22] Nevada Department of Health and Human Services. (2023.) Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Nevada. Retrieved from https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Office_of_Analytics/Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile for Nevada, 2020.pdf.

Like many states, Nevada faces a severe shortage of behavioral health care workers that impacts young people's access to mental and behavioral services. The federal Health Resources and Services Administration (HRSA) currently recognizes[23] 13 geographical Health Professional Shortage Areas for mental health providers serving low-income populations across the state. The state ranks last in the nation[24] in a Mental Health America analysis of rates of youth mental illness and access to mental health care. It ranks second in the Mountain West region for lowest mental health workforce availability according to a 2022 report[25] from UNLV, Brookings Mountain West, and the Lincy Institute.

An October 2022 U.S. Department of Justice analysis[26] found that, as a result of the severe shortage of community-based services and providers, Nevada over-institutionalizes children with behavioral health needs—and that failure to implement the report's recommended state policy changes will result in a Title II violation of the Americans with Disabilities Act and a violation of state obligations to provide community-based care under the Medicaid State Plan.

The workforce crisis in Nevada is not limited to mental and behavioral health professionals; the state's overall unemployment rate is at 5.5 percent,[27] the highest in the nation. Among young workers ages 16 to 24, Nevada's rate jumps to 16.6 percent[28]—which translates to more than 56,000 young people who are not engaged in education or the workforce. Youth with unmet mental health needs are more than twice as likely as their peers to disconnect from high school. In February 2021, 72.4 percent of Nevadans ages 12 to 17 who had depression did not receive any care in the last year, according to the National Alliance on Mental Illness.[29]

Access to services is complicated by Nevada's geographic diversity, with counties ranging from highly urbanized to very rural—especially in southern Nevada, which includes the state's largest county, Clark County, home to Las Vegas.

[23] U.S. Health and Human Services Administration, Health Resources & Services Administration Data Warehouse. (2023). Health Workforce Shortage Areas. Retrieved from https://data.hrsa.gov/topics/health-workforce/shortage-areas.

[24] Mental Health America. (2022). Youth Data 2022. Retrieved from https://mhanational.org/issues/2022/mental-health-america-youth-data. Note: According to 2023 data results in progress, Nevada is ranked 42.

[25] Cheche, Thymianos, Gilbertson, Beavers, Saladino, and Brown. UNLV. (2022). The State of Mental Health in the Mountain West. Health Fact Sheet No. 13 1-4. Retrieved from https://digitalscholarship.unlv.edu/bmw_lincy_health/12.

[26] U.S. Department of Justice Civil Rights Division. (2022). Investigation of Nevada's Use of Institutions to Serve Children with Behavioral Health Disabilities. Retrieved from https://www.justice.gov/opa/press-release/file/1540616/download.

[27] U.S. Bureau of Labor Statistics. (March 2023). State Employment and Unemployment Summary for February 2023. Retrieved from https://www.bls.gov/news.release/laus.nr0.htm.

[28] Measure of America. (2022). A Disrupted Year: How the Arrival of COVID-19 Affected Youth Disconnection. Retrieved from https://ssrc-static.s3.us-east-1.amazonaws.com/moa/ADisruptedYear.pdf.

[29] National Alliance on Mental Illness. (2021). State Fact Sheet: Mental Health in Nevada. Retrieved from https://nami.org/NAMI/media/NAMI-Media/StateFactSheets/NevadaStateFactSheet.pdf.

Medicaid in Nevada. In Nevada, the Department of Health and Human Services' (DHHS) Division of Health Care Financing and Policy—also known as Nevada Medicaid—oversees Medicaid and CHIP, which is known locally as Check Up. In June 2021, Medicaid and Check Up had a combined caseload of 821,068 people, a jump of roughly 53 percent from the prior two years of the pandemic. This constituted 20 percent of the total population, according to a 2022 Nevada Medicaid Fact Sheet[30] from the Kaiser Family Foundation. As of 2023, approximately one in two children across the state are covered by Medicaid, according to the DHHS Office of Analytics.[31]

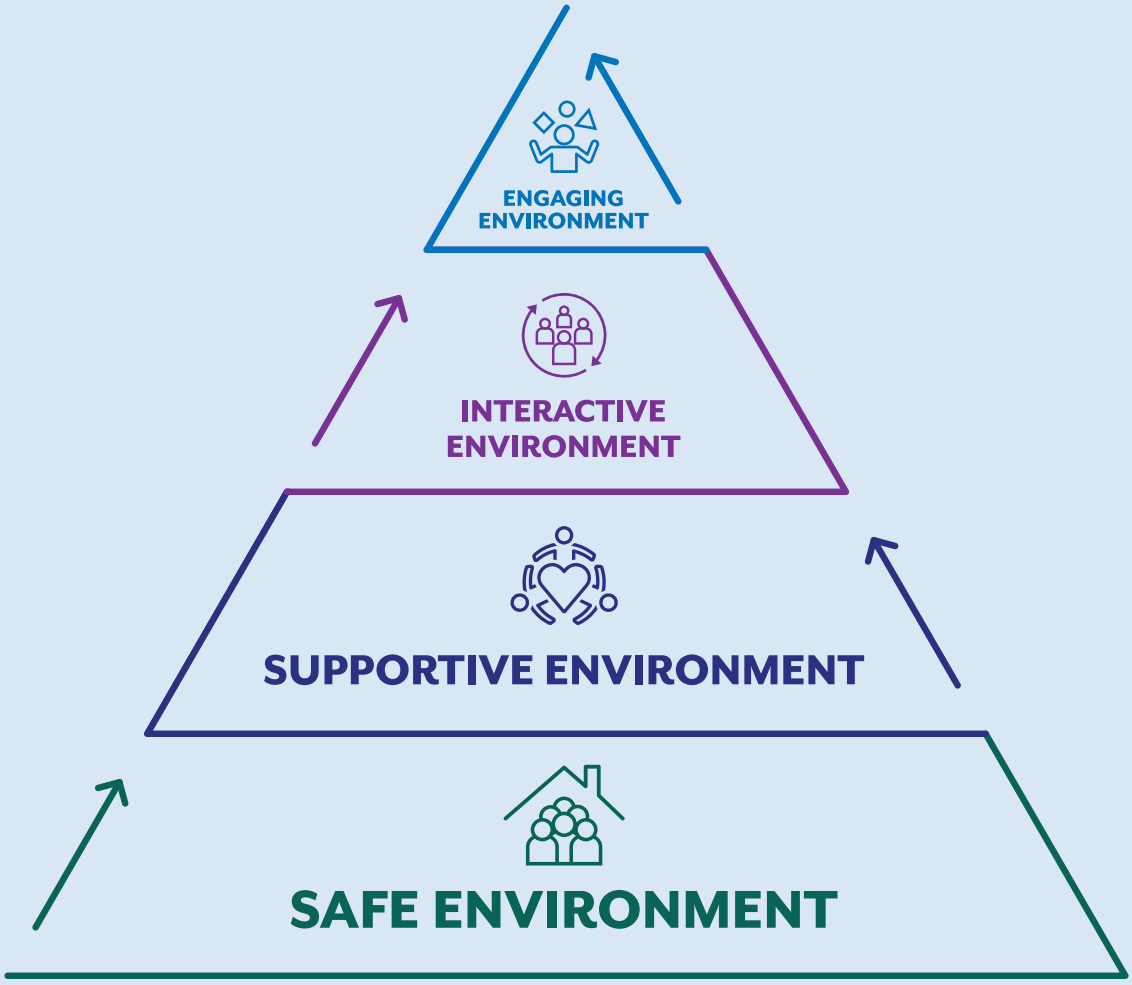
In 2020, as youth and families across the state struggled with pandemic-related social isolation, grief, and uncertainty, Nevada Medicaid sought to expand the reach and accessibility of its services. It had resources to pay for a variety of services—from counseling sessions to related transportation—but the shortage of mental health providers accessible to and trusted by families made it a challenge to deliver services where they were most needed.

At the same time, the Boys & Girls Clubs of Southern Nevada (BGCSNV), a nonprofit that uses a clubhouse model to engage children and teens with positive youth development supports, was contending with increasing mental health needs among the 5,000 young people supported by the region's 13 clubs, located primarily in urban and suburban communities.

By connecting these complementary needs and assets, a new partnership emerged that provided resources, technical assistance, and access to providers who can deliver services to youth and families in trusted environments. In addition, relying on the existing clubs within BGCSNV removed several barriers to access to mental and behavioral support services for youth and their families, including transportation. The clubs' role in community and family life makes them an ideal setting to offer individualized screening and early intervention services to youth.

[30] Kaiser Family Foundation. (2022). Fact Sheet: Medicaid in Nevada. Retrieved from https://files.kff.org/attachment/fact-sheet-medicaid-state-NV.

[31] Nevada Department of Health and Human Services. Office of Analytics - Data Dashboards & Reports Catalog. Retrieved from https://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS_-_DATA___REPORTS.



The Power of Positive Youth Development Boys & Girls Clubs of America, including BGCSNV, employ a positive youth development (PYD) approach in all programming.[a] PYD programs provide youth with networks of supportive adults and opportunities for connection. Unlike many prevention programs that focus solely on risk behaviors, PYD programs aim to develop and enhance the positive characteristics of individuals and their surrounding context. By increasing protective factors rather than focusing on risk behaviors related to a single adverse outcome, PYD programs have benefits across a range of health and academic outcomes.

The Forum for Youth Investment's David P. Weikart Center for Youth Program Quality has identified the four core elements of quality environments that are foundational to positive youth development: safe, supportive, interactive, and engaging (see the Pyramid of Program Quality). Boys and Girls Clubs of America (BCGA), a long-standing Forum partner, utilizes the Forum's Youth Program Quality Improvement (YPQI) approach and continuous quality improvement tools for Clubs across the nation.[b]

[a] Centers for Disease Control & Prevention Positive Youth Development

[b] Forum for Youth Investment: Youth Program Quality

The Collaboration: Seed Funding for a Place-Based Pilot and Support to Navigate Medicaid

Nevada's Department of Health and Human Services (DHHS) helped BGCSNV secure $200,000 in seed funding from an existing System of Care grant from the federal Substance Abuse and Mental Health Administration (SAMHSA) and $1.6M from ARPA Funds. This funding provided BGCSNV with financial runway to pilot the approach, learn to navigate the complex requirements of Medicaid services, and establish a partnership with the University of Nevada Las Vegas (UNLV).

Specifically, BGCSNV used these funds to:

- Integrate mental and behavioral health support and social and emotional learning into its clubs, where youth and families already spent their time and had trusted relationships.
- Host an on-site visit for Medicaid administrators and other state agency leaders to see the clubs in action and secure their buy-in and support.
- Begin the multi-year process of enrolling as a Medicaid provider with the state's four managed care organizations (MCOs), guided by technical assistance from state leaders.
- Hire two counselors and support licensed clinicians and staff to develop and co-facilitate prevention and early intervention programs for youth in first through twelfth grade.
- Establish a partnership with UNLV through which graduate students training to become counselors/therapists complete their practicum hours inside the clubs. This helps address provider shortages and ensures access to student professionals who are aligned with the program's positive youth development approach.

By the end of 2022, BGCSNV was fully credentialed to bill Medicaid and private insurance for youth and family mental health services. In total, DHHS had provided 18 months of funding to prove the model and to seek sustainable resource options.

Almost immediately upon receiving Medicaid credentialing, BGCSNV faced a challenge: Job postings to recruit counselors were not generating qualified applicants—a direct result of the ongoing shortage of mental and behavioral health providers across the state and much of the nation.

Not long after, a second significant setback emerged when BGCSNV prepared to provide youth and families with individual therapy only to be alerted by its health care attorney that despite being Medicaid-approved, it would need to take additional steps to become a health care provider according to state laws governing the practice of medicine. The organization is now working to establish a separate health care nonprofit arm that can provide services in accordance with state law.

Yet rather than stall the effort, these challenges sparked innovation and action among BGCSNV leadership.

Expanding comprehensive training for staff. In January 2023, BGCSNV launched a comprehensive training plan for all youth development staff who work directly with young people across the clubs. Notably, this training is funded by established community partnerships and collaborative grants with diverse state partners—including UNLV, Nevada Medicaid, the Nevada Department of Education, the Nevada Office of Suicide Prevention, the Nevada Division of Child and Family Services, and Specialized Alternatives for Families and Youth. Staff receive instruction in trauma-informed care; social and emotional health and wellness; suicide and substance use awareness, prevention, and intervention; how to identify needs and make referrals; and how to identify and seek help for secondary trauma and burnout themselves.

In addition, BGCSNV was selected to be the sole community-based implementation of a tiered trauma-informed training program delivered by the UNLV behavioral health faculty. Through a SAMHSA grant in partnership with St. John's University in Queens, New York, BGCSNV is a participating site in the Child HELP Partnership[32] through which it will both benefit from and contribute to research on adapting evidence-based trauma services and interventions to be culturally relevant and effective in alternative settings such as OST programs.

Establishing an in-house clinic to address workforce needs on two levels. To make this effort sustainable in the long term, BGCSNV is building a behavioral health training clinic that will operate as a separate but connected nonprofit. Through a partnership with UNLV, BGCSNV will supervise practicum students and state-registered interns in clubs to deliver services to youth and families; these emerging professionals will in turn receive intensive supervision and workforce development supports and gain experience working with diverse patient populations. If both parties agree there is a fit, students may seek employment with BGCSNV upon completion of their degree programs and licensing.

BGCSNV created a new position of Chief Behavioral Health Officer to oversee the clinical partnership with UNLV and direct the mental health training and programs to ensure a resilience-based, trauma-informed environment across all 13 clubs. BGCSNV has also hired a licensed Clinical Professional Counselor to lead Clinical Services and a Licensed Clinical Social Worker to oversee the training clinic. There are currently two UNLV clinical mental health counseling students at BGCSNV's training site, and two UNLV marriage and family therapy interns expected to start later in 2023.

Through access to steady funding and a pipeline of mental health professionals, BGCSNV is positioning itself to sustain and expand behavioral and mental health services that respond to the needs of youth and families through a no-wrong-door approach.

[32] St. John's University Center for Psychological Services. (2023). Child HELP Partnership. Retrieved from http://www.childhelppartnership.org/about-chp/missions-and-goals.

Lessons Learned

Early lessons from this work can guide other partnerships between states and community-based, youth-serving organizations.

TAKEAWAY 1: ASSESS AND ACCESS EXISTING LOCAL ASSETS.

Utilizing a place-based service model that integrates mental health services into the 13 existing Boys & Girls clubs, rather than establishing new freestanding clinics or referring youth and families elsewhere has reduced or removed many of the barriers that youth and families face in accessing mental health care—including stigma, trust, and the time and expense of transportation.

In addition, the practicum partnership with UNLV will create a pipeline to providers with experience in service delivery in OST setting, to address critical behavioral and mental health workforce shortages for BGCSNV and expand the overall pool of qualified professionals able to meet the needs of Nevada youth.

TAKEAWAY 2: SEEK TIME-LIMITED SMALL GRANTS THAT CAN SERVE AS SEED FUNDING FOR PILOTS.

State government and nonprofit partners can look to smaller-dollar grants, as well as block grants, formula grants, and competitive grants to actively seed or test approaches that could be sustained by Medicaid or other entitlement funds.

- The influx of resources through the American Recovery Plan Act and other flexible pandemic-related emergency funds can power innovation and new approaches tailored to local needs.
- OST organizations can tap into smaller grants, such as state mental health and state and federal Department of Education funds, to provide youth and family services that are not covered by Medicaid. BGCSNV's Andy Bischel describes the strategy in this way: "We take small pieces and parts of these funding mechanisms, demonstrate what we can do, then seek the longer-term support from Medicaid, DHHS, and the Child Care Assistance Grant." In addition, BGCSNV expects to weave in private foundation and donor funding and health care billing to create a diversified and sustainable suite of financial supports.
- It is important that organizations manage their cash flow during the process of establishing Medicaid or similar billing, as there are likely to be gaps.

TAKEAWAY 3: INVOLVE KEY POLICYMAKERS AND EXPERTS FROM THE START.

Under the leadership of DHHS Director Richard Whitley, Nevada Medicaid ensured that senior state agency leaders were actively engaged, so they could support the complex process of Medicaid enrollment and credentialing. Ultimately, this helped reduce the timeline from the typical four years to two and one-half years. Specifically,

- Technical assistance from state leaders helped remove barriers—for example, in clubs that could not immediately access licensed counselors, DHHS instituted a short-term Resilience Ambassadors program using funds from a Crisis Counseling and Training Grant jointly funded by SAMHSA and Federal Emergency Management Agency.
- State leaders actively supported BGCSNV throughout the complex Managed Care Organization (MCO) credentialing process. In Nevada, many program requirements are set by the MCOs rather than Medicaid itself; each MCO has separate procedures, including which services can be billed and the amount paid.
- State leaders advised BGCSNV on how to structure services and administration to maximize Medicaid support and meet organizational needs—for example, BGCSNV currently manages billing through contractors to allow club employees to remain focused on their mission and the competencies of positive youth development. (When at full capacity, billing will be integrated into the finance department.)
- "Make sure you have great people on the Medicaid side who are good at working with community-based organizations," says Dr. Stephanie Woodard, Nevada DHHS Senior Advisor for Behavioral Health. "It takes more than just providing their enrollment package, it takes sitting down and digging in with them. We don't want a provider to have to guess and go through trial and error that creates a burden."
- Similarly, when BGCSNV learned it would need a strategy to operate as a health care provider, it had legal and policy experts to turn to—including its own newly established Chief Behavioral Health Officer, Dr. Megan Freeman, who was previously in leadership at DHHS—to identify solutions and support the required action.

This was a lesson learned that other states can benefit from, says Bischel: "As PYD providers, these services seem like a logical step. Yet there are laws and regulations governing health care that youth development organizations probably aren't familiar with. We are big advocates that behavioral health care is health care—and it is." Check with state and local legal experts and build in time.

TAKEAWAY 4: EVALUATE AND ADAPT TO SCALE EFFECTIVE APPROACHES.

Both BGCSNV and DHHS see evaluation as a key to scaling this program, and to expanding the model to other agencies and services across the state. UNLV is serving as the evaluation partner, collecting, analyzing, and distributing outcome data to provide third-party validation of the work.

- Near-term outcomes evaluations examine billing systems, cash flow management, and whether connections to other programs and services might be added, such as facilities construction or support to families to enroll in other public benefits.
- Longer-term assessments will focus on in-depth youth outcomes and broader opportunities to support young people and families.

Conclusion

The partnership between Nevada Medicaid and BGCSNV provides a model for states seeking to use Medicaid dollars to meet increasing needs among youth for mental and behavioral health services in trusted environments that promote overall positive youth development.

The lessons emerging from this collaboration can be applied across jurisdictions and service types, offering a map for using time-limited funding to quickly and effectively establish crucial supports for young people, and transition to entitlement funding to sustain proven programs in the long term.

Recommendations for State & Federal Policymakers

FUNDING RESPONSIVE INNOVATION: A PLAYBOOK FOR STATE LEADERS

As they did in Nevada, state leaders can support youth-serving organizations to access resources to rapidly establish services that respond to local needs, and to fast-track Medicaid enrollment to sustain those services over time.

States can also translate this model to other policy areas, using time-limited grants to fund innovation and helping organizations tap into entitlement funding. Here's how.

Step 1: Identify your Assets. Identify flexible time-limited grants to cover the start-up costs of preparing nonprofit partners for Medicaid funding, e.g., Community Development Block Grant or Community Mental Health Services Block Grant. Set a clear timeline and use this funding to set up Medicaid billing.

Step 2: Bring Decision-makers Together. Hold an on-site visit for Medicaid administrators and other HHS leaders to see the work and its impact, and understand the urgency of securing Medicaid funding. Actively involve more senior leadership who can drive the work forward.

Step 3: Connect with Managed Care. Youth-serving organizations must get credentialed as a Medicaid provider with each managed care organization (MCO) in the state. State leadership can help facilitate the connection with MCOs and fast-track the enrollment process.

Step 4: Transition to a Sustainable Model. State leaders can provide technical assistance to help community-based organizations efficiently set up billing processes and comply with key requirements, e.g., how to structure services and maximize billing.

Step 5: Evaluate and Improve. Short-term: Numbers of youth and families served; billing systems and cash flow; potential to link programs and services, e.g., transportation, construction, public benefit enrollment. Longer-term: youth outcomes; other needs that Medicaid funds can meet; broader supports to families.

RECOMMENDATIONS FOR FEDERAL POLICYMAKERS TO SUPPORT YOUTH MENTAL HEALTH

The federal government has taken steps to make it easier for states to tap Medicaid to cover mental and behavioral health care services in trusted settings like schools and community-based settings. The following recommendations build on the actions federal agencies have already taken, with the goal of further expanding access to services in trusted youth development organizations based in communities where youth and their families live.

1. **Provide Clear Guidance and Support to States to Expand Youth Mental Health in Community-based Settings:**

- Establish CMS guidance for Medicaid Community-Based Youth Mental Health Services.
- Update existing federal guidance, including CMS' 2003 Medicaid School-Based Services Guide.
- Disseminate joint departmental and agency letters to support partnerships between State Departments of Health and Human Services, State Medicaid, and community-based organizations, highlighting state and local innovations.

2. **Provide Technical Assistance and Investment for States to Scale Youth Mental Health Service Delivery Systems:**

- Provide technical assistance to states on building out their youth mental health continuum of care, ranging from wellness services in schools and trusted positive youth development settings to interventions for youth at risk of becoming involved or already involved in the child welfare and juvenile justice systems.
- Invest in cross-system and sector collaboration in states to improve access to and quality of youth mental health services.

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