

BDR 385 - AB9: Regional Behavioral Health Policy Board

Northern Region Behavioral Health Policy Board

Taylor Allison, MBA, Chair of the Northern Regional
Behavioral Health Policy Board

Cherylyn Rahr-Wood, MSW, Northern Regional Behavioral
Health Coordinator

Board Members

Taylor Allison, MBA (Chair)

Ali Banister, PhD (Vice Chair)

Amy Hyne-Sutherland, PhD

Amy Kegel, Psy.D.

Assemblywoman Robin Titus, MD

Erik Schoen

Lana Robards

Laura Yanez

Nicki Aaker, MSN, MPH, RN

Sandy Wartgow

Shayla Holmes

Sheriff Ken Furlong

**1 Vacant Position – Member representing private/public insurers*

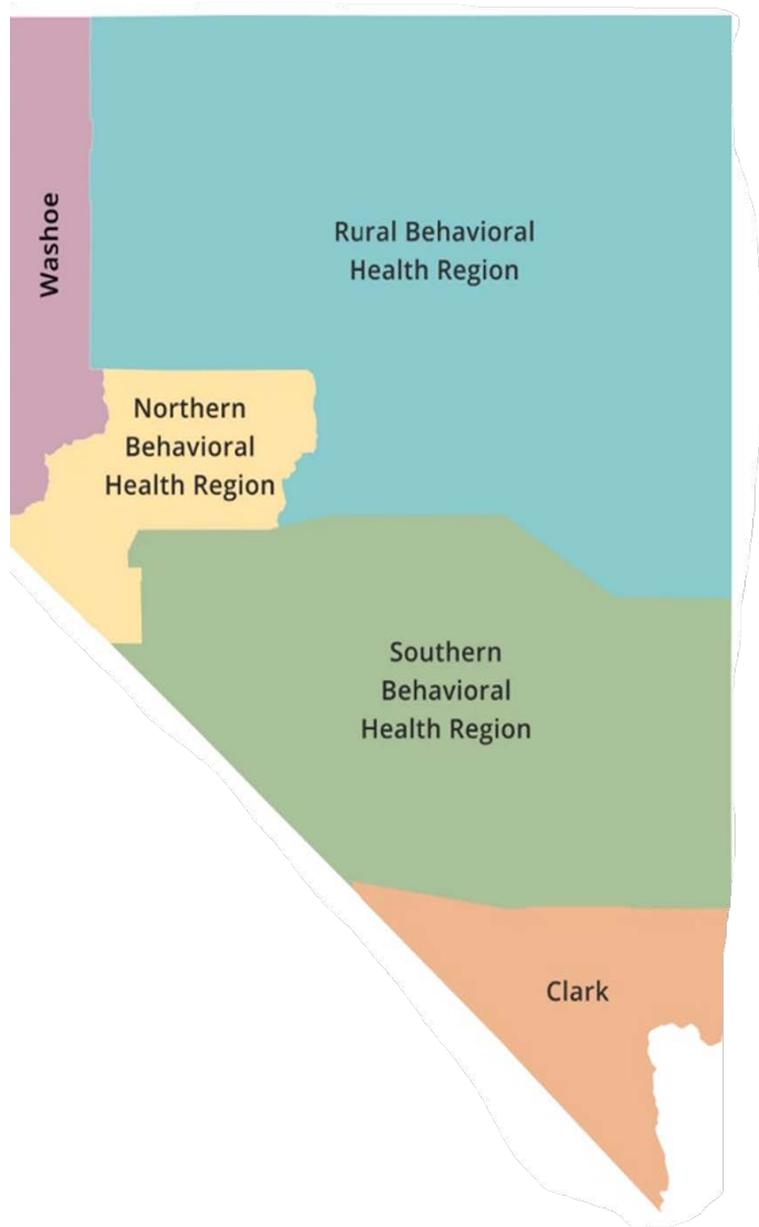
Northern Region Behavioral Health Policy Board

**Established in 2017
Legislature (AB 366) and
codified into NRS 433.**

**Updated in 2019 (AB 76)
to develop five regions.**

**Each region is allocated
1 bill draft request to
the Nevada Legislature.**

Map of the regions



Nevada's Regional Behavioral Health Board Regions

Five regions:

Clark

Washoe

Rural

Northern Rural

Southern Rural

Board Duties

– as outlined in NRS
433.4295

“We must go back to the legislative intent of these boards. When they were being created the idea was for the board of each region to get an overview of what the mental health needs were across the state of Nevada. We realize that although there is crossover in the counties each region has its own distinct mental health issues. We are more of an advisory body to report back to the state with our letters and recommendations we share with the state.” - Dr. Titus

Each Policy Board shall:

(1) advise the Department, the Division of Public and Behavioral Health, and the Commission on

- *Behavioral Health needs of adults & children*
- *Any progress, problems, or proposed plans to improve regional behavioral health services*
- *Gaps and recommendations to improve gaps*
- *Priorities for allocating money*

(2) promote improvements in the delivery

(3) coordinate and exchange information with other policy boards

(4) Establish an electronic data repository

(5) Track and compile data concerning persons placed on a Mental health crisis hold review

(6) Coordinate with other behavioral health entities in the state to avoid duplication of efforts

(7) submit an annual report to the Commission which includes the priorities and needs of the policy board’s behavioral health region.

2022 Board Priorities

1. **Regional Board infrastructure***
2. Affordable and supportive housing and other social determinates of health
3. Behavioral health workforce with capability to treat youth and adults
4. Development of a sustainable regional crisis response system that integrates existing local crisis stabilization, jail diversion, and reentry resources (i.e., MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center)
5. Increase access to treatment at all levels of care
6. Develop services to support continuity of care (i.e., continuation of medication/ community health worker model)

2022 Regional Infrastructure Strategies

Explore Regional Behavioral Health Authority models

Sustain Regional Behavioral Health Coordinator and other support positions (i.e., Data Analyst, Grant Analyst, AA) necessary to fulfill Board duties described in NRS 433.4295

Research During the Interim

Nevada Department of
Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

2013

Comprehensive Gaps Analysis of Behavioral Health Services



Prepared by Social Entrepreneurs, Inc.
Lisa Watson, MA
Kelly Marschall, MSW



Mental Health Governance: A Review of State Models & Guide for Nevada Decision Makers

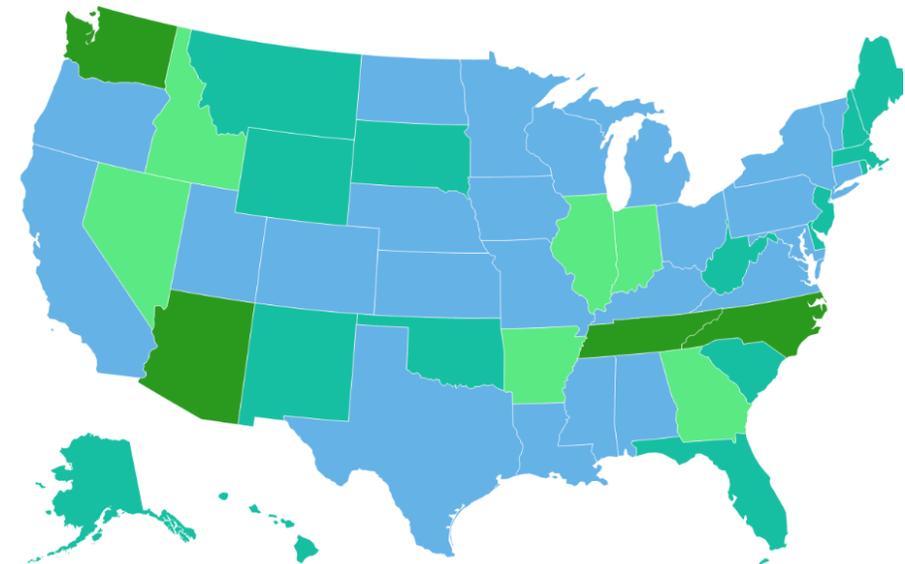


December 2014

50 State/Regional/Local Behavioral Health Authorities

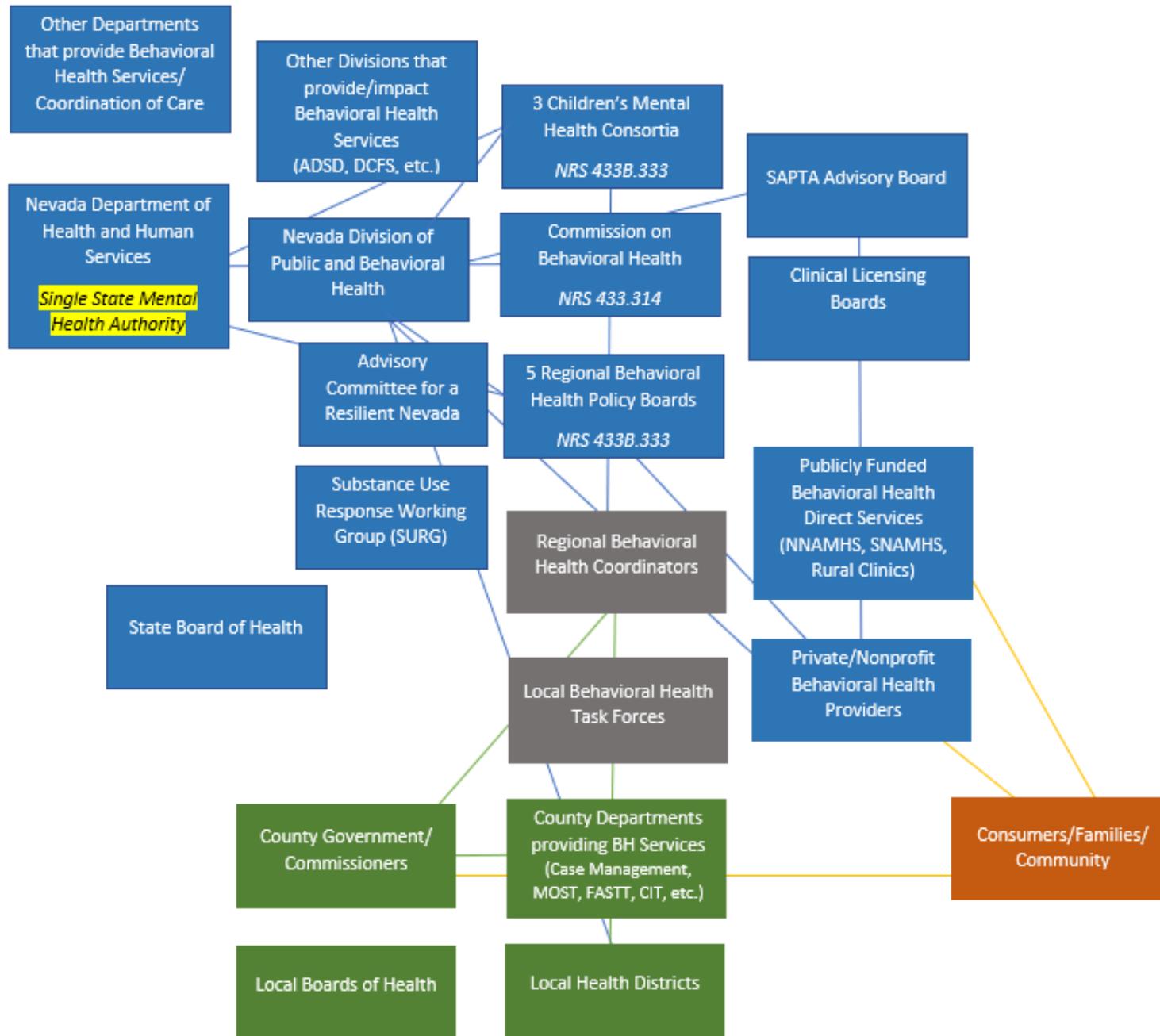
2022 Northern Nevada Regional Behavioral Health Policy Board conducted a review of state, regional, and local behavioral health authority models in all 50 states.

- Centralized State Behavioral Health Authority
- Local/Regional Behavioral Health Authorities
- Hybrid State Authority/Community Board Coordination
- Primarily Managed Care Models



Map: Nevada Northern Region Behavioral Health Policy Board • Created with Datawrapper

The COVID-19 pandemic and increasing demand for behavioral health services have exacerbated gaps and inefficiencies in Nevada's behavioral health system, including over all limited capacity.



Proposed Solution

Enhancing Regional Behavioral Health Policy Boards is the first step towards infrastructure solutions.

- 1) **Expand Board duties to include:** Evaluating and monitoring behavioral health services provided to recipients of Managed Care Organizations
- 2) **Allow policy boards to appoint staff necessary to fulfill duties**
- 3) **Allow the Regional Board to apply for and accept gifts, grants, donations and bequests**
- 4) **Award grants to governmental and nonprofit entities for the provision of behavioral health services**
- 5) **Require Mental Health Consortia to share Strategic Plans**

Proposed Solution

(a) Advise the Department, Division and Commission regarding:

(i) Evaluate and monitor behavioral health services provided to recipients of Medicaid and recipients of insurance provided pursuant to the Children's Health Insurance Program by managed care organizations in the behavioral health region and identify gaps in such services and barriers to the effective provision of such services.

Evaluate and monitor services provides to recipients of Medicaid Managed Care programs

Sec. 2. 1. A policy board may employ such staff as is necessary to carry out the provisions of NRS 433.425 to 433.4295, inclusive, and sections 2 and 3 of this act.

Regional Board Staffing Needs:

- Five Regional Behavioral Health Coordinator (5.0 FTEs)
- 1.0 FTE administrative support position to assist 5 regional boards in complying with Open Meeting Law
- 1.0 FTE Data Analyst to support the 5 regional boards

Allow
Policy
Boards to
Appoint
Staff
necessary
to Fulfill
Duties

(b) Apply for and accept gifts, grants, donations and bequests from any source for the purpose of carrying out the provisions of NRS 433.425 to 433.4295

Allow the Regional Board to apply for and accept gifts, grants, donations

(c) Award competitive grants to regional, local or tribal governmental entities and nonprofit organizations that provide behavioral health services within the behavioral health region.

Award grants to governmental and nonprofit entities for the provision of behavioral health services

Sec. 6. NRS 433B.335 is hereby amended to read as follows:

433B.335 1. Each mental health consortium established pursuant to NRS 433B.333 shall prepare and submit to the Director of the Department *and each regional behavioral health policy board created pursuant to NRS 433.429 for a behavioral health region that is within the jurisdiction of the consortium* a long-term strategic plan for the provision of mental health services to children with emotional disturbance in the jurisdiction of the consortium. A plan submitted pursuant to this section is valid for 10 years after the date of submission, and each consortium shall submit a new plan upon its expiration.

Require
Mental
Health
Consortia
to share
Strategic
Plans

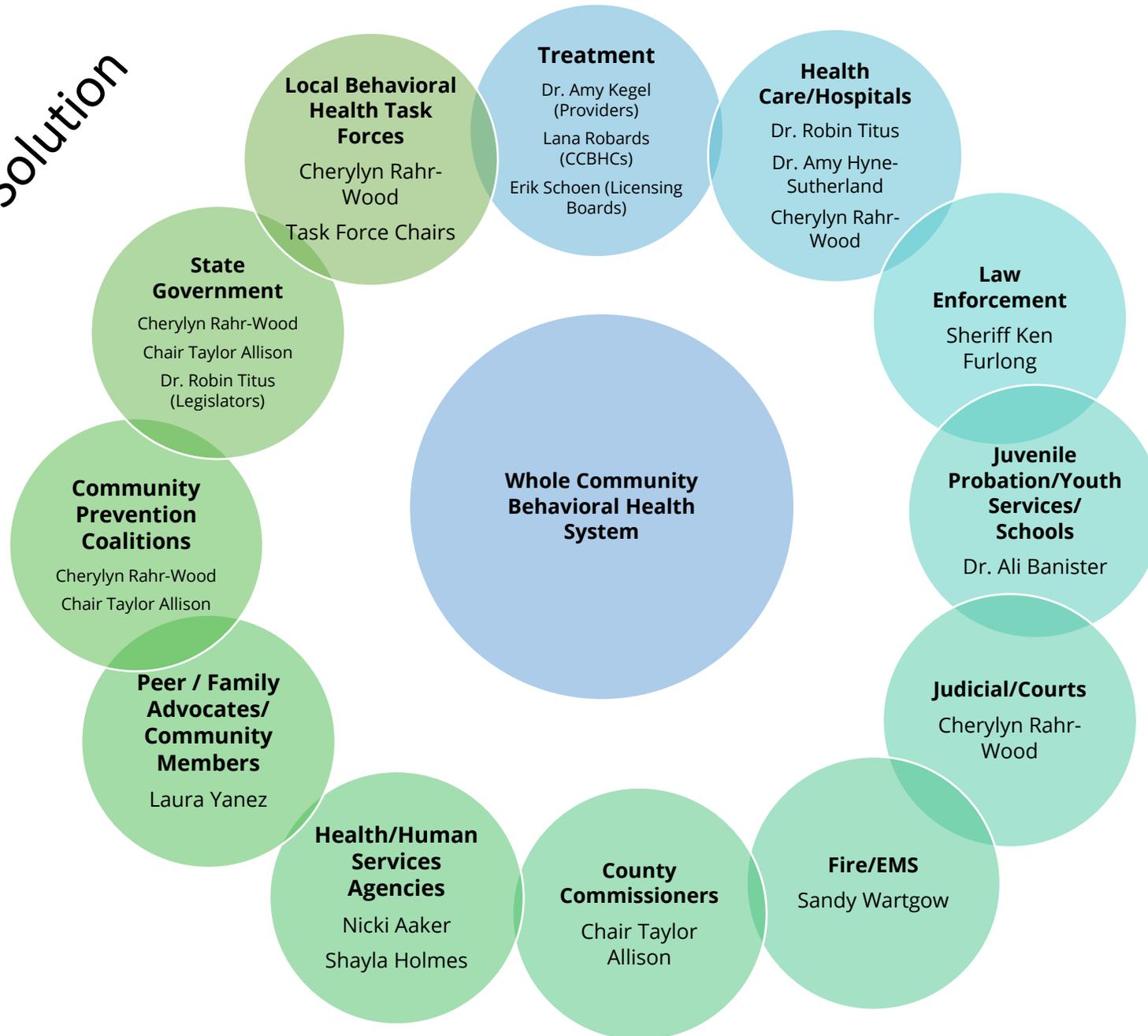
In summary

Following intensive community outreach and research on community-based local behavioral health authority models, the Northern Board identified a drastic change to the governance of our system was premature at this time.

There are infrastructure and capacity challenges that can be addressed now prior to a potential change in governance.

The proposed language is the first step towards formalizing community and statewide behavioral health systems and sustaining the essential Regional Behavioral Health Coordinators.

Whole Community Solution



Regional Policy Board BDRs

Clark: BDR 303 - Supportive Housing through real property Transfer Tax

Rural: BDR 361 – AB37 Authorizes the establishment of the Behavioral Health Workforce Development Center of Nevada

Washoe: BDR 399 – Expands the loan repayment program administered by the Nevada Health Service Corps to include certain providers of behavioral health care.

Southern Rural: BDR 400 - withdrawn



Contact Information

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Regional Behavioral Health Board Concept

- Aligns with national Roadmap to an Ideal Crisis System framework
- Allows for a braided funding model
- Increased community participation in advising Medicaid-managed care orgs
- Allows for opportunities to develop additional services – through funding
- Potential quality assurance system and cost-savings through monitoring key performance measures
- Offers communities access to data
- Supports state behavioral health programs and implementations
- Allows for cross-jurisdictional sharing
- Support community-based crisis response which aligns with The 988 Implementation Act