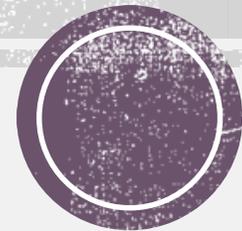
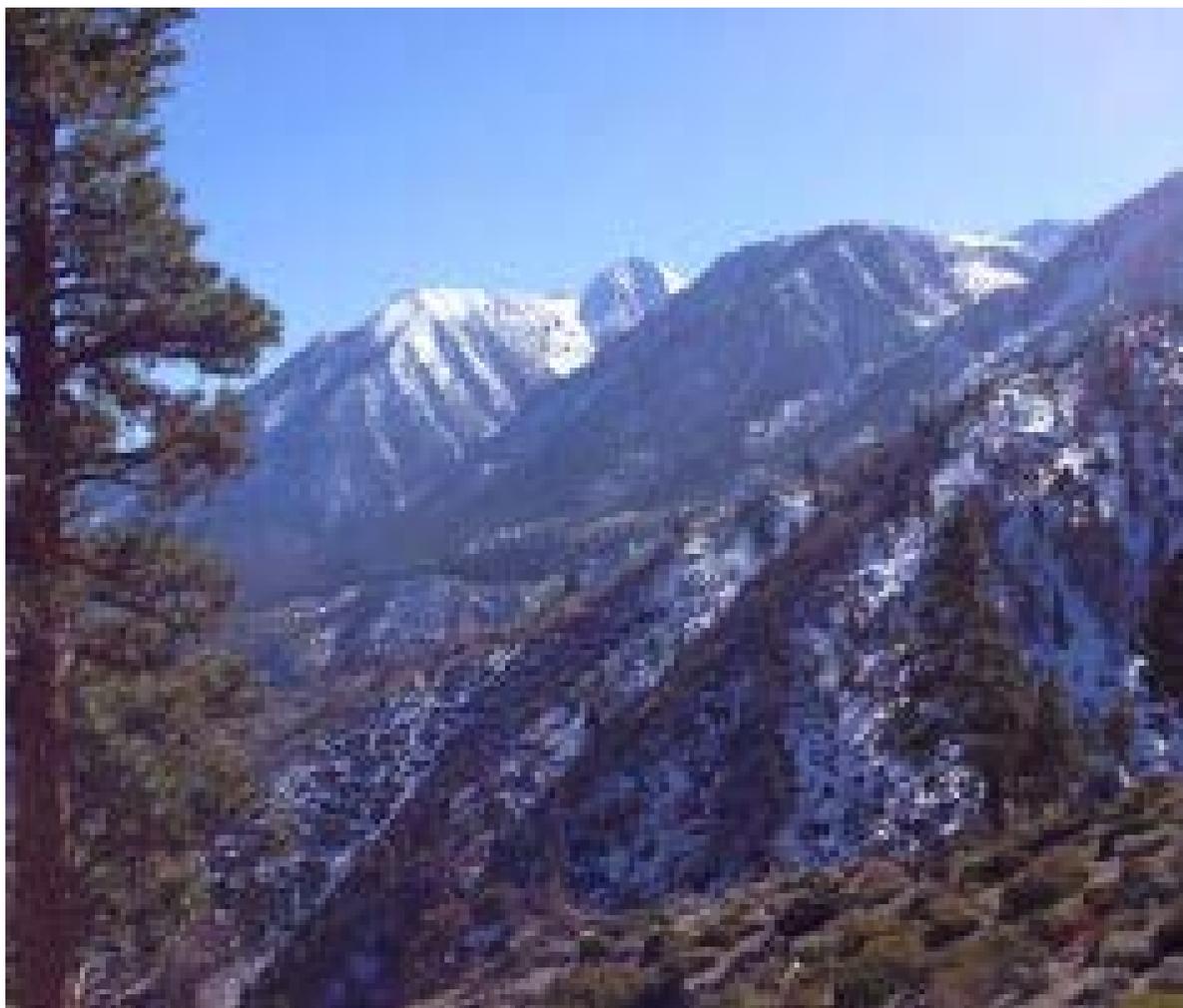


Nevada Regional Behavioral Health Policy Boards

2018 Annual Report Summary





Northern Nevada

**Carson City, Churchill, Douglas,
Lyon, Mineral and Storey Counties**



Crisis Stabilization and Diversion:

- Crisis Triage Center sustainable funding mechanism
- Sustainable funding for MOST and FASTT jail diversion programs
- Sustainable funding for Certified Community Behavioral Health Clinics

Youth services :

- Development of 24/7 youth crisis response
- Identification and continued support for juvenile justice mental health diversion programs

Behavioral Health System with multiple levels of care:

- Assertive Community Treatment
- Peer support services
- Non-emergency behavioral health transport for those in mental health crisis

Healthcare workforce

- Lack of behavioral health clinicians, psychiatrists, peers, doctors
- Lack of clinical internship sites

Data Needs

- Lack of data regarding legal/ mental health crisis holds
- More accurate local and regional behavioral health data aligned with national measures

Gaps and Needs



Priorities

1. Sustainable funding for continuation and expansion of Mobile Outreach Safety Team (MOST), Forensic Assessment Services Triage Team (FASTT), Crisis Intervention Training (CIT), and Juvenile Assessment Services Triage Team (JASTT).
2. Sustainable funding of Crisis Stabilization Unit.
3. Development of Assertive Community Treatment for region.
4. Develop explicit legal mechanism for counties to hold multi-disciplinary teams for adults 18-59 years of age.
5. Maintain Regional Behavioral Health Coordinator position/
6. Development of "Medicaid coordinator" to assist rural counties in developing capacity to receive Medicaid reimbursement.



Legislative Request

Modify the mental health crisis hold process in NRS 433A with the following goals:

- **1. Decrease stigma and increase accuracy:** Remove and update stigmatizing and inaccurate language regarding mental health crisis.
- **2. Enhance patient rights and standardize practices statewide:** Clarify the mental health crisis emergency admission process in 433A, and develop regulation for involuntary administration of medication to enhance patient rights and standardize practice and processes statewide.
- **3. Strengthen continuity of care:** Strengthen continuity of care by adding the option for behavioral health mental health crisis transport, clarifying provider information sharing, and developing regulations for discharge planning criteria.
- **4. Improving efficiency of courts:** Clarify and update court processes and enhance court information sharing abilities for increased efficiency.





Washoe

Washoe County



Housing Concerns

- Affordability; inappropriate for population; lack of group homes

Provider Concerns

- General shortage of providers, particularly psychiatrists and psychologists
- Insurance reimbursement challenges
 - Availability
- Medicaid
 - Low rates of reimbursement; lack of providers

Resources

- Limited funding particularly for client needs and caretakers
- Lack of residential beds
- Lack of long term treatment
- Insufficient 18 to adult transition services

Gaps and Needs*

*Source: Surveys/Focus Groups -
Summary



Priorities/State Recommendations

- ❖ **Crisis Stabilization Units:** The Washoe Regional Behavioral Health Policy Board recommends legislation that supports both programmatically and fiscally, a Crisis Stabilization Unit in Washoe County and has submitted a Bill Draft Request (BDR #40-486) to address that need. LCB has not yet returned the drafted bill for further revision/narrative specifically on fiscal note.
- ❖ **Targeted Case Management:** Targeted Case Management (TCM) refers to case management for specific Medicaid beneficiary groups or for individuals who reside in state-designated geographic areas. Essentially, at least when used by Medicaid, TCM refers to the provision of case management services to specific “target” populations
- ❖ **Affordable Housing Initiatives:** For programs such as 1915(i) and TCM to be effective there is a need for an inventory of affordable housing options for clients. The WRBHPB supports those initiatives that increase housing availability and options, particularly supportive housing for individuals with chronic serious mental illness.
- ❖ **Medicaid Section 1915i:** The Board supports the further exploration/implementation of this waiver/amendment to the State Plan for Medicaid
- ❖ **Mobile Outreach Safety Team (MOST):** The Board commits to continued support and encourage enhancement of this program.
- ❖ **Assisted Outpatient Treatment:** The Board supports funding for this program in the next legislative session (currently grant funded in Washoe County)
- ❖ **Community Health Improvement Plan (CHIP) Behavioral Health Focus Areas:** Housing, Community Case Management



Bill Draft Summary

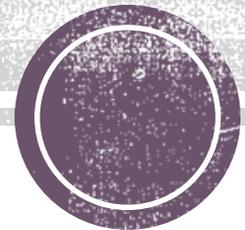
- Authorization of the establishment of a certified crisis stabilization center to be operational during the 2019-2020 interim.
 - The expansion of crisis stabilization services in Nevada and establishment of a certified 24 hr. walk-in crisis stabilization center.
 - The purchase of crisis services from a private behavioral health organization through a request for proposal (RFP) process. Services would be managed via performance contracts and formal reviews.
 - Authorization funding at sufficient levels to ensure that Nevada can provide each individual served pursuant to this part with the medically necessary mental health services, medications, and supportive services set forth in the applicable treatment plan developed by the successful contractor





Southern Nevada

**Clark, Esmeralda and Nye
Counties**



**Crisis intervention &
transitional services**

Workforce development

Program development

**Data management &
application**

**Gaps
and
Needs**



Priorities

- Stable funding for transitional and crisis-intervention services for children and adults in the form of mobile crisis, additional triage centers, and updated emergency-management protocols that eliminate barriers to use of crisis services
- A study on other states' or jurisdictions' efforts to enact policies in the spirit of the “Freedom to Heal Act”
- Stable funding for diversionary mental health programs, such as Assisted Outpatient Treatment and specialty court programs (e.g., Mental Health Court, Drug Court, etc.)
- Development and maintenance of a website or database of relevant behavioral health information
- The infrastructure to collect civil commitment data, including details from law enforcement, transports by emergency medical services to hospital emergency rooms, the course of treatment in the emergency rooms, and a summary of any transition to psychiatric services
- Workforce development (e.g. tuition reimbursement, enhanced rates, etc.)
 - Enact the “Freedom to Heal Act” – any willing and qualified provider for mental/behavioral health, either for private insurers, state Medicaid, or both
- Rewrite appropriate NRS chapters to remove inappropriate/stigmatizing language as it relates to mental/behavioral health



Legislative Request

Modify Assembly Bill 366 of the 2017 Session of the Nevada Legislature to amend NRS Chapter 433, sections 2-7 to accomplish the following:

- Re-align the counties that comprise the Southern Board
- Provide for flexibility of membership if the appointing body cannot find a qualified appointee
- Clarify that the mandate to meet at least quarterly does not apply during the 120-day legislative session or that the Legislator is excused
- Seek an allocation of funds for full-time coordinators to help each Board carry out its duties
- Edit the Boards' existing duties and what needs to be included in the Board's reports
- Task each Board with tracking data relating to Legal-2000 civil commitments
- Task each Board with creating/maintaining a website or providing information to be uploaded to an existing website so that there is a "one-stop shop" for information in those regions
- Name the specific entities with whom the Boards must coordinate
- Include language that calls upon the Regional Policy Boards to organize and consolidate accurate, actionable, and easily accessible behavioral health data





Rural Nevada

**Elko, Eureka, Humboldt, Lander, Lincoln,
Pershing and White Pine Counties**



Investment in the region

Technical Assistance

Consideration of regional characteristics

Transparent funding distribution

Gaps and Needs



Priorities

- Support and funding for development of rural infrastructure
- Specialized funding formulas to build infrastructure in the Rural Region
- Direct funding to Rural Region to support community-based behavioral health solutions
- Creation of a Regional Behavioral Health Authority to create a space where grants and funding are held
- Workforce development
- Community behavioral health crisis triage system
- Funding for Crisis Intervention Team (CIT) training
- Funding for Mobile Outreach Crisis Teams (MOST)
- Funding for Forensic Assessment Service Triage Team (FASTT)
- Transportation solutions
- Regional Behavioral Health Coordinator



Legislative Request

Behavioral Health Crisis Response Pilot Program

- **Medicaid**
 - Maximization of reimbursement rates to attract providers to the region
 - 7 provider types
- **Transportation**
 - Take the burden off of county sheriff offices
 - Law enforcement transport is stigmatizing, inappropriate and a public safety concern
 - Means to reimburse a system of transport that is safe, dignified and within a reasonable response time
 - Regular updates from DPBH on transportation of Legal Holds
- **Crisis Response**
 - Introduce a crisis response approach consistent with the Sequential Intercept Model
 - Crisis Intervention Team (CIT) training dollars for first responders
 - Funding for a Licensed Clinical Social Worker to partner with law enforcement devoted to the region
 - Funding for case managers partnered with law enforcement to respond to community referrals



Statewide Priorities

Coordination and collaboration via BH coordinators

Commitment to support the other boards' BDRs

Increase behavioral health funding

Build capacity of community providers and organizations

