

**Summary of 9/13/18 meeting of the Northern Regional Behavioral Health Policy Board  
Developed for the Nevada Behavioral Health Planning and Advisory Committee, Legislative  
Subcommittee**

1. The Regional Behavioral Health Policy Boards have been tasked with promoting behavioral health service delivery, developing bill drafts, communicating and coordinating with each other, reviewing data, and advising the legislature. The four boards cover Washoe County, Clark and surrounding counties, Carson and surrounding counties, and the remaining rural/frontier counties. In a 72-page handout entitled “Norther Nevada Rural Behavioral Health Coalition Strategic Plan” provided by Jessica Flood, and available on the DHHS website, the following was included:
  - a. Overview of local and regional priorities
  - b. Descriptions of the Regional Behavioral Health Coalition and related entities
  - c. Priorities, goals, and indicators
  - d. “Stepping up” progress reports (Forensic/Behavioral Health collaboration)
  - e. FASTT, CIT, MOST, JAST, and MDT progress reports
2. Updates regarding service provision
  - a. Carson Tahoe Health is rolling out a first psychotic episode program
  - b. Assertive Community Treatment Teams launching
  - c. SAMHSA awarded \$2 million for CCBHC expansion (Mineral and Carson)
3. Bill Draft Updates
  - a. Southern (Sandra)
  - b. Washoe: Statewide funding for crisis triage
  - c. Rural: Crisis response pilot program needs
    - i. Accelerated Medicaid rate for certain provider types (no psychiatrists)
    - ii. Transportation (overutilization of law enforcement)
    - iii. Implement crisis intervention program; lack provider types (clinicians and cms)
  - d. Northern (Jessica) clarify L2K language , transportation needs, and filling continuity of care gaps
4. State Priorities, Community Integration Strategic Plan (Stephanie Woodard)
  - a. Clarified the role of the State Behavioral Health Authority including designing, planning, oversight, QA, financial guidance, evaluating
  - b. Clarified the mission of Community Integration Strategic Planning
  - c. Clarified why community integration is prioritized
  - d. Listed Behavioral Health priorities

**Summary of 9/13/18 meeting of the Northern Regional Behavioral Health Policy Board  
Developed for the Nevada Behavioral Health Planning and Advisory Committee, Legislative  
Subcommittee**

- i. Adults
  - 1. Criminal justice diversion
  - 2. Supported Housing
  - 3. Assertive Community Treatment
  - 4. Access to providers
- ii. Children
  - 1. Juvenile Justice Diversion
  - 2. Residential treatment services
  - 3. Transitional Age Youth services
  - 4. Access to services
- e. Clarified Community Integration Goals
  - i. High quality recovery support/care to achieve/maintain stability
  - ii. Access to care
  - iii. Prevent inappropriate (most intensive levels of) care
- f. Discussed implementation strategies
  - i. Federal financial cooperation
  - ii. ACT, Zero Suicide, FQHC Expansion, and Early SMI/FEP launch
- 5. Separate presentation regarding the opioid epidemic
  - a. Prescriber education/guideline
  - b. Patient education
  - c. Criminal justice interventions
  - d. Overdose education and Naloxone distribution
  - e. Integrated Opioid Treatment and Recovery infrastructure/network