## AB9

## Revises Provisions Governing Regional Behavioral Health Policy Boards

# 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 Assemblywoman Robin Titus, MD Erik Schoen Lana Robards Laura Yanez Nicki Aaker, MSN, MPH, RN Sandy Wartgow Shayla Holmes Sheriff Ken Furlong

#### 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.

<sup>&</sup>lt;u>\*2 Vacant Position</u> – Member representing private/public insurers: psychiatrist/psychologist

#### 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. Realizing 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, reports, 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 regarding
  - Behavioral Health needs of adults & children
  - Any progress, problems, or proposed plans to improve regional behavioral health services
  - Identify Gaps in region and make recommendations or service enhancements to improve or address gaps
  - Priorities for allocating money to support and develop services
- (2) Promote improvements in the delivery of behavioral health
- (3) Review the collection and reporting of behavioral health data to determine standards
- (4) Coordinate and exchange information with other policy boards
- (5) Establish an electronic data repository
- (6) Track and compile data concerning persons placed on a Mental health crisis hold review
- (7) Coordinate with other behavioral health entities in the state to avoid duplication of efforts
- (8) submit an annual report to the Commission which includes the priorities and needs of the policy board's behavioral health region.

### 2022 Board Priorities

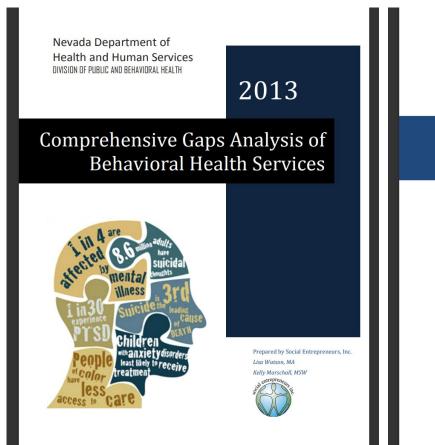
- 1. Regional Board infrastructure\*
- 2. Affordable and supportive housing and other social determinates of health
- 3. Behavioral health workforce with capability to treat youth and adults
- 4. Development of a sustainable regional crisis response system that integrates existing local crisis stabilization, 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
- Develop services to support continuity of care (i.e., continuation of medication/ community health worker model)

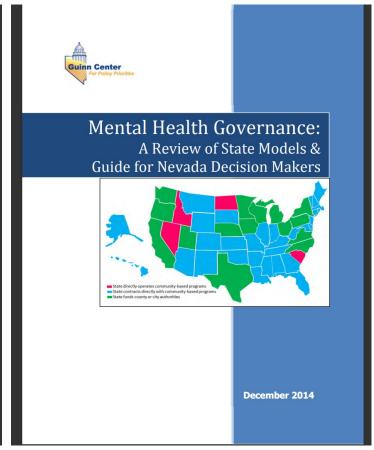
## 2022 Regional Infrastructure Strategies

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

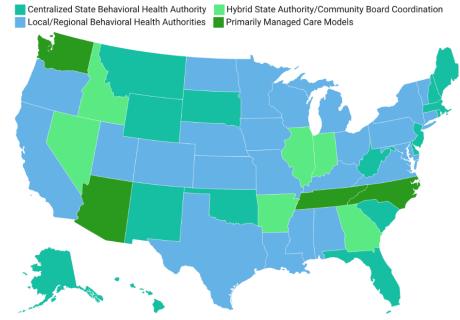
## Research During the Interim



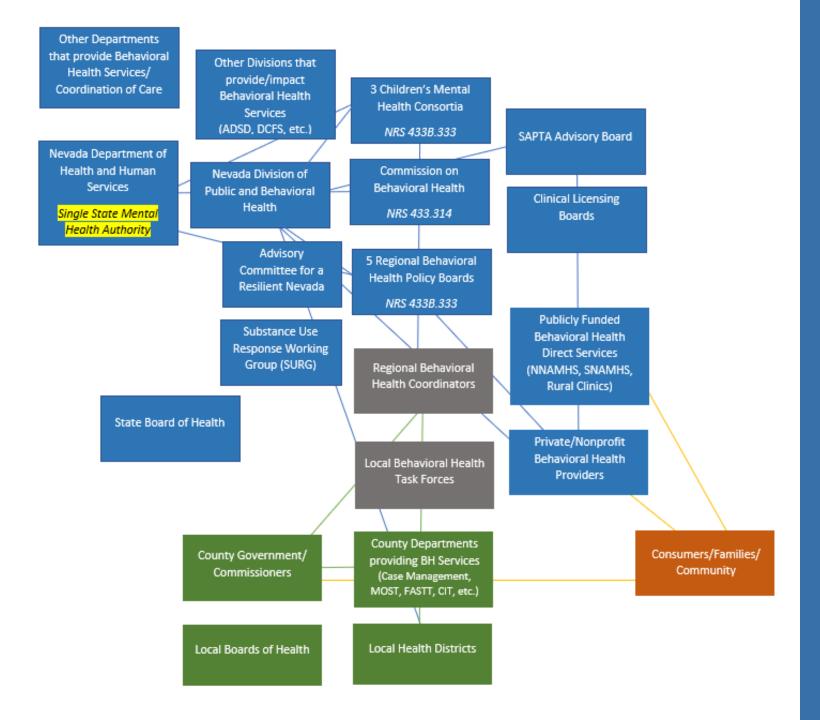


#### 50 State/Regional/Local Behavioral Health Authorities

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



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



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

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.

#### Expand Board duties to include:

- Employ such staff as is necessary to carry out the provisions of NRS 433.425 to .4295
- Encourage cooperation between entities that provide behavioral health in said region
- ➤ Identify behavioral health needs of communities evaluate, resolve, develop plans and objectives relating to such needs
- ➤ Meet with behavioral health providers, participate in the development and implementation of long-range plans
- Develop cooperative working relationships with agencies and providers of Behavioral health services and or programs
- ➤ Perform such other duties as assigned by board

## **Proposed Solution**

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 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 the support the 5 regional boards

Allow Policy Boards to Appoint Staff necessary to Fulfill Duties (b) Encourage cooperation between state, local and tribal governmental entities and other persons and entities that provide behavioral health services in the behavioral health region;

Working Together

- Regional

Coordination

(c) Identify the behavioral health needs of the community within the behavioral health region, evaluate the quality of behavioral health services in the behavioral health region, resolve problems relating to such needs and services and develop plans and objectives relating to such needs and services:

Identifying Behavioral Health need of region d) Meet with providers of behavioral health services within the behavioral health region and participate in the development and implementation of long-range plans for the provision of behavioral health services in the behavioral health region;

Assisting in County Behavioral Health long-term Plans (e) Develop cooperative working relationships with law enforcement agencies, providers of social services, advocacy agencies, providers of behavioral health services and other relevant persons and entities within the behavioral health region; and

Focus on Jail
Diversion
Programs Collaboratively

(f) Perform such other duties as are assigned by the policy board.

Duties Assigned by Board

## 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 **Treatment** Health **Local Behavioral** Dr. Amy Kegel Care/Hospitals **Health Task** (Providers) **Forces** Dr. Robin Titus Lana Robards (CCBHCs) Cherylyn Rahr-Dr. Amy Hyne-Erik Schoen (Licensing Wood Boards) Sutherland Cherylyn Rahr-Wood Task Force Chairs State **Law Enforcement** Government Sheriff Ken Cherylyn Rahr-Wood Furlong Chair Taylor Allison Dr. Robin Titus (Legislators) Juvenile Community **Whole Community Probation/Youth** Prevention **Behavioral Health System Services/ Schools Coalitions** Dr. Ali Banister Cherylyn Rahr-Wood Chair Taylor Allison Peer / Family **Judicial/Courts** Advocates/ Cherylyn Rahr-Community Wood Members Laura Yanez Health/Human **Services** Fire/EMS County Agencies Commissioners Sandy Wartgow Nicki Aaker **Chair Taylor** Allison Shayla Holmes

## Regional Policy Board Regions - BDRs

Clark: SB68 Supportive Housing through real property Transfer Tax

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

Washoe: AB69 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

Cherylyn Rahr-Wood

Northern Regional Behavioral Health Coordinator

Nevada Rural Hospital Partners

Cherylyn@nrhp.org