

# Northern Region Behavioral Health Policy Board

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August 5, 2021

Nevada Division of Public and Behavioral Health  
Attn: Richard Whitley, Director of Nevada Department on Health and Human Services  
Lisa Sherych, Division Administrator  
Dr. Stephanie Woodard, Senior Advisor on Behavioral Health

## **Re: Steps Towards a Regional Behavioral Health Authority and Implementation of an Ideal Crisis Response System**

Dear Nevada Division of Public and Behavioral Health (DPBH) Administration,

The Policy Board was created by the 2017 Nevada Legislature to advise the Department of Health, Division of Public and Behavioral Health, and Behavioral Health Commission on needs identified within our region. As the State takes strides towards implementation of model Crisis Response System initiatives, the Northern Region Behavioral Health Policy Board encourages the Division of Public and Behavioral Health to adhere to the guidance of the *Roadmap to an Ideal Crisis System*, developed by the National Council for Behavioral Health (see here: [https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031121\\_GAP\\_Crisis-Report\\_Final.pdf?dof=375ateTbd56](https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031121_GAP_Crisis-Report_Final.pdf?dof=375ateTbd56)). The Policy Board can assist in adoption of the guidance by taking on the roles listed below in moving towards a Regional Behavioral Health Authority. The Policy Board has included recommendations DPBH should consider for future funding awards and announcements related to the implementation of best practice crisis response systems.

- 1. Local Community Engagement and Collaborative Structure:** Developing a strong structure for coordination, collaboration, and accountability is that is responsive to local gaps, needs, and resources is essential to successful implementation of a comprehensive behavioral health crisis system.

### Recommendation for Crisis Funding Awards:

- **Provide flexibility in the funding requirements to accommodate for local resources and limitations as the model crisis response system is developed.** Recognizing that the system will take time to scale up and that all components of the system depend on each other for successful and sustainable implementation.
- **Ensure provider participation throughout the Crisis Continuum (including crisis call centers, mobile crisis response teams, crisis stabilization units) in regional monthly planning, capacity building, and program coordination meetings** – supports standardization and collaborative implementation.
- **Support formalization and sustainability of continuum of care through Memorandums of Understanding (MOUs) and policies**

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**2. System Accountability and Data Driven Decision Making:** The Northern region has identified that the lack of infrastructure and provider engagement impacts the performance of crisis response programs and strategies. The Northern Region Behavioral Health Policy Board is required by statute (NRS 433.4295) to:

- Review the collection and reporting standards of behavioral health data to determine standards for such data collection and reporting processes
- Establish an internet website that contains an accurate electronic repository of data and information concerning behavioral health and behavioral health services in the region that is accessible to the public, and
- To the extent feasible, track data regarding individuals admitted to mental health facilities and hospitals pursuant to NRS 433A.145 to NRS 433A.197.

Lack of funding and infrastructure has limited the Policy Board's ability to successfully provide these duties to the region. Data collection and data driven decision making is vital for the success of effective systems and performance. Looking forward, the Policy Board will require a minimum data collection, analysis and evaluation infrastructure in order to achieve best practices for the crisis response system and meet the mandated duties.

## Recommendation for Crisis Funding Awards:

- **Require funded providers throughout the Crisis Continuum (including crisis call centers, mobile crisis response teams, crisis stabilization units) to report data including performance measures recommended by the *Roadmap to an Ideal Crisis System*** – supports region in developing a cohesive data collection process. If feasible, ensures utilization of standard data collection tools.
- **Provide funding opportunities for a regional Data Analyst and program evaluation** – local behavioral health partners have relied on piecing together data collection and program evaluation from various funding streams as an initial effort towards data driven decision making. Building data collection and program evaluation into future streams prioritizes this essential function of the guidance.

## Why Now?

The State has recognized the need for regional behavioral health infrastructure, specifically the potential for Regional Behavioral Health Authorities. At the same time, regional stakeholders recognize gaps in state infrastructure and their ability to respond to the unique needs of the communities. The recommendations above are initial steps

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towards a Regional Behavioral Health Authority as our state faces increasing behavioral health impacts due to COVID-19 and limited response capacity. Nevada has the opportunity and funding to support one-time planning and incremental projects towards developing Regional Behavioral Health Authorities that help alleviate the state's enormous lift of developing a comprehensive crisis response system.

We appreciate the opportunity to provide our support for these efforts and are available for any further discussion, as needed.

Respectfully,

Taylor Allison  
Northern Region Behavioral Health Policy Board Chair

Cc: Jessica Flood, Regional Behavioral Health Coordinator  
Board Members: Assemblywoman Robin Titus, David Fogerson, Shayla Holmes, Nicki Aaker, Erik Shoen, Amy Hyne-Sutherland, Ali Banister, Sandie Draper, Ken Furlong, Matt Law, Lana Robards, Daniel Gunnarson