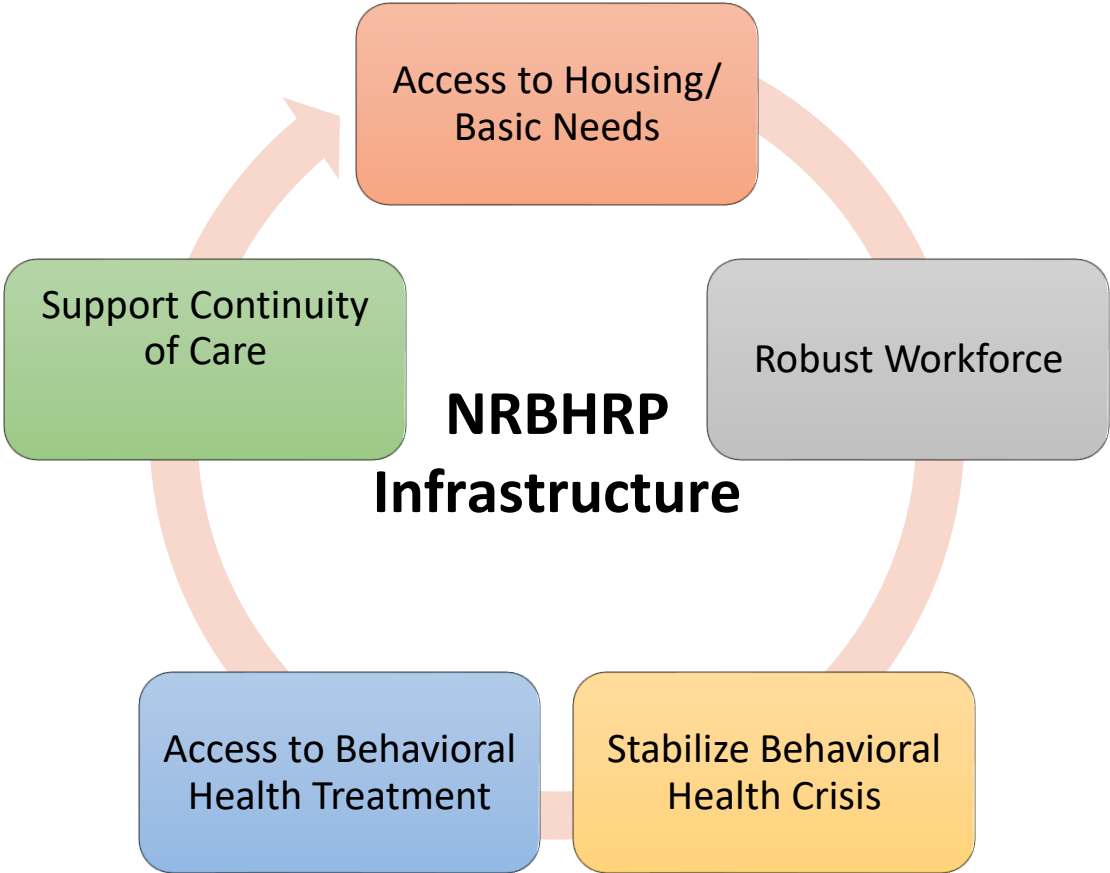


2021 Northern Region Behavioral Health Policy Board Strategies for Impact

Overview

Regional partners have been collaborating to progress behavioral health policy for almost eight years. Over time these efforts have become more formalized through the development of the Northern Regional Behavioral Health Policy Board, however the emphasis has largely focused on mitigating the immediate gaps and needs experienced by our communities. It is difficult to make an impact on such a complex system which so many gaps and needs. This document works to detail how the regional board can impact the system and work toward a greater vision of what good looks like in the region.



Board Infrastructure to Impact Behavioral Health System		
Action	Impact	Theme
<ul style="list-style-type: none"> – Develop behavioral health authority to more effectively develop system in region – Utilize communications to efficiently navigate the system and effectively utilize resources – Develop database to track outcomes for continuity of care 	<ul style="list-style-type: none"> – There is adequate infrastructure to support the behavioral health needs of our communities. 	<p>The NRBHP positively impacts the following priorities:</p> <ul style="list-style-type: none"> – Social determinants/ basic needs – Robust workforce – Stabilize immediate or urgent behavioral health crisis – Access to the appropriate level of treatment – Support continuity of care
Access to Housing and Basic Needs		
Action	Impact	Theme
<ul style="list-style-type: none"> – Priority 4: Increase access to affordable and supported housing and other social determinants of health – Connecting with experts on housing to understand how to increase housing stock – Use policy board members to obtain and deliver information on efforts related to the board- social determinants of health – Educate policy makers about the importance of affordable housing – Explore ideas to develop supportive housing – Educate board on housing to be a better advocate? – Board as a supportive role? – Acknowledge and advocate for social determinants of health and identify supportive role so potential mental health issues mitigated at lower levels of care 	<ul style="list-style-type: none"> – There is adequate housing stock in the region to support all residents – There is adequate supported housing to assist individuals in achieving and maintaining stability in the community. – There is adequate resources available in the community to meet basic needs. 	<ul style="list-style-type: none"> – Individuals are less likely to experience and stay in behavioral health crisis due to being able to address basic needs.

Robust Behavioral Health Workforce

Action	Impact	Theme
<ul style="list-style-type: none"> – Priority 2: Increase behavioral health workforce with the capability to treat adults and youth – Identify capacity to treat specific populations including youth, IDD, adults, and older adults. – Identify gaps for populations: collect data/build archive of what we know and don't know – Find funding for data analyst – Advocate for sustainability of school social workers – Strengthen relationships with senior centers and other senior advocates to increase supports for the system – Explore use of community health workers to support seniors – Partner with agencies to incentivize increased clinicians providing services to populations such as youth, seniors, – Identify incentives for behavioral health providers – Increase assistance and mental health support for seniors – Increase spots for graduate school programs – Increase Medicaid reimbursement for those providing care to incentivize attraction to behavioral health – Create connection/ obtain knowledge from Nevada System of Higher Education – Allow for flexibility for location on supervision of 	<ul style="list-style-type: none"> – Adults, youth, seniors have adequate supports to live in the community – School behavioral health professionals are an adequate and sustainable resource in our communities – Region has capacity for data based decision making 	<ul style="list-style-type: none"> – Robust behavioral health workforce allows for – Communities have resilience to provide needed supports for residents, families, etc. – Considering equity in who is most vulnerable and ensure services are provided to them – Regionalizing behavioral health using data driven decision making.

<p>interns (i.e., able to provide therapeutic supports in group homes)</p> <ul style="list-style-type: none"> – Attract more interns into the region – Explore Medicare Advantage plans- disability and over 65 – Bringing training to assist community health workers and other providers in working with youth and seniors (such as Healthy Ideas training) – Engage providers such as Merakey to support IDD individuals in community – Explore concepts/ resources that would support special populations <ul style="list-style-type: none"> o Therapeutic foster homes/ foster homes – Increase respite/ training for families caring for loved ones whether youth, seniors, or adults with disabilities/illness – Look at how services are utilized- more heavily utilized by other programs – Develop understanding of who is utilizing services/ how etc. – Explore value-based care models- learn about ACO's 		
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Stabilize Behavioral Health Crisis

Action	Impact	Theme
<ul style="list-style-type: none"> – Priority 1: Obtain sustainable funding for current crisis stabilization and jail diversion programs (MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center) – Secure Medicare and Medicaid rates that are 	<ul style="list-style-type: none"> – Sustainable/ secured funding – System interoperability between MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center. – Services are adequate for the population 	<p>Healthy and effective crisis stabilization system that allows for variation due to local strengths, needs, and limitations.</p>

<p>sustainable to provide services such as the CSU</p> <ul style="list-style-type: none"> – Obtain knowledge of funding sources and streams – Identifying more sustainable funding streams for teams and use of community health workers/ peers – Help smaller agencies developing group billing mechanism for Medicaid <p>Explore innovative models from other countries such as “Grandmothers on benches” and providing opportunities for intervention in the communities</p>	<ul style="list-style-type: none"> – Small agencies are billing for Medicaid by utilizing a “Co-Op” model to share needed billing infrastructure – Treatment or therapy include other modalities incorporating community health workers and peers. 	
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Access to Behavioral Health Treatment

Action	Impact	Theme
<ul style="list-style-type: none"> – Priority 3: Increase access to treatment in all levels of care – Look for innovative strategies to assist uninsured – Leveraging region’s funds to assist each other in region. – Leverage board expertise and planning efforts – Look at insurance companies not paneling people – Leverage community health workers and peers to support telehealth – Learn about what strategies/ communities can utilize telehealth – Identify/ advocate for reimbursement models for transportation such as secure behavioral health transport/ – Increase strategies for people to utilize telehealth who are appropriate <ul style="list-style-type: none"> o Safe rooms reserved for people (at 	<ul style="list-style-type: none"> – Have access to all defined levels of care in the LOCUS for adults and youth 	<ul style="list-style-type: none"> – Resilient and flexible treatment system that allows for client choice. – Treatment system that serves disparate populations with dignity and respect.

<p>library's?) to utilize telehealth</p> <ul style="list-style-type: none"> - Identify systems to track quality of mental health treatment (PCOMS) - Ensure service array includes support for those with serious mental illness 		
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Support Continuity of Care

Action	Impact	Theme
<ul style="list-style-type: none"> - Priority 5: Develop services to support continuity of care (i.e. continuation of medication/ service connection with community health worker) - Develop database to track outcomes for - Implement Crisis Now- a cohesive crisis system - Utilize Behavioral Health Emergency Operations Plan - Seek to understand barriers and perspectives in discharge planning <ul style="list-style-type: none"> o Include courts/ judges in conversation o (Erik) Support the Nevada Community Health Worker Association with funding and building the Nevada CHW Corps 	<ul style="list-style-type: none"> - Service coordinators that assist people in navigating system - Discharge planners have strong relationships in the community and engage in discharge planning best practices. - A fully-actualized and - realized Nevada CHW Corps with CHWs serving ALL communities throughout Nevada working independently and together would serve as a highly-trained, cost-efficient "glue" for ensuring that consumers are connected to necessary services, and that service providers are working hand-in-hand 	<ul style="list-style-type: none"> - Supporting and empowering individuals to continue with appropriate care as needed.