

NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD STRATEGIC PLANNING NOTES
May 20, 2021

A. Envisioning what good looks like:

Northern Region Priorities

1. Obtain sustainable funding for current crisis stabilization and jail diversion programs (MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center)

- MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center would have fluid interoperability and stability
- Secured funding commitments
- Securing Medicare and Medicaid rates that are sustainable to provide services such as the CSU
- Services are adequate to provide services for population
- Small agencies are billing for Medicaid by utilizing a “Co-Op” model to share needed billing infrastructure
- Have concept of treatment or therapy include other modalities incorporating community health workers and peers.

Goals/ Objectives:

- 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
- Explore innovative models from other countries such as “Grandmothers on benches” and providing opportunities for intervention in the communities

2. Increase behavioral health workforce with the capability to treat adults and youth

What good looks like:

- **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**
- Adults, youth, seniors have adequate supports to live in the community
- Youth: School behavioral health professionals are an adequate and sustainable resource in our communities
- Seniors:

- Individuals with intellectual and developmental disabilities are supported in the community
- Have a team of data analysts and researcher that oversee accumulate data
- Goals/ Objectives:
 - 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
 - Increase assistance and mental health support for seniors
 - Looking upstream:
 - 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 interns (i.e., able to provide therapeutic supports in group homes)
 - 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
 - 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

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
 - Safe rooms reserved for people (at library's?) to utilize telehealth
- Crisis Now
- Identify systems to track quality of mental health treatment (PCOMS)
- Ensure service array includes support for those with serious mental illness

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 that unneeded stressors for individuals and families are alleviated and potential mental health issues mitigated at lower levels of care

5. Develop services to support continuity of care (i.e. continuation of medication/ service connection with community health worker)

What good looks like:

- 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.

Goals/ Objectives:

- Develop database to track outcomes for
- Implement Crisis Now- a cohesive crisis system
- Behavioral Health Emergency Operations Plan
- Discharge planning – seek to understand barriers and perspectives
 - Include courts/ judges in conversation
- Support the Nevada Community Health Worker Association with funding and building the Nevada CHW Corps

Potential strategies:

- Behavioral health authority
- Help smaller agencies developing group billing mechanism for Medicaid
- Communication plan

Criteria:

- Is it within the scope of the Board's role?
- Is it SMART?
- Do we have the resources to achieve it?
- Is there someone else working on this?

B. Board infrastructure considerations:

- Website/ communications plan
- Mental health crisis hold and associated behavioral health data
- Behavioral Health Emergency Operations plan
- Regional Behavioral Health Authority

C. Timeline and planning for goal achievement:

- Short term
- Medium term
- Long term