

Northern Regional Behavioral Health Policy Board next steps  
10.7.21

**1. Regional Board Infrastructure development**

- a. Review authority in NRS and have LCB provide presentation on intent
- b. Match priorities with authority currently in law
- c. Explore possibility of BDR to align with priorities in coordination with other bodies/ boards
- d. Enhance explore data dashboard
  - i. Healthy communities tomorrow- coordinate with state on their efforts
- e. Continue to advocate for a data analyst
- f. Advocate for sustainable funding source of RBHC position
- g. Table-top exercise for BH Emergency Operations Plan

**2. Affordable and supported housing and other social determinants of health**

- a. Have presentation by subject matter expert on housing
- b. Dr. Amy Hynes- Sutherland can serve as liaison with Carson housing committee and identify housing specialist presenting
- c. Social determinants of health: food deserts, outdoor places to play, poor water quality, poverty, and homelessness in our region- John Packham to provide presentation
- d. Nevada Rural Housing Authority presentation

**3. Behavioral health workforce with capability to treat adults and youth**

- a. Advocate for tiered approach for a calibrated mental health system that includes a robust relationship between clinicians, CHW's, and peers.
  - i. Clinician:
    1. Dept of Ed awarded for 5 years for schools to continue to build up work force that matches population: training opportunities in middle school and high school. [Presentation with Dana Walburn- Ruby Kelley/ Dept of Education on ongoing grant.](#)
    2. Get more information on location flexibility for supervision of interns
    3. Science of innovation and technology- GME taskforce- efforts to expand graduate fellowship
  - ii. Define community health worker: Aiding in completion of care plan
    1. Formalize subcommittee to work with partnership to sustain CHW's in the state. Erik liaison board member attend RNHN and provide updates to board.
    2. Presentation on Statewide CHW on CDC grant bringing in 50 CHW's to assist seniors
    3. Reach out to Medicaid for billing reimbursement
    4. Advocate for CHW reimbursement for behavioral health services
- b. Peer: Part of care plan
  - i. Clarify, define, educate meaningful role of peer support specialists in region to avoid misuse.

**4. Development of a regional crisis response system (Obtain sustainable funding for current crisis stabilization and jail diversion programs (MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center))**

- a. Waiting for crisis stabilization unit billing rates, looking into assertive community treatment, and FEP
  - b. Building CHW rate now, waiting for update
  - c. Medicaid billing
    - i. Dana Walburn will provide information on opportunity for counties to develop billing consortium
    - ii. Jessica will develop monthly peer Medicaid billing group (regional)
      - a. Look at cost/ benefit analysis (include what provide types certified to bill for)
      - b. Follow up with Dana Walburn
  - d. Advocate on behalf of local communities for 988 planning
- 5. Increase access to treatment in all levels of care**
- a. Look into issues with under insurance or people with no insurance
  - b. Connect providers with trauma recovery grant for uninsured youth
  - c. Advocate for increased residential treatment and supported living arrangements
  - d. Support community centers/ peer drop-in centers, living rooms models
- 6. Develop services to support continuity of care (i.e. continuation of medication/ service connection with community health worker)**
- a. Bring psychological first aid training to CHW organization
  - b. Presentation/ perspectives on benefits of psychological first aid
  - c. Integrate continuity of care in behavioral health emergency operations
  - d. Focus on discharge planning and strengthen continuity of care
    - i. Follow up with DPBH discharge planning group
    - ii. Look into structural solutions to strengthen warm hand offs

Churchill, Eureka, Mineral, Pershing