

I think you will all agree we have had some excellent presentations this year; keeping in accordance with our legislative mandate to support, promote, collaborate, and educate ourselves on areas of behavioral health needs in our community. During the last few meetings (identified below), several specific areas were presented for our consideration for BDR concepts and/or for our specific support during the upcoming legislative session. Below is a *brief* summary of those items along with the specific board priorities on which they align.

### Proposed 2022 Washoe Region Behavioral Health Policy Board BDR Concepts

BDR Topic/Support	Overview /Summary of Presentation	Correlating Board Priority/Strategy	Analysis
<p><b>Support:</b>  <b>Youth/Children Mobile Crisis; Youth Mental Health Services</b></p>	<p><b>March 14:</b>  <u>Jacquelyn Kleinedler, Department Director, The Children’s Cabinet</u> discussed the legislative promotion and support of the following:            (1) Commit funding, infrastructure, and legislative support to maintain and expand existing programs and services that benefit youth and families in Washoe County. This includes access to 24/7 in-person mobile crisis response teams.            (2) Promote innovative programs to respond effectively to the ongoing and increasing youth mental health crisis in Washoe County. An example would be a concept of in-home crisis stabilization for youth, rather than emergency rooms</p>	<ol style="list-style-type: none"> <li>1. Crisis Response Implementation</li> <li>2. Mental and Behavioral Needs of Children/Youth</li> </ol>	<p>No specific BDR topic was suggested however Board support and promotion was requested for legislation around mental health for youth. WRBHPB will monitor those pieces of legislation that relate to mental health, including children and as agreed on by board, can offer letters of support.</p>
<p><b>Support:</b>  <b>Diversity and Inclusion Workforce/Providers</b></p>	<p><b>April 11:</b>  <u>Dr. Nicole Jacobs, Associate Dean of Diversity, and Inclusion University of Nevada Reno, School of Medicine</u> discussed the disparity of providers entering workforce. Encouraged the support of creating mentoring programs, and targeted outreach for diverse representation as well as programs aimed at retention.</p>	<ol style="list-style-type: none"> <li>1. Diversity and Inclusion</li> </ol>	<p>No specific BDR topic was suggested however Board support and promotion was discussed for legislation around diversity and inclusion. WRBHPB will monitor those pieces of legislation that relate to topic and as agreed on by board and appropriate to board criteria, can offer letters of support.</p>

<p><b><u>BDR Concept:</u></b>  <b>Community Health Workers (CHWs)</b></p>	<p><b>May 9:</b>  <u>Jay Kolbet-Clausell, MSW, Program Manager, Nevada Community Health Workers Association</u> presented the current challenge for CHWs. CHWs are not reimbursable for providers under the supervision of a physician, PA, or APRN who bills Medicaid for the following:  - Behavioral Health Outpatient Treatment PT 14  - Behavioral Health Rehabilitative Treatment PT 82  - Special Clinics PT 17  - Specialty 215 Substance Abuse Agency Model</p>	<p>1. Behavioral Health Workforce</p>	<p>Opportunity to expand Medicaid reimbursement of CHWs under the supervision of behavioral health clinicians.</p> <p><b>Possible Action:</b> Directive to Amend State Plan; Fiscal Assessment</p> <p><b>Challenge:</b> May be complex - Medicaid</p>
<p><b><u>BDR Concept:</u></b>  <b>Addressing Health Workforce Strategies</b></p>	<p><u>Dr. John Packham, Associate Dean, Office of Statewide Initiatives Co-Director, Nevada Health Workforce Research Center University of Nevada, Reno School of Medicine</u> presented behavioral health workforce analysis and trends citing the significant shortages in Nevada. Presentation included a number of policy strategies to address shortages:  - Expand public higher education health programs and budgets  - Residency and fellowship program development (GME), including rural residency programs and subspecialty training  - State and federal loan repayment and scholarship programs  - Licensing reciprocity and health care professions compacts  - Scope of practice and supervision requirements for advanced practice clinicians and the non-physician workforce  - Expanding telemedicine capacity, payment and reimbursement, and other telehealth innovations, including Project ECHO Nevada  - Promoting health care careers, and associated pipeline and career ladder programs in K-12 and colleges (recruitment)  - Provider reimbursement, work environment, and pay and benefits in the health care sector (retention)</p>	<p>1. Behavioral Health Workforce</p>	<p><b>Opportunity</b> to address shortage by reviewing the 8 policy strategies to determine which if any, might be practical. One emerged as possible.</p> <p><b>Possible Action:</b> Expansion of behavioral health training programs to get investment to increase graduates</p> <p><b>Challenge:</b> Fiscal Impact depending on which strategy was selected</p>

<p><b><u>BDR Concept:</u></b>  <b>Behavioral Health Collaborative: Clinical Supervision Definition</b></p>	<p><u>Dr. Kenneth Coll, Professor, Counselor Education Program University of Reno, Community Behavioral Health Collaborative</u> presented model that creates:</p> <ul style="list-style-type: none"> <li>- A conduit to source interested and available University of Nevada, Reno Behavioral Health training program Interns</li> <li>- A clinical supervision training center to support such efforts</li> </ul>	<p>1. Behavioral Health Workforce</p>	<p><b>Opportunity:</b> Contribute to BH workforce initiatives</p> <p><b>Possible Action:</b> Support the creation of a common definition for clinical supervision that would align with accreditation standards of the combined educating bodies and the licensing boards</p> <p><b>Challenge:</b> Support from licensing boards</p>
<p><b><u>BDR Concept:</u></b>  <b>Nevada Mental Health Workforce Education Network</b></p>	<p><b>June 13:</b>  <u>Dr. Sara Hunt, UNLV Mental and Behavioral Health Training Coalition</u> presented on the concept of a Nevada Mental Health Workforce Education Network – modeled after Nebraska’s BHECN.</p> <ul style="list-style-type: none"> <li>- Facilitate recruitment into careers/retention programs</li> <li>- Mentor matching in geographic locations</li> <li>- Workshops and conferences for licensed professionals</li> <li>- Data tracking</li> <li>- Policy</li> <li>- Statewide mental health jobs board</li> <li>- Also, brings resources and supports AHECs</li> </ul>	<p>1. Behavioral Health Workforce</p>	<p><b>Opportunity</b> to establish a Nevada Mental Health Workforce Education Network</p> <p><b>Possible Action:</b> Request funding and support</p> <p><b>Challenge:</b> Appropriation Legislation</p> <p><b>NOTE: RURAL REGION POLICY BOARD HAS VOTED TO MOVE THIS FORWARD AS THEIR BDR</b></p>
<p><b><u>BDR Concept:</u></b>  <b>Standards/Policies for children’s system of care</b></p>	<p><u>Dr. Stephanie Woodard, DHHS Senior Advisor on Behavioral Health Nevada Department of Health and Human Services, Division of Public and Behavioral Health</u></p> <p>Provided discussion on the need for establishment of guidelines for the children’s system of care (SOC).</p>	<p>1. Mental and Behavioral Health Needs of Children</p>	<p><b>Opportunity</b> to establish system of care that providers can plug in to, versus fragmented. Opportunity to establish guidelines for children’s SOC. We don’t have certification for outpatient mental health agencies.</p> <p><b>Possible Action:</b> Establish in statute the authority for DCFS to establish standards for providers, allowing the development of a baseline/policies and monitor through certification....(similar to SAPTA for SUD)</p> <p><b>Challenge: ?</b></p>

<p><b><u>BDR Concept:</u></b>  <b>Law Enforcement Diversion and Deflection</b></p>	<p><u>Dr. Stephanie Woodard, DHHS Senior Advisor on Behavioral Health Nevada Department of Health and Human Services, Division of Public and Behavioral Health</u></p> <p>Discussed the need for an update to NRS 458.175. Detail <b>Civil Protective Custody</b> with a broad definition and while it provides for detox, it does not uphold standard of care for the initiation of medication for opioid use disorder and the assurance of wrap around/follow up care.</p>	<p>1. Equitable Focus on Substance Misuse</p>	<p><b>Opportunity</b> to modernize existing statute around civil protective custody and come into line with existing standards of care. Also, to eliminate the danger to individuals only receiving withdrawal management without follow up.</p> <p><b>Possible Action:</b> Propose new, very specific policy modernizing language in NRS 458.175</p> <p><b>Challenge:</b> Unfunded mandate? Doesn't sound like it but need to clarify existing practices now</p>
<p><b><u>Potential BDR Concepts</u></b>  <b>Follow SURG work/meetings for possible identification of concepts</b></p>	<p><u>Dr. Stephanie Woodard, DHHS Senior Advisor on Behavioral Health Nevada Department of Health and Human Services, Division of Public and Behavioral Health</u></p> <p>Provided discussion on the Substance Use working group (SURG) developed as a result of AB374.</p>		<p><b>Opportunity</b> to support or participate in new legislation around substance misuse, addiction, law enforcement and behavioral health.</p> <p><b>Possible Action:</b> Monitor the group for concepts</p> <p><b>Challenge:</b> Timing for selection of concept</p>