

Regional Behavioral Health Authority Pilot for the Implementation of Behavioral Health Crisis Response System

Purpose:

States across the US, including Nevada, are in the process of developing a crisis response system aligned with national initiatives and best practices following the Crisis Now Model. This model outlines a system with 3 basic components:

1. Centralized intake crisis line
2. Mobile crisis teams
3. Crisis Stabilization Units

With this vision in mind, federal legislation was passed last year that mandated that all states develop a statewide crisis line that can be accessed through calling “988”. While 988 is being implemented at the state level, progress has been made in developing mobile crisis teams and crisis stabilization units at the community level. The state has taken a regional approach to organize and align local and state components of the crisis system using the Regional Behavioral Health Policy Boards for strategic planning and the regional coordinators for technical assistance. Nevada Division of Public and Behavioral Health is using SAMHSA’s guidance found in “Roadmap to an Ideal Crisis System” to prioritize funding for federal COVID- 19 response block grant and the American Recovery funding.

The purpose of this proposal is to pilot a formalized structure for the Northern Regional Behavioral Health Policy Board to act as regional behavioral health authority and “accountable entity” in order to implement the guidelines addressed in the “Roadmap to an Ideal Crisis System”.

Background:

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?daf=375ateTbd56) provides guidance for the development of crisis response systems (CRS) across the United States. Developing a strong structure for coordination, collaboration, and accountability is essential to successful implementation of a comprehensive behavioral health crisis system. The guidance identifies the role of “delegated financing authority” as an important component of the system, carrying out the following duties:

- **System accountability and data driven decision making:** “The accountable entity must have either direct or delegated governmental authority at the state and/or local level to require participation of funders, assure adequate rate-setting, determine funder and provider participation requirements, determine standard of care and quality performance metrics and award and enforce service contracts.” (p. 42)
- **Crisis Coordinator:** “The crisis coordinator position is a clearly identified role and may be a staff person in the accountable entity (e.g., county, managing entity) or a

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staff person associated with a lead crisis provider. If the latter, it is independent from that person's provider responsibilities so there is clear accountability for the whole system's performance and not just the individual providers."

- **"Crisis coordinator functions:** The crisis coordinator oversees, delineates and continually improves the policies, procedures, protocols and services that govern how the individual elements of the crisis system work together to ensure high quality and seamless response for individuals and families. This responsibility has appropriate authority to review quality metrics and recommend quality improvement interventions to the accountable entity and is written into all relevant provider and payer contracts."
- **Crisis collaboration structure:** "The accountable entity and crisis coordinator hold regular crisis coordination meetings at least monthly for each geographic area, attended by representatives of first responders, crisis continuum providers, human service agencies, ambulatory service providers, housing providers, funders and advocates. In most communities, there will be separate meetings for adult and youth crisis coordination. Attendance is mandated for contracted providers. Each meeting has formal minutes and identifies specific action steps for follow-up monitored by the crisis coordinator with support from the accountable entity" (p. 40).

Why now:

- Nevada is still seeing the behavioral health impact of COVID- 19, and regional stakeholders have recognized gaps in state infrastructure and their ability to respond.
- Regional infrastructure is crucial to aligning state initiatives with community needs and programming for a successful crisis response system.
- Nevada has the opportunity and funding to support one-time regional board infrastructure development.

Benefits of behavioral health authorities:

- Develops regional capacity to implement behavioral health crisis system at the regional level with representation from local stakeholders. The State does not have capacity to implement the CRS at a community level to ensure best practices and align with local needs.
- Allows for improved quality crisis services through increased infrastructure to ensure full implementation of the CRS (i.e. crisis coordinator, data analyst, program evaluator, grant manager).
- Allows for standardization across programs in a region, while allowing for local variation. (Example: Current efforts by the RBHC to assist DPBH in standardizing MOST data collection)
- Addresses state fiscal management bottlenecks that can cause delays in reimbursement and contracts and state limitations in the ability to expand and apply for new funding opportunities.

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- Incremental infrastructure building will allow for regions to apply additional funding on behalf of regional collaboratives.
- Increased formalization will provide a coordinated regional response to behavioral health emergencies.

Addressing concerns:

- *The RBHA adds a bureaucratic layer, taking 10% from funding to communities:*
 - Advocacy in proposed plan for state to transfer a portion of their budget to administer grants to region for administration of grants.
 - Currently there is no formal coordination of program funding- regional authority would provide formal coordination and technical assistance for communities implementing programs. (Current example: Regional coordination of MOST and FASTT)

- *Poor implementation of regional authority as accountable entity could bottleneck crisis system:*
 - Plan to develop concept with broad and transparent stakeholder participation that includes:
 - Determining funding formulas for regions and counties
 - Development of process for fiscal distribution
 - Addressing infrastructure needs for the board
 - Plan to addressing concerns of fiscal and procedural assurances in plan.
 - Development of plan for corrective action
 - Request for adequate staffing including grant manager, data analyst, program evaluator, to ensure organized and efficient process.
 - Local representation on board increases accountability, creation of mechanism for ongoing feedback.

Crosswalk between current duties and duties of Regional Behavioral Health Authority

Regional Behavioral Health Policy Board duties (NRS 433.4295)	Potential Regional Behavioral Health Authority:
Promote improvements in the delivery of behavioral health services in the region.	Performs comprehensive planning activities
Coordinate and exchange information with the other policy boards in the state to provide coordinated and unified recommendations to the	Integrates and coordinates the delivery of services

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Department, Division, and Commission regarding behavioral health services in the behavioral health region.	
Review the collection and reporting standards of behavioral health data to determine standards for such data collection and reporting processes.	Monitors and reports the system's performance
To the extent feasible, 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.	Monitors and reports the system's performance
To the extent feasible, track data regarding individuals admitted to mental health facilities and hospitals pursuant to NRS 433A.145 to NRS 433A.197	Monitors and reports the system's performance
Identify and coordinate with other entities in the behavioral health region and this State that address issues relating to behavioral health to increase awareness of such issues and avoid duplication of efforts.	Takes corrective action when necessary
Advise the Commission on Behavioral Health, the Department of Health and Human Services, and the Department of Public and Behavioral Health	Prepares and administers budgets
Submit an annual report (which can be submitted more often if needed) to the Commission	Monitors and reports the system's performance