

# Regional Behavioral Health Policy

**Boards:** Priorities, barriers and needs, and opportunities for funding

Grants Management Advisory Council

August 21st, 2021

# WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD

**CURRENT PRIORITIES FOR PROMOTION, SUPPORT AND RECOMMENDATION: NRS 433.4295**

- **CRISIS RESPONSE**
- **EQUITABLE FOCUS ON SUBSTANCE USE: *Treatment, Education and Prevention***
- **REGIONAL BEHAVIORAL HEALTH EMERGENCY RESPONSE: *Before, During and After an Emergency/Disaster***
- **REGIONAL BEHAVIORAL HEALTH DATA**



# Crisis Response

## Activities and Strategies for Success

- Board support of the Washoe County Crisis Response Implementation Planning (CRSIP) project
- Support of Passed Legislation Around Crisis Response
- Support of successful implementation of 988
- Sponsor of SB69 impacting crisis response and behavioral health
- Support of Washoe Health District Community Health Improvement Plan (CHIP): Focus Area 2 (BH)

# Crisis Response, cont.

## Barriers/Needs:

- Support of Regional and State leadership
- Lack of BH providers (mental health professionals)
- Homelessness/Housing: CRSIP does not “fix” homelessness
- Training and staffing required for successful rollout of CRSIP and 988

## Funding Opportunity/Wish List:

- Infrastructure support of above projects
- Sustained funding for additional staffing
- Training to support staff
- Affordable, sustainable housing for vulnerable population

**EQUITABLE  
FOCUS ON  
SUBSTANCE USE**  
*Treatment,  
Education and  
Prevention*

Activities and Strategies for Success

- Education
- SB69
- Ongoing Review

Barriers/Needs

- Additional, certified peers
- Compliance with new regulations pursuant to SB69

Funding Opportunities

- Sustainable funding for a successful CTC

## Activities and Strategies for Success

- Development by RBHC of BH Annex to Emergency Response Plan
- Exercises
- Support of Resilient Nevada Ambassador Program

## Barriers/Needs

- Commitment of Professional/para professional staff for response teams
- Housing for disaster response (i.e. COVID)

## Funding Opportunity

- Support a Regional/State joint exercise (travel, resources)
- Training for BH Response Teams

# Regional Behavioral Health Data

## Activities

- Annual Report
- Behavioral Health Profile
- NV Regional Behavioral Health Website Collaborative

## Barriers/Needs

- Consistent, accurate data
- Timely data responses

## Funding Opportunity

- Website upgrades/maintenance as required

# Northern Regional Behavioral Health Policy Board

Carson, Churchill, Douglas, Lyon, and Storey Counties

Jessica Flood, MSW

Northern Regional Behavioral Health Coordinator



# Board priorities

1. Obtain sustainable funding for current crisis stabilization and jail diversion programs (MOST, FASTT, CIT, and Mallory Crisis)
2. Increase behavioral health workforce with the capability to treat adults and youth
3. Increase access to treatment in all levels of care
4. Increase access to affordable and supported housing
5. Develop services to support continuity of care (i.e. continuation of medication/ service connection with community health worker).

In the process of  
Developing Mental  
Health System

- Mallory Crisis Center
- Certified Community Behavioral Health Centers
- Assertive Community Treatment Teams in partnership with Mobile Outreach Safety Teams
- Multi-disciplinary Forensic Assessment Services Triage Team  
“FASTT” Jail reentry teams

## Northern Region Gaps and Needs

Access to care for youth and adults

Behavioral health workforce

24/7 in-person outreach for individuals in chronic crisis

Supported housing- group homes and long-term supported living arrangements.

Support for COVID induced risk factors- isolation, unemployment, grief and loss

# Northern Region Activities

Regional behavioral health emergency operations planning- focused on supporting communities and first responders

Northern Board website to formalize board as a communication hub between local counties and the state

Interest in formalizing in Regional Behavioral Health Authorities

# Funding needs/ opportunities

- Crisis Response Infrastructure development
  - Funding for crisis services including youth crisis stabilization unit, satellite crisis response units, mobile crisis teams, behavioral health transportation.
- Behavioral Health Emergency Operations Plan
  - Support a Regional/State joint exercise (travel, resources)
  - Training for BH Response Teams
  - Funding for publication, materials, and outreach
- Behavioral Health Authority formalization
  - Technical assistance
  - Data coordinator position and program evaluation

Thank you

- Contact information:  
Jessica Flood  
Northern Regional Behavioral Health Coordinator  
Nevada Rural Hospital Partners  
[Jessica@nrhp.org](mailto:Jessica@nrhp.org)



---

# RURAL REGIONAL BEHAVIORAL HEALTH POLICY BOARD

---

ELKO, EUREKA, HUMBOLDT, LANDER, PERSHING, AND WHITE PINE COUNTIES

Valerie Cauhape Haskin, MA, MPH  
Rural Regional Behavioral Health Coordinator  
GMAC Meeting August 19, 2021

# Rural Regional Behavioral Health Policy Board 2021 Priorities

TRANSPORTATION

MEDICAID/CMS  
REIMBURSEMENT  
FOR BEHAVIORAL  
HEALTH SERVICES

BEHAVIORAL  
HEALTH  
WORKFORCE  
DEVELOPMENT

DATA QUALITY

INTERAGENCY  
COMMUNICATION  
AND PARTNERSHIP

YOUTH, ELDER,  
AND MINORITY  
SERVICES

VETERANS'  
SERVICES



# Current Rural Regional Behavioral Health Policy Board Funding Priorities

Increased Medicaid reimbursement for behavioral health treatment

Funding to support MOST (in-person and virtual) and CRT programs in rural communities

Increased Medicaid reimbursement for behavioral health transportation to both crisis and outpatient services

Increased youth treatment and prevention/promotion services both in and out of schools

Increased funding for behavioral health treatment and recovery for veterans in rural communities

Funding to pilot rural crisis stabilization centers and novel crisis programs designed to meet the needs of rural communities

Increased funding and priority given to behavioral health programming for elderly adults

# Contact Information

Valerie Cauhape Haskin, MA, MPH  
Rural Regional Behavioral Health  
Coordinator

[vcauhape@thefamilysupportcenter.org](mailto:vcauhape@thefamilysupportcenter.org)



# Clark Regional Behavioral Health

Clark County

# Gaps and Needs



- In 2020 the behavioral health team identified assets and gaps; three areas stood out as needing expansion:
- Dedicated funding for Crisis Services
- Deployment of more mobile crisis teams for adults
- Development of community-based services and supports to reduce reliance on residential treatment
- Creation of standalone crisis stabilization facilities
- Medical Respite facility for homeless persons needing post hospitalization care for medical and behavioral health needs
- Need for ongoing data

## Activities

- Development of regional boards website
- Discharge planning regarding homeless individuals
- Support for Resilience Ambassadors
- Responding to housing needs during COVID
- Annual Report

# Clark Regional Behavioral Health Policy Board Funding Priorities

- Stable funding for transitional and crisis-intervention services for children and adults in the form of mobile crisis teams, additional triage centers, and updated emergency-management protocols that eliminate barriers to use of crisis services
- Residential Treatment Services for Youth: development of robust community-based services and supports to reduce reliance on residential treatment.
- The infrastructure to collect civil commitment data, including details from law enforcement, transports by emergency medical services to hospital emergency rooms, the course of treatment in the emergency rooms, and a summary of any transition to psychiatric services



Teresa Etcheberry, MSSW  
Assistant Manager  
Clark County Social Service  
[Teresa.Etcheberry@clarkcountynv.gov](mailto:Teresa.Etcheberry@clarkcountynv.gov)

And/or

Michelle Bennett, MA, MS  
Clark Regional Behavioral Health Coordinator  
Clark County Social Service  
[Michelle.Bennett@clarkcountynv.gov](mailto:Michelle.Bennett@clarkcountynv.gov)