The Honorable Governor Steve Sisolak
Office of the Governor
101 North Carson Street, Suite 1
Carson City, Nevada 89701

March 25, 2021

Dear Governor Sisolak,

In accordance with NRS 433.14, the State of Nevada's Commission on Behavioral Health has prepared an update of Nevada's ranking in the areas of mental and behavioral health along with a summary of the annual reports of the Regional Behavioral Health Policy Boards and Children's Mental Health Consortia. As you and every Nevadan are aware, the last year has been exceptionally difficult. The COVID-19 pandemic has changed our lives in many notable ways. For Nevada's citizens, both young and old, it has fostered an environment where grief, isolation, loss, and fear has elicited mental health conditions or exacerbated existing ones. While there is much to be hopeful about in our collective fight against COVID-19, we surmise that the overall ramifications of the pandemic will be long-lasting and will be evidenced by increases in the mental and behavioral health needs of Nevada's citizens. For this reason, the role and work of this Commission, Regional Behavioral Health Policy Boards, and the Children's Mental Health Consortia are all the more important. As you consider programming and critical next steps in the State's ongoing role in the provision of mental and behavioral health services, our hope is that the work summarized here will help guide future decision-making, particularly as critical funding decisions are made.

The COVID-19 pandemic and subsequent shutdowns have been associated with significant increases in mental health symptoms for Americans. During the summer of 2020, the Centers for Disease Control and Prevention (CDC) reported that more U.S. adults conveyed increased adverse mental health related conditions that were associated with COVID-19. Additionally, younger adults, minorities, essential workers, and unpaid adult caregivers reported having experienced increased substance use and elevated suicidal ideation. This CDC data reflected the significance of the impact of the pandemic on Nevadans. It showed that Nevada ranked first in the country with regard to the number of adults (34%) experiencing symptoms consistent with depression and 8th with regard to anxiety (39.9%). Nevada ranked second, nationally, with 47.3% of adults showing signs of both depression and anxiety. While the long-term impact of COVID-!9 on mental health remains unknown, it is unlikely that Nevada is fully prepared to address any increase in service demand that is likely to come as a result. Even prior to the COVID-19 pandemic, Nevada consistently ranked poorly with regard to prevalence of mental illness and corresponding access to care. In fact, Mental Health America (https://mhanational.org/) ranks states according to prevalence of mental illness and access to care (higher rankings indicating higher

prevalence and lower access to care). In 2021, Nevada again ranked 51st overall, and received a ranking of 47th for adults and 51st for youth. The data collected for the purpose of these rankings is varied, and comes from a variety of public sources, including from the Nevada Division of Child and Family Services (DCFS) and the Nevada Division of Public Behavioral Health (DPBH). Adult mental health indicators contributing to the ranking include the following: adults with Any Mental Illness (AMI); adults with substance use disorder in the past year; adults with serious thoughts of suicide; adults with AMI who are uninsured; adults with AMI who did not receive treatment; adults with AMI reporting unmet need; and adults with disability who could not see a doctor due to costs. Youth mental health indicators contributing to the ranking also include the following: youth with at least one Major Depressive Episode (MDE) in the past year; youth with substance use disorder in the past year; youth with severe MDE; youth with MDE who did not receive mental health services; youth with severe MDE who received some consistent treatment; children with private insurance that did not cover mental or emotional problems; and students identified with emotional disturbance for an Individualized Education Program (IEP). Ultimately, the rankings again demonstrate a great need in Nevada to address the mental and behavioral health needs of its population, and more specifically to address critical access to care issues.

Collectively, the Commission, the Regional Behavioral Health Policy Boards, and Children's Mental Health Consortia are all acutely aware of the challenges documented by Mental Health America regarding the state of mental healthcare in Nevada. The reports of the Nevada Regional Behavioral Health Policy Boards and the Children Mental Health Consortias address both prevalence of mental health disorders as well as access to care in their annual reports and strategic plans. Further, they address the State's need to focus and prioritize the development of a skilled, qualified mental and behavioral health workforce, which includes ensuring Medicaid reimbursement rates are reasonable and encourage provider participation; ensuring adequate crisis response in urban, rural, and frontier areas of the State; increasing access to supportive services, which includes addressing housing, transportation, and the development of competent, reimbursable paraprofessional programs and services, like those that could be offered by community health workers.

Regional Behavioral Health Policy Boards (NRS 433.429)

The four (4) Regional Behavioral Health Policy Boards have continued to meet virtually over the last year. Each of the Boards have focused on the unique needs of their communities and documented their related priorities and system recommendations accordingly. The Boards' priorities largely are focused on crisis management, workforce development and capacity improvements, and client need and access to mental and behavioral care and supportive services.

A summary of each of the boards priorities is as follows:

Clark Regional Behavioral Health Policy Board (CRBHPB) Overview: The COVID-19 pandemic and interrelated events resulted in CRBHPB maintaining its current priorities (identified in 2019), along with a identifying a corresponding focus on community recovery. Priorities remained as follows:

1. Mental health oversight agency and workforce development issues: Workforce Development for both prevention and intervention services for youth and adults continues to be a priority for Southern Nevada, as it remains below the national average of providers per capita. In an effort to maintain standards and increase efficiency for the mental/behavioral health workforce, the Board will be working with Managed Care Organizations and Medicaid to ensure a more streamlined application process. The board will further investigate what measures can be taken improve the workforce and assess the

appropriateness of establishing standards of care, staffing, treatment and supportive services. In addition to allocating funding to meet these identified needs, the Board requests the expansion of the servnv.org database to include all licensed behavioral health professionals working in Nevada.

2. Dedicated funding for crisis services for children and adults: The need for continued and expanded crisis services in Clark County remains a priority. The Board supports increasing the community access to and availability of comprehensive crisis support, especially for those efforts that reduce over-reliance on emergency rooms, hospitals, and the criminal justice system. In Clark County, only one mobile crisis unit exists which serves only one zip code located in Downtown Las Vegas, and it responds to thousands of calls per year. DCFS also provides a mobile crisis team (MCRT) for youth and family in crisis.

   Further, the Board identified the Crisis Now model, which utilizes a non-hospital like environment to provide urgent behavioral health services, as an evidenced-based practice to better serve the community. This model creates a home-like environment for individuals that need services that are not restrictive and provides clinical and medical services, with added peer specialists. The Crisis Now model, in conjunction with the Crisis Intervention Team (CIT) model can safely and effectively provide needed crisis services that divert an individual from emergency rooms, hospital admissions, and jails.

3. Residential treatment services for youth: Although residential care has not been shown to be effective in improving the long-term outcomes for children with serious emotional disturbance, especially without follow up services, the practice of placement in residential treatment settings continues. This Board strongly supports and recommends creating more intensive community-based services to enhance the existing community-based, system of care which will reduce the number of youths placed in residential treatment service, in-state or out-of-state.

4. Increasing collaboration on the spectrum of substance misuse and its relation to mental health: The National Institute on Drug Abuse recognizes that about half of individuals who develop substance use disorders are also diagnosed with mental health related disorders. The Board supports and encourages efforts to connect prevention, treatment, and recovery programs to create innovative solutions and system-change.

Northern Regional Behavioral Health Policy Board (NRBHPB) Overview: The NRBHPB. consists of membership from Carson City, Churchill, Douglas, Lyon, and Storey Counties. The NRBHPB set the following as their 2021 priorities:

1. Obtain sustainable funding for current crisis stabilization and jail diversion programs (MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center): This initiative aligns with the region's larger vision of developing a cohesive behavioral health crisis response system as an alternative to traditional crisis response services such as law enforcement, jails, and hospital emergency rooms. Specifically, sustainable funding is needed for the following programs and services:

- Mobile Outreach Safety Teams (MOST): Co-responder teams that involve the response of a licensed clinician and law enforcement officer that respond to individuals experiencing behavioral health crisis.
- Crisis Intervention Team (CIT) Training: A 40-hour behavioral health training for law enforcement, fire first responders, emergency medical services (EMS), 9-1-1 dispatchers and other associated professionals. This training is essential to assist first responders in responding skillfully to individuals in behavioral health crisis.
- Forensic Assessment Services Treatment Team (FASTT): Multidisciplinary reentry teams in each of our county jails consisting of case managers from social services and behavioral health treatment agencies working to break the cycle of recidivism through assessing client risk and needs and supporting inmates in connecting to community services upon release.
- Carson Tahoe Mallory Crisis Center: A 24/7 psychiatric emergency room accepting law enforcement and EMS drop off and walk in clients. Carson Tahoe is the only crisis stabilization unit in the state that accepts mental health crisis holds along with individuals experiencing other behavioral health crisis and plays a large role in connecting individuals in need to treatment.

The NRBHPB also sees value in developing an alternative behavioral health crisis response system through the Crisis Now model. The Board recommends that the State support developing and implementing the Crisis Now model State-wide, allowing for adaptations that meet the unique needs of each region.

2. Increase behavioral health workforce with the capability to treat adults and youth: Like most of the state, the region is facing a behavioral health workforce shortage that impacts access to treatment and the development of behavioral health programs. Also, stakeholders are seeing that lack of a robust and experienced workforce is impacting quality of treatment and cost of care.

3. Increase access to treatment in all levels of care: The region sees an increase in treatment needs for all levels of care for both youth and adults, with the exception of hotline crisis services. Adults who are experiencing behavioral health issues are often unable to schedule outpatient and residential treatment in a timely manner, obtain the ideal amount of treatment needed, and/or obtain the wrap around services to remain stable. For youth, stakeholders have identified multiple issues in the system:

    - Multiagency response to youth in crisis appears to be disjointed with repetitive assessments occurring between school, mobile crisis, and treatment agencies, who do not accept each other's assessment. This makes parents and youth have to answer the same questions repeatedly.
    - There are reports from parents who have insurance, who after calling multiple providers cannot schedule a therapy appointment for their children who have recently been discharged from inpatient treatment.
    - There are also reports of unsafe discharges occurring before the youth are stabilized, and stories of little to no discharge planning support upon release from youth inpatient and residential treatment facilities.

4. Increase access to affordable and supported housing: Lack of housing is possibly the largest barrier to supporting individuals living in these rural communities. There are many cases of individuals who are

unable to discharge from inpatient psychiatric hospitals and medical hospitals for months beyond their need for treatment because there are very few group homes with training in mental health and no group homes with 24-hour supervision. In addition, many referrals have been made to ACT teams, but the individuals receive ACT services while homeless and there are no options for housing. In addition, the region is seeing an increase in homelessness that is impacting our safety net providers and emergency services.

5. Develop services to support continuity of care (i.e., continuation of medication/ service connection with community health worker): The development of services, such as community health workers, is critical to support the continuity of care for individuals. Too often, treatment is provided in silos and individuals do not receive the support in connecting with the continuing care needed. The Board fully supports the implementation of additional programming and services, like the use of community health workers, who may provide community-based support and fill some of the gaps created by the lack of a clinical workforce.

Rural Regional Behavioral Health Policy Board (RRBHPB) Overview: The RRBHPB priorities were designated as follows:

1. Increase investments in Nevada Medicaid reimbursement for behavioral health services: The RRBHPB identified the need for Medicaid to increase reimbursement for behavioral health services across the State. In particular, this may help to increase access to services in rural communities as more providers would engage in Medicaid reimbursable services.

2. Increase resources and program choices to address the needs of high-risk populations, including youth, the elderly, and ethnic or racial minority groups: Across the Rural Region, mental and behavioral health concerns have increased as a result of COVID-19. Rural regions have experienced increased mental health crisis in hospital emergency departments; increased alcohol and substance use; increased intentional overdoses; increased stress and burnout in front-line workers; increased depression and suicidality among youth; increased isolation among home-bound and geographically isolated persons.

3. Support programs that assist and support service members, veterans, and their families (SMVF) in a way that is competent to military culture:

   (1) Encouraging or mandating non-veteran organizations such as hospitals, schools, or others to ask upon admission whether or not the individual has ever served, or if they are a part of a military family; (2) changing language on intake forms from “Are you a veteran?” to “Have you ever served in the U.S. Armed Forces?”, as many U.S. veterans may not consider themselves such if they never saw combat; (3) Rural Regional Behavioral Health Policy Board – 2020 Annual Report 26 providing ways to increase and/or expedite access for SMVF populations to access behavioral health services; and (4) understanding that the use and relationship to lethal means and reduction of which for suicide prevention is influenced by military culture, and special considerations may need to be made.

4. Support programs and funding that would increase the number of behavioral health providers across the state of Nevada: Across all rural and frontier counties in Nevada, there are six Psychiatric APRNs licensed and practicing in 2020. All counties in the Rural Region have inadequate local availability of licensed Alcohol and Drug Counselors, Clinical Alcohol and Drug Counselors, and Certified Problem Gambling Counselors. All counties in the Rural Region have inadequate local availability of Licensed Marriage and Family Therapists and Licensed Clinical Professional Counselors. There are no licensed psychiatrists located in any counties included in the Rural Region. There is only one licensed psychologist located within the Rural Region, in Elko County. There are 29 Licensed Clinical Social Workers located within the Rural Region; 20 of which are located in Elko County. In 2020, all rural and frontier counties in Nevada were classified as Mental Health Professional Shortage Areas.

5. Support novel behavioral health transportation solutions and pilot programs: Transportation remains a barrier for rural populations to access mental and behavioral health services. The Board recommends that the State pursue solutions to address transportation and any other pilot programs that specifically target and support rural population access to mental and behavioral health services.

Washoe Regional Behavioral Health Policy Board (WRBHPB) Overview: The Board's efforts were prioritized in the following areas:

- Crisis Response/Stabilization
- Equitable Response to Substance Misuse
- Behavioral Health Emergency Response
- Community Health Improvement Plan and Regional
- State and National Behavioral Health Data.

Though these strategies may pose potential fiscal, programmatic and logistical challenges, the Board continues to note that Nevada remains at the bottom of many national indices for behavioral health.

1. Crisis Response: The WRBHPB recognized the need for crisis response and stabilization in Washoe County, primarily due to the notion that Washoe County citizens have been unable to gain sufficient access to emergency psychiatric care when needed. Instead, citizens may spend two to three days in the emergency room, waiting for a psychiatric bed. According to DHHS data, Nevada hospital emergency rooms can board up to 100 individuals on a daily basis. Often Washoe citizens are transported to jail when experiencing a mental health crisis, due to the likelihood of receiving a mental health referral while in jail. This poses an ethical dilemma for the county and state. In looking to address these concerns, the WRBHPB looked to experts within DBPH as well as national experts who have successfully addressed similar concerns. The solution found was a model of crisis care that provides citizens who are experiencing an acute behavioral health concern with "prompt action, gentle response, and effective support in a respectful environment." The WRBHPB recognizes the current fiscal challenges and ability for Washoe County to provide such an environment long-term, though the MOST Team (Mobile Outreach Safety Team) stands at the ready.

2. Equitable Focus on Substance Misuse: The Board recognized that efforts were lacking when addressing citizens with co-occurring disorders (mental health and substance misuse). The Board aims to collaborate with all sectors of behavioral health, to ensure that citizens are receiving adequate and appropriate care, to include solutions for both mental health and substance misuse. One of the challenges that continues is a well-trained workforce who are able to work with the nuances of co-occurring disorders, as well as educating the public on this topic.

3. Behavioral Health Response-Before, During, and After a Crisis/Disaster: During the COVID-19 pandemic, it has become evident that a robust plan must be in place in order to respond to crisis/disaster. This plan must include a well-trained staff who can cope with overwhelming need that is during a crisis/disaster. A partial solution created during this pandemic was Behavioral Health Annex to the Washoe Regional Emergency Response Plan. Resources were provided in order to train groups and individuals in Psychological First Aid with the goal of creating a community response team to activate during a crisis/disaster. Due to the current everchanging environment during COVID-19, these emergency response plans have not yet been fully reviewed and exercised.

4. Community Health Improvement Plan (CHIP): Washoe County developed the CHIP, as a plan of action to address local conditions impacting the citizens of Washoe County, such as homelessness and chronic mental health issues. It is recognized that the workforce is needed to be more robust in order to mitigate these concerns. The WRBHPB is committed to focus on data collection, and the Built for Zero homeless initiative, being implemented by the County. Sustained funding, and a lack of housing and a well-trained workforce are currently being reviewed for improvement.

5. Data: The WRBHPB looks to establish an electronic repository of behavioral health data and information concerning behavioral health services in Washoe County. This information will be made available to the public. The 2020 Washoe Regional Behavioral Health data profile was completed, and key findings are being addressed. The Board looks to create a data website/dashboard, which will include data surrounding admittance to both inpatient and outpatient mental health services in Washoe County. Board members will coordinate with behavioral health entities within the region and state.

Children's Mental Health Consortia (NRS 433B.333)

The three (3) Nevada Children's Mental Health Consortia (Clark County, Washoe County, and Rurals) submitted annual reports with recommendations for children's mental health services. The following summarizes those reports and the recommendations proposed:

Clark County Children's Mental Health Consortia: Clark County's report addresses serving youth with the highest behavioral and mental health needs through a comprehensive system of care. The report addresses the need for prevention and early intervention services, the need for public awareness to mitigate stigma which can prevent treatment seeking, and a locally managed system of care. Unfortunately, the report reveals that there has been stagnation in the progress toward core goals. Sustainable funding for expansion of the Mobile Crisis Response Team has not been achieved. Funding for Peer Support services was cut by 23% in January 2020, a service which has been beneficial to more than 3,000 families in Clark County. Residential psychiatric treatment in Nevada remains largely unchanged, and thus many youths are still sent out of state for care. The

Department of Justice is also investigating Nevada for violations of the Olmstead Act. Investments have not been made to create and support prevention and early intervention services to help support youth in the community. There has been some progress towards hosting virtual mental health professional assessment training (the CANS), which has extended to our school based social workers. The 6% reduction in Medicaid reimbursement is a blow to youth being served in our community, as our local mental health care clinicians and physicians have been advocating for rate increases over the past several years, to bring Nevada in alignment with other state's rates. Neighborhood Family Centers have been closed for budgetary reasons, reducing access to care for families within their local communities. There has been minimal progress in Clark County's adoption and implementation of High Fidelity Wrap Around to support the highest need youth. There has been some progress towards adoption of mental health support services for youth served by our schools.

Rural Children's Mental Health Consortia: The Rural Region's goals resonate with those of Clark County. The consortia plan to expand and sustain the system of care, to increase access to behavioral health care for youth in the rural and frontier regions and to do so in the least restrictive manner. The Rural regions plan to increase early identification and promotion/prevention activities and to strengthen State-wide policies and administration impacting our youth. The Rural Consortia has been making progress towards their goal of engaging the community and establishing a local system of care. The region is making progress towards enhancing health equity for their youth. However, this region has not yet begun to address the goal of increasing access to care in a less restrictive environment. The Rural Consortia is progressing towards the goal of reducing stigma and offering early intervention, prevention, and health promotion services and has begun to engage in and strengthen State-wide policies and supports for their youth.

Washoe County Children's Mental Health Consortia: Washoe County's goals align with both Clark County and the Rural regions and are focused around increasing access to care in the least restrictive environment, decreasing youth's exposure to toxic stress, and increasing positive community-based experiences for youth and families. The report focuses upon the many accomplishments they have achieved this year on behalf of the youth they serve. For example, $3,900 in scholarship funds were awarded to support 39 families and youth's access and engagement in mental health care.

Ultimately, all Children's Mental Health Consortia bodies are aligned around the goal of increasing access to early intervention, preventative care, and high-quality children's mental health care in the least restrictive environment. Unfortunately, fiscal barriers exist to successful achievement of all of these goals, both from agency programmatic budget reductions to the Medicaid rate decrease.

Substance Abuse and Problem Gambling in Nevada

A priority of the Clark County Regional Behavioral Health Policy Board highlights increasing collaboration on the spectrum of substance misuse and its relation to mental health: The Policy Board needs to effectively address behavioral health in the community and to recognize the role of substance misuse and mental health. The National Institute on Drug Abuse recognizes that "many (about half of) individuals who develop substance use disorders (SUD) are also diagnosed with mental disorders, and vice versa." According to the Youth Risk Behavior Survey (YRBS) in Clark County, 2019: From 2010 to 2019, the number of emergency department encounters related to alcohol and drug usage have steadily increased in Clark County, the number of inpatient admissions

related to alcohol and drug usage have steadily increased also. To create change around behavioral health and improve the lives of Clark County residents, substance misuse and abuse must be part of the discussion. The Clark Regional Behavioral Health Policy Board must work to build a bridge that connects prevention, treatment, and recovery providers to mental health professionals to create innovative solutions and systems change. Having knowledge that mental health and substance use disorders are co-occurring, the community must work to join resources and direct them to raise the health equity in Clark County.

The Northern Regional Behavioral Health Policy Board highlights increasing workforce. The Policy Board stated that increasing retention and recruitment of psychiatrists, behavioral health clinicians, substance use treatment professionals, and/or behavioral health professionals with the capability to treat youth is a priority of utmost concern. The Northern Region struggles to attract and retain skilled workforce to provide quality behavioral health services. In addition, there is a shortage of mental health professionals who can treat youth. While the board does not have an identified solution, the board recommends the state explore mechanisms for recruitment and retention of workforce including licensing, reimbursement, and education.

The Washoe Regional Behavioral Health Policy Board highlights equitable focus on substance misuse. While it is generally known and accepted that behavioral health encompasses mental health and substance misuse, there has been some concern expressed that the focus of programs, funding, and policy might be inequitable between the two. Understanding that the two are often co-occurring, the Board realized a need to work to ensure inclusion and collaboration of all sectors of behavioral health. Strategy for success began as the Board invited presenters from all sides of behavioral health, including substance misuse treatment, prevention, and recovery to provide information, education, and solicitation for a change in legislation through a bill draft. Several of those concerns were selected for the board's current bill Senate Bill 69. Challenges include the continuation of educating the community about these issues and ensuring a diverse and well-trained workforce. The Board moved forward with support and recommendation for the passage of Senate Bill 69.

Mental Health America ranks states on a basis on 15 criteria which includes but is not limited to: Adults with Substance Use Disorder in the Past Year and Youth with Substance Use Disorder in the Past Year. While the above measures are not a complete picture of the mental health system, they do provide a strong foundation for understanding the prevalence of mental health concerns, as well as issues of access to insurance and treatment, particularly as that access varies among the states. Related to adults in the reports through Mental health America, Nevada Ranks 42nd. However, Nevada is 51st when it comes to youth meeting the listed criteria. Nevada ranks 51st overall in regard to mental health care in the United States.

In relation to gambling, there are not recommendations associated with any policy board, however from UNLV's report on problem gambling the following is provided:

A total of 530 Nevada residents received problem gambling services in FY19 to include. a variety of outpatient services and residential problem gambling services. In FY19, there was a decline in enrollments in both residential treatment and in outpatient services. Nevada residents are able to access these services free of cost to them. Additionally, the Problem Gambling Fund was expanded this year to include Program Treatment Support Activities that would expand programs, support workforce, and reduce treatment recidivism and relapse by providing continuing care to clients for up to three years. The majority of the treatment population seeking services have a DSM-5 score indicating severe gambling disorder. Around 70% of clients who were discharged from services in FY19 were discharged after successfully completing 75% of their treatment goals.

Through the Mental Health Statistics Improvement Program (MHSIP) survey and additional questions about past and current gambling behaviors, participants were able to share thoughts and feelings about their access to treatment services, the quality and helpfulness of those services, and the effects of services on their daily lives. Participants were overwhelmingly positive about their treatment services, especially as those services related to their relationships with their counselors and their experiences in group counseling. Almost all participants indicated that they have reduced their gambling since entering treatment or discontinued gambling altogether. These strong outcomes represent a major victory for those dedicated to helping problem gamblers recover from their addiction and improve their overall quality of life. From a policy perspective, this research demonstrates the importance of continued support for these crucial services.

Closing Remarks

In closing, the Commission, the Regional Health Policy Boards, and the Children's Mental Health Consortias remain committed to improving the mental and behavioral health systems in Nevada. We are committed to improving the services that exist and augmenting them to include a more robust system of care that can better meet the needs of all Nevadans. We encourage the State to consider the priorities summarized in this letter and that have been developed to address the mental and behavioral health service needs in our rural, urban, and frontier communities.

Sincerely,

Lisa Durette

Lisa Durette, M.D.

Chair, Commission on Behavioral Health

State of Nevada

CC:

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