



Nevada Regional Behavioral Health Policy Boards

REVISED 10/25/17

FACT SHEET

AB366 quick facts:

- AB366 passed in 2017 and introduced the development of BH policy boards
- Nevada is divided into 4 regions
- A policy board will represent each region
- Southern Nevada region consists of Clark, Nye and Esmeralda counties
- Each policy board consists of 13 members (total of 52 members statewide)

Behavioral Health Quick facts:

- 1 in 5 adults in Nevada had a mental illness (SAMHSA, 2014)
- 71% of youth with Major Depression went untreated (SAMHSA, 2014)
- 68% of adults with mental illness went untreated (SAMHSA, 2014)
- 28% of adults with MI are uninsured (MHA)
- 64% of adults and 79% of children reported improved functioning from treatment received in the public MH system, this lower than national stats (SAMHSA, 2015)

Role of the boards

Each policy board shall:

- 1) Advise DHHS, the Division (DPBH), and the Commission (Behavioral Health Commission) regarding:
 - (a) The behavioral health needs in the region;
 - (b) Any progress, problems or proposed plans relating to behavioral health services and methods to improve services in the region;
 - (c) Identified gaps in the behavioral health services and any recommendations or service enhancements to address those gaps; and
 - (d) Priorities for allocating money to support and develop behavioral health services in the region.
- 2) Promote improvements in the delivery of behavioral health services.
- 3) Coordinate and exchange information with the other policy boards to provide unified and coordinated recommendations to the Department, Division and Commission.
- 4) Review the collection and reporting standards of behavioral health data to determine standards for such data collection and reporting processes.
- 5) In coordination with existing entities, submit an annual report to the Commission which includes, without limitation, the specific behavioral health needs of the behavioral health region. The report must include:
 - a. The epidemiologic profiles of substance use and abuse, problem gambling and suicide;
 - b. Relevant behavioral health prevalence data for each behavioral health region;
 - c. The health priorities set for each behavioral health region.
- 6) Each policy board may request the drafting of not more than one legislative measure which relates to matters within the scope of the policy board. The request must be submitted to the Legislative Counsel on or before September 1st proceeding the regular session.

Composition of the boards

Each policy board is composed of 13 members who are appointed in various manners.

The Governor or his/her designee appoints six members, and at least one member must be a behavioral health professional who has experience in evaluating and treating children.

- 1) One (1) member who represents the criminal justice system
- 2) Two (2) members who have extensive experience in the delivery of social services in the field of behavioral health;
- 3) Three (3) members who represent the interests of one or more of the following:
 - a. Hospitals, residential long-term care facilities or facilities that

- b. Community-based organizations which provide behavioral health services;
- c. Administrators or counselors who are employed at facilities for the treatment of abuse of alcohol or drugs; or
- d. Owners or administrators of residential treatment facilities, transitional housing or other housing for persons who are mentally ill or suffer from addiction or substance abuse.

The Speaker of the Assembly appoints three members as follows:

- 1) One (1) member who is a health officer of a county or who is in a position with duties similar to those of such a health officer;
- 2) One (1) member who is a psychiatrist or doctor of psychology with clinical experience and who is licensed to practice in Nevada;
- 3) One (1) member who represents private or public insurers who offer coverage for behavioral health services.

The Senate Majority Leader appoints three members as follows:

- 1) One (1) member who has received behavioral health services in this State or a family member of such a person, or if such a person is not available, a person who represents the interests of behavioral health patients or the families of behavioral health patients;
- 2) One (1) member who represents providers of emergency medical services or fire services; and
- 3) One (1) member who represents law enforcement agencies

The Legislative Commission appoints one (1) Legislator.

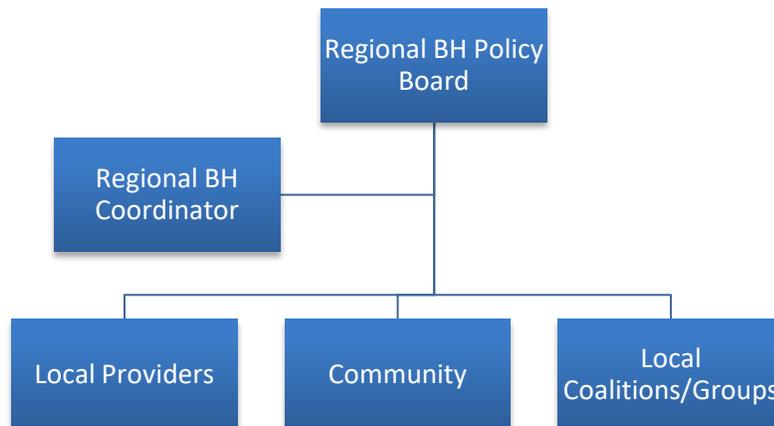
Regional Behavioral Health Coordinator



The goal of the coordinator is to support the development of an effective behavioral health system of care. This will be accomplished via the following objectives:

- Achieve community-wide engagement of behavioral health and substance use stakeholders.
- Support collaborative efforts of the Southern Nevada Behavioral Health Coalition members in the development and implementation of a comprehensive strategic plan.
- Increase capacity of the behavioral health system in Southern Nevada

The coordinator services as a liaison between the community, state and the respective Policy Board.



For more information, contact:

Ariana Saunders, MA
Behavioral Health Coordinator
Clark County Social Service
 T: (702) 455.1827
 M: (702) 371.2846
a2s@ClarkCountyNV.gov

Jessica Flood, MSW, CSW- Intern
Rural Regional Behavioral Health Coordinator
Nevada Rural Hospital Partners
 T: (775) 827-4770
 M: (775) 203-1287

Joelle Gutman, MSW
Regional Behavioral Health Coordinator – Frontier
Nevada Rural Hospital Partners
 T: (775)636-4079
joelle@nrhpi.com

Sheila Leslie
Behavioral Health Program Coordinator
Washoe County Dept. of Social Services
 T: (775) 328-2771
 M: (775) 742-8118
sleslie@washoecounty.us