

Summary of Stakeholder Surveys – Preliminary Report 7/16/18

Five groups of stakeholders were surveyed during May and June, 2018 as detailed below. We are still collecting surveys from seniors and will add their perspectives to the final report, along with a summary of answers to the open-ended questions on the surveys, and an overview of the Focus Groups conducted during the same time period.

- Northern NV Behavioral Health Coalition (26 participants)
- American Association of University Women (8 participants)
- Community Case Managers (9 participants)
- Washoe County Children’s Mental Health Consortium (11 participants)
- National Alliance on Mental Illness – No. NV Chapter (22 participants)

The major problems or issues related to behavioral health in Washoe County noted by survey participants can be categorized into six categories as follows:

- Housing Concerns
- Provider Concerns
- Medicaid Concerns
- Resource Concerns
- System Concerns
- General Concerns

Each category is analyzed below by general themes. Survey participants were also asked to generate ideas for solutions to the problems they identified and general themes are also noted by category.

Housing Concerns

The major concerns noted by the stakeholders included the following:

- Insufficient affordable housing
- Appropriate housing for homeless, mentally ill persons
- Affordable, quality group care homes, with appropriate staffing

The only stakeholder group who did not mention housing as a major concern was the Children’s Mental Health Consortium.

A wide variety of solutions to these problems were generated by survey participants. The solutions most-often mentioned have been grouped together by similar approaches.

- Encourage builders to include low-income units through incentives, tax breaks

- Tax builders of higher-priced homes to provide funding for rental assistance
- Have local and state government invest in creating more affordable housing, especially Single Room Occupancy/Tiny Homes/conversion of old hotels/motels into subsidized housing
- Implement the Medicaid waivers/options to provide funds for housing
- Provide shelters/housing with mental health and other wrap-around services, including a Housing First program for the mentally ill homeless population
- Implement the evidence-based practice of supportive housing more widely
- Higher standards and monitoring of group homes
- Higher wages and higher level staff at group homes

Provider Concerns

The major provider concerns noted across all stakeholders groups were the following:

- General shortage of providers, particularly psychiatrists and psychologists
- Recruitment problems, including inflexible professional boards
- Low insurance reimbursements, particularly from Medicaid
- Lack of long-term case management providers
- Not enough providers for uninsured and underinsured

Solutions to these problems focused around the following ideas:

- Incentives to attract and retain behavioral health providers
- Funding for more coordinated workforce development
- Increase scholarships, loan forgiveness, internships
- Improve reciprocity process through professional boards to streamline licensing/certification requirements and improve process
- Increase pay for staff in group homes to improve quality and education
- Increase compensation to attract higher quality psychiatrists

Medicaid Concerns

The major concerns regarding Medicaid are noted below:

- Low reimbursement rates
- Lack of providers
- Administrative requirements such as prior authorization requests taking too long, denials of service, limits on PSR & BST hours, inability to bill for case management of SMI population

General solutions to the Medicaid concerns are listed below although many more specific suggestions were also provided.

- Increase Medicaid reimbursement rates
- The state needs to address the reasons providers won't accept Medicaid
- Make policies more user-friendly
- Monitor quality of service provided by managed care companies and insist on more case management services for SMI population

Resource Concerns

The major concerns expressed by survey participants are as follows:

- Limited funding overall, but especially for client needs, family caregivers,
- Cuts to services at NNAMHS

Solutions to these concerns revolved around two areas:

- Additional funding throughout the behavioral health system
- Specific funding to address resource concerns within the state system, specifically at NNAMHS to re-establish a drop-in center, expand recreational facilities, off-campus activities, classes, groups, a community garden, and vocational rehabilitation

System Concerns

There were many detailed and specific concerns raised about the behavioral health system in Nevada. More generally, they can be described as follows:

- Need for a more developed continuum of care for adults and for children
- Respite services for families of children with mental health needs and for caregivers of adults with mental health needs
- Services to assist 18 year olds transition to adult services
- Insufficient residential treatment beds
- Lack of in-state options for long-term needs, including programs for the medically complex clients
- Better ways of linking people in need with available services
- Improvement in communication and collaboration between state and local services and with community providers
- Increasing numbers of mentally ill people in jail

- Lack of training for school personnel, law enforcement, jail, courts, first responders and other public agencies about how to work with people living with a severe mental illness
- Lack of crisis stabilization services
- Access to substance use disorder treatment
- Need for reforms to the Legal 2000 system

Proposed solutions to these concerns were also quite specific. Generally, they focused around the following areas:

- Funding to address various gaps in the system to address detailed concerns. For example, development of a new state facility for longer treatment for children and for adults
- Require training for personnel in various systems who come into contact with persons living with a mental illness
- Provide a mechanism to link people with available resources that is up to date
- Increase community case managers to assist people in accessing services
- Provide more ways for various parts of the system to communicate and collaborate
- Create more partnerships such as a state/county partnership with Managed Care Companies to open detox or day treatment facilities for vulnerable individuals on a walk-in basis
- Create a psychiatric ER for centralized assessment and stabilization
- Develop more comprehensive aftercare plans or extend stays in residential treatment until the plan is completed
- Better data collection and analysis to guide development of needed resources, including authentic feedback from youth and families who are systems-involved

General Concerns

A number of disparate concerns were recorded in a general category that covers a wide variety of issues. Some examples are recorded below.

- Access to or information about a particular needed service
- Quality of services/case management in the community
- Families unable to access services due to transportation, child care, funding, or language barriers
- A silence halo around the epidemic of youth suicide
- Stigma concerns around people with a mental illness or substance use disorder
- Increasing homelessness

- Overlapping “solutioning” groups
- More leadership from elected officials

Solutions to general concerns were also wide-ranging, with a few examples recorded below.

- Increase in communication with parents, youth, community about youth suicide
- Ongoing media campaign on the value of treatment and recovery
- Better education in schools to decrease stigma and increase willingness to accept treatment
- Require new businesses to financially support the development of crisis centers
- Louder advocacy
- Whatever is necessary to move us from the bottom