

Clark County Behavioral Health Summary- 2022 NV Governors Letter

This summary has been prepared with data from 2022 provided by the Clark County Regional Behavioral Health Coordinator. The data collection period covers JAN – DEC 2022.

The Clark Regional Behavioral Health Policy Board met four (4) times during the calendar year 2022. The board met virtually through web-based videoconferencing, with additional accessibility through teleconferencing, in compliance with NRS to accomplish its mission this year. The board has also made the determination to continue with video and teleconferencing until further notice.

The COVID-19 public health crisis and interrelated events resulted in the board maintaining its previous top 4 priorities from those identified in 2021 and placed an emphasis on recovery. However, for 2022, the board also included a 5th priority to address wrap-around services for the homeless.

The Clark Regional Policy Board continues to embrace a data-driven approach to identifying the behavioral health needs and system gaps of the region. In review of the data, workforce related issues, with cluster aspects of recruitment and retention, present as a central influence on the first three priorities. This is unchanged from their previous report and is consistent with public comments of stakeholders statewide made during regular Commission Meetings. The board and the Commission on Behavioral Health believe the below identified recommendations are a top priority for Clark County.

- Mental health oversight agency and workforce development issues.
- Dedicated funding for crisis services for children and adults.
- Residential treatment services for youth.
- Increasing collaboration on the spectrum of substance misuse and its relation to mental health.
- Identify wrap-around services for individuals experiencing homelessness and mental health crisis.

Clark County represents the largest county by population in Nevada. To better understand the impact of the priority recommendations submitted by the Board, the following data was collected and analyzed.

- Clark county population estimate for 2021 is 2,378,903, a 19.7% increase from the 2012 estimated population.
- Approximately 74.1% of the state of Nevada resides in Clark County
- 15.1% of the population lives in poverty
- 57% of the population is an ethnic minority
- The 25-34 largest age group comprises 14.3% of Clark County's population

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- An estimated 21% of the population experience 10 or more poor mental health days and categorize themselves as having unfavorable mental health, which is a decrease from a high of 22.9% in 2020
- Anxiety is the leading mental health related diagnosis among Clark County residents since 2012 in emergency department encounters
- In contrast, depression was leading the diagnosis for mental health related hospital admissions
- Suspected drug-related overdose ED visit rates increased by 10% from December 2021 to December 2022 in Clark County.
- Clark County coroner data attributes 219 deaths for fentanyl overdose

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. The Board recommended the following:

- DHHS and DPBH review the allocation of funds to meet the identified needs for the Clark Region.
- Address the region's counselor to patient ratio by attracting counselors from out of state.
- Mainstream the application process for behavioral health professional to become licensed.
- Review the Medicaid reimbursement rate and processing time to align with more competitive states.
- Add incentives for providers who serve high risk populations and utilize peer support specialists.

The need for continued and expanded crisis services in Clark County also remains a priority. The board, encouraged by the Commission on Behavioral Health, supports increasing the community's access to and availability of comprehensive crisis support, especially those for those efforts that reduce over-reliance on emergency rooms, hospitals, and the criminal justice system. Still in Clark County, only one mobile crisis unit exists which serves only one zip code located in Downtown Las Vegas and responds to thousands of calls per year. The Department of Health & Human Services Division of Child & Family Services provides one mobile crisis team (MCRT) for youth and family in crisis.

The Board identified the Crisis Now model, which utilizes a non-hospital like environment to provide urgent behavioral health services, as an evidenced-based good practice to better serve the community. This model creates a home-like environment for individuals that need services that are not restrictive and provide 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.

The Board, DHHS, and DPBH should review, develop, and implement a plan for working with community partners to model Crisis Now services. Crisis services with adequately trained staff

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and good options for behavioral health treatment and follow-up can reduce the number of emergency room visits. The average number of patients waiting in emergency rooms for Behavioral Health Services continues to rise yearly. Nevada continues to have a workforce shortage for behavioral health professionals.

Regarding residential treatment services for youth, there is little change with respect to data and costs associated with the placement of youth into treatment centers. In the 2021 report, a 12-month analysis revealed over \$7,000,000 was spent on out-of-state placements despite a decrease in the monthly cost of treatment, an amount more than what Nevada paid for in-state residential treatment during the same reporting period. Part of the Clark County Children's Mental Health Consortium 10-year plan calls for reducing the reliance on out-of-state and out-of-community placements for services or treatment of youth with Serious Emotional Disturbance (SED). Compounding the ability of the CCCMHC in reaching this goal is the fact that the Clark County Department of Family Services is experiencing staff reductions while encountering children and families with higher needs of care. This has resulted in children not having the support or services available to adequately provide services.

The Clark Regional Behavioral Health Policy Board and the Clark County Children's Mental Health Consortium, supported by the Commission, suggest creating more intensive community-based services to enhance the existing system of care. While the ideal situation is for a child(ren) to remain with families and caregivers, increased collaboration and funding options for local and state services will need to align with the severe needs of children who require a higher level of care to stay safe to themselves and within their community.

The National Institute on Drug Abuse recognizes that about half of individuals who develop substance abuse disorders are also diagnosed with mental disorders and vice versa. As such, the Board understands and recognizes the need to address substance abuse and misuse in order to more effectively address behavioral health concerns, as these issues are often co-occurring. The Commission supports and encourages the boards desire to build bridges which connects prevention, treatment and recovery providers to mental health professionals to create innovative solutions and system-change.

The Clark Regional Behavioral Health Policy Board, supported by the Commission, supports efforts to improve public education and awareness for substance misuse and prevention. Due to prejudice or discrimination, many individuals are unwilling to seek mental health and substance misuse treatment. Breaking down biases through education encourages individuals to meet with health care professionals and openly discuss treatment options, recovery support, and connections to services. In addition to a treatment option, prevention has long-lasting economic benefits and averts injuries, disabilities, and deaths caused by misuse. The US Surgeon General's office reports that evidence-based intervention returns \$58 for every \$1 spent.

The return on investment could have significant implications for public safety and criminal justice system costs. In a 2021 study by Applied Analysis, the increased demands of the growing community and the lack of available beds for both substance abuse and mental health issues are

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bombarding the system. On average, the Clark County Detention Center (CCDC) processes 70,000 inmates yearly, with 30 percent of that population experiencing a mental health need. In conjunction with substance misuse, the large volume of inmates makes it nearly impossible to provide comprehensive treatment while in custody. Identifying issues while in custody may be the only opportunity for linking someone to a diversion program that would better suit their needs versus imprisonment. Often, individuals serve their time and are released with little understanding of an action plan, therefore having a higher likelihood of repeating the cycle. The board will continue to monitor public health trends like this one to make current and relevant recommendations effectively.