

Washoe Regional Behavioral Health Policy Board Annual Report 2023



Dorothy Edwards, Washoe Regional Behavioral Health Coordinator

I. EXECUTIVE SUMMARY

Behavioral health refers to the promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. Individuals suffering with behavioral health issues and disorders are unfortunately all too common in the United States. Despite an overall sentiment of understanding and agreement that mental health recently has become more of a health care priority, and the openness of many adults about mental health, there is still a need to expand access to treatment, educate about mood disorders, reduce stigma, and close gaps when it comes to mental health care. There continues to be a far greater stigma attached to mental health and substance abuse diagnoses than for other conditions; a less developed state and national infrastructure for measuring and improving care quality; a need for connecting a greater variety and number of clinicians, specialists, and organizations working in “silos”; lower use of health information technology and sharing behavioral health information; and barriers in the health insurance marketplace (NAMI).

The annual report for the Washoe Regional Behavioral Health Policy Board (WRBHPB) addresses the previous year’s activities, support, and every other year, contains data related to Behavioral Health in Washoe County and for some data sets, comparisons with State and National trends.

Collaborative efforts have continued to be a high priority during the past year. Supporting and encouraging the maximization of resources among and between public agencies and community-based agencies, as well as the need for information sharing with other behavioral health entities remains a primary objective. The WRBHPB continues to work on priorities, strategies and recommendations that are based on what has been learned through a careful examination of programmatic research, Nevada and Washoe specific data, national best practices, and the experience of many regional experts in the field of behavioral health. The board serves to identify areas in which they can support and advocate and, when possible, affect legislative change. This report contains a summary of those efforts and includes some *exciting new initiatives*.

Board priorities and strategies include the support of 1) The support of the opening of the first regional community crisis center for adults; 2) children’s mental health; 3) behavioral health workforce 4) behavioral health equity and diversity; and 5) Substance use/abuse treatment and prevention. Section V of this report provides a narrative of each priority including information to support the focus and progress made so far.

New Initiatives

This has been an exciting year for Washoe County in the area of behavioral health. Leadership from all areas of the region have committed to prioritizing behavioral health and, through this commitment, several new initiatives have been advanced. The County is excited to announce the appointment of the Behavioral Health Administrator, created in January 2024 to oversee the assessment and improvement of

a regional system of care for mental health and substance use disorder in Washoe County. Another major development was the purchase of West Hills Hospital for use as a mental health inpatient facility, which will add to our resources along with the opening of the Community Crisis Center in Fall, 2024. These initiatives are outlined in Section VI.

Legislation

While the focus of the WRBHPB is on behavioral health issues in Washoe County, the goal will always remain a collaboration with other regional boards to mitigate duplication of effort and affect positive behavioral health change for all of Nevada. It is only through working together that we can accomplish goals that might not be obtainable in isolation. One method to affect change in regional behavioral health is the unique opportunity that the regional behavioral health policy boards are afforded to develop and present a Bill Draft Request (BDR) each legislative session. During the 2023 legislative session, the WRBHPB submitted Assembly Bill (AB) 69 which proposed reducing behavioral health service gaps by incentivizing practitioners to provide services in Nevada. Section VI of this report provides narrative on this bill as well as a summary of previous legislative activities, most of which has a direct nexus with crisis response and stabilization. The policy board is beginning to hear proposals for 2025 legislative measures.

Data

2023 NOTE: Data and certain trend information are provided to the Regional Policy Boards by the State of Nevada Office of Analytics on a biennial basis. In the interest of providing a concise and current report, this year’s report will not contain data *repetitive* from the 2023 annual report (available upon request). We thank the Office of Analytics for their dedication in always collecting accurate and relevant data and look forward to receiving the coming year’s epidemiologic profile for Washoe County.

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III. INTRODUCTION



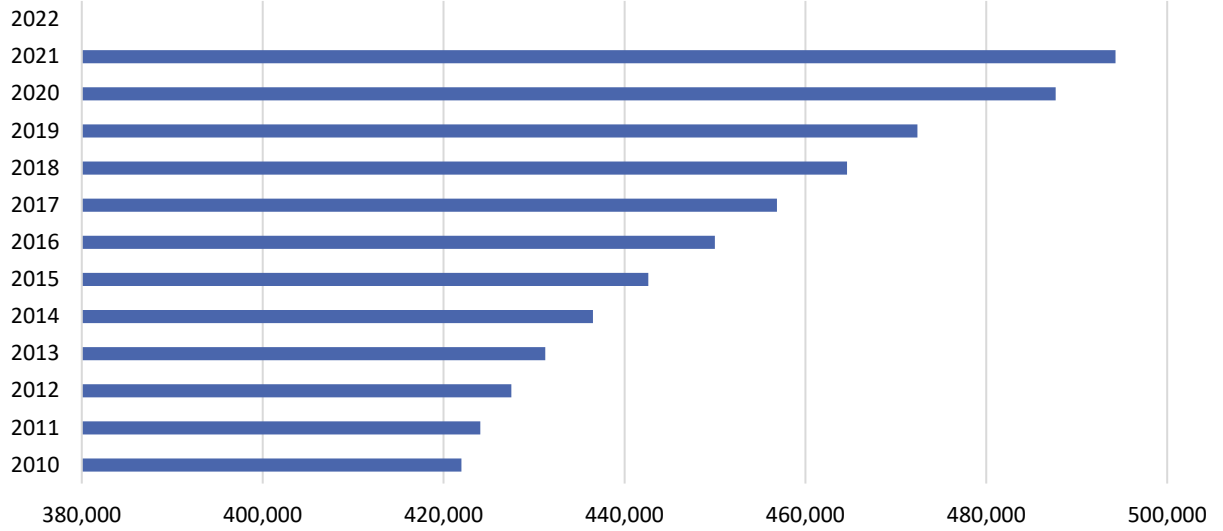
Washoe County is the second largest county in Nevada and is home to over 6,600 sprawling square miles, with 49 beautiful parks, 161 miles of trails, and more than 10,000 acres of open space. Nevada has continued to experience a growth in population. As a result of migration and the expansion of industries into Nevada, experts estimate that Washoe County's estimated 2024 population is 499,064 with a growth rate of 0.21% in the past year. [United States census data](#). Nevada is expected to reach a population of over 3.3 million by 2030. With such substantial growths in population, Nevada has been struggling to expand infrastructure to help account for these population estimates. Access to, and the quality of healthcare, including behavioral health, is one of the largest issues throughout the nation, especially among growing populations. Section A below represents a small demonstration of some of the demographic statistics for Washoe County.

A. Demographics

Washoe County's population increased 12 out of the 12 years between year 2010 and year 2022. Its largest annual population increase was 3.2% between 2019 and 2020. Between 2010 and 2022, the county grew by an average of 1.4% per year, with an estimated population of 499,064 in 2024.

Source: World population review county

Population Change

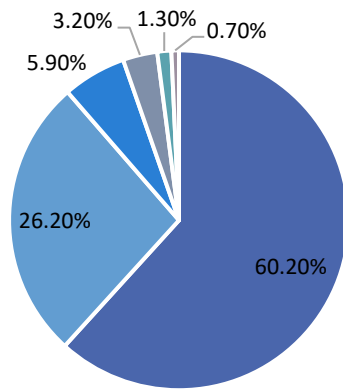


	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
■ Population	421,969	424,066	427,490	431,255	436,515	442,617	449,990	456,864	464,593	472,381	487,674	494,281	

■ Population

Source: Census Bureau

Race and Ethnicity

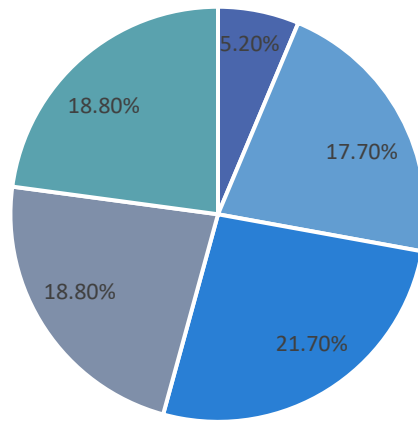


- White Non Hispanic
- Hispanic/Latino
- Asian Non Hispanic
- Multi-racial Non Hispanic
- AI/NA
- Native Hawaiian/PI
- Black Non Hispanic

In 2022, Washoe County was more diverse than it was in 2010. In 2022, the white (non-Hispanic) group made up 60.2% of the population compared with 66.1% in 2010. Between 2010 and 2022, the share of the population that is Hispanic/Latino grew the most, increasing 3.9 percentage points to 26.2%. The white (non-Hispanic) population had the largest decrease dropping 5.9 percentage points to 60.2%.

Source: Census Bureau

Age Makeup of Washoe County



■ 0-4 yrs ■ 5-19 yrs ■ 20-34 yrs ■ 35-49 yrs ■ 50-64 yrs ■ 65+ yrs

The share of the population that is 0 to 4 years old decreased from 6.6% in 2010 to 5.2% in 2022. The share of the population that is 65 and older increased from 12.2% in 2010 to 17.7% in 2022.

Source: Census Bureau

IV. WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD

A. History

During the 79th session of the Nevada Legislature, testimony was provided to members of the Nevada Legislature and the attending public in support of Assembly Bill (AB) 366. Discussion by a diverse group of legislators, and members of professional and public behavioral health disciplines included the opportunity these boards would provide for improvement in Nevada by giving local leaders a more active voice in the decisions that are made as they pertain to behavioral health. Presenters agreed that all regions of the State face unique challenges especially in behavioral health issues, and generally agreed that each region is best qualified to address their respective issues. By creating four regional behavioral health boards, the Division of Public and Behavioral Health (DPBH) was able to collaborate with local experts for suggestions on policy, funding, and implementation issues. Subsequent legislation from the 80th session in 2019 added a fifth regional board to Nevada Revised Statutes (NRS) 433.429 which also outlines membership criteria, and board obligations. The five boards represent Washoe Region; Clark Region which includes Clark County and part of Nye; Southern Region which includes the counties of Esmeralda, Lincoln, Mineral,

and a portion of Nye; the Rural Region which includes the counties of Elko, Eureka, Humboldt, Lander, Pershing, and White Pine; and the Northern Region which includes Carson City and the counties of Churchill, Douglas, Lyon, and Storey.

The policy boards, each staffed with one behavioral health coordinator, collaborate, and share information with the other boards focused on behavioral health issues, the goal of which is to create unified recommendations relating to behavioral health as well as ensuring available resources are maximized to the needs of the communities involved.

B. Board Membership

The WRBHPB membership is comprised of individuals who meet the professional criteria outlined in NRS 433.429. Members of the WRBHPB share the same behavioral health vision and goals as the Substance Abuse and Mental Health Services Administration (SAMHSA) and the recommendations born out of this vision serve to move Nevada closer to achieving these objectives. They strive to increase awareness and understanding of behavioral health issues including problem gambling and substance use disorders, promote emotional health and wellness, address prevention of substance abuse disorders and mental illness, including those with serious mental illness and increase access to effective treatment and support recovery. They believe it is necessary to always work towards diversity and equitable treatment in both service delivery, resources, and workforce development. Board members are committed to working with the State, County, and other professional associations to address training, data, and financing issues through support and advocacy. Members continue to identify important and timely behavioral health issues of concern and to promote recommendations related to improving behavioral health services.

2023-2024 MEMBERSHIP

JULIA RATTI

Director of Programs and Projects
Washoe County Health District
Policy Board Chair through September 2023

STEVE SHELL

Vice President of Behavioral Health at Renown Health.
Policy Board Vice-Chair through September 2023;
Policy Board Chair from October 2023 >

SARAH PETERS

Assemblywoman, District 24
Nevada State Assembly
Policy Board Legislator

HENRY SOTELO, Esq.

Reno Municipal Court Specialty Court Attorney
Paralegal/Law Program Director, Truckee Meadows Community College
Board member through: September 2023

JENNIFER RAINS, JD

Chief Deputy Public Defender
Board member from October 2023 >

JOLENE DALLUN

Executive Director
Quest Counseling

PETER OTT
Executive Director
Bristlecone

DR. TRACI BIONDI
Chief Medical Officer
Universal Health Services
Prominence Health Plan

CINDY GREEN
EMS Division Chief
Reno Fire Department

DR. KRISTEN DAVIS-COELHO
Psychologist
Northern Nevada HOPES
Policy Board Vice-Chair from October 2023 >

FRANKIE LEMUS
Behavioral Health Coordinator

Washoe County Human Services
Agency

SANDRA STAMATES
Community/Family Representative

WADE CLARK
Lieutenant., Reno Police
Department
Board member through September
2023

SGT MIKE MORRIS
Reno Police Department
Board member October 2023 >

CHRISTIN UCCELLI
Director of Behavioral Health
St. Mary's Behavioral Health

C. Additional Leadership and Participants

Policy Board Appointing Officials for 2023/2024

- Governor Joe Lombardo
- Assemblyman Steve Yeager, Speaker
- Senator Nicole Cannizzaro, Senate Majority Leader
- Richard Whitley, Director, DHHS

State Leadership

- Legislative Commission
- Legislative Committee on Health Care
- Nevada Commission on Behavioral Health
- Nevada Department of Health and Human Services
- Nevada Division of Public and Behavioral Health

County Leadership

- Eric Brown, Washoe County Manager
- Washoe County Commissioners
- Ryan Gustafson, Director, Washoe County Human Services Agency
- Kevin Dick, Washoe County District Health Officer (through March 2024)

Regional Behavioral Health Coordinators

The five regional coordinators each provide a variety of different behavioral health activities and responses to their region, guided by their scope of work within their agencies. They collaborate and share information with each other, their respective boards, and community partners and stakeholders with the goal of creating unified recommendations relating to behavioral health as well as ensuring available resources are maximized to the needs of the communities involved. Coordinators are responsible for the drafting of an annual report and for ensuring that collaboration between the State and other regions is accomplished.

Cherylyn Rahr-Wood, Northern Regional Behavioral Health Coordinator

- Carson City
- Churchill County
- Douglas County
- Lyon County
- Storey County

Valerie Haskin, Rural Regional Behavioral Health Coordinator

- Elko County
- Eureka County
- Humboldt County
- Lander County
- Pershing County
- White Pine County

Mark Funkhouser, Southern Regional Behavioral Health Coordinator (Previously Kim Donohue through December 2022)

- Esmeralda County
- Lincoln County
- Mineral County
- Nye County (Portion)

Michelle Bennett, Clark County Regional Behavioral Health Coordinator through May 2023

- Clark County
- Nye County (Portion)

Teresa Etcheberry, Acting Clark County Regional Behavioral Health Coordinator May 2023 >

Dorothy Edwards, Washoe County Regional Behavioral Health Coordinator

- Washoe County

D. Board Duties and Responsibilities

NRS 433.4295; 433A

ADVISE

- ❖ Behavioral Health Needs of Adults and Children
- ❖ Progress or propose plans relating to provision of behavioral health services
- ❖ Methods to improve the provision of behavioral health services
- ❖ Gaps in available behavioral health services and recommendations to address
- ❖ Needed legislative/law/policy change
- ❖ Funding Priorities

PROMOTE

- ❖ Improvements in the delivery of behavioral health services

IDENTIFY/COORDINATE

- ❖ Information with the other policy boards regarding behavioral health services
- ❖ Issues relating to behavioral health to increase awareness

REVIEW/ESTABLISH

- ❖ Collection and reporting standards of behavioral health data to determine standards
- ❖ As feasible, establish an organized, sustainable, and accurate electronic repository of data and information concerning behavioral health and behavioral health services in the behavioral health region that is accessible to members of the public on an Internet website maintained by the policy board

TRACK AND COMPILE

- ❖ As feasible, data concerning persons admitted to mental health facilities and hospitals
- ❖ As feasible, outcomes of treatment provided to such persons
- ❖ As feasible, measures taken upon and after the release of such persons to address behavioral health issues and prevent future admissions
- ❖ Annual Report with progress on behavioral health issues as mandated

E. Meetings and Presentations

The WRBHPB continues to meet with County leadership, public and private agencies, and stakeholders to assess the behavioral health needs of the County and how prioritizing and strategizing can not only help meet regional needs but coordinate efforts statewide where resources are limited.

During 2023 through March 2024, the WRBHPB exceeded the statutory requirement of quarterly meetings and conducted ten meetings, continuing with virtual meetings which has had the unintended consequence of greater participation from the public. The board invited speakers from a variety of public and private organizations providing and supporting behavioral health services in Washoe County to provide their thoughts on the status of behavioral health services or programs in Washoe County, gaps in services, and resource needs. Summaries of some of these meetings are included in Section V.

Meetings included discussions on the upcoming 83rd legislative session (2025), reviewing potential concepts for the board's bill draft request and other items around regional behavioral health gaps and challenges. Attachments and minutes from meetings can be found at: [Washoe Regional \(nv.gov\)](https://www.washoeregional.nv.gov) or upon request.

V. REGIONAL BEHAVIORAL HEALTH POLICY BOARD PRIORITIES AND STRATEGIES

Through collaboration and communication with all of the regional behavioral health policy boards, Nevada State and County leadership can lean on local experts for recommendations and information on policy, funding, and implementation issues. The policy boards are charged with the responsibilities specified in NRS 433.429 as noted in Section IV.D of this report. Each biennium the board works on establishing priorities and opportunities for support within the behavioral health community. Through review and analysis of behavioral health data, collaboration and outreach with State and County behavioral health partners, as well as a review of existing behavioral health legislation, board members select subjects or areas that might require policy development, revision and/or enhancement in the field of behavioral health along with programmatic support to behavioral health providers and stakeholders in the region. The diversity among the board members also provides an opportunity for members to take/develop behavioral health initiatives back to their own agency for support and/or implementation.

The geographic distinctiveness of Nevada provided support for the ultimate decision to regionalize certain behavioral health activities within the State. While each of the annual reports reflect the differences, many of the priorities have remained the same across the regions. Several focus areas have emerged and have been identified for WRBHPB board support, influence, and collaboration. The policy board supports the following identified priorities and strategies for success.

A. Crisis Response System

Challenge

People are experiencing challenges to mental and behavioral health on a daily basis. Additionally, COVID-19 impacted not only the economic and physical wellbeing of communities, but the mental health of individuals and families across the country. While Covid cannot be entirely blamed for the current mental

health crisis, the social isolation, physical and mental health conditions, and preexisting illness have been exacerbated across communities, specifically among those that are already most at-risk of experiencing a behavioral health crisis.

An issue that continued to emerge in discussions and study was the challenge to provide adequate and appropriate services to individuals who were experiencing a mental health and/or substance abuse crisis. These individuals are either taken, voluntarily or involuntarily to emergency rooms, and/ or jails when they could be better served in an environment that is designed to treat their condition. Individuals and families experiencing a behavioral health crisis need to be supported by a crisis response system that provides a continuum of services to stabilize and engage anyone in crisis and provide them appropriate, integrated treatment to address the problem that led to the crisis. A robust crisis response system ensures that every person in crisis receives the right response in the right place every time. Communities should be empowered to respond to behavioral health crises in the same way they respond to other emergencies. Residents of Washoe County experiencing suicidality or behavioral health emergencies are increasing and they deserve the same prompt, high-quality care as is delivered to individuals with physical medical emergencies. For every one suicide death, there are four hospitalizations for suicide attempts, eight emergency department visits related to suicide, twenty-seven self-reported suicide attempts, and two hundred and seventy five people who seriously considered suicide .1Suicide Data and Statistics, CDC, <https://www.cdc.gov/suicide/suicide-data-statistics.html> Data provided by the Mental Health America report in 2023 (data from 2022), revealed that Nevada ranks 35th in states for adults who have had serious thoughts of suicide; and 24th nationally for adults who have any mental illness (AMI). AMI is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Data from the Nevada Office of Analytics shows that as of data collected from November 2023, there were 121 deaths due to suicide in Washoe County.



Strategy and Progress

A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and the waste of resources (SAMHSA). Crisis stabilization facilities are considered an emergency healthcare alternative, providing persons with an acute behavioral health problem (including co-occurring disorders) with prompt action, gentle response, and effective support in a respectful environment. Crisis response and stabilization targets individuals who are experiencing an acute crisis of a psychiatric nature that may jeopardize the current living situation. The goals of these services are to prevent hospitalization, incarceration, and establish community stabilization, safety plans, and case management as appropriate. They are designed to stabilize and improve symptoms of distress and feature a continuum of core services. It provides the right response to a crisis at the right time, diverting people with behavioral health issues away from emergency departments and jails into care by behavioral health professionals. Acceptance is 100% of all individuals, regardless of their ability to pay and with the potential to provide legal hold assessments as appropriate (SAMHSA). There have been a number of developments at the national level and within Nevada recently that are focused around addressing behavioral health crises and preventing suicide. One

is the FCC approving 988 as the three-digit call line for experiencing a behavioral health crisis or suicidality. This number went live across the country on July 16, 2022, with a goal to reduce behavioral health crises, strive to attain zero suicide and provide a pathway to recovery and well-being. Currently, the state is conducting a Request for Proposal (RFP) for a vendor to manage the State's 911 Call Center and activities/staff. resources, and federal Medicaid dollars which are helping to fund the crisis response system. These efforts have all led to the development and implementation of a crisis response system for the Washoe Region, which has been the number one priority for the WRBHPB for the past several biennia.

The Washoe County Health District (WCHD) contracted with Social Entrepreneurs, Inc. (SEI) 2021 and together with members of the policy board, the coordinator and guided by a contract with Social Entrepreneurs, Inc., convened a planning project in June 2021 to support the implementation of a behavioral health crisis response system in the Washoe County region including the City of Reno, the City of Sparks, and Washoe County. With active involvement from regional leadership, key community members, including those with lived experience, and service providers, Washoe County endeavored to design the State of Nevada's first comprehensive crisis response system to address critical behavioral health crisis needs of the residents of the Washoe County region. A core team began identifying and distinguishing between onboarding and ongoing trainings needed for contracted organizations and programs as well as developing a system for monthly and quarterly tracking of implementation status and identified data points and data collection process with partners.

Renown has been selected for the organization identified as the crisis center location and is moving forward with facility rehab. There remains more to be done to ensure all components of the Community Crisis Center (CCC) are fully operational, but an opening for late summer/ early Fall 2024 is planned. While we do not have misconceptions that one crisis stabilization center will solve this problem, it is an important first step and provides a road map for others to follow. Our guiding principles for crisis response implementation include: Public awareness and engagement; Resources for self-help; Multi-channel availability; Reliable and timely response; Localized response based on geographic area; Connection to local public health and safety services; Follow-up as needed; Tailored support based on the age, culture, language, and other characteristics of each person and, consistency in line with best practices.



B. Children's Mental Health Challenge

As the WRBHPB worked on adult crisis care, it became obvious that efforts could not be confined to individuals over 18 years old. Children, youth, and young adults across the nation are experiencing a rising wave of emotional and behavioral health needs. All too often, these young people are subjected to unnecessary hospitalizations, long stays in inpatient facilities, justice system involvement, disproportionate school discipline, and out-of-home placements. There are also pronounced disparities impacting young people of color, families from low-income communities, and sexual minority youth. For too many youths, these crises end tragically. Suicide replaced "unsafe sleeping babies" as the No. 1

preventable cause of death for Washoe County children last year, and it's on track to be even higher this year. Through September of 2023, five children under 17 ½ died by suicide.

All youth and families should have access to a robust crisis response system that has developmentally appropriate policies, staffing, and resources in place to respond to their needs equitably and effectively—the right supports, at the right time, delivered the right way. (SAMSHA guidelines)

Fundamentally, youth are more than small adults and it is understood that it is not appropriate to overlay the adult system onto a children's system as the needs of children require a different trauma-informed approach that engages families and avoids institutionalization. De-escalation and stabilization when a child or youth is in crisis is best done in a home setting.

Strategy and Progress

It was clear to the WRBHPB that support should also be given to address the problem. Specific board members, including the coordinator, Chair and Vice-Chair are participating in a Youth Crisis System Collaboration group, seeking to address challenges faced by youth with behavioral health issues. The group, championed by leadership from the Children's Cabinet as well, is composed of members of public and private organizations that serve youth. In collaboration, the CRS model is being adapted to work for children, adolescents, and families using 2022 National Guidelines.

While the WRBHPB works to see the adult crisis response center become a reality, it looks forward to supporting efforts for the development of a crisis response center designed specifically for the unique needs and challenges facing youth.

While 988 is for all individuals, experts realized that youth needed to be considered and as such, ensured that contact processes included technology most often used by youth which includes text and chat capabilities. The FCC adopted rules to expand access to text 988 to directly reach the Lifeline to better support at-risk communities in crisis, including youth and individuals with disabilities.

C. Behavioral Health Workforce

Challenge

Nationally, there is more demand for behavioral health treatment than workforce capacity to deliver services which impacts timely access to treatment and prevents providers from expanding quality services. Regionally, the pandemic stressed an already overwhelmed behavioral health workforce. Post pandemic numbers began to reflect a retirement, or what some referred to as the great resignation, which also impacted the workforce numbers as well as leaving a historical knowledge gap. While we see a growth of licensed professionals, it is not enough to keep pace with population growth and need including a geographic disparity. Washoe County is fortunate to have many highly competent and committed

professionals working hard to deliver behavioral health services, but barriers to educational attainment, professional recruitment, and long-term retention remain a challenge.

Health Professional Shortage Areas (HPSA) identify geographic areas, population groups, or facilities within the United States that are experiencing a shortage of health care professionals. 335,222 Washoe County residents live in a primary care health professional shortage area (HPSA) (70.9%). 297,118 Washoe County residents live in a mental HPSA (62.9%)

Washoe County can stand up a perfectly planned and funded crisis stabilization center but without the right staff to serve those in crisis, the efforts are in vain. Board members have seen and heard the impact of Nevada's severe behavioral health professional shortage—in K-12 schools, where students' mental health needs are not always met; in mental health court where the lack of services for some of Nevada's most vulnerable youth were traced back to workforce shortages; and in rural areas where few behavioral health providers are available. (NHCWPD Group). Recruitment of faculty to train the next generation of behavioral health providers in Nevada also provides a challenge as they often earn less than they would in private practice. Finally, there remains demographic and workforce diversity challenges which the board includes as a priority.



Strategy and Progress

The mental health workforce shortage cannot be addressed without reevaluating provider reimbursement. Low reimbursement rates for mental health providers drive practitioners to other specialties and increases out-of-network participation. With a growing demand for mental health services, a shortage of mental health providers, and an increase in out of network participation, the system is built such that only people with higher incomes can afford to receive care (Mental Health America)

Throughout the previous biennium, the WRBHPB continued to hear from providers as well as those in need of behavioral health services. There were many concepts, policies and strategies presented to the board to address the workforce crisis and the WRBHPB listened to them all. Included in the discussion was the proposal to consider the expansion of public higher education health programs and budgets; residency and fellowship program development (GME), including rural residency programs and subspecialty training; state and federal loan repayment and scholarship programs; and licensing reciprocity and health care professions compensation. In discussion and collaboration with subject matter experts, the board crafted and submitted their BDR concept, which was subsequently assigned as Assembly Bill 69. While Assembly Bill 69 did not pass during the legislative session, Assembly Bill 37 was successful. This bill, put forward by the Rural Regional Policy Board establishes the Nevada Mental Health Workforce Education Network. This important work will create a network of statewide partners including education, employers, policy makers, state entities, community groups, insurance and others administered under NSHE. The WRBHPB is pleased to continue to support this effort.

D. Behavioral Health Equity and Diversity

Challenge

Behavioral Health Equity is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders. (SAMHSA)

The behavioral health needs of minority communities have been historically and disproportionately underserved. The WRBHPB believes that providers need to be sensitive to cultural issues and equipped with the necessary language skills that facilitate and promote effective service delivery. The proportion of behavioral health providers from diverse groups generally does not represent the proportion of those various diverse groups in the United States.

Strategy and Progress

Following SAMHSA's commitment to addressing behavioral health workforce disparities, WRBHPB seeks to identify and promote the effective recruitment and retention strategies for prevention, treatment, and recovery support providers and providers who are or who serve members of racial, gender and ethnic minority populations or other minority groups such as military members, veterans, and their families; lesbian, gay, bisexual, and transgender (LGBT) individuals; and American Indian/Alaska Native tribal members.

The board will support and promote efforts within the Community Crisis Center and other priorities identified within this report. WRBHPB will continue to welcome presentations and education, studying the cultural attributes that affect our ability to reach and serve our diverse community members.

E. Substance Misuse Treatment and Prevention

Challenge:

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 realizes a need to work to ensure inclusion and collaboration of all sectors of behavioral health.

Highlights from the January 2024 report from the Nevada Drug Overdose Surveillance (OD2AP) program revealed the following for Washoe County:

- Suspected drug-related overdose ED visit rates have decreased by 4% from December 2023 to January 2024 in Washoe County.
- Suspected drug-related overdose ED visit rates decreased by 10% from January 2023 to January 2024 in Washoe County.
- Compared to December, opioid prescription rates remained stable in January 2024 in Washoe County.



Strategy and Progress:

The WRBHPB continues to avail itself of information and education around substance misuse treatment, prevention, and recovery. Meetings support information sharing and discussion on emerging and best practices around reduction of substance misuse. Discussions on strategies include exploring ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information; expanding Naloxone distribution; Providing and expanding the use of peers for substance abuse support/recovery/prevention; and continued education.

Additional Areas of Support

Community Health Improvement Plan (CHIP)

- The CHIP, developed by the Washoe County Health District is a plan of action to address local conditions that are contributing to or causing poor health in Washoe County.
- Behavioral health was seen as a top concern cited by the community and is one that greatly suffers from lack of adequate resources and available workforce. It also ties in closely to the housing focus area as many chronically homeless individuals suffer from mental illness and substance use disorders, and adequate housing is seen as a critical foundation to providing successful treatment.
- The board supports the efforts taken for the successful implementation of the CHIP.

VI. New Behavioral Health Initiatives and Developments

The past year has been busy for behavioral health activities in Washoe County and the WRBHPB is excited to support and encourage these initiatives.

A. Behavioral Health Administrator

Washoe County has hired Julia Ratti to fill the newly created position of Behavioral Health Administrator. This position was created in January this year to oversee the assessment and improvement of a regional system of care for mental health and substance use disorder in Washoe County. The Board of County Commissioners has identified behavioral health as a strategic priority and has approved numerous agreements and investments in the area of behavioral health. The BHA will work with county departments, regional partners, community providers, and the State of Nevada to define gaps in service, develop strategies for securing facilities and programs, and develop a plan for funding.

B. Sequential Intercept Model (SIM)

Over the past year, a team of judicial and county leadership has met with the purpose of implementing a successful model that details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process has

united these leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment. The board is excited to continue to provide support, education, and leadership for this important initiative.

C. West Hill Hospital Purchase

After a careful study and planning process, the Washoe County Board of Commissioners has approved the purchase of West Hills Hospital for use as a mental health inpatient facility. Plans are still being developed for this exciting step in behavioral health for Washoe County, including an emphasis on early intervention to diagnose mental health issues in young people.

VII. LEGISLATIVE ACTIVITIES



While the focus of the WRBHPB is on behavioral health issues in Washoe County, the goal will always remain a collaboration with other regional boards to mitigate duplication of effort and affect positive change for all of Nevada. It is only through working together that we can accomplish goals that might not be obtainable in isolation. One method to affect change in regional behavioral health is the unique

opportunity that the regional behavioral health policy boards are afforded to develop and present a Bill Draft Request (BDR) each legislative session. Below is a summary of the WRBHPB legislative activities, all of which contribute to the successful development of a Crisis Stabilization Center in Washoe County. In each session there have been several pieces of legislation introduced related to behavioral health, often directly supportive and impactful to Crisis Stabilization. The WRBHPB has been pleased to offer written letters of support for these specific pieces of legislation.

79th (2017) Session

AB366 Creating Policy Boards including provision of 1 Bill Draft Request for each board [AB366 Text \(state.nv.us\)](https://legis.nv.gov/legislation/assembly/bills_301_400/2017/AB366)

80th (2019) Session

WRBHPB Introduces AB66 (Passed) [AB66 Text \(state.nv.us\)](https://legis.nv.gov/legislation/assembly/bills_301_400/2019/AB66)
*Crisis Stabilization Endorsement Criteria

81st (2021) Session

WRBHPB Introduces SB69 (Passed) [SB69 Text \(state.nv.us\)](https://legis.nv.gov/legislation/assembly/bills_301_400/2021/SB69)
*Peer Support Recover (Important to Crisis Response Stabilization Centers)
*Youth Risk Behavior Survey – Passive Consent
* Substance Misuse K-12 Prevention Education Curriculum

82nd (2023) Session

WRBHPB Introduces AB69 (Failed) [AB69 Text \(state.nv.us\)](https://legis.nv.gov/legislation/assembly/bills_301_400/2023/AB69)
* Workforce Development
* Expands the loan repayment program administered by the Nevada Health Service Corps to include certain providers of behavioral health care
* Provides additional resources to increase the number of providers as well as flexibility to meet critical needs not covered in the federal program.
*Expands provider types and care settings
*Targets a portion of funds specifically to behavioral health providers to meet a critical, immediate need.

83rd (2025) Session

As of Spring, 2024, WRBHPB is inviting community partners, stakeholders and organizations to propose Legislative changes/new policies for 2025 BDR

VIII. Summary

The WRBHPB appreciates the opportunity to discuss current and future activities and values the participation of State legislators as well as State and County leadership in our joint pursuit of improving behavioral health for all Nevadans. The board emphasizes the importance of the provision of the highest quality of behavioral health care to patients and their families; the development and enhancement of acute, residential, and outpatient services; and the provision of services to children and adults in need of mental health and substance abuse care. In the accomplishment of those goals, the WRBHPB strives to have compassion, empathy, and perseverance for those who are dealing with behavioral health issues; encourage and participate in open communication with our diverse and distinct population and to research and encourage sound fiscal management with resources.

As stated by Mental Health America, it is important that we advocate for prevention services for all, for early identification and intervention for those at risk, integrated and efficient access to care and behavioral services for all with recovery as a goal. We believe that gathering and providing current data and information about disparities faced by individuals with mental health challenges/problems in our state and region, is a tool for change.

This report is respectfully submitted to:
DHHS Commission on Behavioral Health

Cc: Chair, Legislative Committee on Health Care
Richard Whitley, Director, Nevada Department of Health and Human Services
Eric Brown, Washoe County Manager
Members, Washoe Regional Behavioral Health Policy Board