ANNUAL REPORT 2021

Prepared by
Michelle Bennett
Clark Regional Behavioral Health Coordinator

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CLARK COUNTY AND SOUTHERN NYE COUNTY

Clark County:
2020 Population = 2,315,963
2020 Percent of State = 73.8%

BOARD MEMBERS

Char Frost
Board Chair/Clark County Children's Mental Health Consortium

Jamie Ross
Vice Chair/PACT Coalition

Senator Fabian Donate
Legislator, Nevada Senate District 10

Dr. Lesley Dickson
Center for Behavioral Health/Nevada Psychiatric Association

Michelle Guerra
Director Of Health Equity and Cultural Competency - Molina Healthcare of Nevada, Inc

Jacqueline Harris
Licensed Marriage and Family Therapist

Dan Musgrove
Nevada Strategies 360

Justine Perez
Compassion Community Care Clinic

Ariana Saunders
Corporation for Supportive Housing Southwest

Captain Nita Schmidt
Las Vegas Metropolitan Police Department

Cory Whitlock
Las Vegas Fire and Rescue

EXECUTIVE SUMMARY

The public health emergency Coronavirus Disease 2019 (Covid-19) has brought doubt and fear. This has created the unexpected opportunity to develop innovative approaches to support individuals with behavioral health needs. During this time, adults and children have experienced behavioral health challenges that may not have existed pre-pandemic. The challenges of mandatory isolation have disrupted support systems and presented barriers to accessing care. According to the American Psychological Associations' 2020 report on Stress in America, 34 percent of young adults ages 18 to 23 stated their mental health has deteriorated. The compounded stress of previous stressors in conjunction with current pandemic stress can lead to long-term behavioral health needs.

The unparalleled federal and State investments to improve behavioral health care, treatment/prevention for drug and alcohol misuse, racial inequalities, building behavioral health workforces, and addressing the need for housing to reduce homelessness are all critical to successful policymaking. These investments are also necessary for improving the delivery system infrastructure that serves the whole community. In order to maximize services, there is great need to improve multi-system collaboration and engagement effectively at the local, state, and federal level. The Clark Regional Behavioral Health Policy Board (CRBHPB) is committed to advocate for the Clark Region to fill gaps and identify important topics for the upcoming 2023 bill draft request (BDR.)

Throughout 2021, the Clark Regional Behavioral Health Policy Board (CRBHPB) continued to follow its purpose to address behavioral health issues, endorse improvements in the delivery of behavioral health services, coordinate with other regional policy boards, and identify gaps in the Clark region. The impact of the pandemic has been greatly considered along with any necessary federal and State investments made to assist the populations served. CRBHPB meetings prioritized the needs of adults and children experiences various behavioral health issues in the community. This community includes the metropolitan and rural areas of Clark County and Southern Nye County.

2021 CLARK REGIONAL BEHAVIORAL HEALTH PRIORITIES

The Clark Regional Policy Board continues to embrace a data-driven approach to identifying the behavioral health needs and system gaps of the region with an emphasis on recovery efforts. The success of a data-driven approach depends on the existence of data, the quality of the data gathered, as well as the rigor and pertinence of its analysis and interpretation. Detailed recommendations for board priorities can be found throughout this report, main points are highlighted as follows:

- 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 and integrating behavioral health and substance misuse

Recovery and Recovery Support

Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four major dimensions that support recovery:

- Health—overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being
- Home—having a stable and safe place to live
- Purpose—conducting meaningful daily activities and having the independence, income, and resources to participate in society
- Community—having relationships and social networks that provide support, friendship, love, and hope

The board has approved the same priorities from 2021 to continue the ongoing work of addressing and removing barriers with an emphasis on recovery efforts which are a priority for behavioral health services. In January 2022 through the exploration of data and stakeholder feedback the board voted and approved to add an additional priority:

- Identify wrap-around services for individuals experiencing homelessness and mental health crisis.

Priorities and Recommendations

The Clark Regional Policy Board continues to embrace a data-driven approach to identifying the behavioral health needs and system gaps of the region. That said, the success of a data-driven approach depends on the existence of data, the quality of the data gathered, as well as the rigor and pertinence of its analysis and interpretation. What follows is a description of the Clark Regional Policy Board's methods of gathering data and information, a summary of that data, and a brief description of the data's limitations.

Mental Health: Oversight Agency and Workforce Development Issues (to include licensing boards)

The Board recognizes that workforce and the availability of qualified behavioral health providers have troubled Southern Nevada for many years. While the region has seen steady growth, the community falls well below the average of providers per capita. The Board wants to further investigate what measures can be taken to improve the Behavioral Health Workforce supply in Nevada. All publicly funded substance abuse treatment providers are certified by SAPTA. Additionally, all mental health providers of all types including Psychiatrist, Psychologist, Advanced Practice Registered Nurses, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, and Licensed Professional Counselors, are licensed by the State licensing boards for each of the disciplines.

Recommendation: The board would like to recommend that 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. As well as 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.

Dedicated Funding for Crisis Services

The Clark Regional Behavioral Health Policy Board supports efforts to increase the community's access to crisis intervention. Currently, in Clark County, there is one mobile crisis team for adults that serves only one zip code located in Downtown Las Vegas. The Crisis Response Team in this one area responded to thousands of calls in one year. The Nevada Department of Health & Human Services Division of Child & Family Services provides a mobile crisis response team (MCRT) for youth and families in crisis.

Recommendation: The Board, DHHS, and DPBH to review and develop a plan for working with community partners to model Crisis Now services. Crisis services with adequately trained staff 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. In 2021 data from the U.S. Labor Statistics rated Nevada second in the nation for the highest number of workers quitting jobs. Many health care professionals are experiencing high burnout and long hours with little incentives. Other professions have offered remote working, but this is not the case for in-person medical staff. The shortage of staff and increase of emergency rooms can leave a patient not receiving adequate behavioral health care or limited options for follow-up. Crisis care can help an individual get on the right track while in crisis.

Residential Treatment Services for Youth

The Clark Behavioral Health Policy Board relies on the Clark County Children's Mental Health Consortium for recommendations related to children's mental health due to their focus solely on children, youth and transition age youth and their families. Part of their 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).

The Clark County Department of Family Services has reported staff shortages. More children are coming through the system with a higher need for care, but the DCFS staff are unable to meet the needs of these children. This has resulted in children not being accepted for services and caregivers left desperate for help. Data for 2021 reflects the significant decrease to service Desert Willow Treatment Center - Acute Care served four children in May 2021 but decreased to one by November. The residential services served twenty-two children in March 2021, but only six were receiving services by December.

Recommendation: The Clark Regional Behavioral Health Policy Board and the Clark County Children's Mental Health Consortium think of 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 need a higher level of care to stay safe to themselves and within their community.

Increasing Collaboration on the Spectrum of Substance Misuse and its Relation to Mental Health

The Policy Board needs to effectively address behavioral health in our community, we must 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." 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. We know that mental health and substance use disorders are co-occurring, and we must work to join resources and direct them to raise the health equity in Clark County.

Recommendation: The Clark Regional Behavioral Health Policy Board 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 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 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.

Important considerations

In addition to serving all individuals in the Clark region, significant consideration is taken to help vulnerable populations. The Board recognizes that many successful behavioral health outcomes are closely impacted by the Social Determinants of Health (SDOH), including access to food, transportation, income levels, and social support. Desired health can be achieved by providing equal access to services and meeting individuals where they are physically, emotionally, and economically. The Nevada Minority Health and Equity Coalition explains that health equity is attained with every person can reach full health potential. They encourage policymakers to develop and support efforts to reduce disparities in healthcare provisions and increase access.

To be effective and reduce disparities, it is essential to consider racial and cultural identities that impact the actions that influence behavioral health. When discussing the priorities previously listed, the Board examines how the SDOH affects longevity and quality of life for behavioral health across the region's diverse population.

2021 CLARK REGIONAL BEHAVIORAL HEALTH POLICY BOARD ACTIVITIES

As the world continued to meet the challenges of the Covid-19 crisis, CRBHPB met with stakeholders and held full Board Meetings virtually. Board members, guests, and the public met in accordance with NRS. 433.429 relating to mental health. The virtual public meetings were held through teleconferencing and allowed the meetings to be accessible telephonically to all members and the public interested in observing or addressing the Board. All board meetings are subject to specific notice and accessibility requirements. The CRBHPB will continue to meet virtually until further notice.

2021 Board Meetings

During the 2021-year January through December, the Board met on five occasions. All presentations, materials, and minutes provided to the Clark Regional Behavioral Health Policy Board can be found at: https://dpbh.nv.gov/Boards/RBHPB/Board_Meetings/2018/Clark_Regional/ The list below provides an overview of notable presentations, initiatives, and actions initiated by the Board in 2021.

January 28, 2021

- Discussion and approval of 2020 Clark Annual Report
- Discussion and approval for letters of support for the other regional policy boards

March 11, 2021

- Update on other Regional Behavioral Health Policy Boards' bills
- Discussion and vote to allow Chair Char Frost to represent the interests of the Board as they relate to SB56
- Discussion and approval to support other Policy Board's bill by writing letters of support to submit as testimony
- Presentation on the Olmstead Decision by Nevada Legal Services

May 12, 2021

- Presentation on the Healthy People 2030- data-driven national initiative to improve health and well-being over the next decade. It is a framework to promote and educate people on their well-being. It uses national data from a social determinates of health perspective.
- Discussion- Senate Bill 56 Revises provisions governing insurance coverage of behavioral health services to include telephonic behavioral health services

July 28, 2021

- Presentation on Legal 2000 data collection and outcomes
- Presentation on American Rescue Plan Act of 2021 (ARPA)
- Discuss and Approve Board Recommendations to be sent to the State regarding allocation of ARPA funding
- Presentation on Regional Coordinators work with a regional website

November 1, 2021

- Presentation by University of Nevada, Reno on Open Beds, an electronic behavioral health and social service treatment referral system and collection of Legal 2000 (L2K) data
- Update Clark County Children's Mental Health Consortium
- Update Prevention Coalition future updates to board (Senate Bill 69 regarding peer recovery support services) Senate Bill (SB) 69 institutionalized peer recovery support specialists, changed from passive to active consent for the youth risk behavioral survey, and institutionalized prevention coalitions
- Discussion and vote of Board membership of Appointments and Reappointments of Board Positions
- Update discussion and vote on updated Bylaws for the Board

DATA HIGHLIGHTS

Traditionally the epidemiological report provided data from the Department of Human and Health Services Division of Public and Behavioral Health (DPBH), Substance Abuse Prevention and Technical Assistance (SAPTA), and Office of Analytics yearly. However, staffing challenges due to the epidemic have resulted in the epidemiological report will be given every other year. Therefore, for 2021 each Regional Behavioral Health Coordinator was given a set of raw data to pull as information from and help compose each annual report.

In order to gain a better representation with a more robust data collection other sources were added to this report. Data from the Center for Disease Control and Prevention; U.S Department of Labor Statistics, Healthy Southern Nevada; Department of Human and Health Services Chart Pack; UNLV Center of Business and Economic Research; and Applied Analysis: Behavioral Health Services in Southern Nevada have all been instrumental in showcasing the behavioral health challenges for the Clark Region.

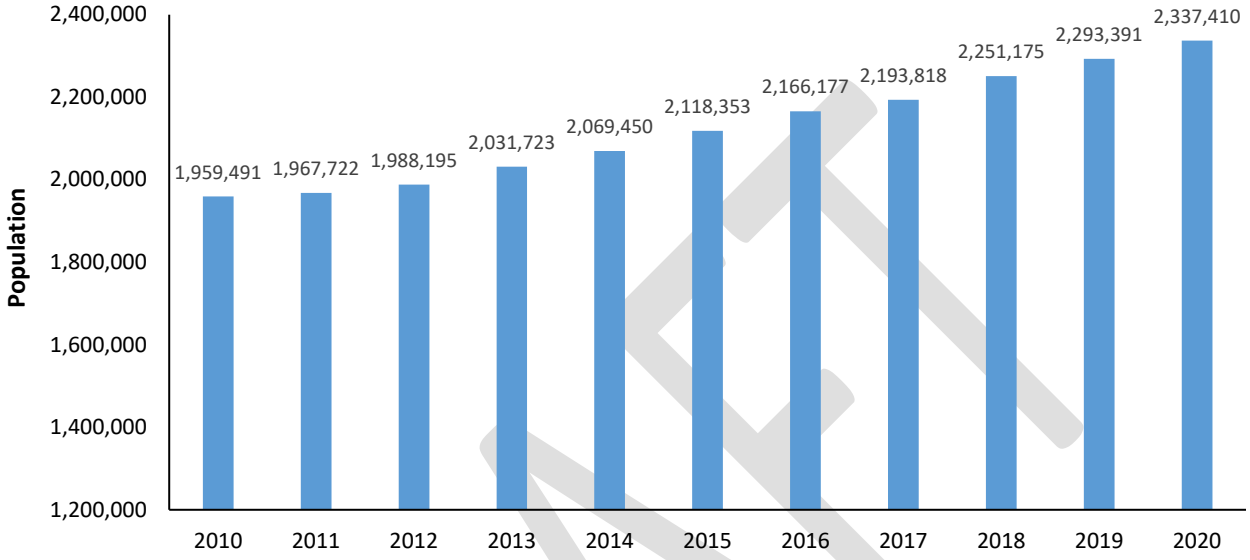
Key Findings

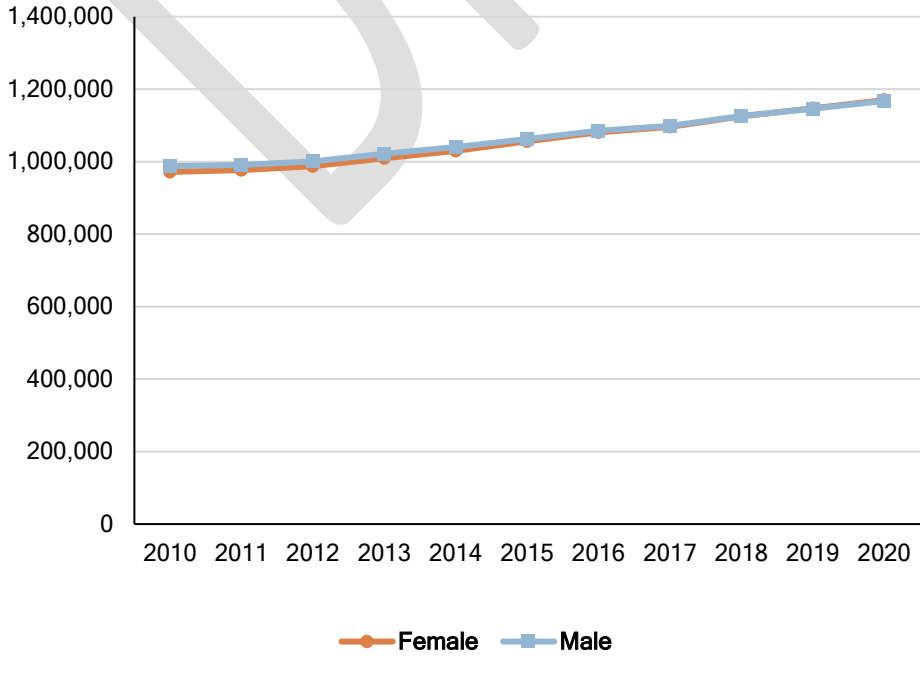
- Clark county population 2,226,715
- Approximately 73% of the whole state of Nevada
- 15.1% of the population is 65 and over
- 56% of the population is an ethnic minority
- Young adults and children make up almost half the entire population
- An estimated 20% of the population experience 10 or more poor mental health day and categorize themselves as having unfavorable mental health.
- Significant increase to unintentional or undetermined overdose related deaths for youth under eighteen followed closely by young adults.
- Significant need for inpatient and outpatient bed that are left unmet
- Clark County on average has 21 child and adolescent psychiatrist per 100,00; national average is 89.
- Alcohol and substance misuse continue to rise
- Clark County coroner data attributes 219 deaths for fentanyl overdose

APPENDICES

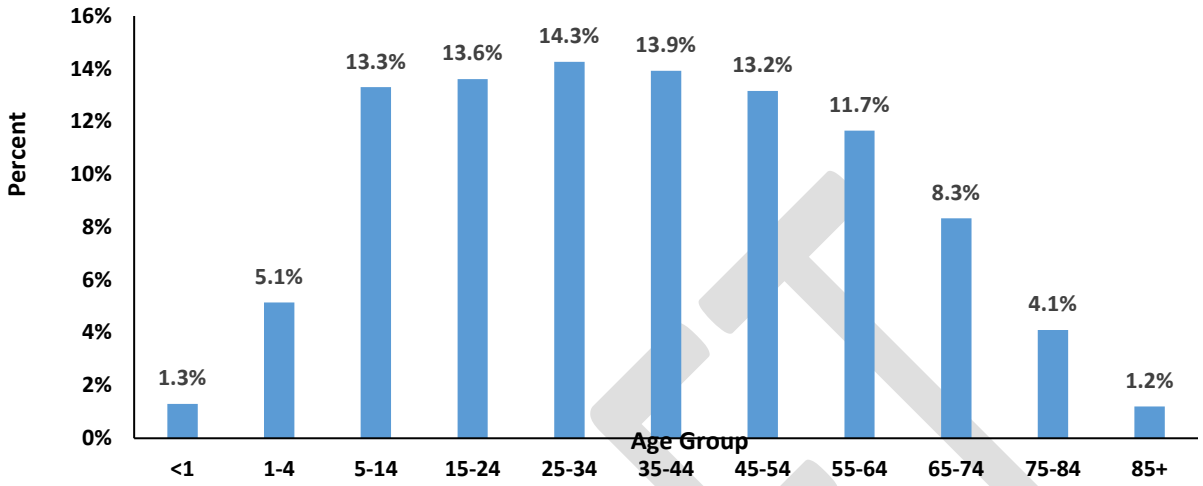
Appendix A

Clark population growth 2010-2020





Clark County 2020: Percentage of Total Population by Age Group

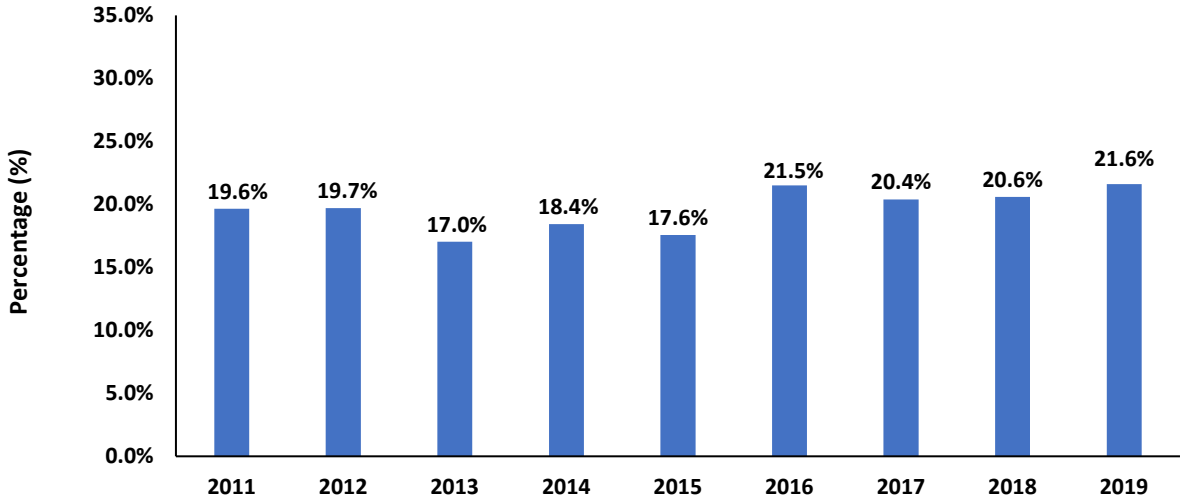


County Demographics –

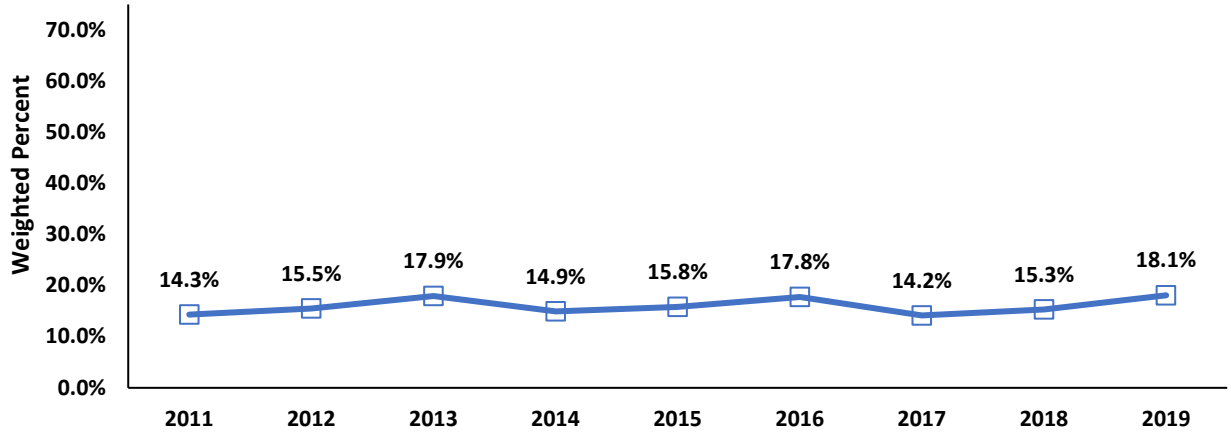
	County	State
Population	2,266,715	3,080,156
% below 18 years of age	23.0%	22.5%
% 65 and older	15.1%	16.1%
% Non-Hispanic Black	11.9%	9.3%
% American Indian & Alaska Native	1.2%	1.7%
% Asian	10.4%	8.7%
% Native Hawaiian/Other Pacific Islander	0.9%	0.8%
% Hispanic	31.6%	29.2%
% Non-Hispanic White	41.7%	48.2%
% not proficient in English	7%	6%
% Females	50.1%	49.8%
% Rural	1.3%	5.8%

Clark (CL) County | Trend | Error Margin | Top U.S. Performers | Nevada

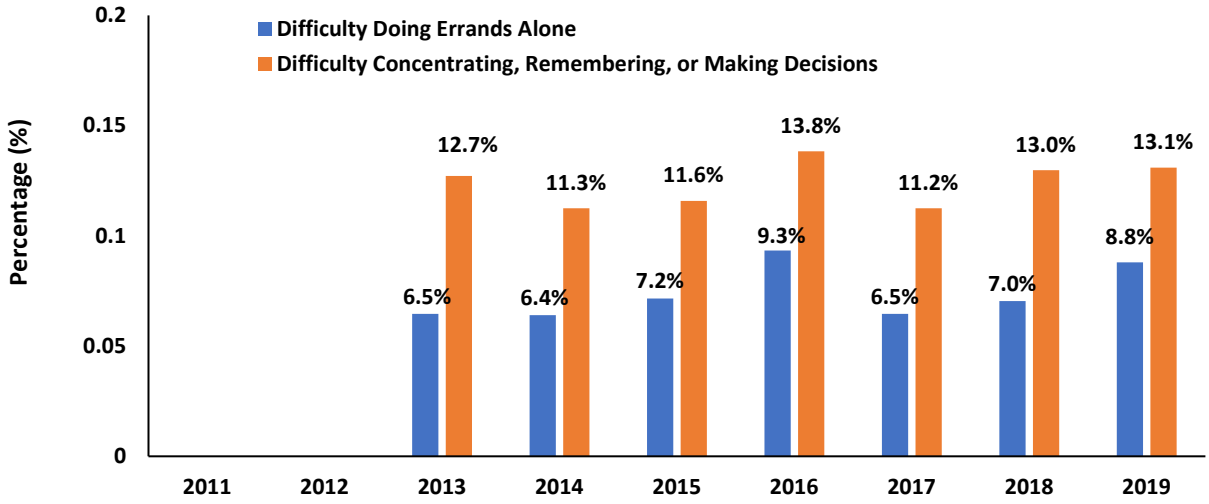
Percentage of Nevada Adults in Clark County Who Rated Their General Health As Poor or Fair, 2011-2019



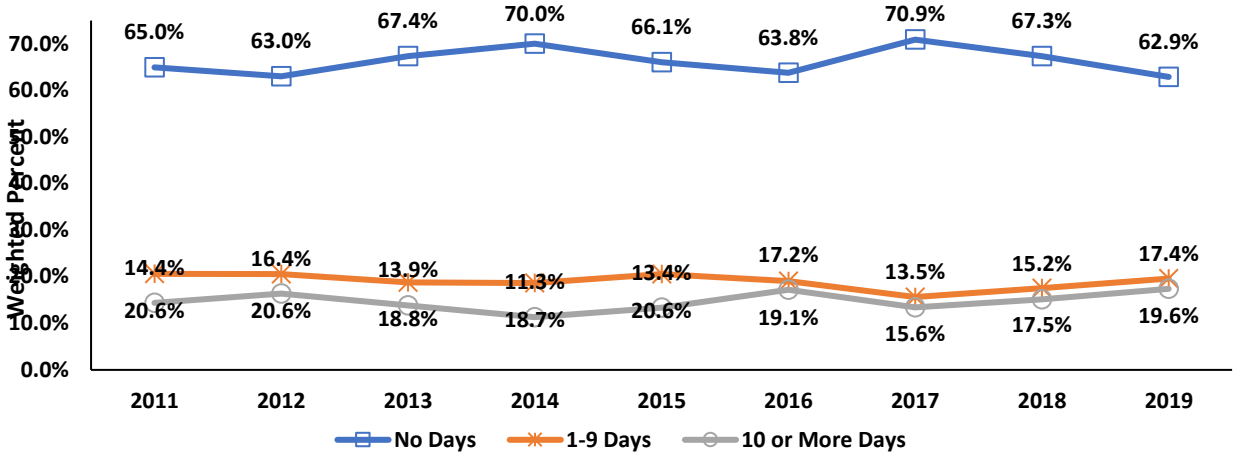
Percentage of Nevada Adults in Clark County Who Reported Unfavorable Mental Health, 2011-2019



Percentage of Nevada Adults in Clark County Who Experience Difficulties Because of Physical, Mental, or Emotional Conditions, 2011-2019



Percentage of Nevada Adults in Clark County Who Experienced Poor Mental or Physical Health that Prevented Them from Doing Usual Activities, 2011-2019

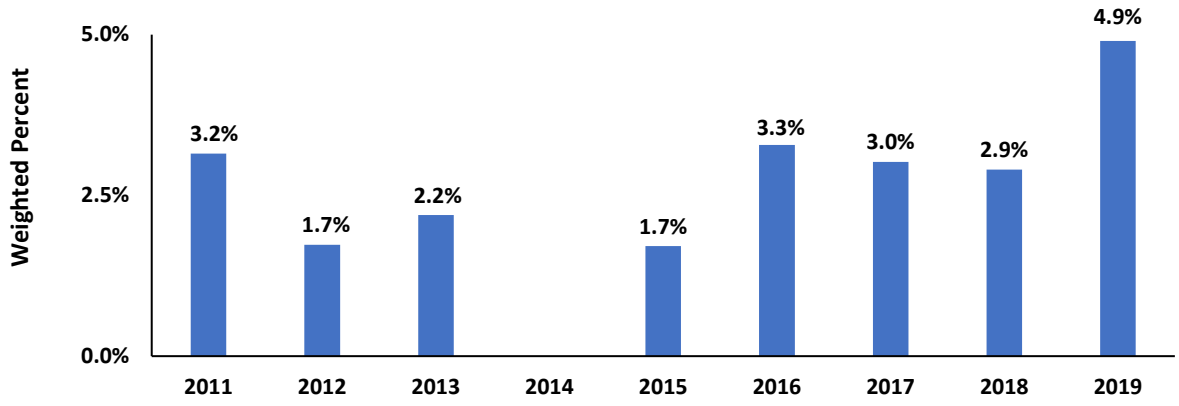


Nevada 2019 - 2020: Unintentional or undetermined overdose-related deaths in

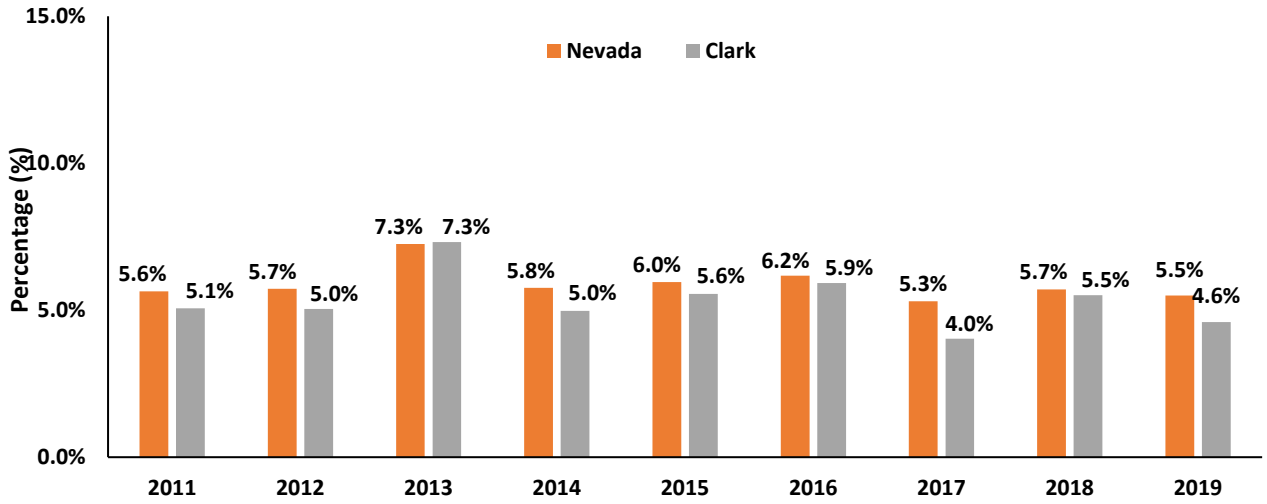
Region: Clark 328 (64.3%) 542 (68.8%) 65.2% No significant change

Characteristic	2019 N[a]=510 (%)	2020 N[a]=788 (%)	Relative % Change[b]	Trend[c]
Age				
<18 years	2 (0.4%)	13 (1.6%)	550.0%	Significant Increase
18-24 years	36 (7.1%)	93 (11.8%)	158.3%	Significant Increase
25-34 years	83 (16.3%)	149 (18.9%)	79.5%	No significant change
35-44 years	99 (19.4%)	144 (18.3%)	45.5%	No significant change
45-54 years	120 (23.5%)	158 (20.1%)	31.7%	No significant change
55-64 years	126 (24.7%)	162 (20.6%)	28.6%	No significant change
65+ years	44 (8.6%)	69 (8.8%)	56.8%	No significant change

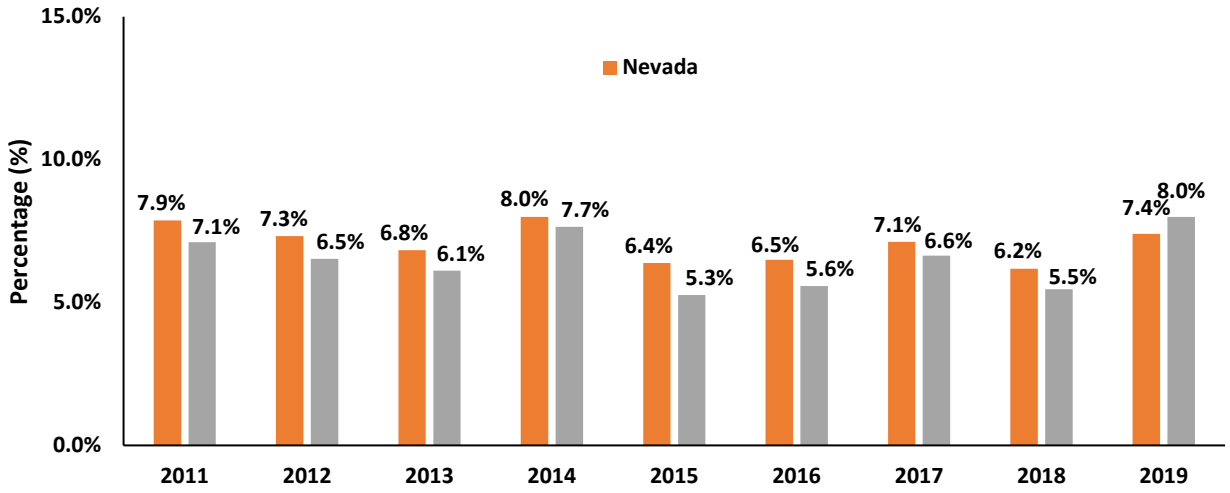
Percentage of Nevada Adults in Clark County Who Have Seriously Considered Suicide, 2011-2019



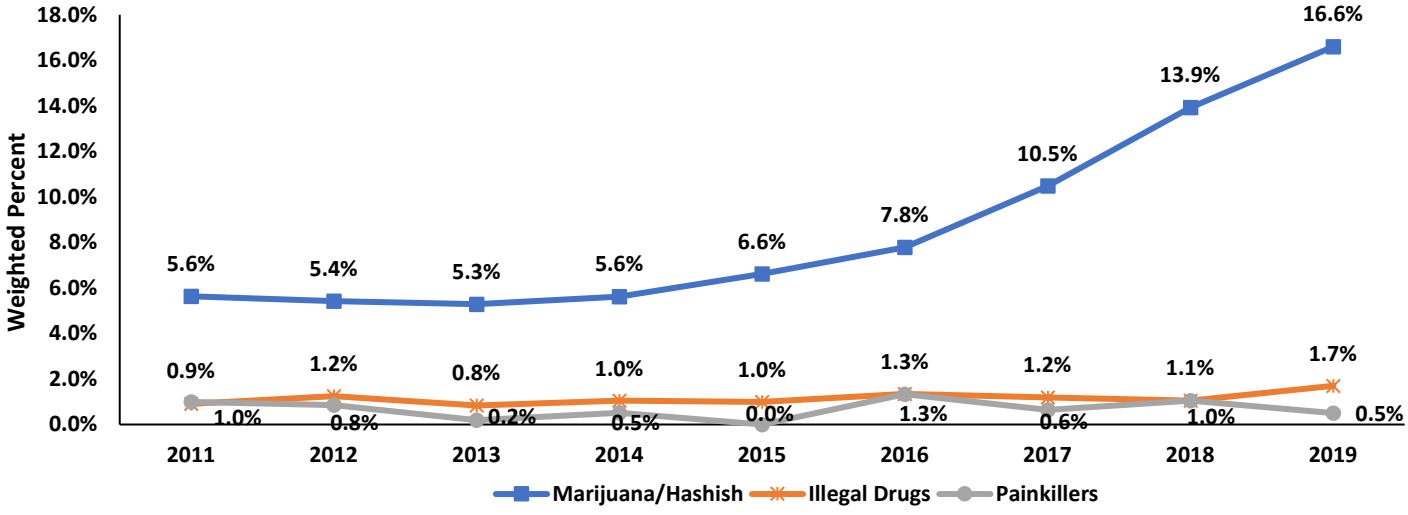
Percentage of Nevada Adult Women in Clark County Who Are Considered Heavy Drinkers, 2011-2019



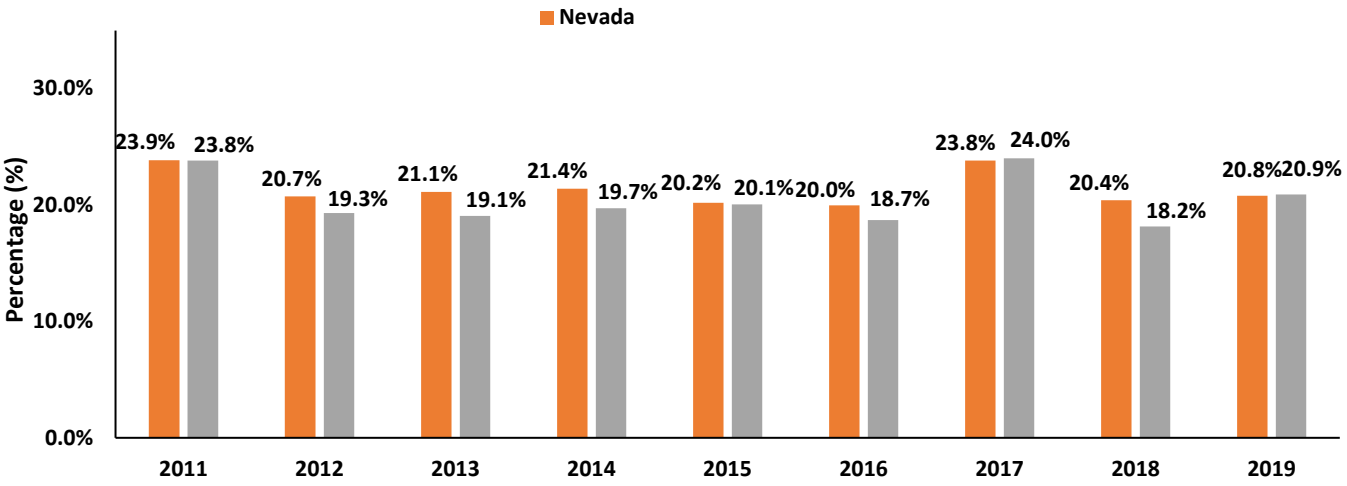
Percentage of Nevada Adult Men in Clark County Who Are Considered Heavy Drinkers, 2011-2019



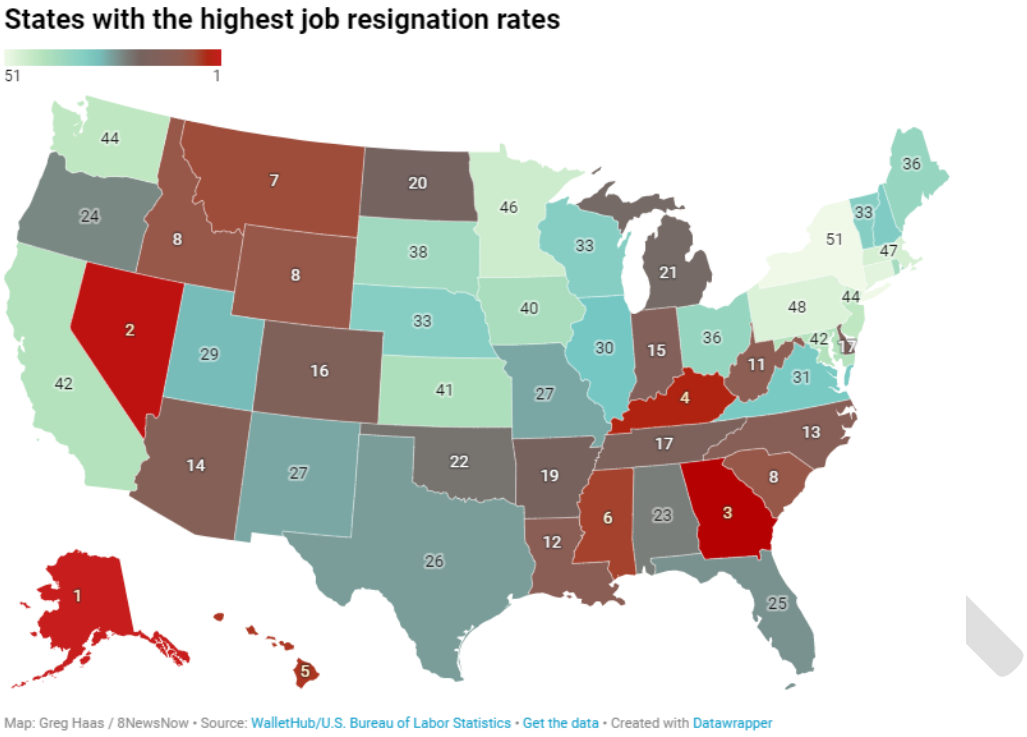
Percentage of Nevada Adults in Clark County Who Used Marijuana/Hashish, Illegal Drugs, or Painkillers to Get High in the Last 30 Days, 2011-2019



Percentage of Nevada Adult Men in Clark County Who Are Considered Binge Drinkers, 2011-2019

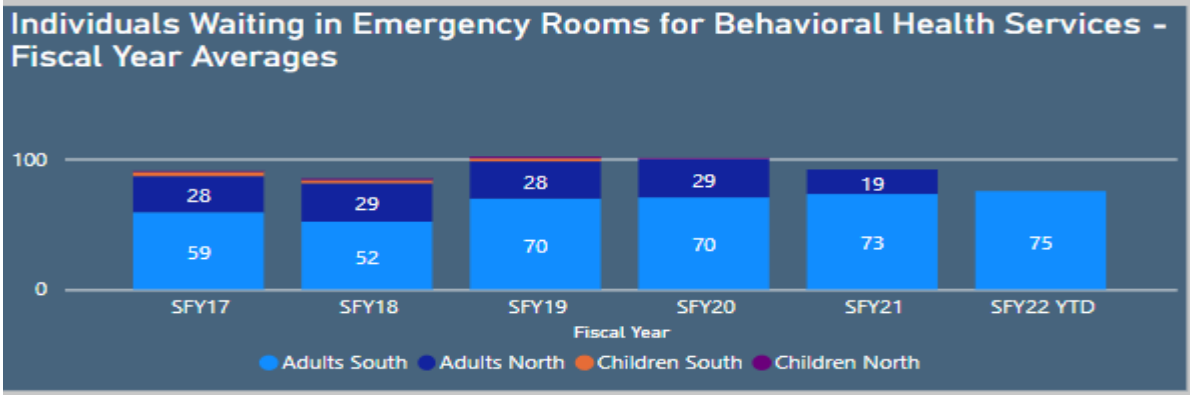


Appendix B



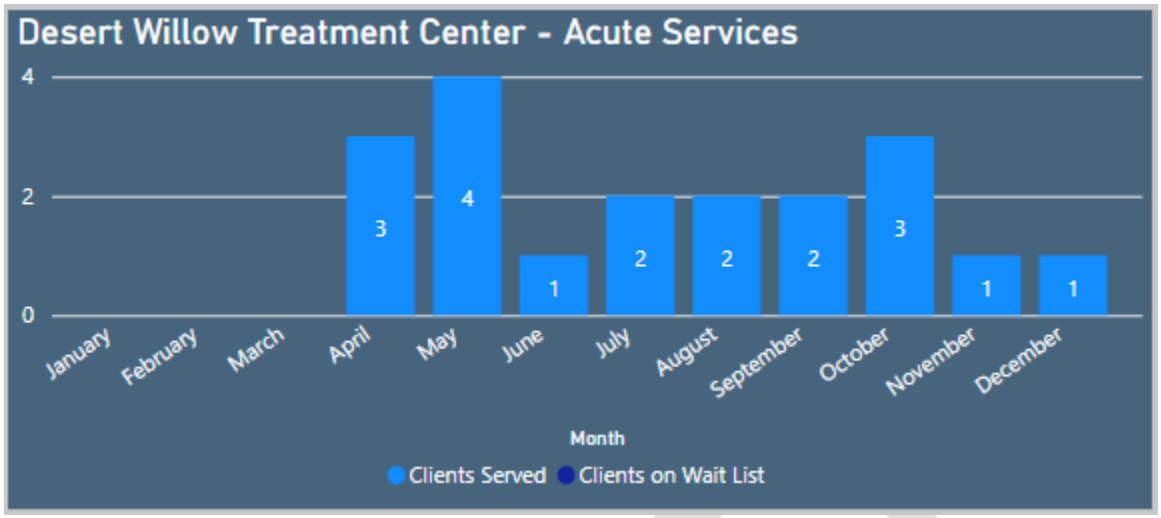
Fiscal Year Averages

Fiscal Year	Adults South	Adults North	Children South	Children North	Total	Percent Change
SFY17	59	28	3	1	91	
SFY18	52	29	2	1	85	-6%
SFY19	70	28	2	1	101	20%
SFY20	70	29		1	100	-2%
SFY21	73	19			90	-10%
SFY22 YTD	75				75	-17%



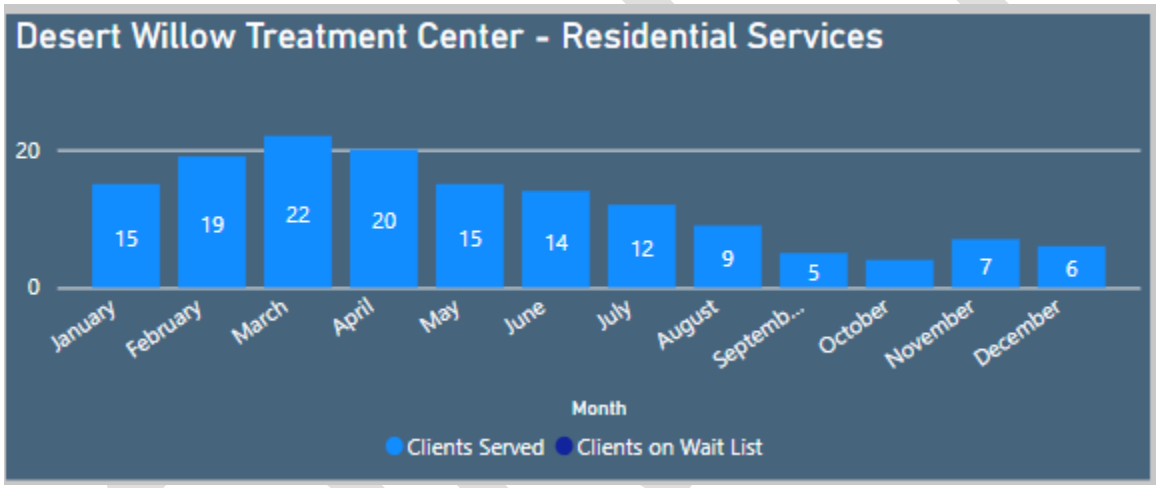
Source: DHHS Behavioral Health Chart Pack

Children's Mental Health - South



Desert Willow Treatment Center- Acute Services was undergoing renovations from July 2020 to March 2021

Source: DHHS Behavioral Health Chart Pack



Source: DHHS Behavioral Health Chart Pack

Source: DHHS Behavioral Health Chart Pack

Appendix C

6385 S. RAINBOW BLVD., SUITE 105
LAS VEGAS, NEVADA 89118
T: 702.967.3333
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APPLIEDANALYSIS.COM

APPLIED ANALYSIS

September 29, 2021

Ms. Teresa Etcheberry
Assistant Manager
Clark County Department of Social Service
1600 Pinto Lane
Las Vegas, NV 89106

RE: Behavioral Health Services in Southern Nevada 2021

Dear Ms. Etcheberry:

In accordance with your request, Applied Analysis ("AA") is pleased to submit this review and analysis of the state of behavioral health services in Southern Nevada. AA was retained by the Clark County Department of Social Service to assist in evaluating the region's mental and behavioral healthcare system. In addition, AA was retained to focus its efforts on a number of key areas of analysis, including the following: (1) the specific mental and behavioral health needs of the Clark County community; (2) the effectiveness of the system in treating those needs; (3) identifying areas of the system that are in particular need of improvement in order to meet those needs; and (4) comparing how these results have changed since the 2016 evaluation of the behavioral health system.

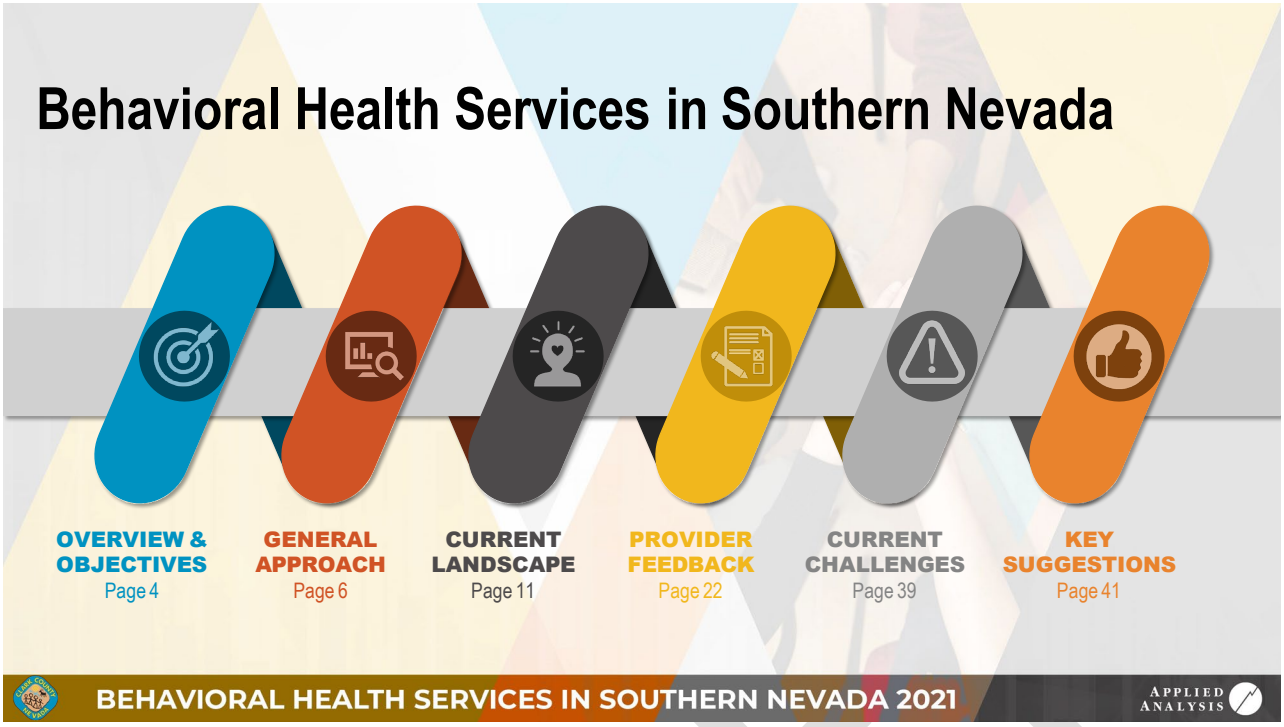
This report was designed by AA in response to your request. However, we make no representations as to the adequacy of these procedures for all purposes. Generally speaking, our findings and estimates are as of the date of this letter and utilize the most recent data available. This report contains economic, demographic, and other predominant market data. This information was collected from our internal databases and various third parties, including the Nevada Department of Health and Human Services and other public data providers. The data were assembled by AA. While we have no reason to doubt its accuracy, the information collected was not subjected to any auditing or review procedures by AA; therefore, we can offer no representations or assurances as to its completeness.

This report is an executive summary. It is intended to provide an overview of the analyses conducted and a summary of our salient findings. AA will retain additional working papers relevant to this study. If you reproduce this report, it must be done so in its entirety. We welcome the opportunity to discuss this report with you at any time. Should you have any questions, please contact Jeremy Aguero or Brian Gordon at (702) 967-3333.

Sincerely,

Applied Analysis

Applied Analysis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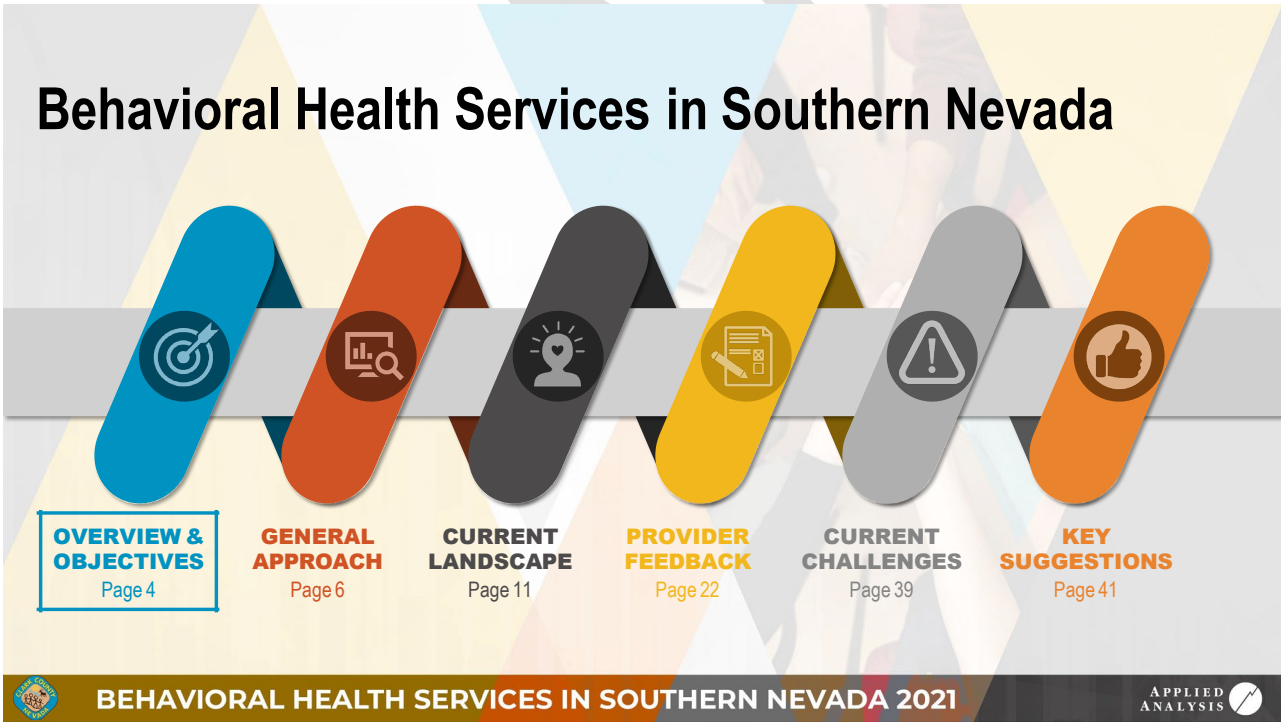
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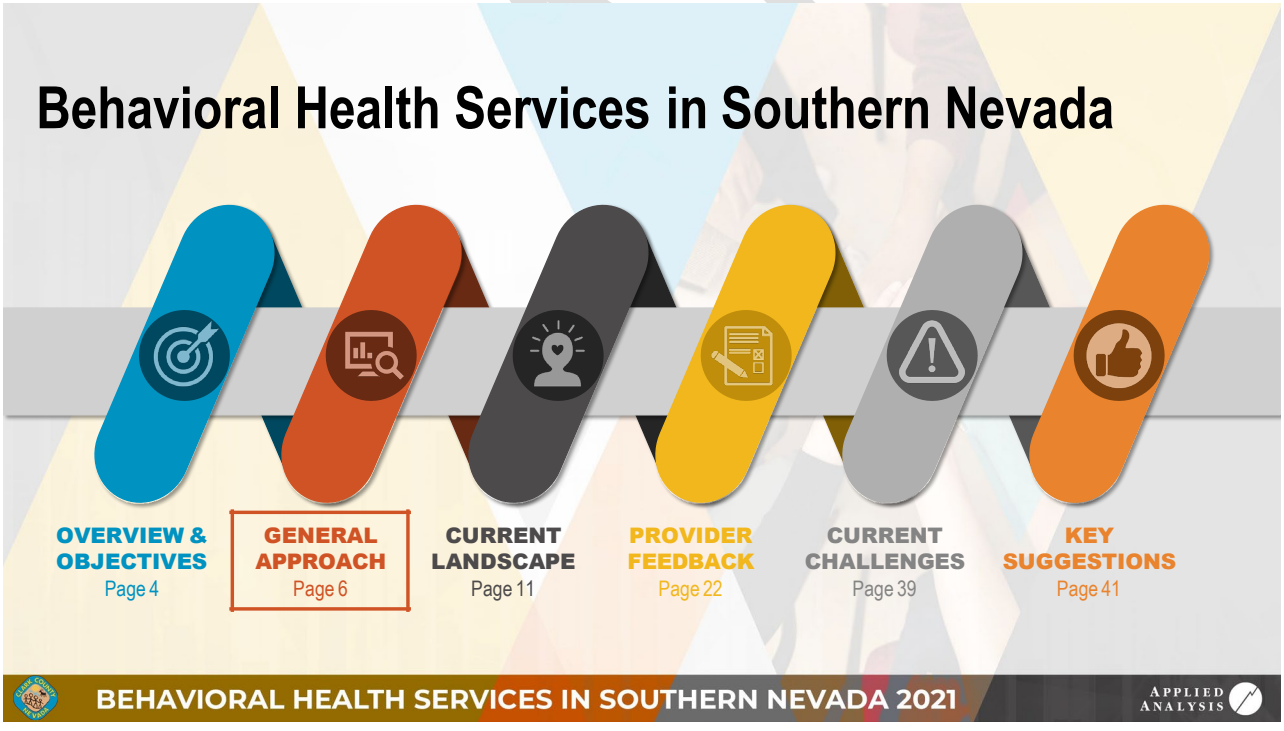
BEHAVIORAL HEALTH SERVICES IN SOUTHERN NEVADA 2021
APPLIED ANALYSIS

Project Overview and Objectives

Assignment:	Clark County Department of Social Services ("CCSS") provides a variety of services for needy residents within Clark County who are not assisted by other state, federal or local programs. One area of focus that has been a challenge is meeting the needs of individuals requiring mental health assistance. CCSS seeks to improve awareness and effectiveness of the system. Applied Analysis ("AA") previously conducted a similarly study in the 2016 timeframe. This analysis was designed to provide an update to the original 2016 analysis, including the identification of specific mental and behavioral health needs of the Clark County community; consideration of the effectiveness of the system in treating those needs; and identifying areas of the system that are in particular need of improvement in order to meet those needs.
Approach:	AA conducted surveys of community providers and stakeholders to identify current challenges in the mental health system and compare these results to needs identified in 2016.
Limitations:	Although we have no reason to doubt the accuracy of any information obtained and utilized, the information was not subjected to any auditing or review procedures by AA; therefore, we make no representations or assurances as to its completeness.



BEHAVIORAL HEALTH SERVICES IN SOUTHERN NEVADA 2021 APPLIED ANALYSIS

Research Approach & Methodology
Multi-Faceted Approach

Research Approach & Methodology
Develop Provider Database

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Care Financing and Policy

NEVADA STATE BOARD
Medical Examiners & Osteopathic Medicine

NEVADA DETR
Department of Employment, Training & Rehabilitation

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Provider Identification (NPI) Registry

Research Approach & Methodology
Conduct Provider Survey

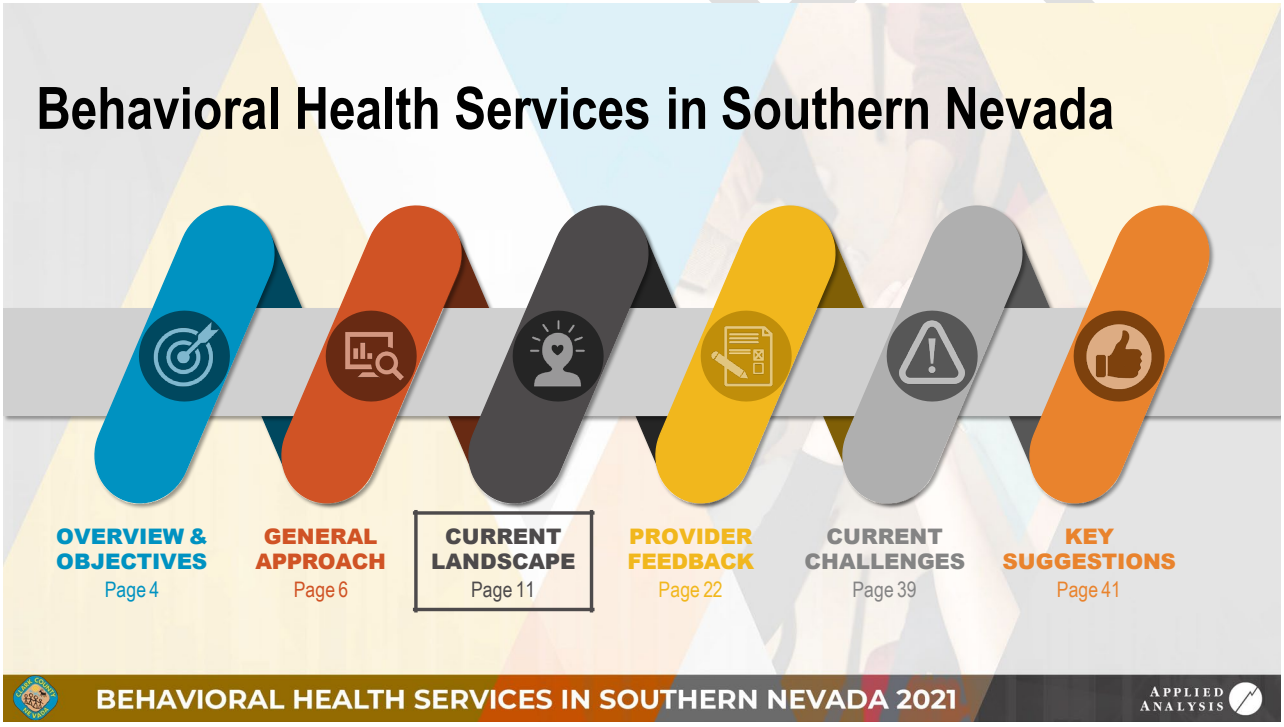
Information contained within this report relates to the current state of Clark County's behavioral and mental health system. The compiled database of service providers was utilized as a baseline for research in evaluating the current system and opportunities for improvement. To administer the survey, the representative list of providers in the region was developed. In its final form, this provider database included nearly 6,300 individuals and organizations. All survey data was acquired through a telephonic survey. During the survey period, roughly 14,900 phone calls were made to providers in the database. By exhausting the database (many providers declined to participate), a total of 122 providers of relevant services located in Clark County completed the survey.

6,300
TOTAL PROVIDERS IN DATABASE

14,900
TOTAL PHONE CALLS (INCL. CALLBACKS)

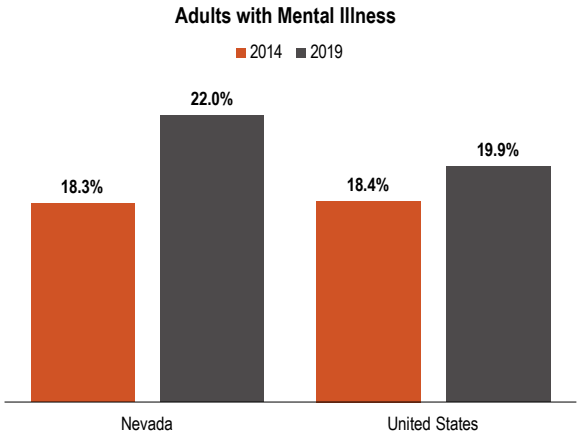
122
PROVIDERS COMPLETING THE SURVEY

Note: Additional details and parameters of the survey are contained later in this analysis.



Mental and Behavioral Health Landscape
Prevalence of Mental Illness

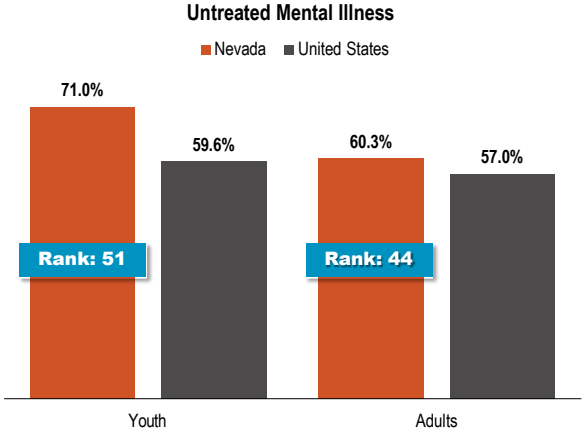
Comparing Nevada to the rest of the nation regarding the prevalence of mental illnesses is imperative to evaluating the effectiveness of the current behavioral and mental health system and identifying target areas for improvement. According to the latest data (2018-2019) from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), about 19.9 percent of Americans over age 18 have some type of mental illness, and about 7.4 percent of Americans over the age of 12 have an alcohol or drug dependence. For the state of Nevada, SAMHSA estimates that 22.0 percent of adults have some sort of mental illness, similar to the national average. Nevada has a higher-than-average prevalence of drug and alcohol dependence, with 9.0 percent of residents over 12 years of age dealing with substance abuse. As compared to 2014, mental illness prevalence has increased, while alcohol and drug dependence have decreased nationwide. However, in Nevada, while prevalence has followed a similar trend to the nation, substance abuse dependence has stayed relatively constant as opposed to decreasing.



Source: SAMHSA.

Mental and Behavioral Health Landscape
State Comparisons

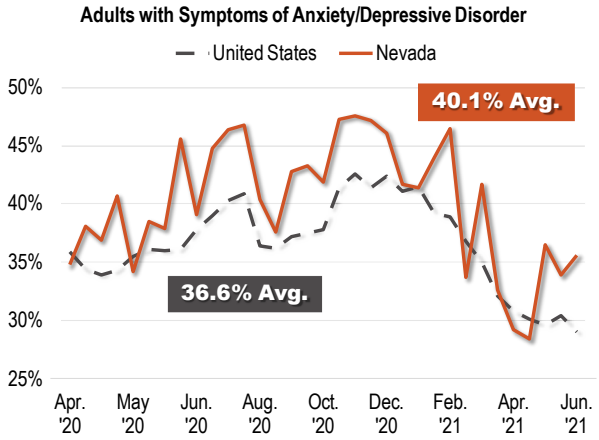
Mental Health America (MHA) publishes an annual report titled "The State of Mental Health in America," which compiles data from SAMHSA, the U.S. Centers for Disease Control and Prevention, and various state organizations to compare states in a variety of measures. An overall state ranking is compiled based on 15 different measures covering prevalence and accessibility factors among youth and adults. According to the 2021 report, which is largely based on 2018 data as the latest year available for all states, Nevada varied significantly from the national average in a number of categories. Notably, Nevada is ranked last in the nation overall, indicating a high prevalence of mental illness and low access to care. Of particular concern were Nevada's youth rankings, where the state placed last for three different measures including overall youth care and youth access to care. For youth with depression in the past year, 71.0 percent did not receive treatment as compared with the national average of 59.6 percent. Although not ranked last, a similarly concerning trend was seen in adults, where 60.3 percent of people in Nevada reported not receiving treatment for any mental illness compared to 57.0 percent nationally.



Source: Mental Health America.

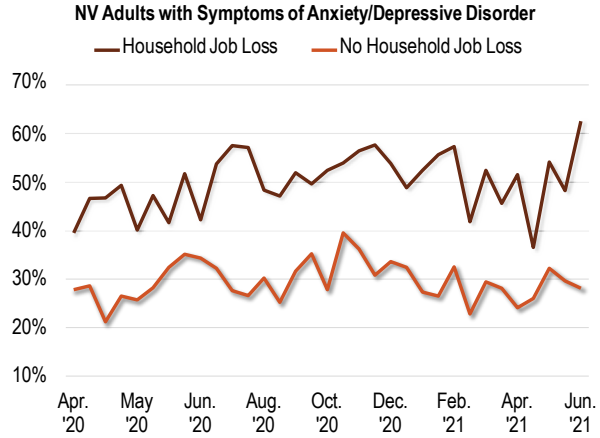
Mental and Behavioral Health Landscape
Impact of COVID-19

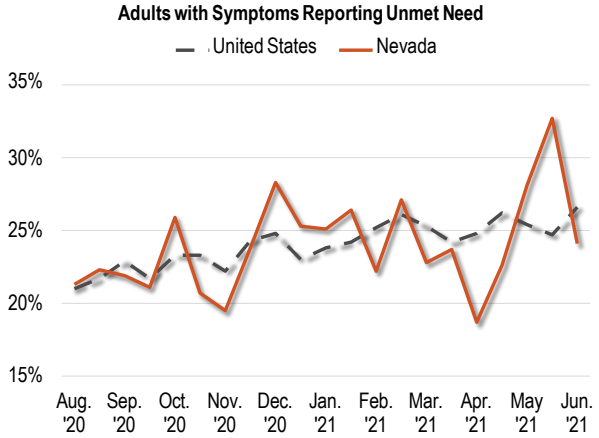
The COVID-19 pandemic had a significant impact on mental health around the country. According to data from the Kaiser Family Foundation (KFF), between April 2020 and June 2021, 36.6 percent of the adult population experienced symptoms of anxiety or depressive disorder. In Nevada, more than 40.0 percent of the population experienced these symptoms over the same time period. There was a sharp divide in reported symptoms for Nevadans that had experienced job loss, with 50.0 percent reporting anxiety or depressive disorder symptoms as compared to 29.6 percent in people that had not experienced job loss. Further, for those people that did experience negative symptoms, nearly one-quarter reported needing, but not receiving, mental health treatment.



Source: Kaiser Family Foundation. Note: These adults, ages 18+, reported experience symptoms of anxiety and/or depressive disorder during the majority of the past 7 days.

Mental and Behavioral Health Landscape
Impact of COVID-19



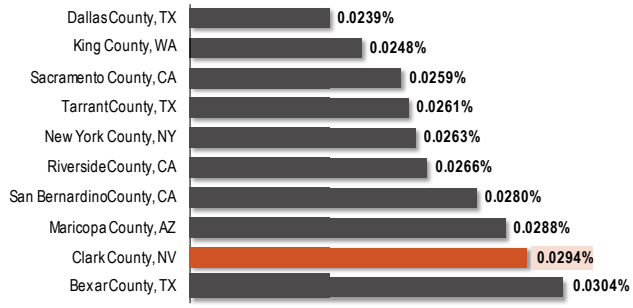


Source: Kaiser Family Foundation. Note: These adults, ages 18+, reported experience symptoms of anxiety and/or depressive disorder during the majority of the past 7 days. For those with unmet needs, they also reported needing but not receiving counseling in the past four weeks.

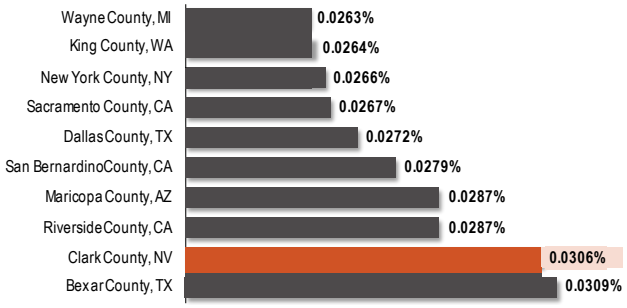
Mental and Behavioral Health Landscape
Impact of COVID-19

Similar impacts have been found by Mental Health America, which has released two spotlight reports on COVID-19 related to severe depression and suicide at the county level. Clark County had the second largest percentage of population with severe depression and frequent suicidal ideation among the large counties in the United States. In both cases, however, Clark County fared better than Nevada overall, which had 0.034 percent of the population reporting severe depression and 0.035 percent reporting frequent suicidal ideation*.

Top 10 Large Counties with Severe Depression



Top 10 Large Counties with Suicidal Ideation



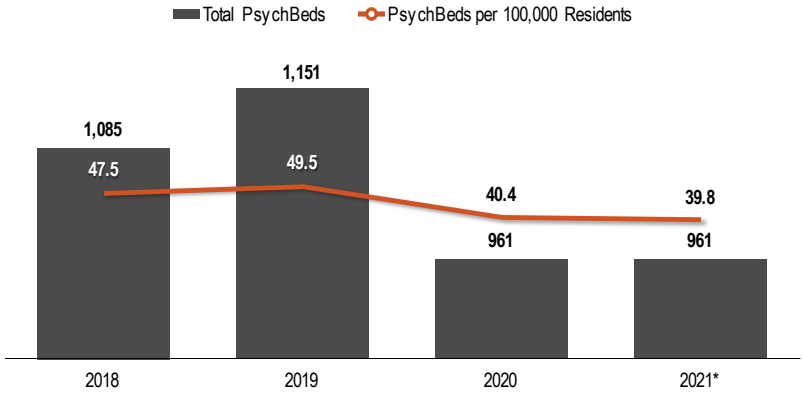
Source: Mental Health America. *Note Data has been weighted to account for the higher likelihood of those aged 11-17 and female to take the MHA Screening used to collect results.

Mental and Behavioral Health Landscape
Accessibility

The Nevada Healthcare Quarterly Reports (NHQR) compiled by the UNLV Center for Health Information Analysis tracks usage statistics at hospitals throughout the state. The graph to the right combines statistics for specialty hospitals and acute care hospitals, with specialty hospitals providing the vast majority of services in each case.

The largest provider in terms of available psychiatric beds is Southern Nevada Adult Mental Health Services (SNAMHS), the state-funded psychiatric care provider. The second largest provider, Montevista Hospital, shut down its 202-bed facility in Q1 of 2020, contributing to the large drop-off in beds experienced during subsequent years.

Hospital Supply of Psychiatric Beds
Clark County

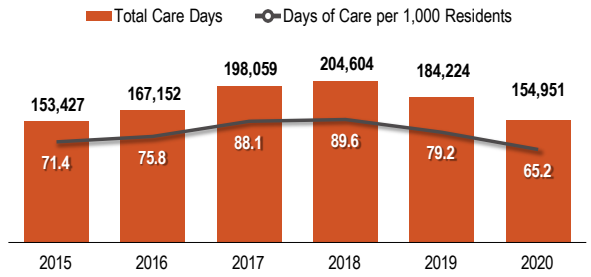


Source: Nevada Healthcare Quarterly Report; Clark County Comprehensive Planning; Applied Analysis. Note: NHQR reporting system changed in Q4 2017, which altered the way data was reported. Data before 2018 may not be comparable. Final bed count from Q4 of each year, except 2021 2021 population is projected. *Only accounts for Q1-Q2 of 2021.

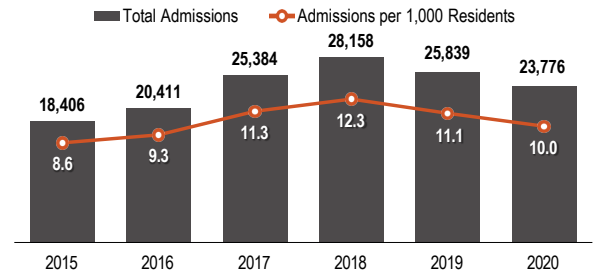
Mental and Behavioral Health Landscape
Accessibility

Nevada Compare Care publishes quarterly reports that identify the number of admissions (cases) and inpatient days that hospitals report, broken down by Diagnosis Related Group (DRG). The graphs below provide key statistics related to mental health and substance abuse DRG codes. To maintain consistency, only hospitals who reported psychiatric beds in the NHQR were included. Also note that several mental health providers from the NHQR reports (including Southern Nevada Adult Mental Health Services) were not included in the Nevada Compare Care reports.

Total Days of Inpatient Care
Clark County Hospitals with Identified Psychiatric Beds



Inpatient Psychiatric Admissions
Clark County Hospitals with Identified Psychiatric Beds

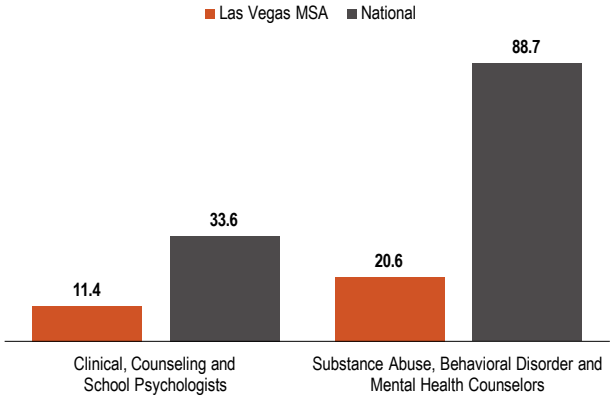


Source: Nevada Compare Care; Clark County Comprehensive Planning; Applied Analysis. Note: There are other sources, such as the Nevada Healthcare Quarterly Reports, that report similar information. However, due to differences in reporting requirements, categorization of information and which entities contribute, the data is not directly comparable to Nevada Compare Care or past versions of this report. Caution should be taken in interpreting these results, as some larger providers such as Southern Nevada Adult Mental Services, did not have available data.

Mental and Behavioral Health Landscape
Provider Shortages

According to the Bureau of Health Workforce Health Resources and Services Administration (HRSA), as of June 30, 2021, 2.4 million residents, or 77.9 percent of the total population (as of 2020) in Nevada, are living in a designated mental health professional shortage area. A comparison of total employment for selected mental health professions further illustrates the shortages Nevada faces. For example, the Las Vegas MSA has 20.6 substance abuse, behavioral disorder and mental health counselors per 100,000 people (based on 2020 data). This is 4.3 times less than the national average of 88.7. Similarly, there are 11.4 clinical, counseling and school psychologists per 100,000 people in Clark County as compared to 33.6 nationally. Data released by the American Academy of Child and Adolescent Psychiatry in 2018 estimated that Clark County faced a severe shortage of child and adolescent psychiatrists (CAPs), with only 21 psychiatrists per 100,000 children aged 0-17. A "mostly sufficient supply" was estimated to be 47 CAPs per 100,000.

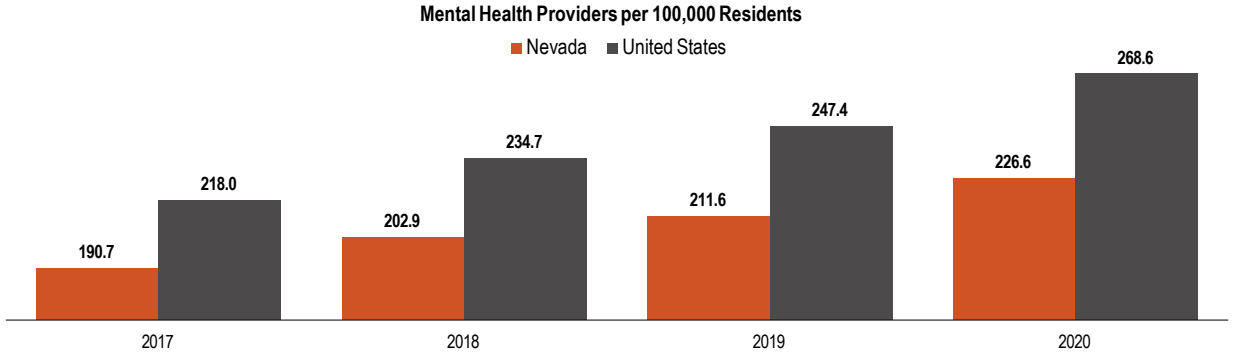
Mental Health Employment Per 100,000 Residents



Source: American Academy of Child and Adolescent Psychiatry; Bureau of Health Workforce Health Resources and Services Administration; Bureau of Labor Statistics; U.S. Census Bureau; Clark County Comprehensive Planning; Applied Analysis. Note: BLS OEWS data as of May 2020 (most recent available).

Mental and Behavioral Health Landscape
Provider Shortages

The UnitedHealth Foundation annually releases statistics on the number of psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, advanced practice nurses (specializing in mental health care) and providers that treat alcohol and other drug abuse per 100,000 population per state. Nevada's mental health practitioners per 100,000 residents has remained well below the average in the last 5 years.



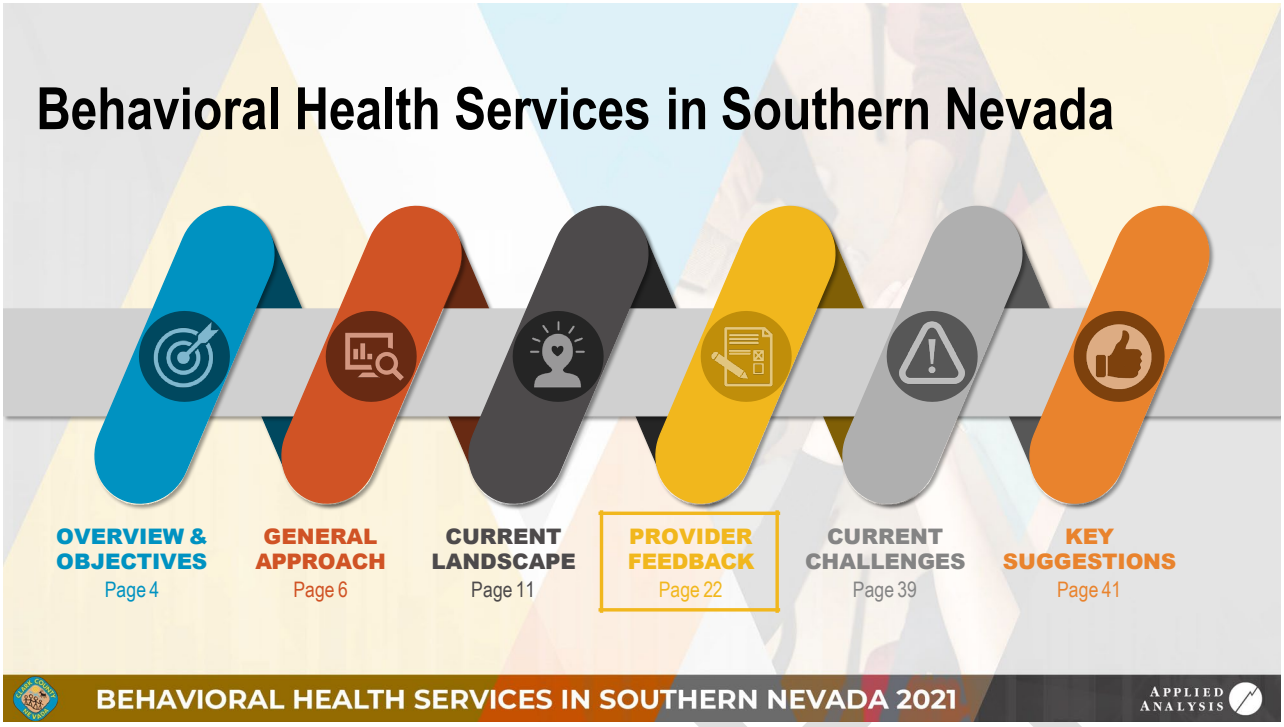
Source: United Health Foundation.

Mental and Behavioral Health Landscape

During an interview with Clark County Detention Center (CCDC), the largest mental health provider in Clark County by patient volume, representatives of law enforcement described many challenges and how these compared to what was experienced in 2016. In many ways, the challenges from five years ago are still present today. There were two issues identified as most pressing to the system today:

1) Somewhere between 85-90 percent of inmates at CCDC are awaiting trial rather than serving a sentence, which makes the length of stay at the detention center oftentimes uncertain. When the CCDC has notice of at least 30 days, social workers within the system can help inmates go through a discharge planning process. However, many clients, including those with chronic mental health conditions, are often released too quickly to provide anything more than triage and emergency care, which perpetuates a process whereby individuals consistently cycle through the system. Even when inmates complete the discharge planning process and other programs CCDC offers, they are still responsible for making the plan actionable. CCDC cites a lack of community resources and shortage of providers (especially those that treat youthful offenders) in barriers to achieving "warm" hand offs upon release – that is, the transfer of patient care from CCDC to providers within the community. As such, it can be difficult to ensure that inmates continue treatment after release since there is little to no follow up procedures in place, which limits CCDC's impact.

2) CCDC faces an imbalance between available resources and the needs of the population. An estimated 25 to 30 percent of the inmate population has mental health needs. Given the large amount of inmates that cycle through the system in a calendar year (70,000), the detention center does not have the resources to provide comprehensive treatment to everyone and oftentimes can only administer emergency care for emergent needs. As such, CCDC recognizes that one challenge is to identify opportunities for diversion before inmates even reach booking. Diversion relates to identifying whether someone would be better suited to getting care for mental health issues as opposed to going to jail.



Provider Feedback

Summary of Biggest Challenges Facing the System

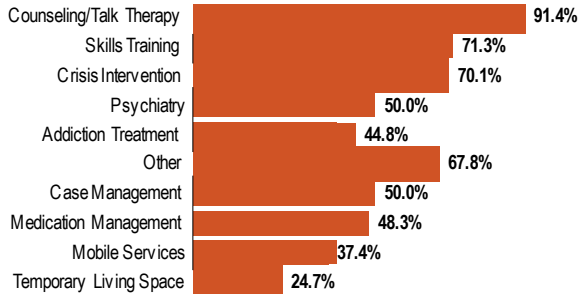
The following provides a brief summary of the major challenges facing the behavioral health community in Southern Nevada, which are very similar to the challenges encountered in 2016:

- Deficiency of providers to meet the sizeable demand in Southern Nevada, including lack of diversification to address cultural needs of the community
- Limited access to care and affordability of services/insurance copays
- Inadequate insurance reimbursement and difficult treatment approval processes
- Lack of funding and resources
- Limited affordable housing for people with severe illness and/or homeless
- Education, awareness and getting children care early

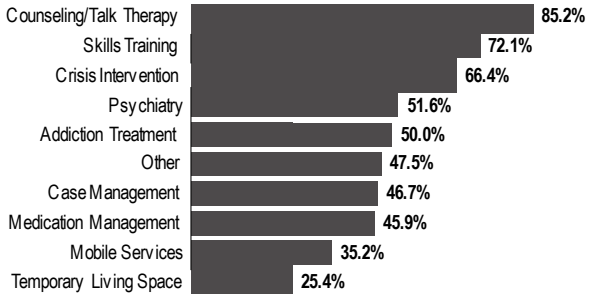
Provider Feedback
Community Behavioral Health Needs

The top three services that providers in Southern Nevada offer have remained the same between 2016 and 2021, with counseling and talk therapy comprising the majority of provided services (85.2 percent). The next most commonly offered services were skills training (72.1 percent) and crisis intervention (66.4 percent). Skills training includes social, academic, workplace, and other skills to help patients cope with their disorders while maintaining productive lives. Some commonly cited additional offerings included group therapy, family therapy and therapy related to autism/applied behavior analysis..

Proportion of Providers Offering Services
2016 Provider Survey



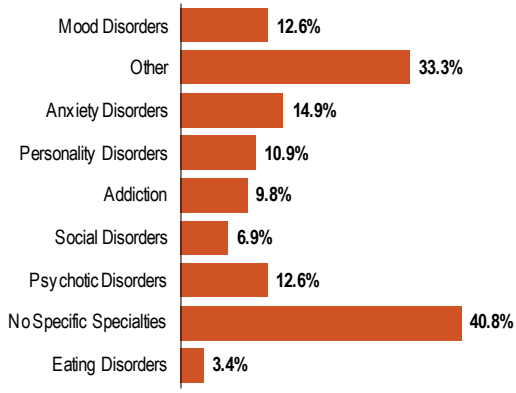
Proportion of Providers Offering Services
2021 Provider Survey



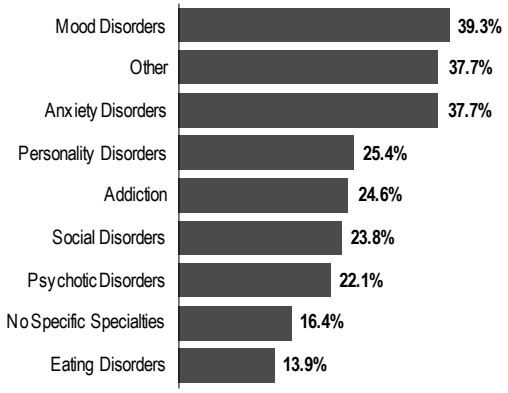
Source: Applied Analysis. N=122 Note: Multiple responses allowed, percentages reflect proportion of providers giving each response.

Provider Feedback
Community Behavioral Health Needs

Proportion of Providers Specializing in Disorder Types
2016 Provider Survey



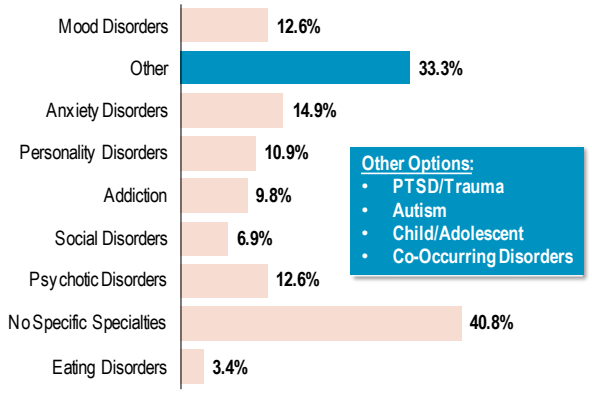
Proportion of Providers Specializing in Disorder Types
2021 Provider Survey



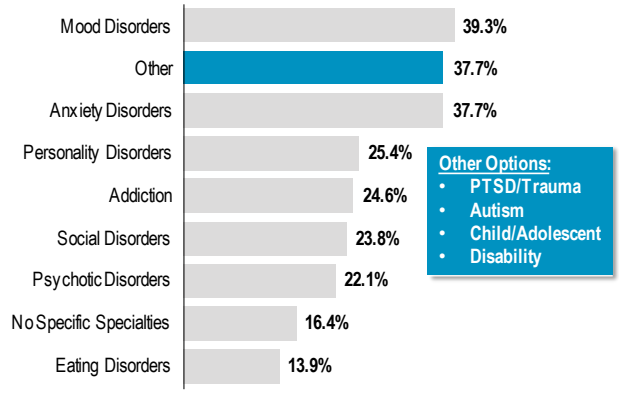
Source: Applied Analysis. N=122 Note: Multiple responses allowed, percentages reflect proportion of providers giving each response.

Provider Feedback
Community Behavioral Health Needs

Proportion of Providers Specializing in Disorder Types
2016 Provider Survey



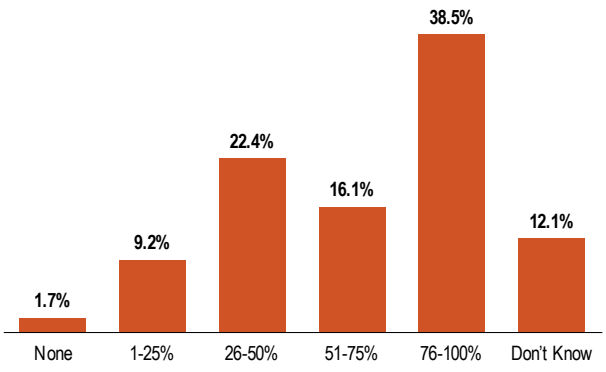
Proportion of Providers Specializing in Disorder Types
2021 Provider Survey



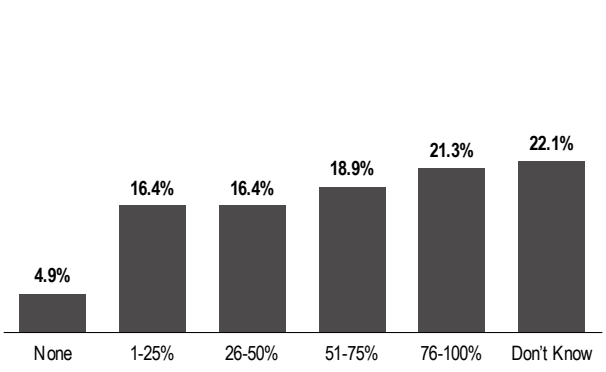
Source: Applied Analysis. N=122 Note: Multiple responses allowed, percentages reflect proportion of providers giving each response.

Provider Feedback
Community Behavioral Health Needs

Proportion of Patients on Medication
2016 Provider Survey



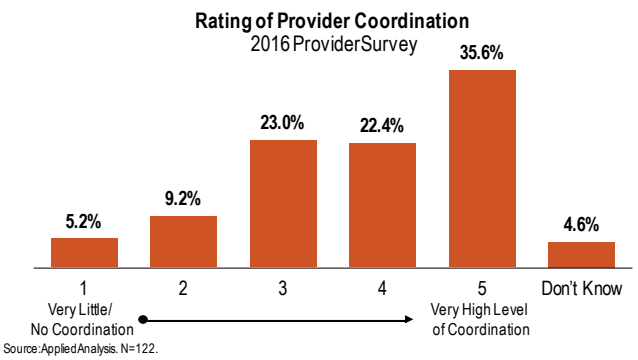
Proportion of Patients on Medication
2021 Provider Survey

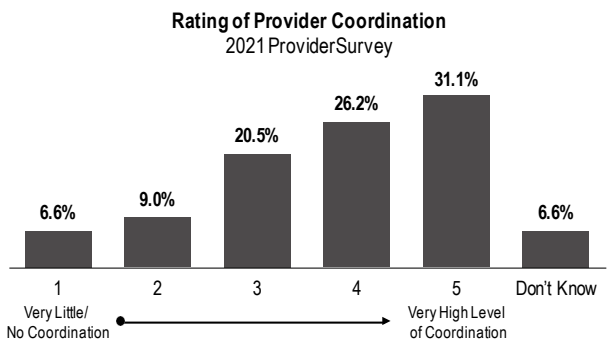


Source: Applied Analysis. N=122.

Provider Feedback
Coordination Between Providers

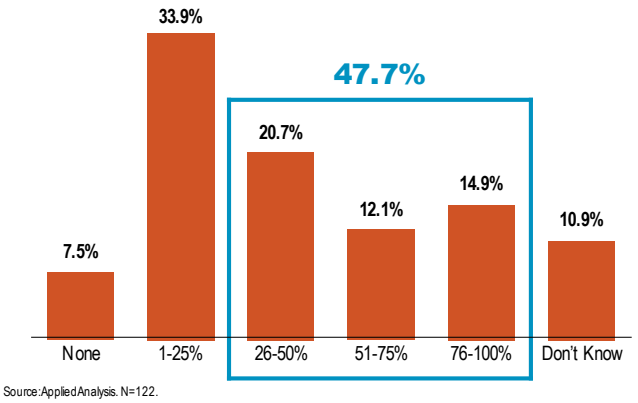
In both 2016 and 2021, providers rated care coordination in Southern Nevada as high, with 77.9 percent rating it at 3 or better. It is important to note that interviews with key stakeholders revealed that care coordination is still a major challenge in Nevada's mental health system. Certain measures have been introduced to try to improve coordination. For example, SB146, passed during the 2021 legislative session, requires inpatient psychiatric treatment facilities treating children to coordinate care with the child's health care provider. However, a significant barrier relates to billing, as care coordination (such as phone calls between providers) are not billable services, which deters some from the process.

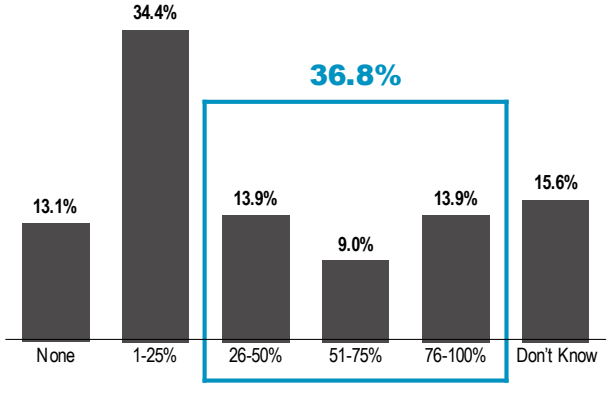




Source: Applied Analysis. N=122.

Provider Feedback
Co-Occurring Disorders



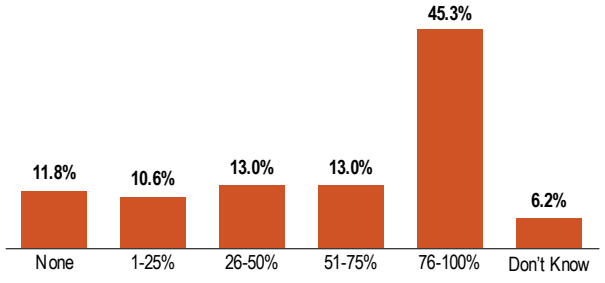


Source: Applied Analysis. N=122.

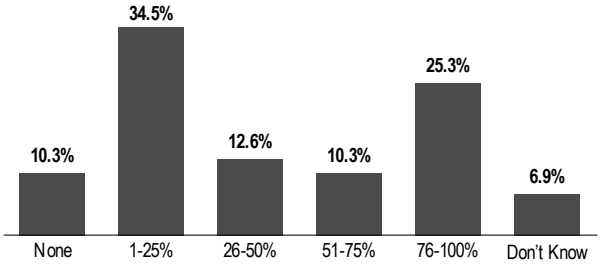
Provider Feedback
Co-Occurring Disorders

For providers that had patients with co-occurring disorders, treatment remained relatively dispersed. Approximately 25 percent of respondents indicated they treat 75 to 100 percent of patients with a co-occurring disorder for both issues. However, 34.5 percent of providers indicated that only 1-25 percent of these patients receive care from one provider. An additional 10.3 percent stated that they treat none of those patients for both their substance abuse issues and mental health disorders. This shift may be the result of providers becoming more specialized, necessitating a greater need for care coordination across providers.

Proportion Receiving Care for Co-Occurring Disorder at a Single Provider
2016 Provider Survey



Proportion Receiving Care for Co-Occurring Disorder at a Single Provider
2021 Provider Survey

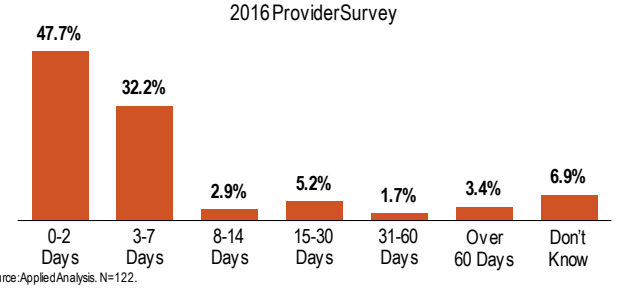


Source: Applied Analysis. N=87.

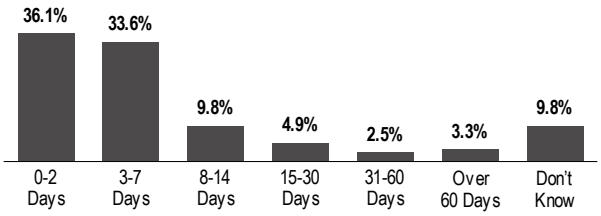
Provider Feedback
Responsiveness of the System

Almost 70 percent of survey respondents indicated that the wait time between a patient calling to make an appoint and the availability of one was within a week. However, a smaller portion of providers have immediate appointments available. Note, for example, that only 36.1 percent of respondents in 2021 had openings within 2 days, a nearly 12 percent decrease from 2016. Further, interviews with NAMI and the Behavioral Health Commission revealed that long wait times have been a chronic problem within the mental health system. Wait times were cited anywhere between 2-6 months pre-COVID (with longer times associated with psychiatrists) and 9-12 weeks for youth. Commonly cited barriers include insurance reimbursement rates and a lack of providers available to meet the demand. Specifically, variance in reimbursement rates among different insurance providers likely contribute to certain populations ability to quickly get appointments while other populations face greater difficulties and longer wait times.

Wait Time Between Call and Appointment Availability
2016 Provider Survey



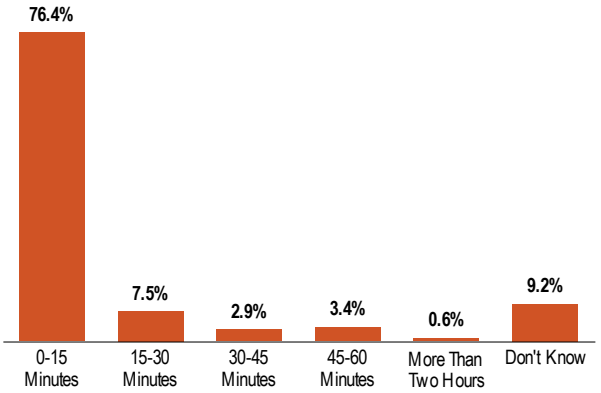
Wait Time Between Call and Appointment Availability
2021 Provider Survey



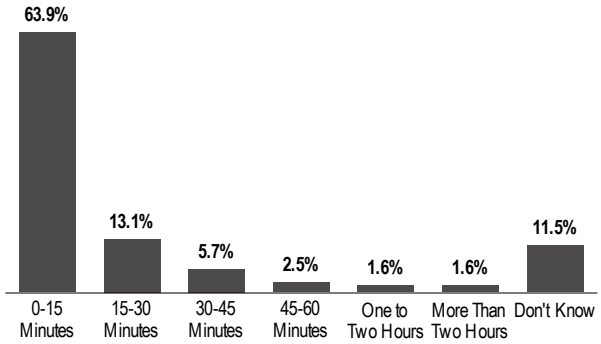
Source: Applied Analysis. N=122.

Provider Feedback
Responsiveness of the System

Wait Time Between Office Arrival & Treatment
2016 Provider Survey



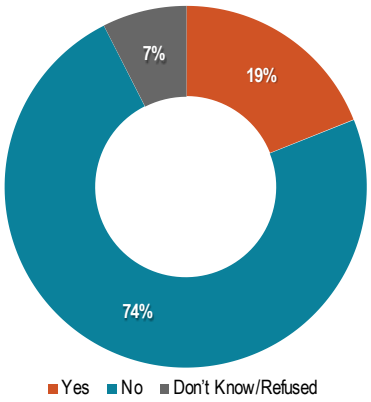
Wait Time Between Office Arrival & Treatment
2021 Provider Survey



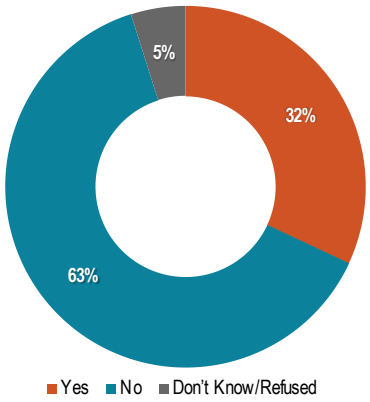
Source: Applied Analysis. N=122.

Provider Feedback
Funding Considerations

Funding Sources Beyond Patient Fees
2016 Provider Survey



Funding Sources Beyond Patient Fees
2021 Provider Survey

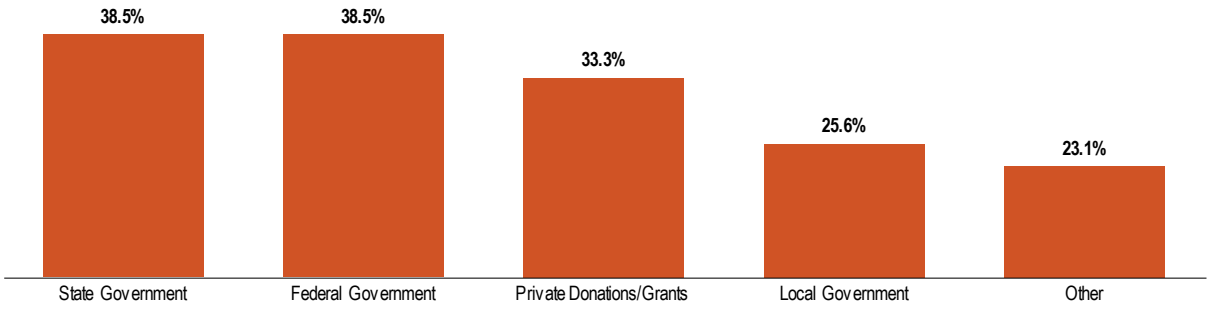


Source: Applied Analysis. N=122.

Provider Feedback
Funding Considerations

A greater portion of providers receive funding beyond patient fees (which includes insurance billing) than in 2016, with 32 percent indicating that other sources act as revenue sources. Unlike in 2016, where the majority of other funding came from private donations, providers in 2021 appear to receive revenue from a variety of sources outside of private donations including local, state and federal government.

Other Funding Sources
2021 Provider Survey

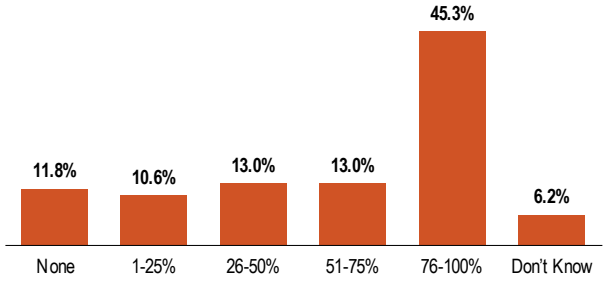


Source: Applied Analysis. N=39 Note: Multiple responses allowed.

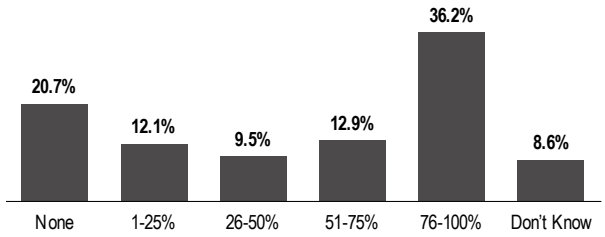
Provider Feedback
Funding Considerations

While some providers receive direct government funding or private donations to help pay for their services, the vast majority rely on patient fees for most of their revenue. However, indirect government funding through programs such as Medicaid allow large numbers of people to access care. Over 36 percent of providers who responded stated that between 75 percent and 100 percent of their patients pay for services through Medicaid, while 71 percent of providers responded that at least some of their patients are covered by Medicaid. Notably, more than 1 out of 5 providers indicated that none of their patients were on Medicaid, a much greater share than what was seen in 2016, where only a little more than 1 out of 10 providers had no Medicaid patients.

Proportion of Patients on Medicaid
2016 Provider Survey



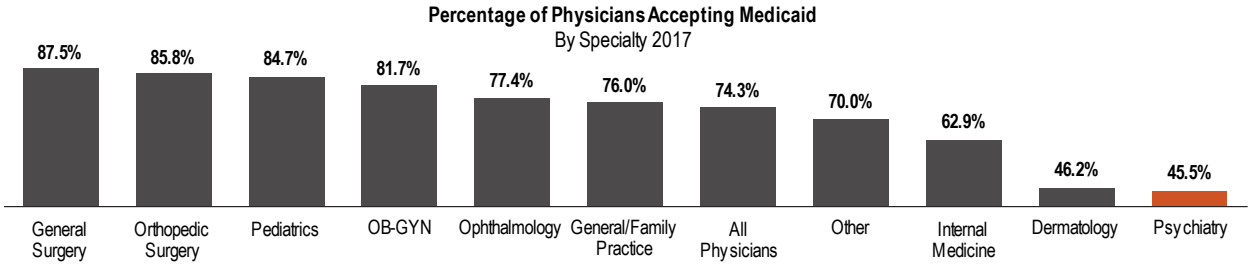
Proportion of Patients on Medicaid
2021 Provider Survey



Source: Applied Analysis. N=122.

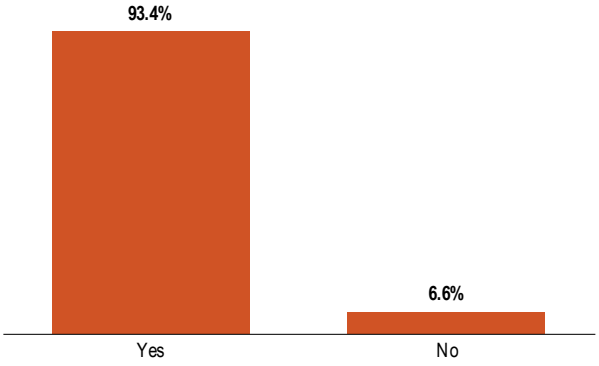
Provider Feedback
Funding Considerations

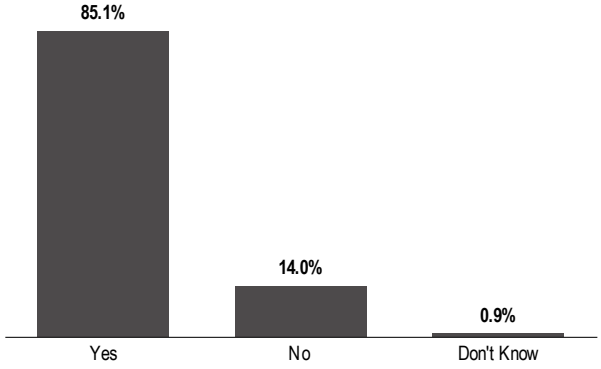
Although the Medicaid expansionallowed a greater proportion of individuals to receive insurance coverage,the Southern Nevadamental health industry has encountered a separate, butrelated challenge.As indicated by the provider surveya larger proportion ofproviders haveno Medicaid patients. One reason forthis stems from reimbursement rates, which have been commonly cited as low in Nevada.As a result, many providershave simply stopped accepting Medicaid as a form of payment, which leaves marginalized patients without adequate care options. This problem appearsto be widespreadacross the United States. A study by the Medicaid and CHIP Payment and Access Commission (MACPAC)in 2021 found that all types of providers wereless likely to accept new patients covered byMedicaid than those covered byother insurance types(private,Medicare,etc.). Psychiatrists accepted new Medicaid patients at a rate almost two times lower than the average across all physicians. However,it is also worth noting that for all physicians, Nevadaaccepted Medicaid patients at a higher rate than the average (79.9percent in Nevadaversus74.0 percent United States average).



Source:MACPAC. Note:2017wasmost recentavailabledata.

Provider Feedback
Impact of COVID-19



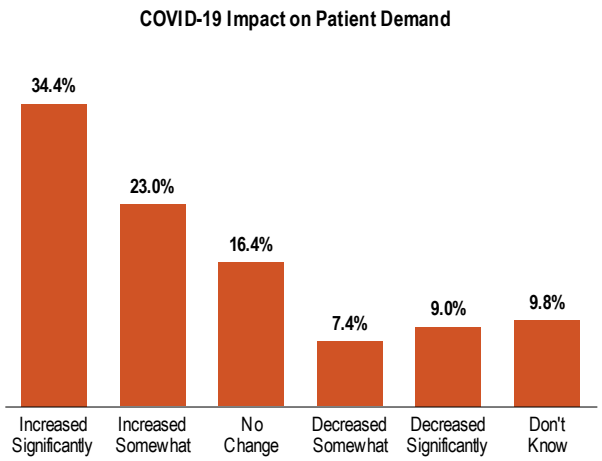


Source:Applied Analysis. N=122fortelehealthavailability andN=114foroffered because ofCOVID-19.

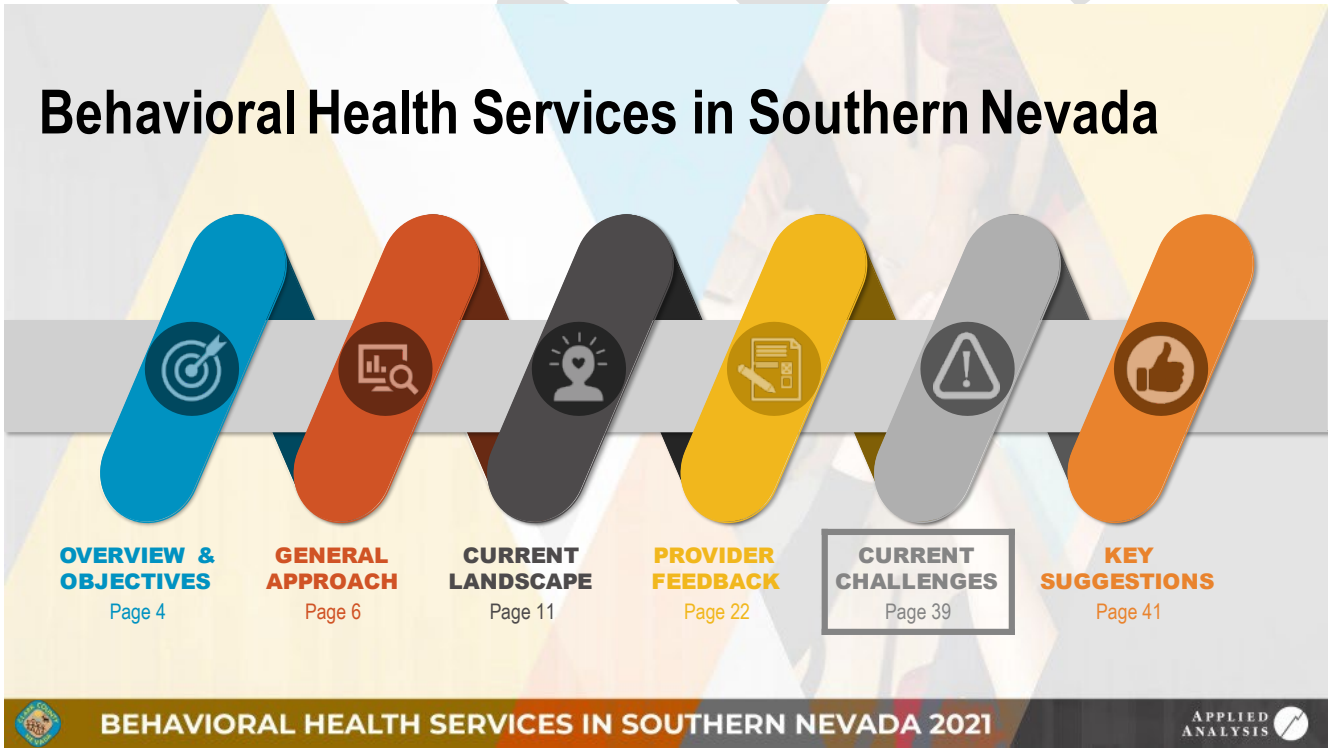
Provider Feedback
Impact of COVID-19

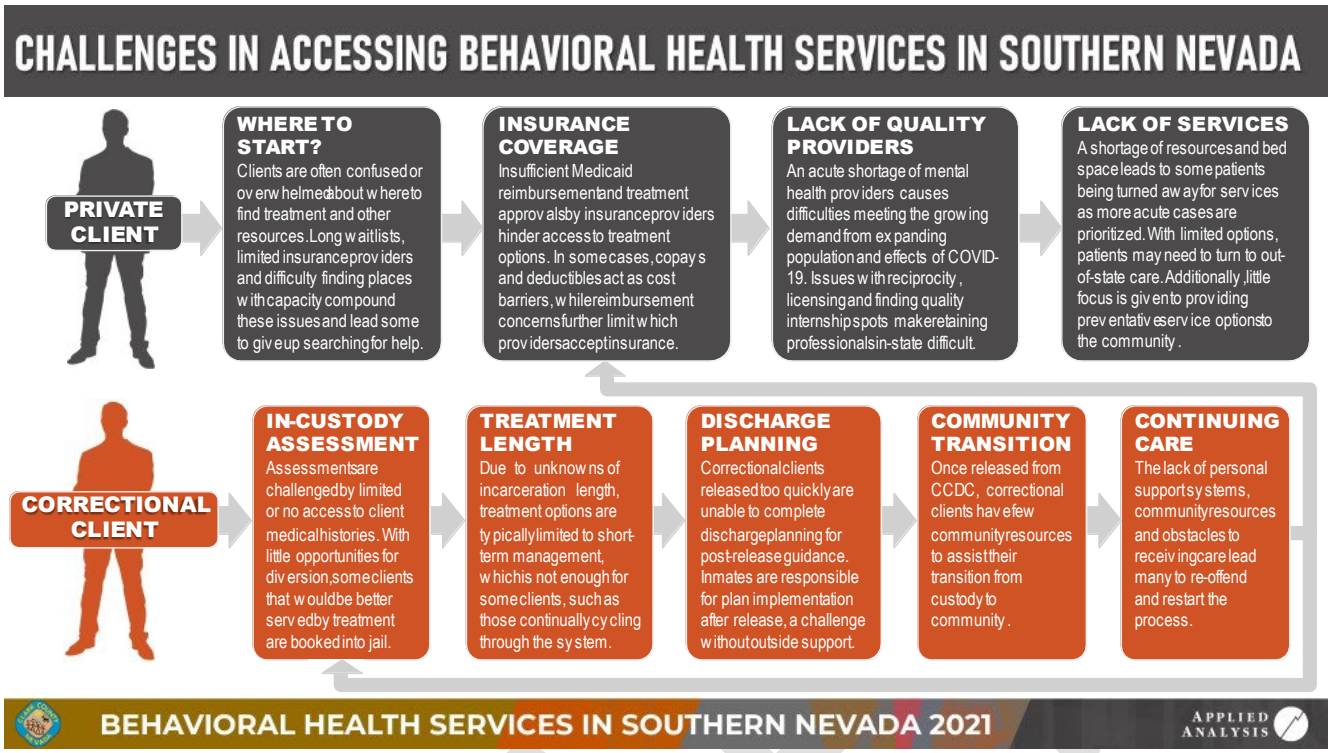
The COVID19 pandemic has increased the demand for mental health services in Southern Nevada. Nearly 60 percent of respondents indicated that demand had increased and 34.4 percent indicated that demand increased significantly. Along with increasing demand, numerous other impacts of the pandemic were relayed during interviews. One unexpected consequence related to accessibility. The rise of telehealth as a result of lockdowns helped improve access to care issues for rural areas and other vulnerable populations (such as those with transportation issues). However,technological access, availability of internet and decreased privacy during at-home treatment for both adults and children were also identified as downsides to increasing telehealth services. Moving forward, expanded service options that include both in-person and telehealth will be important to continue addressing historic access issues.

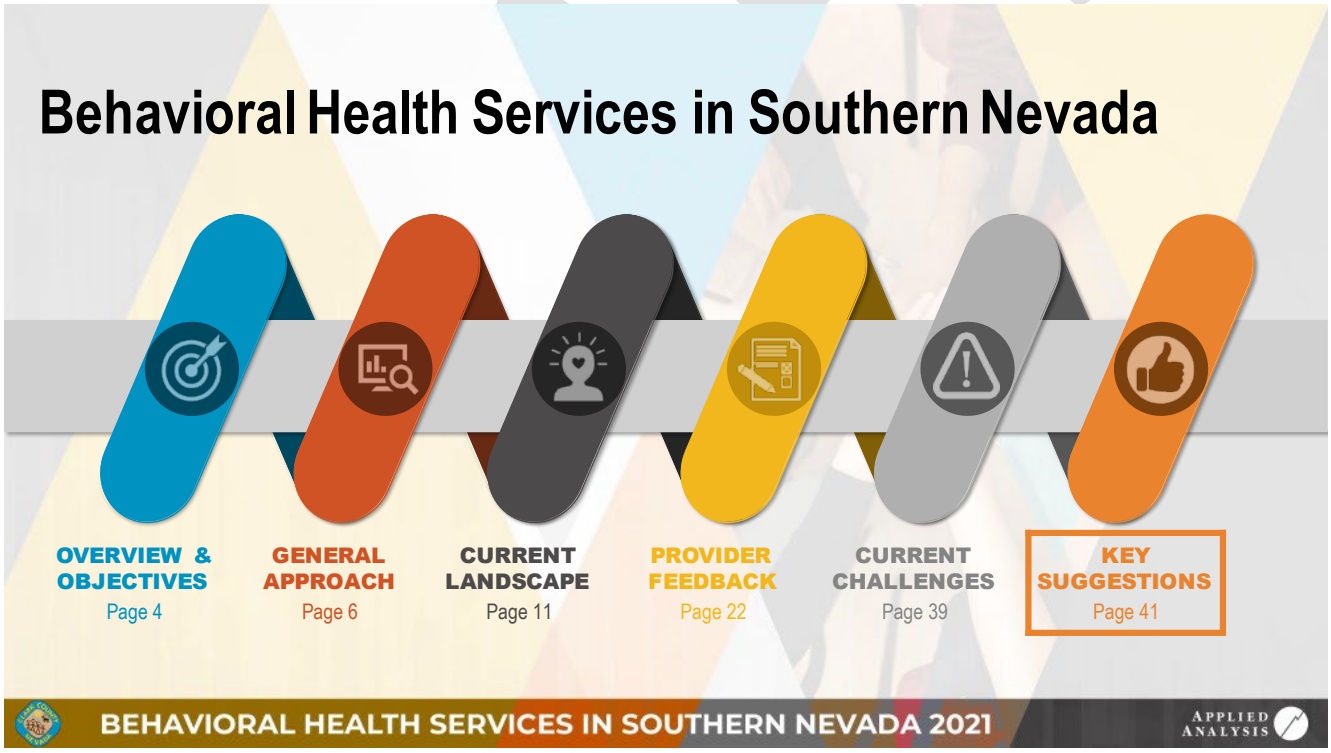
Specifically for children and adolescents, providers recognized that large cohorts of historically disadvantaged patients (those struggling the most, with the least access and without adequate support systems) were "lost in the system" during the pandemic. When schools closed, not only were the main source for reports/suspicions of abuse/neglect impacted, but children were considered withdrawn after failing to log into virtual classrooms for 10 days. The combination of these two factors posed and continue to pose challenges for child and adolescent providers.



Source: Applied Analysis. N=122.




CHALLENGES IN ACCESSING BEHAVIORAL HEALTH SERVICES IN SOUTHERN NEVADA
PRIVATE CLIENT
WHERE TO START?
Clients are often confused or overwhelmed about where to find treatment and other resources. Long waitlists, limited insurance providers and difficulty finding places with capacity compound these issues and lead some to give up searching for help.
INSURANCE COVERAGE
Insufficient Medicaid reimbursement and treatment approvals by insurance providers hinder access to treatment options. In some cases, copays and deductibles act as cost barriers, while reimbursement concerns further limit which providers accept insurance.
LACK OF QUALITY PROVIDERS
An acute shortage of mental health providers causes difficulties meeting the growing demand from expanding population and effects of COVID-19. Issues with reciprocity, licensing and finding quality internship spots make retaining professionals in-state difficult.
LACK OF SERVICES
A shortage of resources and bed space leads to some patients being turned away for services as more acute cases are prioritized. With limited options, patients may need to turn to out-of-state care. Additionally, little focus is given to providing preventative service options to the community.
CORRECTIONAL CLIENT
IN-CUSTODY ASSESSMENT
Assessments are challenged by limited or no access to client medical histories. With little opportunities for diversion, some clients that would be better served by treatment are booked into jail.
TREATMENT LENGTH
Due to unknowns of incarceration length, treatment options are typically limited to short-term management, which is not enough for some clients, such as those continually cycling through the system.
DISCHARGE PLANNING
Correctional clients released too quickly are unable to complete discharge planning for post-release guidance. Inmates are responsible for plan implementation after release, a challenge without outside support.
COMMUNITY TRANSITION
Once released from CCDC, correctional clients have few community resources to assist their transition from custody to community.
CONTINUING CARE
The lack of personal support systems, community resources and obstacles to receiving care lead many to re-offend and restart the process.
BEHAVIORAL HEALTH SERVICES IN SOUTHERN NEVADA 2021
APPLIED ANALYSIS


Behavioral Health Services in Southern Nevada
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Page 6
CURRENT LANDSCAPE
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CURRENT CHALLENGES
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KEY SUGGESTIONS
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BEHAVIORAL HEALTH SERVICES IN SOUTHERN NEVADA 2021
APPLIED ANALYSIS

Key Areas Identified for Long-Term Success
Structural Improvements

The feedback from service providers and stakeholders resulted in a number of possible "fixes" to the system, including several that were commonly identified. These most notable areas for improvements fall generally into two categories: (1) structural investments to improve the foundation of the system and (2) modifications to improve the effectiveness of the existing system. The structural changes involve increased resources, such as building more facilities with inpatient capacity, recruiting and training additional medical professionals to fill the existing need, and increasing funding for treatment programs.

Key Areas Identified for Long-Term Success
Structural Improvements

There were several areas of concern identified by providers as lacking in Southern Nevada's behavioral health system related to mental health infrastructure:

1) There is not enough system capacity to meet the growing demands of the community. With months long wait lists, a lack of available beds, limited diverse and culturally component providers and difficulties finding providers that accept certain insurance types, getting access to appropriate services is becoming more and more challenging. As identified by officials at CCDC, once inmates are released, especially youthful offenders, there are limited resources and programs available to assist in following a discharge plan. A decrease of the total supply of beds for psychiatric care in recent years is likely exacerbating this problem. Overall, it appears that there are significant demands for services and programs, both inpatient and outpatient, that remain unmet.

2) Another system-wide issue identified by providers and stakeholders was the focus on short-term stability rather than long-term care. CCDC indicated that long-term planning is often impossible given the uncertainty surrounding the length of stay for many inmates and emergency management is the best that can be offered in many circumstances. Hospitals treating patients in the midst of a crisis cannot detain patients once the crisis period subsides, particularly if they don't have the resources for extended care without payment from the patient. Short-term treatment helps to avoid crises and tragedy, but the lack of long-term observation and treatment made possible by additional inpatient capacity increases the likelihood that patients experience repeated crisis situations that place acute stress on the existing system. Further, there is not a robust system in place aimed at prevention, early identification and referral care for clients not experiencing immediate mental health issues. Implementation of long-term prevention strategies could help reduce the escalation of mental health conditions overall, but system improvements in reimbursement for these types of services and care coordination between providers would be important in successful implementation.

Key Areas Identified for Long-Term Success
Structural Improvements

GROWING THE POOL OF MEDICAL PROFESSIONALS

Clark County and the state of Nevada have long had shortages of doctors across many specialties. One of the areas with the most severe shortage is the field of psychiatry, but the need for mental health professionals is not solely limited to doctors. Counselors, therapists, psychologists and social workers are also important component of the system. In order to provide wraparound care, there needs to be an adequate supply of all types of mental health and substance abuse professionals that can coordinate care with one another. Efforts are being made to help alleviate this shortage, such as the creation of the UNLV School of Medicine, the development of the Las Vegas Medical District, and expanding graduate medical education programs, which appear to be helping retention rates of professionals within the state. CCDC has also recently started an internship program for social workers and is in the process of creating other partnerships aimed at developing mental health professionals. However, there is still very clearly a severe shortage of mental health and substance abuse professionals within the state, as a lack of providers within the community was one of the most commonly cited issues to the current system. Although many simply state a need to increase the number of providers, several solutions were identified by providers:

1) Creating more facilities and programs offering quality internship education and training to mental health professionals for licensure. It was speculated throughout interviews with different providers that similar to how the presence of medical schools increases retention rates of doctors in-state, creating more mental health and substance abuse educational training facilities and internship sites would offer similar benefits for retention and workforce development to Clark County.
2) Financial or other incentives offered during higher education or post-graduation encouraging mental health professionals to remain in state and work in high-need areas such as Clark County.
3) Improvement of reciprocity between states for providers coming into Nevada, which is currently a difficult process that causes challenges in recruiting out-of-state professionals.

Key Areas Identified for Long-Term Success
Structural Improvements

TARGETED FUNDING INCREASES

Also among the most commonly cited issue for improvement to the behavioral health system were targeted funding increases. While money is not always the answer, there are a number of ways that greater funding may improve the mental and behavioral health system in Clark County:

1) Additional Medicaid funding to increase reimbursements for treatment was identified by providers as a potential benefit. Survey respondents indicated that a significant number of patients rely on Medicaid for care, and additional funding could potentially alleviate issues in the treatment approval process or raise low reimbursement rates for service providers. Poor reimbursement rates create sustainability challenges for organizations and providers and has led to some refusing to accept certain insurance types at all, limiting access to care for certain groups of vulnerable populations. Further, since many insurance companies base their reimbursement on Medicaid rates, improvements in Medicaid reimbursement could create positive ripple effects across the whole system.
2) Recruitment strategies associated with increasing the mental health and substance abuse professional workforce also require funding. Creating new training programs, whether by building new facilities, expanding existing facilities, or other methods, will require investment either at the public or private level. Developing incentives for trained professionals within the mental health field will also require funding to be successful. Further, shifting the focus from short- to long-term treatment, including prevention efforts, would require that providers have the resources to effectively provide such care in a sustainable fashion. In some cases, additional investment in targeted areas can ultimately save money in others. Note, for example, that investing in preventative care can generate a positive return on investment by reducing costs throughout the system that might otherwise had been incurred. Similarly, Harris County, Texas operates a mental health diversion center that has prevented 3,000 people from going to jail and cycling through the system. Allocating additional resources to a problem by itself is rarely a solution, but targeted expenses can have important impacts and should be considered.

Key Areas Identified for Long-Term Success
Existing System Improvements

While many of the structural changes would require cooperation between local, state, and possibly federal efforts along with contribution from private industry, there are improvements that may be more within local control. Awareness was a key focus area of respondents and stakeholders, along with requiring improvement in the transitional services processes.

INCREASED AWARENESS & MASS EDUCATION

TRANSITIONAL SERVICE IMPROVEMENT & CARE COORDINATION

Key Areas Identified for Long-Term Success
Existing System Improvements

INCREASED AWARENESS & MASS EDUCATION

Awareness is not limited to awareness of the significance of mental health issues in the community. Awareness also applies to helping people recognize the signs of mental illness in order to better understand when to seek out help for themselves and others as well as increasing awareness of the available resources so that individuals seeking help can find it more easily. Among the existing system improvements that would be benefit Clark County are the following:

1) Normalize the concept of mental health and mental health treatment in the community. As providers indicated through the process, stigma surrounding mental health is still very widespread. While the younger generation appears to be becoming more accepting of mental health overall, there is still a large portion of individuals that carry negative perceptions and therefore refuse to get treatment for themselves or their children for fear of how others might react or perceive them. This stigma is even reflected within insurance providers. One interviewee pointed out that some insurance plans in Clark County still do not recognize mental health parity and will not cover treatment for their members.

2) Mass education about the importance of mental health. Providers emphasized on multiple occasions that it is important to convey to the public that mental health is just as important, and just as common, as physical health and can have systemic effects on all aspects of a person's wellbeing. It will be important to come up with creative solutions that educate the public but also circulate through the school system, businesses and employers and multiple industries.

Key Areas Identified for Long-Term Success

Existing System Improvements

1) In many ways, expanding transitional services relates to the awareness issue. Transitional services are most important for individuals with mental health issues that end up in jails or are held involuntarily at hospitals under the Legal 2000 process, which allow s law enforcement and medical professionals to hold individuals for up to 72 hours if deemed a danger to themselves or others. Often times these individuals do not have good personal support systems to assist them upon their release from either the hospital or jail. This makes it significantly more likely that they re-offend or fall back into a crisis and flow through the system once more without making any progress. In addition to continuing the Crisis Intervention Training program of its officers, CCDC recognizes and is working on implementing improved discharge planning processes to assist inmates upon their release. The detention center now offers certain programs to inmates that allow s them to connect with a variety of community resources before transitioning to release. Among the services offered including help applying for IDs, assistance for low-income housing, job searching and connecting with mental health providers, among others. Additional advancements such as those to either divert the mentally ill from the correctional system or provide greater case management following release from jail could reduce recidivism among the mental health population and allow correctional officers to focus on more serious criminals.

2) Improved care coordination among providers is still a pressing issue. However, certain services have already been developed or are in the process of being developed that are designed to improve networking among professionals. For example, the Department of Children and Family Services operates Know Crisis, a mobile crisis response team that is available 24/7 and can connect children and families to mental health resources, although the system is limited in terms of associated providers. While this is a step in the right direction, providers recognized the need for expansion of these types of services to create a centralized mental health line that would connect all Nevada residents with all service providers in the state. The implementation of the 988 national mental health crisis line, expected to be rolled out in July 2022, may provide an avenue for this in the future.

Study Limitations and Key Considerations

While the analysis contained in this briefing report provides an assessment of the mental and behavioral health system in Clark County, there are limitations to the data collected. While a significant number of providers participated in the survey process, many were unable to be reached or declined to participate. While the results of the analysis are representative of the industry, sampling variations and individual responses can impact aggregated results.

As a result, various stakeholders beyond the survey sample were contacted directly to provide insight into aspects of the system to supplement the provider survey. These stakeholders included non-profit advocacy groups such as the Nevada chapter of the National Alliance on Mental Illness and law enforcement organizations (e.g., Las Vegas Metropolitan Police Department and Clark County Detention Center). Combining the insights provided by these stakeholders with data obtained through the provider survey were important to not only provide perspective for the survey, but also to corroborate the data and potentially identify any significant discrepancies in the survey data.

As social, economic, and governmental circumstances change throughout not only Clark County but also the state of Nevada and the United States, the mental and behavioral health needs of the community and the resources available change as well. For this reason, the findings of this report and recommendations made as a result of the analytical process reflect a specific period of time and set of circumstances and are therefore intended only to apply as such.

APPENDIX: SERVICE PROVIDER SURVEY

Research Methodology

General Approach: Survey service providers within the behavioral health services field in Clark County, Nevada to obtain insight on a number of topics, including services provided, patient needs and other relevant topics.

Survey Parameters:

Timeframe: September 2021

Method: Telephone survey

Requirements: Providers must treat patients with mental or behavioral health issues

Sample Frame: 6,300+ potential providers obtained from a wide range of public databases

No. of Respondents: 122

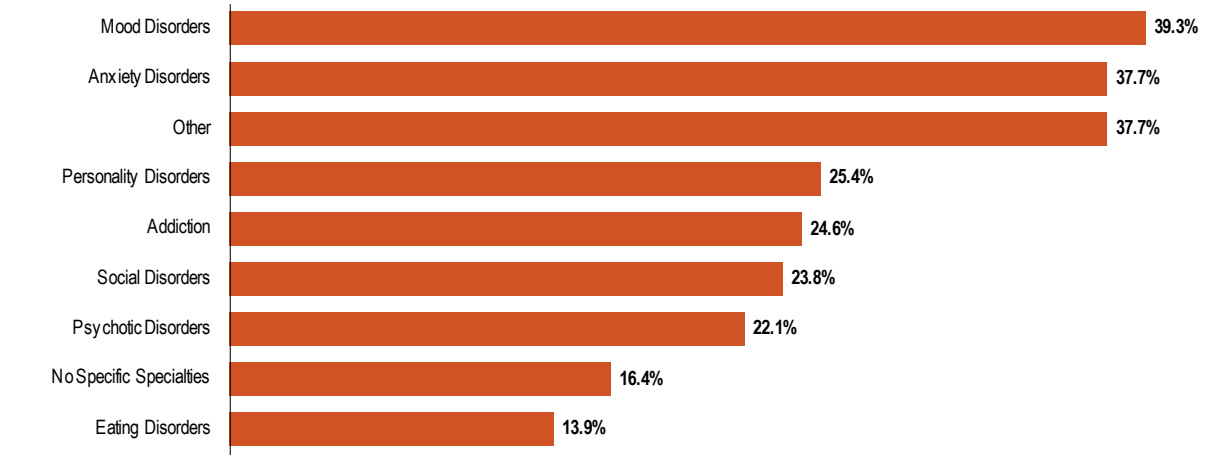
Confidence Interval: 95%

Margin of Error: ±7%

Limitations: Although a number of steps were taken before, during and after the survey process to limit research bias and to ensure the meaningfulness of the results generated, any primary research project of this nature will have some limitations. These limitations should be considered in the evaluation of the findings provided herein.

RESULTS:
TYPES OF PROVIDERS/ SERVICES PROVIDED

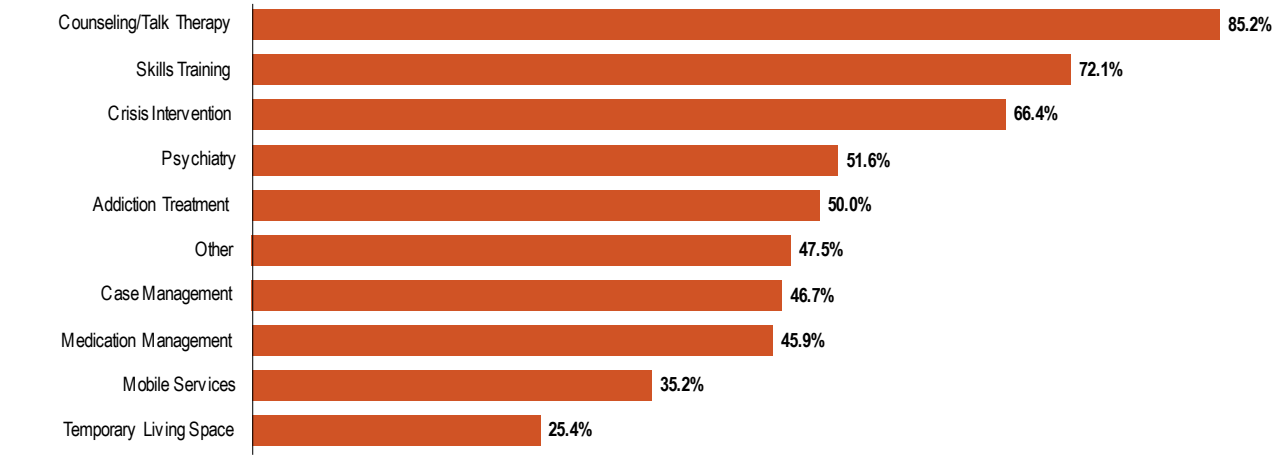
Disorders Treated
Provider Specialties



Source: Applied Analysis. N=122 Note: Multiple responses allowed.

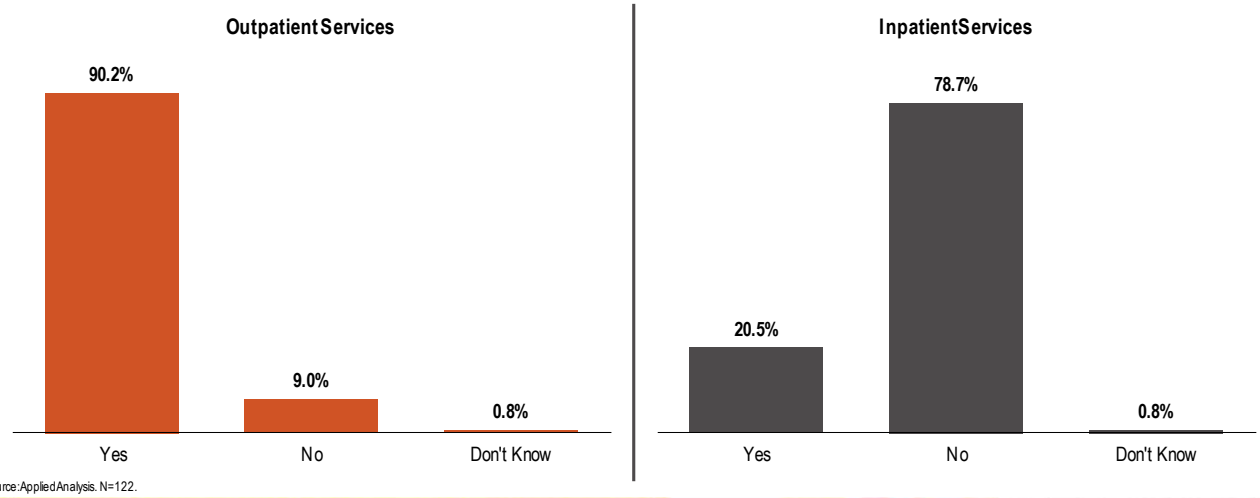
BEHAVIORAL HEALTH SERVICES IN SOUTHERN NEVADA 2021
APPLIED ANALYSIS

Services Provided
Types of Services



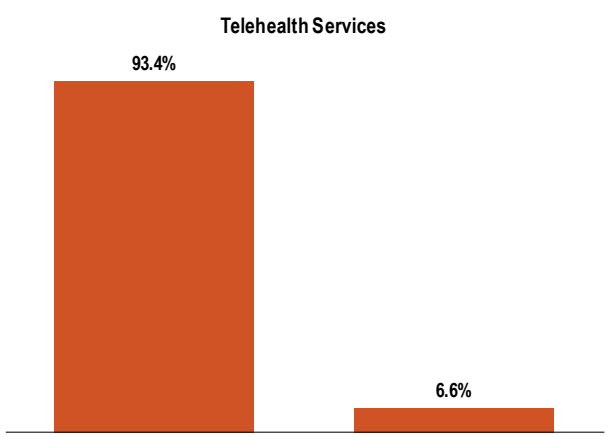
Source: Applied Analysis. N=122. Note: Multiple responses allowed.

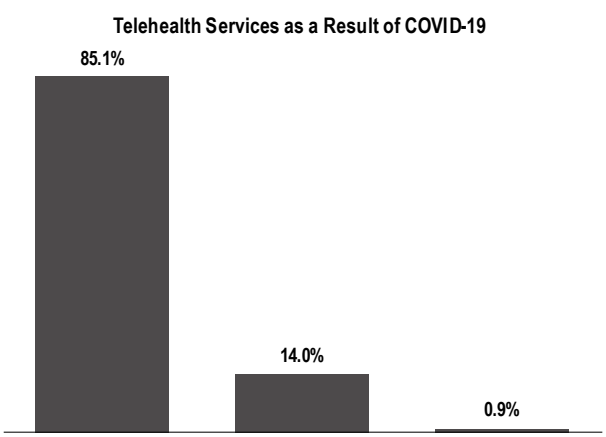
Services Provided
Inpatient & Outpatient Services



Source: Applied Analysis. N=122.

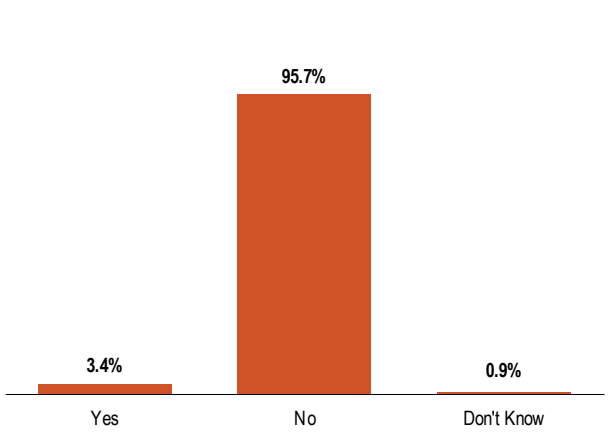
Services Provided
Telehealth

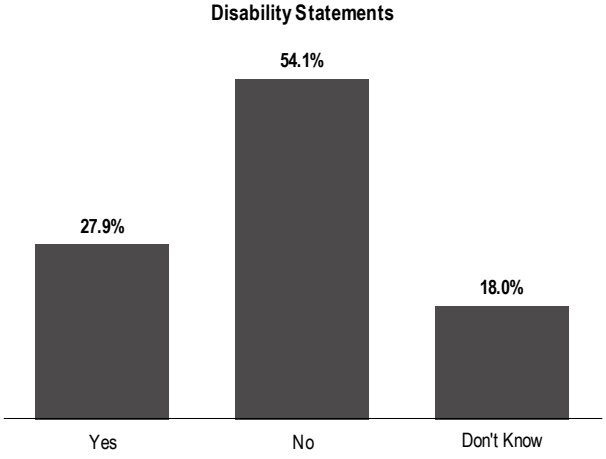




Source: Applied Analysis. N=122 for telehealth services, N=114 for whether telehealth services were the result of COVID-19.

Services Provided
Miscellaneous Services





Source: Applied Analysis. N=116 for free services, N=122 for disability statements Note: Respondents were only asked about free services if they indicated that all patients do not use any of the provided payment for services.

Classification of Providers & Respondents

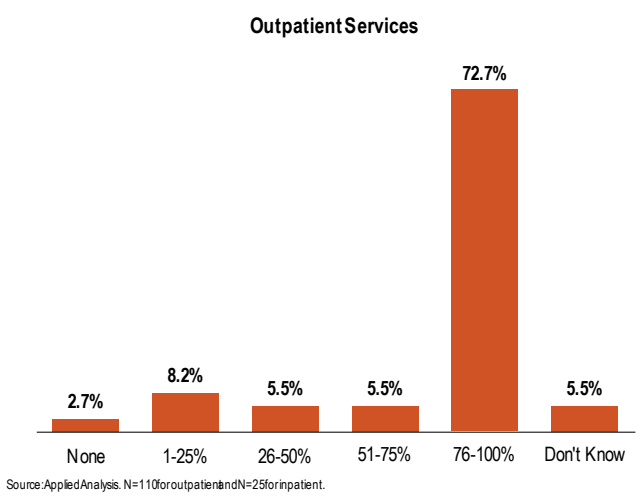
Classification	No. of Respondents	Distribution
Behavioral Technician/Analyst	26	21.3%
Social Worker (Clinical and Other)	18	14.8%
Counselor (Addiction, Clinical and Other)	14	11.5%
Behavioral Health Treatment Group	10	8.2%
Marriage and Family Therapist	10	8.2%
Psychology/PsychologicalAssistant	8	6.6%
Psychiatry/PsychiatricNurse	7	5.7%
Qualified Behavioral Aide (QBA)	7	5.7%
Qualified Mental Health Professional (QMHP)	6	4.9%
Qualified Mental Health Associate (QMHA)	4	3.3%
Not Listed	3	2.5%
Community/Behavioral Health Agency	2	1.6%
Mental Health Services	2	1.6%
Applied Behavioral Analysis (ABA) Group	1	0.8%
Federally Qualified Health Center	1	0.8%
Physician Group (Type 20)	1	0.8%
Psychiatric Hospital, Inpatient	1	0.8%
Rural Health Clinic	1	0.8%
Total	**122**	**100.0%**

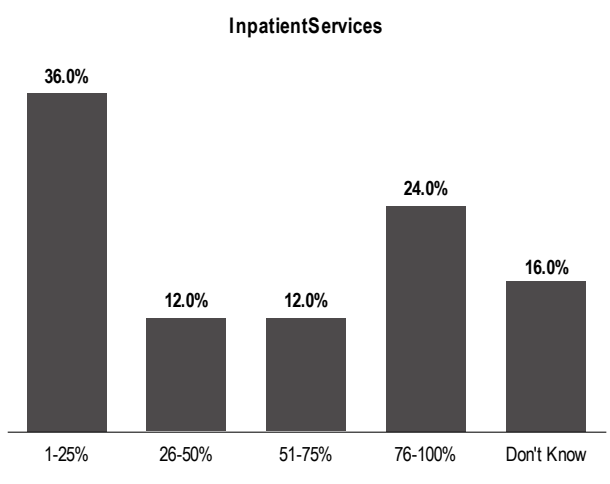
Note: Classifications are sourced to public databases. However, classifications were broadly grouped where applicable.

RESULTS: PATIENT NEEDS

BEHAVIORAL HEALTH SERVICES IN SOUTHERN NEVADA 2021 APPLIED ANALYSIS

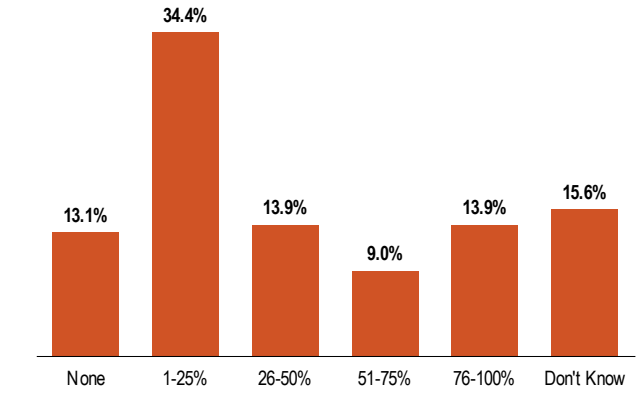
Outpatient vs. Inpatient
Proportion of Patients Needing Services

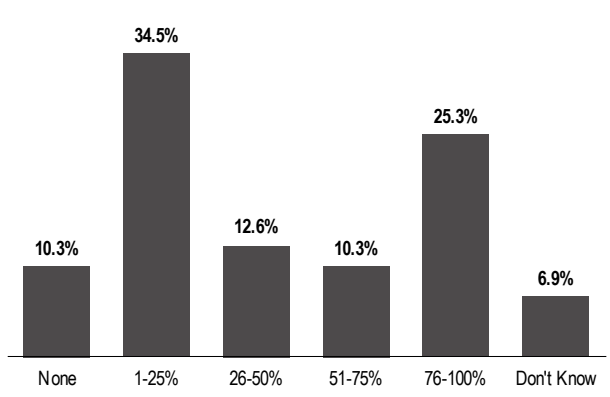




Source: Applied Analysis. N=110 for outpatient and N=25 for inpatient.

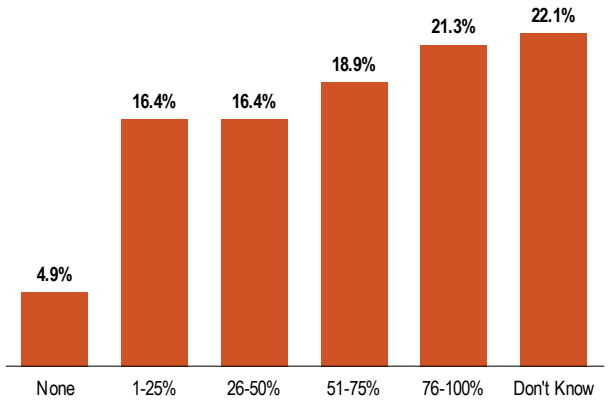
Outpatient vs. Inpatient
Substance Abuse and Mental Disorders

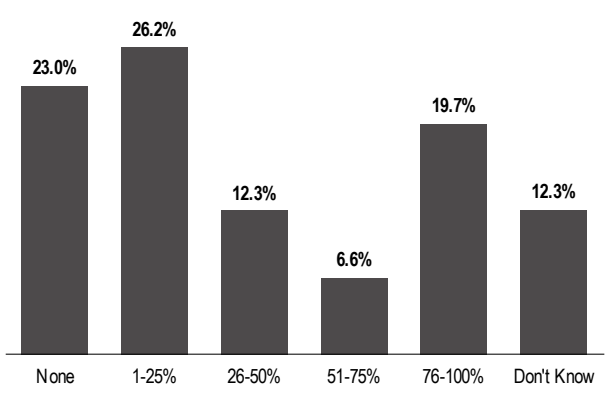




Source: Applied Analysis. N=122 for occurrence and N=87 for treatment.

Outpatient vs. Inpatient
Medication and Case Management



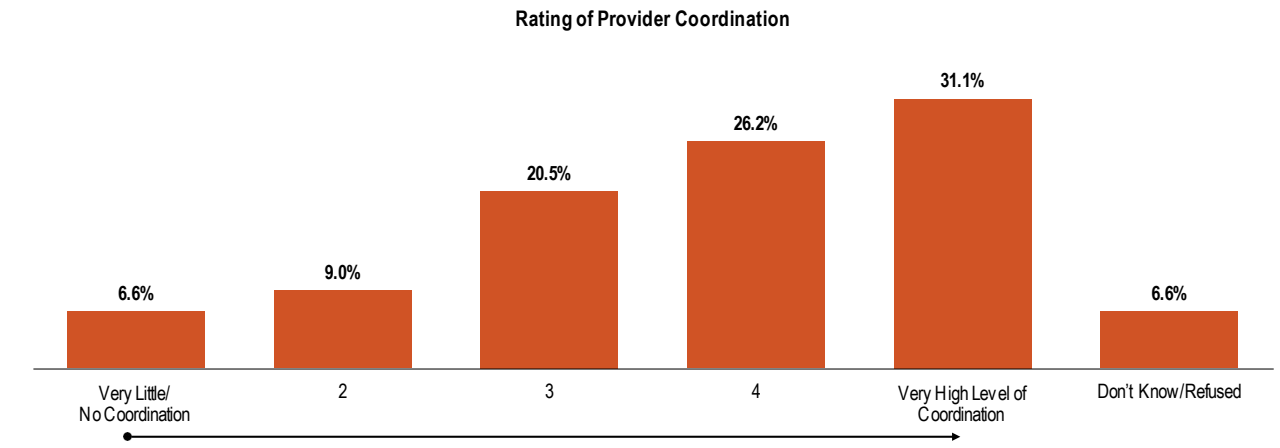


Source: Applied Analysis. N=122.

RESULTS: ACCESS AND EFFECTIVENESS

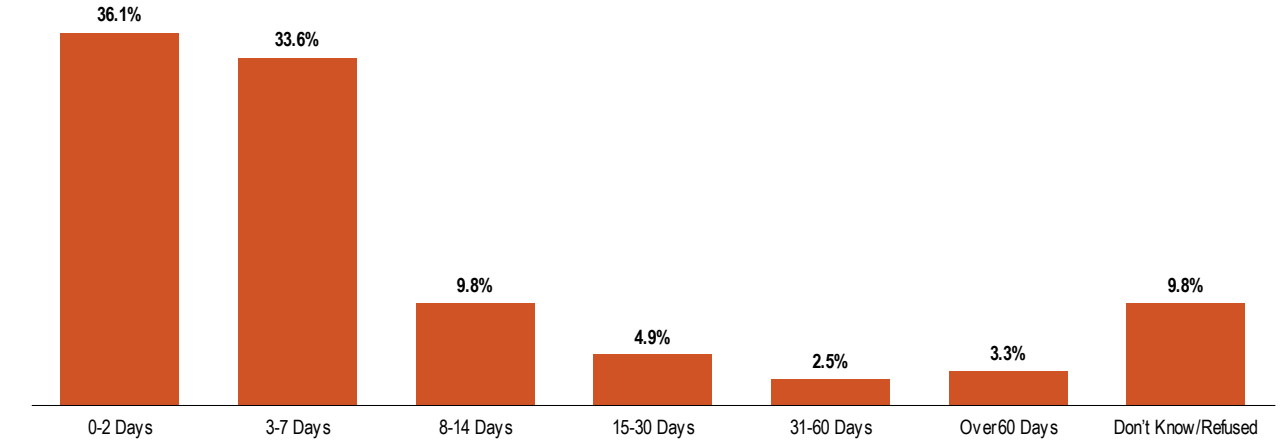
BEHAVIORAL HEALTH SERVICES IN SOUTHERN NEVADA 2021

Coordination Between Providers
Treating Patients for Multiple Disorders



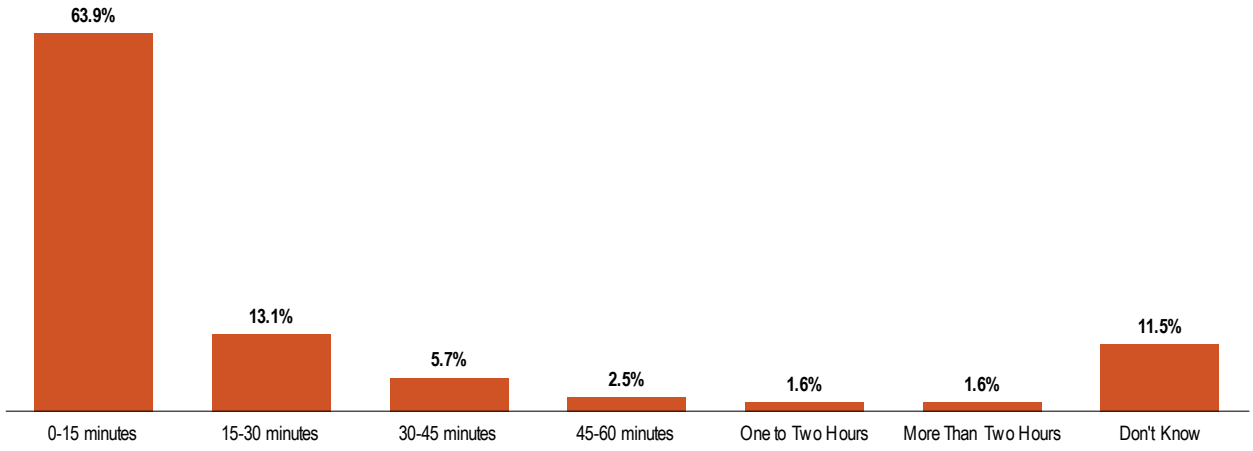
Source: Applied Analysis. N=122.

Waiting Times
Between Call and Appointment Availability



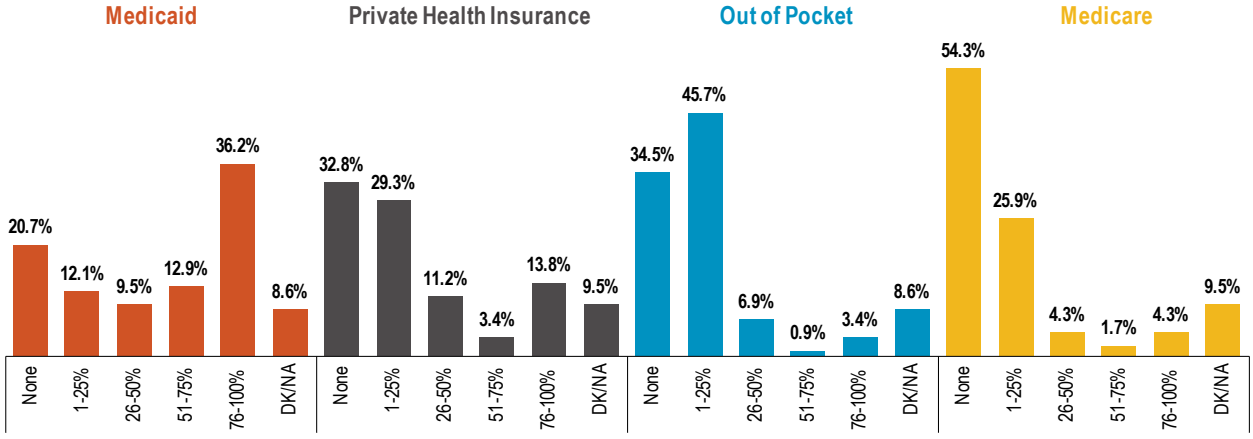
Source: Applied Analysis. N=122.

Waiting Times
Between Arrival at Office and Receiving Care



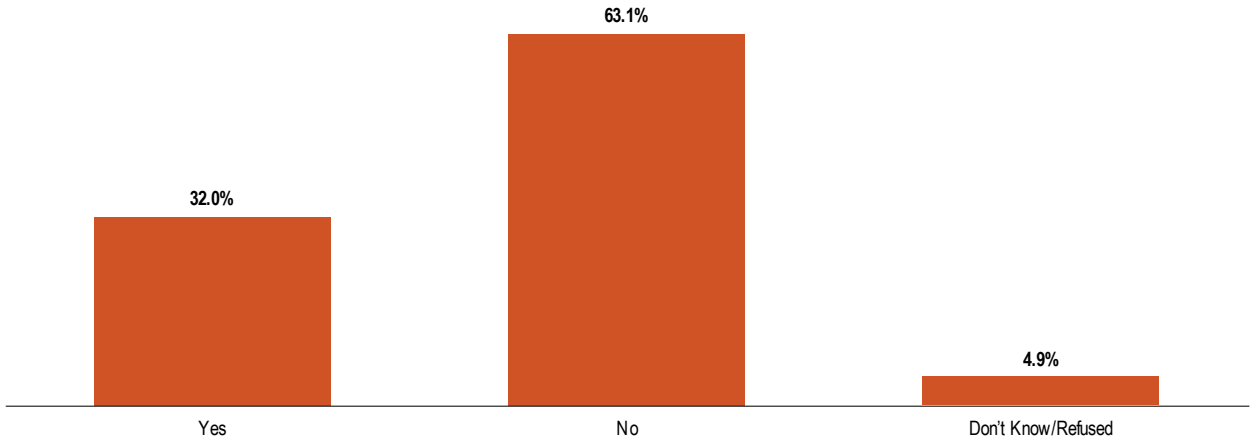
Source: Applied Analysis. N=122.

Paying for Services
Percentage of Patients Paying Through…



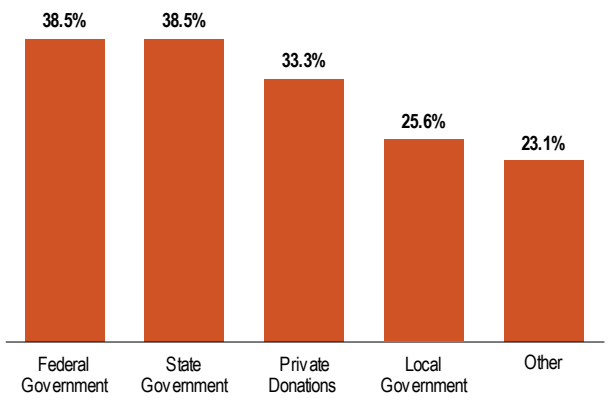
Source: Applied Analysis. N=116.

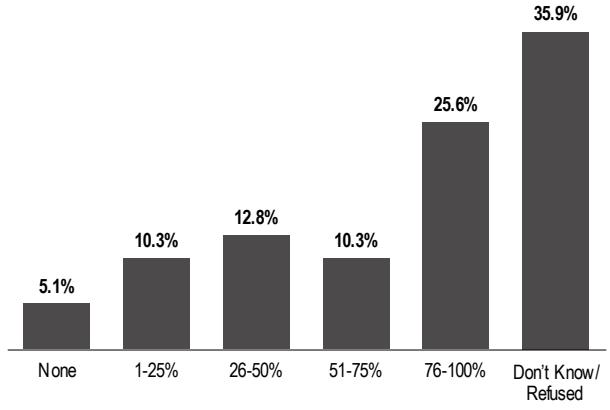
Paying for Services
Funding Sources Beyond Patient Fees



Source: Applied Analysis. N=122.

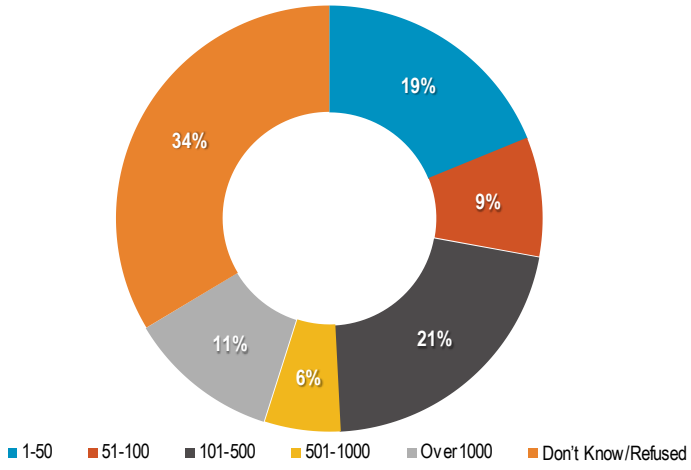
Paying for Services
Funding Sources Beyond Patient Fees





Source: Applied Analysis. N=39. Note: Multiple responses allowed for other funding sources.

Patient Volume
Unique Patients Served in Typical Year



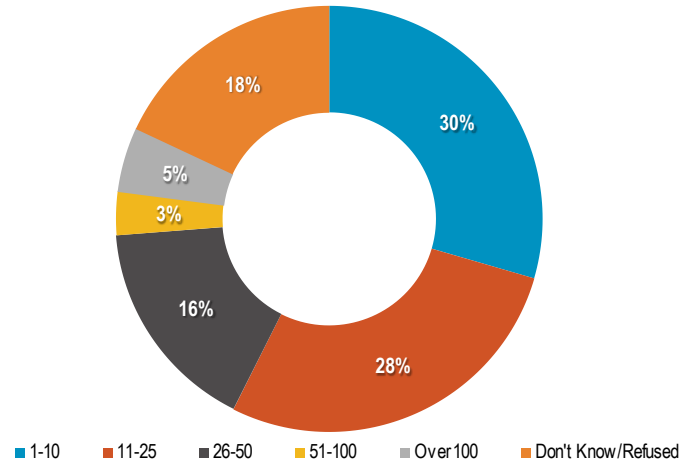
3,155
Average

4
Minimum

100,000
Maximum

Source: Applied Analysis. N=122 Note: An outlier value of 800,000 was removed from summary statistics (average, minimum, maximum).

Patient Volume
Patients Served Daily



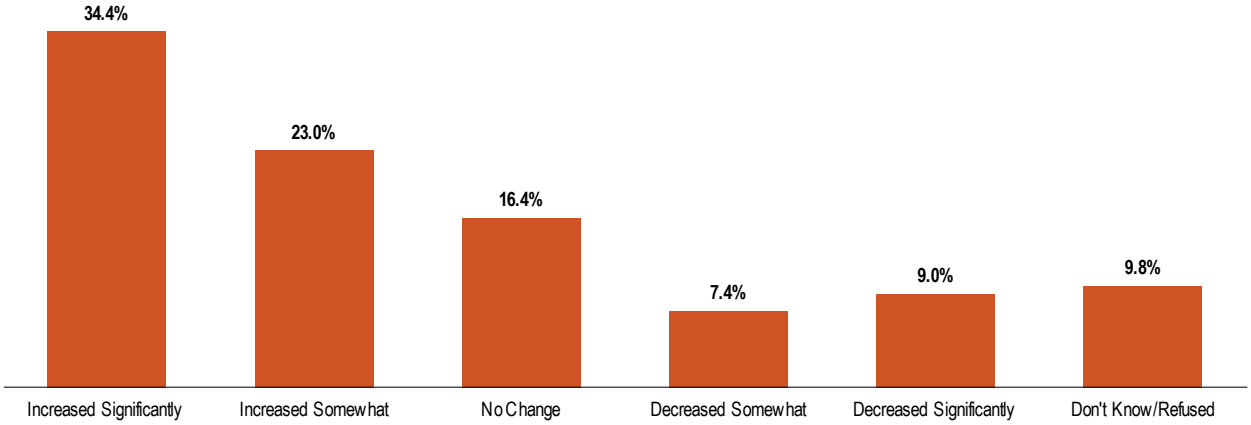
43
Average

2
Minimum

1,000
Maximum

Source: Applied Analysis. N=122 Note: An outlier value of 80,220 was removed from the summary statistics (average, minimum, maximum).

Change in Patient Demand
Resulting from COVID-19 Health Crisis



Source: Applied Analysis. N=122.

RESULTS:
BIGGEST CHALLENGES FACING THE SYSTEM

BEHAVIORAL HEALTH SERVICES IN SOUTHERN NEVADA 2021 APPLIED ANALYSIS

Biggest Challenges Facing the System

1

LACK OF PROVIDERS AND RESOURCES TO MEET DEMAND

In general, Nevada and Clark County have experienced a doctor shortage for many years, but the impacts seem to be particularly pronounced in the mental health field. While doctors are not the only type of provider, they are an important piece of the system, and given the relatively small size of Nevada's healthcare economy, it is not a surprise that lack of providers and resources within the community was the most common concern cited by service providers in 2016 and is still one of the most pressing issues today.

Biggest Challenges Facing the System

2

ISSUES WITH INSURANCE

Insurance issues were commonly cited as a critical problem in the mental health system. Among the many insurance issues cited by providers included low reimbursement rates (including Medicaid), difficulty getting on "panels" to be able to accept certain insurance types, problems with treatment approval processes, and length of treatment that insurance companies will approve for clients.

Biggest Challenges Facing the System

3

LACK OF FUNDING AND RESOURCES

This sentiment is related to both issues mentioned previously, but many providers indicated that more funding (including local and public funding) was needed to set up additional clinics, hire more workers, and provide more people with care. While lack of coverage for some treatments under Medicaid and other insurance programs forces patients to go without care or providers to write-off treatment costs, it is not the only way to help fund the necessary care.

Biggest Challenges Facing the System

4

ACCESS TO CARE & AFFORDABILITY

Access to care was also a very common theme cited as a problem in the system among providers, although descriptions were more widespread and included a variety of issues. Examples included patients' inability to pay deductibles/copays/out-of-pocket, the need for more wraparound services and expanded service options, long wait times preventing treatment even in the cases of diagnoses, transportation issues, stigma and limited culturally competent or diverse providers available to provide treatment.

Biggest Challenges Facing the System

5

AFFORDABLE HOUSING AND COMMUNITY EDUCATION

Although the top four themes were more common among providers, several other issues were also identified as an issue in the current system. Chief among them were affordable housing options in general and for the homeless population as well as educating the community.

RESOURCES

American Psychological Association. (2020). Stress in America 2020: A national mental health crisis. Retrieved December 1, 2020.

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