



*Connecting People to Policy*

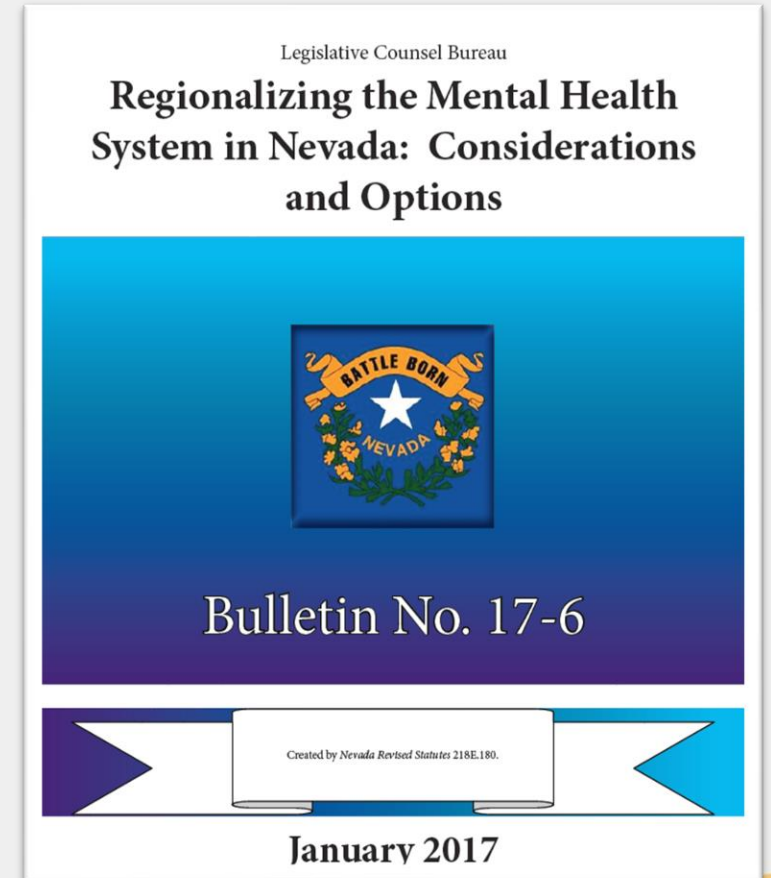
# **HISTORY OF THE REGIONAL BEHAVIORAL HEALTH POLICY BOARDS IN NEVADA**

FOR THE NORTHERN NEVADA REGIONAL BEHAVIORAL HEALTH POLICY BOARD

OCTOBER 7, 2021

# OVERVIEW

- LCB's 2017 Study, "Regionalizing the Behavioral Health System in Nevada: Considerations and Options"
- Assembly Bill 366 (2017)
- Assembly Bill 76 (2019)
- Recent Regional Behavioral Health Board bills
- Questions and Answers



# BACKGROUND LEADING TO THE 2017 STUDY

- 2013 the Governor's Behavioral Health and Wellness Council established by executive order
- 2013 Southern Nevada Forum identified mental and behavioral health as a serious issue
- 2015-2016 Southern Nevada Forum, Healthcare Committee reidentified mental and behavioral health
- March 2016 the Governor's Council sunset and ceased by executive order
- April 2016 the Legislative Commission directed LCB to conduct the study

# BACKGROUND

- According to *The State of Mental Health in American 2017*, Nevada ranked:
  - 51<sup>st</sup> for its mental health system overall;
  - 48<sup>th</sup> in youth mental health care;
  - 51<sup>st</sup> in adult mental health care; and
  - 51<sup>st</sup> in access to mental health care.
- Major factors influencing Nevada's low ranking included:
  - The availability of behavioral health care providers;
  - Access to, quality, and cost of health insurance;
  - Access to behavioral health treatment; and
  - High rates of substance abuse.

# STUDY PURPOSE

- Study factors that may influence regionalizing the behavioral health system in Nevada
- Work with DHHS, local government entities, and community advocates to report on:
  1. Issues the Legislature may wish to consider in proposing legislation to regionalize mental health in Nevada; and
  2. Examples of states that have regionalized their mental health system, including successful and unsuccessful strategies and the advantages and disadvantages of transitioning to a regionalized behavioral health system.

# STUDY OUTLINE

- Key issues to consider:
  - Access to behavioral health care—behavioral health workforce, health insurance coverage, and barriers to accessing services and treatment;
  - Policy and program changes due to the ACA (2010) and its impact on the State budget;
  - The relationship between the mental health care system and other systems; and
  - The recent expansion of State funding to address behavioral health in Nevada.
- A pattern analysis of how Nevadans accessed behavioral health care and existing collaborations and coordination at the time;
- A brief summary of selected states that had regionalized behavioral health governance, a model proposed by participants from the Southern Nevada Forum, and policy options recommended by stakeholders

# STUDY POLICY OPTIONS

Public policy options presented by stakeholders fell into three major themes:

- Involving local stakeholders in the identification of key behavioral health issues and development priorities (pg. 53)
- Developing community-based resources and services (pg. 54)
- Further studying behavioral health regionalization and developing policy options in Nevada (pg. 55)

# STUDY CONCLUSIONS

Factors for consideration included:

- Access to behavioral health care across the State;
- The status of private and public health care insurance coverage;
- The effect of the ACA on health insurance coverage and health care providers;
- The vast geographic expanse that encompasses sparsely populated frontier and rural counties of the State;
- Collaboration among stakeholders in the State; and
- Costs associated with transitioning to and maintaining a more regional behavioral health system.

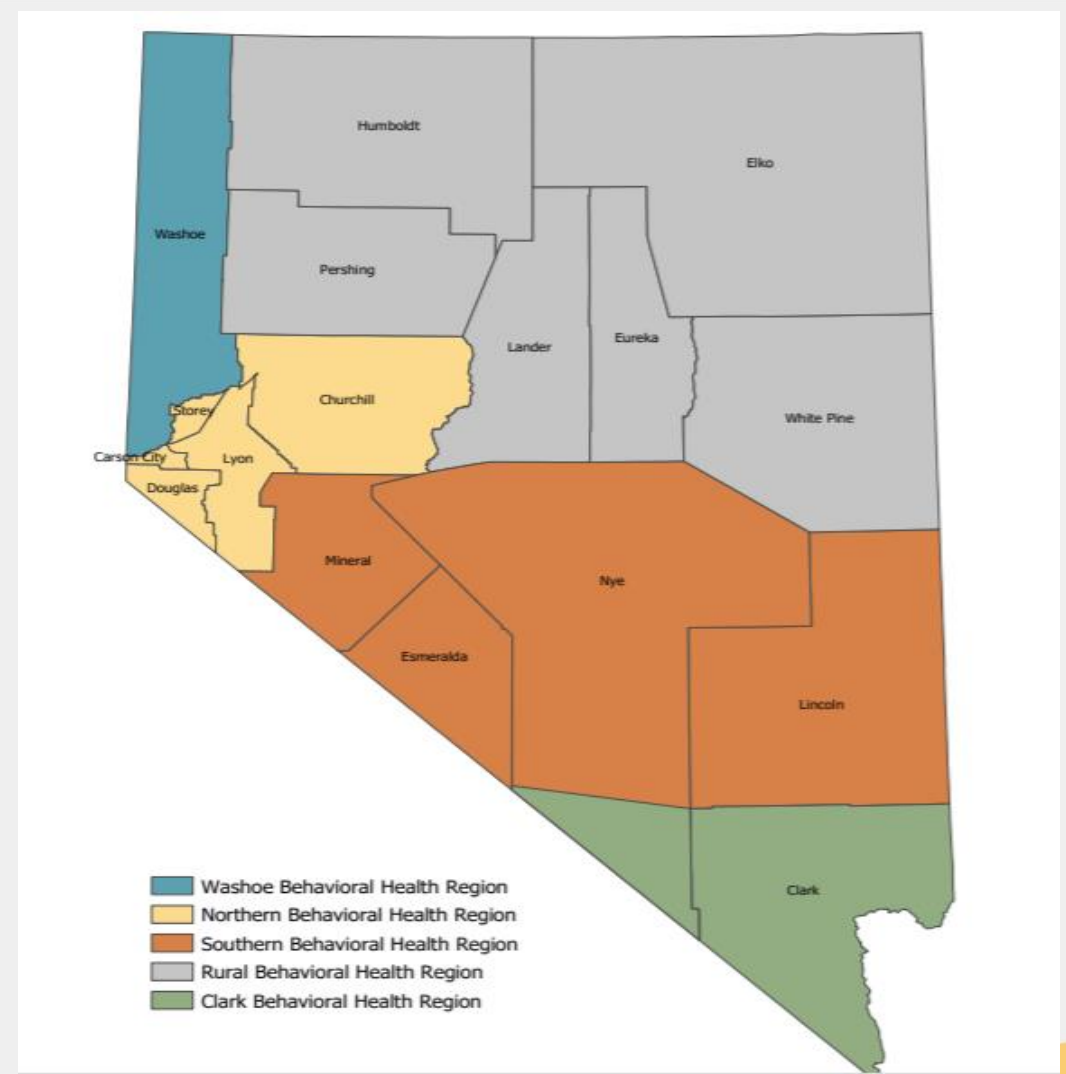


# ASSEMBLY BILL 366 (2017)

- Creates four behavior health regions and a regional behavioral health board in each region
  - Northern: Carson City, and Churchill, Douglas, Lyon, Mineral, and Storey counties
  - Washoe: Washoe County
  - Rural: Elko, Eureka, Humboldt, Lander, Lincoln, Pershing, and White Pine counties
  - Southern: Clark, Esmeralda, and Nye counties
- Outlines requirements of the policy boards
- Revises requirements of the report submitted by the Commission on Behavioral Health
- Authorizes each policy board to request the drafting of one legislative measure for each regular session

# ASSEMBLY BILL 76 (2019)

- Revises the county make up of some of the regions and creates a fifth region
  - Clark
  - Northern
  - Washoe
  - Rural
  - Southern
- Revises board membership and appointing authority
- Revises board duties



# 2021 BILLS REGIONAL BEHAVIORAL HEALTH POLICY BOARDS

- Clark RBHPB
  - [SB 56](#) (2021, did not pass, see [SB 5](#) instead)
    - Requires health insurance plans to cover behavioral health services provided through telehealth or telephone to the same extent and in the same amount as though provided in person; and
    - Prohibits insurers from issuing coverage of behavioral health services provided in a person's home that depends on the location of the home.
- Northern RBHPB
  - [SB 70](#) (2021, enrolled)
    - Modernizes mental health crisis hold laws;
    - Revises provisions related to assisted outpatient treatment;
    - Clarifies and updates conditional release process;
    - Clarifies certain provisions related to youth mental health crisis hold; and
    - Modernizes the definition of "chemical restraint."

# 2021 BILLS (CONT.) REGIONAL BEHAVIORAL HEALTH POLICY BOARDS

- Rural RBHPB
  - [SB 44](#) (2021, enrolled)
    - Makes various changes to reduce barriers to licensure in Nevada for behavioral health care professionals who are licensed in other states.
- Washoe RBHPB
  - [SB 69](#) (2021, enrolled)
    - Requires peer recovery support specialists (PRSS) and PRSS supervisors to be certified;
    - Requires any mandated school instruction, curriculum, or program concerning substance misuse and substance use disorder to be evidence based; requires the Department of Education to develop, maintain, and publish a list of evidence-based curricula and programs; and
    - Requires every school district that operates a middle or high school to participate in the Youth Risk Behavior Surveillance System; authorizes (a) parents or guardians to refuse to consent to the administration of the survey and (b) pupils to refuse to participate in the survey.
- Southern RBHPB
  - Did not submit a BDR

# 2019 BILLS REGIONAL BEHAVIORAL HEALTH POLICY BOARDS

- Clark RBHPB (No bill submitted; Board was created in 2019 by AB 76)
- Northern RBHPB
  - [AB 85](#) (2019, enrolled)
- Rural RBHPB
  - [AB 47](#) (2019, did not pass)
    - Makes various changes to reduce barriers to licensure in Nevada for behavioral health care professionals who are licensed in other states.
- Washoe RBHPB
  - [AB 66](#) (2019, enrolled)
- Southern RBHPB
  - AB 76 (2019, enrolled)

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