

Northern Region Behavioral Health Policy Board Annual Report 2022

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Northern Regional Behavioral Health Coordinator

- ▶ **Senator Dr. Robin Titus**, Nevada State Legislature
- ▶ **Dr. Amy Hyne- Sutherland - Vice Chair**, Public Health Coordinator, NVACO
- ▶ **Nicki Aaker, RN**, Director, Carson City Health and Human Services
- ▶ **Erik Schoen**, Executive Director, Community Chest
- ▶ **Laura Yanez**, Executive Director, NAMI Western Nevada
- ▶ **Sandy Wartgow**, Deputy Chief, Carson City EMS
- ▶ **Ken Furlong**, Sheriff, Carson City
- ▶ **Lana Robards**, Director, New Frontier Treatment Center, Fallon, Nevada
- ▶ **Dr. Ali Banister**, PhD, Juvenile Probation Chief - First Judicial District
- ▶ **Shayla Holmes - Chair**, Executive Director of Lyon County Health and Human Services
- ▶ **Dr. Alana Rogne**, Medical Director, Rural Nevada Counseling
- ▶ **Daria Winslow**, Director, Partnership Douglas County

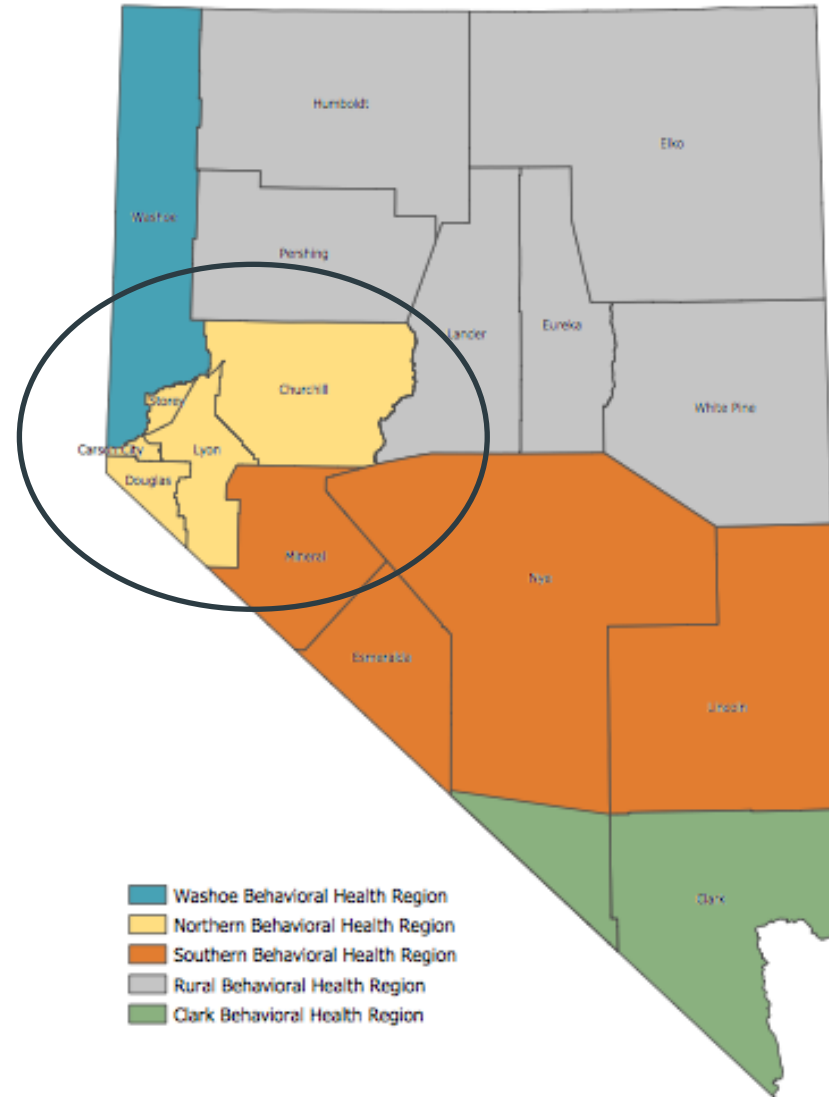
- ***One vacant member positions:**
 - **Member who Private or Public insurer representative: if not available, “another person who has experience in the field of insurance or working with insurers.”**

Northern Regional Behavioral Health Policy Board Membership*

Northern BH Region

Carson, Churchill, Douglas,
Lyon, & Storey Counties

- 11,976.95 square miles in northwestern Nevada.
- The total population of the Northern Region is estimated to be 199,973 in 2022, slightly up from 196,082 in 2021.
 - Carson: 57,787
 - Churchill: 27,271
 - Douglas: 50,490
 - Lyon: 59,832
 - Storey: 4,593
- In terms of ethnicity, 76.5% residents in the Northern Region are White not of Hispanic origin, 16.9% residents are Hispanic, 3.2% of the population are Native American, 2.4%, Asian, and 1.9% of the population are Black.
- Northern Region comprises 6.2% of Nevada's population



Health Care Availability - Northern Behavioral Health Region

- 4 Rural Community Hospitals: Carson Valley Medical (Gardnerville), Carson-Tahoe (Carson City), South Lyon Medical (Yerington), Banner Churchill Community Hospital (Fallon) Note all these hospitals now have some type of behavioral health professional(s) on staff and have focused on increasing access to these services.
- 3 Tribal Health Clinics: Fallon Paiute-Shoshone (Churchill), Yerington/Campbell (Lyon), Washoe Ranches/Dresslerville/Stewart (Douglas)
- 13 Rural Clinics/4 Rural Nevada Counseling: Rural Clinics Carson/Carson Tahoe Behavioral Health Services/Counseling Center & Supportive Services-3(Carson), Rural Clinics Fernley 5 (Churchill), Rural Clinics Dayton/Rural Clinics Silver Springs-9(Lyon)
- 4 CCBHCs: Rural Nevada Counseling (Lyon), Vitality Unlimited/Community Counseling Center (Carson/Dayton), New Frontier (Churchill)
- 2 Community Health Centers: Virginia City Community Health Center (Storey), Sierra Nevada Health Center (Carson)
- VA Clinics: (Gardnerville)

Trends identified by Stakeholders

Provider staffing shortages and strain leading to reduced availability of behavioral health services (statewide)

An increase of youth experiencing high acuity MH and suicidal thoughts and behaviors

Problems for all ages and family accessing appropriate in/outpatient treatment

Increased crisis in older adults leading to increased need for crisis response and hospitalizations

Behavioral health needs caused by COVID induced risk factors

Rise in behavioral health needs caused by political, cultural, and socio-economic pressures

Lack of supportive housing for those with a Diagnosis of SMI/SED

Lack of information with the roll out of 988

Regional Priorities, Gaps, and Strategies

1. Regional Board infrastructure development

- ▶ **Need/Gaps:** additional infrastructure could lead to greater efficiency as the Northern region works to develop a more sophisticated behavioral health system.
- ▶ **Board Strategies:**
 - ▶ Development of Regional Behavioral Health Authorities
 - ▶ Board support positions: Maintaining Regional Behavioral Health Coordinator, addition of data analyst, among other assistances (AA)
 - ▶ Development and implementation of Northern Region Behavioral Health Emergency Operations Plan (BHEOP)
- ▶ **Progress:**
 - ▶ Developing concept for Regional Behavioral Health Authorities through updating NRS 433C (June 22)
 - ▶ Obtained full time data analyst position through federal community opioid response grant (COSSAP Grant - evaluation team and Bitfocus)
 - ▶ Developed and in the process of implementing BHEOP - presentations to 3 of 5 counties in region

2. Affordable and supportive housing and other social determinants of health

- ▶ **Need/Gaps:** Lack of housing options contribute to ongoing homelessness, chronic crisis, and institutionalization
- ▶ **Board Strategy:**
 - ▶ Northern RRBHPB behavioral health housing subcommittee currently exploring issue
- ▶ **Progress:**
 - ▶ Subcommittee has dissolved (June), looking to regroup after the 82nd legislation session

3. Behavioral health workforce with capability to treat all ages

Need/Gaps: Lack of behavioral health workforce impedes timely access to treatment and prevents providers from expanding quality services.

Board Strategies:

- ▶ Advocates for a tiered approach to workforce that includes clinicians, community health workers, and peers.

Progress:

- ▶ Piloting Community Health Workers (CHWs) in a variety of settings including hospital discharge planning, social services, and jail reentry programming.
- ▶ Exploring strategies for implementation of peers, which is currently an underutilized service in the region.

4. Development of a regional crisis response system while obtaining sustainable funding for current crisis stabilization and jail diversion programs (MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center)

Need/Gaps:

- ▶ Individuals experiencing crisis in the Northern Region often cannot find the care they need when they need it
- ▶ With the implementation of 988 in Nevada, there is a need to coordinate local infrastructure into the state crisis response system.

Board Strategies:

- ▶ Continued advocacy for sustainable funding of current crisis stabilization and jail diversion programs (MOST, FASTT, CIT, and Carson Tahoe Mallory Crisis Center)
- ▶ Receive COSSUP funding to create handbook/toolkit for MOST and FASTT
- ▶ Continue to work with Evaluator on these diversion/deflection programs
- ▶ Work with tribal communities in region to support establishing these programs

Progress:

- ▶ Engagement of providers to apply for crisis response funding- awaiting state response
- ▶ Working on the MOST and FASTT statewide handbook/toolkit

Increase access to treatment for all levels of care

► Need/Gaps:

- Lack of insurance is a barrier for access to behavioral health care.
- Significant concern about access to care for all ages who have insurance.

► Board Strategies:

- Continue exploring opportunities including trauma recovery grant and Certified Community Behavioral Health Centers (CCBHCs)
- The Northern Board is also interested in exploring other models of care including peer drop-in centers, living room models, and community support centers.

► Progress:

- Continuing to partner with CCBHCs and encouraging community providers to expand services.
- Work with NAMI WNV to implement peer support warmline statewide
- Creation of the NAMI Nevada Caring Contacts, Nevada Teen Teat Line and Nevada Teen Caring Contacts

6. Develop services to support continuity of care (i.e. continuation of medication/ service connection with community health worker - CHW)

- ▶ **Need/ Gap:** There are barriers to continuity of care, that includes lack of formalized referral systems, lack of coordination and communication, and limited provider capacity.
- ▶ **Board strategies:**
 - ▶ Advocacy for utilization of peers and community health workers to support continuity of care
 - ▶ Exploration of structural solutions to strengthen warm hand offs.
- ▶ **Progress:**
 - ▶ Focused on supporting the use of CHWs for discharge planning in Carson and Churchill Counties.
 - ▶ Focused on developing Peer Support as a viable resource with our Mental Health population

Board Activities

Coordination with county behavioral health taskforces, statewide coordinators, coalitions, consortiums

Focus on updating data dashboard on the Regional Behavioral Health Policy Board website: nvbh.org

Adopt and implement the Northern BHEOP

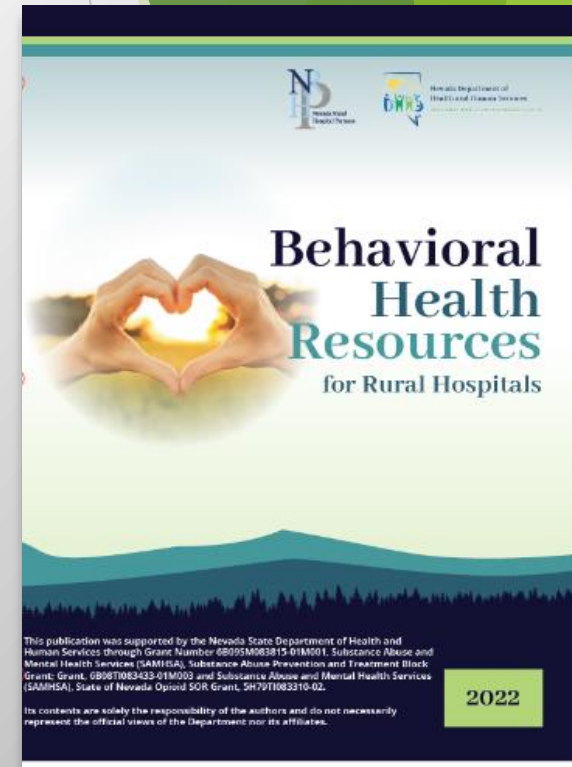
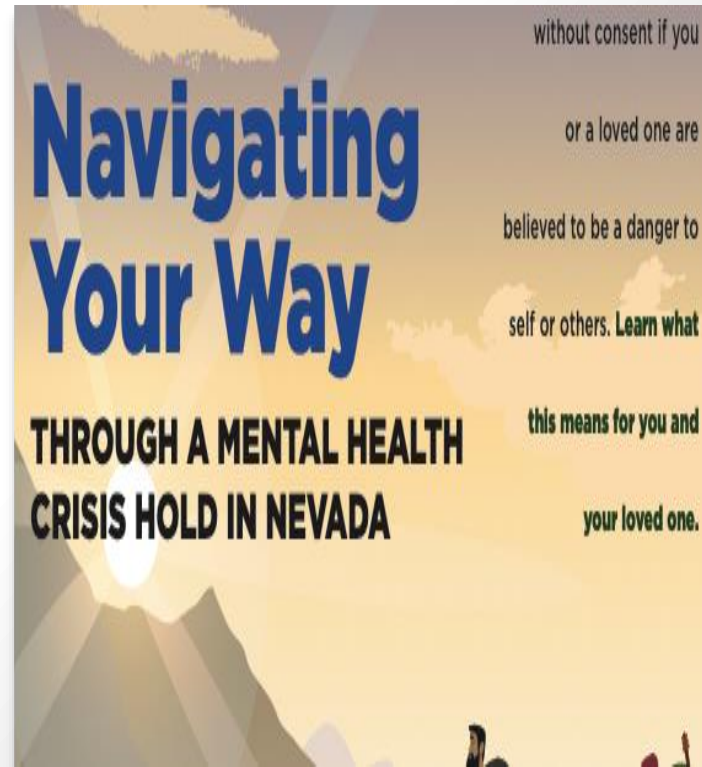
Focus on building trainings for region (statewide)

Legislative Activities - 2019/2021

- ▶ Continuing to support implementation for education of mental health crisis hold and involuntary treatment process through Statewide Mental Health Crisis Hold Workgroup
- ▶ Work on developing the Regional Behavioral health Authority on going for the past two or more years

Mental health crisis hold and more

- Nvbh.org website
- Adult mental health crisis hold brochure and one pager
- Navigating your Way - Guide to Mental Health 2.0
- Worked with SOC to create the Youth Mental Health Brochures - promote and disseminate (Hospital and Parent guides)
- Finished Developing and disseminating the Rural Regional Behavioral Health Binders 2022



Data highlights

- ▶ Suicides have increased in the region 18.8% between 2018 and 2020.
- ▶ Mental health related deaths increased 76.47% between 2017 to 2019. There was a slight decrease in mental health deaths in 2020, but the overall there has been a significant increase.
- ▶ Northern Nevada has seen an increase in drug and alcohol related deaths. Drug and alcohol related deaths have sharply increased 25.5% from 2018 to 2020.
- ▶ Drug related deaths in Northern Nevada have decreased 28% from 2017 to 2020.
- ▶ Since 2017, Northern Nevada has seen an increase of 31.7% in the amount of people who have reported to seriously considering committing suicide. There was an increase of 22% from 2017 to 2018, and a 0.4% increase from 2018 to 2019.
- ▶ Since 2017, Northern Nevada Adults have reported to experiencing difficulties because of physical, mental, or emotional conditions has increased a considerable amount. The amount of people having difficulty doing errands alone has increased 41.3% between 2017 and 2019. There was a 18.8% increase in the number of adults experiencing difficulty concentrating, remembering, or decision making due to physical, mental, or emotional health conditions.

Conclusion

- ▶ The Northern Board is focused on:
 - ▶ **Aligning with national best practices while staying true to local values and resources specific to the region.**
 - ▶ **Mitigating workforce issues and increase access to care through use of non- clinical roles such as community health workers, peer support specialists, and family peer advocates.**
 - ▶ **Gathering more sophisticated and accurate data to better understand trends and the impacts of significant events such as disasters and the current pandemic.**
 - ▶ **Exploring innovative solutions to address identified problems including housing and local/regional behavioral health infrastructure concepts.**
 - ▶ **Developing a system that emphasizes person centered and community-based care.**
 - ▶ **Working closely with the counties to improve, enhance and implement diversion and deflection programs within our justice system.. (Specialty courts, MOST, FASTT, CIT among other programs)**
 - ▶ **AND MORE.....**

Contact



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