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I. Executive Summary

The annual report for the Washoe Regional Behavioral Health Policy Board (WRBHPB) addresses the previous year's activities and data collection related to the promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

Individuals suffering with behavioral health issues and disorders are unfortunately all too common in the United States. The data is harsh. According to the National Alliance on Mental Illness (NAMI), one in five U.S. adults experience mental illness; one in twenty U.S. adults experience serious mental illness and 17% of youth (6-17 years) experience a mental health disorder.

Unfortunately, there is far greater stigma attached to mental health and substance abuse diagnoses than for other conditions; a less developed state and national infrastructure for measuring and improving care quality; a need for connecting a greater variety and number of clinicians, specialists, and organizations working in "silos"; lower use of health information technology and sharing behavioral health information; and barriers in the health insurance marketplace (NAMI, https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers).

One unique aspect to the legislation creating the regional behavioral health boards, was the provision for each board to request the drafting of one legislative measure which relates to behavioral health within each region. For the 81st Legislative Session, Senate Bill 69 has been introduced on behalf of the Board addressing components of substance use prevention, treatment, and recovery.

The WRBHPB continues to work on priorities, strategies and recommendations that are based on what has been learned through a careful examination of programmatic research, Nevada and Washoe specific data, national best practices and the experience of many regional experts in the field of behavioral health. The board serves to identify areas in which they can support and advocate and, when possible, affect legislative change. This report contains a summary of those efforts and includes certain national, state, and regional data to allow for comparison and trend analysis. These include Crisis Response/Stabilization; Equitable Response to Substance Misuse; Behavioral Health Emergency Response; Community Health Improvement Plan; and, Regional/State and National Behavioral Health Data.

It is understood that strategies and recommendations may present fiscal, programmatic, and logistical challenges in implementation. While recognizing these challenges, we must remember that Nevada continues to remain at the bottom of many national indices for behavioral health issues and how they are addressed. For many other health issues, resources are allocated for their eradication and/or research. It is unacceptable for the State of Nevada and, ultimately Washoe County to fail to move forward as a leader in our commitment to protect and provide services to those in our communities who are suffering from behavioral health issues. It is with the hope for a positive, productive, and secure future for all of Nevada's citizens that this report is respectfully submitted.

II. Washoe Regional Behavioral Health Policy Board

A. History

During the 79th session of the Nevada Legislature, testimony was provided to members of the Nevada Legislature and the attending public in support of Assembly Bill (AB) 366. Discussion by a diverse group of legislators, and members of professional and public behavioral health disciplines included the opportunity these boards would provide for improvement in Nevada by giving local leaders a more active voice in the decisions that are made as they pertain to behavioral health. Presenters agreed that all regions of the State face unique challenges especially in behavioral health issues, and generally agreed that each region is best qualified to address their respective issues. By creating four regional behavioral health boards, the Division of Public and Behavioral Health (DPBH) was able to collaborate with local experts for suggestions on policy, funding, and implementation issues.

Subsequent legislation from the 80th session in 2019 added a fifth regional board to Nevada Revised Statutes (NRS) 433 which also outlines membership criteria, and board obligations. The five boards represent Washoe Region; Clark Region which includes Clark County and part of Nye; Southern Region which includes the counties of Esmeralda, Lincoln, Mineral and a portion of Nye; the Rural Region which includes the counties of Elko, Eureka, Humboldt, Lander, Pershing and White Pine; and, the Northern Region which includes Carson City and the counties of Churchill, Douglas, Lyon and Storey.

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

B. 2020 Board Membership

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

JULIA RATTI
Health Educator II
Washoe County Health District
Policy Board Chair

STEVE SHELL
Vice President of Behavioral Health
Renown Health
Policy Board Vice-Chair

SARAH PETERS
Assemblywoman, District 24
Nevada State Assembly

HENRY SOTELO, Esq.
Reno Municipal Court Specialty Court Attorney
Paralegal/Law Program Director,
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JENNIFER DELETT SNYDER
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Join Together Northern Nevada

THOMAS ZUMTOBEL
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Renown Hospital

SANDRA STAMATES
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Behavioral Health Families

WADE CLARK
Lieutenant,
Reno Police Department

CHARMAANE BUEHRLE
Acting Chief Executive Officer
West Hills Hospital

DR. KRISTEN DAVIS-COELHO
Chief Behavioral Health Officer/Psychologist
Northern Nevada HOPES

FRANKIE LEMUS
Behavioral Health Coordinator
Washoe County Human Services Agency

CINDY GREEN
EMS Coordinator
Reno Fire Department

DANI TILLMAN
Executive Director
Ridge House, Inc.

DOROTHY EDWARDS
Washoe Regional Behavioral Health Coordinator
Washoe County Human Services Agency

Our gratitude to those members who previously served during the last year:

Kevin Dick, Washoe County District Health Officer
Sharon Chamberlain, Chief Executive Officer, Northern Nevada HOPES

III. Additional Leadership and Participants

A. Policy Board Appointing Officials for 2020

- Governor Steve Sisolak
- Assemblyman Jason Frierson, Speaker
- Senator Nicole Cannizzaro, Majority Leader
- Richard Whitley, Director, DHHS

B. State Leadership

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

C. Regional Behavioral Health Coordinators

Jessica Flood
Northern Regional Behavioral Health Coordinator

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

Valerie Cauhape Haskin
Rural Regional Behavioral Health Coordinator

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

VACANT
Southern Regional Behavioral Health Coordinator

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

Teresa Etcheberry
Clark County Regional Behavioral Health Coordinator

- Clark County
- Nye County (Portion)

IV. Policy Board Meetings and Presentations

The WRBHPB will continue to meet with County leadership, public and private agencies, and stakeholders to assess the needs of the County and how prioritizing and strategizing can not only help meet regional needs but coordinate efforts statewide where resources are limited. During 2020, the WRBHPB exceeded the statutory requirement of quarterly meetings and conducted ten monthly meetings, moving to virtual with the onset of the COVID 19 health crisis. The board invited speakers from a variety of public and private organizations providing and supporting behavioral health services in Washoe County to provide their thoughts on the status of behavioral health services or programs in Washoe County, gaps in services, and resource needs. Presenters were also invited to propose legislation for the board's Bill Draft Request for the 81st session of the Nevada Legislature. Minutes and presentations including additional handouts can be found at the link provided in Appendix A of this document.

V. Regional Behavioral Health Coordinator Activities

Through collaboration and communication with the regional behavioral health policy boards the State can lean on local experts for suggestions on policy, funding, and implementation issues. The policy boards are charged with the responsibilities specified in NRS 433.4295 and are each staffed with one behavioral health coordinator.

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

The Washoe Regional Behavioral Health Coordinator represents the board and/or behavioral health issues for Washoe County Human Services Agency at a variety of meetings and boards including but not limited to Washoe County Substance Abuse Task Force; Northern Nevada Behavioral Health Coalition; Join Together Northern Nevada (serves on board); Mobile Outreach Safety Team (serves as supervisor); Community Case Manager collaborative; clinical MDT meetings; Criminal Justice Advisory Committee; NAMI; Washoe County Senior Advisory Boards/Coalition; Reno Mayor's Committee on Mental Health; Northern Nevada Behavioral Health Leadership Committee; and, Community Health Advisory Board (CHAB). The Washoe Regional Behavioral Health Coordinator provides a report to the Board at periodic meetings. These can also be found at the link on Appendix A of this document.

Additional Behavioral Health Efforts:

Nevada Resilience Project (NRP):

In partnership with the Health Educator II from the Washoe County Health District, the WRBH Coordinator currently provides high-level supervision and oversight to the Washoe team of Nevada Resilience Ambassadors (NRP). The NRP was established through a Crisis Counseling Assistance and Training Grant from the Substance Use and Mental Health Services Administration (SAMHSA) in cooperation with the Federal Emergency Management Agency (FEMA). The Nevada Department of Health and Human Services, Division of Public and Behavioral Health received award in June, and passed down the services to the regions, slated through June 2021.

The Nevada Resilience Project supports families and individuals experiencing struggles and challenges due to COVID–19. Resilience Ambassadors provide education, information, counseling, and resource navigation while promoting healthy coping, empowerment, and resilience. Resilience Ambassadors can provide support and connection to resources over the phone, through text and video-chat, or face to face. They are able to offer bi-lingual access to services; assistance navigating to needed resources in your community; help to reduce stress, build coping skills, and develop a resilience plan.

VI. Regional Priorities and Strategies

Regional priorities and strategies were informed by the meetings mentioned above as well as the data and research provided in Section VIII. Several focus areas have emerged and identified for board support, influence, and collaboration.

A. Crisis Response

Issue: Through its deliberations and briefings by behavioral health experts in 2018/2019, WRBHPB recognized the need for crisis response/stabilization services in the county. The problem is well known - hospital emergency departments have become the choke point in the current model of crisis care. According to Department of Health and Human Services data, on any given day, Nevada hospital emergency departments can board over 100 individuals waiting for a psychiatric bed to become available. It is not uncommon for patients to wait two or more days before being admitted for behavioral health treatment. Far too often, individuals experiencing a behavioral health crisis are transported to jail – in part due to the likelihood they will receive treatment referral more readily than other methods. That in itself, is also inappropriate and creates an ethical and fiscal issue.

Strategy for Success: To address this problem, in 2018-2019, the Board looked to experts in DPBH as well as organizations in other states who have addressed this common challenge. DPBH staff recommended a model of crisis care which proposes crisis response/stabilization facilities. These are considered an emergency healthcare alternative, providing persons with an acute behavioral health problem (including co-occurring disorders) with prompt action, gentle response, and effective support in a respectful environment. Crisis stabilization targets individuals who are experiencing an acute crisis of a psychiatric nature that may jeopardize the current living situation. The goals of these services are to prevent hospitalization, incarceration, and establish community stabilization, safety plans, and case management as

appropriate. The strategy for success for this State supported endeavor began in the 80th legislative session, with the introduction and passage of Assembly Bill 66 – which addressed components of this type of facility.

During this biennium the board's strategy for moving forward, included the completion of an assets and gaps analysis, an on-site visit to one of the originators of the concept in Arizona and an increased collaboration and pointed planning meetings, with partners including State, City and county leadership.

Challenges: Support and analysis of where Washoe County is in terms of readiness to stand up a Crisis Stabilization/Response Center remains something on which the board is focused. While Washoe County remains well poised in some required elements, such as the Mobile Outreach Safety Team (MOST), challenges to success include securing sustained funding; meeting infrastructural needs and the continued development of policies and processes required for collaboration between agencies.

B. Equitable Focus On Substance Misuse:

Issue*:* While it is generally known and accepted that behavioral health encompasses mental health and substance misuse, there has been some concern expressed that the focus of programs, funding, and policy might be inequitable between the two. Understanding that the two are often co-occuring, the Board realized a need to work to ensure inclusion and collaboration of all sectors of behavioral health.

Strategy for Success*:* Strategy for success began as the Board invited presenters from all sides of behavioral health, including substance misuse treatment, prevention, and recovery to provide information, education, and solicitation for a change in legislation through a bill draft. Several of those concerns were selected for the board's current bill Senate Bill 69.

Challenges: Challenges include the continuation of educating the community about these issues and ensuring a diverse and well-trained workforce. The Board moved forward with support and recommendation for the passage of Senate Bill 69 (detailed in Section VII.)

C. Behavioral Health Response: Before, During and After A Crisis/Disaster

Issue: If we learned anything from the COVID-19 public health crisis, it is that we need a more robust plan and trained staff who can cope with the sometimes-overwhelming behavioral health consequences of an emergent event.

Strategy for Success: One strategy for ongoing success was the development this year of a draft Behavioral Health Annex to the Washoe Regional Emergency Response Plan. We have encouraged and provided resources for training in Psychological First Aid with the goal to create community response teams to activate when needed during an event. We look forward to conducting drills and exercises with local and state partners when it is safe and practical to do so.

Challenges: The current COVID-19 health crisis has limited the ability to review and exercise any emergency response plans.

D. Community Health Improvement Plan (CHIP): *Behavioral Health Focus Area*

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

Strategy for Success: The Washoe Board committed its support of the behavioral health focus areas which will include data collection, and participation in and support of the Built For Zero homeless initiative which is being implemented by the County.

Challenges: Challenges include the lack of housing, the lack of available and trained workforce as well as sustained funding earmarked for efforts related to this population.

E. Data

***Issue*:** Pursuant to requirements outlined in NRS 433.4295, the WRBHPB will begin discussion and plans for the establishment of an electronic repository of data and information concerning behavioral health and behavioral health services in Washoe County which will be accessible to members of the public.

Strategy for Success*:* The Board understands that accurate data around behavioral health is necessary to inform trends and assist making decisions. Any 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. The 2020 Washoe Regional Behavioral Health data profile has been completed and key findings are addressed in Section XIII.

Challenges*: T*he board (and/or the Behavioral Health Coordinator) will pursue the establishment of the data website/dashboard ensuring *to the extent feasible and available* (NRS433.4295) , that data elements will include data concerning persons admitted to mental health facilities and hospitals, and to mental health facilities and programs of community - based or outpatient services in Washoe County. In order to make such data accessible, it will be incumbent upon the board members to identify and coordinate with other behavioral health entities within the region and state. The intention of data analyses most often reflects correlation and not causation. Readers can clearly see trends and patterns but not necessarily explanations. It is the task of all of us to take the next steps in exploring causation and moving towards solutions. Data collection and review is the first step.

VII. Legislative Proposal – Senate Bill 69

After careful consideration and discussion of all available information presented, the Board decided upon a collection of legislative changes that address prevention in several different areas. Senate Bill 69 has been presented and we look forward to following its movement through the 81st legislative session. Highlights of the bill include the following:

A. Peer Recovery Support

Legislative Intent: Require certification for Peer Recovery Support Specialists and Peer Recovery Support Specialists Supervisors.

Benefits to Nevada:

- Clearly defines peer recovery support services and Peer Recovery Support Specialists.
- Establishes a required certification process to ensure minimum standards are met before using the title Peer Recovery Support Specialists.
- Establishes requirements governing the supervision of Peer Recovery Support Specialists.

B. Youth Risk Behavior Survey (YRBS) Passive Consent

Legislative Intent: Increase survey response rates through a uniform passive (opt out) consent process in all school districts.

Benefits to Nevada:

- Cost savings as there is less administrative burdens with passive consent vs. active consent.
- Supports the only common data source related to youth behaviors available to Nevada's 17 counties.
- Eliminates the loss of federal funding due to not having core measure data.
- Greater participation among students ensures reliable data, and less chance of biases and underrepresentation of certain groups.

C. Substance Misuse K-12 Prevention Education Curriculum

Legislative Intent: Support the move to evidence-based substance misuse prevention programming to meet current standards.

Benefits to Nevada:

- Provides teachers a link to nationally recognized evidence-based substance misuse prevention programs.
- Compiles a list of current curricula and/or programs being implemented in grades K-12.
- Allows partnering community organizations to fund more school-based prevention programs.

D. Establish Substance Misuse Prevention Coalitions in NRS

Legislative Intent: Legitimize the substance misuse prevention coalitions legal status in statute.

Benefits to Nevada:

- Ensures Nevada is in alignment with national best practice standards as established by the Community Anti-Drug Coalitions of America (CADCA).
- Urban, rural, and frontier communities are equally represented in the coalition model, recognizing the importance of community level decision making.
- The coalition model is science driven, evidence-based, and has been operating as the prevention model in Nevada for 20 years.
- Coalitions have secured $11,864,320 for FY20-21 to support local-level behavioral health issues.

VIII. Behavioral Health State and County Data Trends

Behavioral health includes both mental health and substance use, encompassing prevention, early intervention, education, treatment, recovery, and resiliency. The following reports shed light on the status of behavioral health nationally, statewide and in our region and highlights our successes and challenges. Certain reports provide comparative data while others highlight gaps in service, particularly substance use disorders. While not all inclusive, the data contained within the reports mirror data provided by other sources which together, will inform policymakers and funders and help guide strategies for improvement not only in Washoe County but statewide. The information provided below provides highlights and summary information; complete reports can be found at the links provided in Appendix A of this document.

A. Washoe Regional Behavioral Health Profile

The Washoe Regional Behavioral Health Policy Board operates with the intention of addressing the importance and necessity of substance use, mental health, and behavioral health services for Washoe County residents. This profile aims to outline key indicators associated with Washoe County residents, and to identify trends in available data. By using a wide range of data sources, we can identify key problem areas within Washoe County, and use this information to help guide the policy board towards focusing on the areas deemed to be the most at-risk. This report is shared widely with internal and external stakeholders to provide an overview of how the County compares nationally and statewide in areas of behavioral health. Significant findings during data collection have been outlined below.

As behavioral health continues to emerge as a critical community concern across the nation, so too do the options for data resources. Statewide, there is some impressive and comprehensive research which makes the decision around inclusion in this report, challenging. As with most extensive data reports, the results are not always the most current year and often a year or two behind. This ensures the accuracy and fidelity to the data as it takes time to correlate but can sometimes present the impression of a report that is not "current". The data included in this report is the most current available in most subjects and has been selected to provide a picture of areas that emerge in Washoe County as notable. Certain state and national data are also included to

provide comparison and trends. Additionally, in the interest of length, certain repetitive data from previous reports was omitted unless it was for annual comparison.

Key Findings

Substance Use

- In 2019, 31.7% of middle school students and 59.4% of high school students in Washoe County report consuming alcohol (more than a few sips) at least one or more times in their lifetime.

- Marijuana use among middle school students in Washoe County saw a 61% increase in in 2019, from 10.7% in 2017 to 17.2%.

- 14% of Washoe County high school students reported binge drinking at least one time in their lifetime, which exceeds state and national percentages.

- In 2019, 37.7% of high school students in Washoe County reported having tried marijuana, which has decreased however remains higher than state and national numbers.

- In 2020, 69.6% of UNR college students consumed alcohol (beer, wine, liquor, etc.) in the past three months and 36.9 reported using marijuana.

- Since 2017, use of alcohol among adults has remained higher in Washoe County compared to Nevada and the United States, both for binge drinking and heavy drinking

- In 2019, adults in Washoe County who used illegal drugs within the previous 30 days of the survey exceeded the same number in the State, by 63%.

- Methamphetamines and marijuana are responsible for the greatest number of drug related emergency room encounters, for both Nevada and Washoe County (both for crude rates and age adjusted). This remains true for drug related inpatient admissions with opioids showing a significant increase.

- Statewide, Washoe County ranked 9th out of 17 counties in the number of alcohol overdose deaths: 15th for methamphetamine and 12th for opioids, occurring between 2017 and 2019. Alcohol overdose fatalities were 41% higher in Washoe County than in Nevada.

- While the Black, non-Hispanic population only accounts for approximately 2.6% of the total population in Washoe County, drug and alcohol related deaths (age-adjusted) for this population are 46% higher than the next race/ethnic group – Native American/Alaskan Native; and, 67% higher than White non-Hispanic.

Emotional Health/Mental Health

- In 2019, 52.7% of Washoe County middle school students and 58.2% of Washoe County high school students reported they never/rarely received the help they needed when feeling sad, hopeless and/or anxious.

- In 2019, 27.7 % of Washoe County middle school students and 34.7% of high school students lived with someone who was depressed, mentally ill, or suicidal.

- In 2019, 26.7% of Washoe County middle school students and 32.2% of high school students in Washoe County indicated they had lived with someone who was a problem drinker, alcoholic, or abuser of street or prescription drugs.

- In 2019, the prevalence of adults with a depressive disorder decreased by 13%. Roughly 18% of Nevadans were told they have a depressive disorder in 2019.

Suicide

- In Washoe County, high school females who made a plan to attempt suicide far exceeded males in 2019, by 34%.

- High School females exceeded males in number of those who attempted suicide. In 2019, the difference was 29%.

- In 2019, the age group that had the largest suicide rate was 75 -84.

- Among the veteran population from 2015 to 2019, the highest percentage of suicides occurred in the 65-74 age group, accounting for 23% of the 603 suicide-related deaths, compared to 10% of the non- veteran suicide deaths.

- Nationally, the highest percentage of veteran suicide deaths have occurred among individuals 55 years of age and older, which is a similar trend in Nevada. However, Nevada has a veteran rate of suicide for the age group of 35-54 which is higher.

B. Mental Health America 2021 Report

While this board annual report and the regional profile emphasize Washoe County data, it is important to include State and National data to provide comparisons and identify trends. The Mental Health America annual report identifies a set of common data indicators for mental health that gives a complete picture of mental health status in America. The report provides data on prevalence rates of mental health problems for youth and adults and data on access to care with goals being to provide a snapshot of mental health status for program and policy planning, analysis and evaluation; to track changes in prevalence of mental health issues and access to care; to understand how changes in national data can affect legislation; and, to increase dialogue and improve outcomes. Key findings related to Nevada are listed below; the entire report can be found at the link provided in Appendix A.

While the below 2021 prevalence indicators are not a complete picture of the mental health system, they do provide a strong foundation for understanding the prevalence of mental health concerns, as well as issues of access to insurance and treatment, particularly as that access varies among the states. **The website link, found in Appendix A of this document, further provides he complete report as well as important information regarding the methodology of data collection**. It remains important to review these numbers and determine how regionally, Washoe County measures (some of which is included in the Washoe Profile) and what trends are common statewide.

Adults: States that are ranked 1-13 have lower prevalence of mental illness and higher rates of access to care for adults. States that are ranked 39-51 indicate that adults have higher prevalence of mental illness and lower rates of access to care. Nevada's ranking overall is 42nd.

- Adult Ranking Adults with Any Mental Illness (AMI): According to SAMHSA, Any Mental Illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Any mental illness includes persons who have mild mental illness, moderate mental illness, and serious mental illness.
  - United States**:** 19.0% of adults are experiencing a mental illness. Equivalent to over 47 million Americans. 4.55% are experiencing a *severe* mental illness.
  - Nevada: Ranks 36th with 20.67%

- Adults with Substance Use Disorder in the Past Year
  - United States: 7.67% of adults in America reported having a substance use disorder in the past year. 2.87% of adults in America reported having an illicit drug use disorder in the past year. 5.74% of adults in America reported having an alcohol use disorder in the past year.
  - Nevada**:** Ranks 40th with 9% (For comparison, Nebraska ranks 1st with 8%)

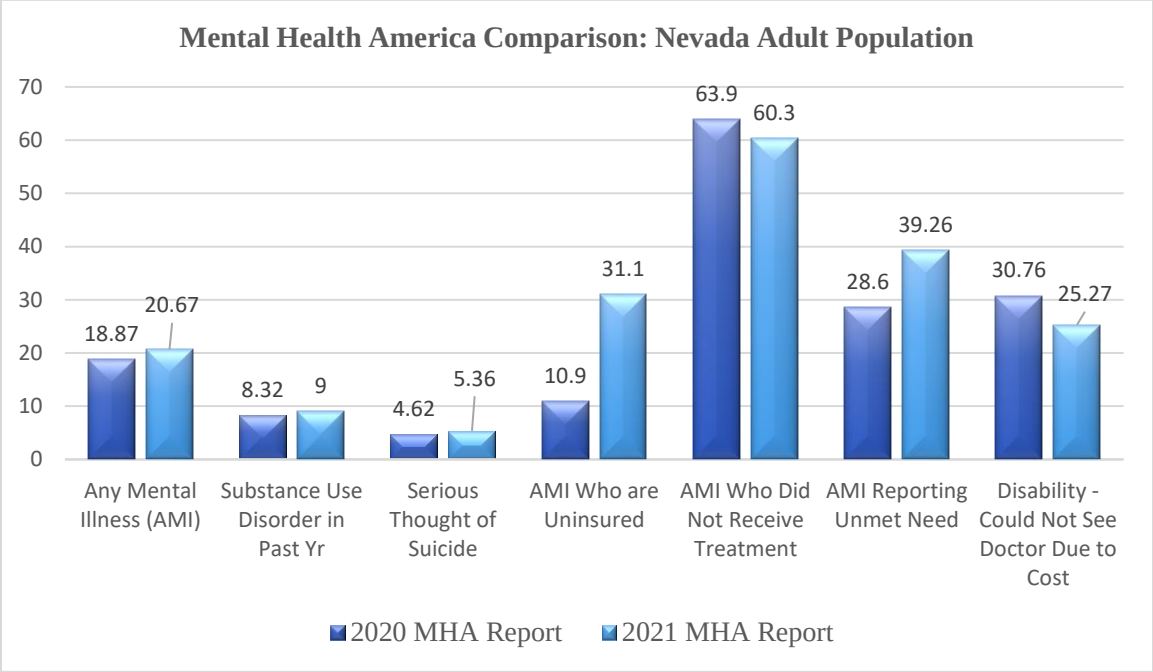
- Adults with Serious Thoughts of Suicide
  - United States: The percentage of adults reporting serious thoughts of suicide is 4.34%. The estimated number of adults with serious suicidal thoughts is over 10.7 million **- an increase of over 460,000 people from last year's data set.**
  - Nevada: Ranks 26th with 4.65%

- Adults with AMI who are Uninsured
  - United States: 10.8% (over 5.1 million) of adults with a mental illness remain uninsured. There was a 0.5% **increase** from last year's dataset, the first time this indicator has increased since the passage of the ACA.
  - Nevada: Ranks 31st with 10.5%

- Adults with AMI who Did Not Receive Treatment
  - United States: 7% of adults with a mental illness receive no treatment. Over 26 million individuals experiencing a mental illness are going untreated.
  - Nevada: Ranks 44th with 60.3%
- Adults with AMI Reporting Unmet Need

- United States: Almost a quarter (23.6%) of all adults with a mental illness reported that they were not able to receive the treatment they needed. **This number has not declined since 2011.**
- Nevada: Ranks 39th with 26.1%

- Adults with Disability Who Could Not See a Doctor Due to Costs
  - United States: 28.69% of adults with a cognitive disability were not able to see a doctor due to costs. According to the Centers for Disease Control (CDC), 11.5% of people in the U.S. had a cognitive disability in 2018, even when adjusted for age. The percentage of people with cognitive disability ranged from 7.9% in some states to 17.9%.
  - Nevada: Ranks 18th with 25.27%



Youth: States with rankings 1-10 have lower prevalence of mental illness and higher rates of access to care for youth. States with rankings 39-51 indicate that youth have higher prevalence of mental illness and lower rates of access to care. Nevada's ranking overall is 51st.

- Youth with At Least One Major Depressive Episode (MDE) in the Past Year
  - United States: 13.84% of youth (age 12-17) report suffering from at least one major depressive episode (MDE) in the past year. Childhood depression is more likely to persist into adulthood if gone untreated. The number of youth experiencing MDE increased by 206,000 from last year's dataset.
  - Nevada: Ranks 39th with 15.11%

- Youth with Substance Use Disorder in the Past Year
  - United States: 83% of youth in the U.S. reported having a substance use disorder in the past year. 1.69% had an alcohol use disorder in the past year, while 2.85% had an illicit drug use disorder.
  - Nevada: Ranks 47th with 5.09%

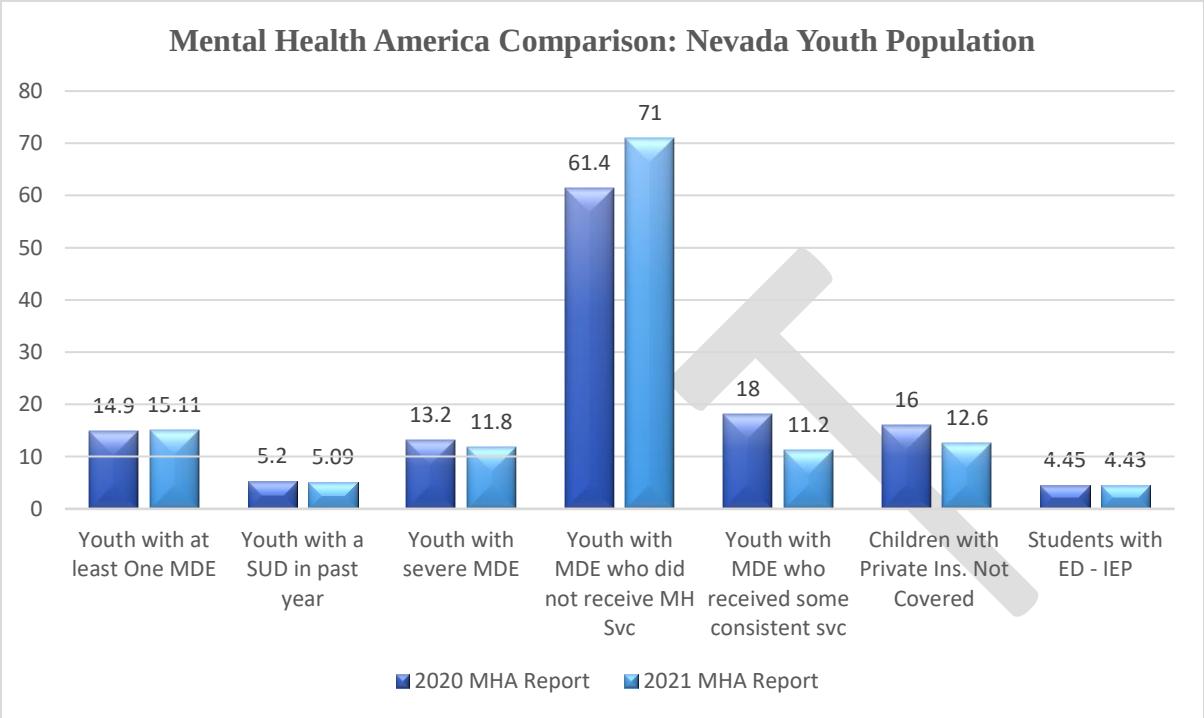
- Youth with Severe MDE
  - United States: 9.7% of youth (or over 2.3 million youth) cope with severe major depression. Depression in youth often co-occurs with other disorders like substance use, anxiety, and disorderly behavior. The number of youths experiencing Severe MDE increased by 126,000 from last year's dataset.
  - Nevada: Ranks 39th with 11.8%

- Youth with MDE who Did Not Receive Mental Health Services 2021
  - United States: 59.6% of youth with major depression do not receive any mental health treatment. Youth experiencing MDE continue to go untreated. Even among the states with greatest access for youth, over 1 in 3 youth are still not receiving the mental health services they need.
  - Nevada: Ranks 51st with 71%

- Youth with Severe MDE who Received Some Consistent Treatment
  - United States: Nationally, only 27.3% of youth with severe depression receive some consistent treatment (7-25+ visits in a year). Late recognition in primary care settings and limited coverage of mental health services often prevent youth from receiving timely and effective treatment.
  - Nevada: Ranks 51st with 11.2%

- Children with Private Insurance that Did Not Cover Mental or Emotional Problems
  - United States: The Mental Health Parity and Addiction Equity law (MHPAE) was enacted in 2008 and promised the equal coverage of mental health and substance use services. The rate of children with private insurance that does not cover mental or emotional problems decreased 0.3% from last year's dataset. However, there are still 901,000 youth without coverage for their behavioral health. To improve the worsening mental health of children and adolescents in the U.S., insurance companies must not only achieve parity in coverage of services, but also in network adequacy, so people are able to access those services when they need them.
  - Nevada: Ranks 45th with 12.6

- Students Identified with Emotional Disturbance for an Individualized Education Program.
  - United States: Only .757% of students are identified as having an Emotional Disturbance (ED) for an Individualized Education Program (IEP). For purposes of an IEP, the term emotional disturbance is used to define youth with a mental illness that is affecting their ability to succeed in school.
  - Nevada: Ranks 43rd with 4.43%


Mental Health America Comparison: Nevada Youth Population
80
70
60
50
40
30
20
10
0
14.9
15.11
5.2
5.09
13.2
11.8
61.4
71
18
11.2
16
12.6
4.45
4.43
Youth with at least One MDE
Youth with a SUD in past year
Youth with severe MDE
Youth with MDE who did not receive MH Svc
Youth with MDE who received some consistent svc
Children with Private Ins. Not Covered
Students with ED - IEP
2020 MHA Report
2021 MHA Report

IX. SUMMARY

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

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

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

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

APPENDIX A

LINKS:

1. National Alliance On Mental Illness (Nami); Mental Health By The Numbers: Https://Www.Nami.Org/Learn-More/Mental-Health-By-The-Numbers

2. Nevada Legislature, 79th Session, Ab366: Https://Www.Leg.State.Nv.Us/Session/79th2017/Bills/Ab/Ab366_En.Pdf

3. Nevada Legislature, 80th Session, Ab76 Overview (State.Nv.Us)

4. Nevada Legislature, 81st Session, Sb69 Overview (State.Nv.Us)

5. U.S. Department Of Health And Human Services Substance Abuse And Mental Health Services Administration (SAMHSA): Https://Www.Samhsa.Gov/About-Us/Who-We-Are

6. Washoe Regional Behavioral Health Policy Board Meetings And Presentations: Http://Dpbh.Nv.Gov/Boards/Rbhpb/Board_Meetings/2018/Washoe_Regional/

7. Substance Abuse Prevention And Treatment Agency 2020 Epidemiologic Profile Washoe Office Of Analytics - Data & Reports (Nv.Gov)

8. Washoe County Behavioral Health Profile (Board Meeting 3/8/21 Attachment): Http://Dpbh.Nv.Gov/Boards/Rbhpb/Board_Meetings/2018/Washoe_Regional/

9. Nevada Behavioral Risk Factor Surveillance System Office Of Analytics - Data & Reports (Nv.Gov)

10. Https://Www.Unr.Edu/Public-Health/Research/Yrbs

11. Nevada Office Of Suicide Prevention Http://Suicideprevention.Nv.Gov/

12. Http://Washoe.Nv.Networkofcare.Org/Ph/Healthindicatorslist.Aspx?Cid=12

13. Join Together Northern Nevada (JTNN): Http://JTNN.Org/

14. Washoe County Health District Community Health Improvement Plan. Chip-2021-Final.Pdf (Washoecounty.Us)

15. The State Of Mental Health In America | Mental Health America (Mhanational.Org)