Southern Region Behavioral Health Policy Board

Behavioral Health Planning and Advisory Council – Legislative Sub-Committee

April 2024

Overview of Board Role/Function/Duties

- Advise the State on Needs, Issues, Gaps, and Priorities

- Note Issues with Laws and Regulations → Recommendations

- Information, Resources, and Service Delivery

- Coordination and Improvements in Behavioral Health

- Track-Compile Data and Outcomes / Reporting and Repository

- Reporting to the State and Commission

- Bill Draft Request and Legislation

Source: NRS 433.4295:https://www.leg.state.nv.us/nrs/NRS-433.html#NRS433Sec425

Southern Region History and Review (2022)

Brief History of Southern Region-Coordination-Board

- Behavioral Health Workforce
- Knowledge of Statewide Community Programs and Resources
- Access to Care
- Transportation

Southern Region Overview (2023-2024)

- Local and Regional Strengths and Highlights

- Needs, Gaps, and Barriers

- Additional Opportunities

- Emerging Legislative Options

Significant Regional Strengths and Highlights

- Creative, Hard Working, and Resourceful Individuals

- Community Coalitions and Agencies Serving the Region

- Deflection & Diversion – MOUD-CCC Statewide Work & Partners

- Specialty Courts, Judicial, Legal, and Probation in the Region

- Multi-Disciplinary Team(s) and Behavioral Health Groups/Committees

- Robust training, collaboration, communication, provision of services.

- Education, schools, family support, senior-youth programs & services

Behavioral Health Needs – Gaps and Barriers

- Scarcity of behavioral health clinical services and providers

- Difficulty in recruiting and retaining workforce in rural areas

- Lack of BH supportive housing/residential services/treatment

- Long waits for evaluations and intensive residential care access

- Limited community health workers, peer specialists, support staff

Transportation/ Transport

- Residents travel long distances for work or more specialized care, if they have the resources/vehicle/support.
- Taking off for work and school, if possible, creates issues.
- Agency (law enforcement/EMS) transport residents to access general medical care, specialized services, and mental health crisis or residential/inpatient treatment.
- Traveling long distances (out-of-county/state) requires them to be out-of-service or unavailable, understaffed, paid overtime.
- Two of four counties, smaller communities, and tribes have no hospital, emergency, or shopping/groceries nearby (50 plus miles)

Additional Opportunities

- Scarcity of dental and primary care and mobile clinics and hospitals

- Community-and-home based services for all ages.

- Local supports for guardianship process and foster care

- Increased parental engagement and family support

- Increased need for licensed childcare and daycare centers.

- Increased education and training around stigma, harm reduction, crisis intervention (CIT), emergency services, and other areas.

Behavioral Health Issues in Rural Areas (Board)

- Workforce and economic development: CHWs, peers, clinical, certifications, training and continuing education, licensure

- Training and Education

- Data Assessment, collection, and reporting: issues, availability, barriers, and complexity.

Behavioral Health Emerging Board Priorities

- Transportation and Transport – medical, behavioral, and crisis resources and funding

- Crisis stabilization and response: hospitals, facilities and community

- Access to services and insurance (barriers)

Transportation-Transport (medical, BH, crisis)

- Shortage and Maintenance of equipment and vehicles.

- Staffing concerns and volunteer workforce decreasing, large geographic regions & interstate barriers with transport and billing.

- Priority levels of care, transport to facilities, access to treatment outside region (long wait times, complexity of needs, evaluation and admission criteria).

- Medical detox, training, safety, and transportation issues.

Transportation-Transport Continued

- "Medical necessity" and physical-medical-BH needs and other transport and billing/payment variables – different protocols for each county, reimbursement and care levels, fee for service, restrictions to service and transport. Factor of where patient originates from.

- Pay sources and funding: emergency-non-emergency.

- Issue of mental health crisis holds (3-day) – issue of BH care, space, staffing, and support while awaiting decision for transport drives payment for sheriff or ambulance transport.

Crisis Stabilization and Response

- Hospitals, Facilities, Community Aspects / Transportation and transport overlap

- Addressing reimbursement for services / Complexity of care and high-risk factors

- Improve capacity of local hospitals and Emergency Management Infrastructure

- Intake and assessment - earlier intervention - levels of care determined.

- Discharge and transition planning and services – movement between levels and transition

- Stabilization and Treatment: establishing more outpatient care and community-based (local) options

Crisis Stabilization and Response Continued

- Scarcity of workforce, hospitals: telehealth, limited onsite services, and regionalization

- Partnerships and creative collaboration are essential: local, regional resources & agencies.

- Local options - community-based options and short-term stabilization including peer respite options.

- Communication - utilization of local resources - meeting individuals where they are

- High System Utilizers/Patients: homelessness, difficulty with data and reporting – transport and relocation

Barriers to Access / Services and Insurance

- <u>Barriers to Services:</u> increasing regionalization, less local options, transportation and transport, geographic distances, state and local boundaries, payment and billing.

- <u>Barriers to Insurance:</u> providers list - any willing provider, paneling of providers as an access issue, inaccuracy of information, not accepting patients, contributes to scarcity of providers.

- <u>Licensed Clinician Shortage</u> - training and oversight (telehealth/in-person agency - differential/reimbursement.

- <u>Telehealth (virtual):</u> limited or short-term solution vs. value of in-person care. Virtual not always conducive for crisis or complex cases.

Southern/Regional Websites

- Nevada Regional Behavioral Health Policy Boards: https://nvbh.org/

- Southern Behavioral Health Region: https://nvbh.org/southern-behavioral-health-region/

- DHHS-DPBH Southern Policy Board: https://dpbh.nv.gov/Boards/RBHPB/Board_Meetings/2018/SouthernRBHPB/

Southern Region/Nevada Data

- Regional Behavioral Health Policy Board data dashboard at https://nvbh.org/dashboard//.

- Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Southern Region - April 2023

- Nevada Youth Risk Behavior Surveillance System: https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey (2021 High School and Middle School Reports)

- Nevada Overdose Data to Action Program (Opioids): https://nvopioidresponse.org/initiatives/od2a/

Questions and Contact Information

Questions or Comments?

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