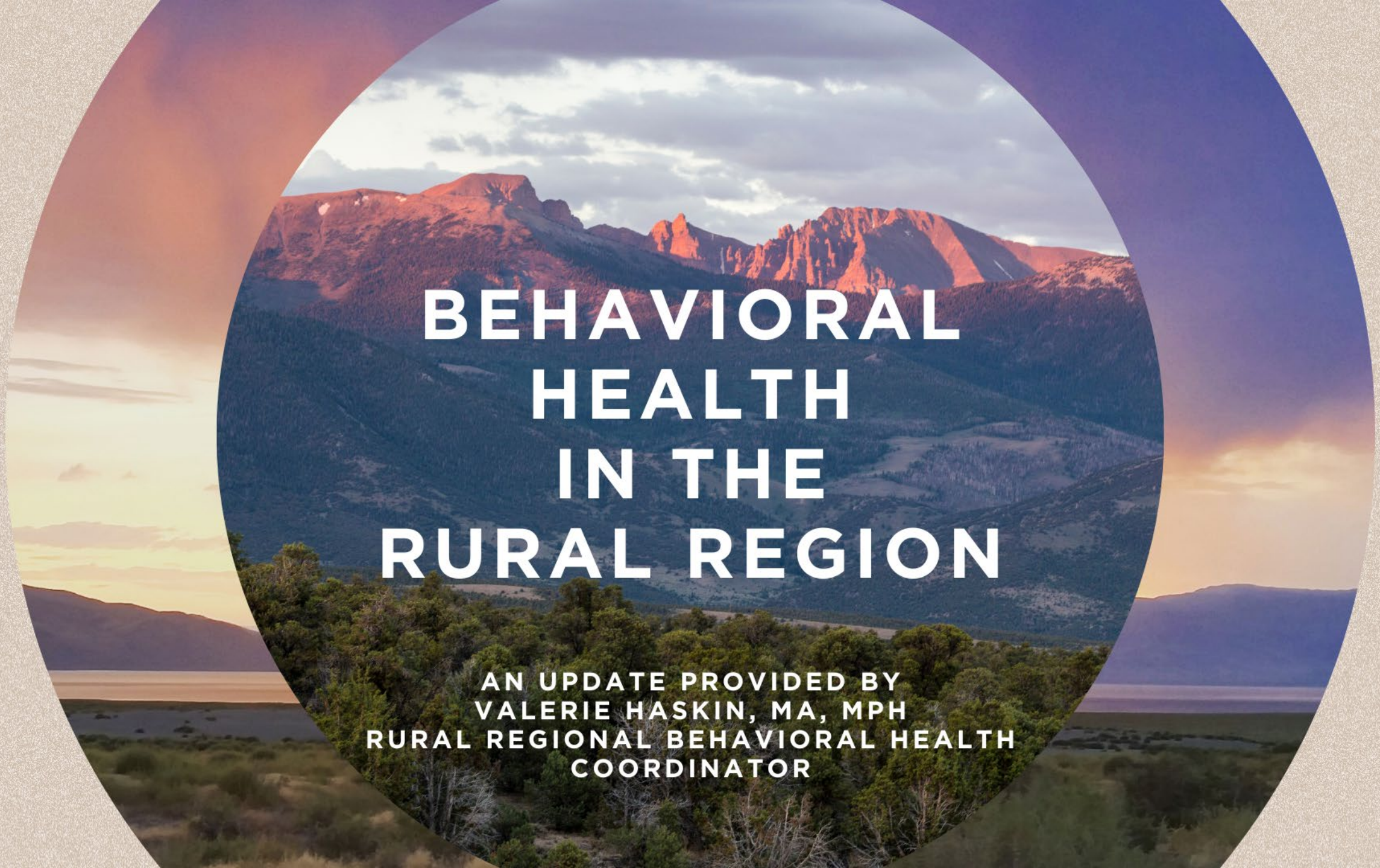


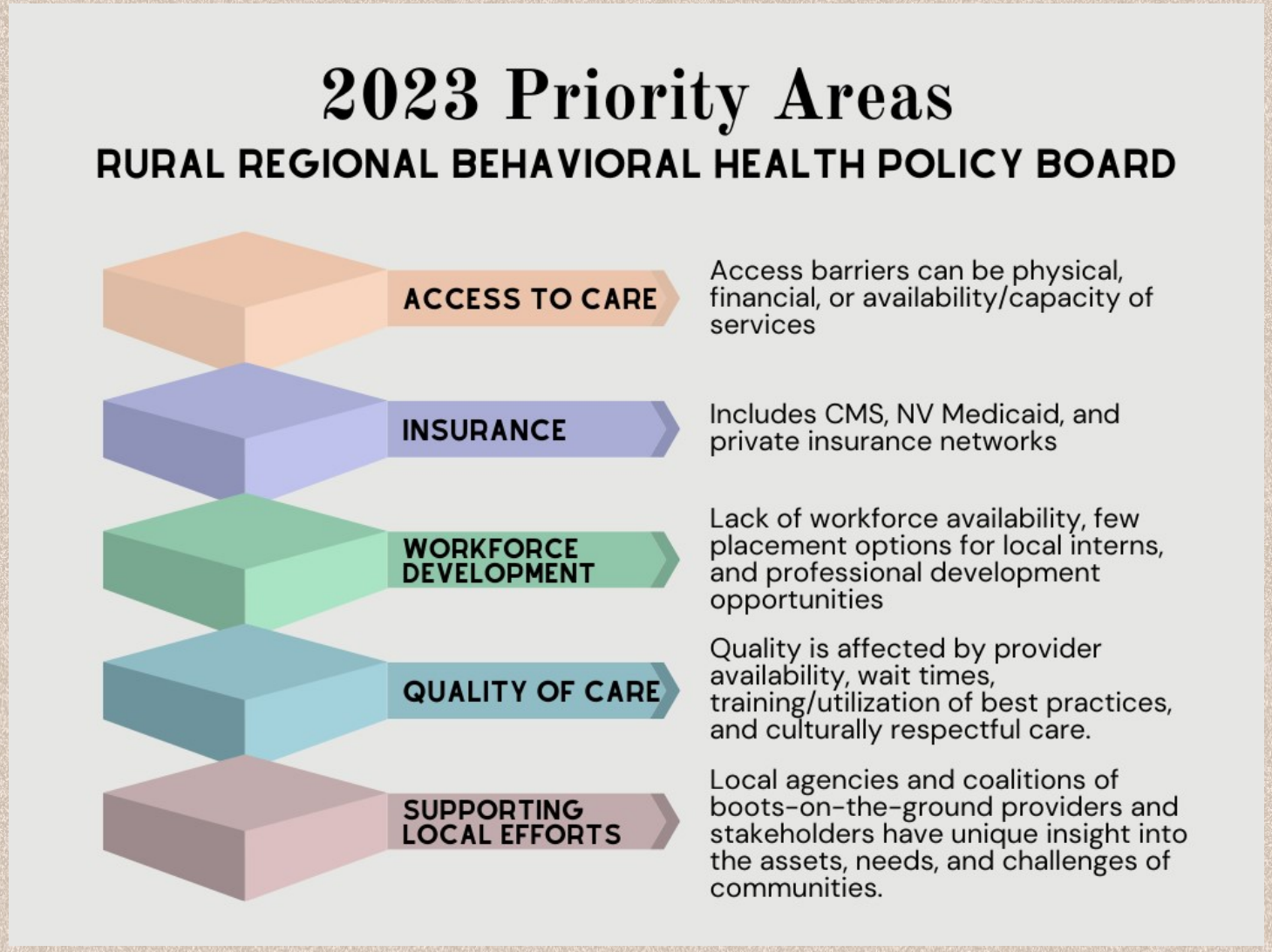
BEHAVIORAL HEALTH IN THE RURAL REGION

AN UPDATE PROVIDED BY
VALERIE HASKIN, MA, MPH
RURAL REGIONAL BEHAVIORAL HEALTH
COORDINATOR

Themes Addressed by This Presentation

- What are the priorities and unmet needs the Policy Board is focusing on?
- What are rural client needs versus our ability to meet them?
- What is the adequacy of qualified providers in the rural areas?
- Obstacles to care and treatment today compared to last decade: what improvements, if any, have been made?
- Has there been an increase or decrease in self-medication, drug and/or alcohol misuse/abuse/addiction?
- Has telecommunications increased access to care?

Board Priorities (2023) and Focus




Unmet Rural Client Needs

Unmet Client Needs

- Timely access to residential services
- Access to high-intensity community-based services and medically monitored community-based services (LOCUS levels 3-4)
  - Location/proximity to programming
  - Insurance payor type
  - Other logistics
- Coordination of care among organizations
  - Inability of organizations to communicate care needs and collaborate for continuum of care appropriately for non-complex clients

Unmet Client Needs

- No adequate mechanism for care coordination for persons with complex behavioral health challenges
  - Need MDT or another mechanism to ensure appropriate care
- Timely and appropriate transportation to care
  - From stakeholders: current contracted options don't work with patient timelines
  - Often rely on emergency services transport – expensive and public safety concern
  - Cost of doing business and insurance/Medicaid reimbursement too low for successful providers in other states to open in rural Nevada


Access to Adequate Providers

Access to Adequate Providers

Provider to Resident Ratios, all rural counties*

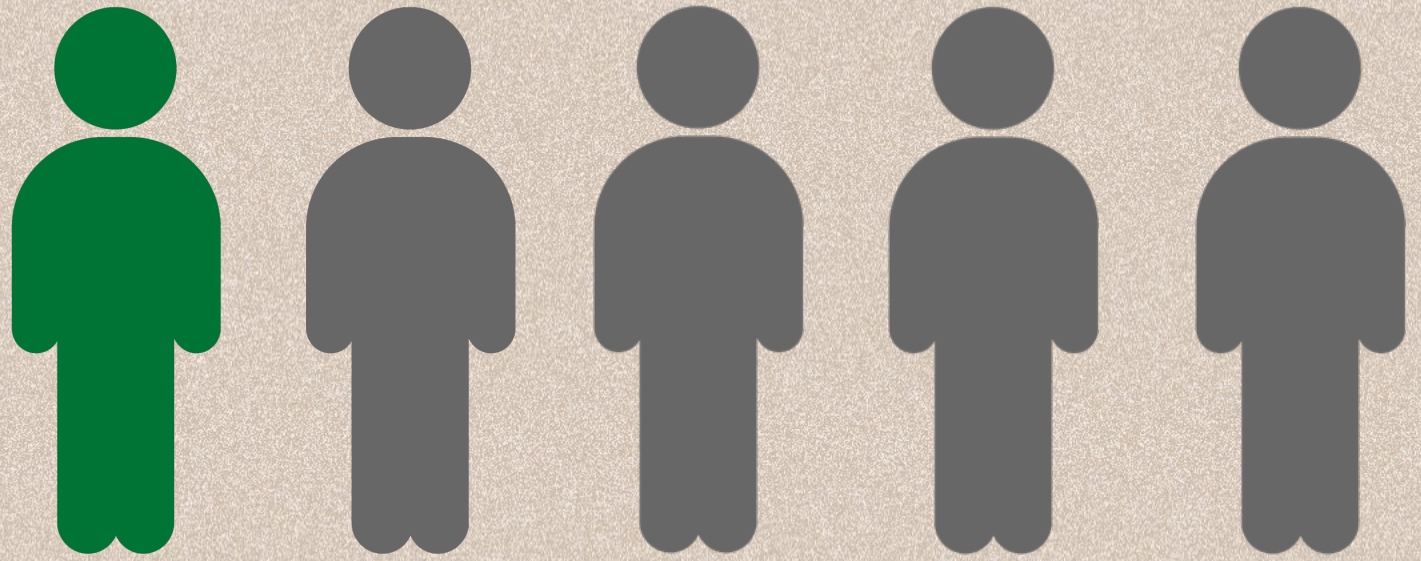
	Provider : Resident Ratio
Substance Use Providers	1:6,095
CCBHCs	1:13,955‡
Clinical Psychologists	1:10,846
Psychiatrists	1:6,095
Outpatient Treatment	1:1,625
Clinical Social Worker	1:1,175
Marriage and Family Therapist	1:2,483
Clinical Professional Counselor	1:3,407

*Data taken from a presentation to the Nevada Legislative Joint Interim Committee on Health and Human Services by Stacie Weeks, Administrator, Division of Health Care Financing and Policy, Nevada DHHS, on May 13, 2024

‡Lowest ratio in Nevada; Clark County = 1:84,291 and Washoe County = 1:30,403

Access to Adequate Providers

Approximately
1 in 5
Nevadans are experiencing a mental illness of some kind at any time (2023)



Mental Health America (2024). Adult Prevalence of Mental Illness, 2023. https://mhanational.org/issues/2023/mental-health-america-adult-data

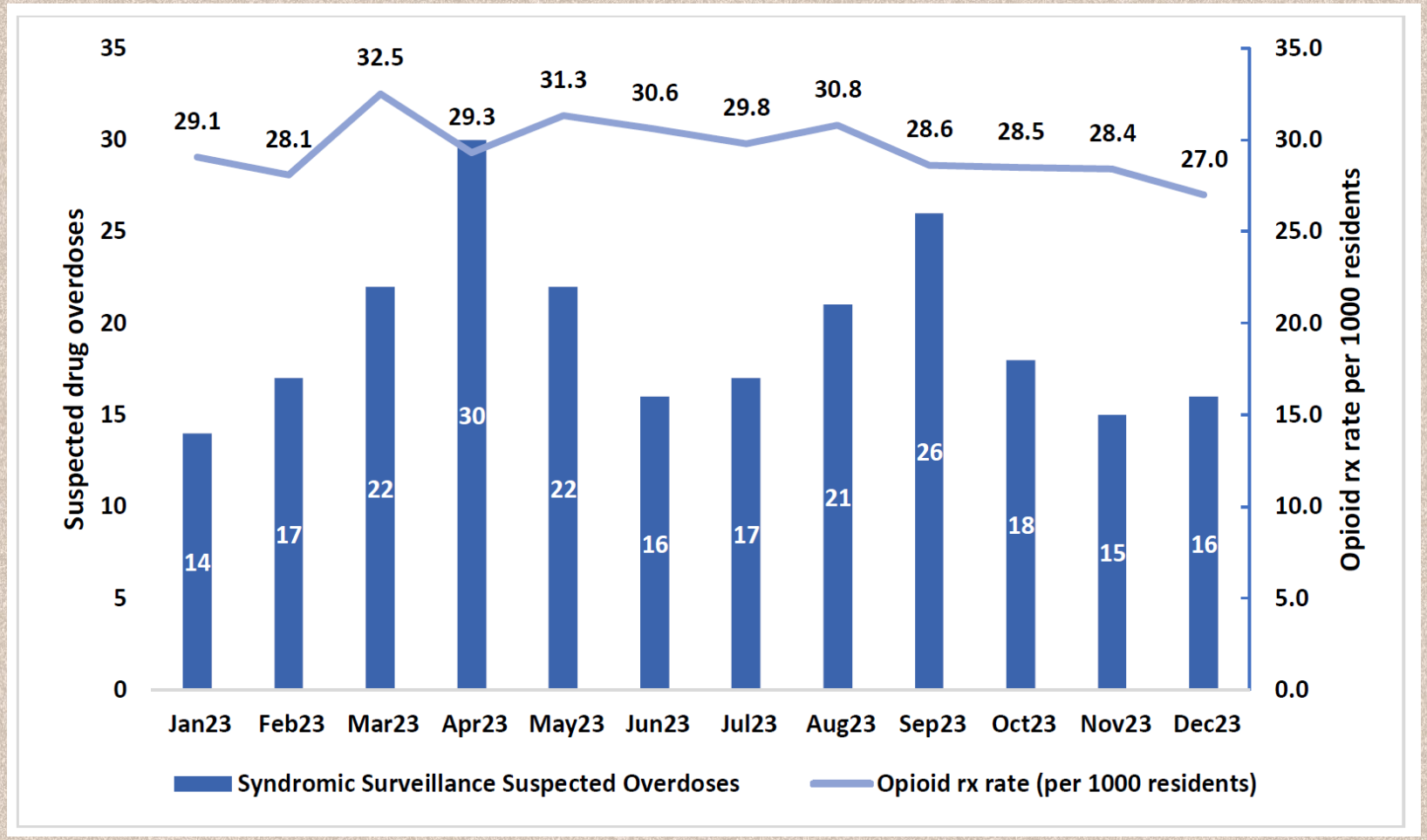
Access to Adequate Providers

Suspected Drug Overdoses

Rural Region

by month

2023



Nevada Drug Overdose Surveillance, January 2024: Rural Region
https://nvopioidresponse.org/od2a/

Access to Adequate Providers

- Further complications to access:
  - Local health care reliance on traveling health care providers
    - Frequent turnover: difficult to get and keep them trained to manage behavioral health cases presenting to them
  - Community mistrust of existing providers
  - Difficulty finding provider companies willing to travel to rural communities and maintain contract requirements for in-person visits (usually a blend of in-person and telehealth)
  - Expense of telehealth contracts for health care and other organizations
  - Difficult to find 24/7/365 Crisis assessment providers that are affordable


Changes in Obstacles to Care:
2024 vs. 2014

Changes in Obstacles to Care: 2024 vs. 2014

The Good:

- Implementation and expansion of CCBHCs
- Increased use of telehealth
- Improved access to telehealth services through Medicaid reimbursement mechanisms
- Efforts to expand in-person crisis response teams
  - Children's Mobile Crisis Response Team – Elko Pilot
  - CCBHC solutions, including mobile therapy vans

Changes in Obstacles to Care: 2024 vs. 2014

The Good:

- Increased buy-in from Law Enforcement to address crises and underlying behavioral health conditions
- Expanded Crisis Intervention Team (CIT) training across Nevada
- Launch and expansion of Mobile Outreach Safety Teams (MOST) across many jurisdictions
- Launch and expansion of Forensic Assessment Service Triage Teams (FASTT) programs across many jurisdictions
- Launch of Virtual Crisis Care (VCC) program for rural law enforcement

Changes in Obstacles to Care: 2024 vs. 2014

The Good:

- Increased buy-in from stakeholders to address youth behavioral health concerns utilizing evidence-based practices
- Increased evidence-based programs utilized in rural schools
- Increased behavioral health services in many rural school districts
- Persistence of prevention coalitions in working to implement evidence-based programming for youth in community settings

Changes in Obstacles to Care: 2024 vs. 2014

The Good:

- Increased availability of OD reversal medications (ex: Naloxone)
- Increased number of sub-crisis call lines
  - NAMI Warmline
  - Caring Contacts
  - Teen Peer Support Text Line
- Increased number of NAMI affiliates serving rural Nevada

Changes in Obstacles to Care: 2024 vs. 2014

The Good:

- Improved language and ongoing work statewide to streamline mental health crisis hold processes
- Creation of endorsement and Medicaid reimbursement mechanisms for Crisis Stabilization Centers (CSCs)
  - Will help address need when CSCs open
- Launch of BeHERE NV to create K-12 through professional practice workforce pipeline

Changes in Obstacles to Care: 2024 vs. 2014

The Bad:

- Increased need for services
  - Overall population increases
  - Fallout from COVID-19 shutdowns
- Pervasiveness of fentanyl
- Lack of widespread availability of MAT treatment
- Increases in youth marijuana use
  - Often received from parents or “trusted adults”

Changes in Obstacles to Care: 2024 vs. 2014

The Bad:

- Telehealth not appropriate for all patients
- Lack of affordable, reliable internet a barrier for some
- Some telehealth services still required to use provider-owned equipment
  - Expensive for organizations contracting with providers
  - Removes portability for patients


Potential Solutions

Potential Solutions

- Interstate licensure compacts for behavioral health providers
- Creation of multi-disciplinary team (MDT) mechanism for care coordination across the continuum of care for persons with complex behavioral health challenges
- Funding to expand in-person mobile crisis response teams for adults AND youth
  - Expand hours of operation
  - Ensure FAST response times
- Invest in and create Medicaid funding mechanism for community paramedicine

Potential Solutions

- Create and fund sub-steps to Crisis Stabilization Centers that are feasible for rural organizations to stand-up, staff, and manage
- Explore strategies to further the use of Peer Recovery Support Specialists (PRSSs), with lived experience in either/both mental health and substance misuse
- Support the development and evaluation of innovative home-grown programming that may be “evidence informed” or an “emerging practice”
- Identify funding to contract with existing companies to provide 24/7/365 crisis evaluation in hospitals via telehealth

Contact Information

Valerie Haskin, MA, MPH

Rural Regional Behavioral Health Coordinator

vcauhape@thefamilysupportcenter.org

(775) 300-3245