sustain Assertive Community Treatment (ACT) and First Episode Psychosis (FEP) programs, develop 988 infrastructure in coordination with local agencies. Further, the Board supports Certified Community Behavioral Health Centers (CCBHCs) in providing full range of services in coordination with communities.

5. **Increase access to treatment in all levels of care -** Stakeholders in the region identified lack of insurance as a barrier for access to behavioral health care. Furthermore, there is significant concern about access to care for youth and adults who have insurance. While there is no quantitative data on this, there are many stakeholder reports of struggling to obtain outpatient appointments for youth and adults. They also report not having adequate access to intensive outpatient treatment for youth and inpatient treatment for youth as many youths are waiting in hospitals for acute psychiatric treatment. Notable gaps in the region are the lack of intensive in-home services, crisis stabilization centers, and respite care for youth.

   Strategies: In exploring access to care issues for individuals who are under-insured or lack insurance, the Northern Board identified some opportunities to connect uninsured individuals with care, including the youth trauma recovery grant and the region's Certified Community Behavioral Health Centers (CCBHCs). The Northern Board is planning to continue to learn more about the topic including solutions for underinsured individuals and increasing use of CCBHCs. The Northern Board is also interested in exploring other models of care including peer drop-in centers, living room models, respite care, and community support centers.

6. **Develop services to support continuity of care (i.e., continuation of medication/ service connection with community health worker) -** For years, stakeholders in the Northern Region have identified issues with continuity of care across the continuum. There are barriers in linkages to care that include lack of formalized referral systems, lack of coordination and communication, and limited provider capacity.

   Strategies: The Northern Board is very interested in utilizing community health workers to address challenges in continuity of care for individuals with behavioral health issues. The Board recommends formal agreements between CHWs and various existing programs such as Nevada Healthlink, OpenBeds, and hospitals. The Northern Board also plans to identify other strategies, such as peers, to support discharge planning and continuity of care in the region and investigate structural solutions to strengthen warm hand offs.

Rural Region:

Recommendations to the Commission on Behavioral Health:

I. Increase investments in Nevada Medicaid reimbursement for behavioral health services.

   Ongoing business closures and other restrictions related to controlling the spread of COVID-19 in Nevada heavily impacted state budgets, the need for behavioral health services by Nevadans covered by Medicaid have been more dire than ever. Improving investments in these services now may help to mitigate more long-term negative effects to population mental health and substance use outcomes across the state in the wake of the COVID-19 pandemic.

II. Increase resources and program choices to address the needs of high-risk populations, including youth, the elderly, and ethnic or racial minority groups. Specific populations had been seeing greater issues related to behavioral health in Nevada previous to the COVID-19 pandemic, much of which has been exacerbated during the pandemic response. These groups include the elderly, children, adolescents, and young adults of all racial or ethnic groups, as well as BIPOC communities specifically. Programs and policies to address these needs must focus on being culturally competent (or moreover, culturally respectful) and age appropriate (including use of technology).

III. Support programs that assist and support service members, veterans, and their families (SMVF) in a way that is competent to military culture.

IV. Support programs and funding that would increase the number of behavioral health providers across the state of Nevada.

V. Support behavioral health transportation solutions and pilot programs.

Data Highlights:

- All counties in the Rural Region have inadequate local availability of licensed Alcohol and Drug Counselors, Clinical Alcohol and Drug Counselors, and Certified Problem Gambling Counselors.
- All counties in the Rural Region have inadequate local availability of Licensed Marriage and Family Therapists and Licensed Clinical Professional Counselors.
- There are no licensed psychiatrists located in any counties included in the Rural Region.
- There is only one licensed psychologist located within the Rural Region, in Elko County.
- There are 29 Licensed Clinical Social Workers located within the Rural Region; 20 of which are in Elko County.

Behavioral health concerns related to COVID-19:

- Increased mental health crisis in hospital emergency departments.
- Increased alcohol and substance use
- Increased intentional overdoses.
- Increased stress and burnout in front-line workers
- Increased depression and suicidality among youth
- Increased isolation among home-bound and geographically isolated persons.

Clark County Region:

This summary has been prepared with data from 2021 provided by the Clark Regional Behavioral Health Policy Board (CRBHPB). The data collection period covers January through December 2021.

Due to the continued impact of COVID-19, the Board met virtually five times through web-based video conferencing, with additional accessibility through teleconferencing, in compliance with NRS to accomplish its mission this year. Accordingly, the Board has also determined to continue video and teleconferencing until further notice.

The COVID-19 public health crisis and interrelated events resulted in the Board maintaining its previous top four priorities from those identified in 2021 and emphasizing recovery. However, for 2022, the Board also voted to add a fifth priority to address behavioral health and wrap-around services for individuals experiencing homelessness.

The Clark Regional Policy Board continues to embrace a data-driven approach to identifying the region's behavioral health needs and system gaps. In a review of the data, workforce-related issues, with cluster aspects of recruitment and retention, significantly influence the first three priorities. This is unchanged from their previous report and is consistent with public comments of stakeholders statewide made during regular Commission Meetings. Therefore, the Board and the Commission on Behavioral Health believe the below identified recommendations are a top priority for the Clark region:

- Mental health oversight agency and workforce development issues.
- Dedicated funding for crisis services for children and adults.

- Residential treatment services for youth.
- Increasing collaboration on the spectrum of substance misuse and its relation to mental health.
- Identify wrap-around services for individuals experiencing homelessness and mental health crisis.

Clark County represents the largest county by population in Nevada. Therefore, the following data was collected and analyzed to understand better the impact of the priority recommendations submitted by the Board:

- Clark County population 2,226,715
- Approximately 73% of the whole state of Nevada
- 15.1% of the population is 65 and over
- 56% of the population is an ethnic minority
- Young adults and children make up almost half the entire population
- An estimated 20% of the population experience ten or more poor mental health days and categorize themselves as having unfavorable mental health
- Significant increase in unintentional or undetermined overdose-related deaths for youth under eighteen followed closely by young adults.
- Significant need for inpatient and outpatient beds that are left unmet
- Clark County, on average, has 21 child and adolescent psychiatrists per 100,00; the national average is 89.
- Alcohol and substance misuse continue to rise
- Clark County coroner data attributes 219 deaths to fentanyl overdose

Workforce Development for prevention and intervention services for youth and adults continues to be a priority for Southern Nevada, as it remains below the national average of providers per capita. The Board recommended the following:

- DHHS and DPBH review the allocation of funds to meet the identified needs for the Clark Region.
- Address the region's counselor-to-patient ratio by attracting counselors from out of state.
- Mainstream the application process for a behavioral health professional to become licensed.
- Review the Medicaid reimbursement rate and processing time to align with more competitive states.
- Add incentives for providers who serve high-risk populations and utilize peer support specialists.

The need for continued and expanded crisis services in Clark remains a priority. The Board, encouraged by the Commission on Behavioral Health, supports increasing the community's access to and availability of comprehensive crisis support, especially for those efforts that reduce over-reliance on emergency rooms, hospitals, and the criminal justice system. Still, in Clark County, only one mobile crisis unit exists, which serves only one zip code located in Downtown Las Vegas and responds to thousands of calls annually. In addition, the Department of Health & Human Services Division of Child & Family Services provides one mobile crisis team (MCRT) for youth and families in crisis.

The Board identified the Crisis Now model, which utilizes a non-hospital like an environment to provide urgent behavioral health services, as an evidenced-based good practice to serve the community better. This model creates a home-like environment for individuals that need services that are not restrictive and provides clinical and medical services with added peer specialists. The Crisis Now model, in conjunction with the Crisis Intervention Team (CIT) model, can safely and effectively provide needed crisis services that divert an individual from emergency rooms, hospital admissions, and jails.

The Board, DHHS, and DPBH should review, develop, and implement a plan for working with community partners to model Crisis Now services. Crisis services with adequately trained staff and good options for behavioral health treatment and follow-up can reduce the number of emergency room visits. The average number of patients waiting in emergency rooms for Behavioral Health Services continues to rise yearly. In 2021 data from the U.S. Labor Statistics rated Nevada second in the nation for the highest number of workers quitting jobs. Many health care professionals are experiencing high burnout and long hours with little incentives. Other professions have offered remote work, but this is not the case

for in-person medical staff. The shortage of staff and increased emergency rooms can leave a patient not receiving adequate behavioral health care or limited options for follow-up. Crisis care can help an individual get on the right track while in crisis.

Regarding residential treatment services for youth, there is little change concerning data and costs associated with the placement of youth into treatment centers. In the 2021 report, a 12-month analysis revealed over $7,000,000 was spent on out-of-state placements despite a decrease in the monthly cost of treatment. This amount was more than what Nevada paid for in-state residential treatment during the same reporting period. Part of the Clark County Children's Mental Health Consortium's 10-year plan calls for reducing the reliance on out-of-state and out-of-community placements for services or treatment of youth with Serious Emotional Disturbance (SED). Compounding the ability of the CCCMHC to reach this goal is the fact that the Clark County Department of Family Services is experiencing staff reductions while encountering children and families with higher needs of care. This has resulted in children not having the support or services available to provide services adequately.

The Clark Regional Behavioral Health Policy Board and the Clark County Children's Mental Health Consortium, supported by the Commission, suggest creating more intensive community-based services to enhance the existing system of care. While the ideal situation is for a child(ren) to remain with families and caregivers, increased collaboration and funding options for local and state services will need to align with the severe needs of children who require a higher level of care to stay safe to themselves and within their community.

The National Institute on Drug Abuse recognizes that about half of individuals who develop substance abuse disorders are also diagnosed with mental disorders and vice versa. As such, the Board understands and acknowledges the need to address substance abuse and misuse to address behavioral health concerns more effectively, as these issues are often co-occurring. Therefore, the Commission encourages the Board's desire to build bridges connecting prevention, treatment, and recovery providers to mental health professionals to create innovative solutions and system change.

The Clark Regional Behavioral Health Policy Board, supported by the Commission, supports efforts to improve public education and awareness of substance misuse and prevention. Due to prejudice or discrimination, many individuals are unwilling to seek mental health and substance misuse treatment. Breaking down biases through education encourages individuals to meet with health care professionals and openly discuss treatment options, recovery support, and connections to services. In addition to a treatment option, prevention has long-lasting economic benefits and averts injuries, disabilities, and deaths caused by misuse. The U.S. Surgeon General's office reports that evidence-based intervention returns $58 for every $1 spent.

The return on investment could have significant implications for public safety and criminal justice system costs. In a 2021 study by Applied Analysis, the increased demands of the growing community and the lack of available beds for both substance abuse and mental health issues are bombarding the system. On average, the Clark County Detention Center (CCDC) processes 70,000 inmates yearly, with 30 percent of that population experiencing a mental health need. In conjunction with substance misuse, the large volume of inmates makes it nearly impossible to provide comprehensive treatment while in custody. Identifying issues while in custody may be the only opportunity for linking someone to a diversion program that would better suit their needs versus imprisonment. Often, individuals serve their time and are released with little understanding of an action plan, therefore having a higher likelihood of repeating the cycle. The Board will continue monitoring public health trends like this to make effective current and relevant recommendations.

Washoe County Region:

Given the unprecedented and historic times we are living in with the Covid 19 pandemic, the coming year(s) may be dramatically different, and the strategies may pose potential fiscal, programmatic, and logistical challenges. The Board continues to note that Nevada remains at the bottom of many national indices for behavioral health care and recommends the support for the adult behavioral health issues that were prioritized for 2021 and are summarized below:

- Crisis Response/Stabilization
- Equitable Response to Substance Misuse
- Behavioral Health Emergency Response
- Diversity and Inclusion
- Mental and Behavioral Needs of Children
- Behavioral Health Workforce

Crisis Response/Stabilization: The WRBHPB recognized the need for crisis response and stabilization in Washoe County, individuals and families experiencing a behavioral health crisis need to be supported by a crisis response system that provides a continuum of services to stabilize and engage anyone in crisis and provide the appropriate, integrated treatment to address the problem that led to the crisis. A robust crisis response system ensures that every person in crisis receives the right response in the right place every time.

Strategy and Progress

A number of developments at the national level and within Nevada were focus around addressing behavioral health crisis and preventing suicides. The implementation of the new 988 as the three-digit call line for anyone experiencing a behavioral health crisis or suicidality. The 988 number went live across the country on July 16, 2022, which will lead to the enhanced/continued development of a crisis response system for Washoe region. The core elements of the crisis response system include a statewide crisis call center to manage the 988-crisis line, deployment and utilization of mobile crisis teams, and physical crisis stabilization centers.

The Washoe County Health District (WCHD) contracted with Social Entrepreneurs, Inc. (SEI) to support the implementation of a behavioral health crisis response system in the Washoe County Region including the City of Reno, City of Sparks, and Washoe County. The project's success depends upon the active involvement of key stakeholders, including those with lived experience, to design the state's first comprehensive crisis response system to address critical behavioral health needs of the residents of Washoe County. Stakeholders have been recruited in six areas, including a leadership Council of policymakers and a Technical Advisory Committee (TAC) of human services and finance professionals. In addition, four subcommittees composed of subject matter experts have been formed, as recommended by the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Guidelines for Behavioral Health Crisis Care. These components are required for a functional, coordinated, and comprehensive response to behavioral health crises and align with the project's subcommittees.

Equitable Focus on Substance Misuse: The WRBHPB recognized that efforts were lacking when addressing citizens with co-occurring disorders (mental health and substance misuse). Mental illness and substance use problems and illnesses seldom occurs in isolation, and they frequently accompany each other, as well as substantial number of general medical issues.

Strategy and Progress

The Board's contact with community stakeholders has identified the concern that the focus of the programs, funding, and policy creates inequity between mental illness and substance use problems. Understanding that the two are often co-occurring, the Board realized a need to work to ensure inclusion and collaboration with all sectors of behavioral health. The Board acknowledge and views the passage of SB69 as a successful completion of this priority area, however the Board will continue its support of the inclusion and focus on substance abuse issues within the region.

Behavioral Health Response: Before, During, and After a Crisis/Disaster/Health Crisis:

All disasters and emergencies have a behavioral health component. Following disasters, behavioral health problems may range from transitory distress followed by return to pre-exposure levels to the emergence of new disorders including Post Traumatic Stress Disorder (PTSD), anxiety, or depression. The disaster may also lead to the worsening of pre-existing conditions like Serious Mental Illness (SMI) in adults, Severe Emotional Disturbance (SED) in children, and co-occurring Substance Use Disorders (SUD). Awareness has grown in understanding that all who experience a disaster are affected to

varying degrees, individually and collectively. It is not uncommon for those affected (both victims and responders) to report disturbing feelings of grief, sadness, anxiety, and anger. The psychological effects of the disaster may be immediate or manifest months or years after the disaster. When a disaster occurs, normal day-to-day behavioral health services must continue in addition to the potential immediate and extended surge demand caused by the disaster. It is helpful if county behavioral health agencies pre-identify behavioral health responders from both the public (directly operated facilities) and private sectors that have disaster behavioral health qualifications, skill sets and training as part of regional health coalition activities. By identifying capabilities in advance, resources may be assigned so that the appropriate level of clinical support or intervention is provided at the incident site or other community setting.

Strategy and Progress

Discussion continues with the County Emergency Manager's office around the inclusion of the draft Washoe County Regional Behavioral Health Emergency Response Plan Annex with the Washoe County Regional Emergency Operations Plan. While the current health crisis provided lessons learned for moving forward in emergency and disaster planning, it also precluded the ability to exercise the plan given the restrictions and prevention strategies in place. We look forward to working with the State and other regions in the exercising of response plans.

Nevada Resilience Project (NRP): The Crisis Counseling Assistance and Training Program (CCP), rebranded in Nevada as the Resilience Project, is a short-term disaster relief grant for states, U.S. territories, and federally recognized tribes. The Resilience Project serves to provide early and immediate behavioral health support, triage, intervention, and referral of services in response to the impacts of COVID-19 on Nevada's population understanding that early triage, intervention, and referral to services can reduce the risk of mental health disorders for those impacted by COVID-19. The WRBH Coordinator currently provides high-level supervision and oversight to the Washoe team of Nevada Resilience Ambassadors (NRP). 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 the community; help to reduce stress, build coping skills, and develop a resilience plan. The effort is a collaboration between the State of Nevada (providing the current funding), the WCHD (providing daily Covid "positive" lists), and Washoe County HSA/Regional Coordinator providing high level supervision of ambassadors. The success of this project is substantial. The fact that every individual who is reporting positive for COVID-19 has or will be offered an opportunity to speak to a crisis counselor and obtain referrals for services as needed, is not only significant but potentially unprecedented for a disaster/event of this magnitude.

The Community Health Improvement Plan (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. The WRBHPB supports the efforts taken for the successful implementation of the CHIP.

Diversity and Inclusion

The behavioral health needs of minority communities have been historically and disproportionately underserved. Providers need to be sensitive to cultural issues and equipped with the necessary language skills that facilitate and promote effective service delivery. The proportion of behavioral health providers from diverse groups generally does not represent the proportion of those various diverse groups in the United States.

Strategy/Progress

Following SAMHSA's commitment to addressing these behavioral health workforce disparities, WRBHPB, seeks to identify and promote the effective retention strategies for prevention, treatment, and recovery support providers and providers who are or who serve members of racial, gender, and ethnic minority populations or other minority groups such as military members, veterans, and their families; lesbian, gay, bisexual, and transgender (LGBT) individuals; and American

In closing, the Commission, the Regional Health Policy Boards, and the Children's Mental Health Consortia remain committed to improving the mental and behavioral health systems in Nevada. We are committed to improving the services that exist and augmenting them to include a more robust system of care that can better meet the needs of all Nevadans. We encourage the State to consider the priorities summarized in this letter and that have been developed to address the mental and behavioral health service needs in our rural, urban, and frontier communities.

Respectfully submitted,

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