

Rural Mental Health: A Conversation on Regional Trends and Concerns

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This Presentation

- Setting the stage:
 - Common definition of “Behavioral Health”
 - Intro to the Regional Behavioral Health Policy Boards (RBHPBs) & the Regional Behavioral Health Coordinators (RBHCs)
 - Known persistent issues
 - State-level efforts and plans
 - Local-level efforts and plans
 - Upcoming bills for the 2025 Legislative Session
- Discussion Questions and Conversation

What is "Behavioral Health"?

Mental Illness

Mental illness occurs when a person experiences a mood or thought disorder that affects their mental health.

Substance Use Disorder

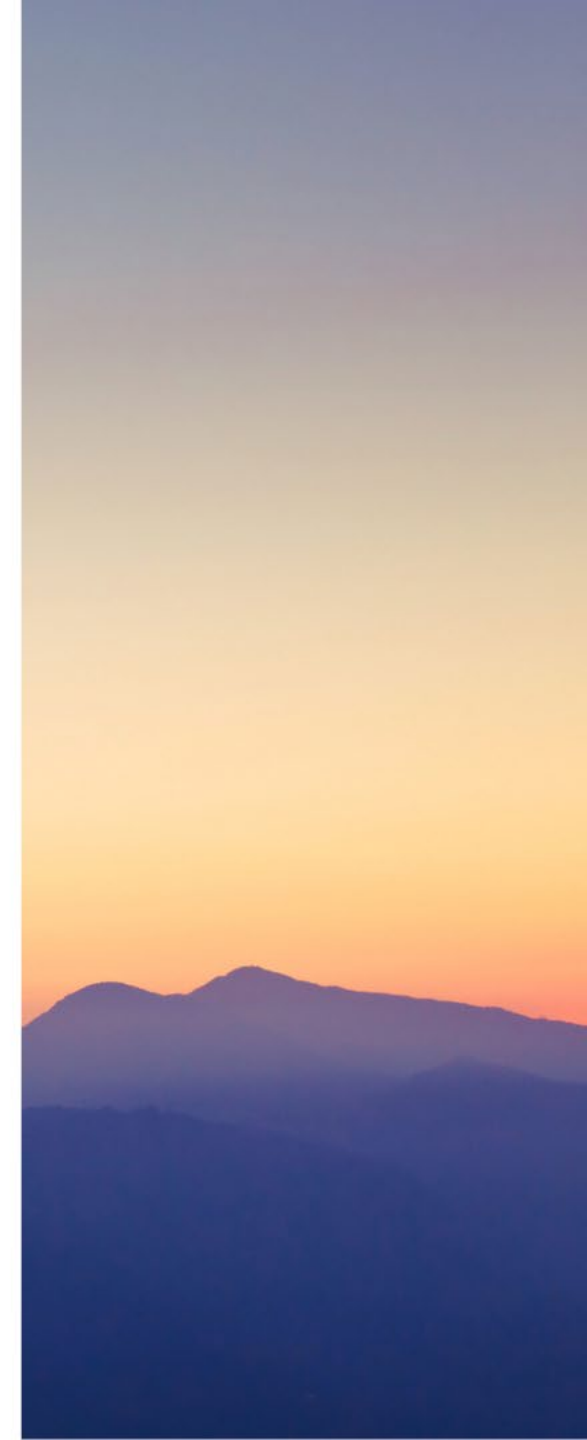
Substance Use Disorder (SUD) is when a person misuses, suffers from addiction, or another unhealthy reliance on any substance.

Co-Occurring Conditions

Co-occurrence refers to mental illness and substance use disorder happening together..

Co-Existing Conditions

Co-existence refers to mental illness and/or substance use disorders occurring in conjunction with other physical maladies, such as arthritis, cancer, chronic pain, and others.



Regional Behavioral Health Policy Boards

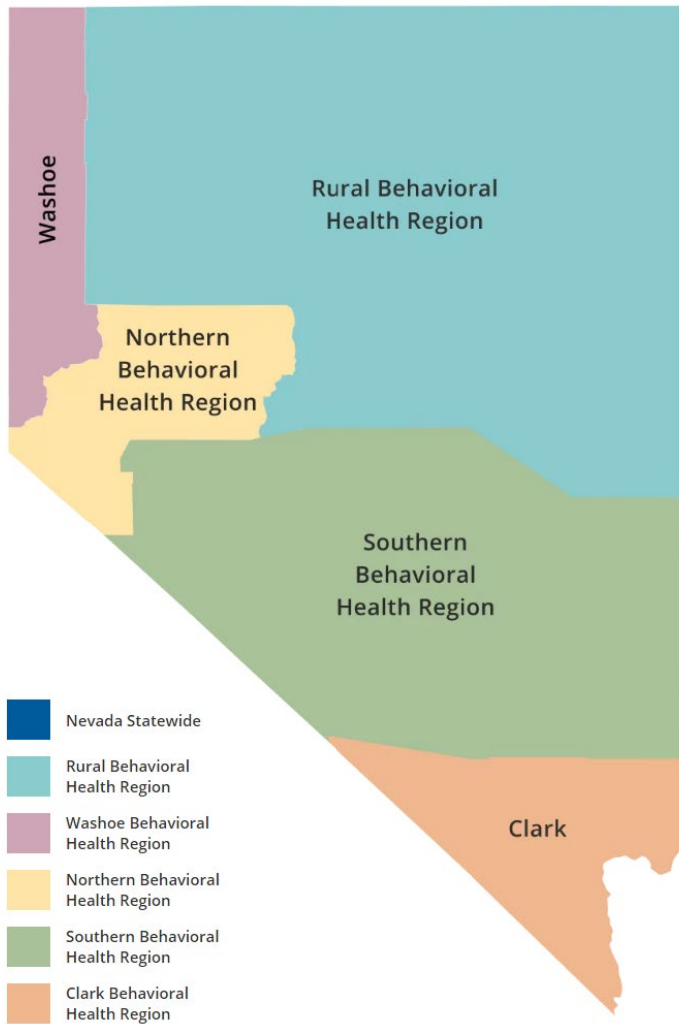
- Created by AB 366 during the 2017 Legislative Session
- NRS 433.425 through NRS 433.4295
- Multi-disciplinary membership
- Minimum of 7 and maximum of 13 seats
- Seats appointed by various public officials and the Board itself
- Required to meet at least quarterly (generally more frequently)

Regional Behavioral Health Policy Boards

Purpose:

- Advising body to DHHS divisions and entities, particularly the Division of Public and Behavioral Health, and the Commission on Behavioral Health
- Submit 1 bill draft request (BDR) each legislative session
- Keep a pulse on the behavioral health needs and challenges of their respective regions

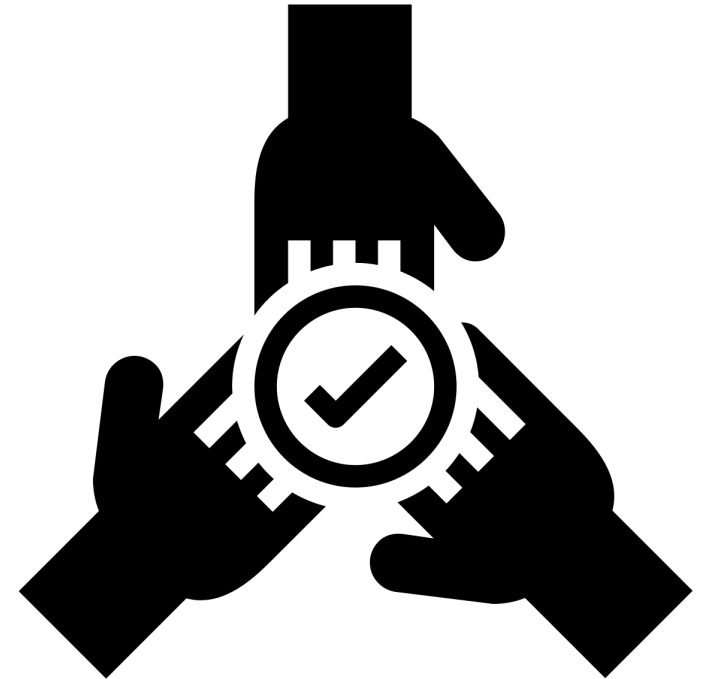
Regions Served (NRS 433.428)



- **Washoe Region** (pink): Washoe County only
- **Northern Region** (yellow): Carson City, Churchill, Douglas, Lyon, and Storey Counties
- **Rural Region** (blue): Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties
- **Southern Region** (green): Esmerelda, Lincoln, Mineral, and northern Nye Counties
- **Clark Region** (orange): Clark County and the southern tip of Nye County

Regional Behavioral Health Coordinators (RBHCs)

- Provide support to their respective RBHPB
- Assist RBHPBs in identifying regional challenges, assets, and developing policy priorities and positions
- Work on behalf of the RBHPB
- Act as a liaison between state and local agencies
- Provide support and technical assistance to local and state-level efforts
- Collaborate, communicate, innovate!



Regional Behavioral Health Coordinators (RBHCs)

Collaborate
Communicate
Innovate!

intrapreneur

noun

in·tra·pre·neur ,in-trə-prə-'nər -'nür
- 'nyür

: a corporate executive who develops
new enterprises within the
corporation

From the Merriam-Webster Dictionary website,
<https://www.merriam-webster.com/dictionary/intrapreneur>
October 25, 2024

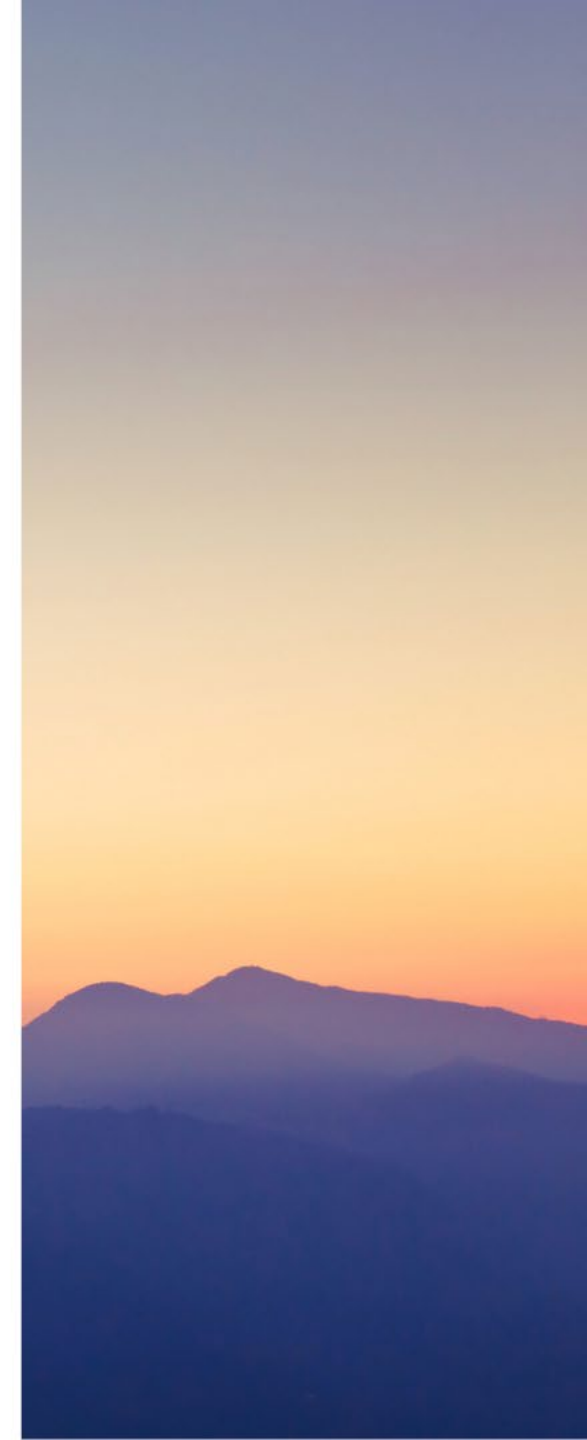
Persistent Rural Behavioral Health Challenges

This will not be an exhaustive list, but is rather meant to provide context.

Also, this list focuses on mental health challenges and those related to co-occurring conditions. There are additional struggles and gaps related to substance misuse and overdoses alone.

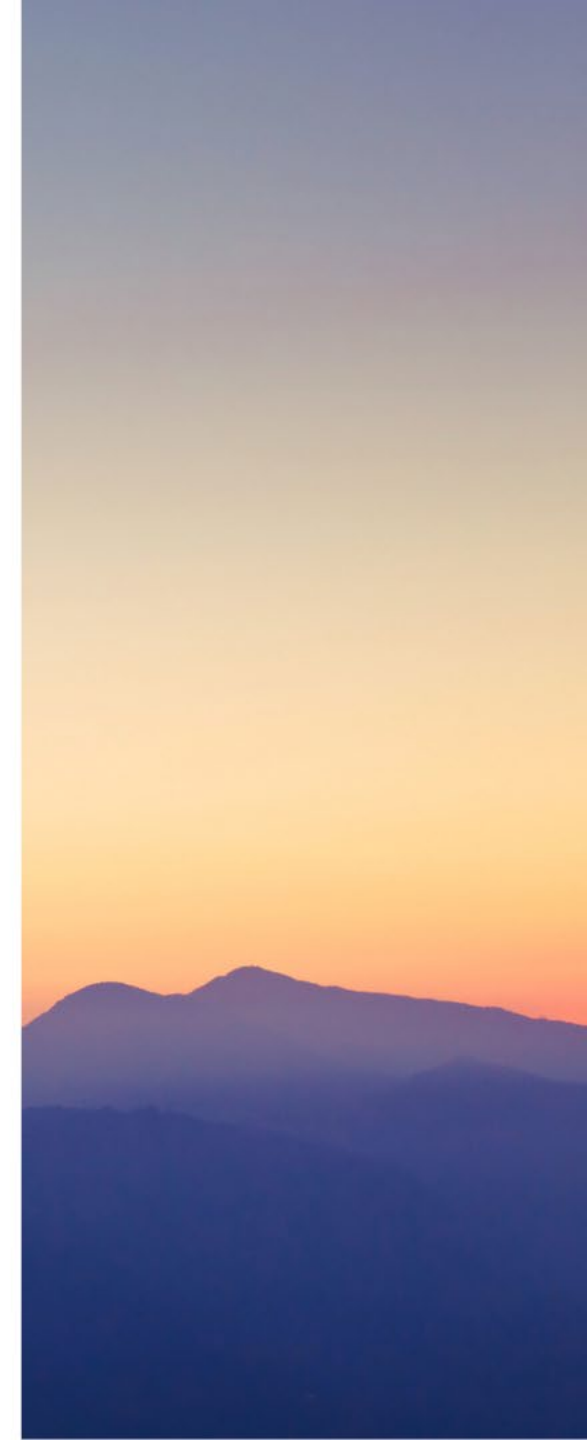
Persistent Rural Behavioral Health Challenges

- Lack of providers (all types)
- Provider and support staff burnout
- Lack of communication and coordination of care after release from crisis or inpatient care
- Lack of access to step-down treatment
- Lack of services (all types) available for youth
- Lack of appropriate and timely transportation



Persistent Rural Behavioral Health Challenges

- Lack of access to pharmacies
- Lack of access to Medication Assisted Treatment (MAT) for substance use, including Opioid Use Disorder (OUD)
- Cost of medication
- No rurally-located inpatient services
- Persistent stigma – affects political appetite, willingness to engage in treatment, etc.



State MH Strategies: Current and Planned

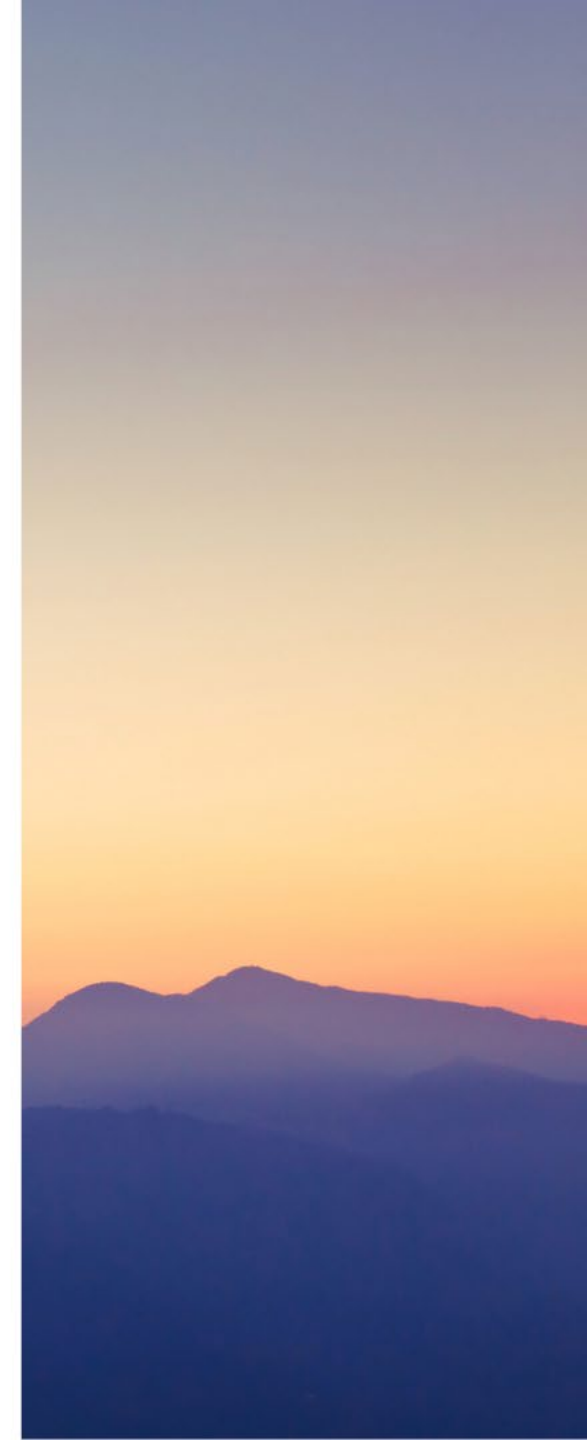
- Build-out of the Crisis Response System (CRS)
 - Statewide 988 Call Center “Hub”
 - Funding and certification for mobile crisis teams
 - Building and certification of Crisis Stabilization Centers (CSCs) for up to 23 hrs.
 - Implementation of evidence-based and trauma-informed practices across these three points
- Funding to support local organizations’ efforts

State MH Strategies: Current and Planned

- BeHERE Nevada: behavioral health workforce development pipeline, seated within the Nevada System of Higher Education (NSHE)
- Expanding broadband and fiber networks
- Increase ability of funding programs to work with persons experiencing co-occurring conditions

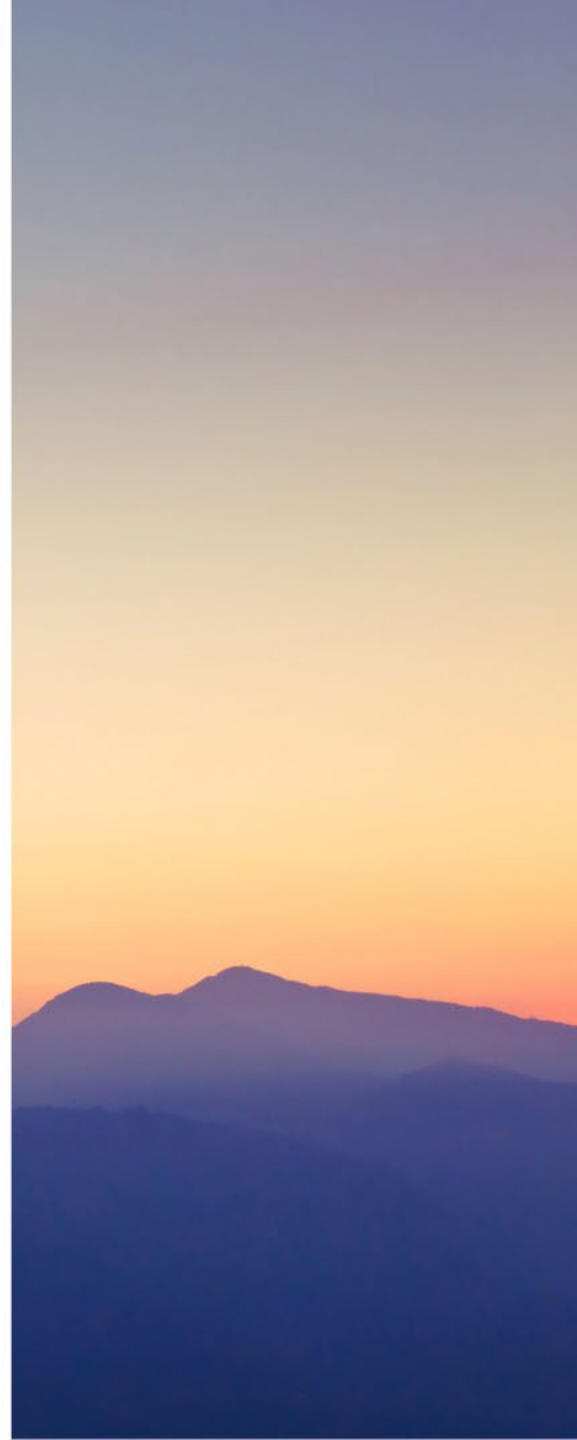
Local MH Strategies: Current and Planned

- Implementation of crisis response teams
 - Mobile Outreach Safety Team (MOST): Law Enforcement and clinician co-response
 - “MOST-like” Teams: Law Enforcement and highly-trained peer or CHW
 - EMS-based Co-response
 - Response models that don't include first responders



Local MH Strategies: Current and Planned

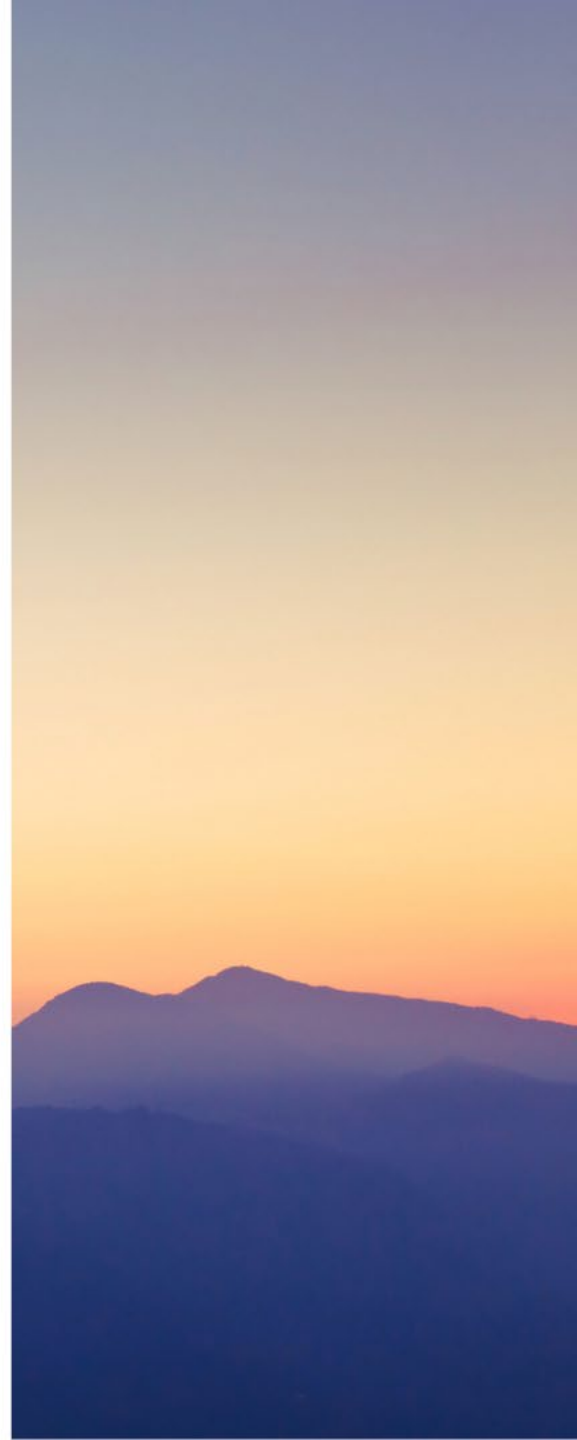
- Forensic Assessment Safety Triage Team (FASTT) programs and similar programs (Freedom Bridges, Holistic Defense, etc.)
- Awareness campaigns
- Expansion of specialty courts
- Screening implementation in different settings (health care, schools, etc.)
- HOPE Squads
- Adult peer support programs



Local MH Strategies: Current and Planned

- Health care exploration of CSC and inpatient build-outs
- CIT Training for Law Enforcement
- Crisis training for other professional groups
- Increasing access to telehealth for MH treatment

...and many others!



BDRs and Bills for the 2025 Legislative Session

Please note:

- At this time, only titles for BDRs are available, and final language has not been posted
- Information presented here may differ from the language proposed on the floors of respective houses
- If you have questions, please reach out to the sponsoring legislator or entity

BDRs and Bills for the 2025 Legislative Session

- BDR 54-403 “Revises provisions relating to behavioral health.” From the Rural Regional Behavioral Health Policy Board
 - Social Work Compact and licensing board data reporting
- BDR S-405 “Requires a study of mental and behavioral health care parity in Nevada.” From the Washoe Regional Behavioral Health Policy Board
 - Explore where Nevada payors (public and private) are falling short in payment parity.

BDRs and Bills for the 2025 Legislative Session

- BDR 39-434 “Revises provisions relating to peer recovery support services.” From the Northern Regional Behavioral Health Policy Board
 - Add “transition aged youth” as possible PRSS Interns, with supervision from Certified PRSS Supervisors
 - Create a workforce pool for PRSSs and Certified Prevention Specialists (C-PS)

BDRs and Bills for the 2025 Legislative Session

- BDR 39-368 “Revises provisions relating to providers of nonemergency secure behavioral health transport services.” From the Southern Regional Behavioral Health Policy Board
 - Pay for dead-head miles for Non-Emergency Secure BH Transport providers statewide
 - Pay for rate increase of at least 10% statewide for Non-Emergency Secure BH Transports with a 5% (incentive) bump for trips to recipients in rural/remote areas

BDRs and Bills for the 2025 Legislative Session

- BDR 31-433 “Revises provisions relating to state financial administration.” From the Clark Regional Behavioral Health Policy Board
 - Will enact prompt payment legislation: would require a state agency to pay on a subaward within 30 days. Modeled after legislation in Maryland.

BDRs and Bills for the 2025 Legislative Session

- BDR 129 “Revises provisions governing health care.” Sponsored by Assemblyman Hafen and Senator Titus
 - Enters the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors into the Counseling Compact, the interstate licensure compact for Clinical Professional Counselors (CPCs).
- BDR 352, “Revises provisions relating to social work.” From the Joint Interim Standing Committee on Health and Human Services
 - Social Work Apprenticeship program within the BESW

BDRs and Bills for the 2025 Legislative Session

- BDR 40-353, “Makes revisions relating to health professions.” From the Joint Interim Standing Committee on Health and Human Services
 - Establish the State Office of Health Care Workforce and Licensing within DPBH
 - Includes Behavioral Health Licensing Board (consolidating current BH licensing boards)
 - Explore other licensing board consolidation during 2025-2026 interim

BDRs and Bills for the 2025 Legislative Session

- BDR 358, “Creates the Office of Children's Mental and Behavioral Health.” From the Joint Interim Standing Committee on Health and Human Services
 - Purpose: to create the Office of Children’s Mental and Behavioral Health in the Director’s Office of DHHS to tie together all efforts and programming related to children’s mental health, and to remove existing silos.

BDRs and Bills for the 2025 Legislative Session

- BDR 54-449, “Revises provisions relating to certain providers of health care.” From the Patient Protection Commission
 - Multiple Interstate Licensure Compacts, including the Nursing Compact
- BDR 54-301, “Revises provisions relating to boards and commissions”. From the Department of Business and Industry
 - May sunset or consolidate various statutory boards and commissions

Open Discussion

- **Focus on SOLUTIONS**
- **Focus on Behavioral Health**
- Will lead discussion with the following questions:
 - What is currently working well as it is?
 - What ***COULD*** work well with statutory or programmatic changes? What changes would help?
 - What is ***NOT*** working, and why?
 - What ***NEW*** solutions or ideas could be implemented to solve persistent issues? Are there models from other states or communities that could be used here?

The background of the slide features a scenic view of mountains at sunset. The sky transitions from a deep blue at the top to a warm orange and yellow near the horizon. The mountains are silhouetted against the bright sky, with some peaks appearing as soft, hazy shapes. A large, white, semi-transparent rectangular box is centered on the slide, containing the main text.

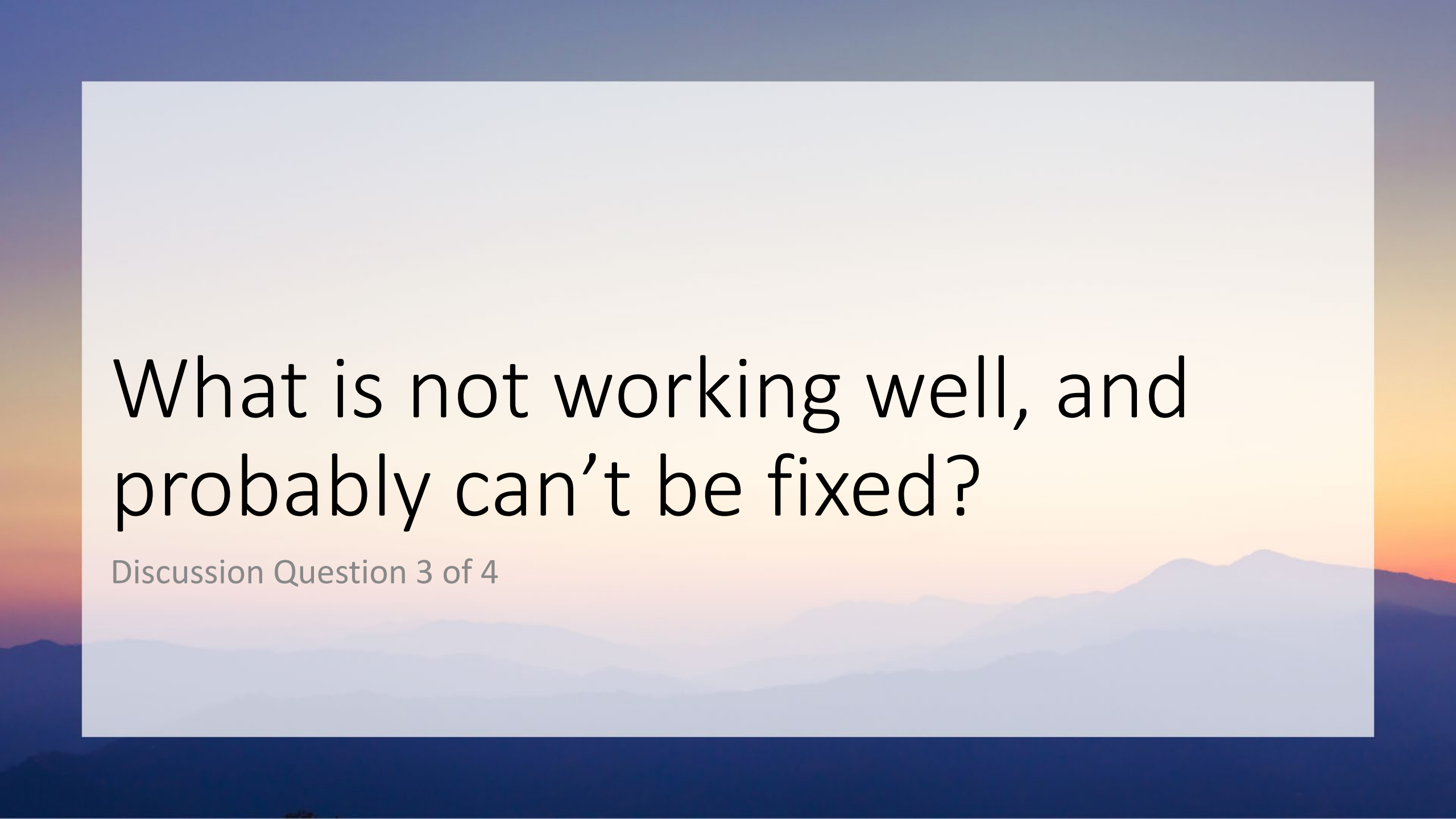
What is currently working WELL
as is?

Discussion Question 1 of 4

What could work well if programmatic or statutory changes were made?

What changes would you recommend?

Discussion Question 2 of 4

The background of the slide features a sunset over a range of mountains. The sky transitions from a deep blue at the top to a bright orange and yellow near the horizon. The mountains are silhouetted against the light, creating a layered effect. A large white rectangular box is centered on the slide, containing the main text.

What is not working well, and probably can't be fixed?

Discussion Question 3 of 4

What new solutions to persistent problems should be explored?
Are there examples from other states or communities?

Discussion Question 4 of 4

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Additional Questions and Comments

