

Southern Regional Behavioral Health Policy Board

Planning Priorities - 2024

ISSUES	Identified Components of the Issue	How does this become a BDR> (Research & Analysis) – What do we need to know?¹	Stakeholder/Consumer/Community/Other Board Input	Legal & Fiscal Considerations / Related NRS
<p>#1 Transportation and Transport: Medical, Behavioral, Crisis (5)</p>	<ul style="list-style-type: none"> • Many areas rely upon a volunteer workforce- • Consider the use of peers (PSS) to transport • Have to consider both regional-interstate •Resources and funding for rural outreach and infrastructure –consider creative options •Factors: reducing barriers of high caseloads, short staffing, large geographic distance in regions, and scarce services and limited resources and allocation; safety as a factor. •Availability of facilities issues in relation to transport - priority levels dictate urgency / access to hospitals, residential services, and facilities. •Transport Process: “Medical necessity” – sheriff-EMS transport variables – lack of consistency in transport services - different protocols and procedures for each county-driven by medical necessity that drives reimbursement and levels of services - physical-medical treatment vs. emotional and behavioral health issue or both / fee for service and other payment issues and barriers – reimbursement and payment as restrictions or avenues to service and transport. Depends on where patient is originating from, and issue of mental health crisis holds (3-day) – decision for transport drives payment for sheriff or ambulance transport. •Boomerang effect: high utilizing patients that continually cycle through the system 		<p>Can the hotlines provide resources? NAMI, Suicide Prevention Hotline, NV Youth Crisis Line, ?</p>	

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<p>#2 Access to Care & Services (4)</p>	<ul style="list-style-type: none"> • Insurance: providers list - any willing provider, paneling of providers / access issue, inaccuracy, not accepting patients, =contributes to scarcity of providers. • Licensed Clinician shortage - training and oversight (telehealth/in-person agency - differential/reimb - MH courts . •Telehealth (virtual): limited or short-term solution vs. value of in-person care. 			<p>https://www.leg.state.nv.us/nrs/nrs-689b.html</p>

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<p>#3 Crisis Response & Stabilization (1)</p>	<ul style="list-style-type: none"> • Improve the capacity of local hospitals - addressing reimbursement services – noted overlap in transportation and transport above. •Barriers and access to services - high risk factors •Discharge and transition planning and services – movement between levels •Stabilization and Treatment: establishing more outpatient care •Some areas do not have hospitals: telehealth and limited onsite services •Partnerships and creative collaboration are essential: local, regional resources & agencies. •Intake and assessment - earlier intervention - levels of care determined. •Local options - community-based options and short-term stabilization •Communication - utilization of local resources - meeting individuals where they are •Homelessness issue and difficulty with date and reporting •Prevention level services - upstream funding and programs 			

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Items below are important to the board but will not be considered for this year's legislative process on behalf of the Southern Board. We will still look for opportunities to support and address these areas.				
ISSUE	Identified Details of the Issue	Potential Partners / Collaborations	Legislative Movement	Other Ways to address this Issue
Training and Education	Funding / Training \$\$ NV is significantly Short staffed in MH/BH Local communities need training in crisis response, mental health, substance misuse, opioids, naloxone for general public and first responders	Prevention Coalitions – naloxone, substance misuse, mental health 1 st aid Nevada Suicide Coalition – ASIST, SAFE Talk Treatment Providers – Substance misuse, stigma NAMI – Family to Family, Peer to Peer		
Youth, Parenting Support, Family Systems & Engagement	Residential, community support and transition. Service complexities with guardianship concerns and funding.			
Workforce Development	Licensed Clinician shortage - providers - recruit, educ./training, retention - review bills on policy - parity - in and out of state. Use of CHW's Peer Specialists are a resource. Ongoing issues with clinical staff cert's and licenses	BeHere NV - ongoing funding - gaps, loss, shortages - interstate compact SW Nevada Health Care Workforce & Pipeline Nevada State Treasurers- Incentivize Health Care Providers in Underserved areas. ⁱⁱ	Priority and not just BDR - support Interim HC - training and interns - challenging but they move on. {unclear}	Letters of support - interstate compacts - nurses, SW, counselors - expedite people who want to relocate - watch leg. process and notices - student loan payment in areas
Courts & Justice	increase in funding - specialty courts - overlap with family and youth; deflection / diversion			Letters of support for area grants
Data Assessment & Collection	Collection and reporting – issues, availability, barriers, and complexity. This issue is related to all other issues and cuts across lines.	UNR Surveillance Committee		

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i

[https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/Bureau%20of%20Behavioral%20Health%20Wellness%20and%20Prevention,%20Epidemiologic%20Profile%20for%20Southern%20Region,%202020\(1\).pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/Bureau%20of%20Behavioral%20Health%20Wellness%20and%20Prevention,%20Epidemiologic%20Profile%20for%20Southern%20Region,%202020(1).pdf)

ii [Public Notices \(nevadatreasurer.gov\)](https://www.nevadatreasurer.gov)