

Steve Sisolak
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State of Nevada Department of Health and Human Services

Improving Access to
Behavioral Health Care in Nevada

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Helping people. It's who we are and what we do.

Unmet Behavioral Health Treatment Needs in Nevada by Age Group

Met criteria for a substance use disorder in the past year

- 12+: 371,000
- 12-17: 11,000
- 18-25: 64,000
- 26+: 295,000

Needing but not receiving substance use disorder treatment in a specialty facility

- 12+: 355,000
- 12-17: 11,000
- 18-25: 71,000
- 26+: 273,000

Met criteria for any mental illness in the past year

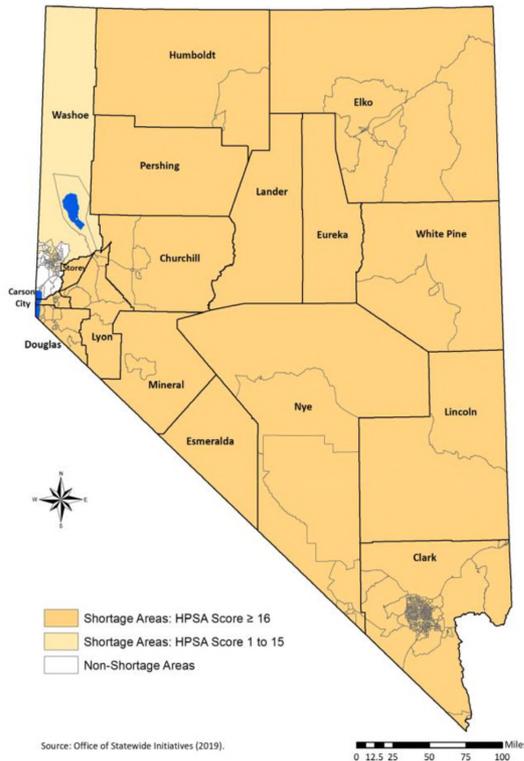
- 18+: 508,000
- 18-25: 91,000
- 26+: 417,000

Received mental health services in the past year

- 18+: 332,000
- 18-25: 44,000
- 26+: 289,000



Mental Health Workforce Shortages



- 3 million Nevadans reside in a mental health care health professional shortage area or “HPSA” or 94.5% of the state’s population, including 100% of Clark County and Carson City residents
- 16 single-county mental health care HPSAs, including all 14 rural and frontier counties in Nevada

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What it Takes to be Average – Mental Health

Profession	Number per 100,000			Number Needed to	
	Population			be Average	
	US	Nevada	Clark	Nevada	Clark
Clinical Professional Counselors	45.4	10.3	10.7	1,074	1,062
Licensed Clinical Social Workers	35.7	35.1	32.2	18	107
Marriage and Family Therapists	22.1	28.4	29.7	(193)	(233)
Psychiatrists	15.6	9.0	8.7	202	211
Psychologists	30.0	14.5	11.5	474	566



School Behavioral Health Provider Shortages

Provider Type	Nevada Ratio	Recommended Ratio	Need
School Psychologist	1:1,866	1:500	3.7 times as many
School Social Worker	1:8,730	1:250	35 times as many
School Counselor	1:544	1:250	Twice as many



What is Access to Care?

- The degree to which individuals are inhibited or facilitated in their ability to gain entry to and to receive care and services from the health care system. Factors influencing this ability include geographic and financial considerations, among others. - *Centers for Medicare and Medicaid Services*
- Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing disability and premature death, decreasing health disparities, and achieving health equity for all Americans. Important components of access include insurance coverage, timeliness of care, and accessibility of primary and preventive health care services. - *Healthy People 2030*



Access to Care Components

Access to health care consists of four primary components:

1. Coverage: facilitates entry into the health care system and the extent to which services are covered.
2. Accessibility of Services: ensures routine care, screening, and preventative services are available within a health system.
3. Timeliness: ability to provide behavioral health care when the need is recognized, including crisis services.
4. Workforce: capable, qualified, culturally competent providers.

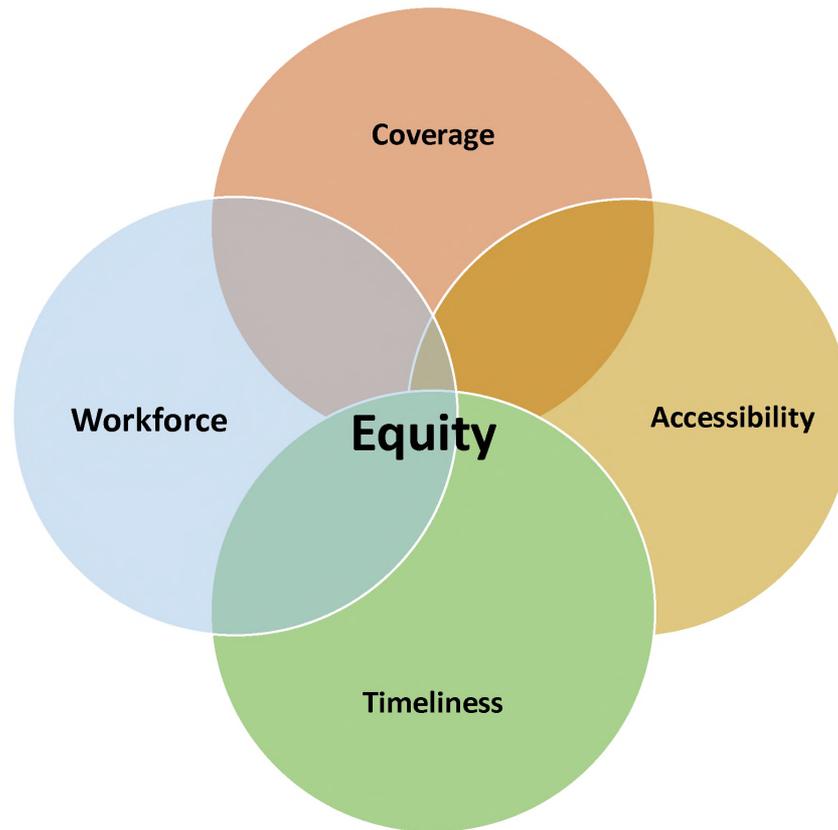


Behavioral Health Equity

- The right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders.
- This also involves addressing social determinants, such as employment and housing stability, insurance status, proximity to services, culturally responsive care. - *Substance Abuse and Mental Health Services Administration*



Access to Care



Access to Care: Coverage

Coverage facilitates entry into the health care system and the extent to which services are covered

Behavioral Health Coverage Considerations:

- Mental Health Parity and Addiction Equity Act (MHPAEA) added by the Consolidated Appropriations Act, 2021 (CAA) and Parity Enforcement
- Medicaid Expansion, Qualifications for Beneficiaries
- Affordability of Health Care Plans
- Health Literacy Promotion
- Safety-net services for uninsured, underinsured
- All Payers Coverage Requirements



Access to Care: Coverage, continued

- Managed Care Contracted Services (i.e. Crisis Residential) and Fee-For-Service Coverage
- Utilization management, Quantitative and Non-Quantitative Limits
- Comprehensive medication coverage (FDA approved medications; long-acting injectable medications)
- Expanded coverage for behavioral health providers in primary care/medical settings
- Specialty care for behavioral health services (Waivers, State Plan Amendments)
- Prevention and early intervention services
- Chronic disease model for care
- Habilitative support for individuals with disabilities
- Competitive compensation rates



Access to Care: Accessibility

Accessibility ensures routine care, screening, and preventative services are available within a health system; equitable access to high quality services are available to all

Behavioral Health Accessibility Considerations:

- Network adequacy standards (narrow networks, available providers, diversity of network providers and service locations)
- Telehealth coverage
- Establish Networks of Care/Systems of Care
- Behavioral Health Equity Standards and Address Social Determinants of Health
- Access points for behavioral health screening (primary care, pediatrics, ob/gyn, general practice, emergency departments, oral health, school-based services)



Access to Care: Accessibility, continued

- Primary Care Integration, primary care medical homes, certified community behavioral health centers, FQHC behavioral health expansion
- Navigation to care support (peers, case managers, community health workers)
- Specialty behavioral health service availability (ID/DD and Dual Diagnosis; serious and persistent mental illness (SPMI); child, youth, and family services)
- Caring Communities to support community implementation of mental health first aid, psychological first aid, and suicide prevention (i.e. Nevada Resilience Project)
- Establish services and supports to address disparate impacts within communities through community engagement



Access to Care: Timeliness

Timeliness means people are able to receive behavioral health care when the need is recognized, including crisis services.

Behavioral Health Timeliness Considerations:

- Establish wait-time standards for health care plans
- Require health plans to clearly define time and distance standards for behavioral health levels of care
- Clearly describe policies and processes for accessing in-network and out-of-network providers
- Track and evaluate wait-times for care and waitlists for services
- Require behavioral health crisis service coverage
- Invest in service capacity to address immediate needs
- Prioritize building capacity for services in geographic regions without access to care
- Provide real-time information on service availability by provider



Access to Care: Workforce

Workforce adequacy ensures there is sufficient access to capable, qualified, culturally competent providers throughout the behavioral health system.

Behavioral Health Workforce Considerations:

- Integrate behavioral providers trained in primary care/medical settings; remove barriers to practice
- Expand providers trained in community mental health services
- Recognize and develop specialty behavioral health service providers (ID/DD and Dual Diagnosis; serious and persistent mental illness (SPMI); child, youth, and family services)
- Provide opportunities for all behavioral health providers to work to top of scope
- Expand access to care navigation support through CHW's and Peers
- Establish Caring Communities to support community implementation of mental health first aid, psychological first aid, and suicide prevention
- Support caregivers, families and natural supports



Access to Care: Workforce, continued

- Evaluate state standards for licensing and scaffold in-state education, training, and experience to meet the standards
- Establish practicum, internships, fellowships, and supervision opportunities in-state
- Provide mentoring and competency development support
- Recruit and retain qualified providers in networks; incentive programs, value-based reimbursement
- Promote connections to networks of care, systems of care
- Increase diversity within behavioral health professions
- Increase culturally and linguistically appropriate services
- Recognize burn-out and promote healthy workplaces
- Continue to grow competencies within existing workforce, opportunity for job growth and specialization



Access to Care: Workforce, continued 2

- Develop long-term strategies to address workforce shortages

National Health Service Corps

Loan repayment programs

Pipelines to professions (K-12 education)

Interstate compacts

Establish for licensing





Questions?





Contact Information

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Acronyms

- CAA - Consolidated Appropriations Act, 2021
- CHW – Community Health Workers
- FDA – Food and Drug Administration
- FQHC – Federally Qualified Health Centers
- HPSA - Health Professional Shortage Area
- ID/DD – Intellectual and Developmental Disabilities
- MHPAEA - Mental Health Parity and Addiction Equity Act
- SPMI - Serious and Persistent Mental Illness