Joe Lombardo
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Cody L. Phinney, MPH
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

April 21, 2025

Diane Thornton, Acting Director

Legislative Counsel Bureau

401 South Carson Street

Carson City, NV 89701

Dear Director Thornton:

Please see the attached report from the Department of Health and Human Services in accordance with Nevada Revised Statutes 433.314.

This report provides a look at the quality of care and treatment provided for persons with mental illness, persons with intellectual disabilities and persons with related conditions, persons with substance use disorders or persons with co-occurring disorders in Nevada, along with any progress made towards improving the quality of care and treatment.

This report was prepared by the Commission on Behavioral Health, Division of Public and Behavioral Health, Department of Health and Human Services.

Any questions about this report may be directed to Cody Phinney, Administrator, Division of Public and Behavioral Health, Department of Health and Human Services at c.phinney@health.nv.gov .

Respectfully,

Cody L. Phinney

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REPORT OF THE STATE OF NEVADA COMMISSION ON BEHAVIORAL HEALTH

February 26, 2025

Introduction

The Nevada Commission on Behavioral Health is a legislatively created body consisting of 10 members. Its purpose pursuant to NRS 433.429 and NRS 433.428, is to provide policy guidance and oversight for Nevada's public system of integrated care and
treatment for adults and children with mental health, substance abuse and developmental disabilities or related conditions.

This report is submitted pursuant to Nevada Revised Statutes 433.314, which requires the Commission on Behavioral Health to submit an annual report to the Governor and the Legislature on the quality of care and treatment provided for individuals with mental illness, intellectual disabilities, related conditions, substance use disorders, or co-occurring disorders in the state. The report includes information on progress made toward improving the quality of care and treatment:

Epidemiologic profiles of substance use disorders, addictive disorders related to gambling, and suicide.

Relevant behavioral health prevalence data for each behavioral health region created by NRS 433.428.

The priorities of each regional board.

Regional Policy Boards Annual Reports:

- Behavioral Health Date

Children's Behavioral Health Consortia Annual 2024 Report:

- Rural Children's Health Consortium
- Clark County Children's Mental Health Consortium

Behavioral Health Wellness and Prevention Epidemiological Profiles:

Behavioral Health Data Portal Including: Nevada[1], Clark County, Northern Region, Southern Region, Rural Region, Washoe County

Information on Reported Data:

The 2023 State of Mental Health in America Report is the source for portions of the Epidemiological Report (found here: Ranking the States 2023 | Mental Health America (mhanational.org) . The Substance Abuse and Mental Health Administration (SAMHSA) collects the data for this report and notes that the

[1] Reports are created by the Department of Health and Human Services Office of Analytics and data is provided by region as well as for the entire state.

current ranking should not be compared with previous years due to the impact of the pandemic on the collection of the data. Nevada is ranked 29th in the nation, which is slightly below the average of 22nd. The ranking is a compilation of indicators related to substance abuse and mental health factors for both youth and adults.

Recommendations

Improve Critical Models of Care:

When examining the data, it has been determined that Nevada can improve access to mental health services by focusing on the following areas:

1. Continued Implementation of Crisis Support Services:
   - Expanding crisis call center capacity including integration with 911 operations.
   - Expanding mobile crisis teams for 24/7 access and deployment
2. Provide intensive interventions for youth:
   - Establish early screening
   - Expand community-based services
   - Ensure eligibility and access for families
3. Provide interception for those whose behavioral health issues result in contact with the criminal system:
   - Implement diversion processes from detention settings
   - Assist with outpatient treatment
   - Provide assertive community treatment

Reduce Barriers to Accessing Care:

1. Workforce Development:
   - Expand the availability of all categories of behavioral healthcare workers
   - Encourage clinically focused education in Nevada which focuses on addictive behaviors and co-occurring disorders
   - Continue the integration of behavioral health and primary health care
   - Adopt a cost-based reimbursement rate for university-based behavioral health training clinics
2. Transportation:
   - Ensure Individuals who reside in underserved areas have adequate transportation to and from intensive services
   - Continue access for telehealth services
3. Financial Barriers:
   - Address denials of, and limitations on insurance coverage for crisis services
   - Ensure that there are adequate reimbursement rates for critical services

Summation

Nevada ranks 50th among states in the indicator “adults with any mental illness reporting unmet need.” These individuals largely report that they did not receive care due inability to pay. (State of Mental Health in America 2023, p. 22.)

The Nevada Commission on Behavioral Health is grateful for the commitment that the administration of the Governor’s Office has demonstrated to improve Nevadans behavioral health by inclusion in the strategic plan. The use of American Rescue Plan Act (ARPA) funding has resulted in behavioral health facilities being purchased by both Clark and Washoe counties. This investment will expand resources and demonstrates a new level of collaboration with our local government partners.

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The Commission was instrumental in helping to bring to light through our oversight processes the concerns with Never Give Up Healing Center in Amargosa Valley. Having an external multidisciplinary, multispecialty body is important on behalf of mental health services in the state of Nevada. And thus, we, as a Commission, have grave concern that eliminating the presence and function of such a body will take away oversight of the provision of care of our most vulnerable and marginalized individuals in the state.

The Commission, Regional Health Policy Boards, and the Children's Mental Health Consortia remain committed to improving the behavioral health systems in Nevada. In partnership 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,

Braden Schrag

Chair, Nevada Commission on Behavioral Health

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