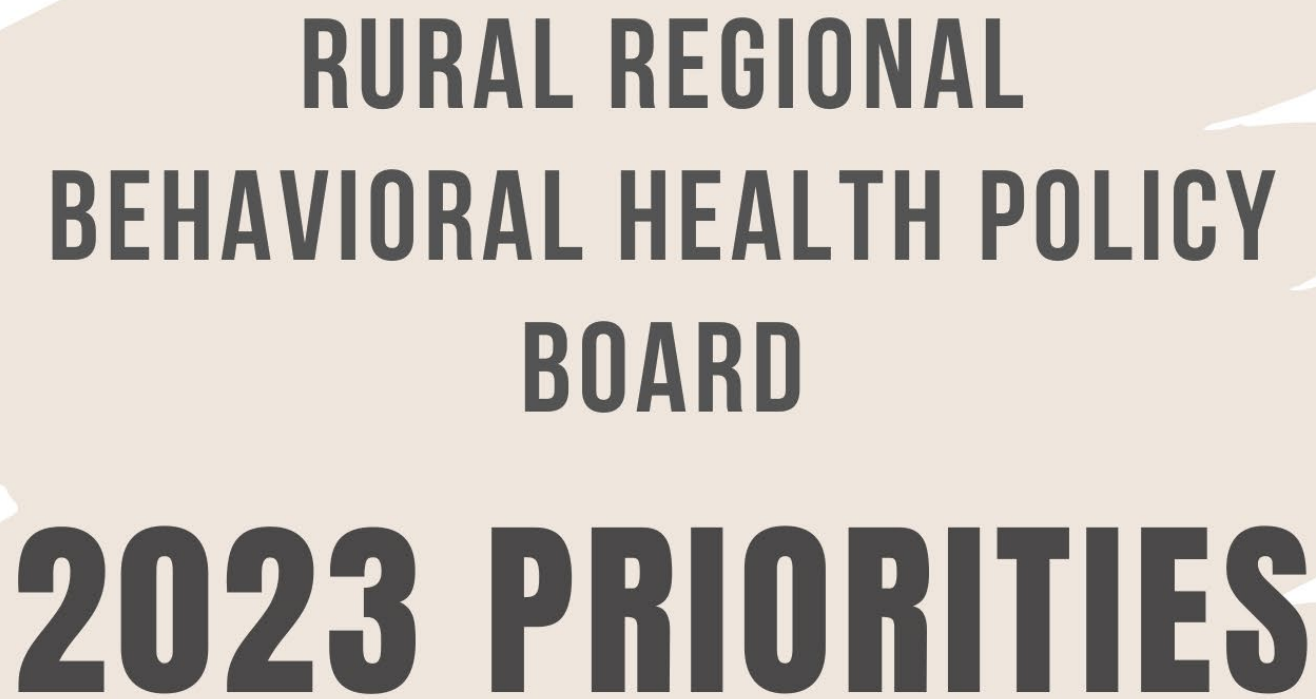

RURAL REGIONAL BEHAVIORAL HEALTH POLICY BOARD

2023 PRIORITIES

JANUARY 2023

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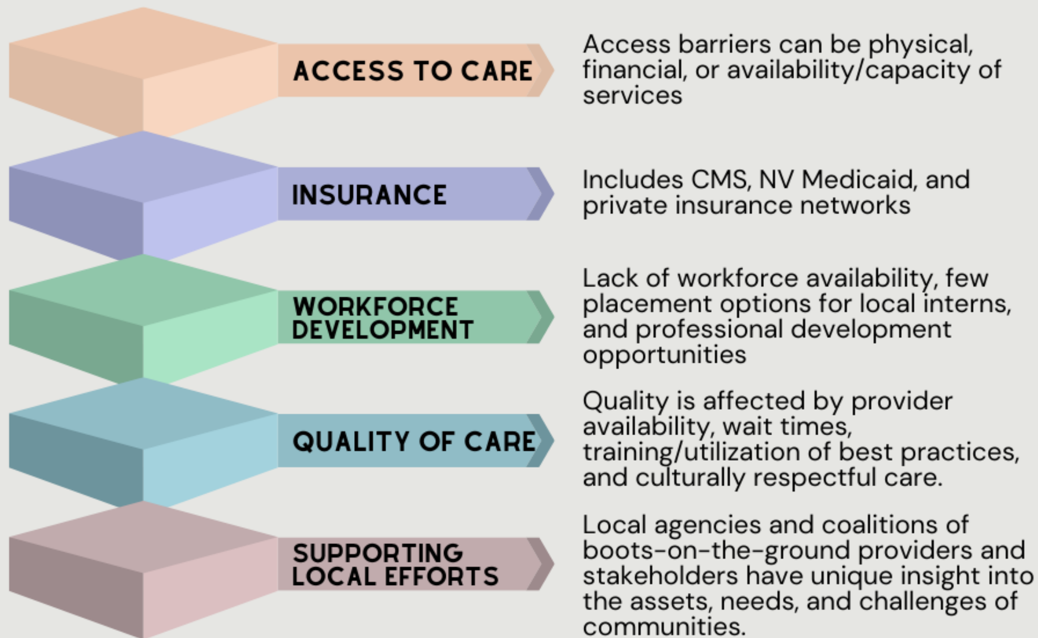


For 2023, the issues pertinent to the Rural Regional Behavioral Health Policy Board (Rural RBHPB) were organized into a group of broad priority areas, all tending to overlap and compound each other, but outlining the underlaying issues for the most critical behavioral health challenges faced by communities located within the "Rural Region". These broad priority areas include: Access to Care, Insurance, Workforce Development, Quality of Care, and Supporting Local Efforts.

In the following pages, details regarding the specific issues and challenges within each of these areas are outlined, as well as possible solutions to these challenges that are supported by the Rural RBHPB. These solutions may be evidence-based or best practices from other states or regions, recommendations from trusted state or national agencies, or even novel ideas that may be planned, implemented, and evaluated for effectiveness at the local level. As the Rural RBHPB itself does not have the capacity to implement programming, the solutions proposed may be carried out by local or state agencies, and some may fit within the scope of work of the Rural Regional Behavioral Health Coordinator.

For more information about the Rural RBHPB or its priorities, feel free to contact the Rural Regional Behavioral Health Coordinator (Valerie Haskin, vcauhape@thefamilysupportcenter.org).

PRIORITY AREA: ACCESSS TO CARE

ACCESS TO CARE

Access barriers can be physical, financial, or availability and/or capacity of services

PHYSICAL ACCESS

Physical barriers to accessing care may come in many forms, including lack of transportation to local or regional services, particularly for intensive and/or inpatient programs that are not deemed appropriate for tele-behavioral health. Other barriers to physical access could be proximity (being hours away from care), or scheduling issues related to work shifts or child care.

FINANCIAL ACCESS

Even if physical access is not a problem, financial aspects such as insurance coverage, insurance type, ability to meet co-pays, or even being able to purchase fuel to access services may be a hindrance for some community members. Additionally, some people may have to choose between going to work and accessing services (similar to the above), which can cause additional finacial hardships.

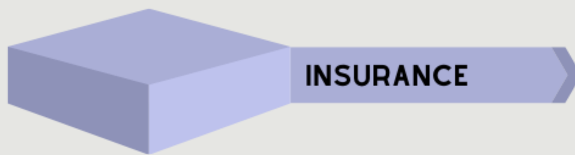
AVAILABILITY AND CAPACITY OF SERVICES

It has been broadly acknowledged that a lack of licensed providers of all types across Nevada has limited the capacity of many organizations to treat current and potential clients. This is particularly poignant for providers of intensive or specialty care. Additionally, many private insurance companies are claiming networks are full and not accepting new providers, further limiting access to services for many community members.

Possible Solutions:

- Focus on meaningful and useful transportation solutions. This may include piloting models from other states, or supporting novel or innovative approaches the keep the client's needs for scheduling, safety, and payment as the central focus. All new programs should undergo program evaluation and quality assurance controls.
- Identify means of ensuring no patient is discharged from inpatient care without safe and expedient transportation to their home community with the resources they need at hand.
- Identify ways to hold private insurers accountable for coverage for behavioral health services (please see "Insurance" on page 4 for more information).
- Increase capacity of services through sustainable funding streams for public behavioral health programming, increased availability of providers (see "Workforce Development" on page 6), advocate for the raising of public provider compensation to better compete with private practice, and remove barriers for providers applying to join new insurance networks (see "Insurance" on page 4).

PRIORITY AREA: INSURANCE



Includes CMS, NV Medicaid, and private insurance networks

LIMITED COVERAGE

Many insurance types may have limitations to the type of care or services that are reimbursed for, including transportation to critical inpatient care. While the patient is in "crisis" and is not able to provide safe care for themselves, insurance companies frequently deny claims for transportation as the patient is not deemed to be in a medical emergency. Additionally, many provider facilities for inpatient and intensive outpatient services do not accept Medicaid "Fee For Service" (FFS), thus limiting the ability of rural residents without private insurance to access services at most facilities in Nevada that are critical to regaining stabilization and safety. This puts additional strain on public inpatient resources, such as NNAMHS and SNAMHS.

LIMITED REIMBURSEMENT FOR PROVIDERS

Many insurers do not provide adequate reimbursement for behavioral health services, but most critically, Nevada Medicaid and CMS do not currently reimburse at rates that enable providers to serve the needs of the Nevadans they cover and cover standard overhead costs.

BARRIERS TO IN-NETWORK CARE

It has come to the attention of the Rural Regional Behavioral Health Policy Board that providers interested in practicing in rural Nevada are being turned down when applying to enter the insurer networks, as the insurers state that the "network is full", all while there are long waiting lists to meet the needs of rural (and urban) community members.

Possible Solutions:

- Advocate for increased reimbursement for behavioral health services from federal payors (CMS).
- Work with Nevada Medicaid to identify key behavioral health services and provider types for which reimbursement should be examined and increased.
- Collaborate with Nevada Medicaid to promote the completion of quadrennial reimbursement surveys by behavioral health providers to ensure a larger group of providers is sampled.
- Work with Nevada Medicaid to identify ways to sample current non-Medicaid providers to identify ways to make the acceptance of Nevada Medicaid patients more feasible for their businesses.
- Remove unnecessary barriers for providers who are applying to new insurance networks.
- Work with private and public insurers to ensure parity of coverage for behavioral health care in line with Assembly Bill 181(http://search.leg.state.nv.us/isysquery/5c6d7ade-d095-4717-b5b1-dc17d0df9786/3/doc/AB181_EN.PDF#xml=http://WebApp/isysquery/5c6d7ade-d095-4717-b5b1-dc17d0df9786/3/hilite/), passed during the 2021 legislative session and the Mental Health Parity and Addiction Equity Act, updated and passed at the federal level in

2022 (https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet).

- Support efforts to ensure para-professionals, such as Community Health Workers (CHWs) and Peer Recovery Support Specialists (PRSSs), can provide behavioral health system navigation and other appropriate services under the supervision of licensed behavioral health providers.
- Support efforts to ensure that appropriate behavioral health services provided by CHWs and PRSSs are reimbursable by Nevada Medicaid, and eventually CMS.
- Support efforts by any DHHS division to explore the development of a Managed Care Organization (MCO) coverage type for persons with complex behavioral health challenges to increase access to a broader type and number of care providers, specialty care programs, and facilities across the state.

PRIORITY AREA: WORKFORCE DEVELOPMENT

Lack of workforce availability, few placement options for local interns, and professional development opportunities

NUMBER AND TYPE OF PROVIDERS AVAILABLE

The chronic behavioral health provider shortage across Nevada has been well-documented for years but has reached a critical status since 2020. Proper resources must be allocated to support statewide efforts to educate and place providers in shortage areas across the state.

TRAINING IN BEST PRACTICES IN TELE-BEHAVIORAL HEALTH

While long-term solutions to fill in-person provider shortage gaps are underway, tele-behavioral health can be leveraged in many cases to connect community members with services. However, it is integral to the implementation of these services that providers are well-trained on how properly use tele-behavioral health to produce the best outcomes for the client.

CULTURALLY COMPETENT, RESPECTFUL, AND AGE-APPROPRIATE PRACTICES

Many providers who serve rural communities are providing services for clients from a variety of different backgrounds, ethnicities, religions, and age groups. It is vital to the quality and safety of patient care that providers have adequate training regarding practices that are culturally respectful and age-appropriate.

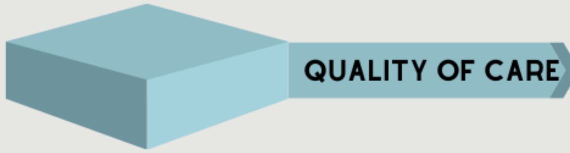
Possible Solutions:

- Development and implementation of a Behavioral Health Workforce Development Center, set within the Nevada System of Higher Education (NSHE), as proposed by Assembly Bill 37.
- Expanded student loan repayment and forgiveness programs for behavioral health providers serving communities documented as provider shortage areas.
- Expand options for professional development in best practices for tele-behavioral health.
- Expand options for foundational training and ongoing professional development that includes cultural competency, cultural respectfulness, and enable providers to appropriately serve clients from a broad spectrum of backgrounds, generations, and beliefs.
- Through training and technical assistance (TA), expand the number of clinical internship sites approved by the behavioral health licensing boards within rural, frontier, and underserved urban communities.
- Through training and technical assistance (TA), expand the number of graduate and clinical supervisors or preceptors approved by the behavioral health licensing boards within rural, frontier, and underserved urban communities. Special focus should be made

to include supervisors or preceptors with experience in high-need specialty areas, such as children's services.

- Continue to directly work with or support the work of other organizations who are working with behavioral health provider's occupational licensing boards to ensure consistency and expediency of licensure processes.
- Expand opportunities for professional development for existing professionals on the use of evidence-based and best practices for the provision of care.
- Expand opportunities for professional development in the areas of leadership, management, business planning, insurance billing, human resources, grant management, and other administrative skills for existing behavioral health providers in Nevada, in order to facilitate the ease of practice and maintaining a business in Nevada.

PRIORITY AREA: QUALITY OF CARE



Quality is affected by provider availability, wait times, training/utilization of best practices, and culturally respectful care.

IMPROVED CARE TRANSITIONS

Historically, care transitions among providers within and outside of the Rural Region have been "hit-and-miss", the quality and communication through which have been largely dependent on who is staffed at each organization, rather than being consistent across the staff. However, the most prominent problems with care transitions have been seen by persons leaving inpatient and/or high-intensity care in urban Nevada, and any attempts made to return to their home communities. Often, these patients are discharged from care in unfamiliar cities, with no access to food, water, medications, or other resources, other than some minimal transportation home (if that). In order to keep community members safe and in proper care, transitions between providers must be ameliorated and conducted in a way that keeps the patient's needs as the central focus.

IMPROVED COMMUNICATION AMONG PROVIDERS

In order to improve care transitions and case management, there must be tools or mechanisms in place that allow provider agencies to communicate with one another to ensure high-quality care of the client. This may include the use of MOUs, psychiatric advanced directives, ACT, AOT, or multi-disciplinary teams.

INCREASED SAFEGUARDS TO CARE QUALITY

In Nevada, there are few ways to meaningfully evaluate the quality of care received by behavioral health clients, and less can be done to protect these patients if the quality of care they are receiving is not appropriate. The Board will entertain supporting programs to evaluate and improve the quality of service provision across the state, but most pointedly, in the Rural Region.

Possible Solutions:

- Exploration, evaluation, and promotion of existing solutions to improving communications and case management without violating HIPAA and other confidentiality laws, including:
  - Use of MOUs among provider organizations to hold “closed door” meetings for specific case coordination.
  - Use of psychiatric advanced directives (PADs) to ensure the client’s wishes for care are being met when they are unable to make informed health decisions for themselves.
    Note: Use of PADs also allows the patient to agree to having pertinent information shared with outside agencies for care coordination purposes.
  - Use of shared referral platforms to standardize the coordination of care. Once proper training and standardization occurs, it’s theorized this will reduce the instance of missed opportunities for care, reduce miscommunication, and improve patient outcomes.
  - Expansion of Assertive Community Treatment (ACT) programs across the state.
  - Expansion of Assisted Outpatient Treatment (AOT) programs and jurisdictions across the state.
- Exploration, evaluation, and promotion of solutions that are new to Nevada for improving communication and care coordination, including:

    - Launch of an MCO through Nevada Medicaid for patients with complex behavioral health challenges, which would improve care coordination, coverage, and access to specialty or inpatient care.
    - Exploration and possible establishment of a statutory mechanism for multi-disciplinary team (MDT) care coordination for persons who have complex behavioral health challenges, and who don't meet the inclusion criteria for MDTs currently held through Nevada Aging and Disability Services (ADSD) or the Division of Child and Family Services (DCFS).
- Exploration, implementation, and evaluation of expanded programming to evaluate the quality of care experienced by behavioral health service utilizers. This may include patient satisfaction surveys, "secret shopper"-type programs, and other means to ensure patients are given appropriate care and the appropriate time.
- Improved communication of the availability of current mechanisms through which complaints regarding the quality of care can be made, and evaluation of how those reports or claims are investigated. This includes complaint mechanisms through Nevada DHHS divisions and provider licensing boards.
- Exploration of programs to reward providers for track records of excellent service provision, based on both quantitative and qualitative data, including patient experience and satisfaction outcomes.
- Ensure SAPTA-funded providers are evaluated for the use of evidence-based and best practices in patient care.

PRIORITY AREA: SUPPORTING LOCAL EFFORTS

Local agencies and coalitions of boots-on-the-ground providers and stakeholders have unique insight into the assets, needs, and challenges of communities.

COLLABORATION AND SUPPORT FOR ALIGNING EFFORTS OF LOCAL COALITIONS AND AGENCIES

There are several groups of highly experienced and passionate professionals, volunteers, and advocates across the Rural Region who are undertaking work to improve community behavioral health outcomes. The efforts and insight of these groups are valuable, and the Rural Regional Behavioral Health Policy Board will work to support and elevate the efforts of these groups that are aligned with both the needs of the community and evidence-based or best practices.

SUPPORT BEST USE OF OPIOID SETTLEMENT FUNDS

As all counties in Nevada are receiving some funding from the One Nevada Agreement opioid settlement, the Rural Regional Behavioral Health Policy Board will support local government efforts to use those funds in a way that both meets their intended purpose of addressing the opioid epidemic, as well as meeting the needs of the community. The Board and/or its Coordinator will provide technical assistance to local planning groups as able and appropriate.

EXPANSION OF LOCAL BEHAVIORAL HEALTH TASK FORCES

In collaboration with local stakeholders, coalitions, and other grass-roots efforts, the Board is directing its Coordinator to expand the establishment of county-level behavioral health task forces across the Rural Region, as communities are willing.

Possible Solutions:

- Implement local-level programs to reduce recidivism and/or chronic crisis, thus improving outcomes for patients or clients, and reducing unnecessary use of local emergency and CJS resources. Examples of programs to explore that have been launched successfully in Nevada that are not currently implemented in every community across the Rural Region include:
  - Mobile Outreach Safety Teams (MOST): co-response model including a law enforcement or other first response professional and a behavioral health provider. This model is really only feasible within smaller jurisdictions.
  - Virtual Crisis Care (VCC) or similar model: law enforcement and/or first responders have access to a behavioral health professional via telehealth in the field (using tablet or similar) to assess community members in crisis and advise courses of action.
  - Forensic Assessment Services Triage Team (FASTT): Mobile team response similar to MOST, but focuses on persons who are or are likely to be involved in the criminal justice system (CJS), but whose primary concerns center around their behavioral health challenges. For more information on FASTT, visit: https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/5826

- Expansion of Mental Health Courts to all court systems in the Rural Region.
    - Expansion of Assertive Community Treatment (ACT) programming to provide coverage to all or most of the communities in the Rural Region (as of right now, only the City of Elko has coverage). ACT is a comprehensive program that includes wrap-around services for adults with mental illness and/or co-occurring disorders with substance misuse or abuse. These programs are housed within one parent agency, thus alleviating many concerns regarding case coordination and communications without violating HIPPA. Providers and support staff will meet the clients wherever they are, as they are, regardless of the situation. Currently, all Certified Community Behavioral Health Clinics (CCBHCs) in Nevada are required to provide ACT services within specified and limited areas. Patient participation in ACT programming is completely voluntary.
    - Expansion of Assisted Outpatient Treatment (AOT) programs across local court jurisdictions. AOT is nearly identical to ACT, but participation is court-mandated (non-voluntary). Currently, Northern Nevada Adult Mental Health Services (NNAMHS) and Southern Nevada Adult Mental Health Services (SNAMHS) are the only two agencies providing AOT, and those services are limited to persons within the local court systems' respective jurisdictions (Washoe and Clark Counties).
- Support and provide technical assistance (TA) to local elected officials and governmental teams as they identify the best use of county or city funds appropriated to them through the One Nevada Agreement (opioid settlement dollars), including only evidence-based, best, or emerging practices. Programming with evidence speaking to lack of effectiveness will not be supported by the Rural Regional Behavioral Health Policy Board or its Coordinator.
- Support and provide technical assistance (TA) as necessary and able for local jurisdictions to complete assessments that enable them to apply for additional opioid settlement dollars from the State's portion of the Fund for Resilient Nevada.
- Provide support and TA, including program planning and evaluation support, for local jurisdictions who apply for additional funds from the Fund for Resilient Nevada.
- Support local coalitions and other nonprofit groups who undertake work to provide behavioral health programming to address stigma, awareness, behavioral health education, support for persons with behavioral health challenges, support for family members of those with behavioral health challenges, and other evidence-based practices.
- Where there is need and interest, expand the number of county-level behavioral health task forces across the region to bring together efforts to improve mental health and substance use outcomes.