Growing Behavioral Health Programming: County Innovations in Health & Human Services

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Roadmap

- Nevada’s Health Infrastructure + Counties
- County Innovations / Initiatives to support Health Infrastructure
- Growing Behavioral Health Programming
  - Context
  - Lyon County Human Services in Action

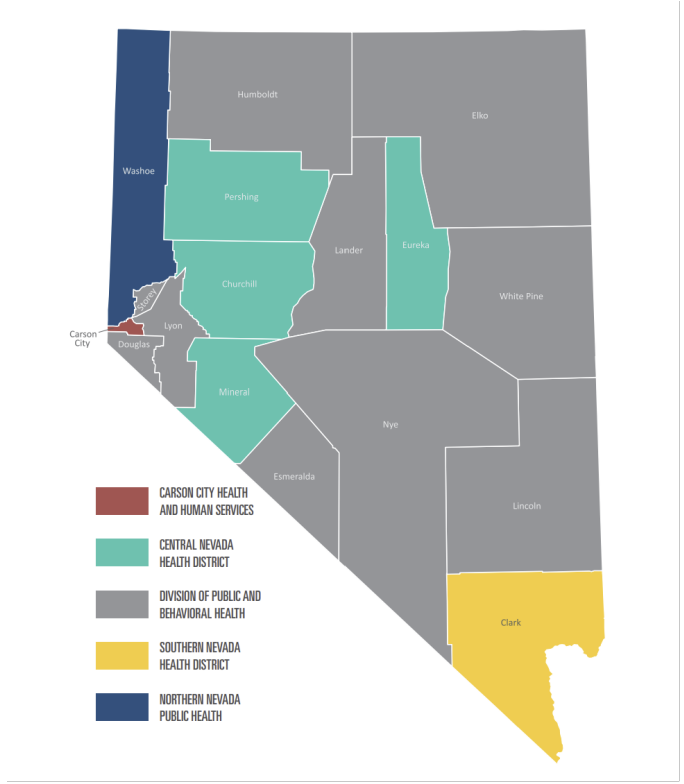
Nevada's County Public Health Infrastructure within the National Context

- Hybrid "Largely Decentralized" Model (by population only, 10 counties served by Division of Public & Behavioral Health)

- Nevada is the 7th largest state in the nation by area and has just ***17 counties*** (U.S.: **3,244 counties;** Average per State: **63 counties**)

- Nye, Elko, and Lincoln County are among the U.S. **top ten largest counties**

- **As the social safety net for the nation,** it is common for county governments to offer behavioral health services. **County-based behavioral health systems exist in 23 states that represent 75% of the US population**. In Nevada, county-level behavioral health programs are housed primarily in Human/Social Services departments and Sheriff's Offices.



Why is this context relevant? Delivering public and behavioral health services at the county level in Nevada is particularly challenging due to:

- Vast geography (in rural AND urban counties) served by a single local government
- Lack of consensus on county role in public and behavioral health service delivery
- Communication barriers and lack of clarity on available resources
- No $$$ - Nevada ranks 47th in the nation for State General Fund investment in Public Health

Innovation: Increasing County & State Government Coordination in the Health Space through DPBH + NACO

NEVADA ASSOCIATION OF COUNTIES

- *Statewide Association with County Membership (all 17)*
- *Formed in 1924*
- *Pursuant to NRS 244.120*

MISSION: *To encourage county government to adopt and maintain local, regional, state and national cooperation which will result in a positive influence on public policy and optimize the management of county resources; to provide valuable education and support services that will maximize efficiency and foster public trust in county government*

Nevada's Commissioners leverage NACO/NACo for Public and Behavioral Health Improvement

NACO
Public Health Coordinator

- Support individual counties with navigation and coordination
- Survey existing public health programs (FPHS)
- Identify successes and gaps in public and behavioral health programs
- Analyze local, state, and national data
- Developing formal proposal(s) for improving, restructuring, or adding new public and behavioral health programs

National Association of Counties (NACo)

- National advocacy in public & behavioral health on behalf of county government
- Health Policy Steering Committee (County Commissioners lead this work!)
- Guides, toolkits, publications, webinars, and policy platform and briefs addressing county-specific health issues

SUPPORTING COUNTY HEALTH INNOVATION

A Roadmap for NACO's Public Health Coordinator

2022 - 2025

CURRENT PROJECTS + RESOURCES

OPIOIDS NEEDS ASSESSMENTS + SPENDING PLANS

SB118 PUBLIC HEALTH FUNDING IMPLEMENTATION

FOUNDATIONAL PUBLIC HEALTH SERVICES ASSESSMENT

Innovation: Opioids Needs Assessments + Spending Plans

Distribution Overview

Attorney General Settlement Funding

- Settlement Funding Received
- Costs and Fees Removed
- **Remainder goes to One Nevada Agreement**

One Nevada Agreement

- Counties and Cities Funds Distributed to be used for abatement (opioid mitigation)
- Annual Reporting to AG's Office **REQUIRED (AB 374)**
- County/Regional needs assessments **RECOMMENDED**
- State's portion of funds distributed to DHHS (SB 390)

Fund for A Resilient Nevada (SB390)

- Establish State Needs Assessment
- Determine Funding priorities in the State Plan
- **Funding distributed to community programs through competitive grant process**
- **County/regional needs assessments and funding plans REQUIRED**
- Legislative reporting **REQUIRED**

Opioids Needs Assessments + Spending Plans

13 # of counties with completed assessments

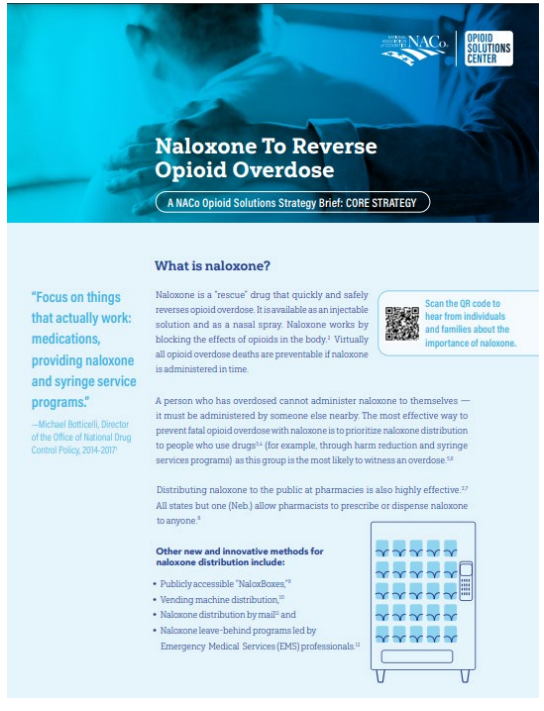
5 # of county governments that leveraged assessment to get state opioid funds directly

4 # of counties receiving state funding within their community through a community partner that leveraged a county assessment

What We are Learning:

- Local "point person" varies by role (Social/Human Services, County Health Nurse, Coalition, Juvenile Services, local Non-Profit)
- Some counties utilizing $ internally, others granting $ out to community
- Counties still sitting on the $ want to do good work with it, but do not have the bandwidth/expertise to do the planning and implementation
- State Fund for Resilient Nevada team is building up Technical Assistance resources
- Rural Jail MDT/Continuation of Care project is a major opportunity for county governments/Sheriff's offices

OPIOID SOLUTIONS: APPROVED STRATEGIES



SB118 Implementation in Rural Counties: Collaboration is KEY

Overview

NACO is the designated liaison supporting the Division of Public and Behavioral Health with SB118 coordination in the 11 counties for which DPBH is the public health authority

What We Are Learning:

- Health Needs prioritization and budget decision-making is a new conversation for most County Boards of Health
- **Local "point person" for public health varies by role; challenge for strategic planning and coordination**
- Purely Per Capita Formula is Not Equitable
- **Counties are spending based on locally-driven priorities, including mental health**
- (Currently) one-shot funding, so opportunities to build new infrastructure are limited
- **Proactive local coordination and planning played a role in counties' ability to develop and execute timely interlocal agreements with DPBH**

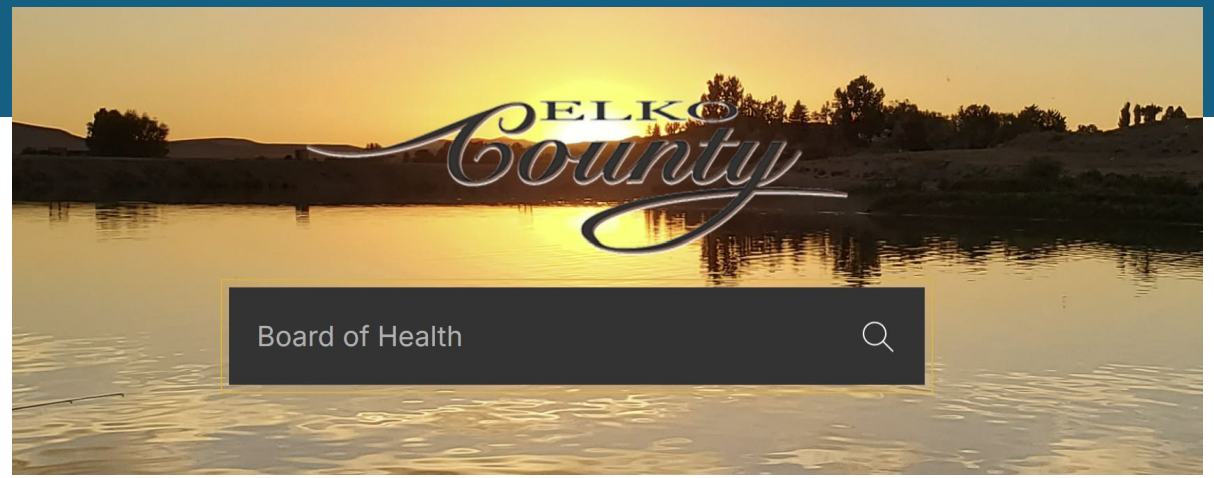
SB118 was a bill passed in the 2023 legislature to allocate $15M for public health improvement in Nevada

The Joint Interim Health & Human Services Committee has approved a Bill Draft Request (BDR) to renew and sustain these funds with an adjusted allocation (base + per capita)

SB118 Public Health Funding Distribution + Impact

SB 118 funding Breakdown				
By Jurisdiction	*% Allocation*	*Dollar Allocation*		
Central Nevada Health District	1.3%	$ 195,000.00		
Northern Nevada Public Health	16.0%	$ 2,400,000.00		
Southern Nevada Health District	73.0%	$ 10,950,000.00		
Division of Public and Behavioral Health	9.7%	$ 1,455,000.00		
		$ 15,000,000.00		
DPBH Breakdown by County				
County/City	*Population**	*% of State Population*	*% of DPBH allocation*	*Dollar Allocation*
Carson City	58,314	1.8%	18.0%	$ 262,101.18
Storey County	4,427	0.1%	1.4%	$ 19,897.83
Douglas County	52,674	1.6%	16.3%	$ 236,751.34
Lyon County	60,454	1.9%	18.7%	$ 271,719.74
Lander County	6,158	0.2%	1.9%	$ 27,678.07
Humboldt County	17,921	0.6%	5.5%	$ 80,548.67
Elko County	56,396	1.8%	17.4%	$ 253,480.44
White Pine County	10,001	0.3%	3.1%	$ 44,951.02
Lincoln County	4,971	0.2%	1.5%	$ 22,342.92
Nye County	51,334	1.6%	15.9%	$ 230,728.50
Esmeralda County	1,068	0.0%	0.3%	$ 4,800.29
Nevada Total	3,204,105	10.1%	100.0%	$ 1,455,000.00
*Based on the Nevada State Demographer - 2022 Governor's Certified Series: Population of Nevada's Counties and Incorporated Cities				

Lesson Learned from SB118: County Boards of Health are an Underdeveloped/Underutilized Resource

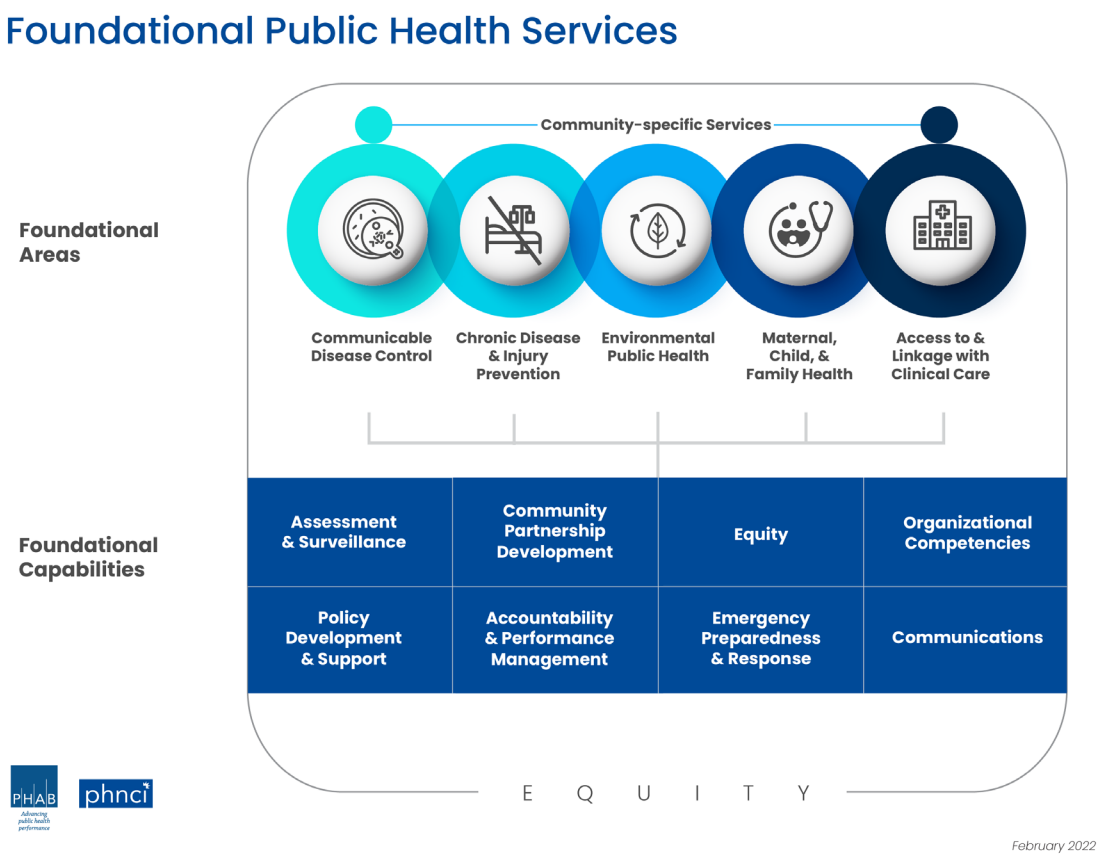


Overview
Many of Nevada's counties are revitalizing their efforts to develop robust, effective Boards of Health

Opportunity
Leverage Nevada's County Board of Health infrastructure to educate Local Elected Officials and the public on what you do! Tell stories of impact. Offer to support/participate in Strategic Planning. Offer technical assistance in your areas of expertise (Opioids? Substance Use Prevention? Public Health? CHWs? Grant writing?)

Considerations:
- **County Health Officer role looks different in each county, opportunity to standardize + fund**
- If your Board of Health doesn't meet regularly, you can encourage your County to provide this (statutorily-required) service on a regular basis
- **County Staff, including County Health Officers, welcome your input!**

Foundational Public Health Services County-Level Assessments



Overview

FPHS were developed to represent a minimum package of public health services every community should have or have access to.

Benefits:

- Help set a foundation for what is needed everywhere for public health to function
- Aligns with Public Health Accreditation Board (PHAB) Standards & Measures
- Helps counties identify assets and challenges, as well as opportunities to collaborate regionally on shared areas of need

Foundational Public Health Services County-Level Assessments

As an assessment of **public health infrastructure**, the FPHS Assessment is different than a Community Health Needs Assessment.

It does not collect data on health outcomes or health drivers, rather it **assesses a community's ability to deliver essential public health services**.

Ratings of Expertise, Capacity, and Level of Implementation were collected across the 13 domains.

Foundational Public Health Services County-Level Assessments

Behavioral Health

While behavioral health is not recognized as a foundational area by the Public Health Accreditation Board, it is a critical area of the health infrastructure landscape. As such, we are collecting data on resources available at the county, state, and partner level surrounding behavioral health. Ratings by program area and capability will not be utilized. Instead, please list programs, services, expertise, and capacity available by providing entity: county, state, and non-profit/private community partner.

State Programs Please list all programs/services currently offered and organization if different than state government (such as contractors)	**County Programs** Please list all programs/services currently offered and organization if different than county government (such as contractors)	**Nonprofit/Private Partners/School-Based Services/Community Specific Services** Please list all programs/services currently offered and list organization
Examples: • Outpatient Services	Examples: • Case Managers • Beh. Health Peace Officer • FASTT • MOST	Examples: • ACT • CCBHC • Crisis Stabilization • Primary Prevention • Outpatient Treatment

Foundational Public Health Services County-Level Assessments

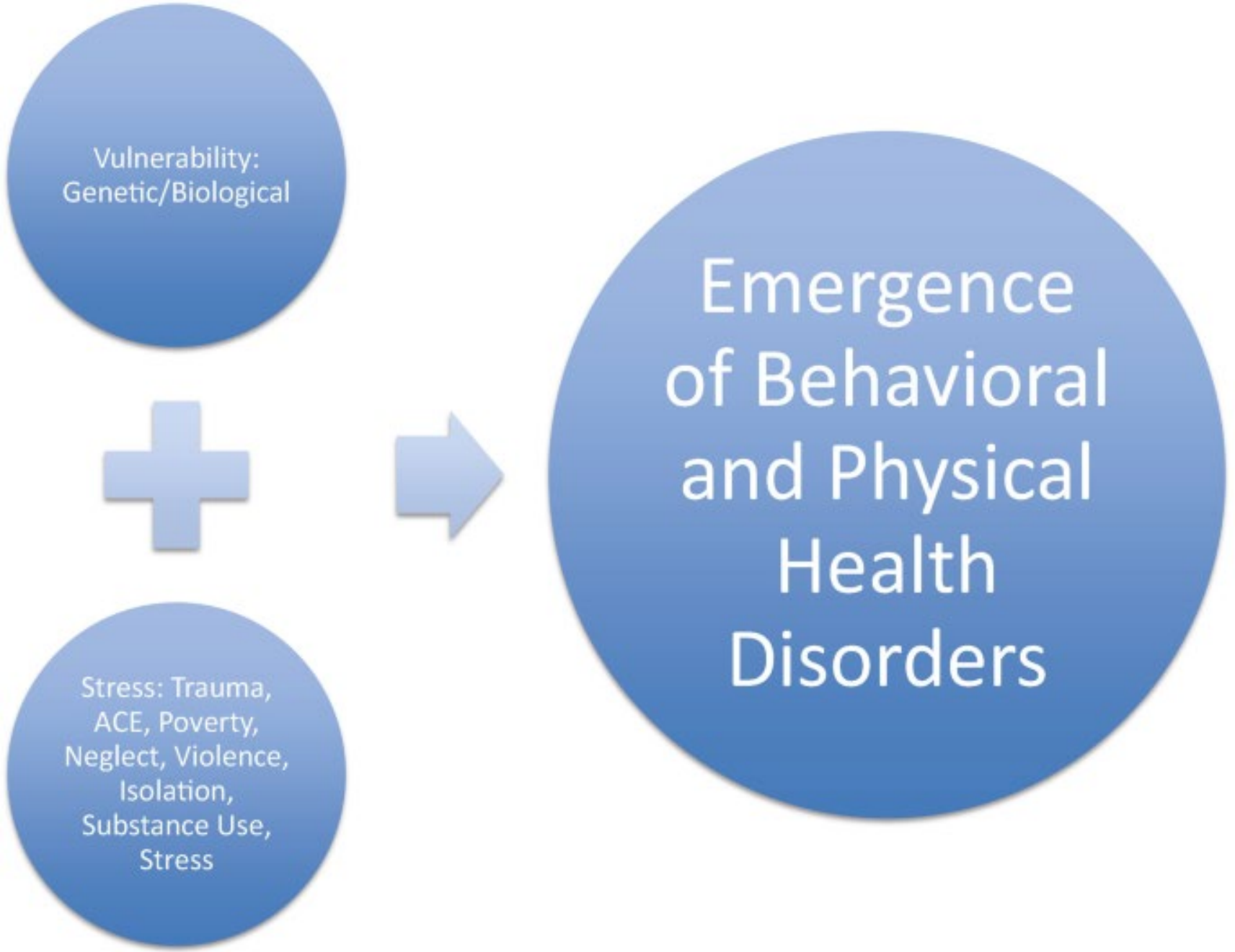
Lessons Learned regarding Mental Health Services and Opportunities:

- **Counties with strong Human Services/Social Services infrastructure better able to leverage state and federal funding**
- County-level Behavioral Health Task Forces (or similar regular convenings through Coalitions) as critical support and coordination
- **County-level behavioral health services in Nevada most developed in the criminal justice / law enforcement / specialty courts space (MOST, FASTT, etc.)**
- Improved Communications is single greatest low-hanging fruit opportunity
- Mental health / behavioral health is a public health priority across the state**, counties poised to be impactful partners in this area!**

Growing Behavioral Health Programming

- LYON COUNTY HUMAN SERVICES IN ACTION
  Dr. Shayla Holmes
- IDENTIFYING THE PROBLEM
- THE BEGINNING OF A CRISIS
- BUILDING FOR SUSTAINABILITY
- DEVELOPING A BEHAVIORAL HEALTH DIVISION
- SET UP FOR SUCCESS

Identifying the problem

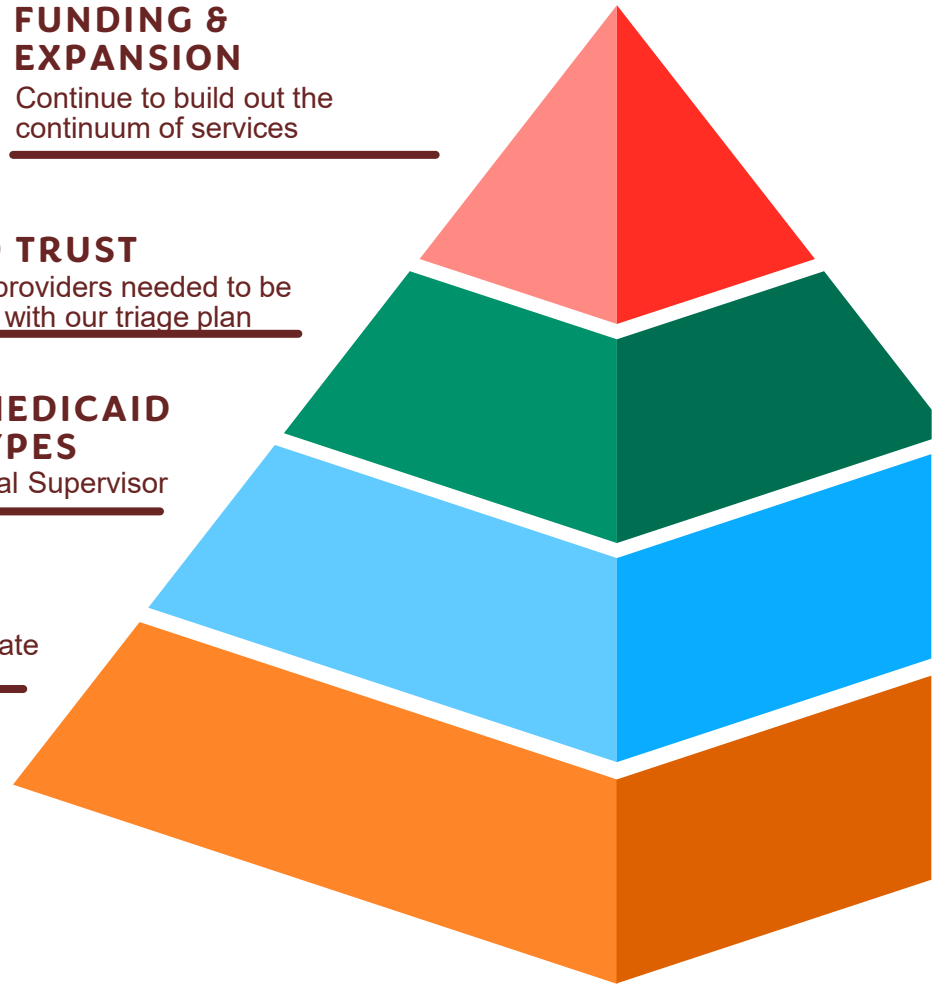


The Beginning of a Crisis

- Workforce Shortage in Behavioral Health
- Long Waitlists and Community Impact
- Behavioral Health as a Root Cause of Social Instability

Building for Sustainability

- Assessment of local behavioral health needs (mental health, substance use, crisis intervention)
- Engagement with community stakeholders
- Identifying potential funding sources (grants, state and federal programs)
- Creation of a client triage system to assess immediate and long-term behavioral health needs
- Use of standardized screening tools
- Priority-based service delivery (urgent vs. non-urgent cases)
- Collaborating with providers to establish referral agreements
- Leveraging telehealth services to increase access to specialists
- Creating relationships with state-level agencies for additional support



REFERRAL & INTAKE

Universal Screening:

GAD-7

PHQ-9

CAGE AID

CSSR

Hunger Vital Sign

TRIAGE

Based on Universal Screening and on-going client relationships individuals referred in house for behavioral health assessment

LINKAGE TO CARE

External referrals made to behavioral health providers based on full assessment with level of care and recommendations to stream line the process and the ensuring access for those in critical need

STOP GAP SERVICES

When individuals are waitlisted we are able to provide intermittent services. Low level needs recommendations are made for service plans in house

BUILDING THE CONTINUUM OF SERVICES

Building Psy.APRN into programming as well as Peer Support Specialists and Community Health Workers

Developing a Behavioral Health Division

Set up for Success

We learned that flexibility and adaptability were key in a rural setting.

We also realized that the integration of behavioral health with social services wasn’t just a short-term fix—it was the future of our agency.

Moving forward, we plan to expand these services, exploring additional Medicaid-reimbursable options and deepening our partnerships with state agencies.

We will continue to build and support our workforce, recognizing that peer support specialists and community health workers are critical to the future of rural behavioral health care.

DISCUSSION

THANK YOU!

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