



Integrated Policy Development: Behavioral and Mental Health Across Intersectional Lines

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Legislative Roundup

What's still alive?

- AB24:
 - Under existing law, **if a court finds a defendant incompetent**, and dangerous to himself or herself or to society and that commitment is required for a determination of the defendant's ability to receive treatment and attain competence, **the defendant may be committed for detention and treatment at a secure facility of the Division of Public and Behavioral Health of the Department of Health and Human Services.** (NRS 178.425) If the court dismisses criminal charges against such a defendant because the court determines that the defendant is incompetent, with no substantial probability of attaining competence in the foreseeable future and the court makes certain other findings related to the defendant's dangerousness, the court may order the defendant to be committed to a forensic facility of the Division. (NRS 178.461) Existing law also provides that if a defendant is acquitted by reason of insanity, the defendant may be detained in a forensic facility of the Division. (NRS 175.539) This bill revises the definition of a forensic facility in which those defendants may be detained. **Justice Reform/Civil Rights**

- AB96:
 - AN ACT relating to emergency medical services; authorizing a governmental entity which licenses and regulates emergency response employees to **enter into a contract with a nonprofit organization to establish a program to provide peer support counseling to emergency response employees** who are experiencing mental health issues as a result of the nature of their work.
Services Funding
- AB181:
 - AN ACT relating to mental health; providing for the reporting of certain information by certain providers of **health care relating to attempted suicide**; requiring certain insurers and other organizations providing health coverage to adhere to certain provisions of federal law; requiring certain insurers and other organizations providing health coverage to submit information demonstrating **mental health parity and addiction equity** compliance; providing a penalty; and providing other matters properly relating thereto.
 - **Civil Rights/Stigma**

- AB315:
 - AN ACT relating to public employees; requiring the employer of a police officer, firefighter or correctional officer to **make available certain information and counseling relating to mental health issues to the police officer, firefighter or correctional officer**; and providing other matters properly relating thereto.
 - **Services Funding**
- AB327:
 - AN ACT relating to mental health; requiring certain mental health professionals to complete continuing education concerning **cultural competency and diversity**, equity and inclusion; and providing other matters properly relating thereto. **Services Civil Rights**

- SB70:
 - AN ACT relating to mental health; revising provisions governing **the use of chemical restraints on persons with disabilities**; establishing procedures for placing a person on and releasing a person from a **mental health crisis hold**; revising provisions governing the emergency admission of a person to a mental health facility or hospital; revising provisions governing **involuntary court-ordered admission** to a mental health facility and assisted outpatient treatment; and providing other matters properly relating thereto. **Justice Reform & Treatment**
- SB146:
 - AN ACT relating to mental health; requiring certain psychiatric facilities to consult with the treating provider of health care of **a child with an emotional disturbance who is subject to the jurisdiction of a juvenile court** under certain circumstances; and providing other matters properly relating thereto. **Justice Reform & Treatment**

- SB154:
 - AN ACT relating to Medicaid; **requiring the Department of Health and Human Services to apply for a waiver to receive federal funding for coverage of the treatment of the substance use disorder of a person in an institution for mental diseases**; authorizing the Department to apply for a waiver to receive federal funding for coverage of the treatment of certain mental health conditions of persons in an institution for mental diseases; and providing other matters properly relating thereto. **Justice Reform Treatment Stigma**
- SB156:
 - Existing law authorizes the Division of Public and Behavioral Health of the Department of Health and Human Services to issue an endorsement as a crisis stabilization center to the holder of a license to operate a psychiatric hospital that meets certain requirements, including, without limitation, providing crisis stabilization services. **Crisis Management**

- SB230:
 - AN ACT relating to mental health; **providing for the reporting of information relating to integrated student support services provided to pupils enrolled in a program of distance education**; requiring the board of trustees of each school district to ensure that all school employees receive certain training relating to trauma; requiring the State Board of Education to adopt certain regulations; providing for the establishment of a program to provide training concerning the identification and assistance of persons who have certain behavioral health conditions; and providing other matters properly relating thereto. **Education Preventative Care**
- SB249:
 - AN ACT relating to education; requiring the board of trustees of a school district or the governing body of a charter school to include certain information on an identification card issued to a pupil; requiring a pupil to be excused from attendance at a public school for behavioral health reasons in certain circumstances; providing that a qualified mental health professional or behavioral health professional can provide a certificate to excuse a pupil from attendance at school; and providing other matters properly relating thereto. **Education Treatment Civil Rights**

- AB23:
 - AN ACT relating to criminal procedure; revising the **procedure for the commitment of certain criminal defendants whom the court finds to be incompetent** to the custody of the Administrator of the Division of Public and Behavioral Health of the Department of Health and Human Services; and providing other matters properly relating thereto. **Justice Reform**

- SB44:

AN ACT relating to behavioral health; requiring an alternate means for an applicant for certain licenses and certificates to submit official transcripts if certain conditions are satisfied; requiring the adoption of regulations that authorize the remote supervision of certain persons; **requiring licensing boards that regulate various professions relating to behavioral health** to report certain information; revising provisions governing certain licenses by endorsement; providing for the issuance of a license as a master social worker to an applicant who meets certain qualifications; authorizing a master social worker or independent social worker to engage in certain activities; prescribing required documentation for an applicant for a license to engage in social work who is the graduate of a foreign college or university; authorizing the Board of Examiners for Social Workers to place a license to engage in social work on inactive status and refuse to issue a license under certain circumstances; requiring an employee of the Board to submit a complaint against a licensee to the Board under certain circumstances; prohibiting a person from engaging in the unlicensed practice of social work; providing a penalty; and providing other matters properly relating thereto. **Workforce**

- SB56:

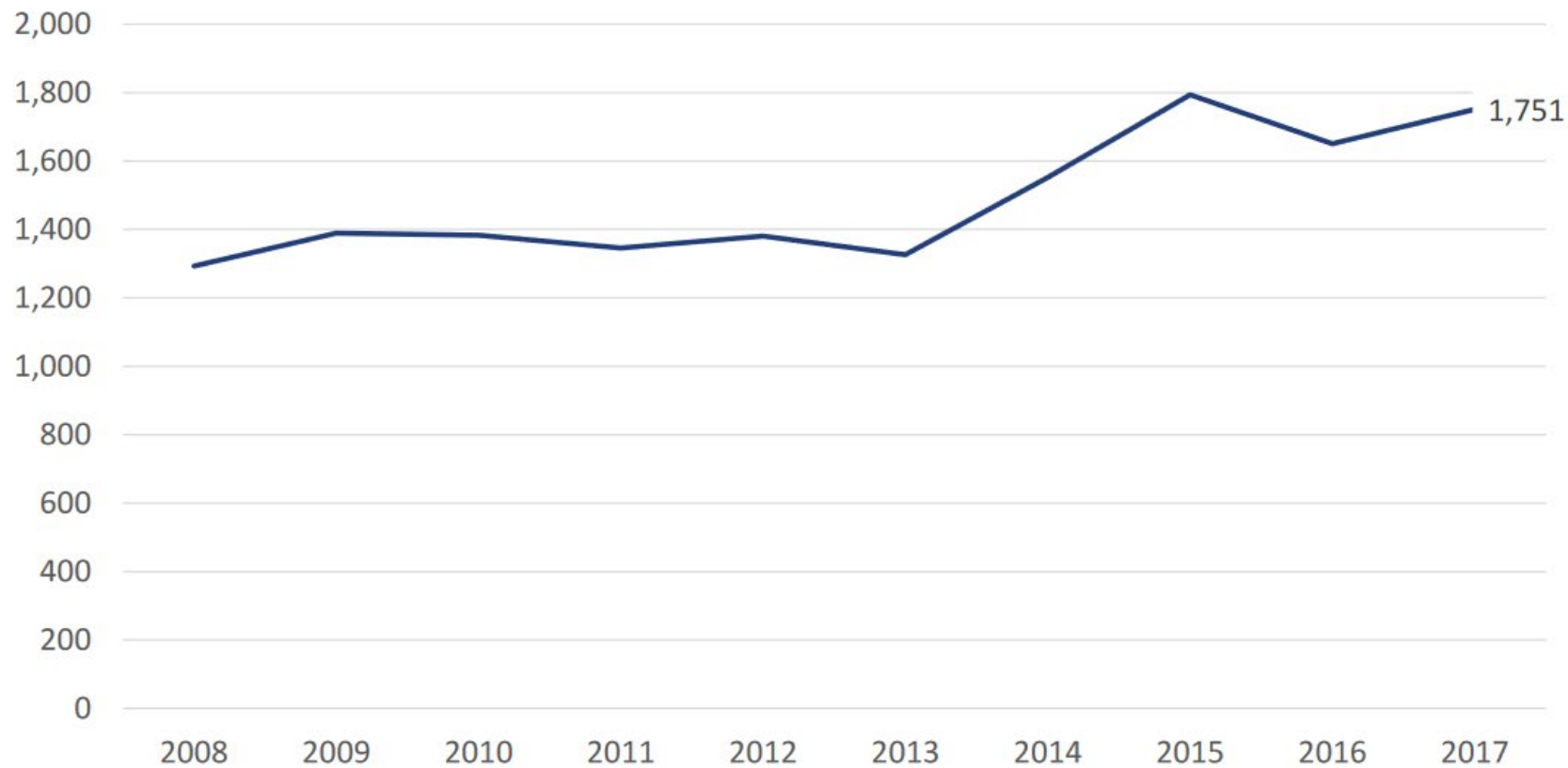
- Existing law defines the term “telehealth” to mean the **delivery of services** from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail. (NRS 629.515) Existing law imposes certain requirements concerning coverage of telehealth services by insurers and certain other third-party payers. Those requirements: (1) include a requirement that an insurer or other third-party payer must cover services provided through telehealth to the same extent as if provided in person or by other means; and (2) apply to health coverage, including Medicaid and health plans for state and local government employees, and workers' compensation coverage. (NRS 287.010, 287.04335, 422.2721, 616C.730, 689A.0463, 689B.0369, 689C.195, 695A.265, 695B.1904, 695C.1708, 695F.090, 695G.162) Sections 1-5.3 and 6.6 of this bill extend those requirements, as they apply to health insurers other than Medicaid, to also apply to **behavioral health services provided by standard telephone**. Sections 1-5.3 and 6.6 require such health insurers to cover behavioral health services provided by standard telephone in the same amount as if those services were provided in person or by other means. **Services Treatment**

- SB69:
 - AN ACT relating to behavioral health; **requiring peer recovery support specialists** and peer recovery support specialist supervisors who provide peer recovery support services under certain conditions to be certified; **Treatment**
- SB390:
 - AN ACT relating to behavioral health; **providing for the establishment of a suicide prevention and behavioral health crisis hotline**; requiring the imposition of a surcharge on certain communications services to support the hotline; creating the Nevada Fund for Healthy Communities; requiring the State Treasurer to deposit the proceeds of certain litigation into the Fund; authorizing the Department of Health and Human Services to use a portion of the money in the Fund for certain statewide projects; requiring the Department to award grants from the Fund to support certain projects to address the impact of opioid use disorder and other substance use disorders; prescribing certain procedures relating to the awarding of those grants; and providing other matters properly relating thereto. **Crisis Services**

- SB424:
 - Existing law requires the Division of Public and Behavioral Health of the Department of Health and Human Services to administer provisions of law relating to public health. (NRS 439.010) **This bill: (1) creates the Public Health Resource Office within the Division; and (2) provides for the appointment of the Public Health Resource Officer to oversee the Office.** This bill requires the Office to perform certain duties to improve the delivery of public health services and otherwise meet the public health needs of this State. **Services**
- SB96:
 - AN ACT relating to disability services; requiring the Department of Health and Human Services to biennially **establish reimbursement rates for the services of certain providers for persons with autism spectrum disorders that are comparable to reimbursement rates paid by Medicaid programs** in other states; requiring the Department to establish certain limitations relating to the provision of such services to recipients of Medicaid **Services**

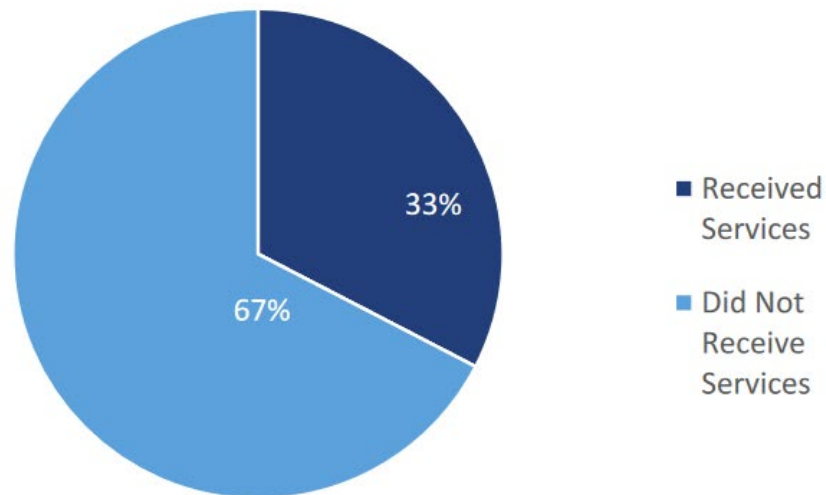
Number of Offenders Admitted With Mental Health Needs Up 35%

Prison Admissions Indicating a Mental Health Need, 2008-2017

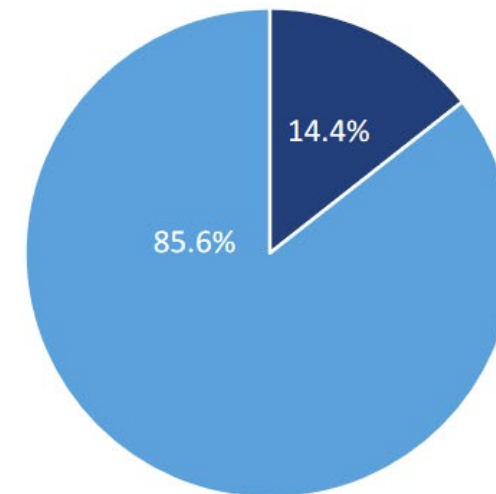


Significant Population With Untreated Behavioral Health Needs

Past Year Mental Health Service Use Among Nevada Adults with Any Mental Illness (AMI), Annual Average, 2011–2015

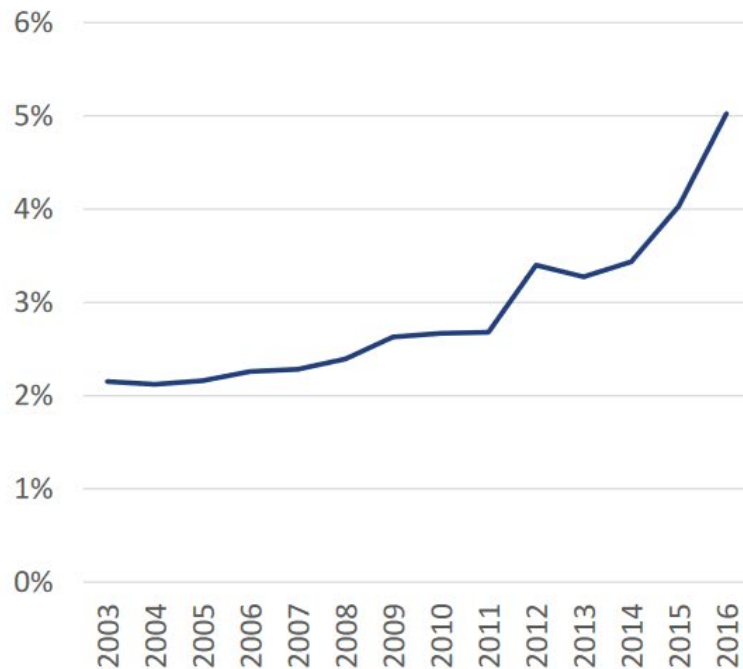


Past Year Illicit Drug Treatment Among Nevadans Aged 12 or Above with a Substance Use Disorder, Annual Average, 2010-2014

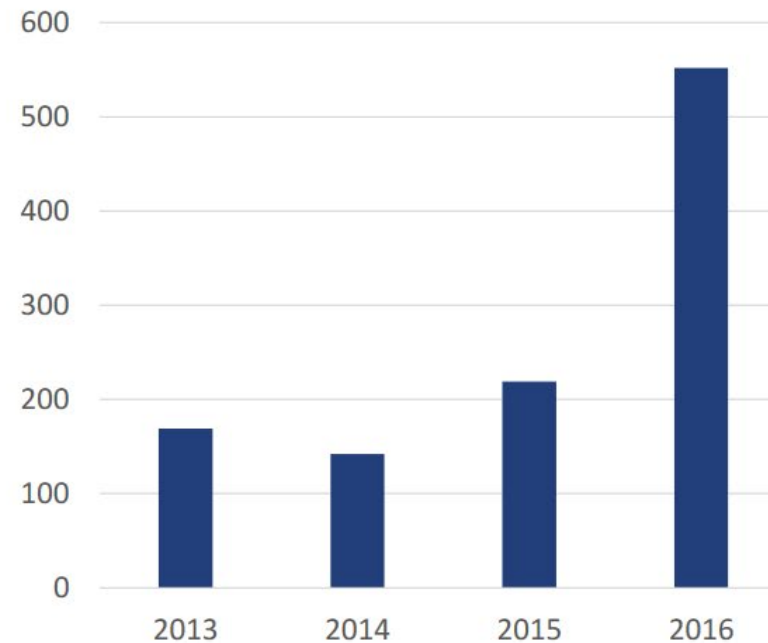


Growing Number of 911 Calls for Mental Health Crisis

Percent of 911 Calls Concerning Mental Health Crises in Carson City, 2003-2016



Number of 911 Calls Concerning Mental Health Crises in Lyon County, 2013-2016



How many people die from gun-related injuries in the U.S. each year?

In 2017, the most recent year for which complete data is available, 39,773 people died from gun-related injuries in the U.S., according to the CDC. This figure includes gun murders and gun suicides, along with three other, less common types of gun-related deaths tracked by the CDC: those that were unintentional, involved law enforcement or whose circumstances could not be determined. It *excludes* deaths in which gunshot injuries played a contributing, but not principal, role. (CDC fatality statistics are based on information contained in death certificates.)

What share of U.S. gun deaths are murders and what share are suicides?

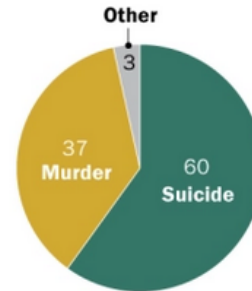
Though they tend to get less attention than gun-related murders, suicides have long accounted for the [majority of U.S. gun deaths](#). In 2017, six-in-ten gun-related deaths in the U.S. were suicides (23,854), while 37% were murders (14,542), according to the CDC. The remainder were unintentional (486), involved law enforcement (553) or had undetermined circumstances (338).

What share of all murders and suicides in the U.S. involve a gun?

Three-quarters of all U.S. murders in 2017 – 14,542 out of 19,510 – involved a firearm. About half (51%) of all suicides that year – 23,854 out of 47,173 – involved a gun.

Suicides accounted for six-in-ten U.S. gun deaths in 2017

% of U.S. gun deaths, by type



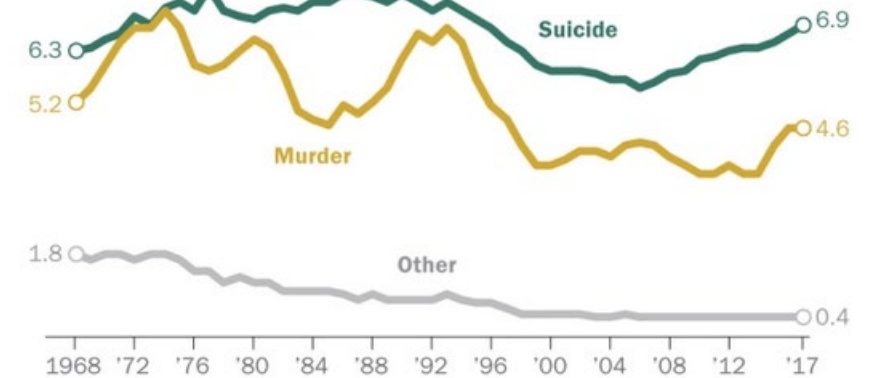
Note: "Other" includes gun deaths that were unintentional, involved law enforcement or had undetermined circumstances.

Source: Centers for Disease Control and Prevention.

PEW RESEARCH CENTER

After declining in late 1990s, U.S. gun suicide and gun murder rates have edged higher in recent years

Gun death rate per 100,000 U.S. residents, by type



Note: "Other" includes gun deaths that were unintentional, involved law enforcement or had undetermined circumstances.

Source: Centers for Disease Control and Prevention.

PEW RESEARCH CENTER

<https://www.pewresearch.org/fact-tank/2019/08/16/what-the-data-says-about-gun-deaths-in-the-u-s/>

'We tried to get him the help he needed': Family of FedEx mass shooter speaks out



"We are devastated at the loss of life caused as a result of Brandon's actions; through the love of his family, we tried to get him the help he needed. Our sincerest and most heartfelt apologies go out to the victims of this senseless tragedy. We are so sorry for the pain and hurt being felt by their families and the entire Indianapolis community."

Hole is accused of killing Matthew R. Alexander, 32; Samaria Blackwell, 19; Amarjeet Johal, 66; Jaswinder Kaur, 64; Jaswinder Singh, 68; Amarjit Sekhon, 48; Karli Smith, 19; and John Weisert, 74.

Patients & Families

[What Is Psychiatry?](#)

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[Addiction and Substance Use Disorders](#)

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[Personality Disorders](#)

[Posttraumatic Stress Disorder \(PTSD\)](#)

[Schizophrenia](#)

How Extreme Weather Events Affect Mental Health

Climate change and related disasters cause anxiety-related responses as well as chronic and severe mental health disorders.² Flooding and prolonged droughts have been associated with elevated levels of anxiety, depression and post-traumatic stress disorders.³ The trauma and losses from a disaster, such as losing a home or job and being disconnected from neighborhood and community, can contribute to depression and anxiety.



Extreme weather events have also been associated with increases in aggressive behavior and domestic violence.³ Exposure to extreme heat may lead to increased use of alcohol to cope with stress, increases in hospital and emergency room admissions for people with mental health or psychiatric conditions, and an increase in suicide.

The need for mental health services increases in the aftermath of a climate-related disaster. At the same time, there is often a disruption in services

APA Position Statement

Mental Health and Climate Change

The American Psychiatric Association (APA) recognizes that climate change poses a threat to public health, including mental health. Those with mental health disorders are disproportionately impacted by the consequences of climate change. APA recognizes and commits to support and collaborate with patients, communities, and other healthcare organizations engaged in efforts to mitigate the adverse health and mental health effects of climate change.

Approved by the APA Board of Trustees, May 2017

Shortage of School Psychologists

In This Section

Comprehensive School Safety

Shortage of School Psychologists

Supporting Diverse Populations

Education Funding

Mental and Behavioral Health

Comprehensive Role of School Psychologists

Policies Addressing the Shortage of School Psychologists

There is a critical shortage in school psychology, both in terms of practitioners and in the availability of graduate education programs and faculty needed to train the workforce necessary to keep up with the growing student population. NASP recommends a ratio of one school psychologist per 500 students in order to provide comprehensive school psychological services. Current data estimates a national ratio of 1:1211; however, great variability exists among states, with some states approaching a ratio of 1:5000.

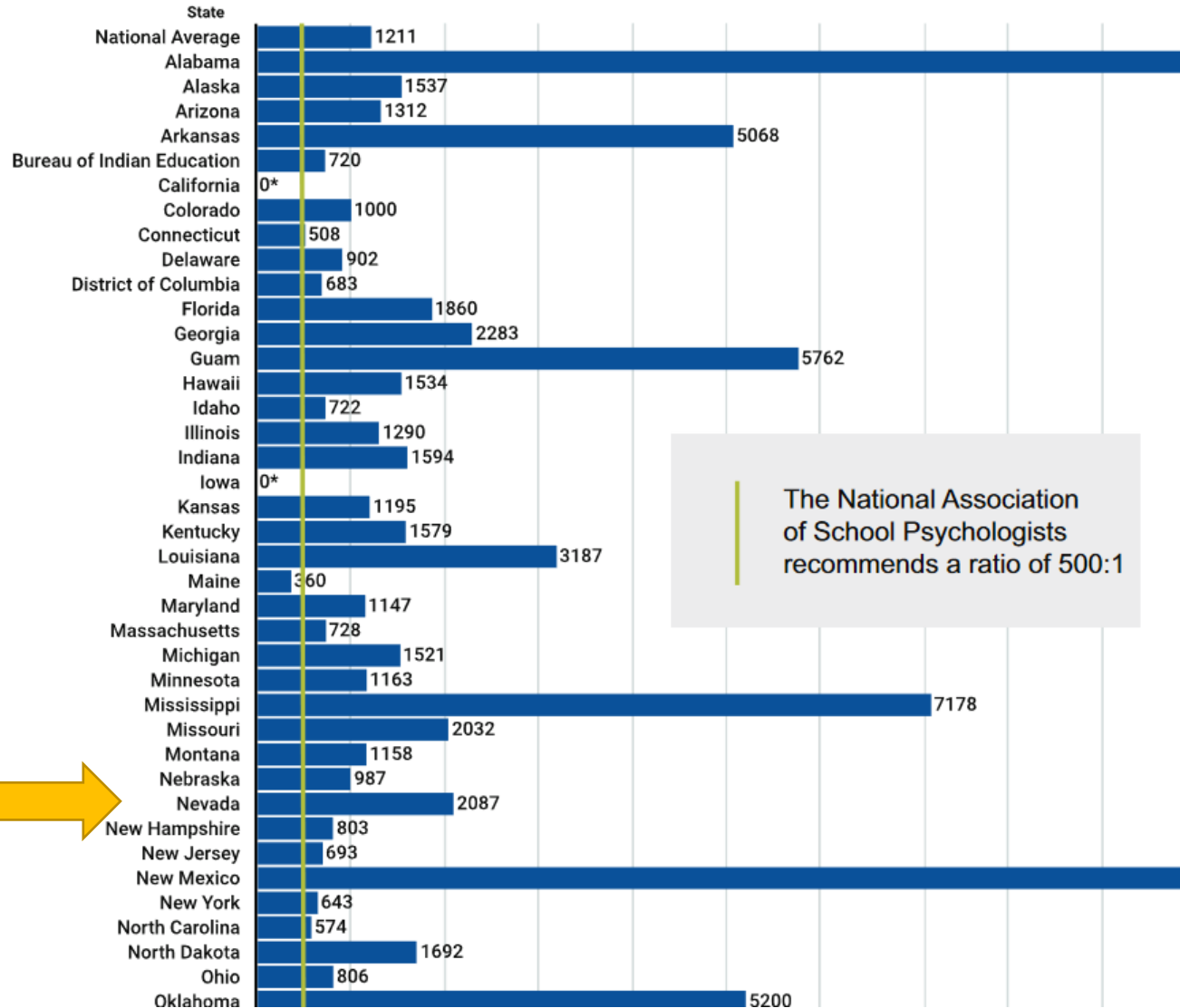
Shortages in school psychology, like shortages in other related education and mental health professions, have the potential to significantly undermine the availability of high quality services to students, families, and schools. Shortages can include both an insufficient supply of qualified school psychologists and school psychologists from diverse backgrounds, graduate faculty, and qualified practica and internship supervisors as well as an insufficient number of positions within districts to meet the needs of students.

Consequences of the shortages include unmanageable caseloads; the inability for school psychologists to provide prevention and early intervention services or regularly consult with families and teachers; reduced access to mental and behavioral health services for some students; and limited scope of service delivery focused primarily on legally mandated special education practice.

Student to School Psychologist Ratio 2019–2020

Based on the US Department of Education Common Core of Data

The data used in the calculation of ratios were provided to the US Department of Education by state departments of education. These data are provisional and we are aware that these numbers may not align with other sources of data. NASP will be monitoring these data and will update this graphic should new information become available.



Regionalizing the Mental Health System in Nevada: Considerations and Options



Bulletin No. 17-6

Created by Nevada Revised Statutes 218E.200.

January 2017

I. KEY ISSUES TO CONSIDER

Access to Behavioral Health Care in Nevada

Access to care is critical for people with mental illness and other behavioral health conditions. In considering whether and how to regionalize behavioral health care in Nevada, it is important to understand factors that influence access to care, including: (1) the availability and distribution of behavioral health care providers; and (2) health insurance coverage and changes in coverage following implementation of the ACA. It is also important to be aware of barriers that continue to impede access to behavioral health care services.

Behavioral Health Workforce

Nevada faces a severe shortage of behavioral health care providers. Compared to other states nationwide, Nevada ranks at or near the bottom in terms of the number of licensed mental health providers per 100,000 population.

Figure 2: Licensed Behavioral Health Professionals per 100,000 Population in Nevada and the United States¹⁰

Licensed Health Professional	Nevada Rank	Professionals per 100,000 Residents	
		Nevada	United States
Physicians in Psychiatry	47	6.7	12.3
Psychologists	48	13.5	65
Counselors	51	50.4	181
Social Workers	50	88.7	169

Although the SAMHSA projects the behavioral health workforce to be one of the fastest growing across the nation, Nevada's workforce has experienced only modest growth in recent years.

CSN Applied Psychology Certificates & Degree Pathways

- **Vote Nevada #1 Mental and Behavioral Health Priority: Workforce development**
- <https://www.csn.edu/programs/applied-psychology>
- **Vote Nevada's full recommendations for Mental & Behavioral Health Reform:**
- <https://vote-nevada-blog.org/mental-and-behavioral-health/>