2022 SOUTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD ANNUAL REPORT

Serving Northern Nye and all of Lincoln, Mineral, and Esmerelda Counties

Annual update on the Southern Regional Behavioral Health Policy Coordination and Board activities: An overview of the region's identified behavioral health strengths and needs, gaps, and barriers as they relate to priorities, strategies, and recommendations – April 28, 2023

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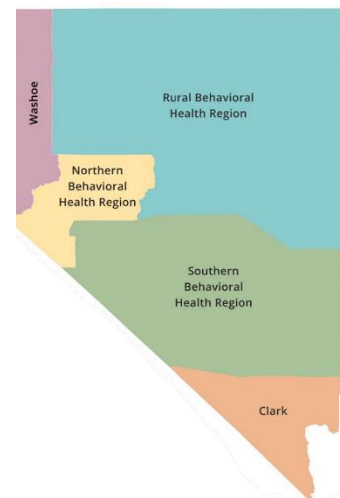
Executive Summary

The purpose of this report is to provide an update on the work and role as well as the overall goals and actions taking place around behavioral health coordination and the policy board in the southern rural region of Nevada. The intent is to provide stakeholders as well as government and agency leadership with a detailed analysis of the need for continued collaboration between and among the local, regional, and state entities to better serve the southern region and counties. This report will also provide the state with an understanding of the strengths and needs, including gaps and barriers, for rural southern Nevada. The work of coordination and the policy board can enhance collaboration and coordination between rural counties and the State of Nevada. This report will also provide strategies for continued work in unifying and streamlining efforts around behavioral health as it relates to a myriad of other needs and aspects in rural communities. The importance of this work creates value in solutions and recommendations to address significant solutions for both the local and state individuals and stakeholders.



Introduction

This report was compiled by Mark Funkhouser, current Southern Regional Behavioral Health Coordinator (SRBHC), who started in this position with Nevada Rural Hospital Partners (NRHP) on March 1, 2023. The format for this report was utilized from previous rural regional reports and compiled from monthly reports from the previous coordinator who served from January to early October 2023. This historical review has been supplemented by networking with local, regional, and state stakeholders in addition to attendance at numerous meetings more recently. According to a previous board presentation by the southern rural coordinator, four of the five positions were created and established in 2017. 2019 Legislation created the fifth Regional Behavioral Health Coordinator and in January 2022, the first Southern Regional Behavioral Health Coordinator was hired by NRHP, the organization that employs the southern and northern coordinators. The Southern Behavioral Health Region is comprised of four counties running east and west above Clark County (the counties of Esmeralda, Mineral, Lincoln, and Northern Nye (above the 38th parallel).

The previous coordinator completed a robust amount of work in approximately nine months, and the work of the board consisted of three meetings, two in August and one in September. The momentum of the board after startup in July was significantly reduced when the coordinator position became vacant in October and the board stopped meeting. The work for this coordinator position was on hold from October 2022 until March of 2023 when this current coordinator began resuming the position and duties. One of the primary goals is to resume the board meetings and the significant work from 2022. According to previous board presentations, the Regional Behavioral Health Coordinator (RBHC) was tasked with "helping build community capacity to improve access" in the following areas:

1. Treatment
2. Education
3. Related Behavioral Health Services to persons with:
    a. Serious Mental Illness (SMI)
    b. Co-occurring or substance use disorders (SUD), including opiate dependence/use.

The policy board is vital to this work and the coordinator. The board makeup consists of a legislator, community leaders, law enforcement, healthcare and treatment providers, and family and peer advocates, and more. They bring diverse perspectives to the work and remain enthusiastic about collaborating to improve the behavioral health system in the Southern Region. This resumption of the collaboration facilitated by the Southern Regional Behavioral Health Policy Board and associated county behavioral health taskforces will enable stakeholders to develop a shared understanding of the behavioral health issues facing the region. This will allow the Southern Policy Board to expand on that initial progress from 2022 with previous and/or new goals.

This coordinator has already begun rebuilding previous relationships with local, regional, and state partners and will identify and align priorities and solutions whenever possible. Through

ongoing inquiry into the work of the previous coordinator, the history and context of the record as well as in recent discussion with stakeholders in the southern region including members of the Southern Regional Behavioral Health Policy Board, this current coordinator has resumed work on evaluating and assessing the overall needs in gaps and barriers and will build on strengths as well as developing priorities and putting forth recommendations for this annual report and into 2023 and 2024. NRHP also developed a webpage for the southern region that will be updated and resumed by May of this year - Link. The board and coordinator are also required to provide input into the statewide Regional Behavioral Health Policy Board Link. Renewing and maintaining these tasks will be priorities for the new coordinator. The composition of the board is listed below.

Southern Regional Behavioral Health Policy Board

- Chair, Franklin Katschke – Lincoln County Public Defender
- Vice-Chair, Dr. Kevin Osten-Garner – Executive Director and Chief Psychologist, Adler Community Health Services
- Assemblyman Gregory Hafen II – Legislator District 36
- Missie Rowe, CEO/Administrator, Grover C Dils Medical Center
- Boonn Hem – Certified Peer Recovery Support Specialist, Nye Communities Coalition
- Sarah Dillard – Rural Program Coordinator, Community Chest
- Stacy Smith – Executive Director, Nye Communities Coalition
- Chief Scott Lewis – Chief, Pahrump Valley Fire and Rescue
- Dr. Whitney Owens – Owner, The Evidence Based Practice of Nevada
- Brenda O'Neill – Health Manager, Duckwater Shoshone Tribe
- Coleen Lawrence – Project Director, CCBHC, Thrive, CPLC Nevada

Two members who served during the 2022 year are either no longer in the positions they served or are unable to continue for other reasons. Adding new members will be a priority once the board resumes meeting in the 2023 year. The projected restart for the board is set for an initial meeting in June and another one in August for this grant year with ongoing and regular continuity overall. The unique nature of the counties in the region is listed below.

REGIONAL OVERVIEW

The Southern Region consists of Nye, north of the 38th parallel as well as all of Mineral, Lincoln, and Esmerelda Counties, stretching across approximately 36,128 square miles in the southern rural Nevada.[i] The total population of the Southern Region is estimated to be 64,489 according to sources listed. Lincoln County borders Clark County which is to the south as well as Utah to the east and Arizona to the southeast. Nye County, the largest geographic and most populated county in this region, has California on the southern border and sits in the middle bordering Lincoln to the east and Esmerelda and Mineral to the southwest and other Nevada counties to the north. Mineral and Esmerelda Counties are southwestern border counties connecting with California. The following demographic and geographic information supplement this overview of the southern region.

Demographics and Geography

County	Seat	Population	Area
Esmerelda	Goldfield	744	3,589 sq mi
Mineral	Hawthorne	4,586	3,757 sq mi
Nye - northern	Tonopah	6,000 approx.	9,737 sq mi approx.
Lincoln	Pioche	4,525	10,635 sq mi

List of counties in Nevada - Wikipedia
U.S. Census Records

Esmerelda County
The estimated population of Esmeralda County, Nevada in 2022 was 744, 4.9% down from the 783 people who lived there in 2010. Demographic make-up for race as a percentage of total population in Esmerelda County is as follows: White (82.8%); Black or African American (3.8%); American Indian and Alaska Native (7.5%); Asian (.9%); Native Hawaiian and Other Pacific Islander (.1%); Two or More Races (19.9%); Hispanic or Latino (19.9%).

Lincoln County
The estimated population of Lincoln County, Nevada in 2022 was 4,482, 16.2% down from the 5,351 who lived there in 2010. Demographic make-up for race as a percentage of total population in Lincoln County is as follows: White (90.5%); Black or African American (3.1%); American Indian and Alaska Native (2.4%); Asian (.9%); Native Hawaiian and Other Pacific Islander (0.4%); Two or More Races (2.7%); Hispanic or Latino (7.8%).

Mineral County
The estimated population of Mineral County, Nevada in 2022 was 4,525,5.5% down from the 4,791 who lived there in 2010. Demographic make-up for race as a percentage of total population in Mineral County is as follows: White (68.1%); Black or African American (4.9%); American Indian and Alaska Native (18.3%); Asian (3.6%); Native Hawaiian and Other Pacific Islander (0.3%); Two or More Races (4.9%); Hispanic or Latino (14.5%).

Nye County
The estimated total population for Nye County, Nevada in 2022 was 54,378, 19.4% up from the 43,848 who lived there in 2010. Demographic make-up for race as a percentage of total population in all of Nye County is as follows: White (75.9%); Black or African American (3.0%); American Indian and Alaska Native (1.6%); Asian (2.1%); Native Hawaiian and Other Pacific Islander (0.5%); Other (6.4%); Two or More Races (10.5%).

However, the southern region serves only above the 38th parallel and includes Tonopah and Round Mountain with other smaller communities. The approximate population for this northern region of Nye is under 4,000.

Tonopah
The approximate population of Tonopah in 2021 was 1,895. The demographic make-up for race as a percentage of total population is as follows: White (80%); Black or African American (7%); American Indian and Alaska Native (1%); Asian (0%); Native Hawaiian and Other Pacific Islander (0.0%); Other (0%); Two or More Races (6%); Hispanic or Latino (6%) of the population.

Round Mountain
The approximate population is 2,345 in 2021. Estimated demographic make-up for race as a percentage of total population is as follows: White (76%); Black or African American (1.0%); American Indian and Alaska Native (1%); Asian (0%); Native Hawaiian and Other Pacific Islander (0%); Other (0%); Two or More Races (20%).

To supplement this overview of the southern region, a detailed look at the behavioral health assets and regional strengths are listed below followed by a review of the gaps, barriers, and other needs.

Southern Regional Behavioral Health Coordinator and Board Priorities (2022)

The Southern Regional Behavioral Health Policy Board met three times in 2022. The board heard a variety of presentations from local, regional, and state organizations around ongoing activities and priorities. The coordinator and board were gaining momentum around several activities on the following topics:

Coordination with local taskforces: The coordinator was working diligently in conjunction with the board to review the need for and develop/implement county behavioral health task forces in the region. The Mineral County Taskforce was the first one to begin ensuring ongoing coordination between local stakeholders and the region. Although this work ceased in the latter part of 2022, this current coordinator is meeting with a nucleus of individuals to discuss restarting the task group. Future evaluation of existing groups and the need for developing, implementing, and sustaining these important initiatives will be a priority if applicable, especially if the board and those communities view this as an important and necessary goal.

Legislative:
The Southern Board and the previous coordinator started work on a potential transportation bill after discovering a major gap and need in transport for crisis mental health patients needing more intensive services than what is available in the region. An agenda for an October meeting for an Emergency Bill Draft Request Workgroup shows “action items” around what services would be provided and what persons or entities would be receiving this funding and providing the service? Another question addressed was whether this service would be for transporting individuals to mental and behavioral health appointments or transportation for helping people in a mental health crisis. Another critical component was about the funding needed and the source of such funding. The group also noted review of similar bills and work in Oklahoma, Colorado, Texas, and Virginia’s Legislative Transportation Bill’s for reference in assisting SRBHPB in building language[ii]. Another item referred to review of the Treatment Advocacy Center’s

published report, “Road Runners” to refer to data on medical transportation. The SRBHPB Members planned to utilize this report to help support BDR language build.[iii] Once the board resumes meeting, one potential goal would be to re-evaluate the need for this or other future efforts in coming years.

Strategic Planning: The Southern Board Coordinator spent a significant amount of time reviewing stakeholder input, identifying priorities, and developing next steps forward to achieve those priorities. Although this planning was disrupted in late 2022, the current coordinator through the review of the historical context, and in collaborating with stakeholders in the region as well as the board, will continue a review of current county and regional planning and coordinate the development of new planning as needed and desired.

Education: the coordinator also undertook a series of trainings, visits, and educational opportunities along with coalition meetings and the board meetings. Relevant training and education will continue.

Advocacy: the coordinator engaged in a significant amount of advocacy in behavioral health coordination and with crisis intervention, suicide prevention, and with veteran and tribal individuals and groups. This ongoing advocacy in behavioral health will be continued, if applicable and as needed, and expanded upon as it relates to grant deliverables.

Southern Regional Behavioral Health Policy Board Meetings and Presentations
Available documents and materials associated with the Southern Regional Behavioral Health Policy Board can be found on the Board’s website at the following link: SouthernRBHPB (nv.gov).

In 2022, the Southern Board appointed and approved members, reviewed and adopted bylaws, and underwent training around Open Meeting Laws with the Office of Attorney General. In a survey of the records, informational items listed in the board’s work involved the following areas:

- Presentation from Jay Kolbet-Clausell, Program Manager, Nevada Community Health Workers Association, presenting on Community Health Service Awareness and Expansion among providers using Medicaid.
- Presentation from Charles Duarte, Nevada Director of Public Policy and Advocacy, Alzheimer’s Association, presenting on Dementia Care Specialists.
- Southern Regional Behavioral Health Coordinator, discussion on BDR Topics Chart, additional BDR topic to add to BDRC chart- Expansion of Specialty Courts- Mental Health Court in Rural/Frontier Nevada Counties.

Southern Regional Behavioral Health Strengths (2022)

Regional Highlights

- Two hospitals, Mt. Grant General Hospital in Hawthorne, and Grover C. Dils, in the region provide primary and emergency care with long term care and hospital-based health clinics. Tonopah has a free-standing health clinic operated by a nurse practitioner.
- Community coalitions in Nye and Lincoln counties have significant collaboration between and among stakeholders and agencies. Nye also serves Esmerelda and Mineral County is in the process of restarting the behavioral health task group.
- The presence of NAMI and other non-profits and providers in the region supporting the community in-person and virtually and through telehealth.
- Crisis Intervention Teams (CIT)- Lincoln & Northern Nye- collaborated with Rural RBHC with a previous goal of a Statewide CIT after certification in CIT Training Course
- Behavioral Health Task Force in Mineral is being restarted & Lincoln County (details listed below)
- S.W.O.T Analysis for Youth and Adults in Mineral County (results listed below)
- 9-8-8 Mental Health Crisis number implemented in July 2022
- FASTT and MOST Teams in Nye County - community-based justice and behavioral intervention along with Multi-Disciplinary Teams working in deflection and diversion.
- Regional Specialty Courts in the region are mostly adult drug courts. Nye and Esmerelda both fall in the 5th Judicial District which has one specialty court. Mineral County falls under the Western Region Specialty Court which manages a few of the rural areas. Lincoln County falls under the 7th JD which has one specialty court. The region does not have any mental health courts.

The Southern Behavioral Health Region has significant strengths in the dedicated work of the coalitions and other agencies having a positive impact on the region. Nye County has a very robust coalition that is not only doing significant work in that county, but also outreaching to Lincoln and Esmerelda Counties. The Lincoln County Coalition is supported directly by Nye County Community Coalition with staff and board members on the ground in Lincoln. The region also has providers and agencies doing work across the south. There are two hospitals in this rural region that are significant partners and resources for the counties and the region. Mt. Grant General Hospital, located in Hawthorne, Nevada, provides primary care and emergency medical services in Mineral County (Hawthorne, Nevada) and the surrounding area. The facility also provides inpatient care, emergency services, and diagnostic services, according to their website. Grover C. Dils Medical Center in Caliente (Lincoln County) also serves the region. They provide healthcare services and list a clinic in Alamo as well. Several tribes operate health clinics in the region, Moapa Paiute Tribe in Moapa, Nevada and Walker River Paiute Tribe in Schurz, Nevada. The Duckwater Shoshone Tribe also operates a health clinic.

A previous board presentation also lists resiliency as a major strength in the individuals, agencies, and organizations in the region. The Mt. Grant General CEO participates in the Central Nevada Health District along with Mineral County Opioid Fund Commission, two other assets in

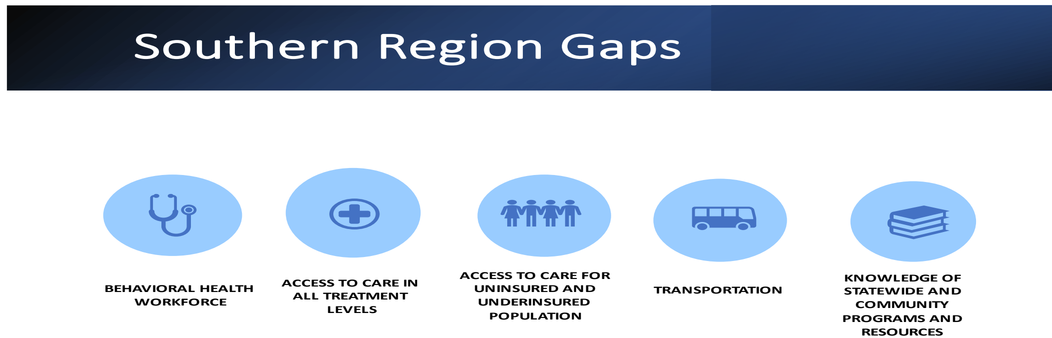
the region, the latter of which is wrapping up final recommendations to the Commissioners on funding since November of 2022. The previous coordinator presented to the Mineral County Local Board of Health on the gaps, strengths, weaknesses, and areas of opportunities where prevention, education and training can be implemented, and best practices can provide change and impact for community members across the county. SRBHC launched Mineral County Behavioral Health Task Force (MCBHTF) in collaboration with emergency operations. The previous coordinator worked in collaboration with county human services around Sequential Resource Intercept Mapping & S.W.O.T. (Strengths, Weaknesses, Opportunities, Threats) Analysis and training.

Looking at individuals and communities from a strength-based perspective gives a more balanced way of looking at the positive aspect of what people, agencies, and communities have to offer; on the other hand, there are also significant opportunities for change and potential threats to those strengths. Those serious needs include gaps and barriers as listed below.

SOUTHERN REGIONAL BEHAVIORAL HEALTH NEEDS - GAPS AND BARRIERS

This report provides a framework to improve behavioral health services and enhance quality of life within the Southern Region's communities, focusing on identified behavioral health needs in the form of barriers and gaps. This rural region continues to face significant needs and concerns across the behavioral health continuum as noted below.

BEHAVIORAL HEALTH CONTINUUM



Significant Regional Needs - Barriers and Gaps

- General lack of services for both youth and elder populations, especially awareness or knowledge of state programs across entire region.
- Obviously, citizens in the southern region also utilize agencies and resources in the more urban areas of Clark and Washoe as needed and when travel and transportation are available and feasible, yet the scarcity resources and providers create a need to travel out of the region to access for specialists in healthcare, more intensive behavioral health, and other resources. Transportation for accessing medical and healthcare and mental health crisis transport creates a major barrier. Individuals and families often

must travel long distances to the urban areas, and this creates issues with financial concerns, time off work and school.

- Lack of coordinated behavioral health crisis response. Nye County does have a more developed response in this area. Training and crisis planning needs to be developed and providers trained in other counties.
- Lack of behavioral health workforce across southern region as well as retention of professionals.
- Need for behavioral health supportive housing and in-patient (residential) treatment for SMI & SUD.
- Substance use disorders and need for increased prevention, educational programs, treatment and coordinated efforts. Nye County and other coalitions do have grants and funding around these areas, but more is needed in other counties.
- Need for increased harm reduction and resources around opioid misuse, death, and overdose. Some county coalitions are doing Narcan training, especially Nye County. There is one harm reduction vending machine in Mineral County that sets a precedent in the state, especially for rural areas.

In addition to these significant needs listed above, the previous coordinator collaborated with one county for a more in-depth look at their needs. One of the models used in that planning is a S.W.O.T Analysis. This was completed in Mineral County, and the planning committee to restart the behavioral health taskforce there is reviewing the past work that will be resumed and expanded upon when they begin meeting again.

S.W.O.T Analysis for Youth in Mineral County (August 2, 2022)

Identify and discuss the relevant strengths, weaknesses, opportunities, and threats of Mineral County's process to:

1) Identify mental and behavioral health and/or substance use disorders needs & gaps in the community.
2) Knowledge of mental and behavioral health and/or substance use disorder services & programs and the process to access services needed.

Strengths

- Collaboration between and among stakeholders
- Dedicated justice system professionals
- Resilience and Creativity with finding solutions after needs are identified.
- Strong guardianship
- Strong school, family services, and faith-based presence
- Community support & involvement

Weaknesses (Growth Areas)

- Limited parental involvement as a barrier

- Trust as a barrier to building relationships.
- Certain age group gaps in the population
- Limited funding and support in the community to assist with activities for the youth population.
- Youth Development- specifically learning core values, basic skills training, socialization skills training.
- Transportation- lack of access to care for medical and mental/behavioral health

Opportunities

- Youth Development-Training- build off successful models- 4-H, Boy Scouts & Girl Scouts
- Transportation
- Education on substance use and misuse, e.g., Naloxone Training
- Location

Threats (Barriers)

- Substance use and misuse.
- Multi-generational family dynamics
- Location
- Limited foster care

S.W.O.T Analysis for Adults in Mineral County (August 2, 2022)

Identify and discuss the relevant strengths, weaknesses, opportunities, and threats of Mineral County's process to:

3) Identify mental & behavioral health and/or substance use disorders needs & gaps in the community.
4) Knowledge of mental & behavioral health and/or substance use disorder services & programs and the process to access services needed.

Strengths

- Partial access and availability to mental health
- Home Care – personal care attendants provided through a state grant.
- RSVP
- Veteran Transportation
- Non-profit agency
- Dentist in town- 1 Dentist located in Hawthorne.
- Hospital- Mt. Grant General Hospital

Weaknesses (Growth Areas)

- Community transportation
- Support Groups- survivors of suicide loss, Narcotics Anonymous and other recovery support groups

Opportunities

- More case management- keep aging and elders in home.
- Evaluate housing needs.
- Stay local, keep locals in community- long-term housing.

Threats (Barriers)

- Self-neglect
- Trust in relationship building.
- Decrease in home health- half of the case load is going to be cut due to funding budget cuts $$
- Workforce shortage
- Senior exploitation
- Families- generational drug use/abuse- disproportionally high
- Housing program
- HUD vouchers- housing does not meet the financial criteria (barrier)
- Licensure for in-home daycare

Regional Needs Assessment Summary and Conclusion

As noted above and in recent talks with stakeholders in the region as well as attendance at various community meetings and coalitions (mostly virtually at this point with planned travel in the month of May and following), certain critical needs show up as follows: transportation, housing, access to services or lack of services in addition to long term treatment services. Additional gaps listed for the southern region include the following: access to care in all treatment levels including for uninsured and underinsured population; knowledge of statewide and community programs and resources; affordable housing/homelessness; general health issues; parents unable to participate in services with their children; ongoing after effects of the pandemic; and availability of resources including a need for education around health and wellness as well as reducing stigma of mental health issues.

Issues also show up around the other needs as follows: need for increased community-relationship building and outreach; behavioral health workforce issues in addition to concerns in healthcare and teacher shortages and retention; shortage of dental options; need for more primary care clinics and hospital-based care as well as behavioral health providers or mobile clinic access. There is no doctor in Tonopah, but one nurse practitioner is in the town. Esmerelda does not have primary care or a hospital. Finally, the region needs increased focus on crisis intervention strategies more upstream to prevent the need for more intensive behavioral health treatment and incarceration.

Southern Region Priorities, Strategies, and Recommendations

Obviously, a focus on strengths as well as a serious look at needs including barriers and gaps is not sufficient for meaningful change in any system or community; however, it is a good starting point, and more is needed in the coming months for individual counties and the region. Moreover, planning and implementation involves grassroots input and collaboration along with regional and state support and funding that is also critical. The following overview is a starting point for future work to develop priorities, strategies, and recommendations to address the most pressing issues in the region. Over the past year, the Southern Board and Coordinator used a variety of information sources described below to inform priorities, strategies, and recommendations for 2023 and beyond. This significant work will continue in the coming months and years and will include a renewed effort to examine needs including barriers and gaps in the system. Although these recommendations are comprehensive in nature and will need to be examined by local and regional groups to prioritize them to be followed by action, these recommendations build on previous work around needs and concerns for the region. These areas, many of which are consistent throughout other rural regions in the state, will also serve as a starting point for the current coordinator, the policy board, and the groups and stakeholders in the region.

1. **Regional Coordinator Role and Policy Board Development**

   Needs – Gaps and Barriers
   Several areas have been identified where additional infrastructure could lead to greater efficiency as the southern region works to develop a more sophisticated behavioral health system. The coordinator and policy board can assist with this need.

   Priority Recommendations and Potential Strategies
   - Building on the work of the previous coordinator as it relates to 2023 deliverables, renewing and continuing the past work of the stakeholders in the region, including restarting the policy board in June with subsequent regular meetings, is a high priority. This also includes working on replacement for two board members.
   - Utilize the regional policy board in a more cohesive review and implementation of the work in relation to the individual coalitions and taskforces and regional needs in addition to state deliverables and these potential recommendations and priorities.
   - Increase/enhance the networking, coordination, collaboration, and accountability of behavioral health work between the coordinator, board and local, regional, and state individuals and entities. This would include sustainable continuity in the role of the Regional Behavioral Health Coordinator position, the policy board and the region and counties they serve. This includes a review of the systems in the areas of behavioral health, substance misuse, and opioid initiatives throughout the region.

- Support need for local data aligned with Southern Board and regional priorities and utilize this data in the regional work and future reporting.
- Strengthen coordination of funding and programs between state and local stakeholders.
- Examine the need for training and education and in significant areas and move to expand awareness and access to such training.
- Strategies for these recommendations will be in continued development and implementation through past work and future scope of work, goals, activities, initiatives, and deliverables.

2. ***County Behavioral Health Taskforces***

Needs – Gaps and Barriers

More research is needed to explore existing groups and taskforces in the region, especially those that were discontinued in the last year. This coordinator thoroughly reviewed historical records of what was available and has interviewed dozens of stakeholders in the region in the last two months since starting the role. Although further exploration of community needs (gaps and barriers) is needed, establishing and sustaining coalitions and task groups are essential for addressing those concerns.

Priority Recommendations and Potential Strategies:

- Continue exploring existing county and regional groups as well as those that have been discontinued in the last year.
- Future goals include restarting previously existing taskforces and starting new ones as needed, so future reporting can include a more in-depth and accurate look at this work, specific to regional needs and state deliverables around behavioral health and opioids. This includes a priority of restarting the Mineral County BH Task Group. Discussions with a nucleus of stakeholders are ongoing and the initial meeting was held on April 26, 2023, with plans for resuming in-person meetings in June and monthly following.
- Work with community stakeholders to gain input through regular updates from the region's county behavioral health taskforces. These taskforces, if needed, will be composed of diverse community stakeholders including law enforcement, EMS, hospitals, treatment providers, social service, community coalition, and peer and family advocates and will meet monthly to focus on identifying and addressing behavioral health issues, needs, and gaps. Their local work will inform the board and regional initiatives.
- Continue participating in existing coalitions and task groups as they are a significant strength and will be utilized for this work as well.

3. **Access to care in all treatment levels**

Needs – Gaps and Barriers

This will require ongoing inquiry into the local and regional behavioral health gaps and barriers and overall needs including the infrastructure around behavioral health, providers, resources, and the way the system works. This will also necessarily involve examining the access to care for the uninsured and underinsured population as well as transportation and knowledge of statewide and community programs and services, all of which were determined to be existing concerns.

Strategies and Recommendations

- Building on the existing and ongoing work in the counties, the goal is to create new efforts with a more in-depth look or tap into ongoing work in all four counties and work with the region.
- Continue conducting local and regional assessments of the access to care around behavioral health and opioids.
- Review access to care in all treatment levels and work with the board and communities on increasing access and reducing barriers and gaps.
- Evaluating access to care around uninsured and underinsured populations
- Renewing the need for a focus on transportation including decreasing barriers to accessing to long distance care by building upon local resources, utilizing existing and creative intervention as well as finding funding for necessary transportation around behavioral health.
- Increasing knowledge and support around statewide and community programs and resources which includes creating a behavioral health resource guide for the region with local providers and resources including regional and other sources of support. This also includes a regional distribution of those guides.
- Review the behavioral health workforce and work with local, regional, and state individuals and entities around retention, training, and support if possible.

4. **Stable and Quality Behavioral Health Workforce**

Needs/ Gaps:

The Southern Region, as well as the state, faces significant barriers caused by a lack of behavioral health workforce and difficulties that behavioral health professionals encounter. Agencies often have difficulty attracting and retaining professionals in general and behavioral healthcare fields. The lack of funding for these services can also create limited or non-existent resources in these counties and the southern rural region. These gaps and barriers impede timely access to treatment and prevent providers from expanding quality services and constitute a barrier for individuals trying to access this care. Finally, with a shortage of personnel in the rural region,

workers often face high caseloads, burnout, and increased concern for their own physical and behavioral health.

Strategies and Recommendations:

- Continue surveying the needs and concerns of the behavioral health workforce.
- Support local agencies in advocating for increased funding, resources, and staffing.
- Examine the roles of community health workers and the peer specialist workforce and development.
- Provide technical assistance to communities, agencies and individuals as needed.
- Increased focus on training and support for the behavioral health workforce in the southern region.

5. Research affordable and supportive housing and other social determinants of health and solutions

Needs – Gaps and Barriers

Housing and homelessness are concerns across the nation and Nevada, and the rural areas are not exempt from this significant need with all the barriers and gaps. Even though the issues in the rural areas look a bit different in that urban areas, continued research and work in these areas is needed and this affects other areas especially around behavioral health, substance misuse, and opioids.
According to the previous reports and discussion with stakeholders in the region, communities are experiencing a considerable number of individuals who have behavioral health issues in conjunction with housing and homeless concerns. These individuals have complex needs and often enter hospitals or jails for extended periods of time with no safe discharge plan available.

Priority Recommendations and Potential Strategies:

- Work to explore existing resources and groups in the region.
- Learn about and advocate for supportive housing as well as state and national models around housing and homelessness in rural areas. This will include a review of social determinants of health and how they relate to housing and homeless needs and concerns.
- Review, survey, and examine how supportive housing can be aligned with best practices for residents with behavioral health issues in the region.

6. **Review existing regional crisis response systems including the need and support of developing or expanding those services in the region.**

   Needs/ Gaps:
   Because there are limited resources, personnel, and access to services in the region, crisis intervention and support is a critical need with significant gaps and barriers. Crisis holds and the need for rapid and appropriate response to more serious behavioral health needs are growing concerns in many regions, especially rural areas. The southern region has limited diversion and deflection and training around crisis intervention is sporadic at best.

   Strategies and Recommendations:
   - Review existing crisis intervention in other regions and counties in the south and research the need for new crisis intervention strategies for rural areas including deflection and diversion and programs like MOST and FASST, only in northern Nye County. Explore possible avenues to support and expansion for counties in the region.
   - Build relationships with behavioral health agencies, local and regional law enforcement, courts, and judicial staff including specialty courts.
   - Assist communities by providing resources, training, and technical assistance as needed and when possible.

In summary, the list of recommendations, priorities, and strategies show the broad spectrum of underlying needs, gaps, and barriers in regional behavioral health coordination and support. This coordinator will continue building upon previous work of the past coordinator and the current board and other stakeholder groups to review, evaluate, and prioritize these goals and objectives as they deem necessary for the region. These recommendations, although comprehensive in nature, will be options for the Southern Regional Policy Board and other stakeholder groups. Increasing needs and concerns are to find existing supporting information and develop the infrastructure for data to support the needs and future goals in this work. The historical coordinator reports and work as well as recent discussions with stakeholders throughout the region have informed these trends, challenges, and issues from various perspectives in the community. Considerable progress was made in providing a foundation for this work as it unfolds in the coming years.

Southern Region Behavioral Health Profile – Data Highlights and Limitations

A variety of methods were used to identify needs and gaps in the southern behavioral health region; current county, regional, and state quantitative analysis and data was included in this report. Below are a few snapshots of behavioral health trends in the regions of including the south. More data can be found on the Regional Behavioral Health Policy Board data dashboard at https://nvbh.org/dashboard/ and in Appendix C.

While this quantitative data provides perspective on prevalence rates in behavioral health, there is a need to capture and identify additional and more accurate data sources to understand the true gaps and needs in rural Nevada. Future reporting will include significant quantitative information to supplement the qualitative narrative. A serious review of the history and context of the information from the previous coordinator assisted the current coordinator in the preparation of this report which is supplemented by this data.

Even though there are limitations, data can have profound effects in assisting the coordination of systems around health and behavioral health issues in our communities. Further information can be found in the following Office of Analytics - Data Dashboards & Reports Catalog as well as in the data highlights from the Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Southern Region, Nevada published April, 2023 shortly before completion of this report. The recently released report was utilized but not thoroughly analyzed and summarized due to time constraints.

CONCLUSION

There was significant work done in the southern region involving behavioral health coordination in 2022. Even though there was a disruption in the work of the coordinator role and the board in the fall of last year, the stakeholders and counties in the southern region continue their important work. The board had limited activity in 2022, but a majority of the members express a willingness to resume the board meetings and the significant work in the region. In fact, the individual members of the board contribute to this work daily in their respective roles in the region. This work will involve continued learning by the current coordinator in researching and understanding more about the region and their priority needs and recommendations as well as implementing strategies and deliverables for the southern rural counties. This important work will tap into existing strategies and priorities in the local and regional efforts and coordinate new ones as they emerge from the grassroots work in those communities. This coordinator will strive to support the board and those communities in continuing to make progress in the region in relation to the current scope of work and deliverables.

Appendix A: Coordinator Activities - Local, Regional, and State-Wide (Jan.-Oct. 2022)

- Coordination of behavioral health with local, regional, and state stakeholders from
- Lincoln County Coalition Meetings and Tonopah Coalition Meetings
- Nevada Association County Human Services Administrators
- 988 Implementation Workgroup
- Regional FASTT Data & Learning Collaborative
- Lincoln County Sheriff's Department Resource Training - CRT Training Lincoln County
- Complex Discharge Planning Cases in Rural Nevada
- Statewide Mental Health Crisis Hold Workgroup
- RNCoC Meetings and BHCI Workgroup
- Interagency on Homelessness- working subcommittee.
- Advisory Committee--Health Care Workforce & Pipeline Development Workgroup
- Regional Behavioral Health Policy Board Meetings
- Nye/Tonopah Coalition and Workgroup Meetings
- NV-CA Bridge Program- MAT (Medication Assisted Treatment)
- Attended 988 Webinar: A Crisis Response System in Nevada
- Attended Statewide CoC - P.I.T. Count Training - statewide coordination on the homelessness census count for 2022 using the Counting Us App.
- Significant work with tribal and veterans' groups as well as suicide prevention.
- Participated and attended the Regional Behavioral Health Coordinator's Meeting.
- Participated in other local and regional coalition meetings.
- Attended numerous trainings and conferences around children and behavioral health.
- Crisis Intervention Training (CIT) and training in best practices.
- Attended regular local, state, and regional meetings.
- NRHP Behavioral Health Binder distribution
- Researched and authored an article on Dementia and Nevada's Mental Health Crisis Hold.
- Monthly reporting to NHRP on coordinator activity.
- Attended Regional FASTT Meetings
- Signed Letter of Commitment with HRSA Grant- Nye Communities Coalition
- Meeting with NAMI Executive Director Laura Yanez to discuss NAMI Programs
- Created List Serve for this coordinator's region - resources, services, trainings, webinars.
- Participated in Statewide Behavioral Health Integration Planning Workgroup
- Attended and supported other regional behavioral health policy board meetings.
- Attended a 4-day Crisis Intervention Teams Training International Conference and Certification Course August 27-31st in Pittsburg, PA. The coordinator passed the Certification Course and is a CIT Certified Coordinator, certification is 3 years in length.
- Several visits to counties in the southern regions.
- Crisis Response Training (CRT) Phase II Planning Meeting
- Other local, regional, and state activities are too numerous to list.

APPENDIX B: COORDINATOR INVOLVEMENT WITH COMMUNITY ORGANIZATIONS (2022)

- Nevada Rural Hospital Partners
- Statewide Continuum of Care
- Aging and Disability Services
- DPBH Rural Clinics
- DPBH Rural Regional Services
- Nevada Hospital Association
- Lincoln County Health and Human Service
- Nye Communities Coalition
- Lincoln County Sheriff's Office
- Lincoln County Coalition
- Nevada Division of Public and Behavioral Health
- Rural Regional Counseling Center
- Rural Nevada Continuum of Care
- Rural Children's Mental Health Consortium
- Children's Mobile Crisis
- Office of Suicide Prevention
- U.S. Department of Veterans Affairs- Southern VA
- Nevada Department of Veterans Services
- Behavioral Health Solutions
- Mineral County Sheriff's Department
- Mt. Grant General Hospital
- Grover C. Dils Medical Center
- Tonopah Coalition
- N.A.M.I. Western Nevada
- CAHS
- Northern Nevada Thrive, CCBHC
- Mineral County Share & Care Senior Services
- Nye County Sheriff's Department
- Nevada Care connection
- OPEN BEDS/ Overdose Data to Action
- Signs of Hope and Unite US
- Community Chest
- Aurora Healing Center
- Patient Protection Commission
- Nevada Public Health Institute
- Avel eCare Virtual Crisis Care Program
- UNR Extension Office- Tonopah, Lincoln, Hawthorne
- Duckwater Health Clinic
- Walker River Tribal Health Clinic
- Solutions of Sobriety
- Alzheimer's Association
- Nevada Senior Services

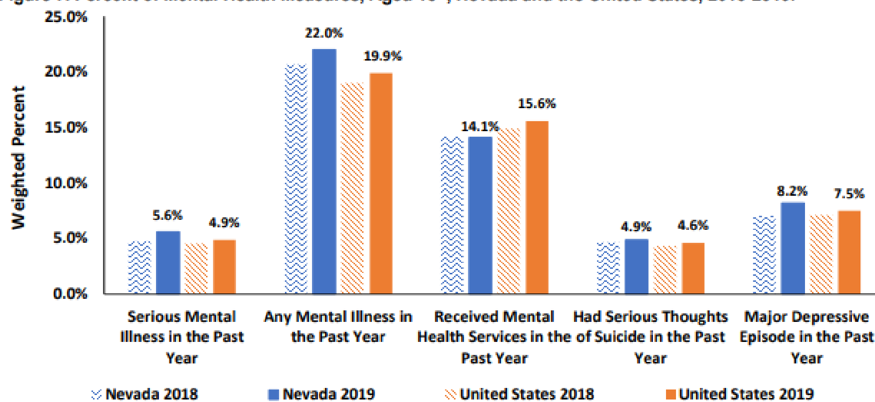
Appendix C: Behavioral Health Data for the Southern Region

2021 Southern Behavioral Health Profile Highlights[iv]

Mental health data is collected by numerous data sources in Nevada, including YRBS, BRFSS, hospital billing, state-funded mental health facilities, and vital records.

<u>National Survey of Drug Use and Health (SAMHSA)</u>
The survey tracks trends of illicit drug, alcohol, and tobacco use, as well as mental health issues throughout the United States.

Figure 7. Percent of Mental Health Measures, Aged 18+, Nevada and the United States, 2018-2019.

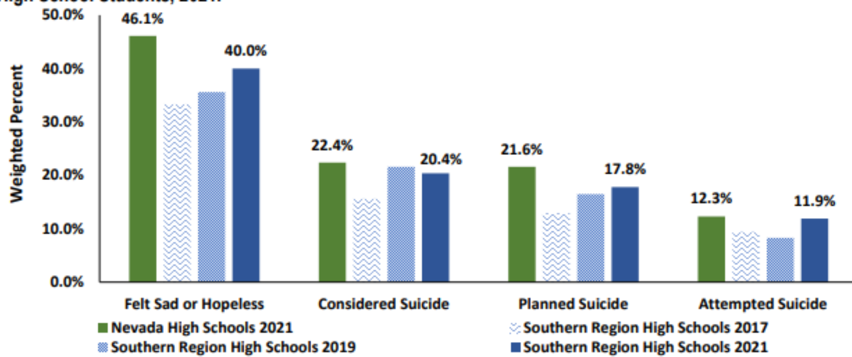


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2017-2018 and 2018-2019.
Chart scaled to 25.0% to display differences among groups.

"Nevada percents continue to be higher than the United States for 'serious mental illness in the past year,' 'any mental illness in the past year, and "had serious thoughts of suicide in the past year.' Nevada had the same percent as the United States in 2018 for major depressive episode in the past year but was higher in 2019."

"Youth Risk Behavior Survey (YRBS) The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd numbered years. In 2021, 296 high school and 287 middle school students participated in the YRBS in the Southern Nevada Region. The University of Nevada, Reno maintains the YRBS data and publishes data on each survey. For more information on the YRBS survey, please go to the following site: UNR YRBS."

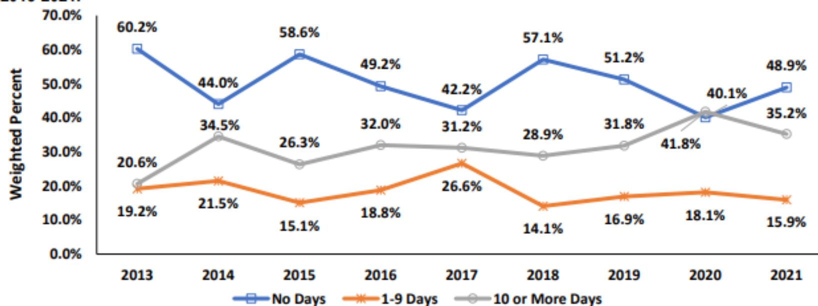
Figure 8a. Mental Health Behaviors, Southern Region High School Students 2017, 2019, and 2021, and Nevada High School Students, 2021.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 50.0% to display differences among groups.

"From 2017 to 2021, there has been a steady increase in the percent of Southern Region high school students reporting that they felt sad or hopeless or planned suicide. The percent who reported that they considered suicide increased from 2017 to 2019 followed by a decrease in 2021 (20.4%), while the percent who attempted suicide decreased from 2017 to 2019 followed by an increase to a percent higher than 2017 (11.9%). The percentage for all mental health behaviors in 2021 among Southern Region high school students listed in Figure 8a above were lower than the 2021 Nevada high school percents."

Figure 9. Percent of Adult BRFSS Respondents Who Experienced Poor Mental or Physical Health that Prevented Them from Doing Usual Activities by Days Affected in Past Month, Southern Region Residents, 2013-2021.



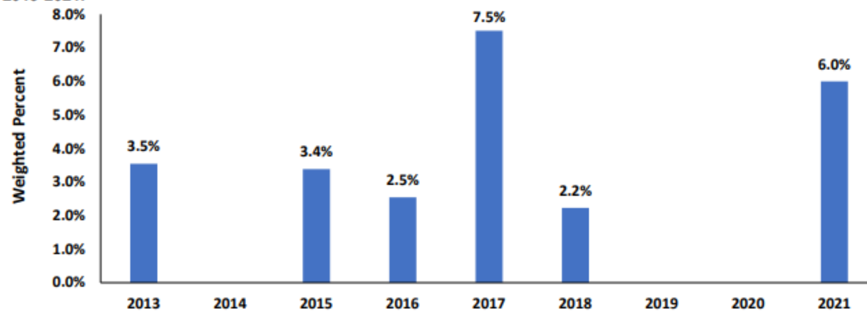
Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 70.0% to display differences among groups.
Specific question asked in survey: "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

"There was an increase in adults who had more than 10 days of poor mental and physical health from 40.1% (2020) to 48.9% (2021), but these percents are lower than the high of 60.2% in 2013. There are more adults in the Southern Region experiencing 10 or more days of poor mental or physical health compared to those with less than 10 days of poor mental or physical health."

Suicide

"Mental health issues, along with factors such as adverse childhood experiences and substance use disorders, may disproportionally affect those who die by suicide."

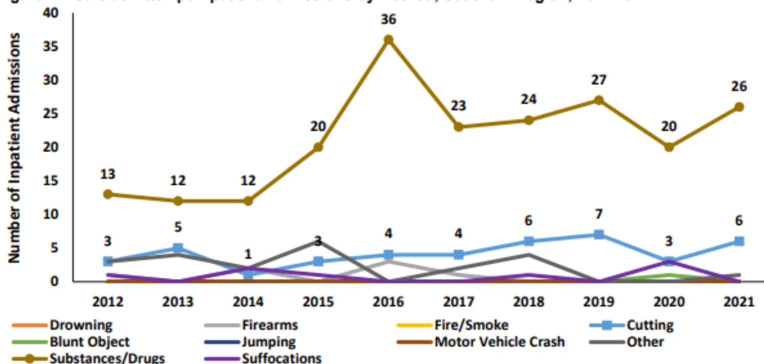
Figure 19. Percent of Adults in Southern Region Who Have Seriously Considered Attempting Suicide, 2013-2021.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 8.0% to display differences among groups.
Indicator was not measured in 2014. Percents suppressed in 2019 and 2020 due to small number of responses.
Specific question asked in survey: "During the past 12 months have you ever seriously considered attempting suicide?"

"When asked "Have you seriously considered attempting suicide during the past 12 months," 6.0% of Southern residents responded "yes" in 2021, which is lower than the high of 7.5% in 2017."

Figure 21. Suicide Attempt Inpatient Admissions by Method, Southern Region, 2012-2021.



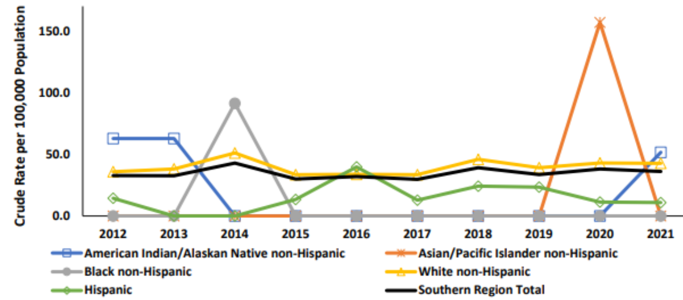
Source: Hospital Inpatient Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

Inpatient admissions for attempted suicide where the patient was admitted and did not expire at the hospital have increased where the method was substances or drugs. Inpatient admissions related to drug overdoses increased from 13 admissions in 2012 to 26 in 2021 with a high of 36 during 2016.

"Inpatient admissions for attempted suicide where the patient was admitted and did not expire at the hospital have increased where the method was substances or drugs. Inpatient admissions related to drug overdoses increased from thirteen admissions in 2012 to 26 in 2021 with a high of 36 during 2016."

Counts and rates of suicide among Southern Region residents have remained mostly steady from 2012-2021. The lowest counts and rates were in 2015 and 2017, while the highest were in 2014.

Figure 23. Crude Suicide Rates by Race/Ethnicity, Southern Region Residents, 2012-2021.



Source: Nevada Electronic Death Registry System.

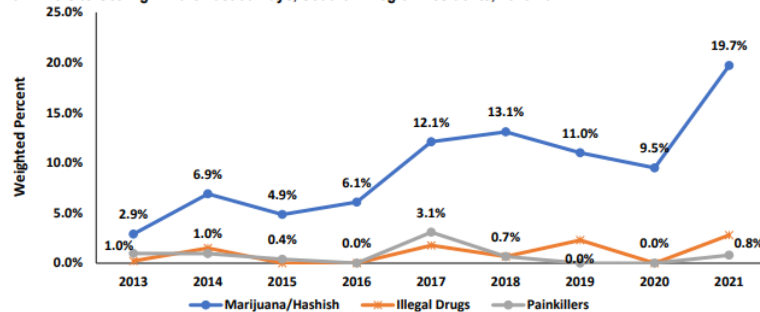
"Crude rates of suicide based on race/ethnicity are to be interpreted with caution due to low populations of minority groups such as American Indian/Alaskan Native non-Hispanic, Asian/Pacific Islander non-Hispanic, and Black non-Hispanic. Of note however, rates among the White non-Hispanic population have historically been higher than the Southern Region total rate."

"Mental Health-Related Deaths Mental health-related deaths are deaths with the following ICD-10 codes groups listed as a contributing cause of death (F00-F99 excluding F10-F19):

- Organic, including symptomatic, mental disorders.
- Schizophrenia, schizotypal, and delusional disorders
- Mood [affective] disorders
- Neurotic, stress-related and somatoform disorders
- Behavioral syndromes associated with physiological disturbances and physical factors.
- Disorders of adult personality and behavior
- Mental retardation
- Disorders of psychological development
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence; Unspecified mental disorder.

Behavioral Risk Factor Surveillance System

Figure 34. Percent of Adult BRFSS Respondents Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, Southern Region Residents, 2013-2021.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 25.0% to display differences among groups.
Specific question asked in survey: "During the past 30 days, on how many days did you use marijuana or hashish/any other illegal drug/prescription drugs without a doctor's order, just to "feel good," or to "get high"?"

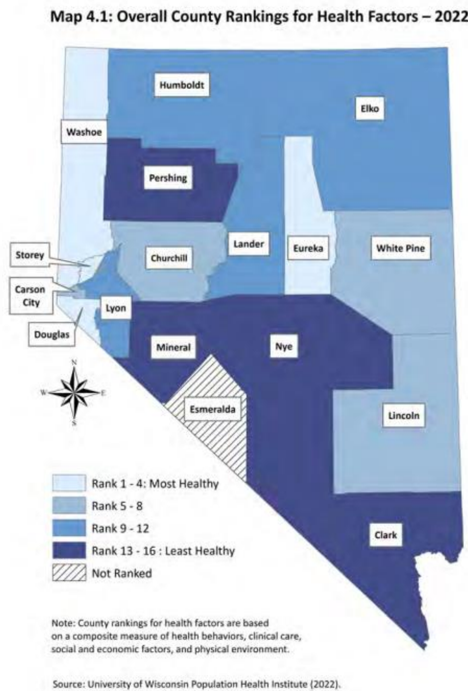
"In 2021, 19.7% of Southern Region adults have used marijuana in the past 30 days, an increase from 9.5% in 2020, and over a 59% increase from 2013 (2.9%). Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017. Of Southern Region adults surveyed, approximately 0.8% (on average) used painkillers to get high in the last 30 days and 2.8% used other illegal drugs to get high in the last 30 days."

Finally, these snapshots provide a cursory overview of the concerns around behavioral health and a more comprehensive analysis of this data and report will be used in the coming year to assist with coordination of behavioral health in the southern region.

Appendix D Below - County Health Factors and Outcomes and Travel Barriers
Listed below are four diagrams that we will call Appendix D that show significant concerns for the southern region.

Map 4.1: Overall County Rankings for Health Factors – 2022 shows that Nye and Mineral County are ranked in the 13-16 range of counties for "least healthy" and Esmerelda is not ranked at all.

Nevada Rural and Frontier Health Data Book — Eleventh Edition



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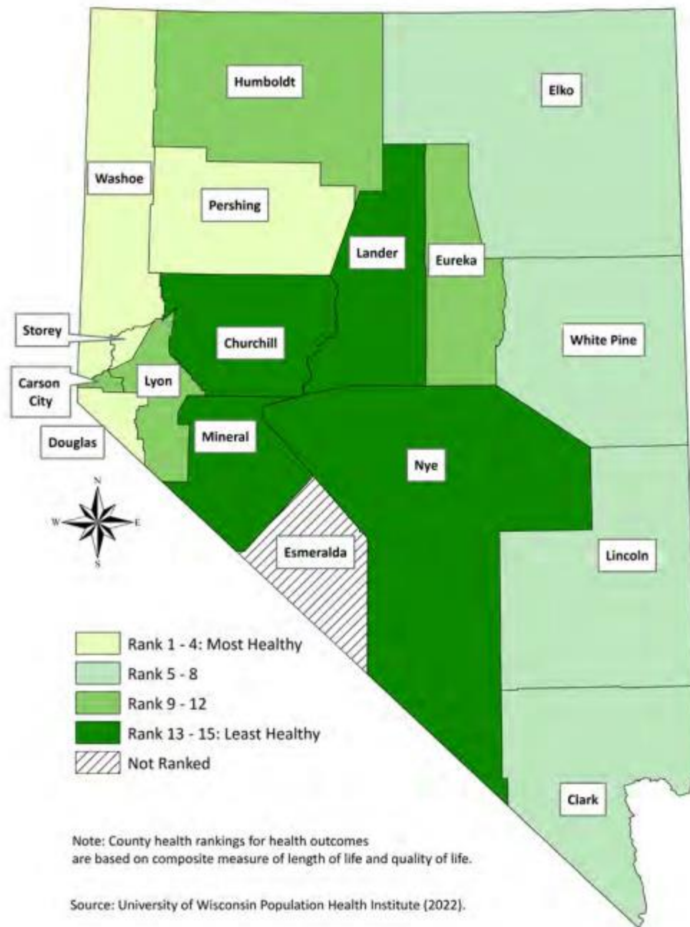
Map 4.2: Overall County Rankings for Health Outcomes – 2022 shows Nye and Mineral as ranked in the 13-15 range as "least healthy" with Esmerelda again not ranked.

Nevada Rural and Frontier Health Data Book — Eleventh Edition

Map 4.2: Overall County Rankings for Health Outcomes — 2022



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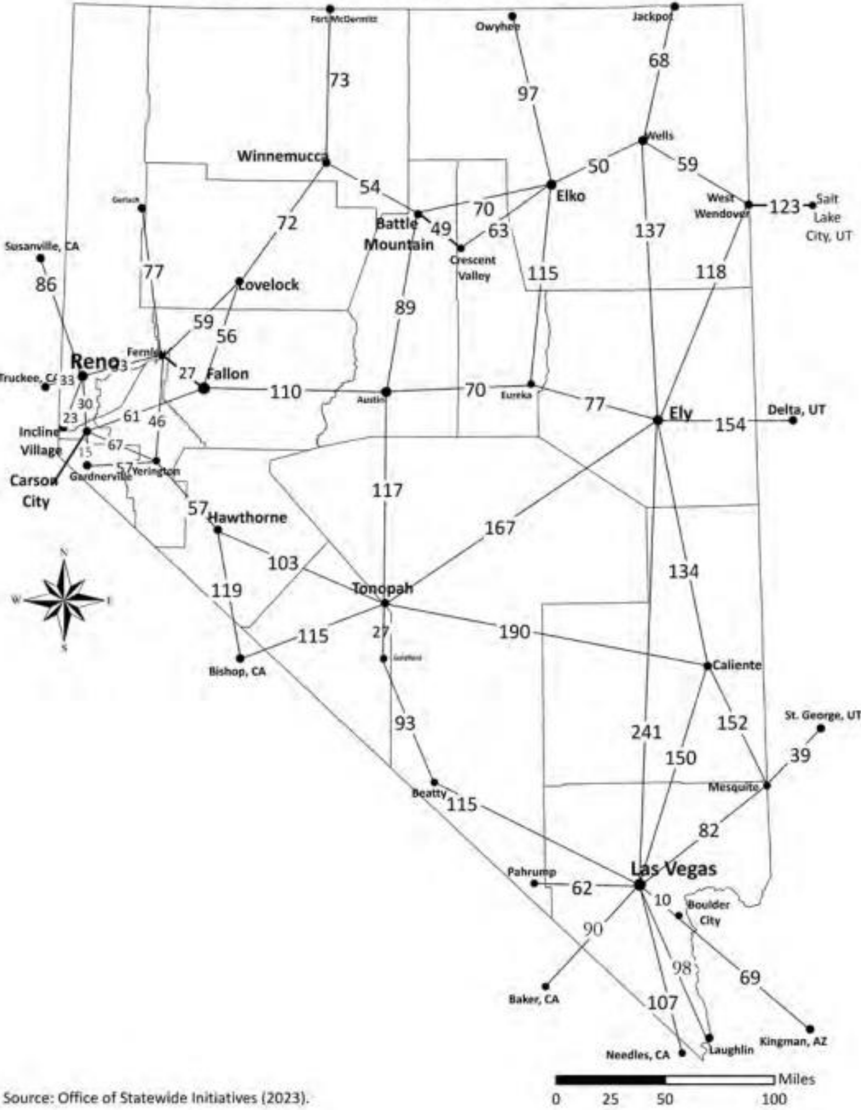
One of the significant barriers in the southern region is the distance people must drive either inside the counties or to other counties in or outside the region and more urban areas at greater distances as shown in Mileage Map 6.1



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This final map shows significant barriers in the southern region for the citizens driving long distances to regional hospitals as well as the issues this causes agencies and personnel in transporting patients and clients. Other factors here include time off work for parents and children that must be out of school longer and longer times out of service for transport personnel which also causes staff shortages and the need for overtime.

[i] The figures include an approximation of northern Nye County because specific statistics for the split county in this district are not available for areas above and below the 38th parallel. The total population of Nye County is 53,450.
[ii] Secure_Transportation_Bill_2021_Mental_Health_Colorado_092222.pdf
[iii] Road-Runners.pdf (treatmentadvocacycenter.org)
[iv] Bureau of Behavioral Health Wellness and Prevention Epidemiologic Profile for South Region, 2023