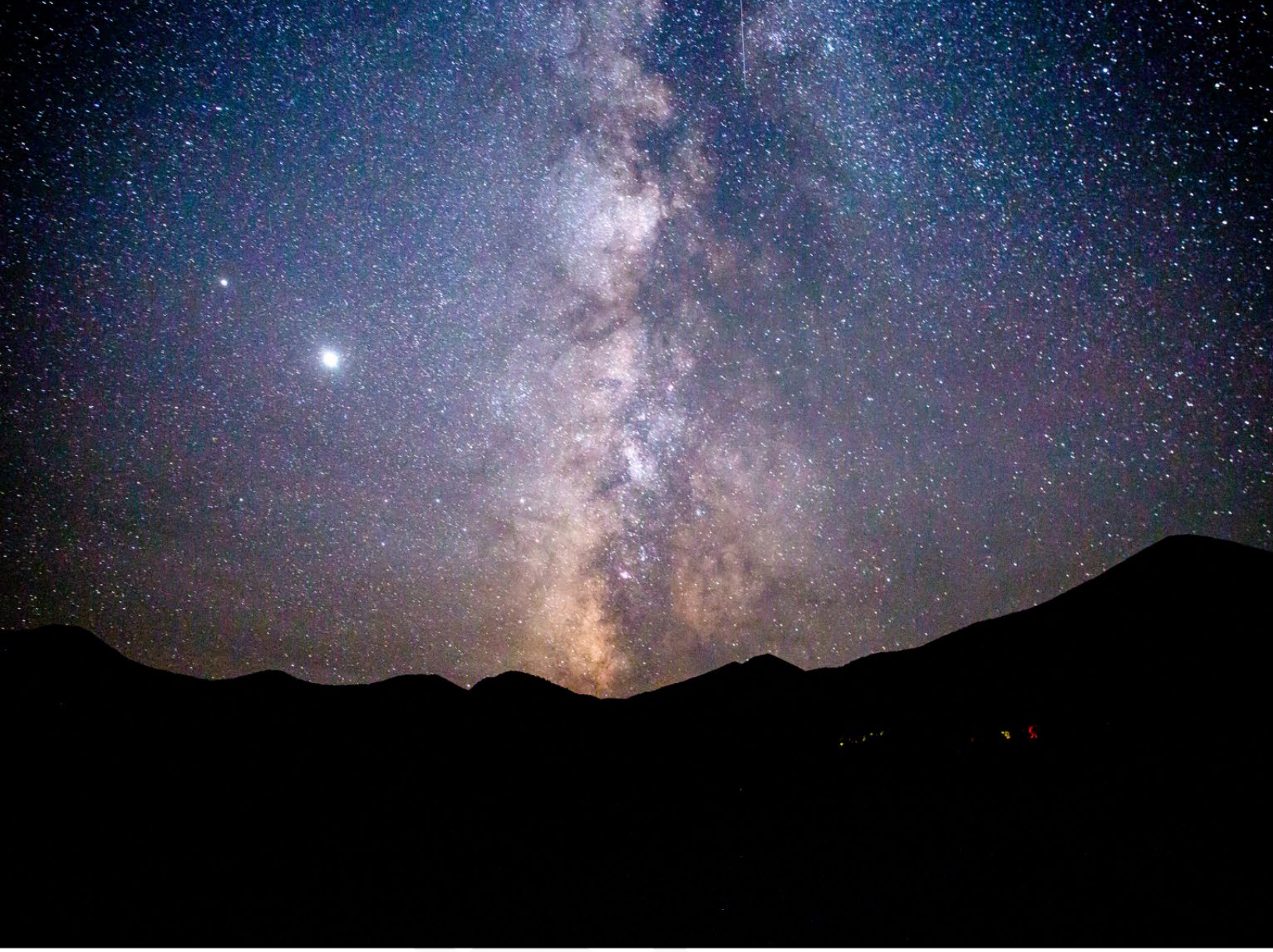

## RURAL REGIONAL BEHAVIORAL HEALTH POLICY BOARD

# 2023 Annual Report

*May 5, 2024 DRAFT*

PREPARED BY
VALERIE M. C. HASKIN, MA, MPH
RURAL REGIONAL BEHAVIORAL HEALTH COORDINATOR

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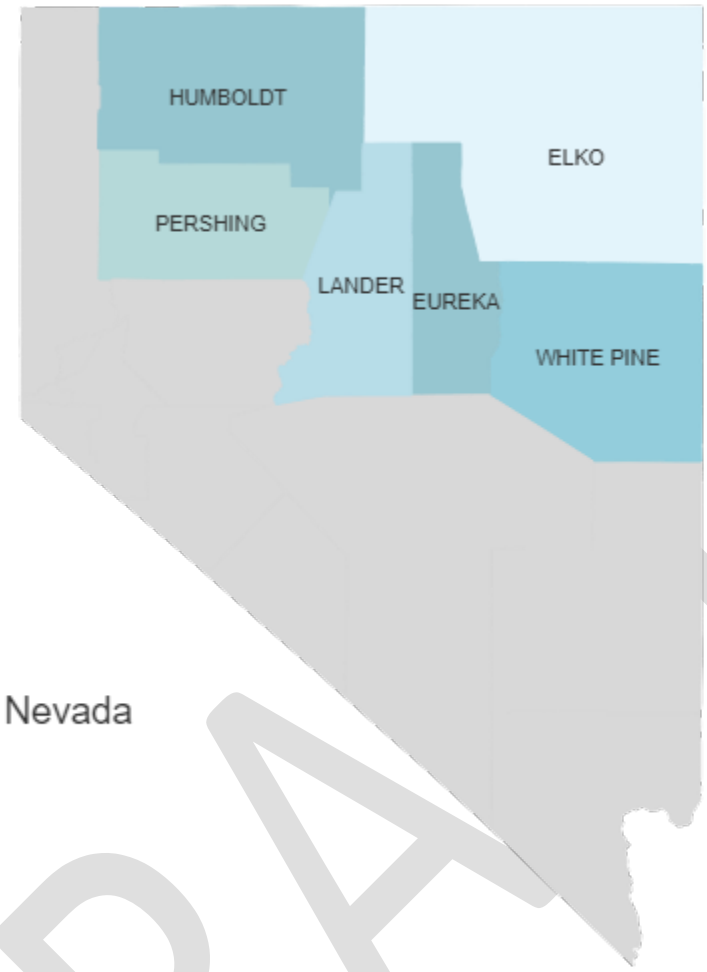



The Counties Included in the Rural Region

served by the Rural Regional Behavioral Health Policy Board:

Elko

Eureka

Humboldt

Lander

Pershing

White Pine

# Board Members

## 2022 Board Members

As of December 2022

**Fergus Laughridge**
***Board Chair***
*Health Officer Representative*
(Health Director/Health Officer, Ft. McDermitt Tribal Wellness Center)
Humboldt County

**Amy Adams**
*Drug and Alcohol Counselor Representative*
(Certified Substance Abuse Counselor)
White Pine County

**Senator Pete Goicoechea**
*Appointed Legislator*
(Senate District 19)
Elko, Eureka, White Pine Counties

**Matt Walker**
*Hospital Representative*
(CEO, William Bee Ririe Hospital)
White Pine County

**Bryce Shields**
*Criminal Justice System Representative*
(Pershing County District Attorney)
Pershing County

**Jeri Sanders**
*Law Enforcement Representative*
(Peace Officer, Eureka County Justice Court)
Eureka County

**Dr. Erika Ryst**
*Psychiatry Representative*
(University of Nevada, Reno)
Remote

**Amanda Osborne**
*Human Services Representative*
(Elko County Manager; past Director of Human Services/Resources)
Elko County

**Brooke O'Byrne**
*Family Member Representative*
Remote

**Sarah Dearborn**
*Public Insurer Representative*
(Nevada Medicaid – Behavioral Health Unit)
Remote

**Chris McHan**
*EMS Representative*
(Director, Elko County EMS)
Elko County

**Patrick Rogers**
*Community-Based Service Provider Representative*
(Behavioral Health Clinical Services Director, Nevada Health Centers)
Remote



## Rural Regional Behavioral Health Coordinator:

Valerie Haskin, MA, MPH
vcauhape@thefamilysupportcenter.org

# Executive Summary

The Rural Regional Behavioral Health Policy Board (Rural RBHPB, or "the Board") focused much of its efforts during 2023 towards Assembly Bill 37, which it sponsored for the 82nd session of the Nevada Legislature (2023).

The Board's priorities for 2023 are included in Appendix C. Along with these priorities are proposed solutions and strategies to address pressing issues. This section was initially developed as a stand-alone document, and was submitted to the Commission on Behavioral Health in early 2023.

Unfortunately, there are still issues related to effective data collection and reporting, which would be used to advise this report and the overall focus of the Board itself. These issues are outlined in the sections below.

Going into 2024, the Board will be focusing its efforts on selecting a BDR concept for the 83rd session of the Nevada Legislature (in 2025), in hopes of creating further positive impact on the local and state behavioral health systems. The Board will also continue to learn how to best address its priority issues and will be working throughout 2024 to advocate for programs and services to fill gaps, build upon successful strategies, and improve the overall functioning and quality of the regional and statewide behavioral health system.

# Data Highlights

As the Substance Abuse Prevention and Technical Assistance (SAPTA) and Office of Analytics branches provide each region with a comprehensive epidemiological report on a biannual basis, the Rural Regional Behavioral Health Coordinator (Rural RBHC) did not receive the Rural Region epidemiological report profile before the due date of the 2022 Annual Report, and this this information is included as a part of this report as Appendix A. The next SAPTA epidemiologic profile for the Rural Region will be published in 2025.

Additional data included here has been sourced from the Nevada Rural and Frontier Health Data Book, 11th Edition (Griswold et. al, 2023); monthly reports from the Nevada Drug Overdose Surveillance Program from February 2023 (includes data from January 2023) through January 2024 (includes data from December 2023), which have been included in Appendix B; the Recovery Ecosystem Index Map (https://rei.norc.org/) as included in Appendix C,

**Basic Demographics**

- Estimated total population of the Rural Region 2023 (Griswold et.al, 2023): 99,282
    - Elko County: 55,314
    - Eureka County: 2,032
    - Humboldt County: 17,817
    - Lander County: 6,315
    - Pershing County: 7,160
    - White Pine County: 10,644

- Estimated 2023 population density of counties included in the Rural Region, calculated as population per square mile (Griswold et. al, 2023):
    - Elko County: 3.2 people per $mi^2$
    - Eureka County: 0.5 people per $mi^2$
    - Humboldt County: 1.8 people per $mi^2$
    - Lander County: 1.1 people per $mi^2$
    - Pershing County: 1.2 people per $mi^2$
    - White Pine County: 6.5 people per $mi^2$

- Population by age group, percent of total county population, by county, 2022 (Griswold et. al, 2023)
    - Elko County
        - 17 and Under: 20.6%
        - 18 through 64: 64.1%
        - 65 and Older:15.3%

    - Eureka County
        - 17 and Under: 18.1%
        - 18 through 64: 61.5%
        - 65 and Older: 20.4%

    - Humboldt County

        - 17 and Under: 25.9%
        - 18 through 64: 58.4%
        - 65 and Older: 15.7%

    - Lander County
        - 17 and Under: 23.2%
        - 18 through 64: 59.3%
        - 65 and Older: 17.5%

    - Pershing County
        - 17 and Under: 14.8%
        - 18 through 64: 70.1%
        - 65 and Older: 15.1%

    - White Pine County
        - 17 and Under: 19.5%
        - 18 through 64: 59.6%
        - 65 and Older: 20.9%

- Estimated 2023 population by race and ethnicity, by county (Griswold, 2023)
    - Elko County
        - White: 40,001
        - Black: 453
        - Native American: 3141
        - Asian or Pacific Islander: 313
        - Hispanic: 12,298

    - Eureka County
        - White: 1,655
        - Black: 4
        - Native American: 28
        - Asian or Pacific Islander: 18
        - Hispanic: 290

    - Humboldt County
        - White: 11,357
        - Black: 139
        - Native American: 940
        - Asian or Pacific Islander: 264
        - Hispanic: 4,781

    - Lander County
        - White: 4.570
        - Black: 21
        - Native American: 319
        - Asian or Pacific Islander: 24
        - Hispanic: 1,433

    - Pershing County
        - White: 4,631
        - Black: 483
        - Native American: 317
        - Asian or Pacific Islander: 85
        - Hispanic: 1,596

    - White Pine County
        - White: 7,718
        - Black: 390
        - Native American: 661
        - Asian or Pacific Islander: 163
        - Hispanic: 1,645

- Veteran Population by County, number and percent of estimated county total population, 2023 (Griswold et. al, 2023)
    - Elko County: 2,975, 5.3% of estimated county population
    - Eureka County: 244, 11.0% of estimated county population
    - Humboldt County: 1,107, 5.6% of estimated county population
    - Lander County: 390, 5.8% of estimated county population
    - Pershing County: 440, 5.7% of estimated county population
    - White Pine County: 713, 6.4% of estimated county population

- Median Household Income by county; percent of Median Household income of Nevada, U.S., 2020 (Griswold et. al, 2023)
    - Elko County: $79,375 (127.9% of Nevada; 122.1% of U.S.)
    - Eureka County: $67,478 (108% of Nevada; 103.8% of U.S.)
    - Humboldt County: $66,123 (106.6% of Nevada; 107.7% of U.S.)
    - Lander County: $73,797 (118.9% of Nevada; 113.5% of U.S.)
    - Pershing County: $57,074 (92.0% of Nevada; 87.8% of U.S.)
    - White Pine County: $57,353 (92.4% of Nevada; 88.2% of U.S.)

**Mental Health and Suicides**

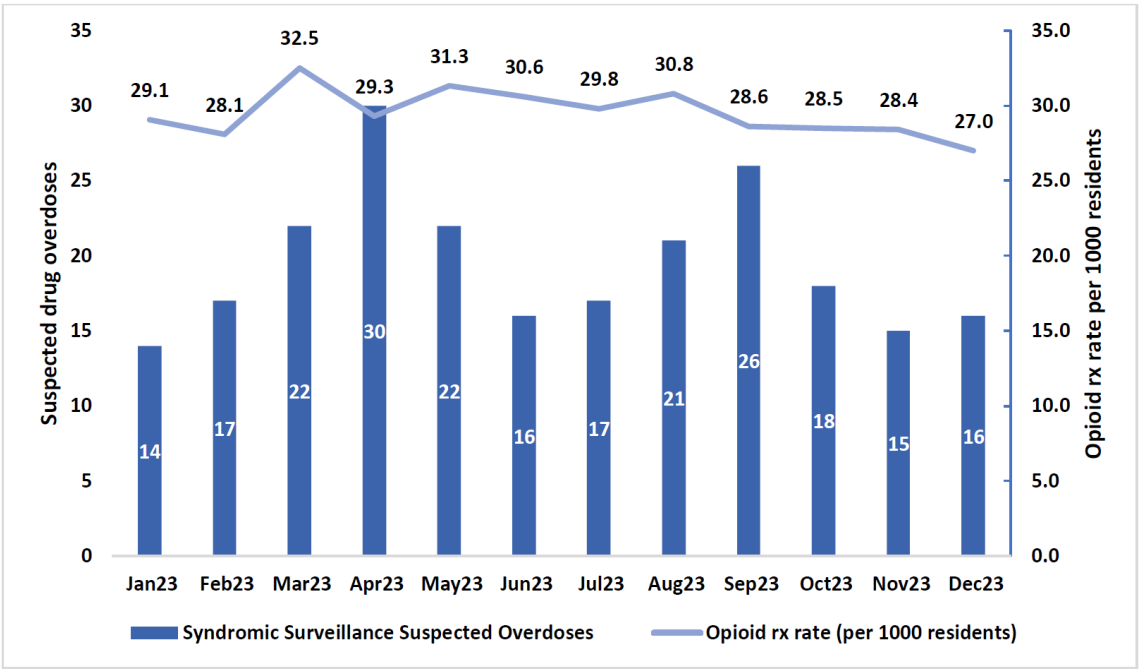
- In 2019, 21% of Nevadans reported having experienced any mental illness in the previous year, versus 19% across the U.S. Both of these numbers had increased over 2018. (Nevada DHHS Office of Analytics, 2023).
- In 2019, 5.6% of Nevadans reported experiencing serious mental illness (SMI) in the past year, versus 4.9% across the U.S. (Nevada DHHS Office of Analytics, 2023).
- In 2019, 8.2% of Nevadans reported experiencing major depressive disorder, versus 7.5% across the U.S. (Nevada DHHS Office of Analytics, 2023).
- In 2019, 4.9% of Nevadans reported having thoughts of suicide in the previous year, versus 4.2% across the U.S. (Nevada DHHS Office of Analytics, 2023).
- In 2019, only 14.1% of Nevadans reported having received mental health care in the past year, versus 15.6% across the U.S. (Nevada DHHS Office of Analytics, 2023).

- In 2021, 45.8% of high school students residing in the Rural Region reported feeling sad or hopeless, compared to 46.1% of high school students statewide. For the same time period, 34.9% of middle school students residing in the Rural Region reported feeling sad or hopeless, compared to 34.6% of middle school students statewide (Nevada DHHS Office of Analytics, 2023).
- **In 2021, 21.7% of high school students and 20.7% of middle school students residing in the Rural Region reported having considered suicide**, compared with 22.4% of high school students and 20.1% of middle school students statewide (Nevada DHHS Office of Analytics, 2023).
- **In 2021, 21.7% of high school students and 13.9% of middle school students residing in the Rural Region reported having planned to die by suicide**, compared to 21.6% of high school students and 13.4% of middle school students statewide (Nevada DHHS Office of Analytics, 2023).
- **In 2021, 12.1% of high school students and 8.1% of middle school students residing in the Rural Region reported having previously attempted suicide**, compared to 12.3% of high school students and 7.2% of middle school students statewide (Nevada DHHS Office of Analytics, 2023).
- **Significant decreases in emergency department encounters** among residents of the Rural Region were seen from 2018 to 2021 for the following diagnoses: anxiety, depression, suicidal ideation, bipolar disorder, PTSD, and Schizophrenia (Nevada DHHS Office of Analytics, 2023). However, it should be noted that there were fluctuations throughout that downward trend.
- **Inpatient admissions for anxiety and depression remain higher** than inpatient admissions related to other mental illnesses, although they fluctuate greatly across each year (Nevada DHHS Office of Analytics, 2023).
- **The number of unique adult clients served by state-funded mental health facilities hit a low of 746 clients in 2021** (Nevada DHHS Office of Analytics, 2023)**.** Given the context of these agencies having difficulty with staffing and space availability, this is unfortunately cannot be attributed to a decreased need for services, but rather **decreased capacity**.
- The 2021 utilization rate for state-funded mental health clinics located within each county of the Rural Region is summarized below (Nevada DHHS Office of Analytics, 2023):
    - Elko County: 34.42 per 10,000 county population
    - Eureka County: 21.22 per 10,000 county population
    - Humboldt County: 87.59 per 10,000 county population
    - Lander County: 76.77 per 10,000 county population
    - Pershing County: 84.13 per 10,000 county population
    - White Pine County: 179.56 per 10,000 county population
- The Top Mental Health Clinic Services by unique number of patients served by state-funded mental health clinics located in the Rural Region in 2021 includes the following (Nevada DHHS Office of Analytics, 2023):
    - Ely Outpatient Counseling: 91 patients
    - Ely Medication Clinic: 155 patients
    - Elko Outpatient Counseling: 82 patients
    - Elko Medication Clinic: 157 patients
    - Winnemucca Outpatient Counseling: 60 patients
    - Winnemucca Medication Clinic: 134 patients

- In 2021, **10.6% BRFSS (adults only) respondents located within the Rural Region reported having considered suicide**, the highest percentage on record for the region utilizing this data set (Nevada DHHS Office of Analytics, 2023).
- In 2021, emergency departments saw **44 suicide attempts utilizing substances in the Rural Region**, the highest of all methods analyzed (Nevada DHHS Office of Analytics, 2023). There were also 18 attempts reported utilizing cutting as the method, with much lower numbers for firearms, drowning, blunt objects, and other methods.
- **In 2021, there were 41 suicides** reported across the Rural Region, up from 26 in 2020, 32 in 2019, and 28 in 2018 (Nevada DHHS Office of Analytics, 2023).

## Substance Misuse and Overdose

- Percent of Adults reporting excessive alcohol use by county, 2022; percent change 2012-2022 (Griswold et. al, 2023)
    - Elko County: 21.4% (- 12.7% change)
    - Eureka County: 22.1 % (no change data available)
    - Humboldt County: 20.8% (-9.6% change)
    - Lander County: 19.3% (+20.6% change)
    - Pershing County: 21.1% (- 0.5% change)
    - White Pine County: 21.1% (+ 58.6% change)
- As per the graphic below, in 2023 the Rural Region saw increases in the number of suspected overdoses in the spring and fall.




Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates in the Rural Region (per 1,000 residents), past 12 months. From Appendix C (Larsen Institute, 2024).

- Self-reported substance use by high school students, combined counties, 2021 (Griswold et. al, 2023)
    - Elko, Eureka, and White Pine Counties
        - Marijuana: 30.9%
        - Vaping products: 26.9%
        - Binge Drinking: 21.2%
        - Prescription Drug abuse: 13.5%
        - Current Smoking (tobacco): 7.7%
    - Humboldt, Lander, Pershing, and Churchill* Counties
        - Marijuana: 34.5%
        - Vaping products: 24.5%
        - Binge Drinking: 18.8%
        - Prescription Drug abuse: 20.9%
        - Current Smoking (tobacco): 11.8%

      *Churchill County is not included in the Rural Region, but its data was combined with that from Lander, Pershing, and Humboldt Counties for statistical purposes.

- For 2018-2021, both the Drug and Opioid-specific mortality rates were less than 19 per 100k population for Elko County, and 19-30 per 100k population for Humboldt County (NORC, 2024). There was insufficient data received by NORC to calculate the rates for all other counties included in the Rural Region. For more information about the interplay of Drug Overdose Mortality and Opioid Overdose Mortality and specific social factors, please see Appendix C.
- The "Recovery Ecosystem Index" ratings for counties within the Rural Region are considerably weak for the 2018-2021 time period, taking into account the availability of substance use treatment providers, support services, and other social determinants of health (NORC, 2024). For more information, please see Appendix C.

**Behavioral Health Workforce**

- Number of persons employed in psychiatric and substance abuse hospitals* located in all rural and frontier counties combined (Griswold et. al, 2023): -0-
  *This does not include CCBHCs
- Number of persons employed in residential mental health facilities located in rural and frontier counties combined (Griswold et. al., 2023): -0-
- Number of psychiatric APRNs by county, 2022 (Griswold et. al, 2023)
    - Elko County: 3
    - Eureka County: 0
    - Humboldt County: 0
    - Lander County: 1 (note, this individual has since moved on to private practice)
    - Pershing County: 1
    - White Pine County: 0
- Every county in the Rural Region has a HRSA Mental Health Provider Shortage Area Score of 18 or higher (Griswold et. al, 2023). Scores of 18 or higher indicate the greatest shortages.

- Total number of Licensed Alcohol, Drug and Gambling Counselors in Nevada by County, 2022 (Griswold et. al, 2023)
    - Elko County: 8
    - Eureka County: 0
    - Humboldt County: 5
    - Lander County: 3
    - Pershing County: 0
    - White Pine County: 2
- Total number of Licensed Marriage and Family Therapists (MFTs) in Nevada by County, 2022 (Griswold et. al, 2023)
    - Elko County: 0
    - Eureka County: 0
    - Humboldt County: 2
    - Lander County: 0
    - Pershing County: 0
    - White Pine County: 1
- Total number of Licensed Clinical Professional Counselors in Nevada by County, 2022 (Griswold et. al, 2023)
    - Elko County: 4
    - Eureka County: 0
    - Humboldt County: 1
    - Lander County: 0
    - Pershing County: 0
    - White Pine County: 0
- As of 2022, there were no licensed psychiatrists located within the Rural Region (Griswold et. al, 2023)
- As of 2022, there was only one licensed psychologist located within the Rural Region, in Elko County (Griswold et. al, 2023).
- Number of Licensed Clinical Social Workers (LCSWs) in Nevada by county, 2022 (Griswold et. al, 2023).
    - Elko County: 14
    - Eureka County: 0
    - Humboldt County: 2
    - Lander County: 1
    - Pershing County: 2
    - White Pine County: 3

**Insurance Coverage**

- Percent of county population having some kind of insurance coverage by county, including Medicaid, Medicare, and private insurance, 2020 (Griswold et. al, 2023)
    - Elko County: 90.6%
    - Eureka County: 89.9%
    - Humboldt County: 88.2%
    - Lander County: 92.1%
    - Pershing County: 89.2%

    - White Pine County: 93.1%

- Medicaid enrollment by county, number and percentage of total county population, 2021 (Griswold et. al, 2023)
    - Elko County: 11,494 (21.1% of total county population)
    - Eureka County: 340 (17.9% of total county population)
    - Humboldt County: 4,353 (25.3% of total county population)
    - Lander County: 1,244 (20.1% of total county population)
    - Pershing County: 1,305 (18.7% of total county population)
    - White Pine County: 2,147 (20.9% of total county population)

**Anecdotal Information from Stakeholders**

The information provided below is largely based off of anecdotal information collected through meetings with stakeholders across the Rural Region. While this does not provide information as to the volume or trends of behavioral health issues across the region, or even by county, it does provide insight as to the major challenges and context of those issues within the local, regional, and statewide behavioral health region. These concerns and challenges voiced by stakeholders and community members across the region and at the state-level include the following:

- Difficulty accessing appropriate care for persons with complex behavioral health and or physical health challenges. This is largely due to the very specific parameters required for care (usually tied to funding), which in turn creates silos. Our local critical access hospitals and other providers struggle to get individuals into higher-level care when needed, as they may frequently also have diagnoses that include not only mental illness, or substance use, but the two co-occurring, as well as co-existing with physical ailments.
- Difficulty of licensed behavioral health providers in entering into private insurance networks, even if the communities they will be serving are HRSA designated provider shortage areas.

**Continuing Issues from the 2022 Annual Report:**

- Continued difficulty finding placement for patients needing crisis stabilization or inpatient care in a timely manner. After discussing this problem with facility administrators, it becomes clear that high staff attrition has limited the state-run facilities, as well as many private facilities, to offer services at their full potential capacity. Continuing challenges affecting this attrition and difficulty hiring new staff for open positions includes comparatively uncompetitive wages at state facilities, particularly while there is high demand for private practice clinicians who may have more flexibility and better pay.
- Transportation to both crisis and outpatient services continues to be a challenge in all of the communities in the region.
- Lack of mid-level services is another persistent issue. Communities are working towards improved access to crisis care, but the availability of treatment services that fit between crisis and weekly outpatient treatment is virtually non-existent within the region at the time of this report. This gap in treatment for both mental illness and substance use disorder is felt to contribute the rising incidence of persons presenting to hospitals and encountered by law enforcement needing crisis or other inpatient care.

    - **Please note:** while some virtual programs may be available to persons within the Rural Region, there are none known at this time that accept Medicaid Fee-for-Services coverage. Additionally, while virtual programs can be effective if done successfully, they may not be an appropriate fit for all patients; this is particularly poignant in rural communities where internet and Wi-Fi access is much more expensive and less reliable than the internet provided in Nevada's urban centers.
- Increased concerns for the mental health of youth and young adults, including concerns over increased suicidality and intentional overdoses among youth as young as those who are junior high or middle school-aged.
- Law enforcement has reported concerns regarding the misuse and trafficking of suboxone among high-risk populations. This has led to a lack of trust in medication assisted treatment (MAT) modalities among law enforcement and elected officials. However, the best practice is to have MAT interwoven with substance abuse counseling, which is often not feasible in most programs due to the lack of counselors available. However, it should be noted that in 2023, a consultant hired by DHHS has been working with Sheriff's Offices across rural Nevada to find ways to improve MAT access within jails.
- Increased awareness of overdoses and contact with fentanyl in rural communities causing overdoses or other poisoning, particularly among youth. The emerging threat of Xylazine is also causing alarm among stakeholders across the region, as I-80 and Highway 50 run through their communities and may be primary routes for narcotics to be transported.
- Many stakeholders noted the increased need for treatment providers who are skilled at trauma-informed therapies and have experience working with post-traumatic stress disorder (PTSD).
- Long waiting times to get inmates of local detention facilities into either forensic psychiatric facilities or getting them access to other intensive care. Frequently, inmates who are in need of intensive psychiatric care cannot access that care within the jail due to the lack of available providers. Additionally, with Lakes Crossing at capacity with little ability to bring in inmates who have been referred, many of these inmates are languishing in jails for several months, sometimes further psychiatrically deteriorating.

**Persistent Data-Specific Issues:**

While these issues were brought up in the 2022 Annual Report, the issue has not yet been resolved. The data to be collected and reported upon by the Boards that is delineated in statute is not yet available. As outlined in NRS 433.4295, this information includes:

NRS 433.4295

1. (Number of) persons placed on a mental health crisis hold pursuant to NRS 433A.160,
2. (Number of) persons admitted to mental health facilities and hospitals under an emergency admission pursuant to NRS 433A.162,
3. (Number of) persons admitted to mental health facilities under an involuntary court-ordered admission pursuant to NRS 433A.200 to 433A.330, inclusive, and

4. (Number of) persons ordered to receive assisted outpatient treatment pursuant to NRS 433A.335 to 433A.345, inclusive, in the behavioral health region, including, without limitation:

    (1) The outcomes of treatment provided to such persons; and

    (2) Measures taken upon and after the release of such persons to address behavioral health issues and prevent future mental health crisis holds and admissions.

After investigation of various data outlets and potential resources, it appears that **this data is not collected consistently across the state. In fact, most hospitals of all types do not have this data readily available, and may not be necessarily consistently coding the data in a way that would make it comparable across communities and facilities even if it was available**. After bring this to the attention of the fairly new leadership team at the Division of Public and Behavioral Health (DPBH) with which the RBHCs work, great interest among these professionals was taken in fixing this problem.

While this data is included in statute as to be collected and reported by the boards “as feasible”, this data is key to fully understanding the current and past status of the crisis mental health system across the state, to which DPBH and other DHHS Divisions are focusing quite a bit of resources and energy. Furthermore, this information is vital to evaluating the outcomes of these programmatic and policy efforts across DHHS, and identifying best practices in Nevada, fixing chronic problems, identifying unintended consequences, and ultimately, having a true idea of both the return on investment in these programs and any improvements in the quality of care experienced by persons experiencing mental health crises.

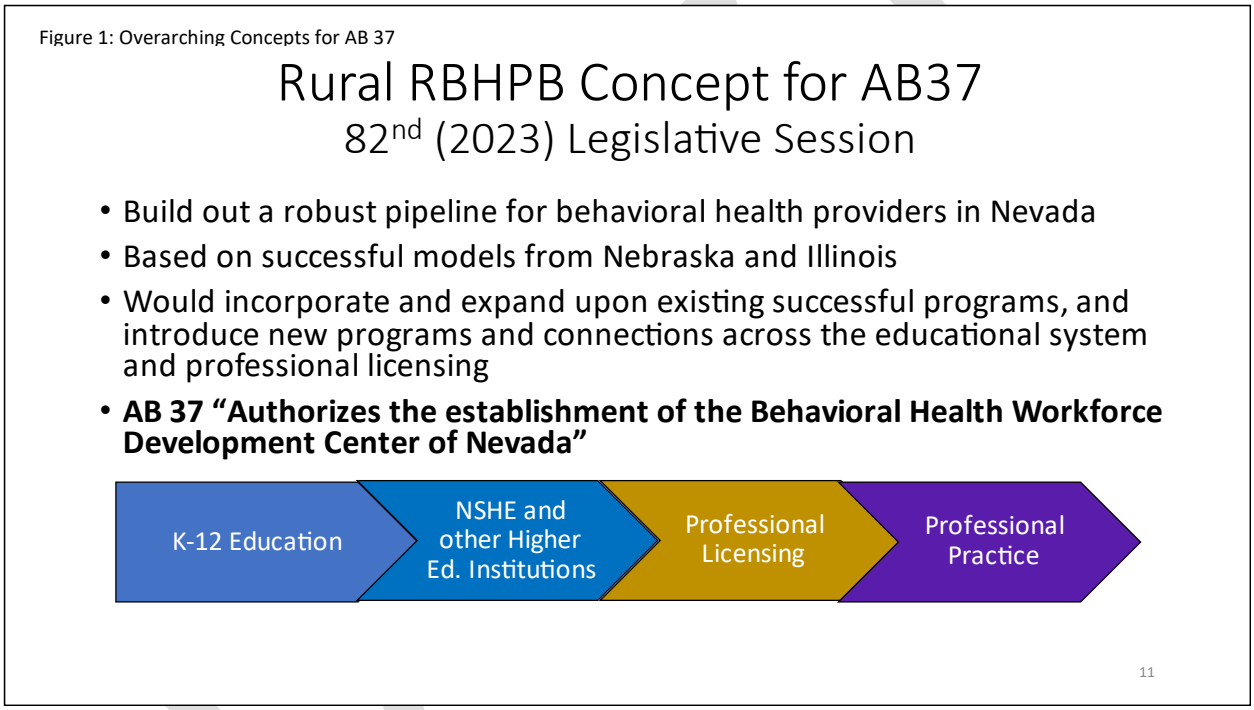
# 2023 Rural Regional Behavioral Health Policy Board Activities

The following sections cover the activities of the Rural RBHPB and the Rural RBHC throughout 2023.

## Content and Passage of Assembly Bill 37 for the 82nd Session of the Nevada Legislature

The Rural RBHPB submitted its concepts to create a true workforce development pipeline for behavioral health providers in Nevada, that would begin work at the K-12 education level and work through professional practice.

Figure 1: Overarching Concepts for AB 37




The overall goals of the workforce pipeline proposed by AB 37 included the following, as outlined within the bill language:

- Increase the number of graduates of high schools in this State who pursue higher education in fields related to behavioral health;
- Increase the number of graduates from programs for the education of providers of behavioral health care within the System who intern and practice in this State;
- Increase the number of providers of behavioral health care who have the specialized training necessary to address the most critical shortages of such providers in this State;
- Increase the number of supervisors and sites for internships for students and graduates of programs for the education of providers of behavioral health care;

- Decrease the amount of time between graduation from a program for the education of providers of behavioral health care and licensure, certification or registration and, if applicable, endorsement as such a provider; and
- Address other needs relating to the number and distribution of providers of behavioral health care in this State, as determined by the Center.

The bill passed both houses unanimously, and was signed into law by Governor Lombardo. By the summer of 2023, Dr. Sara Hunt, with whom the Rural RBHPB and the Rural RBHC had worked to develop the bill, had been hired to head the pipeline, now dubbed the Behavioral Health Education, Retention, and Expansion Network of Nevada ("BeHERE NV"). BeHERE NV is seated within the UNLV School of Medicine, but aims to work with entities throughout the NSHE system to accomplish its goals. More information about BeHERE NV can be found at https://beherenv.org/.

## Board Meetings and Presentations

The Rural RBHPB was able to build momentum and meet several times throughout 2023. The table below outlines the meeting dates, type of meeting, and topics agenized.

| Date | Meeting Type | Topics |
|---|---|---|
| January 10, 2023 | Regular Board Meeting | Building and Approval of Rural Regional Behavioral Health Policy Board's Recommendations to the Governor's Commission on Behavioral Health; Building and Approval of Rural Regional Behavioral Health Policy Board's Recommendations to the Governor's Commission on Behavioral Health; Review and Approval of Letter to Governor-Elect Lombardo Regarding the Rural Regional Behavioral Health Policy Board's Priorities and Special Concerns Regarding the Behavioral Health Concerns of Specific Professions; and Updates regarding the activities, resources, challenges, and potential upcoming legislation affecting behavioral health identified by the Rural Regional Behavioral Health Coordinator, and current bills affecting behavioral health in the Rural Region: AB 6, AB 9, AB 37, AB 45, AB 69, and SB 68. |
| February 3, 2023 | Regular Board Meeting | Summary of work conducted by the Rural Regional Behavioral Health Policy Board's Legislative Subcommittee to date, and possible direction from the Board; Presentation of the Nevada Behavioral Health Community Integration Plan and its relevance to rural and frontier community needs; Overview of Rural School Traumatic Event Response Team Discussions; and Updates regarding the activities, resources, challenges, and other work of the Rural Regional Behavioral Health Coordinator (Rural RBHC). |

| | | |
|---|---|---|
| March 3, 2023 | Regular Board Meeting | Summary of work conducted by the Rural Regional Behavioral Health Policy Board's Legislative Subcommittee to date, and possible direction from the Board; Presentation of Funding Opportunity for Mobile Opioid and Stimulant Treatment Services; Brief Overview of the Lyon County Forensic Assessment Triage Team (FASTT) Program (Shayla Holmes, Director, Lyon County Human Services); and Updates regarding the activities, resources, challenges, and other work of the Rural Regional Behavioral Health Coordinator (Rural RBHC). |
| June 2, 2023 | Regular Board Meeting | Discussion and possible approval of the Board's 2022 Annual Report; Summary of work conducted by the Rural Regional Behavioral Health Policy Board's Legislative Subcommittee to date, and possible direction from the Board; Determination and approval of future Rural RBHPB meetings through December 31, 2023; Presentation regarding county-level opioid needs assessment tool, process, and utility for counties; and Updates regarding the activities, resources, challenges, and other work of the Rural Regional Behavioral Health Coordinator (Rural RBHC). |
| ; July 7, 2023 | Regular Board Meeting | Discussion and possible approval of the Rural Regional Behavioral Health Policy Board's Legislative Subcommittee Overview Report of the 82nd (2023) Session of the Nevada Legislature; Determination and approval of Rural RBHPB Strategic Planning Process through September 2023; and Updates regarding the activities, resources, challenges, and other work of the Rural Regional Behavioral Health Coordinator (Rural RBHC). |
| October 6, 2023 | Regular Board Meeting | Discussion and possible approval of Rural RBHPB Strategic Planning Survey; Updates regarding the outcomes of Assembly Bill 37 (2023) and the development of the Behavioral Health Workforce Development Center of Nevada; and Updates regarding the activities, resources, challenges, and other work of the Rural Regional Behavioral Health Coordinator (Rural RBHC). |

# Rural Regional Behavioral Health Coordinator (Rural RBHC) Activities

The following sections outline some of the major projects and activities engaged in by the Rural RBHC throughout 2023. It should be noted that progress on some projects was stunted due to illness in the second half of the calendar year, including being out of the office most of Q4 for maternity leave.

## Development of Assembly Bill 37

The Rural RBHC worked diligently during 2022 and well into 2023 to ensure that the Board's goal for its BDR, to build a meaningful workforce pipeline for behavioral health professionals in Nevada, would be met. Working hand-in-hand with Dr. Sara Hunt from the UNLV School of Medicine, the BDR would become Assembly Bill 37, an act authorizing the establishment of a behavioral health workforce development center housed within the Nevada System of Higher Education (NSHE), that would not only work across NSHE itself, but would also focus on connection and collaboration with existing resources, such as the Area Health Education Centers (AHECs) housed within the Nevada School of Medicine, the Office of Statewide Initiatives, the Nevada Department of Education, as well as local school districts.

The role of the Rural RBHC in this work was not only the administrative functions of setting up meetings and presentations to provide education about the bill before and during the beginning of the 82nd session of the Nevada Legislature, but went further into having individual and group discussions with stakeholders to identify concerns, potential challenges, and wishes for the proposed concept. The Rural RBHC also prepared presentation materials for legislative hearings, and continued collaboration with Dr. Hunt to ensure the bill addressed the concerns of legislators and stakeholders alike.

At the close of the legislative session, AB 37 had passed both houses unanimously and was signed into law by Governor Lombardo.

By the end of 2023, Dr. Sara Hunt had been appointed by NSHE to lead the effort to develop and launch the pipeline center, now dubbed the Behavioral Health Education, Retention, and Expansion Network of Nevada, or "BeHERE NV". Initial leadership staffing positions have been hired and BeHERE NV has begun its work to bolster the behavioral health provider pool available within Nevada.

## Changes in Funding

In Fiscal Year 2023 (October 1, 2021 through September 30, 2023), all RBHCs across the state were notified that there would once again be changes in how their funding would be managed and from which federal grants they would be paid. Combined with staffing changes within DPBH, this created a lag in the grant development process, and the Rural RBHC's grants were not finalized by DPBH until third quarter. Additionally, the RBHCs were notified that funding was to be shifted going into Fiscal Year 2024 from SABG and SOR grants towards OD2A. The RBHCs would still maintain funding through MHBG. This shift in funding has proved a positive shift, as it both creates a more balanced focus for the RBHCs between efforts related to mental health and substance misuse, as well as more flexibility in the non-clinical activities in which they may participate.

## Crisis Intervention Team (CIT) Training Development Efforts

As a continuation of training efforts from 2022, the Rural RBHC attended the CIT International Curriculum Training for Trainers in Salt Lake City, UT, February 27th through March 3rd. This intensive 40-hour training prepared participants to utilize a best-practice curriculum developed by CIT International in conjunction with BJA. The Northern RBHC was also in attendance, and both the Rural and Northern RBHCs collaborated to formulate recommendations as to how existing CIT programs could be improved using the new curriculum and the recommended implementation strategies.

In the weeks after the training, the Rural RBHC assisted the Northern RBHC in communicating with their stakeholders regarding possible changes to existing CIT programming, which was met largely with concern and some defensiveness. The Northern and Rural RBHCs continued to collaborate with these stakeholders to put them at ease about proposed changes and to make incremental steps towards utilizing best practices outlined in the training for trainers.

The Rural RBHC also reached out to law enforcement stakeholders within the Rural Region to identify a time for all to meet and plan a future CIT utilizing the new curriculum. The interested law enforcement leaders were not able to agree upon a time and location, and so planning was stalled; the Rural RBHC paused planning efforts to focus on the legislative session, with the intent to re-start regional CIT planning in the summer of 2023. However, in that time, NAMI Nevada (the State-level NAMI affiliate organization) had hired a CIT coordinator to facilitate CIT training within Washoe County, Clark County, and the tri-county region of Elko, Eureka, and White Pine Counties. While this new individual had no formal CIT training, they refused to collaborate meaningfully with the Rural RBHC, and communications were thin.

Despite these hang-ups, the Rural RBHC was able to utilize part of the new curriculum within CIT trainings organized by the Northern RBHC, and was even allowed to implement a suicide prevention module within a training organized by the NAMI Nevada CIT Coordinator. The Rural RBHC plans to revisit CIT training planning with regional partners in 2024.

## Overdose Data to Action (OD2A) Program

Working off of previous efforts from 2022, the Rural RBHC worked with PACE Coalition to refocus time and resources towards implementing free-of-cost SMART Recovery Facilitator training opportunities, to bolster the number of these evidence-based, non-religion-based, peer support groups available to community members. The training was implemented in the summer of 2023, and approximately 25 participants completed the training, thus increasing the number of SMART Recovery Facilitators in the region.

As mentioned above, the Rural RBHC's funding was shifted for FY24 to include OD2A funding as a means of covering activities related to opioid misuse and prevention thereof. Activities covered under this funding stream include continuation of work to build a "life skills" curriculum to build resilience among rural residents engaging in high-stress environments. By the close of calendar year 2023, both Winnemucca's and Elko's police departments had tentatively agreed to participate in piloting the program in 2024.

## Collaboration with Other Regional Behavioral Health Coordinators

The Rural RBHC continued to work collaboratively with the other RBHCs across the state, but specifically focused on building a partnership with the new Northern and Southern RBHCs. Projects worked on collaboratively include the CIT training work discussed above, the

continuing work on the previously-launched all-board website (nvbh.org), communication regarding bills during the legislative session, and many others.

### Engagement with Prevention Coalitions

The Rural RBHC continued to work with and maintain strong relationships with the two prevention coalitions within the region, PACE and Frontier Community Coalition (FCC) in 2023. The Rural RBHC tied them into all conversations related to prevention, treatment, and community-level planning. Unfortunately, at the request of their local partners, monthly county-specific meetings held by the coalitions moved to an in-person only format; between needing to be available to head to the legislative building on short notice and a long string of illnesses, the Rural RBHC was not able to make more than a couple of these meetings. It is hoped that these efforts can be renewed in 2024.

### Task Forces and Multi-Disciplinary Teams

The Rural RBHC's work with task forces in Humboldt County and Elko County continued in 2023. It is hoped that one or more additional Behavioral Health Task Forces can be launched in other communities in 2024.

| County | Task Force and MDT Status |
|---|---|
| **Humboldt County** | Humboldt County Task Force – completed projects focused on mapping existing referral processes and communications through the local system, and making recommendations for future work. Meetings halted part way through the calendar year to allow time for the stakeholders to focus on completing the county-level opioid needs assessment. |
| **Elko County** | Elko County Behavioral Health Task Force completed extensive strategic planning processes, service mapping projects, and moved on to a format that launched subcommittees to focus on building a "Care Coordination Team" (a voluntary MDT-like model) and to identify ways to improve the use of CHWs and Peer Recovery Support Specialists (PRSSs) within the local behavioral health system. |
| **Eureka County** | Interest in a task force of sorts; very few potential participants. Existing coalition meetings fill role of a Task Force. |
| **White Pine County** | |
| **Pershing County** | Pershing FCC meeting designated as Task Force. |
| **Lander County** | Traction gained in building relationships in 2023; possible to launch a BHTF in 2024, upon the completion of the county's opioid needs assessment. |

## Stakeholder Activities

For the 2023 report, it was intended to turn special attention towards the work of stakeholders at both the local and state levels who have been implementing programs, initiatives, and projects to improve behavioral health systems within the region. This section will explore the efforts of both of these categories of stakeholders.

- **Elko County Zero Suicides**, a nonprofit organization based out of Elko, NV, holds monthly meetings to discuss the mental health challenges and resources within the local behavioral health system. These meetings include monthly data updates from both Northeastern Nevada Regional Hospital (NNRH) and local law enforcement regarding the number of deaths by suicide, emergency room contacts with persons after suicide attempts, overdoses, and related data points. The group is also actively engaged in the Mayor's Challenge Team, an offshoot of the Governor's Challenge Team to end suicide among service members, veterans, and their family members. Throughout 2023, the group planned and implemented several SafeTALK trainings for school district and other county staff, for staff and students at Great Basin College, and other groups. Two of the organization's Board members also became trained as trainers for ASIST, an evidence-based training to intervene during a suicide crisis, for clinicians and community members alike. The group has implemented ASIST trainings at the end of 2023, and is planning several more for 2024.

- **Humboldt Connections** is a suicide prevention nonprofit which aims to prevent suicide through stigma reduction, awareness, and training. Many members of the organization are SafeTALK trainers, and the group plans and implements SafeTALK training on a regular basis. The organization also plans and implements a full calendar of community activities for the month of May, in observance of Mental Health Awareness Month.

- **PACE Coalition** is a prevention coalition that serves Elko, Eureka, and White Pine Counties. The regular activities and efforts of the organization include monthly provider meetings in each county to share resources and new information, ongoing public communications and prevention messaging across the communities it serves, organization of drug take-back events, distributing Naloxone and other OD reversal medications to appropriate organizations within its service area, and support of the efforts of other agencies engaging in projects to prevent substance misuse and support treatment and recovery. In 2023, PACE utilized funding it had received as a subgrantee through the federal Overdose to Action (OD2A) grant received by the State of Nevada to implement broad-based SMART Recovery training. These attendees were trained to facilitate peer support meetings utilizing the SMART Recovery model. SMART Recovery is an evidence-based model that can be used either alone or in conjunction with common 12-step programming. The model is appropriate to provide support for those in or seeking recovery from a variety of substances, as well as mental illness. More information regarding SMART Recovery can be found at https://smartrecovery.org/.

- **Frontier Community Coalition** (FCC) is a prevention coalition that serves Humboldt, Lander, Pershing, and Mineral Counties. Like PACE, FCC is engaged in ongoing efforts to prevent the use of and support treatment for substance misuse. FCC also hosts monthly provider meetings in each county it serves, organizes drug take-back days and events,

distributes Naloxone and other OD reversal medications to appropriate organizations, and has organized very active youth leadership groups in both Humboldt and Pershing Counties. FCC also provides space and transportation coordination for a mental health counseling organization, Zepher Wellness, to provide counseling services to students in coordination with the Pershing County School District. Lastly, FCC is engaging with High Sierra AHEC (based out of Reno, NV) in a program that facilitates Community Health Worker (CHW) training for high school students, who may receive certification as a CHW upon graduation. This gives local young people who may be interested in public health, behavioral health, or health care an avenue to explore these fields and engage in programming in a meaningful way, while being paid for their efforts.

- School Districts across the region are building the availability of behavioral health programs and services for their students. For several years, **Pershing County School District (PCSD)** has implemented programming that ties mandated Social-Emotional Learning (SEL) programming in with screening for suicidal ideation and mental illness, treatment, and positive school culture surrounding peer support and seeking treatment. In the wake of COVID-19 shut-downs and distance learning, **Lander County School District (LCSD)** has bolstered the number of school social workers, school counselors, and school psychologists on staff within the district. LCSD has also re-focused efforts on evidence-based and skill-based prevention programming. After losing multiple students to suicide in the last couple of years, **Elko County School District (ECSD)** has worked with its two largest high schools (Elko High School and Spring Creek High School) to launch “Hope Squad” teams. Hope Squad is a successful program to train and empower students to act as peer supports and to recognize fellow students who may be struggling with mental illness or considering suicide.

- **NAMI Western Nevada** is a regional affiliate of the National Alliance for Mental Illness (NAMI) that serves Humboldt, Lander and Pershing Counties within the Rural Region, in addition to Carson City, Churchill, Douglas, Esmerelda, Lincon, Lyon, Mineral, Nye, and Storey Counties. The organization provides the basic programming expected of regional NAMI affiliates, including peer support groups for persons with mental illness, peer support groups for family members of persons with mental illness, training, and advocacy at state and local levels for persons with mental illness, through public communications, policy advocacy, and participation in Crisis Intervention Team (CIT) training across its service area. Additionally, NAMI Western Nevada has greatly expanded its programs and services over the last several years to include several programs that are available to all persons in rural Nevada free of charge, regardless of their county of residence or insurance coverage. These programs include the following:
    - A “Warmline” to provide peer support for persons experiencing mental illness who want someone to talk to, and do not wish to wait for the next scheduled peer support group meeting. Operators are trained in de-escalation, as well as how to manage and refer callers who may be in crisis and need a higher level of care.
    - A Teen Text Line, available to young people via text and through chat functions on some school districts’ learning platforms from 10am through 12am every day. Operators of the Teen Text Line are young adults with lived experience with mental illness who are trained in peer support and are closely monitored by supervisors to ensure the safety and appropriateness of the interactions. The program has won

National awards and is considered an emerging best practice for engaging youth through peer support.
    - "Caring Contacts", a referral-only program that connects persons who have recently been in crisis or have ongoing mental health challenges with peer support in a "reach in" format. Persons referred to the program are called by program peer Operators up to several times per day to ensure their safety. Operators are trained to be aware of escalating behavioral health needs and to work with the client to encourage them to seek services if necessary, maintain medication use as prescribed, and to notify appropriate authorities if the client's safety is at stake.

- **NAMI Northeastern Nevada** is a newer NAMI regional affiliate that serves Elko, Eureka, and White Pine Counties. While the organization is still in its infancy, it has set up regular peer support groups for both persons with mental illness, as well as for their family members.

- As the state-level opioid settlement dollars are allocated into the Fund for Resilient Nevada (FRN), it has been mandated that if county or other local government types wish to apply for funding through the FRN, they must have a completed **county-level opioid needs assessment**. As many counties across rural Nevada would benefit greatly from access to these additional funds, several counties in the Rural Region are undertaking this process. While none of the assessments were completed by the close of 2023, the following counties had their processes underway by December 31, 2023: Humboldt County (completed in early 2024), Eureka County, Pershing County, Lander County, and Elko County. White Pine County has not yet started the assessment process.

- In 2023, the Nevada DHHS Division of Public and Behavioral Health (DPBH) Rural Clinics received previously-allotted funding to pilot an **in-person response team for it's Rural Children's Mobile Crisis Response Team (MCRT).** Previously, any response to rural callers was only made over the phone, but as the need for an in-person response appeared high and funding was available, a pilot in-person team was launched to serve the communities of Elko and Spring Creek, Nevada. By the close of 2023, momentum had been built with an increasing number of calls and responses by the program. The in-person team includes a clinician, as well as a family peer supporter to provide assistance to parents, guardians, or other family members in attendance during crises.

- In 2022, the State of Nevada received a grant from the Helmsley Charitable Trust to launch a **Virtual Crisis Care (VCC) program for rural Law Enforcement**. VCC puts tablets in the hands of officers while on patrol, so if they happen to respond to a person in crisis, they can connect to mental health provider to give the person an assessment in real-time, 24-hours a day, seven days per week, 365 days per year. The service and tablets are provided by Avel eCare, a South Dakota-based company that currently serves eleven states through this service. After the assessment has been completed, the officer receives the resulting report from the provider, and is advised as to whether the individual appears to have been de-escalated in place, or if they appear to meet the criteria for a Mental Health Crisis Hold. If the person is eligible for a hold, the officer may assess the situation and place the person on a hold, then take them to the nearest Emergency Department for physical assessment before inpatient referral. Regardless of whether or not the individual is placed on a hold,

referrals are made to the contracted local provider agency, who is to follow-up with the individual within 48 hours, as well as NAMI Western Nevada's Caring Contacts program, which provides support between the time of referral and the provider agency contact. By the close of 2023, the following law enforcement agencies had either implemented or begun the process of implementing the program: White Pine County Sheriff's Office, Elko Police Department, Elko County Sheriff's Office, Eureka County Sheriff's Office, Winnemucca Polic Department, and Lander County Sheriff's Office.

## Closing

The sections above highlight the larger projects undertaken by the Rural Regional Behavioral Health Policy Board, the Rural RBHC, and regional stakeholders throughout 2023. However, for the sake of brevity, this description is not completely exhaustive and there were many smaller projects and activities undertaken to support the improvement of the behavioral health system in the Rural Region not listed here

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# Appendix A: Monthly Nevada Drug Overdose Surveillance Reports, February 2023 through January 2024

## Nevada Drug Overdose Surveillance
## *February 2023: Rural Region*

NV-OD2A | LARSON INSTITUTE HEALTH IMPACT AND EQUITY | NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Purpose**: The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive data to enhance overdose surveillance, reporting, and dissemination efforts to better inform prevention, early intervention, treatment, harm reduction, and other entities. This monthly report contains information on overdose within the **Rural Region counties** (**Humboldt, Pershing, Lander, Eureka, Elko, and White Pine counties**) primarily utilizing emergency department (ED) visit data from the National Syndromic Surveillance Program and data from the Prescription Drug Monitoring Program (PDMP) for the month of **January 2023**.

**Actions to Help Support Overdose Prevention and Response:** Emergency departments serve as an important connection point with people and their loved ones regarding fatal and non-fatal overdose prevention. With consideration of the data outlined in this report, community partners, including emergency departments, healthcare systems, and emergency medical services may consider potential steps to further support people experiencing an overdose:

- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information.
- Expand Naloxone distribution at emergency departments and by EMS (Leave Behind Naloxone) to those who had an overdose and their family and friends.
- Provide peer support to patients and their loved ones through recovery coaching in the emergency department to ensure they are provided with wraparound services following their medical emergency.
- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **decreased by 30%** from December 2022 to January 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **decreased by 26%** from January 2022 to January 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **decreased by 5%** in January 2023 in the Rural Region.

Contact: shawnt@med.unr.edu Website: https://nvopioidresponse.org/od2a/ Feedback Survey: Click Here

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## I. Syndromic Surveillance Data

**Figure 1. Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates in the Rural Region (per 1,000 residents), past 12 months**

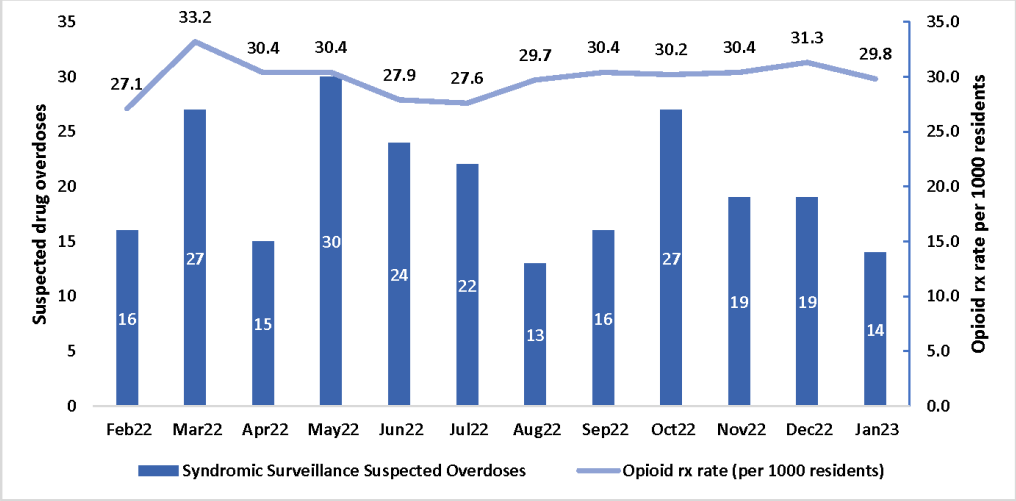


**Figure 2. Monthly rates of suspected drug-related overdose ED visits in Rural Region vs NV, past 12 months (per 100,000 population)**

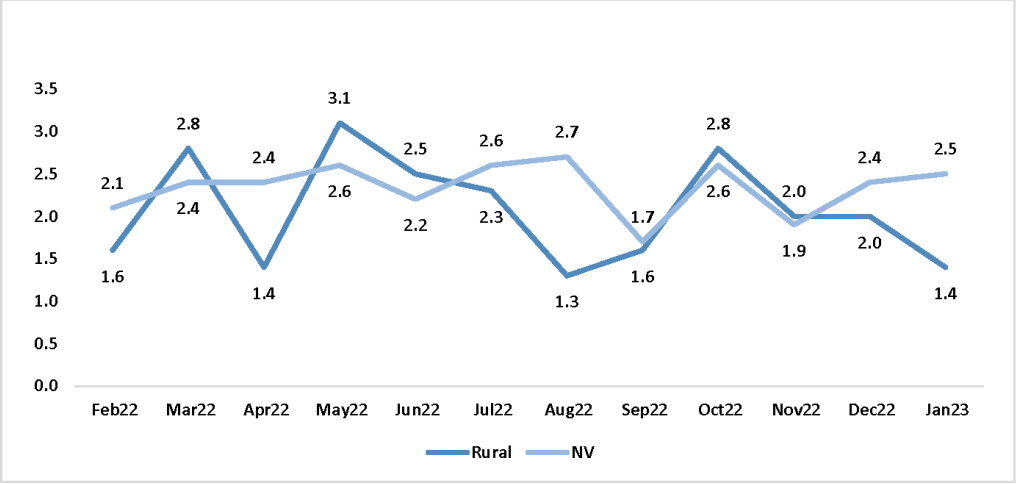




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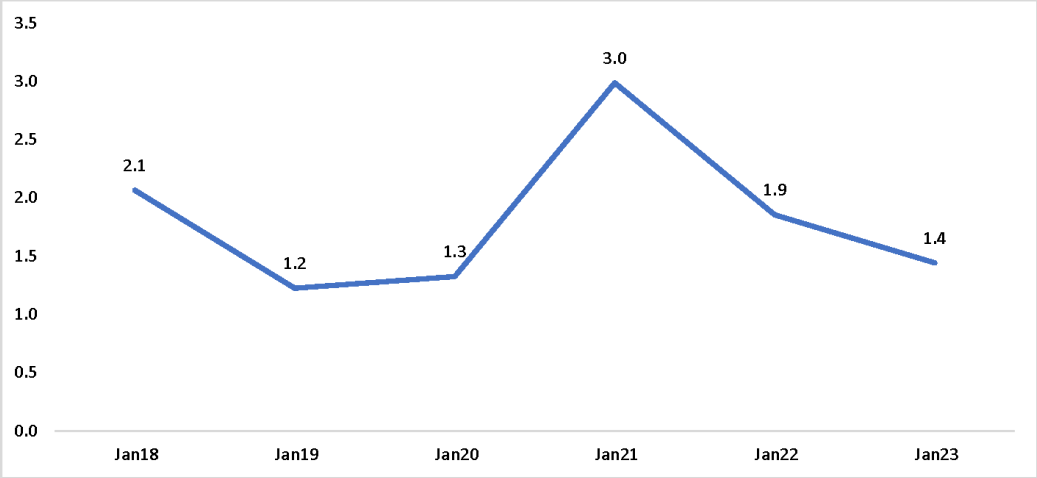
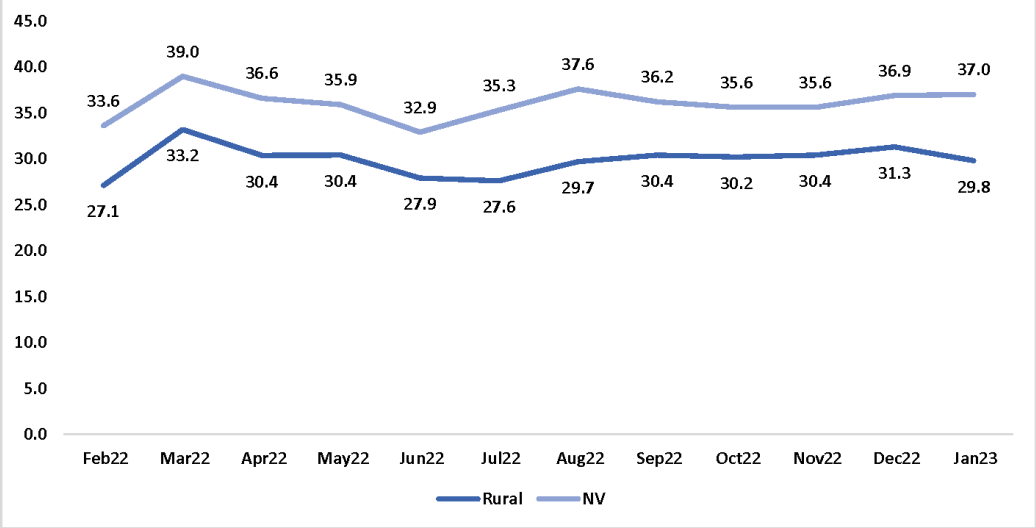
**Figure 3. Monthly rates of suspected drug-related overdose ED visits in Rural Region, 2018-2023 (per 100,000 population)**




## II. Prescription Drug Monitoring Program Data

**Figure 4. Monthly opioid prescription rates per 1000 residents in Rural Region and NV, past 12 months**



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### III. Technical Notes

Data Sources: National Syndromic Surveillance Program is a near real-time method of categorizing visits to the ED across Nevada based on a patient's chief complaint and/or discharge diagnosis. The Prescription Drug Monitoring Program is a database of information regarding the controlled substance prescriptions that were dispensed to patients in Nevada.

Case definitions: For National Syndromic Surveillance Program, case definitions and queries for suspected all drug overdose ED visits are created and provided by CDC and include chief complaint keywords and ICD-10-CM discharge diagnosis codes. Opioid prescriptions include any opioid analgesic controlled substance prescriptions dispensed, including schedule II, III, IV prescription opioids that are entered into the PDMP.

Analysis: ED visit counts with < 10 counts for any month were not included. The opioid prescription rate for each month per 1,000 residents is calculated based off of the estimated annual population for all of the counties in the region based off of State Demographer estimates, so rates calculated may vary slightly compared to other reports and annual rates.

Limitations: Statewide, the National Syndromic Surveillance Program is estimated to capture visits from approximately 90-95% of Nevada emergency department facilities, and thus may underestimate the occurrence of overdoses across the state. Since not everyone who overdoses is able to make it to the ED, this report may underestimate the total overdose burden in the state. PDMP data show the number of prescriptions filled to Nevada residents, and does not capture whether the medications were taken as prescribed or taken by the prescribed patient. In addition, a person can be included for more than one prescription (not mutually exclusive).

Contact: shawnt@med.unr.edu Website: https://nvopioidresponse.org/od2a/ Feedback Survey: Click Here

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# Nevada Drug Overdose Surveillance
## *March 2023: Rural Region*

**Purpose**: The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive data to enhance overdose surveillance, reporting, and dissemination efforts to better inform prevention, early intervention, treatment, harm reduction, and other entities. This monthly report contains information on overdose within the **Rural Region counties (Humboldt, Pershing, Lander, Eureka, Elko, and White Pine counties**) primarily utilizing emergency department (ED) visit data from the National Syndromic Surveillance Program and data from the Prescription Drug Monitoring Program (PDMP) for the month of **February 2023**.

**Actions to Help Support Overdose Prevention and Response:** Emergency departments serve as an important connection point with people and their loved ones regarding fatal and non-fatal overdose prevention. With consideration of the data outlined in this report, community partners, including emergency departments, healthcare systems, and emergency medical services may consider potential steps to further support people experiencing an overdose:

- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information.
- Expand Naloxone distribution at emergency departments and by EMS (Leave Behind Naloxone) to those who had an overdose and their family and friends.
- Provide peer support to patients and their loved ones through recovery coaching in the emergency department to ensure they are provided with wraparound services following their medical emergency.
- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **increased by 29%** from January 2023 to February 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **increased by 13%** from February 2022 to February 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **decreased by 3%** in February 2023 in the Rural Region.

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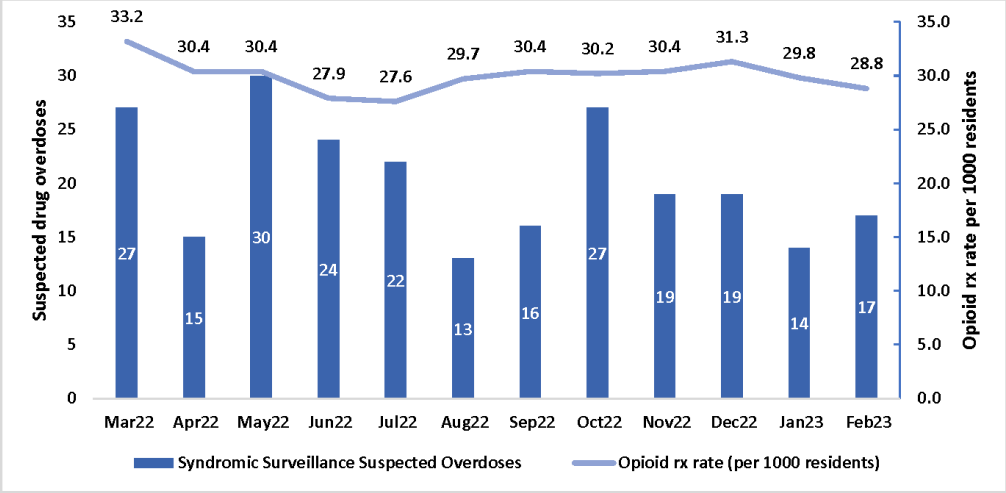


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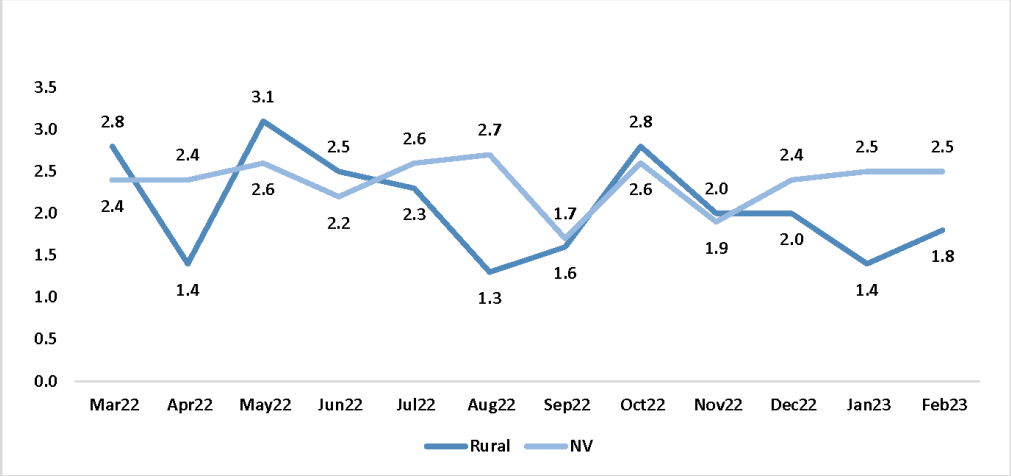




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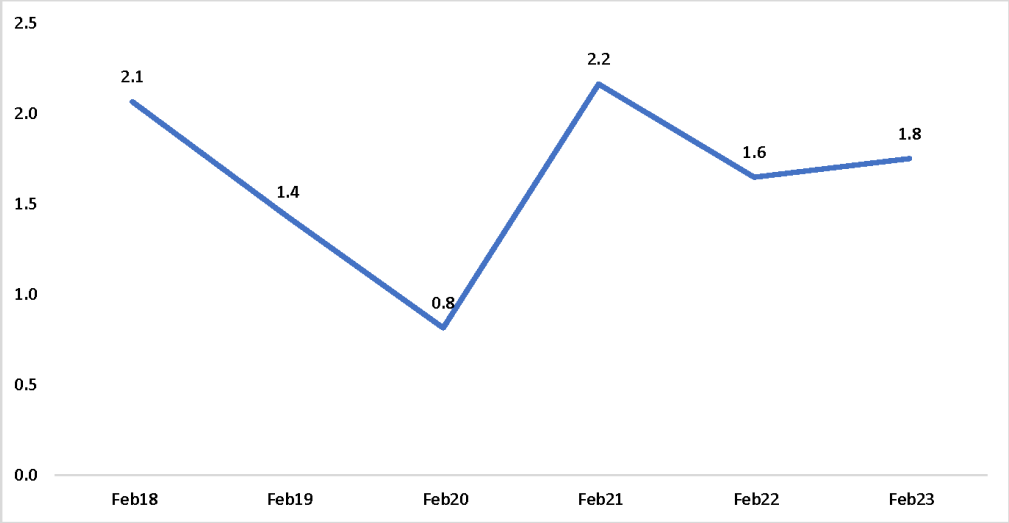


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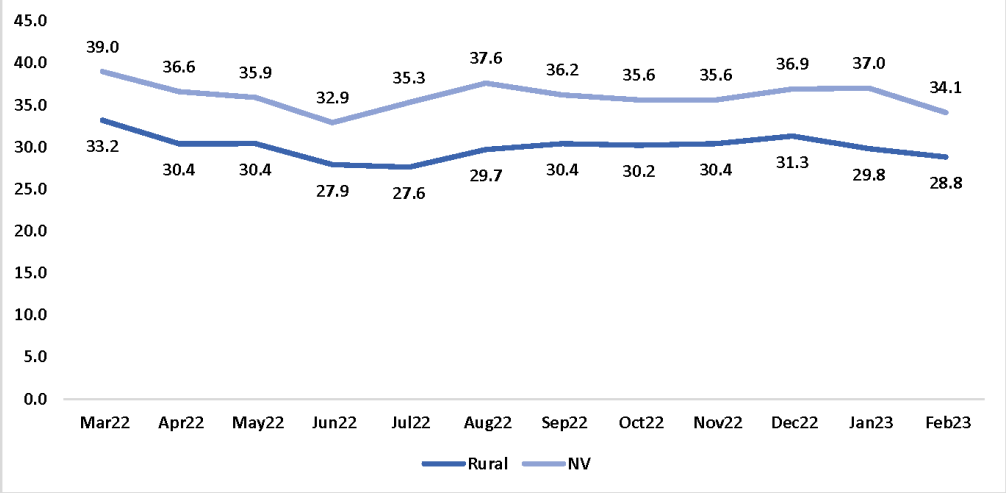




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Case definitions: For National Syndromic Surveillance Program, case definitions and queries for suspected all drug overdose ED visits are created and provided by CDC and include chief complaint keywords and ICD-10-CM discharge diagnosis codes. Opioid prescriptions include any opioid analgesic controlled substance prescriptions dispensed, including schedule II, III, IV prescription opioids that are entered into the PDMP.

Analysis: ED visit counts with < 10 counts for any month were not included. The opioid prescription rate for each month per 1,000 residents is calculated based off of the estimated annual population for all of the counties in the region based off of State Demographer estimates, so rates calculated may vary slightly compared to other reports and annual rates.

Limitations: Statewide, the National Syndromic Surveillance Program is estimated to capture visits from approximately 90-95% of Nevada emergency department facilities, and thus may underestimate the occurrence of overdoses across the state. Since not everyone who overdoses is able to make it to the ED, this report may underestimate the total overdose burden in the state. PDMP data show the number of prescriptions filled to Nevada residents, and does not capture whether the medications were taken as prescribed or taken by the prescribed patient. In addition, a person can be included for more than one prescription (not mutually exclusive).

Contact: shawnt@med.unr.edu Website: https://nvopioidresponse.org/od2a/ Feedback Survey: Click Here

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# Nevada Drug Overdose Surveillance
## *April 2023: Rural Region*

**Purpose**: The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive data to enhance overdose surveillance, reporting, and dissemination efforts to better inform prevention, early intervention, treatment, harm reduction, and other entities. This monthly report contains information on overdose within the **Rural Region counties (Humboldt, Pershing, Lander, Eureka, Elko, and White Pine counties)** primarily utilizing emergency department (ED) visit data from the National Syndromic Surveillance Program and data from the Prescription Drug Monitoring Program (PDMP) for the month of **March 2023**.

**Actions to Help Support Overdose Prevention and Response:** Emergency departments serve as an important connection point with people and their loved ones regarding fatal and non-fatal overdose prevention. With consideration of the data outlined in this report, community partners, including emergency departments, healthcare systems, and emergency medical services may consider potential steps to further support people experiencing an overdose:

- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information.
- Expand Naloxone distribution at emergency departments and by EMS (Leave Behind Naloxone) to those who had an overdose and their family and friends.
- Provide peer support to patients and their loved ones through recovery coaching in the emergency department to ensure they are provided with wraparound services following their medical emergency.
- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **increased by 29%** from February 2023 to March 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **decreased by 19%** from March 2022 to March 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **increased by 16%** in March 2023 in the Rural Region.

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## I. Syndromic Surveillance Data

**Figure 1. Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates in the Rural Region (per 1,000 residents), past 12 months**

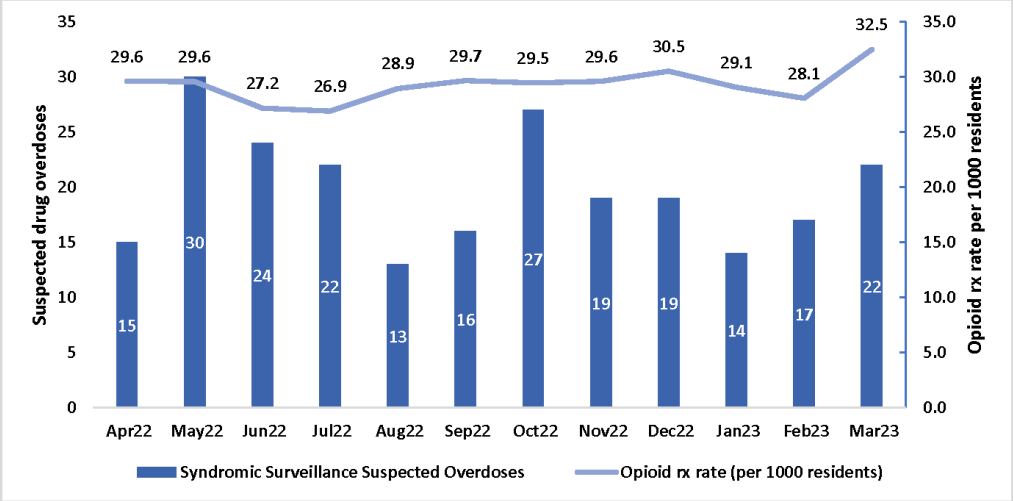


**Figure 2. Monthly rates of suspected drug-related overdose ED visits in Rural Region vs NV, past 12 months (per 100,000 population)**

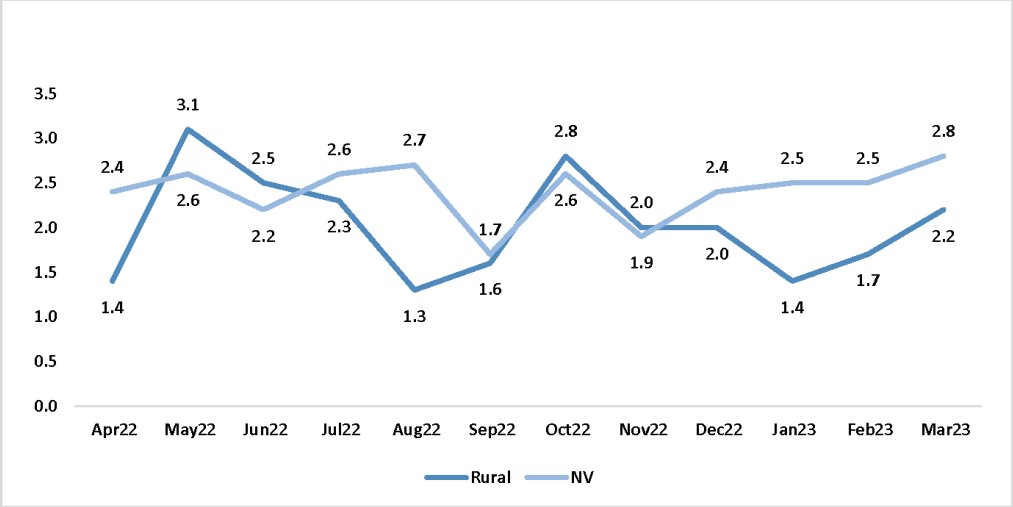




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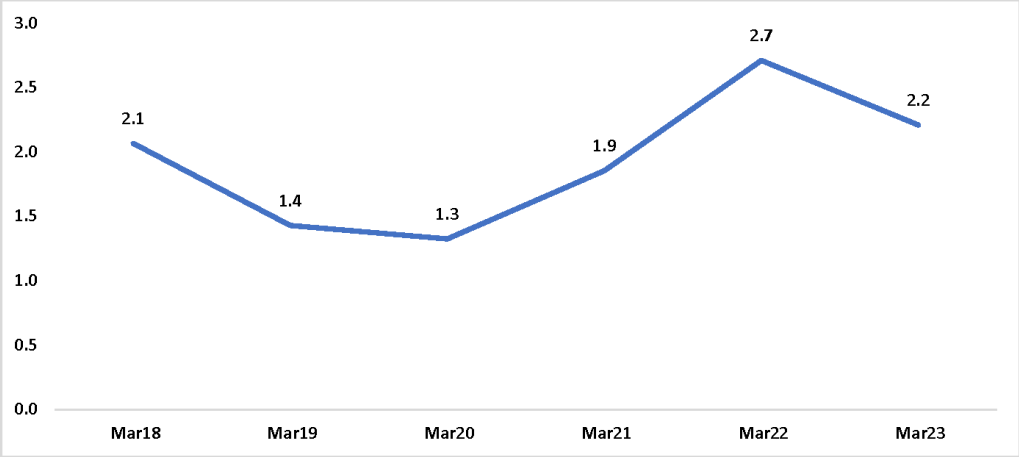
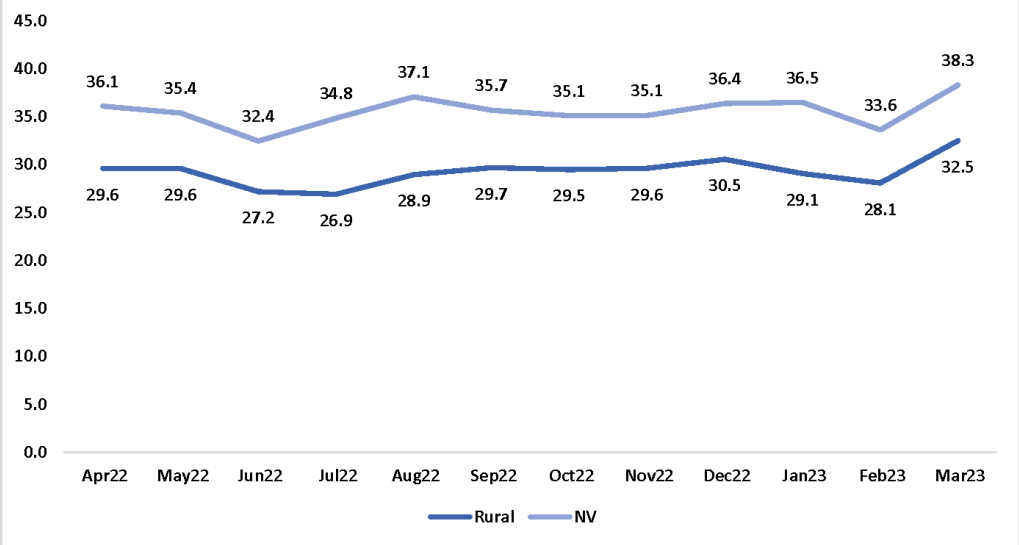
**Figure 3. Monthly rates of suspected drug-related overdose ED visits in Rural Region, 2018-2023 (per 100,000 population)**




## II. Prescription Drug Monitoring Program Data

**Figure 4. Monthly opioid prescription rates per 1000 residents in Rural Region and NV, past 12 months**



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Data Sources: National Syndromic Surveillance Program is a near real-time method of categorizing visits to the ED across Nevada based on a patient's chief complaint and/or discharge diagnosis. The Prescription Drug Monitoring Program is a database of information regarding the controlled substance prescriptions that were dispensed to patients in Nevada.

Case definitions: For National Syndromic Surveillance Program, case definitions and queries for suspected all drug overdose ED visits are created and provided by CDC and include chief complaint keywords and ICD-10-CM discharge diagnosis codes. Opioid prescriptions include any opioid analgesic controlled substance prescriptions dispensed, including schedule II, III, IV prescription opioids that are entered into the PDMP.

Analysis: ED visit counts with < 10 counts for any month were not included. The opioid prescription rate for each month per 1,000 residents is calculated based off of the estimated annual population for all of the counties in the region based off of State Demographer estimates, so rates calculated may vary slightly compared to other reports and annual rates.

Limitations: Statewide, the National Syndromic Surveillance Program is estimated to capture visits from approximately 90-95% of Nevada emergency department facilities, and thus may underestimate the occurrence of overdoses across the state. Since not everyone who overdoses is able to make it to the ED, this report may underestimate the total overdose burden in the state. PDMP data show the number of prescriptions filled to Nevada residents, and does not capture whether the medications were taken as prescribed or taken by the prescribed patient. In addition, a person can be included for more than one prescription (not mutually exclusive).

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# Nevada Drug Overdose Surveillance
## *May 2023: Rural Region*

**Purpose**: The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive data to enhance overdose surveillance, reporting, and dissemination efforts to better inform prevention, early intervention, treatment, harm reduction, and other entities. This monthly report contains information on overdose within the **Rural Region counties (Humboldt, Pershing, Lander, Eureka, Elko, and White Pine counties)** primarily utilizing emergency department (ED) visit data from the National Syndromic Surveillance Program and data from the Prescription Drug Monitoring Program (PDMP) for the month of **April 2023**.

**Actions to Help Support Overdose Prevention and Response:** Emergency departments serve as an important connection point with people and their loved ones regarding fatal and non-fatal overdose prevention. With consideration of the data outlined in this report, community partners, including emergency departments, healthcare systems, and emergency medical services may consider potential steps to further support people experiencing an overdose:

- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information.
- Expand Naloxone distribution at emergency departments and by EMS (Leave Behind Naloxone) to those who had an overdose and their family and friends.
- Provide peer support to patients and their loved ones through recovery coaching in the emergency department to ensure they are provided with wraparound services following their medical emergency.
- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **increased by 36%** from March 2023 to April 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **increased by 100%** from April 2022 to April 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **decreased by 10%** in April 2023 in the Rural Region.

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## I. Syndromic Surveillance Data

**Figure 1. Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates in the Rural Region (per 1,000 residents), past 12 months**

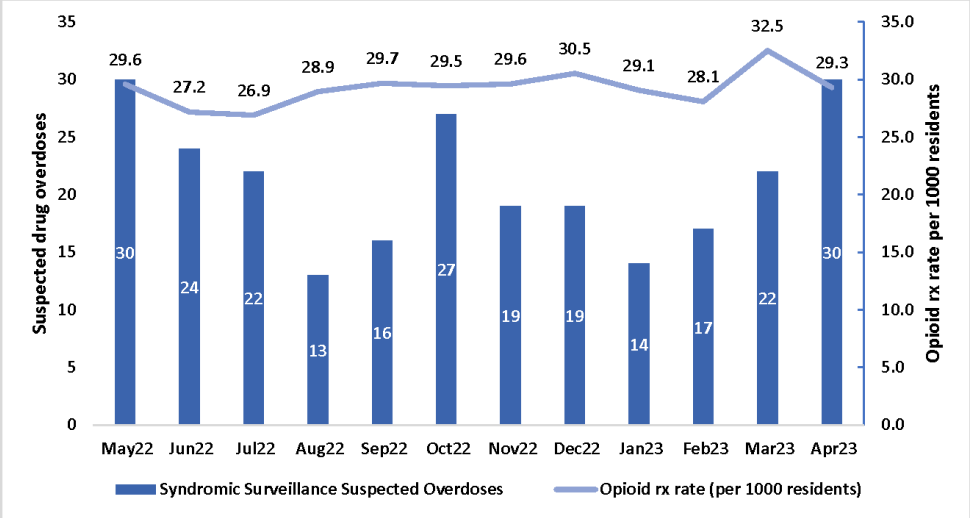


**Figure 2. Monthly rates of suspected drug-related overdose ED visits in Rural Region vs NV, past 12 months (per 100,000 population)**

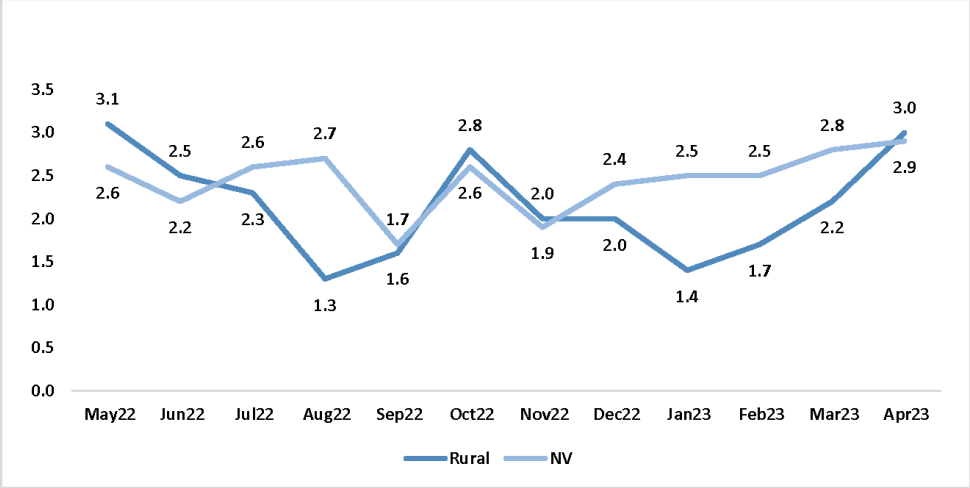




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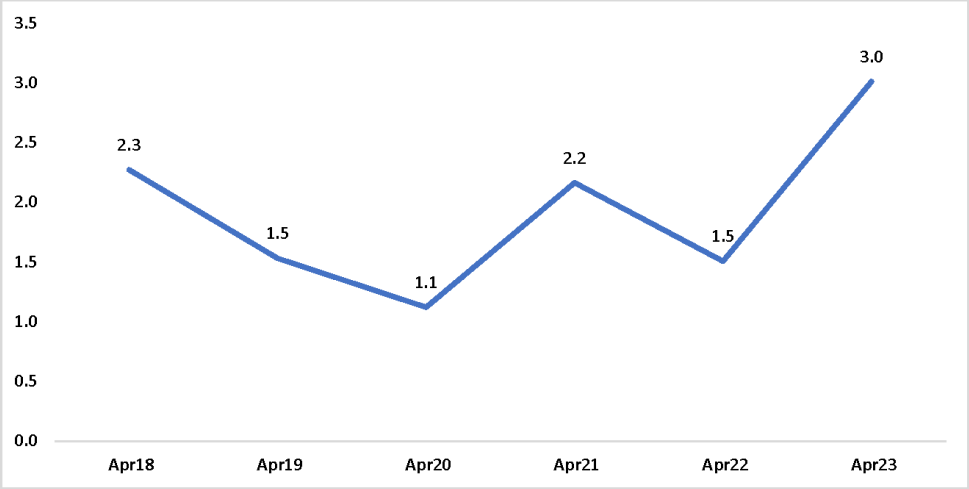
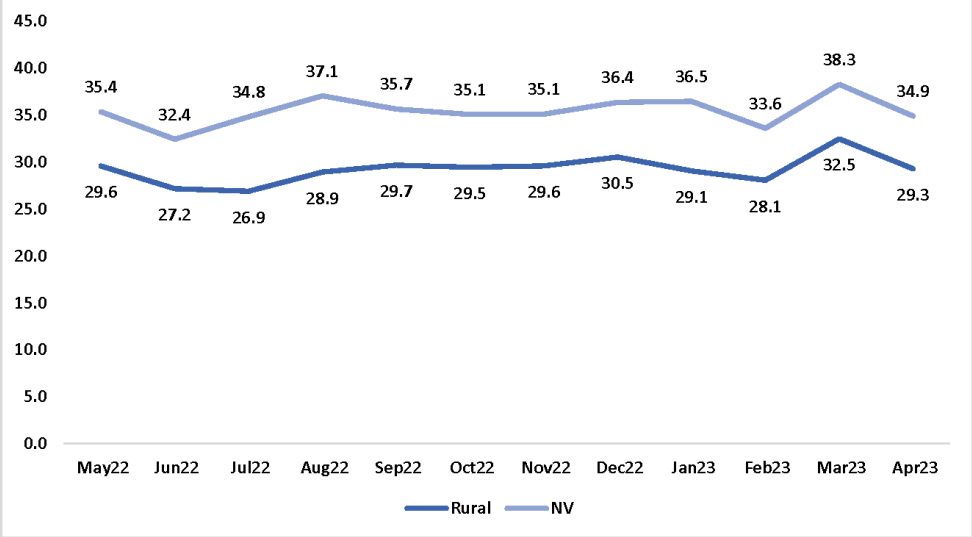
**Figure 3. Monthly rates of suspected drug-related overdose ED visits in Rural Region, 2018-2023 (per 100,000 population)**




## II. Prescription Drug Monitoring Program Data

**Figure 4. Monthly opioid prescription rates per 1000 residents in Rural Region and NV, past 12 months**



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Case definitions: For National Syndromic Surveillance Program, case definitions and queries for suspected all drug overdose ED visits are created and provided by CDC and include chief complaint keywords and ICD-10-CM discharge diagnosis codes. Opioid prescriptions include any opioid analgesic controlled substance prescriptions dispensed, including schedule II, III, IV prescription opioids that are entered into the PDMP.

Analysis: ED visit counts with < 10 counts for any month were not included. The opioid prescription rate for each month per 1,000 residents is calculated based off of the estimated annual population for all of the counties in the region based off of State Demographer estimates, so rates calculated may vary slightly compared to other reports and annual rates.

Limitations: Statewide, the National Syndromic Surveillance Program is estimated to capture visits from approximately 90-95% of Nevada emergency department facilities, and thus may underestimate the occurrence of overdoses across the state. Since not everyone who overdoses is able to make it to the ED, this report may underestimate the total overdose burden in the state. PDMP data show the number of prescriptions filled to Nevada residents, and does not capture whether the medications were taken as prescribed or taken by the prescribed patient. In addition, a person can be included for more than one prescription (not mutually exclusive).

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# Nevada Drug Overdose Surveillance
## *June 2023: Rural Region*

NV-OD2A

LARSON INSTITUTE
HEALTH IMPACT AND EQUITY

NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Purpose**: The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive data to enhance overdose surveillance, reporting, and dissemination efforts to better inform prevention, early intervention, treatment, harm reduction, and other entities. This monthly report contains information on overdose within the **Rural Region counties** (**Humboldt, Pershing, Lander, Eureka, Elko, and White Pine counties**) primarily utilizing emergency department (ED) visit data from the National Syndromic Surveillance Program and data from the Prescription Drug Monitoring Program (PDMP) for the month of **May 2023**.

**Actions to Help Support Overdose Prevention and Response:** Emergency departments serve as an important connection point with people and their loved ones regarding fatal and non-fatal overdose prevention. With consideration of the data outlined in this report, community partners, including emergency departments, healthcare systems, and emergency medical services may consider potential steps to further support people experiencing an overdose:

- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information.
- Expand Naloxone distribution at emergency departments and by EMS (Leave Behind Naloxone) to those who had an overdose and their family and friends.
- Provide peer support to patients and their loved ones through recovery coaching in the emergency department to ensure they are provided with wraparound services following their medical emergency.
- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **decreased by 27%** from April 2023 to May 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **decreased by 27%** from May 2022 to May 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **increased by 7%** in May 2023 in the Rural Region.

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**Figure 1. Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates in the Rural Region (per 1,000 residents), past 12 months**

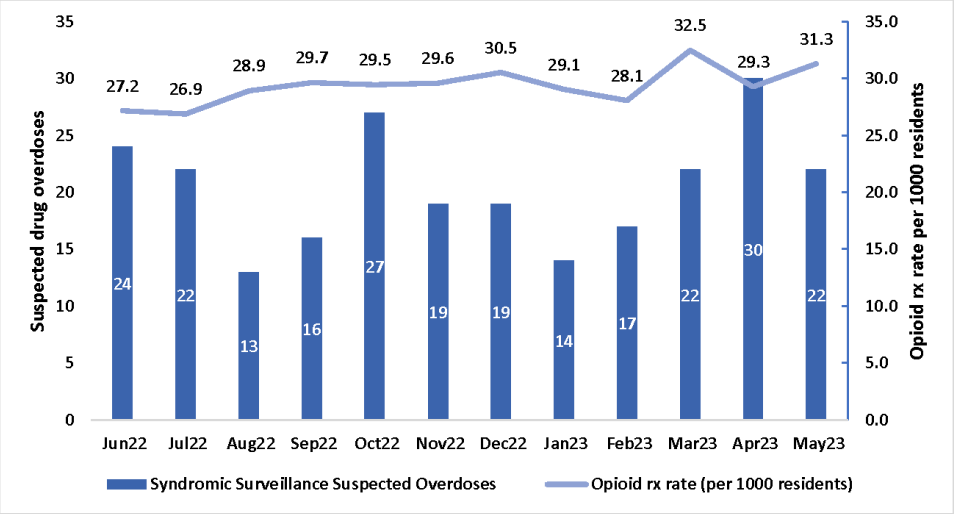
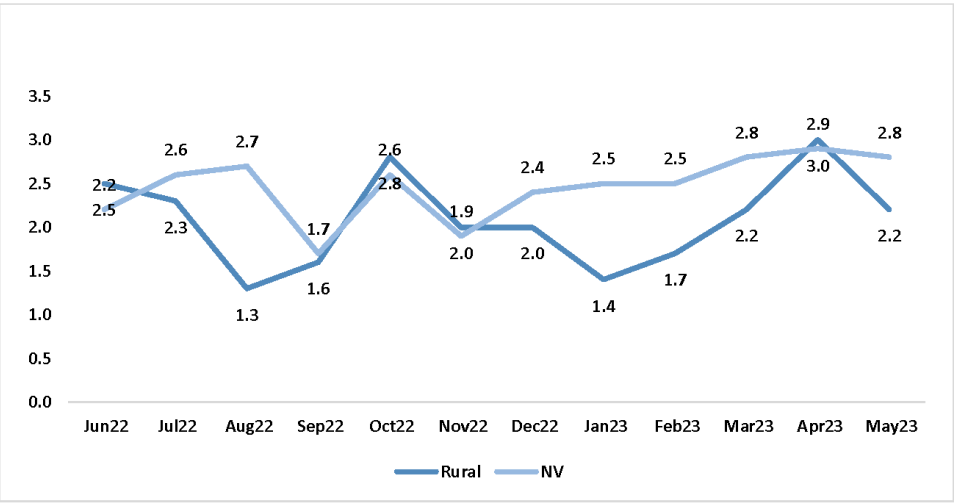



**Figure 2. Monthly rates of suspected drug-related overdose ED visits in Rural Region vs NV, past 12 months (per 100,000 population)**

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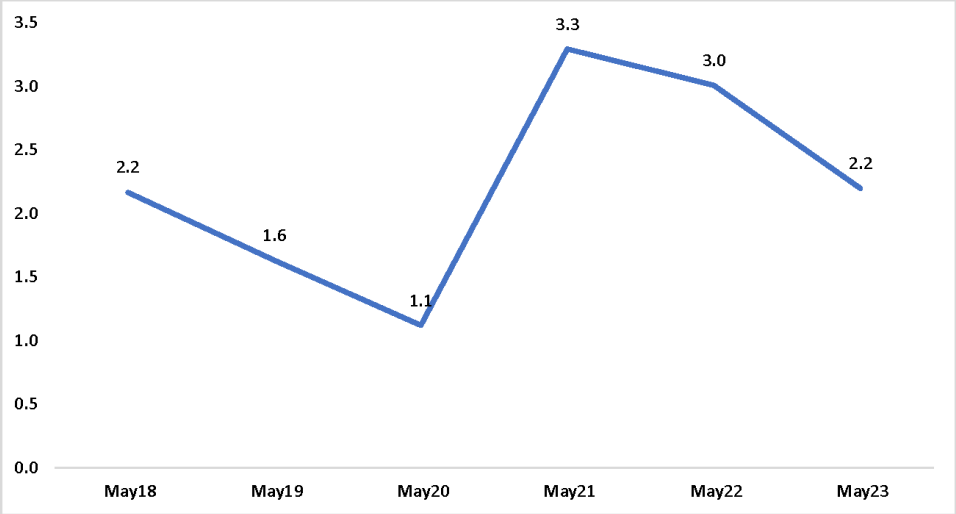
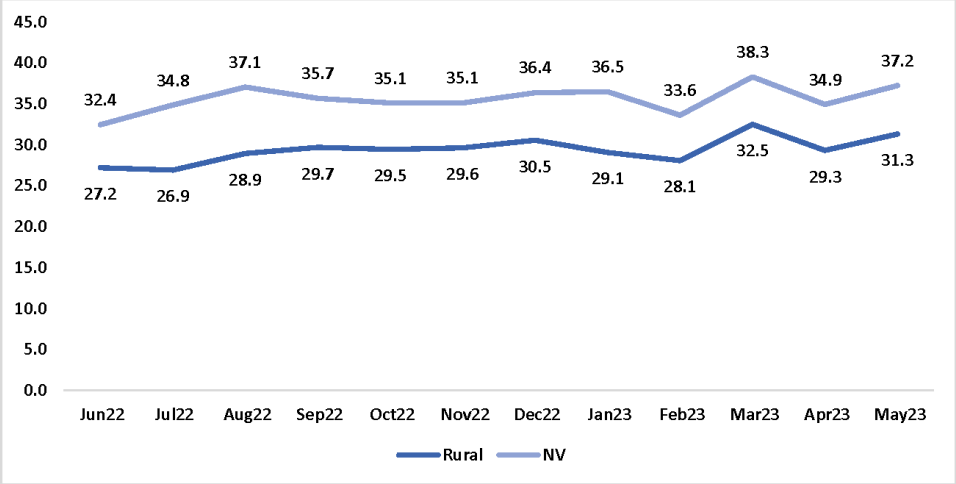



## II. Prescription Drug Monitoring Program Data

**Figure 4. Monthly opioid prescription rates per 1000 residents in Rural Region and NV, past 12 months**



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# Nevada Drug Overdose Surveillance
## *July 2023: Rural Region*

NV-OD2A

LARSON INSTITUTE
HEALTH IMPACT AND EQUITY

NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **decreased by 27%** from May 2023 to June 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **decreased by 33%** from June 2022 to June 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **decreased by 2%** in June 2023 in the Rural Region.

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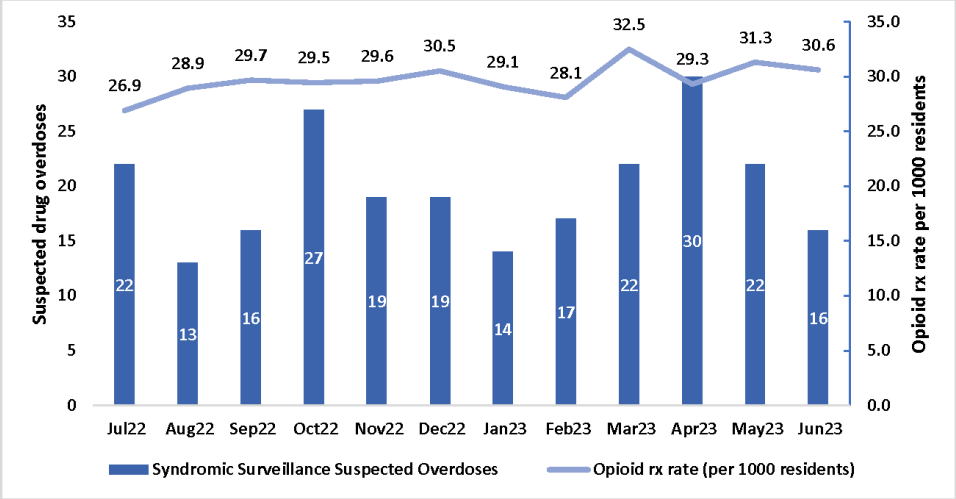


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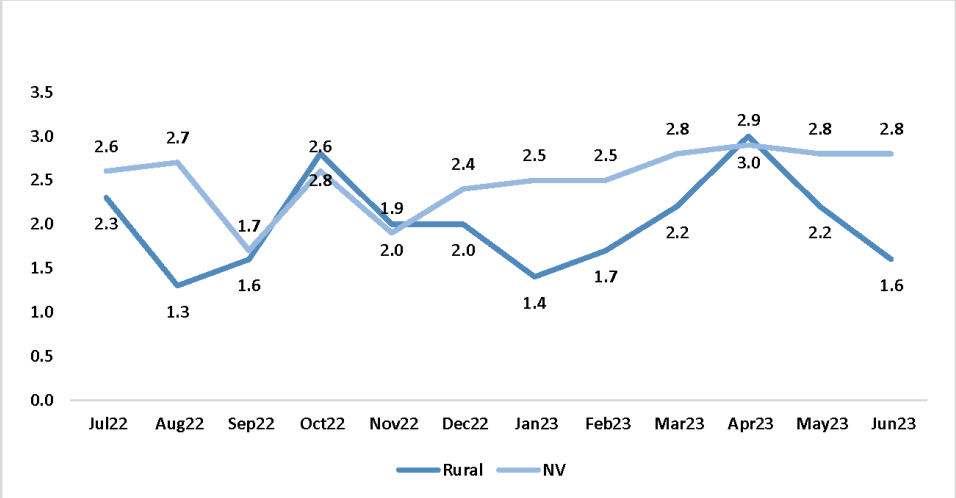




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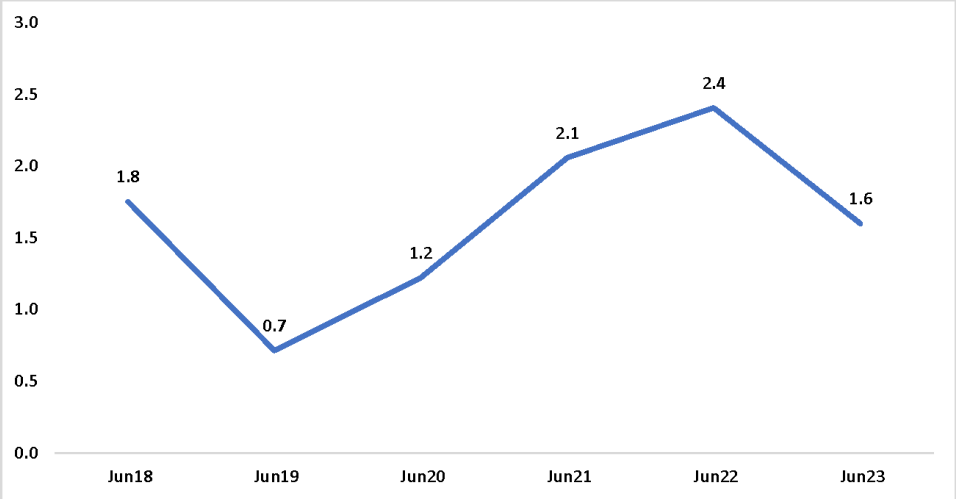


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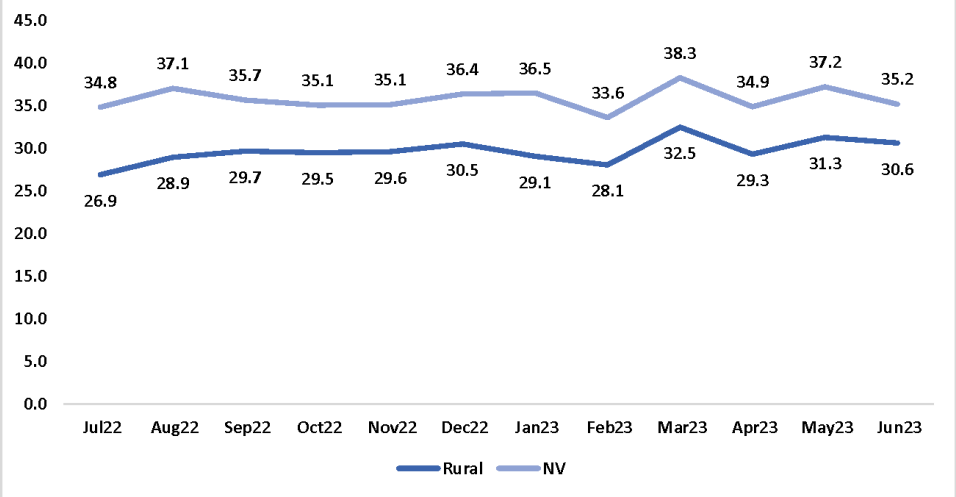




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# Nevada Drug Overdose Surveillance
## *August 2023: Rural Region*

NV-OD2A

LARSON INSTITUTE
HEALTH IMPACT AND EQUITY

NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Purpose**: The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive data to enhance overdose surveillance, reporting, and dissemination efforts to better inform prevention, early intervention, treatment, harm reduction, and other entities. This monthly report contains information on overdose within the **Rural Region counties** (**Humboldt, Pershing, Lander, Eureka, Elko, and White Pine counties**) primarily utilizing emergency department (ED) visit data from the National Syndromic Surveillance Program and data from the Prescription Drug Monitoring Program (PDMP) for the month of **July 2023**.

**Actions to Help Support Overdose Prevention and Response:** Emergency departments serve as an important connection point with people and their loved ones regarding fatal and non-fatal overdose prevention. With consideration of the data outlined in this report, community partners, including emergency departments, healthcare systems, and emergency medical services may consider potential steps to further support people experiencing an overdose:

- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information.
- Expand Naloxone distribution at emergency departments and by EMS (Leave Behind Naloxone) to those who had an overdose and their family and friends.
- Provide peer support to patients and their loved ones through recovery coaching in the emergency department to ensure they are provided with wraparound services following their medical emergency.
- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **increased by 6%** from June 2023 to July 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **decreased by 23%** from July 2022 to July 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **decreased by 3%** in July 2023 in the Rural Region.

Contact: tlensch@unr.edu Website: https://nvopioidresponse.org/od2a/ Feedback Survey: Click Here

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## I. Syndromic Surveillance Data

**Figure 1. Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates in the Rural Region (per 1,000 residents), past 12 months**

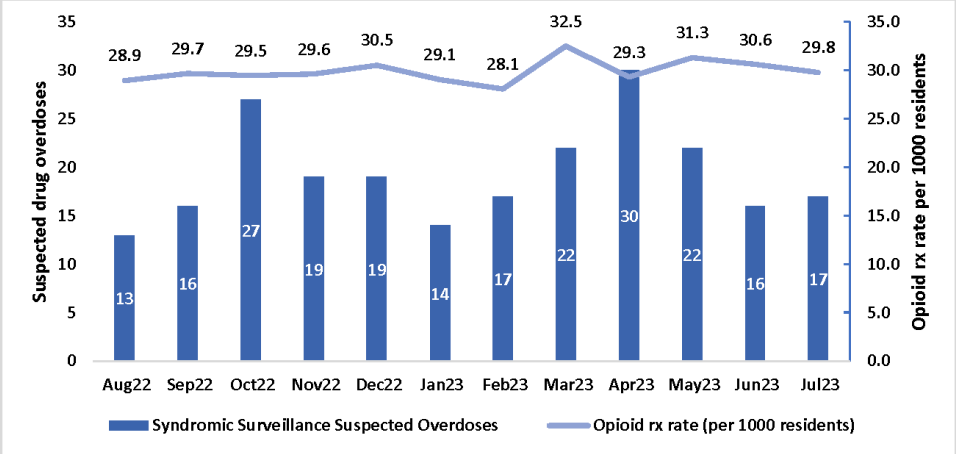
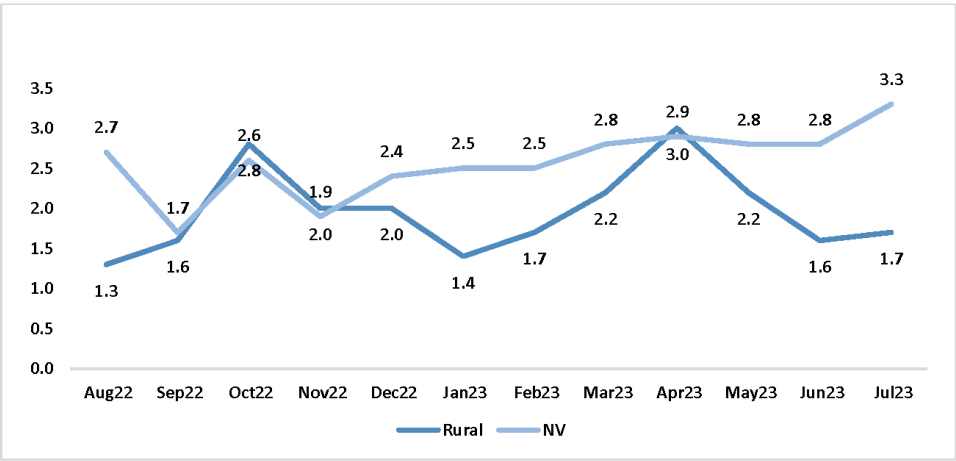



**Figure 2. Monthly rates of suspected drug-related overdose ED visits in Rural Region vs NV, past 12 months (per 100,000 population)**



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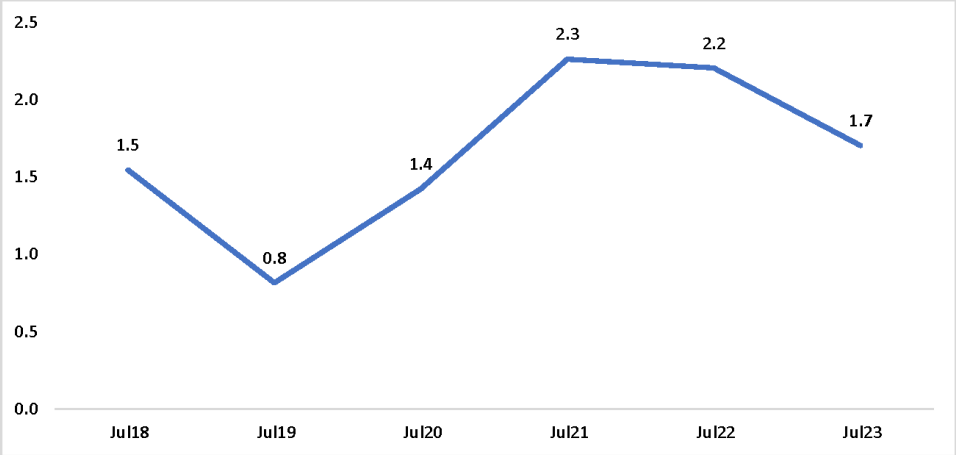
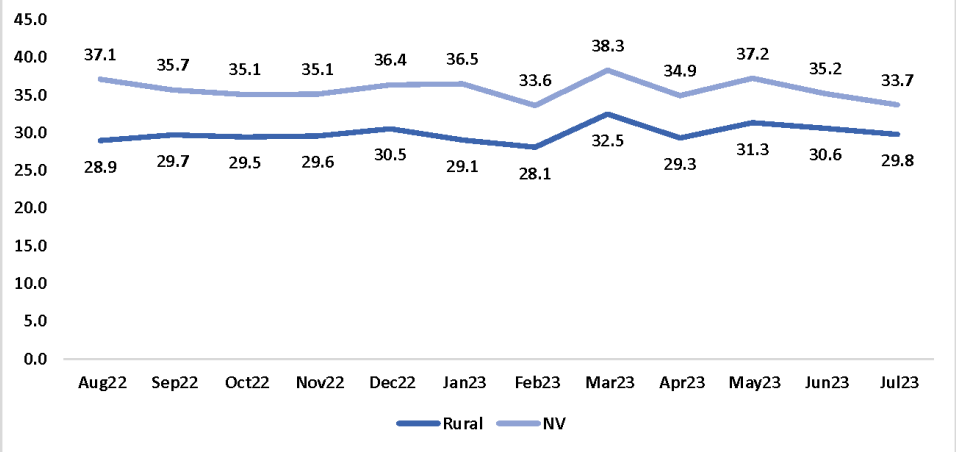



## II. Prescription Drug Monitoring Program Data

**Figure 4. Monthly opioid prescription rates per 1000 residents in Rural Region and NV, past 12 months**



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### III. Technical Notes

Data Sources: National Syndromic Surveillance Program is a near real-time method of categorizing visits to the ED across Nevada based on a patient's chief complaint and/or discharge diagnosis. The Prescription Drug Monitoring Program is a database of information regarding the controlled substance prescriptions that were dispensed to patients in Nevada.

Case definitions: For National Syndromic Surveillance Program, case definitions and queries for suspected all drug overdose ED visits are created and provided by CDC and include chief complaint keywords and ICD-10-CM discharge diagnosis codes. Opioid prescriptions include any opioid analgesic controlled substance prescriptions dispensed, including schedule II, III, IV prescription opioids that are entered into the PDMP.

Analysis: ED visit counts with < 10 counts for any month were not included. The opioid prescription rate for each month per 1,000 residents is calculated based off of the estimated annual population for all of the counties in the region based off of State Demographer estimates, so rates calculated may vary slightly compared to other reports and annual rates.

Limitations: Statewide, the National Syndromic Surveillance Program is estimated to capture visits from approximately 90-95% of Nevada emergency department facilities, and thus may underestimate the occurrence of overdoses across the state. Since not everyone who overdoses is able to make it to the ED, this report may underestimate the total overdose burden in the state. PDMP data show the number of prescriptions filled to Nevada residents, and does not capture whether the medications were taken as prescribed or taken by the prescribed patient. In addition, a person can be included for more than one prescription (not mutually exclusive).

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# Nevada Drug Overdose Surveillance
## *September 2023: Rural Region*

**Purpose**: The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive data to enhance overdose surveillance, reporting, and dissemination efforts to better inform prevention, early intervention, treatment, harm reduction, and other entities. This monthly report contains information on overdose within the **Rural Region counties** (**Humboldt, Pershing, Lander, Eureka, Elko, and White Pine counties**) primarily utilizing emergency department (ED) visit data from the National Syndromic Surveillance Program and data from the Prescription Drug Monitoring Program (PDMP) for the month of **August 2023**.

**Actions to Help Support Overdose Prevention and Response:** Emergency departments serve as an important connection point with people and their loved ones regarding fatal and non-fatal overdose prevention. With consideration of the data outlined in this report, community partners, including emergency departments, healthcare systems, and emergency medical services may consider potential steps to further support people experiencing an overdose:

- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information.
- Expand Naloxone distribution at emergency departments and by EMS (Leave Behind Naloxone) to those who had an overdose and their family and friends.
- Provide peer support to patients and their loved ones through recovery coaching in the emergency department to ensure they are provided with wraparound services following their medical emergency.
- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **increased by 24%** from July 2023 to August 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **increased by 62%** from August 2022 to August 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **increased by 3%** in August 2023 in the Rural Region.

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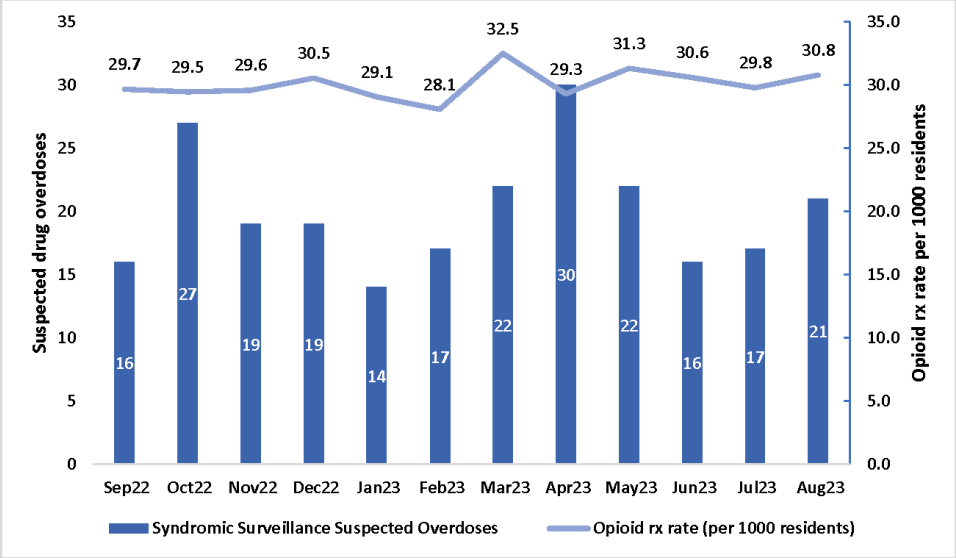
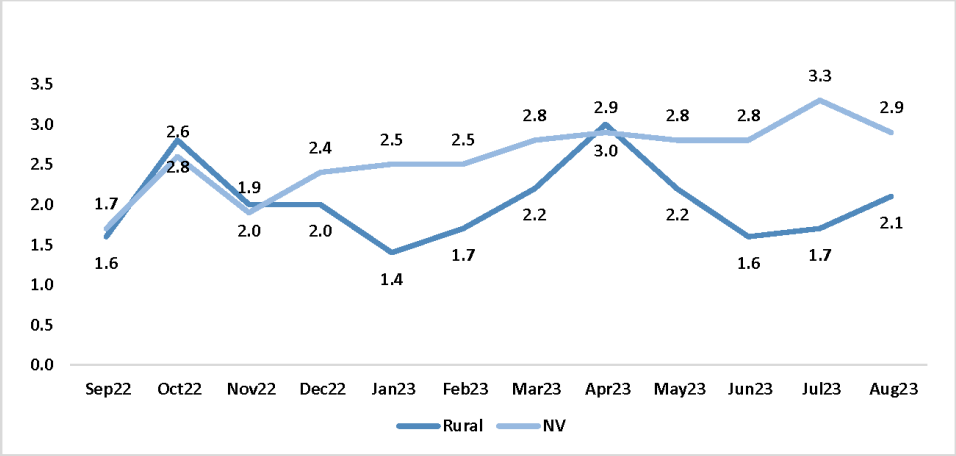



**Figure 2. Monthly rates of suspected drug-related overdose ED visits in Rural Region vs NV, past 12 months (per 100,000 population)**

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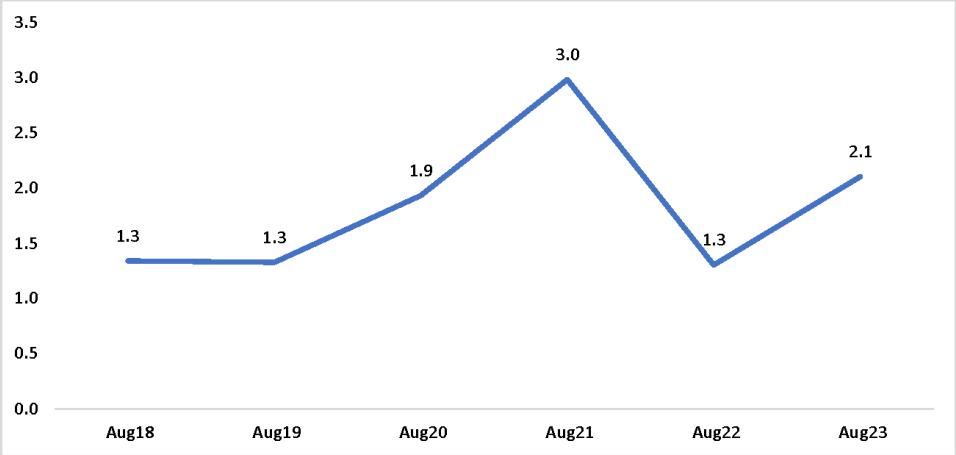


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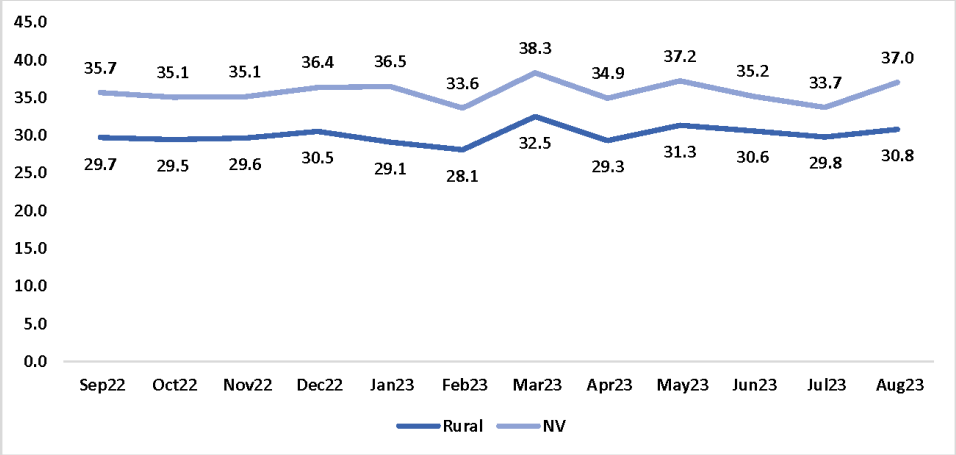
**Figure 4. Monthly opioid prescription rates per 1,000 residents in Rural Region and NV, past 12 months**

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Case definitions: For National Syndromic Surveillance Program, case definitions and queries for suspected all drug overdose ED visits are created and provided by CDC and include chief complaint keywords and ICD-10-CM discharge diagnosis codes. Opioid prescriptions include any opioid analgesic controlled substance prescriptions dispensed, including schedule II, III, IV prescription opioids that are entered into the PDMP.

Analysis: ED visit counts with < 10 counts for any month were not included. The opioid prescription rate for each month per 1,000 residents is calculated based off of the estimated annual population for all of the counties in the region based off of State Demographer estimates, so rates calculated may vary slightly compared to other reports and annual rates.

Limitations: Statewide, the National Syndromic Surveillance Program is estimated to capture visits from approximately 90-95% of Nevada emergency department facilities, and thus may underestimate the occurrence of overdoses across the state. Since not everyone who overdoses is able to make it to the ED, this report may underestimate the total overdose burden in the state. PDMP data show the number of prescriptions filled to Nevada residents, and does not capture whether the medications were taken as prescribed or taken by the prescribed patient. In addition, a person can be included for more than one prescription (not mutually exclusive).

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# Nevada Drug Overdose Surveillance
## *October 2023: Rural Region*

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**Actions to Help Support Overdose Prevention and Response:** Emergency departments serve as an important connection point with people and their loved ones regarding fatal and non-fatal overdose prevention. With consideration of the data outlined in this report, community partners, including emergency departments, healthcare systems, and emergency medical services may consider potential steps to further support people experiencing an overdose:

- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information.
- Expand Naloxone distribution at emergency departments and by EMS (Leave Behind Naloxone) to those who had an overdose and their family and friends.
- Provide peer support to patients and their loved ones through recovery coaching in the emergency department to ensure they are provided with wraparound services following their medical emergency.
- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **increased by 24%** from August 2023 to September 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **increased by 63%** from September 2022 to September 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **decreased by 7%** in September 2023 in the Rural Region.

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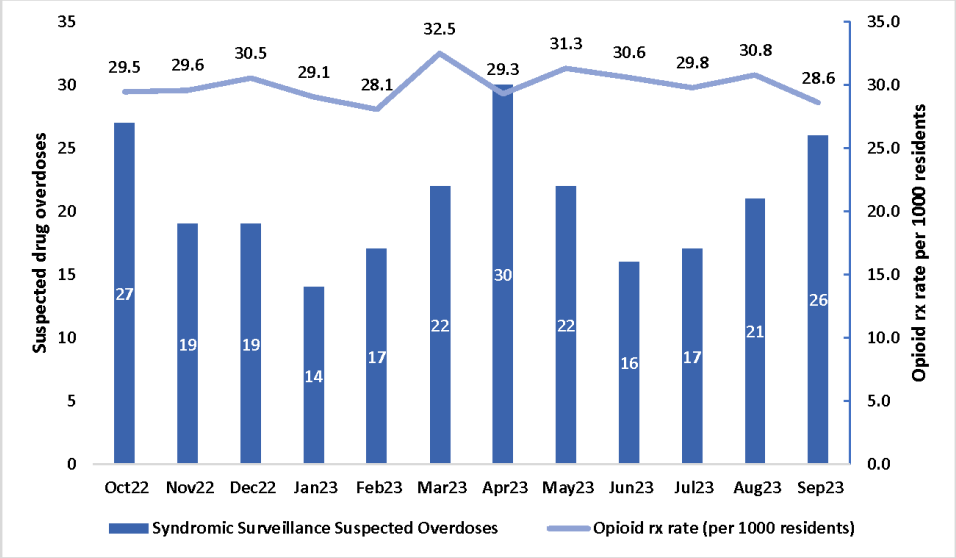
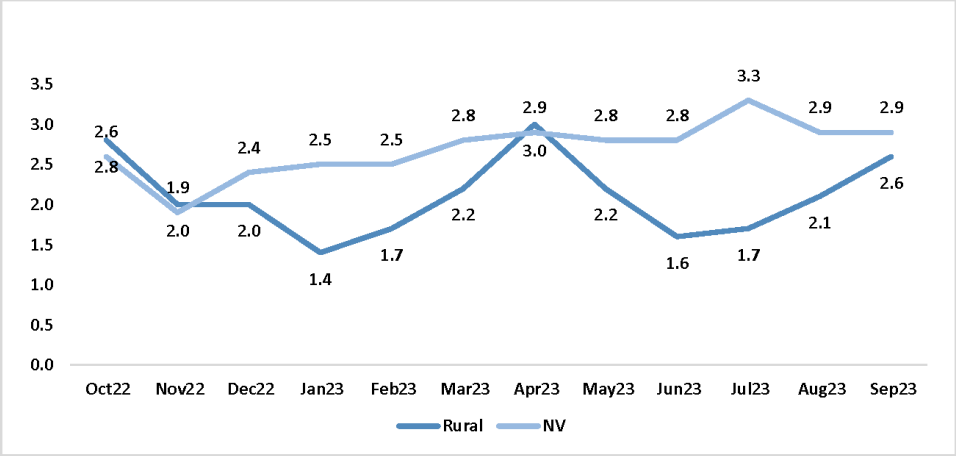



**Figure 2. Monthly rates of suspected drug-related overdose ED visits in Rural Region vs NV, past 12 months (per 100,000 population)**

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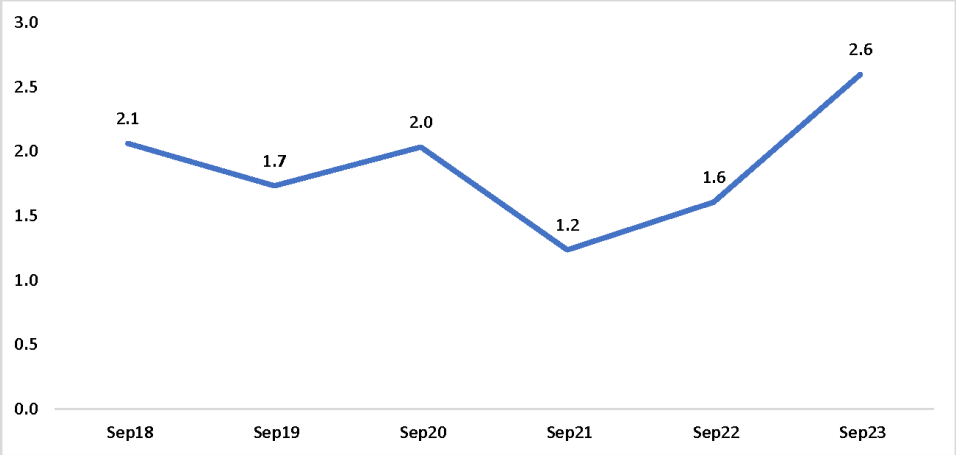


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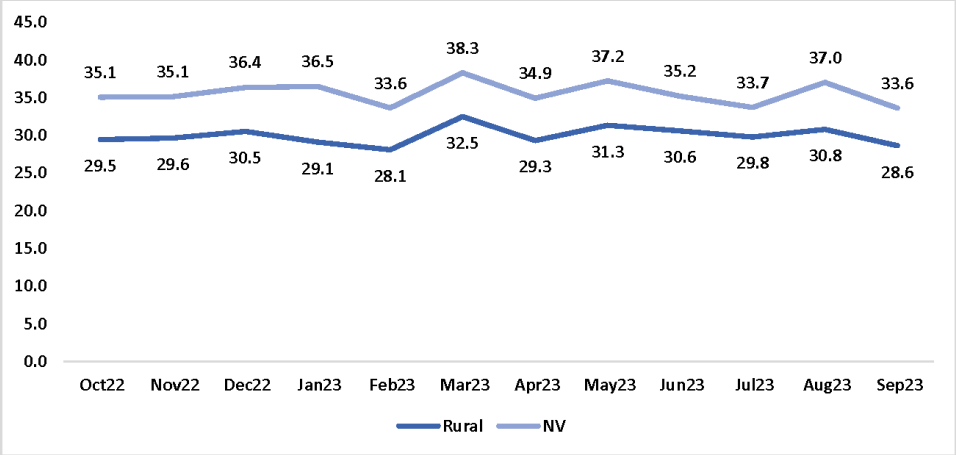
**Figure 4. Monthly opioid prescription rates per 1,000 residents in Rural Region and NV, past 12 months**

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# Nevada Drug Overdose Surveillance
## *November 2023: Rural Region*

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**Actions to Help Support Overdose Prevention and Response:** Emergency departments serve as an important connection point with people and their loved ones regarding fatal and non-fatal overdose prevention. With consideration of the data outlined in this report, community partners, including emergency departments, healthcare systems, and emergency medical services may consider potential steps to further support people experiencing an overdose:

- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information.
- Expand Naloxone distribution at emergency departments and by EMS (Leave Behind Naloxone) to those who had an overdose and their family and friends.
- Provide peer support to patients and their loved ones through recovery coaching in the emergency department to ensure they are provided with wraparound services following their medical emergency.
- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **decreased by 31%** from September 2023 to October 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **decreased by 33%** from October 2022 to October 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **remained stable** in October 2023 in the Rural Region.

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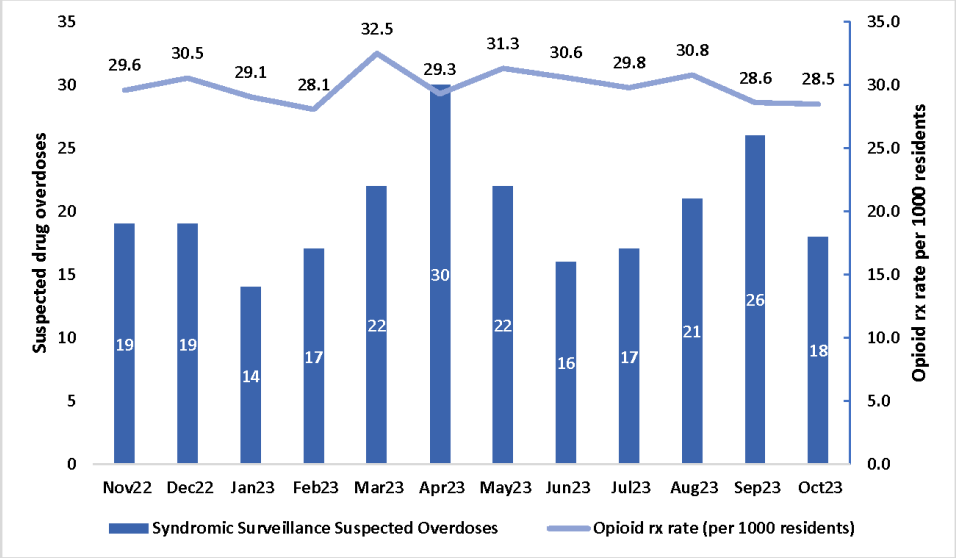


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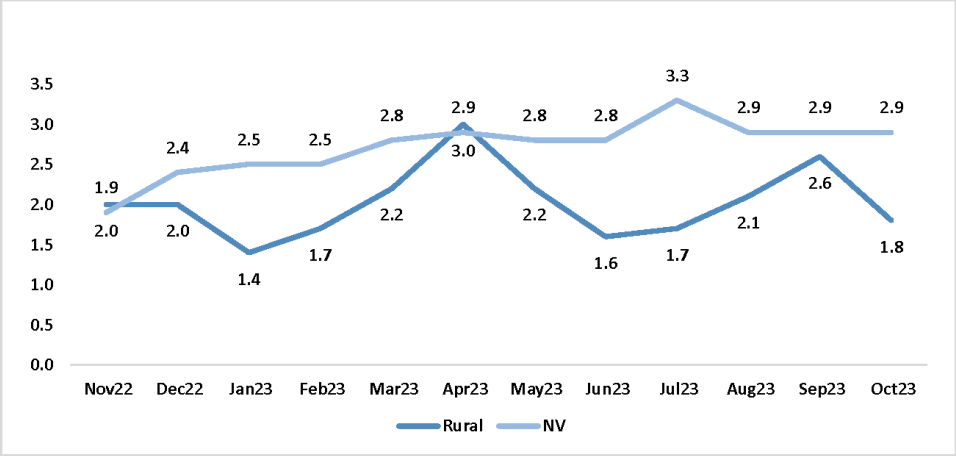


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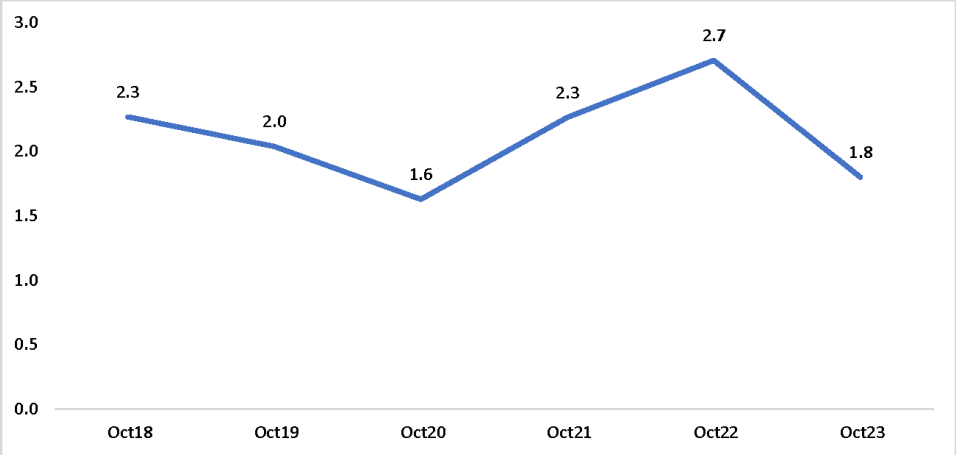


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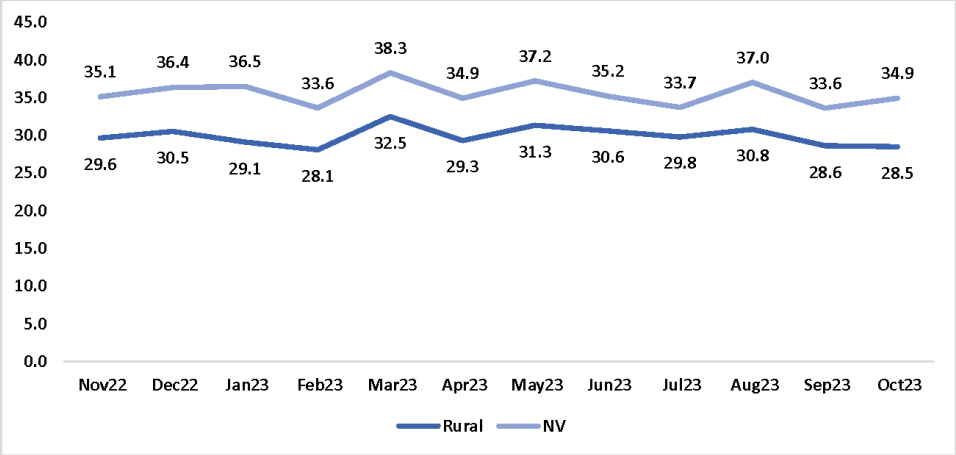


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- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **decreased by 17%** from October 2023 to November 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **decreased by 21%** from November 2022 to November 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **remained stable** in November 2023 in the Rural Region.

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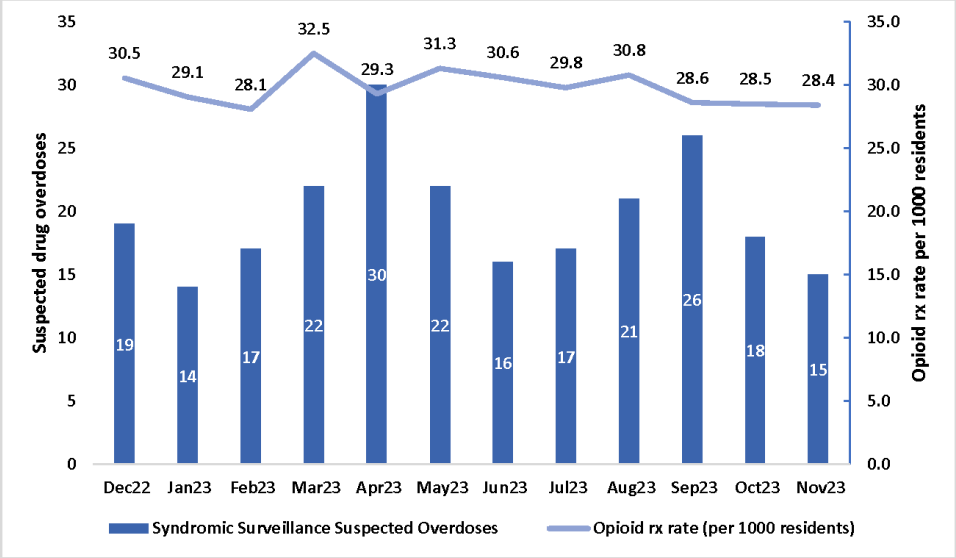
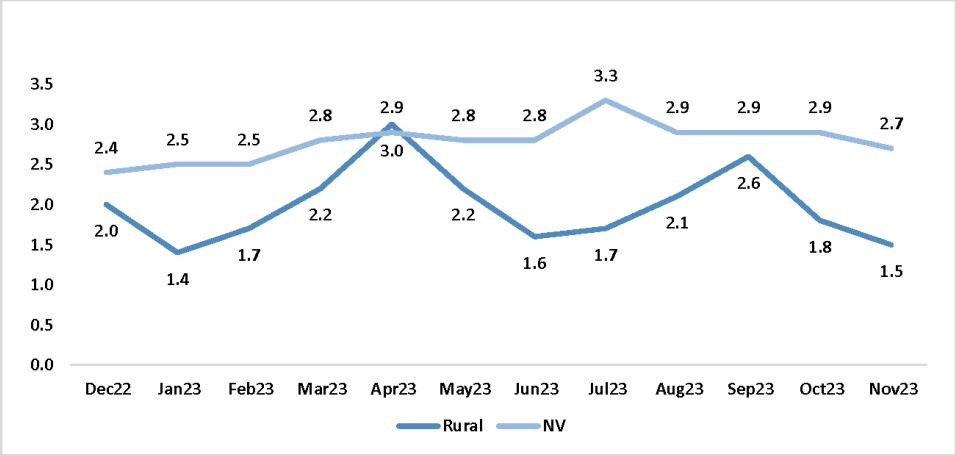



**Figure 2. Monthly rates of suspected drug-related overdose ED visits in Rural Region vs NV, past 12 months (per 100,000 population)**




Contact: tlensch@unr.edu Website: https://nvopioidresponse.org/od2a/

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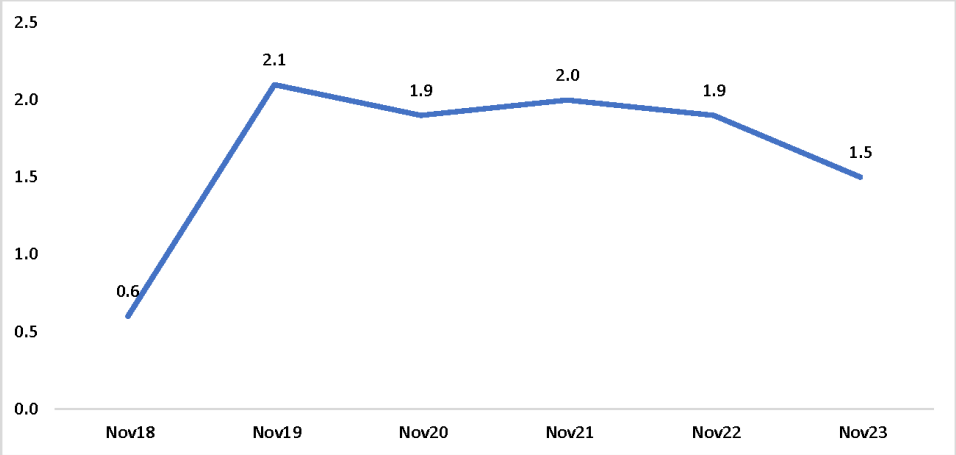
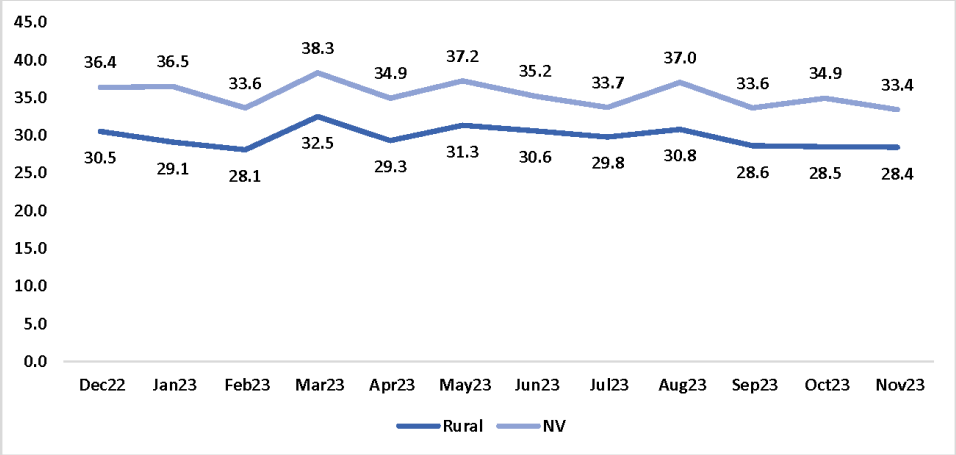
**Figure 3. Monthly rates of suspected drug-related overdose ED visits in Rural Region, 2018-2023 (per 100,000 population)**




## II. Prescription Drug Monitoring Program Data

**Figure 4. Monthly opioid prescription rates per 1,000 residents in Rural Region and NV, past 12 months**

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Data Sources: National Syndromic Surveillance Program is a near real-time method of categorizing visits to the ED across Nevada based on a patient's chief complaint and/or discharge diagnosis. The Prescription Drug Monitoring Program is a database of information regarding the controlled substance prescriptions that were dispensed to patients in Nevada.

Case definitions: For National Syndromic Surveillance Program, case definitions and queries for suspected all drug overdose ED visits are created and provided by CDC and include chief complaint keywords and ICD-10-CM discharge diagnosis codes. Opioid prescriptions include any opioid analgesic controlled substance prescriptions dispensed, including schedule II, III, IV prescription opioids that are entered into the PDMP.

Analysis: ED visit counts with < 10 counts for any month were not included. The opioid prescription rate for each month per 1,000 residents is calculated based off of the estimated annual population for all of the counties in the region based off of State Demographer estimates, so rates calculated may vary slightly compared to other reports and annual rates.

Limitations: Statewide, the National Syndromic Surveillance Program is estimated to capture visits from approximately 90-95% of Nevada emergency department facilities, and thus may underestimate the occurrence of overdoses across the state. Since not everyone who overdoses is able to make it to the ED, this report may underestimate the total overdose burden in the state. PDMP data show the number of prescriptions filled to Nevada residents, and does not capture whether the medications were taken as prescribed or taken by the prescribed patient. In addition, a person can be included for more than one prescription (not mutually exclusive).

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# Nevada Drug Overdose Surveillance
## *January 2024: Rural Region*

**Purpose**: The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive data to enhance overdose surveillance, reporting, and dissemination efforts to better inform prevention, early intervention, treatment, harm reduction, and other entities. This monthly report contains information on overdose within the **Rural Region counties** (**Humboldt, Pershing, Lander, Eureka, Elko, and White Pine counties**) primarily utilizing emergency department (ED) visit data from the National Syndromic Surveillance Program and data from the Prescription Drug Monitoring Program (PDMP) for the month of **December 2023**.

**Actions to Help Support Overdose Prevention and Response:** Emergency departments serve as an important connection point with people and their loved ones regarding fatal and non-fatal overdose prevention. With consideration of the data outlined in this report, community partners, including emergency departments, healthcare systems, and emergency medical services may consider potential steps to further support people experiencing an overdose:

- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information.
- Expand Naloxone distribution at emergency departments and by EMS (Leave Behind Naloxone) to those who had an overdose and their family and friends.
- Provide peer support to patients and their loved ones through recovery coaching in the emergency department to ensure they are provided with wraparound services following their medical emergency.
- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

**Report Highlights**:

- Suspected drug-related overdose ED visit rates **increased by 7%** from November 2023 to December 2023 in the Rural Region.
- Suspected drug-related overdose ED visit rates **decreased by 16%** from December 2022 to December 2023 in the Rural Region.
- Compared to last month, opioid prescription rates **decreased by 5%** in December 2023 in the Rural Region.

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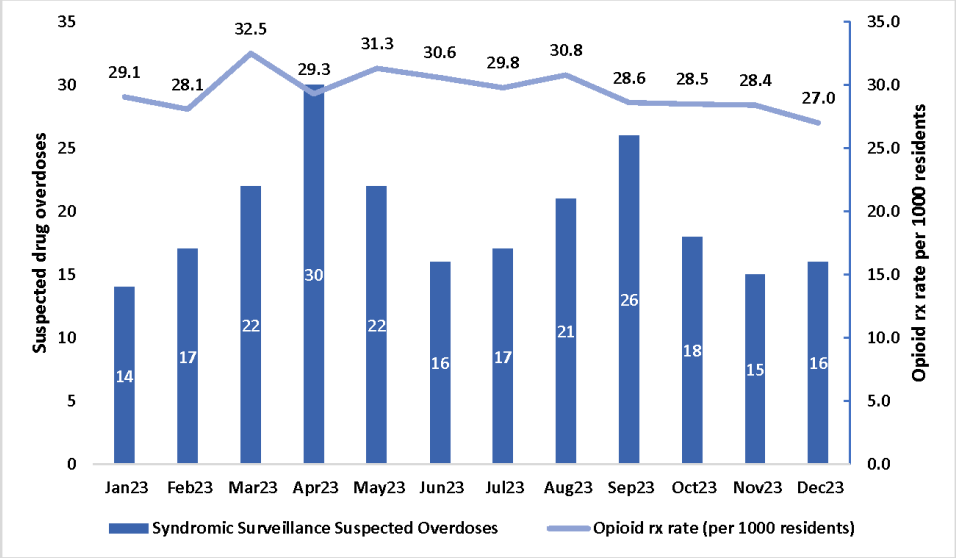
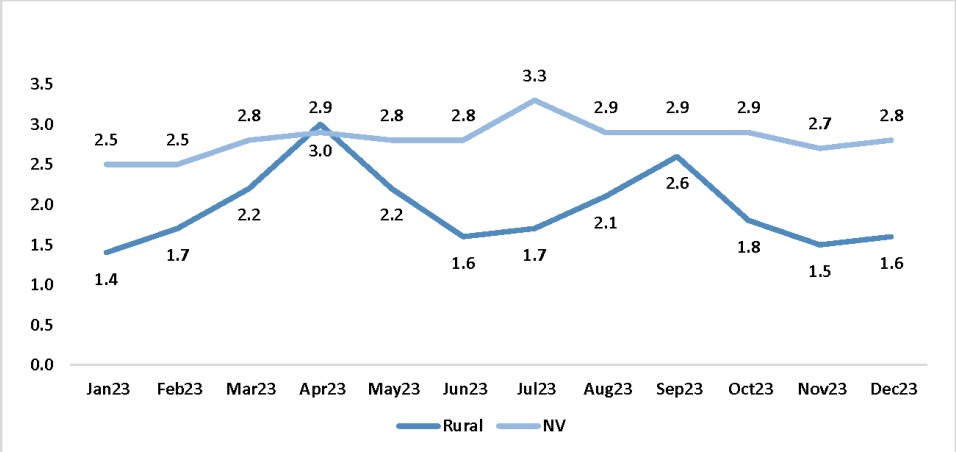



**Figure 2. Monthly rates of suspected drug-related overdose ED visits in Rural Region vs NV, past 12 months (per 100,000 population)**

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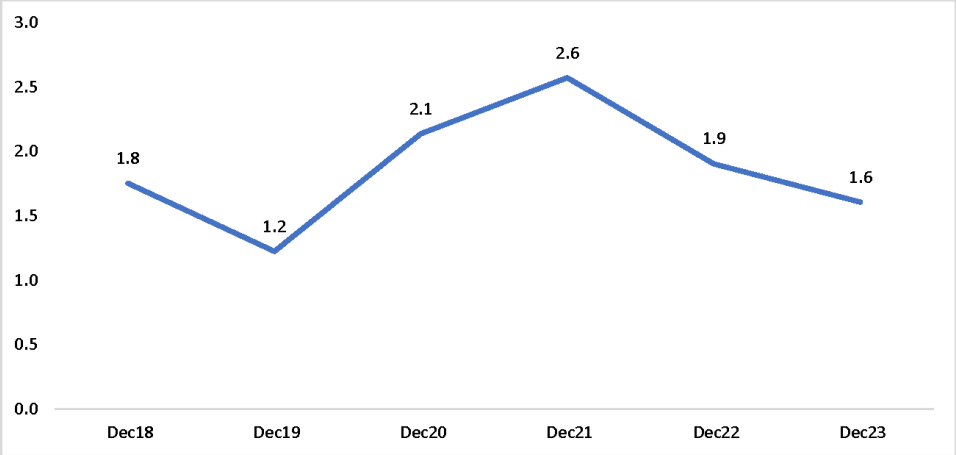


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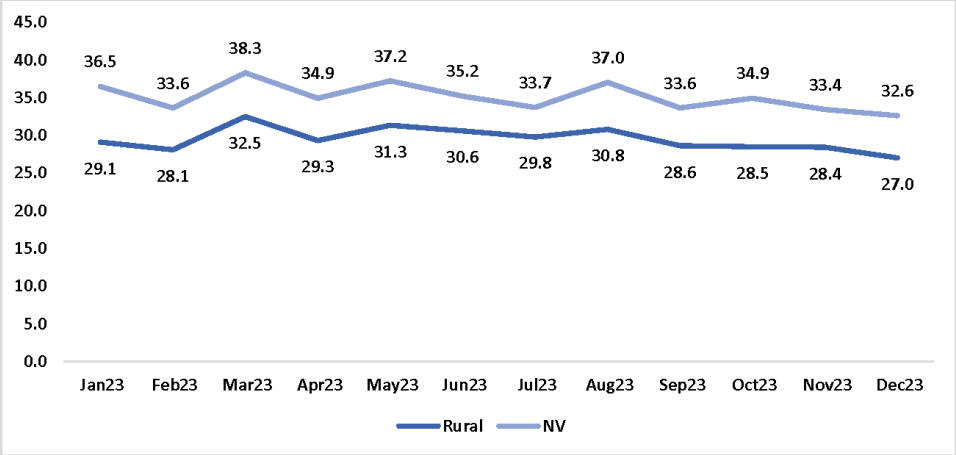


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# Appendix B: Recovery Ecosystem Index Mapping from NORC at the University of Chicago, Nevada

Figure 1: Recovery Ecosystem Index – Overall Score, Nevada, by county

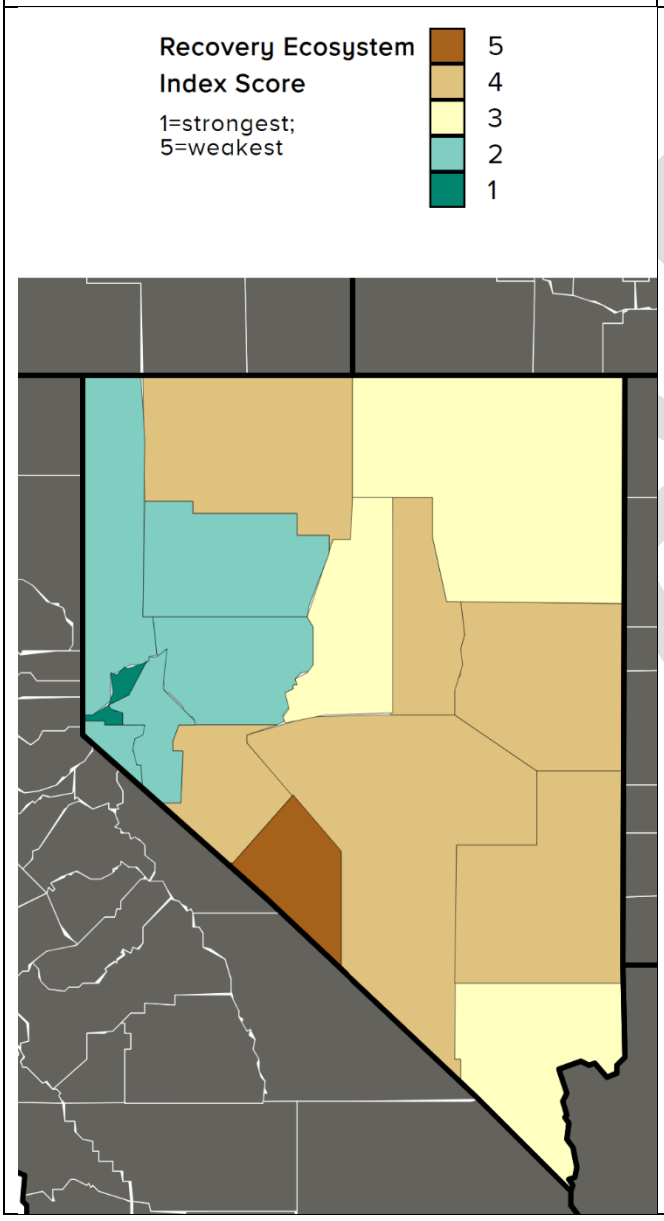



Figure 2: Recovery System Index – Substance Use Disorder (SUD) Treatment Score, Nevada, by county

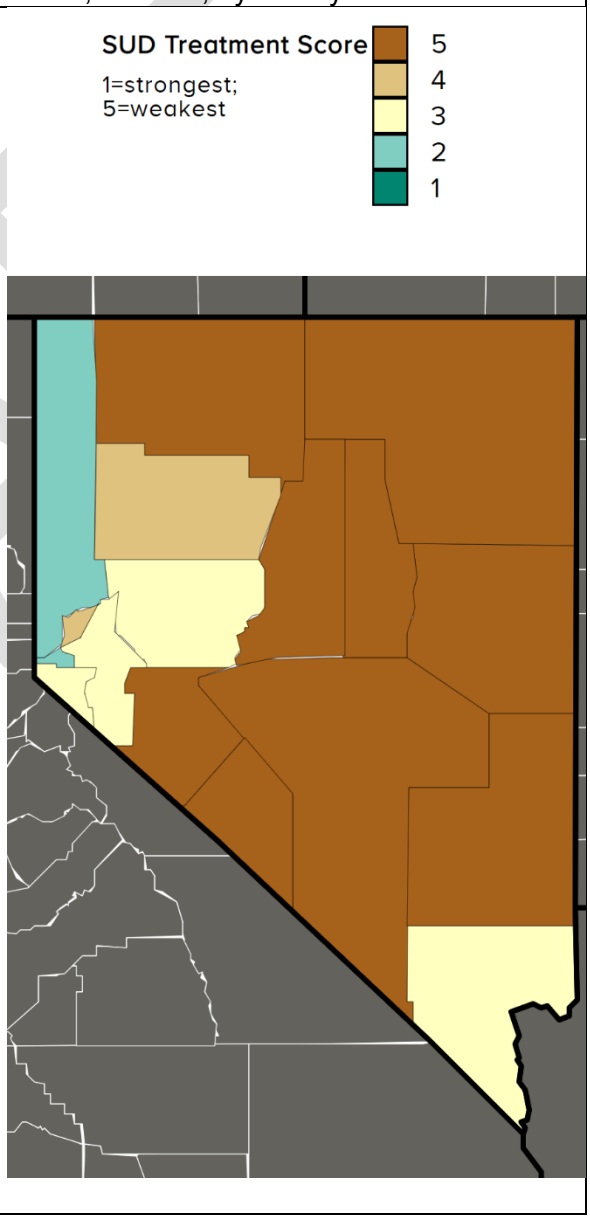


Figure 3: REI Recovery Ecosystem Index – SUD Continuum of Support score, Nevada, by county

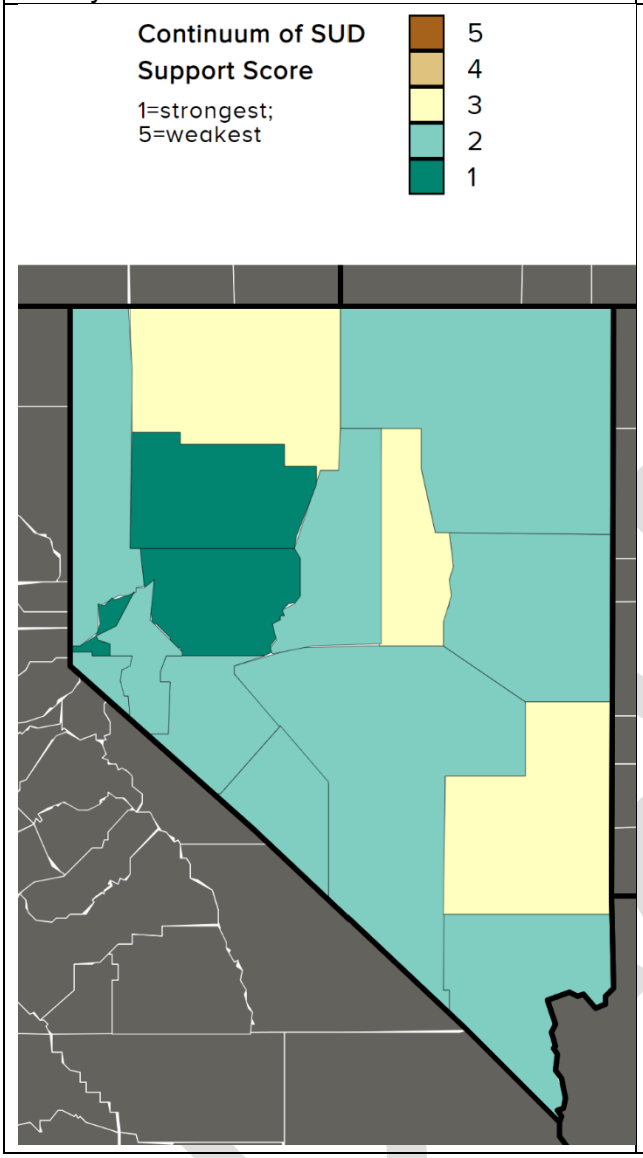



Figure 4: REI Recovery Ecosystem Index – Infrastructure and Social Factors Score, Nevada, by county

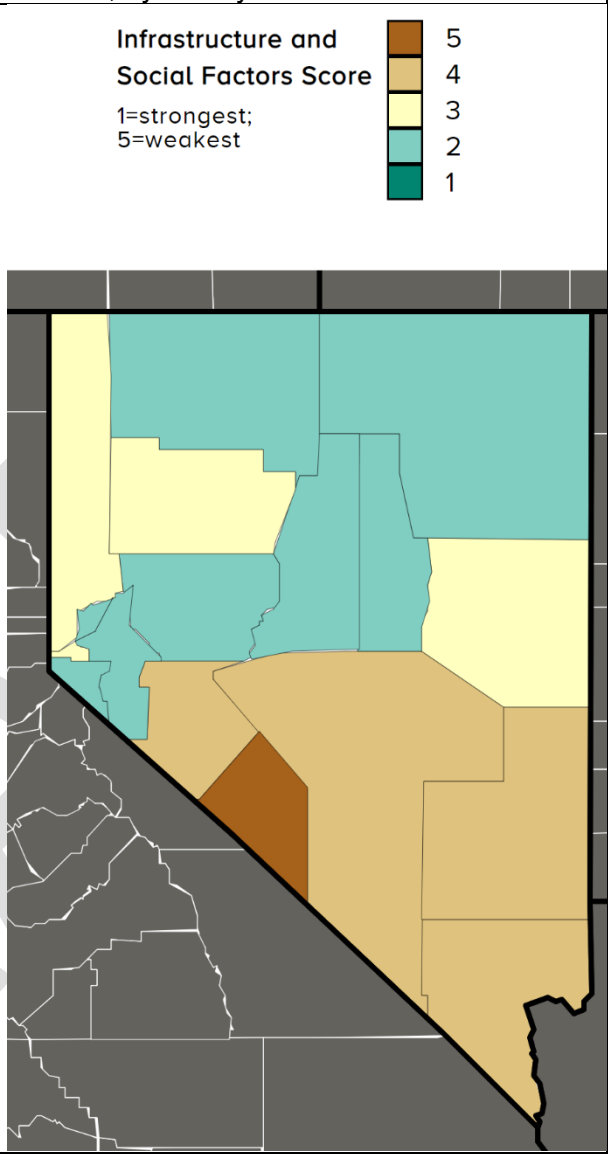


Figure 5: Drug Overdose Mortality Rates 2018-2021, Nevada, by county,

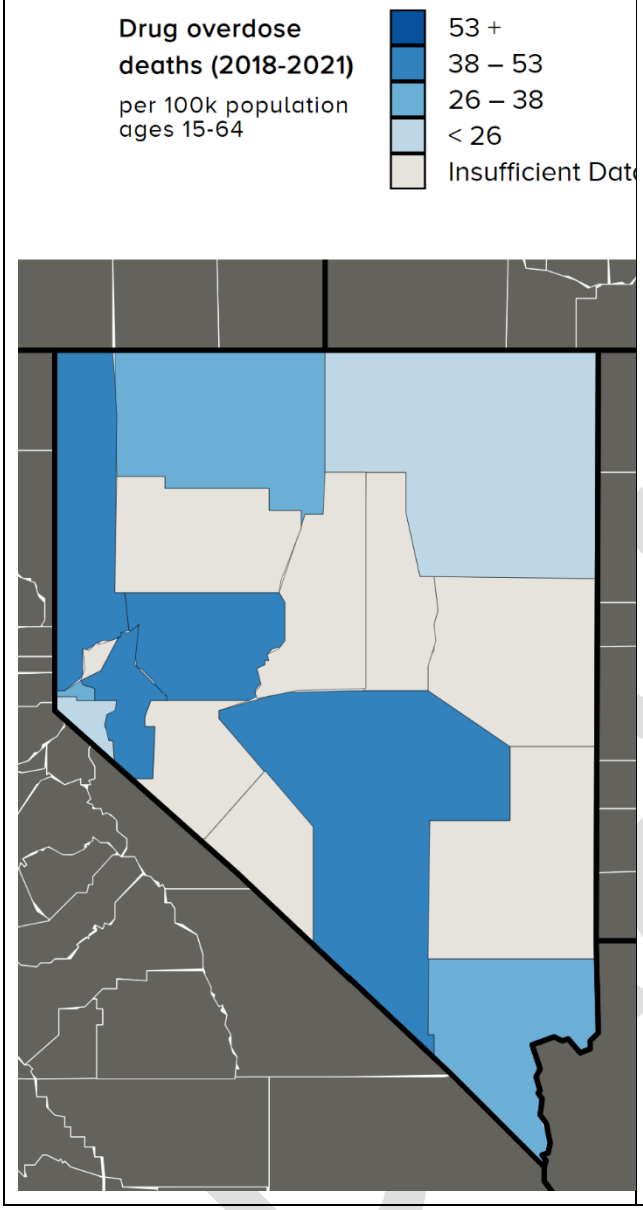



Figure 6: Opioid Overdose Mortality Rates 2018-2021, Nevada, by county

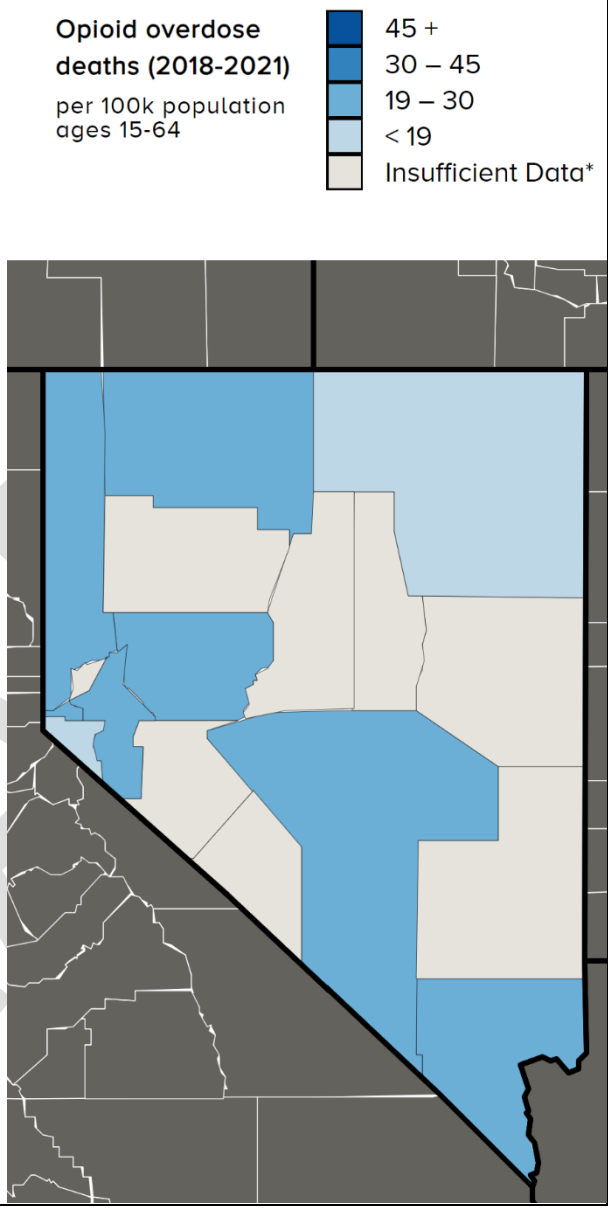


Figure 7: Recovery Ecosystem Index – SUD Treatment Score, with Drug Overdose Mortality Rate 2018-2021 Overlay, Nevada, by county

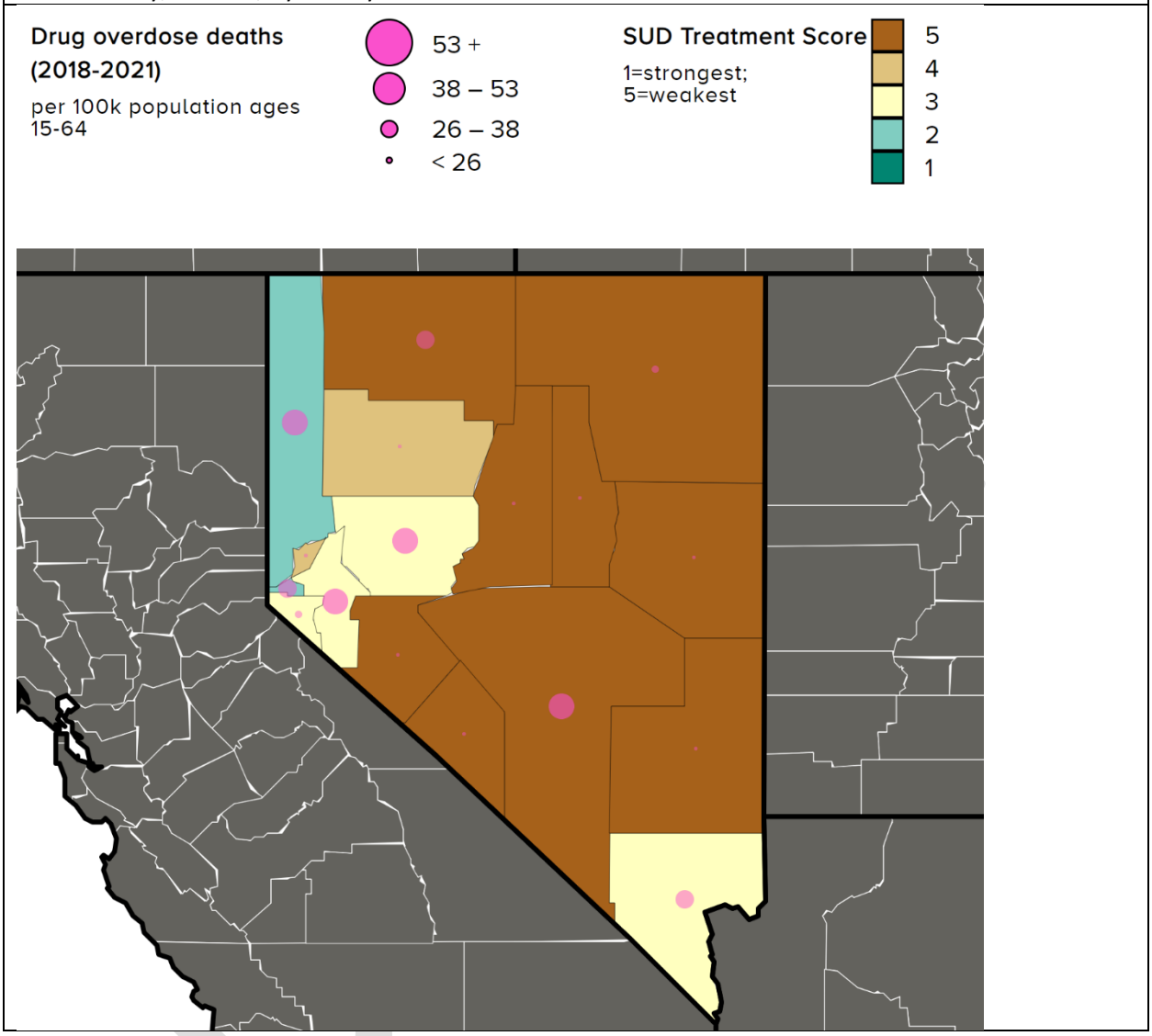


Figure 8: Recovery Ecosystem Index – Continuum of Support Score, with Drug Overdose Rate 2018-2021 Overlay, Nevada, by county

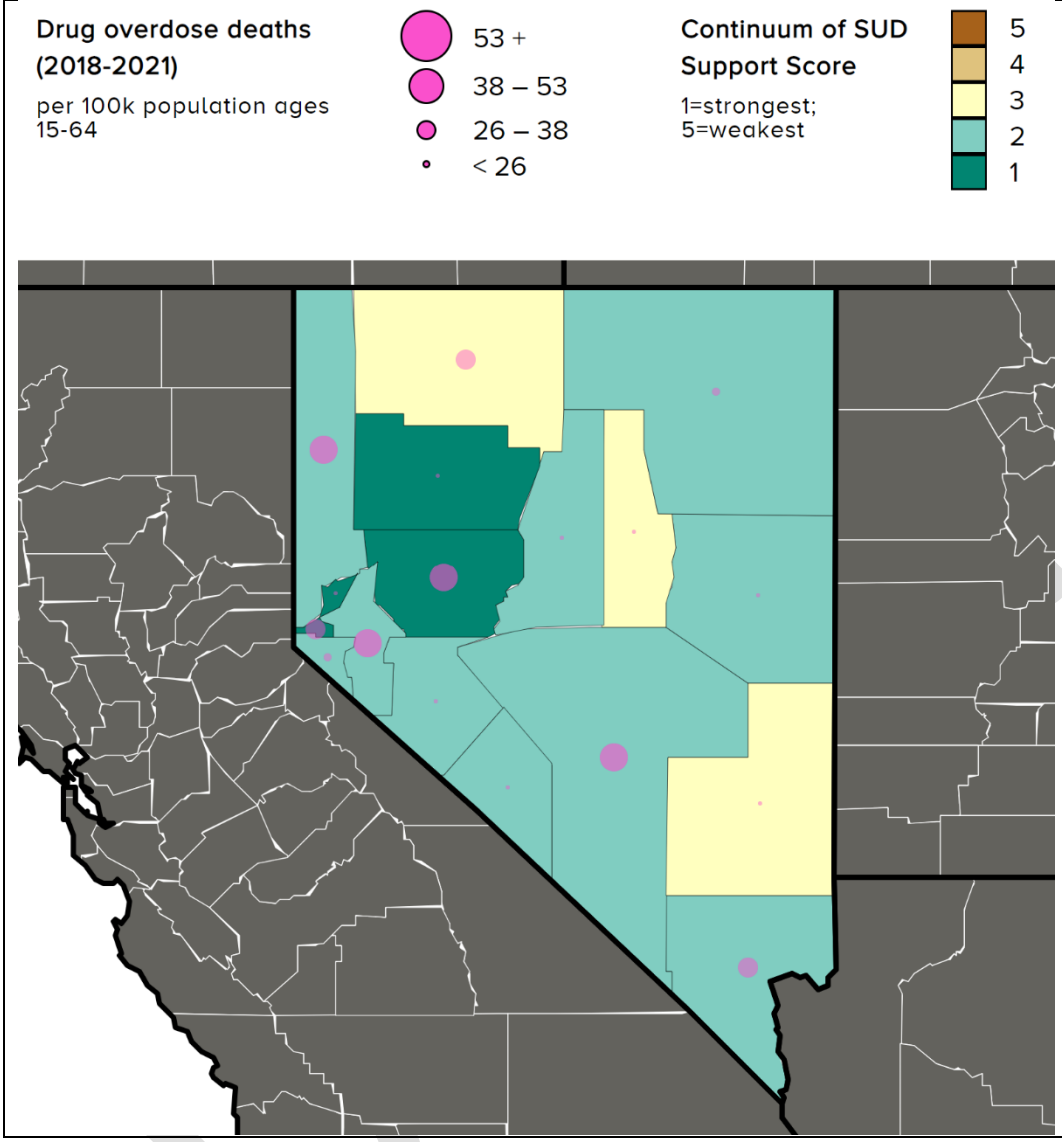


Figure 9: Recovery Ecosystem Index – Infrastructure and Social Factors Score, with Drug Overdose Rate 2018-2021 Overlay, Nevada, by county

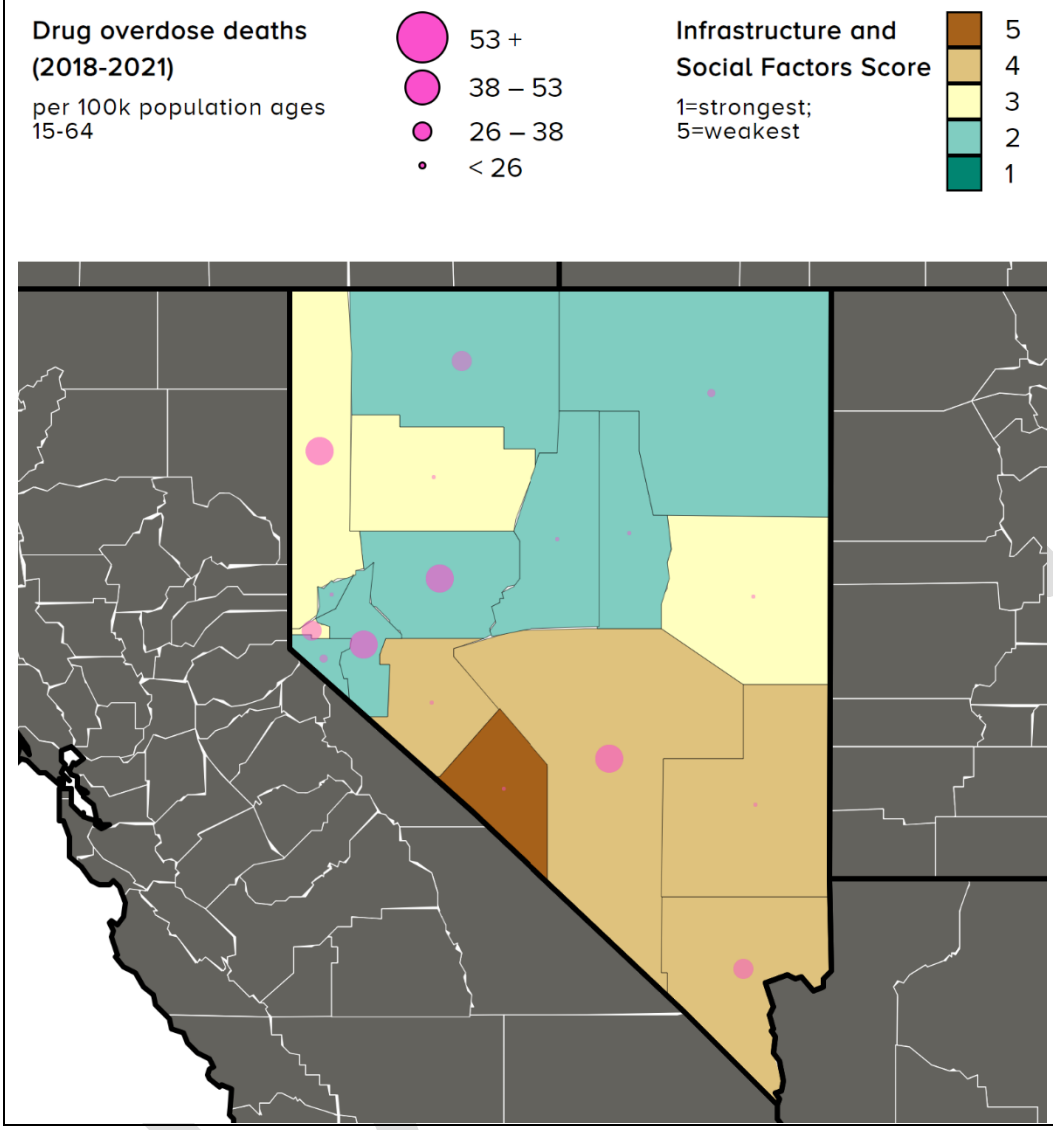


Figure 10: Drug Overdose Rates 2018-2021 with Median Household Income Overlay, Nevada, by county

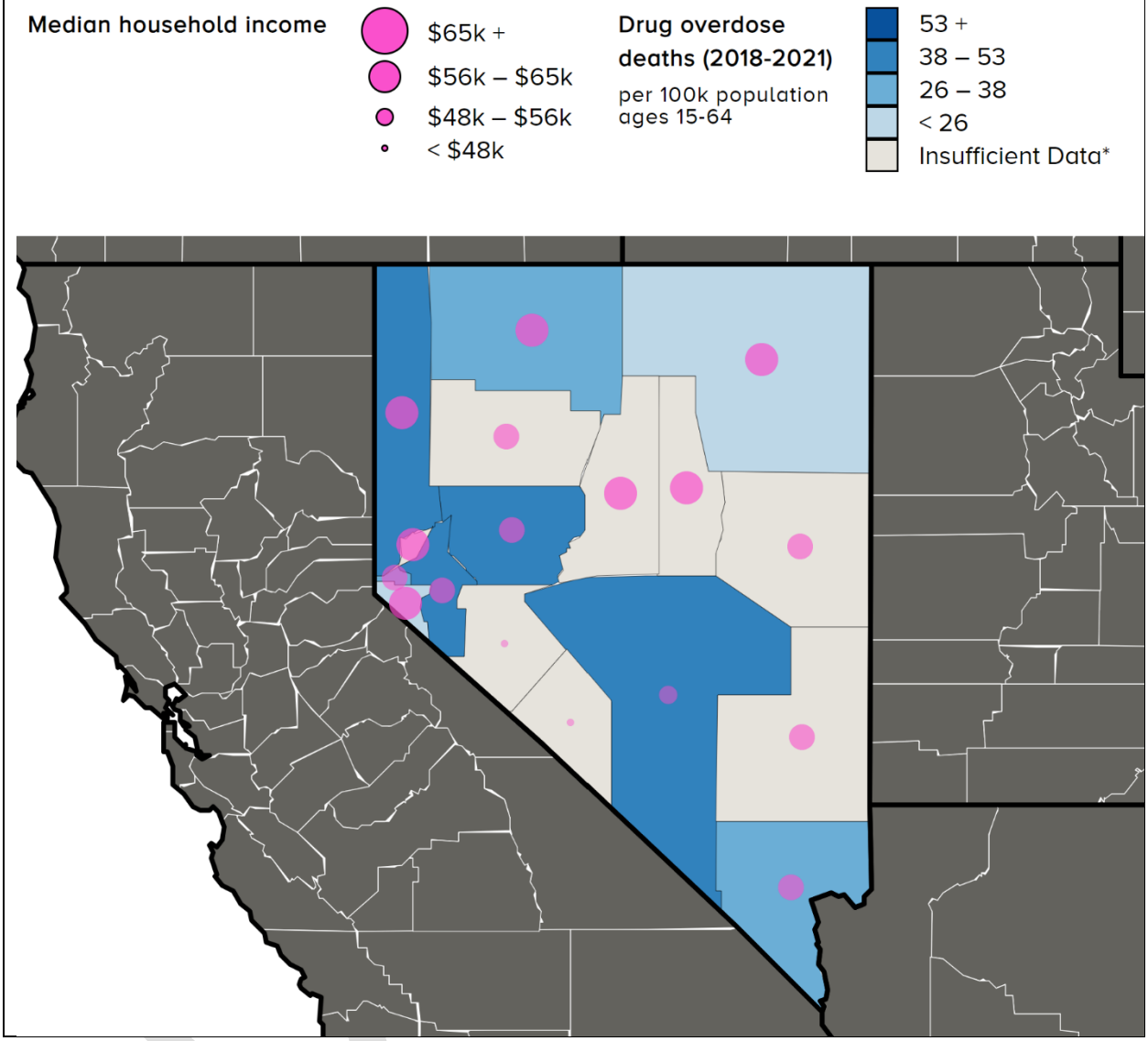


Figure 11: Drug Overdose Mortality Rates 2018-2021 with Labor Force Participation Overlay, Nevada, by county

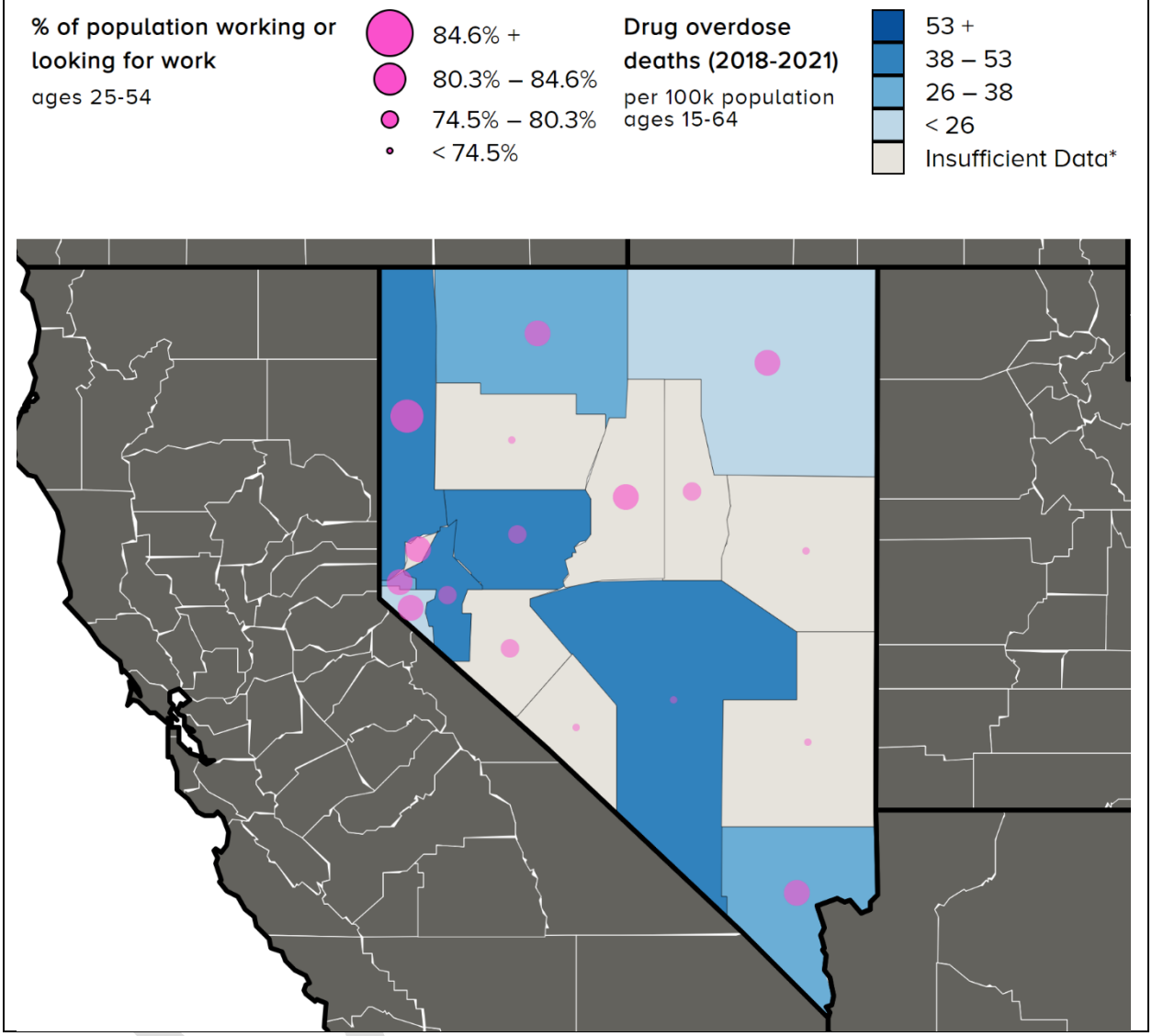
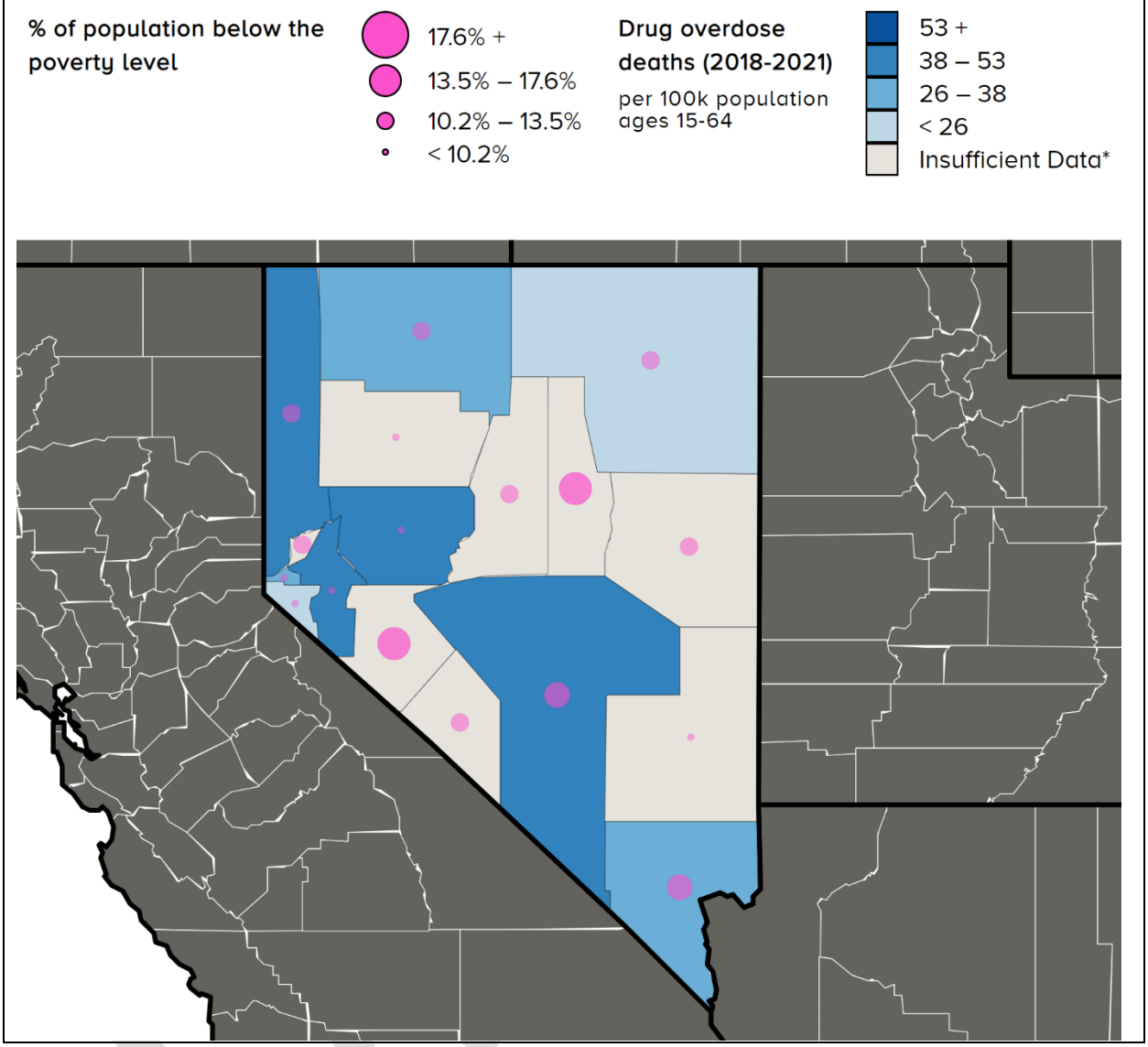


Figure 12: Drug Overdose Rate 2018-2021, with Poverty Rate Overlay, Nevada, by county



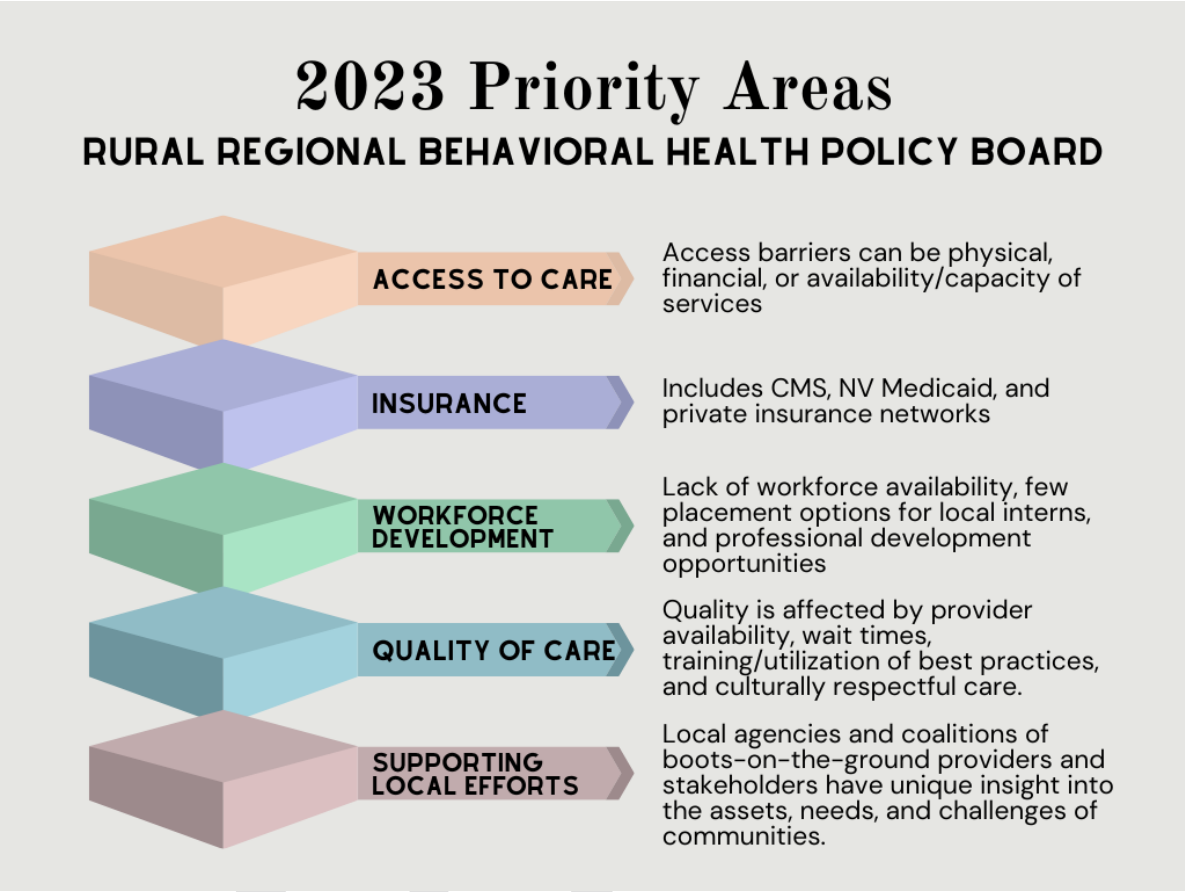
**Appendix C: Rural Regional Behavioral Health Policy Board 2023 Priorities**

# RURAL REGIONAL BEHAVIORAL HEALTH POLICY BOARD

# 2023 PRIORITIES

JANUARY 2023

Prepared by:
Valerie Haskin, MA, MPH
Rural Regional Behavioral Health Coordinator

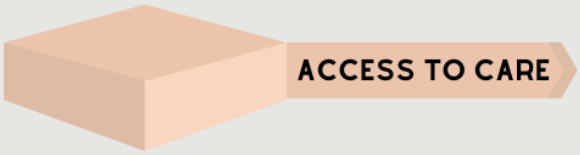



For 2023, the issues pertinent to the Rural Regional Behavioral Health Policy Board (Rural RBHPB) were organized into a group of broad priority areas, all tending to overlap and compound each other, but outlining the underlaying issues for the most critical behavioral health challenges faced by communities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

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

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

# PRIORITY AREA: ACCESSS TO CARE




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

### PHYSICAL ACCESS

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

### FINANCIAL ACCESS

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

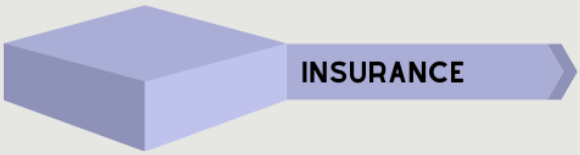
### AVAILABILITY AND CAPACITY OF SERVICES

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

## Possible Solutions:

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

## PRIORITY AREA: INSURANCE




Includes CMS, NV Medicaid, and private insurance networks

### LIMITED COVERAGE

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

### LIMITED REIMBURSEMENT FOR PROVIDERS

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

### BARRIERS TO IN-NETWORK CARE

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

## Possible Solutions:

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

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

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

# PRIORITY AREA: WORKFORCE DEVELOPMENT


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

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

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

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

## Possible Solutions:

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

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

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

# PRIORITY AREA: QUALITY OF CARE


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

### IMPROVED CARE TRANSITIONS

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

### IMPROVED COMMUNICATION AMONG PROVIDERS

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

### INCREASED SAFEGUARDS TO CARE QUALITY

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

## Possible Solutions:

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

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

# PRIORITY AREA: SUPPORTING LOCAL EFFORTS


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

### COLLABORATION AND SUPPORT FOR ALIGNING EFFORTS OF LOCAL COALITIONS AND AGENCIES

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

### SUPPORT BEST USE OF OPIOID SETTLEMENT FUNDS

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

### EXPANSION OF LOCAL BEHAVIORAL HEALTH TASK FORCES

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

## Possible Solutions:

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

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