



2023 SOUTHERN BEHAVIORAL HEALTH
REGION ANNUAL REPORT - DRAFT

*Serving the counties of Lincoln, Mineral, and
Esmeralda and northern Nyeⁱ*

*Annual update on the Southern Regional
Behavioral Health Coordination and Policy
Board: an overview of the region's identified
behavioral health strengths and needs, gaps, and
barriers as they relate to priorities, strategies, and
recommendations – May 3, 2024*

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Executive Summary

This report was compiled by Mark Funkhouser, the Southern Regional Behavioral Health Coordinator (SRBHC). The purpose of this report is to provide an update on the work and role as well as the overall goals and priorities in behavioral health coordination and the policy board for the southern rural, frontier, and tribal region of Nevada. The intent is to provide stakeholders as well as government and agency leadership with a detailed analysis of the need for continued collaboration between and among the local, regional, and state entities to better serve the southern region and counties. This report will also provide the state with an understanding of the strengths and needs, including gaps and barriers, for rural and frontier southern Nevada. The work of coordination and the policy board is a vital way enhance collaboration and continuity between rural regional counties and stakeholders and partners in the state. This report will also provide priorities and strategies for continued work in unifying and streamlining efforts around behavioral health as it relates to a myriad of other needs and aspects in rural communities. The importance of this work creates value in solutions and recommendations to address significant issues for both the local and state partners and entities.

Introduction

The foundation for this report and work dates as far back to January 2022 leading up to the FY23 grant year-end in September 2023 and includes recent updates as of the date of this report publication (April 2024). There was a gap in coordination when the coordinator role was vacant between October 2022 and the first of March 2023 when this (current) coordinator started with Nevada Rural Hospital Partners (NRHP). This report consists of statutory guidelinesⁱⁱ and historical review and stems from information involving networking with local, regional, and state stakeholders in addition to attendance a multitude of meetings over the last year. The Southern Behavioral Health Region is made up of four counties running east and west above Clark County (the counties of Esmeralda, Mineral, Lincoln, and Northern Nye).

This report represents a robust amount of work by the stakeholders, agencies, and organizations in the local and regional behavioral health system. The policy board connected to this coordination and regional work is critical to enhance the local, regional, and state behavioral health network and system. The board makeup consists of a legislator, community leaders, law enforcement and legal representatives, healthcare and clinical treatment and agency or coalition providers, and family and peer advocates, and more. They bring diverse perspectives to the work and remain enthusiastic about collaborating to improve the behavioral health system in the Southern Region. This collaboration --- supported by the Southern Regional Behavioral Health Coordinator and associated county behavioral health taskforces, coalitions, and committees ---- will enable stakeholders to develop a shared understanding of the behavioral health issues facing the region. This has supported the Southern Regional Behavioral Health Policy Board in developing priorities, strategies, and initiatives as well as providing continuity between the local, regional, and state partners including other boards and commissions.

Southern Regional Behavioral Health Policy Board Summary

The first formation and early work of this board was started in January of 2022 but was stalled in October of that year when the coordinator position became vacant. The southern region was the last board formed and the final coordinator position filled among the five regions. The work of the board was restarted in June-July of 2023 after this current coordinator was hired on March 1, 2023 during the legislative session. After the restart of the board, three meetings were held through the fiscal grant year ending September 30, 2023. Eight policy board meetings have been held since the restart to date. The policy board is made up of up to thirteen leaders across the region in various stakeholder categories outlined by statute. In the last year, the board lost one member but gained two more. The current list of board members is noted below.

Southern Regional Behavioral Health Policy Board Roster (as of February, 2024)

- Chair, Dr. Kevin Osten-Garner – Executive Director and Chief Psychologist, Adler Community Health Services
- Vice-Chair, Stacy Smith, CEO of NyE Communities Coalition
- Assemblyman Gregory Hafen II – Legislator District 36
- Missie Rowe, CEO/Administrator, Grover C Dils Medical Center
- Boonn Hem – Certified Peer Recovery Support Specialist, Nye Communities Coalition
- Sarah Dillard – Rural Program Director, Community Chest
- Stacy Smith – Chief Executive Officer (CEO), NyE Communities Coalition (NyECC)

- Chief Scott Lewis – Chief, Pahrump Valley Fire and Rescue
- Dr. Whitney Owens – Vegas Psychology and Mindfulness Center
- Brenda O’Neill – Health Manager, Duckwater Shoshone Tribe
- Coleen Lawrence – Project Director, Thrive, CPLC Nevada
- McKaye Traynor, Founder and Executive Director, Aurora Center for Healing
- Jaren Stanton, District Attorney, Mineral County

Southern Regional Behavioral Health Policy Board Activity

The Southern Board appointed and approved members, reviewed and updated bylaws and terms in addition to engaging in a variety of presentations and education from local, regional, and state partners.

- Open Meeting Laws with the Office of Attorney General
- Legislative Update and Review of Bill Draft Resolution (BDR) and Process by the Legislative Counsel Bureau (LCB)
- Review of behavioral health priorities from the governor’s office
- Workforce Development
- Child Psychiatry Access Programs
- Policy Board Roles and Responsibilities
- Coordinator Activity and Updates including Deliverables and Scope of Work
- Updates on Data and other Information for the Southern Rural and Frontier Region.

Available documents and materials associated with the Southern Regional Behavioral Health Policy Board can be found at the following [link](#) or the regional website under publications and documents at <https://nvbh.org/southern-behavioral-health-region/>.

The board continues to review the strengths and highlights, opportunities, and needs (gaps and barriers) in the southern rural and frontier region which includes Esmeralda, Mineral, Lincoln, and northern Nye Counties. The board also has started a comprehensive review of developing priorities, strategies, and initiatives for the work in 2023-2024 including a plan to sponsor a Bill Draft Resolution (BDR) for the 2025 legislative process due September 1, 2024. The coordinator and board have been gaining momentum around several priorities as listed in the following section.

Legislative Issues and Strategic Priorities of the Policy Board

The Southern Policy Board and Coordinator have spent a significant amount of time reviewing stakeholder input, naming priorities, and developing next steps to evaluate emerging issues building on the foundation of the early work in 2022. This work has unfolded with robust work and dialogue in board meetings in addition to the diligent collaboration of partners and stakeholders in the region. In 2022, the board and the previous coordinator started work on a potential transportation bill after discovering a major gap and need in transport for crisis mental health patients needing more intensive services and support than what is available in the region. These issues of transportation and transport (medical, behavioral, and crisis) continue to be an emerging priority for the current board work. Other priorities have emerged: outreach and education, crisis response and stabilization, access to care and services including barriers to insurance and care. Other areas that are under review are as follows: training and education,

workforce development, specialty courts and justice, and youth and families. Data assessment, reporting, and collection are also ongoing priorities.

[..\..\A - SRBHPB\Board Main Active\Behavioral Health Policy Board Planning and Priorities - 2024.docx](#)

Overview of the Southern Nevada Rural and Frontier Region

The unique nature of the counties in the southern rural region consists of Mineral, Lincoln, Esmeralda, and northern Nye counties, stretching across approximately 28,000 square miles in the southern rural Nevada.ⁱⁱⁱ When southern Nye County is included, the estimated population is 64,489 according to sources listed. The total population for the actual southern region, which includes only northern Nye County, is approximately 16,000, so this illustrates that southern Nye County including the town of Pahrump (in the Clark County Behavioral Region) holds most of the population in southern rural and frontier Nevada especially in Nye County. Lincoln County borders Clark County which is to the south as well as Utah to the east and Arizona to the southeast. Nye County, the largest geographic and most populated county in this region, has California on the southern border and sits in the middle bordering Lincoln to the east and Esmeralda and Mineral to the southwest and west, respectively. Mineral and Esmeralda Counties are southwestern border counties connecting with California. The following information supplements this overview of the southern region.

Demographics and Geography

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

[List of counties in Nevada - Wikipedia](#)
[U.S. Census Records](#)

Esmeralda County

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

Lincoln County

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

Mineral County

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

Nye County

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

Tonopah

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

Round Mountain

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

As noted earlier, the southern region serves only above the 38th parallel and includes Tonopah and Round Mountain with other smaller communities. The approximate population for this northern region of Nye is 6,000.

Coordinator Overview

The coordination work restarted in March of 2023. The current coordinator has traveled to the region at least monthly. The scope of work changed in the new grant year starting in October with the focus on Mental Health and Opioid Response (which also includes substance use-misuse). The coordinator has made a dedicated effort to network and collaborate with community stakeholders across the region and state to promote education and awareness of resources and materials, programs, and services, in addition to providing technical assistance and outreach efforts in the southern rural communities. This coordinator continues to build relationships with local, regional, and state partners and will continue to find and align priorities and solutions whenever possible. This coordinator continues to evaluate and assess the overall needs in gaps and barriers building on strengths and highlights as well as developing priorities and strategies and putting forth recommendations.

This coordinator has been actively engaging in collaboration with the local and regional behavioral health task force groups in the region. The Mineral County Taskforce was restarted

with collaboration between local stakeholders and this coordinator. This group stopped meeting after the previous coordinator left in the fall of 2022. This coordinator also attends and facilitates that meeting and works with two other coalitions, Lincoln, and Nye. This coordinator is active in those coalitions and attends or facilitates committees on behavioral and mental health. This coordinator will continue working directly with the mental and behavioral health groups in the region and providing facilitation and leadership when possible and necessary.

In September of 2023, this coordinator collaborated with regional stakeholders and staff at Nevada Rural Hospital Partners to develop, print, and distribute a sixty-page regional behavioral health resource guide and appendix that is comprised of national, state, and regional resources in addition to a local section for each of the four counties and the regional tribes. The resource guide can be found in digital form (online) and has been distributed in various forms to over 100 stakeholders and their agencies throughout the four-county region. More information about the southern region behavioral health coordination can be found at <https://nvbh.org/southern-behavioral-health-region/> including the link for the [Southern Regional Behavioral Health Resource Guide](#) and a [Southern Regional Resource Appendix](#).

This coordinator meets regularly with statewide stakeholders and partners in health care, justice, mental and behavioral health, suicide, problem gambling, tribal and veterans, and other areas. This coordinator attends local, regional, state, and national trainings, workshops, and meetings with groups around behavioral (and mental) health, aging and disability, addiction and recovery, prevention, community health, health care, and other areas. A major project started in 2023-2024 was a Peer Supported Community Inclusion Training that served over sixty participants in three different trainings (two in-person trainings, Las Vegas, and Reno) and one virtual training for rural and frontier peers and community health workers. This training was a regional-state-national collaboration between the Copeland Center for Wellness and Recovery, CASAT, and Foundations for Recovery. A rural coalition and policy board member who is also a peer also took part in the training and planning with this coordinator facilitating the development and implementation as well as attending the training. This first phase of training served many urban and rural individuals and agencies with the plan for a level two train the trainer series in the coming year.

This coordinator activity was instrumental in reviewing and evaluating the robust work going on in the region. A detailed look at the behavioral health assets and regional strengths are listed below followed by a review of the gaps, barriers, and other needs. This report provides a framework to improve behavioral health services and enhance quality of life within the communities of the southern rural and frontier region, focusing on identified behavioral health issues and concerns. Looking at individuals and communities from a strength-based perspective gives a more balanced way of viewing the positive aspect of what people, agencies, and communities have to offer considering the significant concerns.

Regional Assets, Strengths, and Highlights

- There are two hospitals in this rural region that are significant partners and resources for the counties and the region. Mt. Grant General Hospital in Hawthorne provides primary care and emergency medical services in Mineral County for the surrounding area. The facility also provides inpatient care, emergency services, and diagnostic services, according to their website. They also run a skilled nursing facility and have local clinics nearby. Grover C. Dils Medical Center in Caliente (Lincoln County)

also serves the region. They provide healthcare services and list a clinic in Alamo as well. They provide primary and emergency care with long-term care and there are health clinics nearby.

- Tonopah has a free-standing health clinic run by a private provider. Although there is a “hospital group” meeting in Tonopah, there is currently no hospital in northern Nye County. Esmeralda County has no medical providers other than EMS and First Responders and periodic immunization clinics.
- Desert View Hospital in Pahrump is outside the southern rural region but in southern Nye County and serves part of the region.
- Mineral County has restarted the behavioral health task group with significant work on outlining goals around adults and seniors as well as youth and families. A summary of that planning can be found at <https://nvbh.org/pdf-preview?id=5129>. A survey of strengths and needs in individual counties has also been conducted. Mineral County also has several agencies doing significant local and regional work. This coordinator is integral and active in the mental and behavioral health work groups and committees in three of the four counties. Community Chest and Rural Clinics are key stakeholders in Mineral County.
- The Southern Behavioral Health Region has significant strengths in the resolute and creative work of the individuals, coalitions, and other agencies that have a positive impact on the region. Nye County has a very robust coalition that is not only doing significant work in that county, but also outreaching to Lincoln and Esmeralda Counties. The Lincoln County Coalition is supported directly by Nye Communities Coalition (NyECC) with staff and board members on the ground in Lincoln. The region also has robust partners ---- providers and agencies ----- doing great work across the southern region and in counties outside the region.
- Esmeralda County does not currently have significant resources or an official behavioral health work group; however, a year-long collaboration between and among local, regional, and state stakeholders and partners produced the Opioid Plan and Community Needs Assessment in addition to working on an emerging Specialty Court Project and a Rural Jail MOUD and Community Continuation of Care Initiative that is underway.
- Three of the four counties have completed the Opioid Plan and Community Need Assessments, and Lincoln County is currently exploring that possibility.
- Deflection and diversion programs are a high priority for the grant deliverables and this coordinator. This coordinator recently met with the Attorney General’s Office who requested a letter of support for the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) national grant application for Nevada. We also discussed expanding the deflection and diversion work in the southern rural region.
- FASTT and MOST Teams in Nye County - community-based justice and behavioral intervention along with Multi-Disciplinary Teams working in deflection and diversion. Lincoln County has begun to implement a Most Team. Three of the four counties have either implemented or started the process for the Virtual Community Care (VCC) Program (Avel Tablet Program) for crisis-related telehealth and support.
- The presence of NAMI and other non-profits, agencies, and providers support the region virtually through telehealth and with in-person services such as rural clinics and other

services.

- Crisis Intervention Teams (CIT) and training continue to be a need for the region, and this aligns with state deliverables for the grant and coordinator. Earlier work has been completed in the counties laying the groundwork for continued training.
- Regional Specialty Courts in the region are mostly adult drug courts. Nye and Esmeralda both fall in the 5th Judicial District which has one specialty court. Mineral County falls under the Western Region Specialty Court which manages a few of the rural areas. Lincoln County falls under the 7th JD which has one specialty court. The southern region does not have any mental health courts.
- Several tribes run health clinics and behavioral health work in the region, Moapa Paiute Tribe in Moapa, Nevada and Walker River Paiute Tribe in Schurz, Nevada. The Duckwater Shoshone Tribe also runs a health clinic among other behavioral health services.
- This coordinator started a regional networking and support monthly group for peers, prevention substance use-misuse specialists, community health workers, and other staff to meet for support around their work in the region. A major focus has been supporting peers in health and wellness, stress and burnout, and self-care.
- There are two harm reduction vending machines in the region that set a precedent in the state, especially for rural areas.

Considering the strengths and highlights that this rural region shows, the region still faces significant needs and concerns across the behavioral health continuum. These significant opportunities for change embody potential threats to those strengths. Those serious needs include gaps and barriers as listed below.

Significant Regional Needs: Barriers and Gaps

- Notable general lack of services for both youth and elder populations, especially awareness or knowledge of state programs across entire region. The work of 2023 included the development of the first [behavioral health resource guide](#) for the region which also included a comprehensive [appendix](#). This guide and the distribution to over 100 stakeholders has been instrumental in meeting those needs and filling those gaps to help reduce the barriers.
- Obviously, citizens in the southern region also utilize agencies and resources in the more urban areas of Clark and Washoe and surrounding counties and states as needed and when travel and transportation are available and feasible, yet the scarcity of resources and providers create a need to travel out of the region to access specialists in healthcare, more intensive behavioral health, crisis support and stabilization, and other services. Transportation complexities and scarcities around accessing medical and healthcare and mental health crisis transport all create major barriers.
- Coordinated behavioral health crisis response and stabilization are ongoing needs. Although some parts of the region have a more developed response in this area, training and crisis planning needs continual development, coordination, and training that can support the region including supportive telehealth options. Some rural areas are also facing shortages of volunteer emergency personnel and first responders.

- Although some areas have more fully implemented deflection and diversion, there is a need for developing and enhancing these community-and-jail-based initiatives around multi-disciplinary sectors; however, barriers with workforce, buy-in, resources, funding, and collaboration make this more challenging.
- Although increased services around telehealth crisis and healthcare have broken down some barriers, there is still a need to connect these services with continuity of in-person care and continued development of on-the-ground care and services for those who have more serious ongoing needs and for transition to and from telehealth.
- Lack of behavioral health workforce across southern region as well as recruitment, retention, and training of professionals also creates major concerns.
- Need for improved access to behavioral health supportive housing and in-patient (residential) treatment for Serious Mental Illness (SMI), Opioid Use Disorder (OUD), and substance use disorder (SUD). Long waits for evaluations and intensive residential care are barriers to access. Sometimes patients must stay in local rural hospitals who are not equipped for behavior health support while the patients wait for evaluation and admission to other facilities outside the region.
- Substance use-misuse and the need for increased prevention, educational programs, treatment and coordinated efforts. Some counties (schools and coalitions) do have grants, funding, and agency programming around these areas, but more is needed in other counties and sustainability in other areas. The extension office and other youth serving agencies do have a significant presence in the region, but these services are often not enough.
- Need for increased harm reduction and resources around opioid misuse and preventing death and overdose. Some county coalitions and agencies are doing training on opioids including Narcan and Naloxone distribution. Deliverable for this grant seek to support and enhance these efforts.
- Increased education and training around stigma, harm reduction, crisis intervention (CIT), emergency services, and other behavioral health areas are ongoing needs.

Transportation and Transport

- Individuals and families travel long distances for work or more specialized care.
- Taking time off for work and school, if it is even possible, creates issues.
- Agency (law enforcement/EMS) transport residents to access general medical care, specialized services, and mental health crisis or residential/inpatient treatment.
- Traveling long distances (out-of-county) requires personnel to be out-of-service or unavailable, understaffed, or paid overtime.
- Two of four counties and some smaller communities and tribes have no hospital, emergency, and/or shopping/groceries nearby (50 plus miles).
- Travelling long distances to urban areas for shopping and services also creates issues with financial concerns, time off work and school.

Youth and Family Opportunities

- Local supports for guardianship process, adult and child protection, and foster care.
- Increased parental engagement and family support.
- Increased need for prevention programs, youth development, and school-based programs including licensed childcare and daycare centers and community-and-home-based services for all ages.
- Increased use, transportation, and access to programs, services, and facilities.

- Support for seniors and those with disabilities including community-home health
- Support for tribal communities and veterans

Regional Needs Assessment Summary

A general review of the work in the region from the last year shows certain critical needs as follows: transportation and transport, access to services or lack of services in addition to long-term treatment services. Additional gaps listed for the southern region include the following: access to care in all treatment levels including for uninsured and underinsured population; knowledge of statewide and community programs and resources; affordable housing and homelessness; parental engagement with their children; children and youth falling behind in education since the pandemic including increased truancy, absenteeism, and behavioral issues in school; and lack of availability of resources including a need for education around health and wellness as well as reducing stigma of mental health issues and harm reduction.

Overall concerns also include the following: need for increased community relationship building and outreach; behavioral health workforce enhancement and access to specialized healthcare; teacher shortages, recruitment, and retention; shortage of dental options; need for more primary care clinics and hospital-based care as well as behavioral health providers or mobile clinic access; and support for recruiting and retaining healthcare workers; increased training and development for peer specialists and community health workers to supplement the shortage in the clinical workforce. Finally, the region needs increased focus on crisis intervention strategies more upstream to prevent the need for more intensive hospitalization, treatment, and incarceration. This includes development of services and supports in the community and in transition from care, treatment, and incarceration. There is an ongoing regionalization with state services and reduction of support in some areas including an overdependence on telehealth and limited services in the communities which needs to be connected to more in-person services and support. The presentation and documents below show recent coordinator and policy board work.

<..\..\A - SRBHPB\Board Main Active\2023\10.31.23\Archives\Coordinator Update - October - Year-End - 2023 Final Presenter.pptx>

Southern Region Priorities, Strategies, and Recommendations

Obviously, a focus on strengths as well as a serious look at needs including barriers and gaps is not sufficient for meaningful change in any system or community; however, it is a good starting point, and more is needed in the coming months for individual counties and the region. Individuals and agencies are working every day to make the best in behavioral health considering scarcity and barriers they face. Planning and implementation involve grassroots input and collaboration along with regional and state support and funding that is critical to supporting robust work and resilience in the region. The following overview is part of ongoing work to develop priorities, strategies, and recommendations to address the most pressing issues and concerns in the region.

Although these recommendations are comprehensive in nature and will need to be examined by local and regional groups to prioritize them to be followed by action, these recommendations build on earlier work around needs and concerns for the region and must integrate and align and be supported with statewide behavioral health initiatives. These areas, many of which are

consistent throughout other rural regions in the state, will also serve the current coordinator, the policy board, and the groups and stakeholders in the region.

General Recommendations and Strategies

- Regular updates and distribution of the Southern Regional Behavioral Health Resource Guide (2023-2024). Increasing knowledge and support around statewide and community programs and resources which includes updating local and regional behavioral health resource guides keeping up with local providers and resources that connect with regional and statewide support.
- Networking and building relationships with NRHP, board, hospitals, and local/regional/state/tribal stakeholders.
- Increase in data and resource review and collection to support reporting.
- Ongoing review of strengths, needs, opportunities, barriers, and gaps.
- Strategies, priorities, and recommendations on evidence-based models using action planning and collaborative systems.
- Ongoing support of coalitions, behavioral health task and other groups.
- Support and advocacy for increased funding, resources, staffing, and technical assistance for the southern region.
- Continued improvement as a liaison between the community, board, and state.
- Ongoing enhancement of behavioral health coordination in the southern region including mental health, opioid response, and substance use-misuse prevention.

Regional/Statewide Recommendations and Priorities

- Increasing access to care and reducing barriers at all treatment levels
- Renewing the need for a focus on transportation including decreasing barriers to accessing long distance care by building upon local resources, using existing and creative intervention as well as finding funding for necessary transportation and crisis transport around behavioral health.
- Review the concerns and needs of the behavioral health workforce and work with local, regional, and state individuals and entities around retention, training, and support if possible.
- Support the development and implementation of effective and efficient use of telehealth and virtual services by supporting and connecting in-person, on-the-ground services in the region.
- Examine the roles of community health workers and peer specialists and enhance the workforce and development in those sectors.
- Continue advocating for supportive housing as well as state and national models around housing and homelessness in rural areas. This will include a review of social determinants of health and how they relate to housing and homeless needs and concerns.
- Review, survey, and examine how supportive housing can be aligned with best practices for residents with behavioral health issues in the region.
- Review existing regional crisis response systems including the need and support of developing or expanding those services and training in the region.
- Review existing crisis intervention, response, and stabilization in other regions and states and bring new strategies for southern rural, frontier, and tribal areas
- Continue evaluating existing and emerging deflection and diversion and programs like MOST and FASST and support funding and expansion for counties in the southern region.
- Continue building relationships with behavioral health agencies, local and regional law enforcement,

courts, and judicial staff including specialty courts.

- Aid communities by providing resources, training, and technical assistance.
- Increased harm reduction strategies and resources around opioid misuse, preventing death and overdose.
- Supporting coalitions and agencies with training on Narcan as well as Naloxone distribution.

Over the past few years, the policy board and coordination used a variety of information sources described above to inform these priorities, strategies, and recommendations for 2023 and beyond. This significant work will continue in the coming months and years and will include a renewed, ongoing effort to examine needs including barriers and gaps in the local, regional, and state system(s).

Summary

In summary, the list of recommendations, priorities, and strategies show the broad spectrum of underlying needs, gaps, and barriers in regional behavioral health coordination and support. This coordinator will continue building upon earlier work and help the current board and other local, regional, and statewide stakeholder groups and partners to review, evaluate, align, and prioritize these goals and aims as necessary for the region. These recommendations, although comprehensive in nature, will be options for the Southern Regional Policy Board and other stakeholder groups. Increasing needs and concerns are to find existing supporting information and develop the infrastructure for data to support the needs and future goals in this work. The monthly/quarterly coordinator reports and work as well as recent discussions with stakeholders throughout the region have informed these trends, challenges, and issues from various perspectives in the community. Considerable progress has been made in 2022 and 2023 in providing a foundation for this work as it unfolds in the coming year(s).

Conclusion

There was significant work done in the southern region involving behavioral health coordination in 2022 and 2023. Even though there was a disruption in the work of the coordinator role and the board for half the last grant fiscal year, the stakeholders and counties in the southern region continue their important work and the policy board has resumed meeting monthly. The individual members of the board contribute to this work daily in their respective roles and agencies in the region. This coordination and reporting will involve ongoing collaboration, research, review, and understanding about the region and the priority needs and recommendations as well as implementing strategies and deliverables for the southern rural counties. This important work will tap into existing strategies and priorities in the local, regional, and statewide efforts and emerge from grassroots work in rural, tribal, and frontier communities. This coordinator will strive to support the board and those communities in continuing to make progress in the region in relation to the current scope of work and behavioral health deliverables. Although significant and ongoing changes, advocacy, and improvements are needed in Nevada, the agencies and organizations and individuals in the rural, frontier, and tribal regions continue to strive to overcome those needs, gaps, and barriers. Added and ongoing support, resources, and funding from the state will support these fundamental and primary needs in local communities in the Southern Behavioral Health Region.

Appendix: Southern Region Behavioral Health Profile – Data Highlights and Limitations

A variety of methods are used to show needs and gaps in the southern behavioral health region; county, regional, and state quantitative analysis and data help inform this report. Even though there are limitations, data can have profound effects in aiding the coordination of systems around health and public-behavioral health issues in our communities. Local data is difficult to find and comes from a variety of sources when it is collected. Statewide sources often regionalize information. For example, the largest county in the southern region is split geographically, legislatively, in this behavioral health region. The southern half of the county is aggregated with the largest urban area in the state, and the northern half of this same county belongs to the southern rural behavioral health region. Some county populations and numbers are so small that the data cannot even be reported. There is great difficulty in coordinating the effort to collect or report the local and regional data. The primary statewide, regional report will only be published every two years, and so this significant 2023 data source is not available for this regional report. While this quantitative data provides perspective on prevalence rates in behavioral health, there is a need to capture and find more accurate data sources to support the analysis and understanding of the true gaps and needs in southern rural and frontier region. Further information about behavioral health trends in the regions can also be found as follows:

- Regional Behavioral Health Policy Board data dashboard at <https://nvbh.org/dashboard/>.
- [Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Southern Region - April 2023](#)
- Nevada Youth Risk Behavior Surveillance System: <https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey> (2021 High School and Middle School Reports)
- Nevada Rural and Frontier Health Data Book: <https://med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontier-health-data-book>
- Nevada Overdose Data to Action Program (Opioids): <https://nvopioidresponse.org/initiatives/od2a/>
- State Unintentional Drug Overdose Reporting System (Infographic Washoe, Clark, and Statewide for 2022). Available at the following [link](#).
- Drug Overdose Surveillance Epidemiology (DOSE) reports that include data on emergency department visits related to overdose in Nevada at the following link: <https://nvopioidresponse.org/initiatives/od2a/>. Statewide and regional reports for 2020-2023 will be listed when and if available. Contacts: a.ernst@health.nv.gov and (tlensch@unr.edu).

ⁱ The Southern Behavioral Health Region is legislatively split at the 38th parallel in Nye County with Pahrump and the southern half in the Clark County Region and the northern half around Tonopah in the southern rural region. Although much of the coordination of this work, especially regarding the entities in the county that operate in the whole county, cannot be separated out fully, the southern half of Nye County technically is aggregated with the more urban Las Vegas and Clark County area/region. This affects certain aspects of the coordination and the data that is collected and reported.

ⁱⁱ Annual Report Components: specific behavioral health needs of the region; description of the data collection concerning the behavioral health needs and gaps in behavioral health services in the region; description of how the Board coordinated with other behavioral health boards, entities in the region, and the State of Nevada; any data and analyses compiled on persons placed on a mental health crisis hold, persons admitted to mental health facilities and hospitals under an emergency admission or involuntary court-ordered admission, and persons ordered to receive assisted outpatient treatment, within the region.

ⁱⁱⁱ The figures include an approximation of northern Nye County because specific population and demographic statistics for the legislative split in this county and region are not available for areas above and below the 38th parallel. The total population of Nye County is 53,450, and the total square miles is over 18,000.