

Overview and history of the Northern Nevada Regional Behavioral Health Coalition, including partners, challenges, and shared successes. Provides information on regional and specific county behavioral health priorities and initiatives.

# Northern Nevada Rural Behavioral Health Coalition Strategic Plan

Carson, Churchill, Douglas, Lyon,  
Mineral and Storey Counties

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## Regional Behavioral Health Coalition Mission Statement:

*Collaborating to provide comprehensive, integrated mental health, substance abuse, and disability services that promote the safety, health, and well-being of our communities.*

## Executive Summary

The Regional Behavioral Health Coalition (RBHC) was established in 2013 through collaboration between the Division of Public and Behavioral Health (DPBH) and a diverse group of community stakeholders from Carson, Douglas, and Lyon Counties. The Coalition eventually expanded to include Churchill County in 2016, and Mineral and Storey Counties joined the region through legislation AB 366 that established the Northern Regional Behavioral Health Policy Board in 2017. Since its inception, the Coalition has served as a community forum for discussion, collaboration, and alignment regarding shared behavioral health issues and priorities throughout the region. Representatives of various disciplines and groups, including county leadership, law enforcement, Fire/EMS, hospitals, behavioral health service providers, social service agencies, community coalitions, and peer and family advocacy groups, have actively engaged in the Coalition, providing local input and obtaining information on national and statewide best practices.

Additionally, over the past five years, all counties in the region have implemented ongoing local behavioral health task forces and community stakeholder meetings in which community leaders, service providers, and advocates discuss behavioral health issues, solutions, and priorities on a monthly or bimonthly basis. Throughout 2016 and 2017, the county behavioral health task forces and community meetings conducted various strategic planning activities and workshops that were informed by stakeholder input, local, state, and national data, and by national best practices. Local and county stakeholders then brought these identified priorities and strategies forward for discussion at the Regional Coalition. In October 2017, the Coalition conducted a strategic planning session that identified the shared priorities of its members, and Mineral and Storey Counties who were in the process of developing strategic plans were included in the discussion. The region's identified mission, priorities and strategies are described here in this document.

Through these partnerships, the RBHC has generated momentum through identifying shared concerns and priorities for behavioral health issues, while reducing silos between agencies and disciplines across the region. Over the past five years the Regional Coalition has experienced the following highlighted successes:

- Development of shared a regional interpretation of Nevada’s statute on legal holds (NRS 433a) from Carson, Lyon, Douglas, and Churchill District Attorneys
- Development and utilization of the Regional Release of Information
- Development of community multi-disciplinary teams focused on stabilizing individuals who over utilize emergency services.
- Adoption of the Stepping up Initiative in Carson, Lyon, Douglas, and Churchill Counties
- Diverse participation of county-based Stepping up Initiative strategic planning sessions
- Development of monthly or bimonthly behavioral health taskforces and community stakeholder groups organized through subcommittees focused on identified priorities.
- Implementation of Forensic Assessment Services Triage Team (FASTT), in Churchill, Douglas, and Lyon Counties replicated from Carson City pilot.
- Implementation of Mobile Outreach Safety Team (MOST) in Douglas and Lyon Counties replicated from Carson program.
- Implementation of the 40-hour Crisis Intervention Training (CIT) in Churchill, Douglas, and Lyon Counties with assistance of a train the trainer model from Carson CIT program.
- Regional advocacy for behavioral health initiatives at the legislature

The following is a strategic planning document for the Regional Behavioral Health Coalition and associated county stakeholder groups. The purpose of this document is to map the formation of the regional and local groups, delineate the groups’ identified objectives, outline local and regional priority areas, and identify how local groups work together to form the region. The strategic plan further seeks to explain the regional and local groups’ relationship to other entities in the state which work in the field of behavioral health, and to identify resources which the group will utilize during its future operations. Finally, this document serves as a tool to help guide the work of the region and can be utilized to communicate efforts to key stakeholders when appropriate.

## Overview of Local and Regional Priorities

### Regional Behavioral Health Coalition

1. Address behavioral health concerns across spectrums focusing on youth, families, and seniors.
2. Develop regional and county strategic plans for behavioral health based on priorities.
3. Identify legislative action needed and develop action plans.
4. Formalize relationships, programs, and initiatives.

5. Strengthen continuity of care and care coordination.
6. Increase community engagement.
7. Address basic needs of individuals with behavioral health issues.
8. Increase diversity of services.
9. Provide education about behavioral health to stakeholders, community members and legislators.

### Carson City Behavioral Health Task Force

#### Subcommittees focused on identified priorities:

1. **Workforce Housing:** Increase workforce housing options in Carson City.
2. **Community Triage:** Develop shared understanding for community triage protocol and formalize relationships through inter-local agreements and memorandums of understanding.
3. **Case Management and Discharge Planning:** Develop community system for discharge planning from hospitals and jails, and identify shared case management protocols aligned with best practices to provide ongoing support to individuals in the community.
4. **Youth:** Develop youth behavioral health treatment, support, and options in Carson City.
5. **Criminal Justice Collaboration:** Formalize and enhance coordination between various elements of the criminal justice system (MOST, FASTT, courts, alternative services, and parole and probation).
6. **Public Awareness:** Increase public awareness of behavioral health in Carson City.

### Lyon County Public and Behavioral Health Task Force

#### Subcommittees focused on identified priorities:

1. **Community Engagement and Public Awareness:** Engage community members to become informed on behavioral health issues and enhance community health in their communities.
2. **Legislative Strategy:** Organize and advocate for behavioral health efforts in Lyon County through legislative planning and advocacy.
3. **Data, Documentation, Formalization of Collaborative Efforts:** Formalize behavioral health initiatives and efforts and develop data collection systems to capture impact of programs and initiatives.
4. **Enhancing Community Capacity:** Enhance capacity for behavioral health services in Lyon County.
5. **Vulnerable Populations:** Identify needs, resources, and potential initiatives and interventions that could support populations such as youth, aging, super-utilizers etc.
6. **Restorative Justice/Stepping Up Initiative:** Support Restorative Justice and Stepping Up Initiative efforts in Lyon County.

## Douglas Behavioral Health Task Force

### Subcommittees focused on identified priorities:

1. **Mobile Outreach Safety Team (MOST) Formalization:** To formalize Mobile Outreach Safety Team practices, policies, and procedures, and identify sustainable source of funding.
2. **Community and First Responder Behavioral Health Training:** Develop and conduct law enforcement, Fire/EMS, and community behavioral health training according to community needs.
3. **Continuum of Care:** Increase access to health care providers across continuum of care.
4. **Information Sharing Strategies (CMIS):** Identify information sharing strategies, both internal and external.
5. **Children, Youth, and Families:** Develop and enhance continuum of care for youth behavioral health services and supports.
6. **Seniors:** Coordinate all services available for seniors and vulnerable adults.

## Churchill Behavioral Health Task Force

### Identified priorities:

1. Consistent training for law enforcement/emergency services regarding behavioral health issues.
2. Provide assessment, intervention, and ongoing support to individuals with behavioral health issues.
3. Develop comprehensive programs to access housing, insurance, and income and disability benefits.
4. Re-entry.
5. Youth.

### Subcommittees focused on identified priorities:

1. **Behavioral Health Multidisciplinary Team (MDT):** Implement and coordinate MDTs for adults 18-59 years of age.
2. **Crisis Intervention Training (CIT):** Provide CIT to community first responders and stakeholders with the intent of providing skills in de-escalation, effective language, and coordination of care to utilize when working with individuals in the community who are experiencing behavioral health crises.
3. **Forensic Assessment Services Triage Team (FASTT):** Develop and implement FASTT.

## Storey County Multidisciplinary Team

### Identified Goals & Objectives:

1. **Formalize Multidisciplinary Team:**
  - a. Develop a mission statement for the group.

- b. Develop an MDT memorandum of understanding.
2. **Conduct community trainings including:**
  - a. Abuse in Later Life Training
  - b. Elder Abuse Training for Law Enforcement
3. **Develop mobile outreach:**
  - a. Through partnership with Community Chest case manager and Storey County Sheriff's Office.

### Mineral County Stakeholder Group

#### Identified Priorities:

1. Substance Abuse.
2. General Health and Wellness.
3. Safety and Security.
4. Chronic Disease.
5. Access to Healthcare.
6. Mental Health.

#### Subcommittees focused on identified priorities:

1. **Paramedicine:** Sustain paramedicine program, tailor program to meet community's behavioral health needs and reduce the frequency of 911 behavioral health calls.
2. **Community Health Workers:** Increase community access to behavioral health services through the provision of community health workers.
3. **Transportation:** Identify community transportation needs, existing resources, secure additional transportation resources as needed, and educate the community on available transportation resources.
4. **Housing:** Identify community affordable housing needs and create housing options which are affordable and meet safety/health needs of residents.
5. **Mental Health:** Increase community awareness of mental health needs and develop community support systems that provide resources to meet the needs of individuals with behavioral health issues.

## Introduction

“Behavioral health” is a relatively new term, reflecting the current understanding that the mental health problems, substance use disorders, and other behavioral patterns that contribute to an individual's overall wellness are often interrelated and cannot be understood or treated in isolation from one another. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) defines behavioral health as the “mental/emotional well-being and/or actions that affect wellness, (which) includes substance use disorders; alcohol and drug

addiction; and serious psychological distress, suicide, and mental illness” (SAMHSA). Behavioral health is increasingly identified as a primary factor that affects communities in numerous domains including personal and professional relationships, government and organizational fiscal impacts, community health and wellness, and public safety. Through this increased awareness of behavioral health’s widespread impact on communities, community leaders and stakeholders in many counties throughout Nevada are motivated to collaborate in developing solutions to the multifaceted issue.

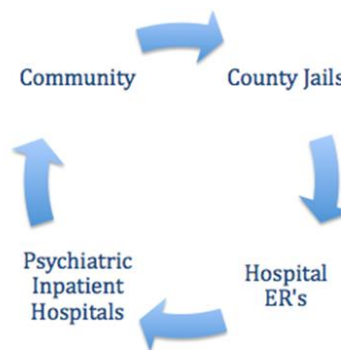
Like many rural Western states, Nevada faces circumstances that have kept it at or near the bottom of national mental health state rankings. In 2017, Mental Health America, an organization that releases an annual national ranking of states, ranked Nevada 51<sup>st</sup> for adult mental health and 48<sup>th</sup> for youth mental health (Mental Health America, 2017). Nevada is making substantial progress in multiple domains that influence this ranking through increasing access to care with Medicaid expansion, and developing initiatives and programs such as Certified Community Behavioral Health Clinics, Assertive Community Treatment, and First Episode Psychosis. However, the state continues to face many challenges, including a large rural area with a widespread population, lack of resources, lack of access to care, and clinical workforce shortages. These barriers have left many communities without adequate resources to provide for the needs of its most vulnerable residents. Effective services and mental health treatment intervention is essential for this population. However, in 2015 only 32.6% of Nevadans with a severe mental illness had received mental health treatment/counseling, leaving 67.4% of this extremely vulnerable population without adequate services to meet their needs (SAMHSA, 2017). As of 2016, Nevada had the 5<sup>th</sup> highest suicide rate in the nation and was ranked first in the country for senior suicides (American Association of Suicidology, 2016). Furthermore, Nevada has ranked lowest in the nation for Medicaid spending since 2003, and in 2010, the per capita mental health spending was only \$68, which is significantly below the national average of \$121 (Nevada Division of Public and Behavioral Health (DPBH) 2013).

Individuals living in rural and frontier areas often face greater challenges. The Northern Behavioral Health Region, consisting of Carson, Lyon, Douglas, Churchill, Mineral and Storey Counties, has an estimated population of almost 189,527 (Nevada State Demographer’s Office, 2014), spanning over 12,020 square miles. Moreover, the Northern Region is part of the greater rural region of Nevada that spans an area of 96,000 square miles with a population just over 280,000 residents. The barriers faced by individuals living with severe mental illness and substance use issues in rural Nevadan communities are many, including geographical isolation, lack of reliable transportation options, lack of financial resources, lack of adequate insurance coverage, and an inadequate number of behavioral health clinicians in the various small communities. Through extreme provider shortages, much of the population in rural Nevada depends solely on state provided services. In a telling statistic, only 12% of Nevada’s total population resides in rural and frontier areas, but 26% of the state’s mental health clients live in these underserved areas, and often have the highest rate of depression (DPBH, 2013).

Untreated mental health and substance use issues have detrimental effects on individuals, families and their communities. Due to the lack of adequate behavioral health intervention systems in rural Nevada, individuals with chronic behavioral health problems often deteriorate,



and over-utilize emergency services in the community, including law enforcement, fire departments, Emergency Medical Services (EMS), and hospital emergency rooms. This places a heavy burden on these agencies that often are not able to address the underlying needs of the crisis. These individuals with severe mental illness and substance use problems can experience frequent hospitalizations and have needs which are beyond the scope of Nevada's rural hospitals. Once hospitalized, individuals with complex needs and/ or no insurance have stayed in small rural hospital ER's without behavioral health intervention waiting for an inpatient psychiatric bed for 10 days or more.



Without adequate behavioral health care networks in the community, many individuals affected by severe mental illness eventually also enter the criminal justice system. In a 2011 study conducted by DPBH, 1 in 5 Carson City Jail inmates were found to have received treatment for mental health condition in the past, (DPBH, 2011). However, only 2 of the 4 rural jails in the region have robust psychiatric or detox services. Due to lack of continuity of care for behavioral/mental health needs, many individuals with severe mental illness often experience increased recidivism rates. This results in "The Spin Cycle" of individuals in chronic crisis. The cost of such a system is an additional burden for communities which already lack adequate public resources.

## Regional Behavioral Health Coalition

### Regional Mental Health Coalition and early successes

In 2013, the Nevada Division of Public and Behavioral Health (DPBH) engaged key community stakeholders in Carson, Lyon and Douglas, to come together and address these shared behavioral health issues through the formation of the Regional Behavioral Health Coalition (RBHC). Stakeholders included community leadership representing law enforcement, EMS, social services, mental health and substance use providers, and hospitals, as well as DPBH leadership. The objectives of this group were focused on addressing community behavioral health gaps and needs with the ultimate goal of coordinating community-based services and treatment to intercept individuals in chronic crisis, and prevent the occurrence of inappropriate use of hospitals and interaction with the criminal justice system.

As the regional conversation progressed around behavioral health, an additional position was needed to help manage and support the groups. In 2015, the state offered a full time Regional Behavioral Health Coordinator position for what came to be known as the "quad county" region consisting of Carson, Lyon, Douglas and Churchill Counties. For the past three years, the

Regional Behavioral Health Coordinator has worked closely with the RBHC to support their efforts.

### County Behavioral Health Task Forces and Community meetings

Since 2014, Carson, Lyon, Churchill, and Douglas Counties have formalized many of their efforts through monthly behavioral health task forces which continue on a monthly basis. Stakeholder participation in these county groups mirrors the diverse disciplines present at the RBHC. Of note, Mineral and Storey Counties, which were brought into the region in July 2017 with the passage of AB 336, have also have formed community groups to address health related issues. The formation of each task force and community meeting is detailed in the County Strategic Planning section of this document. In all task forces and community meetings, members have identified needs, gaps, and priorities, and use sub committees to address those needs and priorities.

### County Stepping Up Initiative efforts

In Spring of 2014, Lyon County became the first county in Nevada to have their Board of County Commissioners to endorse the Stepping Up Initiative. Douglas, Carson, and Churchill Counties followed suit over the course of the next year. Each county, through their Board of Commissioners, passed a resolution to endorse the Stepping Up Initiative, a national initiative to divert individuals with behavioral health issues from the criminal justice system (For more information, please visit [stepuptogether.org](http://stepuptogether.org)). While the initiative was initially focused on diversion from the criminal justice system, the region adapted the model to include diversion from all inappropriate institutions. Storey and Mineral Counties were included in regional behavioral health efforts in 2017, and it is anticipated that they will conduct similar processes in the future.

## Related Governmental Agencies, Legislative Committees, and County and Regional Coalitions

The following entities have current projects, focuses, and priorities which align with the priorities of the RBHC and its County Task Force Groups. Below are the relationship details between each group and the Regional Behavioral Health Task forces.

### **Legislative Committees**

*Nevada Legislative Committee to Study Issues Regarding Affordable Housing*

This is a temporary Nevada Legislative committee created during the 2017 legislative session. It was created in response to Nevada’s housing crisis with the purpose to inform the Legislative body on affordable housing issues to support effective legislation efforts to address this need in the state.

*Legislative Committee on Health Care*

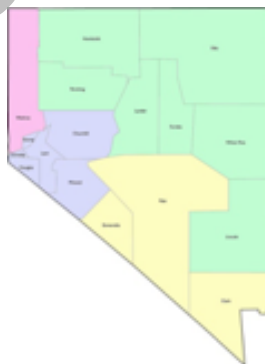
The primary responsibilities of the Legislative Committee on Health Care (LCHC) include reviewing and evaluating the quality and effectiveness of programs for the prevention of illness and analyzing the overall system of medical care in the State to determine how to coordinate the provision of services, avoid duplication, and achieve the most efficient use of all available resources.

*Committee to Study the Needs Related to the Behavioral and Cognitive Care of Older Person*

The committee is required to examine, research and identify potential sources of state funding available to assist and support caregivers who are caring for older persons with behavioral and cognitive health issues; the potential for establishing a higher rate of reimbursement by Medicaid for nursing facilities; and the provision of education and training for health care professionals in the screening, diagnosis and treatment of behavioral and cognitive diseases prevalent in older persons.

*Regional Behavioral Health Policy Boards*

Four Regional Behavioral Health Policy Boards were created in Nevada through AB 366 during the 2017 Nevada legislative session. The outlined regions include: Northern (Carson City, Churchill County, Mineral County, Douglas County, Lyon County, and Storey County) shown in purple; Washoe County shown in pink; Southern (Clark County, Esmeralda County, and Nye County) shown in yellow; and Rural (Elko County, Eureka County, Humboldt County, Lander County, Lincoln County, Pershing County, and White Pine County) shown in green. Each policy board is comprised of thirteen members who represent the following disciplines: the criminal justice system; social services; hospitals; behavioral health treatment; substance use treatment; county public health; family and peer advocacy; Fire/EMS; law enforcement; and the Nevada Legislature.



The Regional Behavioral Health Policy Boards have been tasked with promoting improvements in behavioral health service delivery, advising the Nevada Legislature of system improvements, coordinating/exchanging information with other policy boards, reviewing behavioral health data collection measures/standards, and communicating the behavioral health needs of each region to the legislature. Each policy board is allowed to propose up to one bill during each legislative session, and is mandated to meet quarterly throughout the year.

*Nevada Commission on Behavioral Health*

The Nevada Commission on Behavioral Health is a legislatively created body whose mission is to “provide policy guidance and oversight of Nevada’s public system of integrated care and treatment of adults and children with mental health, substance abuse, and developmental disabilities/related conditions. The service delivery system is administered by state agencies in Nevada through the Division of Public and Behavioral Health and the Division of Child and Family Services. The Commission also promotes and ensures the protection of the rights of all clients in this system”. The Commission takes a lead role in Nevada Department of Health and Human Services (DHHS) strategic planning and obtains annual reports from the newly created Regional Behavioral Health Policy Boards, Behavioral Health Planning and Advisory Council, the Co-Occurring Disorders Committee, and the Nevada Child Behavioral Health Consortia. More information can be found on the Commission’s website at: <http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Boards/xxx/Bylaws-9-13.pdf>.

### ***Nevada Department of Health and Human Services (DHHS) Boards and Initiatives***

#### *Nevada Behavioral Health Community Integration Community Strategic Plan*

The DHHS has developed an overall behavioral health strategic plan with two implementation/action plans (the Adult Implementation/Action Plan and the Children’s Implementation/Action Plan). These are in the process of being implemented and will guide DHHS on its work related to behavioral health across the state. DHHS has been active in working with the Northern Nevada Behavioral Health Coalition to support the group’s efforts and to ensure alignment between the two entities.

#### *Interagency Council on Homelessness*

The Interagency Council on Homelessness is a multi-agency group created by the state’s governor and managed by DHHS. The group meets regularly to discuss the provision of housing services for vulnerable populations in the state including those with severe behavioral health needs. The group shares many of the same housing priorities as the BH Coalition and many of its members belong to both groups. Therefore, the group regularly communicate on their efforts to ensure efforts build on each other and that there is clear communication on various housing initiatives in the community. The Interagency Council on Homelessness has created a strategic plan which helps to guide its work. This strategic plan can be found at <http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Programs/ClinicalBHSP/Meetings/ICH%20Strategic%20Plan%20rev%20draft%208-29.17.pdf>

#### *Children’s Mental Health Consortia*

Established by the Nevada Revised State (NRS 433B), the Children’s Mental Health Consortia assesses the current behavioral health services for youth in each jurisdiction, and develop a plan that will identify gaps and areas in need of improvement. Comprised of multi-agency partners and community stakeholders, the groups are broken down into three jurisdictions: Clark County, Washoe County and Rural Areas. A full white page description of the Consortia

can be found at

[http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Meetings/NCBHC\\_WhitePaper\\_15.pdf](http://dcfs.nv.gov/uploadedFiles/dcfsvgov/content/Meetings/NCBHC_WhitePaper_15.pdf)

#### *Governor's Behavioral Health and Wellness Council*

The Behavioral Health and Wellness Council was established by Governor Sandoval in 2013 with the purpose of examining “the ways of improving and strengthening the systems of support and delivery of services to those living with behavioral health conditions in Nevada”. The Council was also tasked to review the needs analysis conducted by Nevada Division of Public and Behavioral Health, “The Comprehensive Analysis of Gaps and Needs (2013)

[http://dpbh.nv.gov/uploadedFiles/04%202013-10-](http://dpbh.nv.gov/uploadedFiles/04%202013-10-11_BehavioralHealthGapsAnalysisReport.pdf)

[11\\_BehavioralHealthGapsAnalysisReport.pdf](http://dpbh.nv.gov/uploadedFiles/04%202013-10-11_BehavioralHealthGapsAnalysisReport.pdf). This council provided the “Behavioral Health and Wellness December 2014 Report to Governor Sandoval” which provided recommendations and strategies to improve behavioral health in Nevada. Recommendations in the report continue to inform many of region’s current behavioral health activities, initiatives, and priorities including:

- Increased availability of crisis triage centers.
- Expansion of mobile outreach safety teams.
- Service enhancements for the Serious Mental Illness (SMI) population, including creation of a special, high intensity, low-caseload program targeted specifically for the heaviest users of the most expensive forms of care.
- Anti-stigma and suicide prevention.
- Engaging in serious efforts toward workforce development for mental health professionals.
- Tele-psychiatry and PCP consultation.

A full report can be found at:

<http://dpbh.nv.gov/uploadedFiles/December%202014%20Council%20Report.pdf>

#### *State of Nevada Behavioral Health Planning and Advisory Council (BHPAC)*

The BHPAC was established through executive order in 1989 and renamed in 2013. The duties of the council are: to review and make recommendations for the Combined Mental Health and Substance Use Block Grant Plan; provide advocacy for adults experiencing Serious Mental Illness (SMI), children experiencing Severe Emotional Disturbance (SED), and other individuals and families experiencing mental illness, co-occurring disorder, and substance use disorder; and to monitor, review and evaluate the adequacy and allocation of behavioral health services throughout the state.

## Implementation of Collaborative Evidence-Based Programs and Best Practices

*\*For a full update on each program per county see Appendix F*

## [Program Overviews](#)

### *Forensic Assessment Services Triage Teams (FASTT)*

The FASTT program was developed in Carson City in 2012 through collaboration with the Nevada Division of Public and Behavioral Health (DBPH) and the Carson City Sheriff's Office. The program has since been adopted in several surrounding counties in the region. FASTT provides mental health interventions, case management and referral services to incarcerated individuals prior to release. The goal of the program is to reduce the number of individuals with behavioral health needs in jail by connecting inmates with needed treatment and services in the community upon release. This effort assists the jail and community with risk reduction of recidivism, stabilization, and accountability monitoring.

### *Juvenile Justice Assessment Services Triage Teams (JJASTT)*

A youth early diversion program through community collaboration between the juvenile justice system, mental health providers, law enforcement, family members, and consumer advocates. The purpose of this program is to address the behavioral health needs of children and adolescents involved in, or at risk of involvement in, the juvenile justice system by providing an array of community-based diversion services designed to keep children and adolescents with behavioral health issues and/or co-occurring issues out of the juvenile justice system while also addressing issues of public safety. The program was developed in 2014 through partnership with DPBH, Carson Rural Clinic and Carson City Juvenile Probation.

### *Crisis Intervention Team (CIT) Training*

CIT training is an internationally identified best practice that was originally developed in 1988 in Memphis, Tennessee through a partnership with law enforcement, National Alliance on Mental Illness, and the University of Memphis. The intent of the 40-hour behavioral health training program is to provide behavioral health knowledge and skills to emergency responders including law enforcement, EMS, medical personnel and other community providers. The outcomes of CIT include increasing safety for first responders, the general public and the individual experiencing a mental health crisis through skillful intervention, de-escalation, and diversion of these individuals from the criminal justice system. Carson City first developed CIT in 2006. CIT has since been implemented in Douglas, Lyon, and Churchill Counties.

### *Mobile Outreach Safety Team (MOST)*

MOST is an outreach team composed of a clinician and law enforcement deputy who respond to individuals experiencing behavioral health crises, and provide de-escalation, support, and community referral to assist individuals in stabilizing in the community. Carson City developed the program in 2012 after seeing its success in Washoe County. Lyon and Douglas Counties followed suit, implementing the program in 2015 and 2016 respectively. MOST teams have developed in response to the unique needs of each community.

### *Multidisciplinary Teams (MDT)*

MDT's are coordinated meetings of identified community providers including EMS/Fire, law enforcement, hospitals, behavioral health and healthcare professionals, and social services who work to develop stabilization plans for individuals in chronic crisis. Community stakeholders have developed adult MDT's for adults ages 18-59 years old in Carson, Lyon, Churchill and Douglas Counties. These adult MDT meetings utilize releases of information to develop care coordination plans with client consent. Elder Protective Services also hosts community Elder MDT's per NRS to develop plans for individuals over the age of 60 that victims of abuse or neglect or are exhibiting self-neglect.

## Methods and Approach

Strategic planning efforts for Regional Behavioral Health Coalition took place on regional and local levels and through multiple events. The collective impact model was used to bring diverse participants together from multiple counties to form a shared mission and common priorities. Strategic planning activities including identification of priorities, and use of Strengths, Weaknesses, Opportunities and Threats (SWOT) frameworks, and data obtained from state and national reports listed below were used to identify community behavioral health needs and issues, and form strategic plans focused on behavioral health. Additionally, communities participating in the Stepping Up Initiative, including Carson, Lyon, Douglas, and Churchill Counties, participated in Stepping Up Workshops to identify and prioritize specific programs, trainings, and policy changes supporting diversion of individuals with behavioral health issues from inappropriate institutionalizations through stabilization and continued support in the community. Stakeholder input obtained from the Stepping Up Workshops was integrated into broader county behavioral health plans.

### Regional Strategic Planning Efforts

Regionally shared issues and priorities were developed and synthesized through four years of dialogue from 2013-2017. In October 2017, the RBHC engaged participating members in a strategic planning session to develop a shared mission and priorities. In valuing local experiencing and knowledge, the strategic plan of the RBHC was primarily formed with the stakeholder input from the local county behavioral health task forces, with the intention of maintaining connection to community identified issues and priorities. The intent of this plan was to identify shared priorities so that the region would be able to advocate for behavioral health issues from a united perspective.

### County Strategic Planning Efforts

As mentioned previously, each county in the region developed behavioral health task forces and community meetings to respond to health and behavioral health needs in their communities. Because the historical process of these groups varied so much, each group has developed its own community specific priorities and its own structure which is responsive to the unique local context of each community. This is an example of a grassroots organization, which is an affective approach to ensure that behavioral health efforts are created to fit the various needs of Nevada's distinct communities.

For some counties, this strategic planning process has taken place over multiple workshops and meetings, which have focused on general strategic planning for behavioral health and on specific issues such as the Stepping Up Initiative. Priorities identified in multiple planning efforts have been incorporated into "living" strategic planning documents that are updated as new issues arise or when progress is made. These county based strategic planning efforts provided a basis for the regional behavioral health strategic plan.

#### *Behavioral Health Task Force Strategic Planning Sessions - County Specific*

All counties in the region conducted strategic planning sessions to identify community gaps, needs, and priorities. These strategic planning sessions received input from diverse community stakeholder groups, including EMS/Fire, law enforcement, county officials, social services, behavioral health treatment providers, hospitals, and peer and family advocates. An overview of these county specific priorities is described below.

#### *Stepping Up Workshops*

The Stepping Up Initiative Workshops were conducted in Carson City, Lyon, Douglas, and Churchill Counties from late 2016 to early 2017, and were facilitated by Steve Lewis from UNR Cooperative Extension. The primary focus of the workshops was on efforts to divert individuals with behavioral health issues from the criminal justice system, unnecessary EMS contact and hospital ER admissions, as well as other inappropriate institutionalizations. The workshops utilized the Sequential Intercept Model to assist stakeholders, community leaders, and service providers to identify community strengths and areas of existing gaps in their behavioral health systems, and focused on the following objectives:

1. Examine treatment and service capacity in the county.
2. Identify state and local policy that could be changed to enhance efforts toward stabilization and diversion of individuals in chronic crisis.
3. Identify funding barriers to minimize involvement with the criminal justice system.

Participants in the workshops included law enforcement, judges, District Attorneys, Parole and Probation, county officials, hospitals, behavioral health providers, community coalitions, social services, and peer and family advocates. These events provided information on best practices regarding community prevention, stabilization, and diversion efforts, and allowed for



stakeholders from diverse disciplines to develop shared perspectives and priorities for moving forward. Reports were developed from these workshops, which highlight each participating county's current initiatives/programs, as well as identified priorities and needs. These reports can be found in Appendix A, B, C, and D of this document.

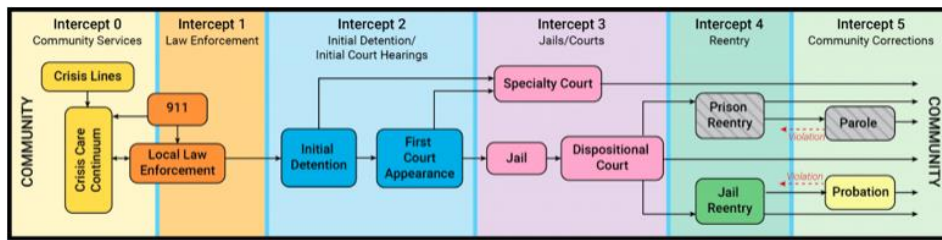
#### *County Stepping Up Initiative Reports*

Stepping Up Initiative Reports were developed from each county's Stepping Up Initiative Workshop. Further information regarding these workshops can be found in county specific reports in Appendixes A, B, C and D of this document. Priorities and plans of action developed in the workshops were incorporated into the County Behavioral Health Task Force strategic planning efforts, described later in this document.

#### *County Stepping Up Initiative and Sequential Intercept Model Mapping Workshops*

As part of the Stepping Up Initiative, each of the participating counties conducted a collaborative workshop using the Stepping Up Initiative framework and Sequential Intercept Model (SIM) (Figure 2) to identify behavioral health programs currently in place, existing community needs, and programs of interest for future development. The SIM is a conceptual framework that allows for examination of the interface between the mental health and criminal justice systems, and identifying to opportunities to intercept and divert individuals as they progress into the criminal justice system (Munetz, M.R. & Griffin, P.A (2006). As noted above, counties in the region chose to not just focus on diversion from the criminal justice system, but diversion from all inappropriate types of institutionalization. Initially, the SIM identified five intercepts including law enforcement and emergency services, initial detention and court hearings, jails and courts, re-entry, and community corrections. However, in 2016, Policy Research Associates with the GAINS Center added an additional intercept, "Intercept 0". This intercept emphasizes the importance of aligning services and systems to address behavioral health needs before a behavioral health crisis begins or at the earliest chance of intervention (Policy Research Associates, 2016). Participating counties in the region have emphasized the importance of Intercept 0 in their planning efforts, focusing on collaboration, crisis response, and development of programs such as Mobile Outreach Safety Teams to support community behavioral health efforts and prevent further crisis from developing.

Figure 2: Sequential Intercept Model



1. **Intercept 0-** Community Prevention
  - **Partners:** Emergency Medical Services (EMS), Fire Departments (Fire), Behavioral Health Treatment Providers, Hospitals, and Community Partners.
  - **Identified interventions:** Community Coalition Activities, National Alliance on Mental Illness (NAMI) Initiatives, School Behavioral Health Partnerships, Certified Community Behavioral Health Centers (CCBHC's), Crisis Triage Centers, Mobile Outreach Safety Teams (MOST), Multidisciplinary Teams (MDT)
2. **Intercept 1-** Community Crisis Stabilization/ Jail Diversion
  - **Partners:** EMS, Fire, Law Enforcement, Hospitals, Behavioral Health Treatment Providers
  - **Identified Interventions:** Crisis Intervention Training (CIT), MOST, MDT
3. **Intercept 2-** Initial Detention
  - **Partners-** Law enforcement, Jails, Courts, Treatment Providers
  - **Identified Interventions:** Universal mental health and substance use screening, Forensic Assessment Services Triage Teams (FASTT).
4. **Intercept 3-** Jails/ Courts
  - **Partners:** Jails, Courts, Treatment provider
  - **Identified Interventions:** FASTT, Specialty courts including Mental Health Court, Drug Court, Family Court, and Misdemeanor Court
5. **Intercept 4-** Re-entry
  - **Partners:** Prisons, Jails, Treatment providers
  - **Identified Interventions:** FASTT, MDT
6. **Intercept 5-** Community Corrections
  - **Partners:** Probation and Parole

*Broadening strategic planning efforts*

Use of the SIM model provided a common language and framework to discuss potential interventions and programs at the local, regional, state, and national levels. The SIM model proved to be useful in developing community services for individuals experiencing acute and/or chronic behavioral health crisis. As the behavioral health task forces broadened their focus, they engaged in strategic planning efforts that included specific populations, such as youth and older adults, and issues such as discharge planning, continuity of care, and public awareness.

## Behavioral Health Indicator Tools

The following identified resources and activities have been utilized and referenced by the Northern Nevada Regional Behavioral Health Coalition to inform its processes. Some of these sources of information measure key benchmarks related to behavioral health while other activities outline key priority areas. This information will be utilized and updated in the future to help inform stakeholder members on ongoing community needs, as well as the impacts of various behavioral health interventions and to help guide the collaborative process.

### *University of Nevada Reno (UNR) - Public Health Rankings (Nevada Instant Atlas)*

The Nevada Instant Atlas is a database created by the UNR School of Medicine. It includes important health data on all 17 Nevada counties using over 50 different sources to compile information on important benchmarks of public health. The database includes data points specifically important for the field of behavioral health including social characteristics, health insurance coverage, population health, healthcare workforce and healthcare resources.

### *County Health Rankings and Roadmaps*

The County Health Rankings and Roadmaps is a national resource which mental health service providers and stakeholders can utilize to compare key indicators of public health with other regions around the county. The Rankings reports informs stakeholders throughout the region on potential interventions which other states have utilized to effectively address mental health issues. It can also be utilized as a tool for measuring the group's progress towards its identified priority areas.

## Regional Mission and Identified Priorities

### *Regional Behavioral Health Coalition Mission Statement*

Collaborating to provide comprehensive, integrated mental health, substance abuse, and disability services that promote the safety, health, and well-being of our communities.

1. Address behavioral health concerns across spectrum focusing on:
  - a. Youth and families
    - i. Increase school involvement in community collaboration.
    - ii. Identify opportunities for prevention and early intervention.
    - iii. Develop supports for specific populations such as lesbian, gay, bisexual and

transgender (LGBT) youth.

- b. Seniors
  - i. Identify gaps and strategies to assist seniors in need and in crisis.
2. Develop regional and county strategic plans for behavioral health based on priorities.
3. Identify legislative action needed and develop action plans:
  - a. Identify and organize data needed to advocacy.
  - b. Identify initiatives for advocacy that are beneficial to regional behavioral health efforts.
  - c. Increase awareness of legislators.
4. Formalize relationships, programs, and initiatives:
  - a. Develop Memorandum of Understanding (MOU) documents and other shared agreements, policies, and procedures for FASTT, JJASTT, MOST, CIT, MDTs, and Behavioral Health Task Forces.
  - b. Standardize initiatives while allowing for flexibility to address each community's specific needs.
  - c. Develop community triage flowsheets for providers.
5. Strengthen continuity of care and care coordination through:
  - a. Identifying information sharing strategies.
  - b. Development of care coordination inter-local agreements and MOU.
  - c. Improve discharge/re-entry planning processes from hospitals, jails, and out-of-state treatment.
  - d. Identify uses of technology to overcome barriers to integration.
6. Increase community engagement:
  - a. Reduce stigma of mental illness through:
    - i. Increasing public awareness.
    - ii. Engaging decision makers.
    - iii. Providing behavioral health training and trauma informed care training to community members and first responders.
7. Address basic needs of individuals with behavioral health issues:
  - a. Increase affordable housing.
  - b. Identify options for homeless.
  - c. Identify solutions for transportation.
8. Increase diversity of services:
  - a. Develop peer and family support network.
9. Provide education about behavioral health to stakeholders, community members and legislators.

## Regional Shared Priorities/Goals

1. Locating & obtaining funding for health and behavioral health services in jail facilities.
2. Expansion of MOST.
3. Identify and formalizing information sharing strategies (MDT for adults 18-59).
4. Providing non-emergency mental health transport.
5. Healthcare workforce development.

## County Behavioral Health Task Force Identified Goals, Objectives, and Subcommittees

### Carson City Behavioral Health Task Force

#### Background

In 2012, Richard Whitley, then Director of Nevada Division of Mental Health and Developmental Services, engaged with the Partnership Carson City steering committee led by Mayor Bob Crowell to address the city's identified behavioral health needs. Whitley then met with Dr. Joseph McEllistrem, Director of Forensic Health Services for Carson City Jail, Kathy Bartosz, from Partnership Carson City, and Carson City Sheriff Kenneth T. Furlong to discuss the community's coordination of care for individuals with mental health challenges. Historically mental health providers in the community had generally operated in silos with any collaboration efforts conducted informally. Consequently, many individuals with mental health conditions in the community experienced re-occurring interactions with the criminal justice system including the Carson City jail. The unmet needs of these individuals gave rise to recurrent arrests and created a cycling system with high costs to the community, both financially and socially. The state expressed interest in the development of a jail diversion system with coordinated mental health care created/managed by local service providers. From this initial stakeholder group came the creation of Forensic Assessment Services Triage Team (FASTT), which served as a pilot program with the mission of coordinating mental health and basic needs services for individuals with mental health conditions who entered the criminal justice system. With FASTT's focus on coordinated care after an individual's discharge from the local jail, the program aimed to lower recidivism rates for this population and to help program participants with successful re-entry to the community. Other behavioral health programs that were developed through collaboration between behavioral health treatment, social services, and law enforcement in Carson City included Carson Specialty Courts, Crisis Intervention Training (CIT), the Mobile Outreach Safety Team (MOST), and the Carson Tahoe Super-utilizers MDT meeting.

Success of these programs increased engagement and strengthened relationships between behavioral health, social service, and emergency service providers in the in the community through regular coordination of services and care. This collaboration eventually led to the creation of the Carson City Behavioral Health Task Force in January 2016 which formalized these collaborative efforts. The Carson City Behavioral Health Task Force meets monthly, and is co-facilitated by Bekah Bock, MOST clinician from DPBH Rural Clinics, and Jim Peckham, Executive Director of Friends in Service Helping (FISH). In Spring of 2016, the Carson City Behavioral Health Task Force conducted a strategic planning session using the SWOT framework to identify strengths, weaknesses, opportunities and threats in their behavioral health system. Their strategic planning efforts led to the development of sub-committees (described below) focused on the task force's top priorities.

### Carson City Stepping Up Initiative Workshop

In early 2017, Carson City stakeholders came together to participate in the Stepping Up Initiative Workshop, using the SIM model to examine existing services, needs, and develop priorities to further align with best practices identified by the Stepping Up Initiative. Priorities identified in the Stepping Up Initiative Workshop (noted below) were later integrated into the priorities in the initial behavioral health task force strategic planning session.

Priorities Identified in the Stepping up Initiative:

1. Identify strategies to increase affordable housing.
2. Identify opportunities to develop transitional housing.
3. Develop 24-7 mobile behavioral health crisis response capability for law enforcement.
4. Develop/formalize case management teams for high utilizers.
5. Formalize jail discharge coordination between courts, alternative services, parole and probation, and FASTT.

### Carson City Behavioral Health Task Force Overview

Participating Agencies:

- DPBH Rural Clinics
- FISH
- Carson City Public Guardian
- Carson City Fire
- Carson City Health and Human Services
- Carson Tahoe Regional Medical Center
- Carson Tahoe Behavioral Health Services
- Carson City School District
- Carson City Sheriff's Office
- Ron Wood Family Resources
- Division of Child and Family Services
- Carson City Juvenile Probation
- NAMI Western Nevada
- Nevada Department of Corrections
- Vitality Unlimited
- Nevada Health Centers

### Carson City Behavioral Health Task Force Strategic Plan

Identified Goals & Objectives:

The Carson City Behavioral Health Task force has organized its goals and objectives through the following subcommittees which each focus on priorities identified by the group's members.

Organized Subcommittees:

### 1. Workforce Housing

*Members:*

- Carson City Health and Human Services
- FISH
- Lyfe Recovery
- Community Counseling Center
- Carson City Board of Supervisors
- Nevada Rural Housing Authority
- Carson City Community Development Director
- NAMI Western Nevada

**Goal:** Increase workforce housing options in Carson City.

*Objectives:*

1. Develop landlord summit/community forum in Spring 2018 to engage landlords, investors, and developers to increase opportunities for workforce housing in Carson City.
2. Identify and develop incentives for developers and investors to provide workforce housing within proposed projects.
3. Provide presentation to Sierra Forum identifying the needs of the community, benefits for landlords to utilize housing programs, and long-term solutions to meet the housing needs in Carson City.

### 2. Community Triage

*Members:*

- FISH
- MOST, Carson Rural Clinic
- Carson City Health and Human Services
- Carson Rural Clinics
- Regional Behavioral Health Coordinator

**Goal:** Develop shared understanding for community triage protocol and formalize relationships through inter-local agreements and memorandums of understanding.

*Objectives:*

1. Develop accessible locations in community where mental health assessments can be conducted.
2. Increase community outreach with case management.
3. Expand community use of CMIS system to coordinate care for vulnerable individuals.
4. Create Community Triage Flowchart.
5. Launch NAMI “warmline” to provide individuals in community experiencing behavioral health issues with peer support..

### 3. Case Management and Discharge Planning

*Members:*

- Nevada Department of Corrections
- Carson City Health and Human Services
- Carson City Health and Human Services
- Carson Tahoe Regional Medical Center
- NAMI Western Nevada
- The Life Change Center
- Ron Wood Family Resource Center

**Goal:** Develop community system for discharge planning from hospitals and jails, and identify shared case management protocols aligned with best practices to provide ongoing support to individuals in the community.

*Objectives:*

1. Increase use of Community Management Information System (CMIS) in discharge planning for discharge planning and continuity of care efforts.
2. Identify and advocate for strategies to lower barriers to access community treatment and social services.
3. Identify funding and explore opportunities for hospitals to use NAMI warmline for discharge planning follow up.

#### 4. Youth

*Members:*

- Ron Wood Family Resources
- Carson City Chief of Juvenile Probation
- School Social Worker Program, Carson City School District
- Division of Child and Family Services
- NAMI Western Nevada

**Goal:** Develop youth behavioral health treatment, support, and options in Carson City

*Objectives:*

1. Assist with the Safe Voice Program implementation, by 1) Supporting/assisting the statewide Safe Voice program coordinator, and 2) Facilitating assistance and resources by assisting schools for individuals identified as needing intervention assistance through the program, and to their families and friends, as appropriate.
2. Recruit participation for a teen support group for youth with behavioral health concerns through implementation of NAMI's "Ending The Silence" presentations in the Carson City School District.
3. Increase foster care capacity by 5 homes and 10 beds in the Carson City area (or if a larger area is desired, that's fine, too) to serve more children in the foster system.



## 5. Criminal Justice Collaboration

### *Members:*

- Director of Forensic Health Services for Carson City Jail
- Regional Behavioral Health Coordinator
- MOST Clinician, Carson Rural Clinics

**Goal:** Formalize and enhance coordination between various elements of the criminal justice system (MOST, FASTT, courts, alternative services, and parole and probation)

### *Objectives:*

1. Develop formal protocols for FASTT.
2. Develop processes to enhance coordination and accountability between Carson City FASTT team and participating courts.
3. Participate in Regional CIT committee to develop and document standard CIT processes throughout rural counties.

## 6. Public Awareness

### *Members:*

- Partnership Carson City
- Carson City Public Guardian
- Carson Tahoe Behavioral Health Services
- Carson City Sheriff's Office

**Goal:** Increase public awareness of behavioral health in Carson City.

### *Objectives:*

1. Develop and distribute flyer to increase public awareness of behavioral health.
2. Coordinate with Sheriff's Office and Partnership Carson City to utilize social media to increase awareness of behavioral health programs and initiatives in Carson City.

## Lyon County Public and Behavioral Health Task Force

### Background

In 2014, Nevada Division of Public and Behavioral Health approached Lyon County and offered technical assistance to apply for the SAMHSA's GAINS Sequential Intercept Mapping (SIM) for Early Diversion Workshop. Lyon County was successful in obtaining the workshop, and on August 20, 2014, facilitators from the SAMHSA's GAINS Center for Behavioral Health and Justice Transformation conducted a two-day workshop in Lyon County with following objectives:

1. "Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along five distinct intercept points: Law

Enforcement and Emergency Services, Initial Detention and Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.

2. Identification of gaps and resources at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.” (Milligan & Abreu, 2014)

The workshop was attended by Lyon County stakeholders from diverse disciplines including Lyon County Sheriff's Office, Lyon County Human Services, Lyon County District Attorney, the Lyon County Municipal, Justice, and District Courts, Lyon County leadership, Juvenile Probation, Healthy Community Coalition, Community Chest, and regional healthcare providers. After mapping out existing resources, the workshop assisted stakeholders in developing and prioritizing plans to move forward. The following priorities were identified:

1. Expand jail mental health screening, assessment, and staff training.
2. Develop Mobile Health Crisis Response Team.
3. Develop case manager position for jail re-entry assessment and counseling.
4. Develop Crisis Intervention Training after staff are trained in Mental Health First Aid.
5. Develop Mental Health Court Docket.
6. Expand medical and mental health services in the jail.
7. Develop a Behavioral Health and Criminal Justice Task Force.

The Lyon County Behavioral Health Task Force was formed in late 2014, with the intent to make progress on the priorities identified in the GAINS workshop. The Behavioral Health Task Force was held on a monthly basis, facilitated by Christy McGill from Healthy Communities Coalition, and became a model for other counties in the region in the development of their behavioral health task forces.

#### Lyon County Stepping Up Initiative

On December 12, 2016, Lyon County stakeholders revisited the SIM model in a Stepping Up Initiative Workshop facilitated by Steve Lewis from University of Nevada, Reno Cooperative Extension at the Silver Springs Senior and Community Center. The primary purpose of the workshop was to review existing behavioral health services, needs using the SIM model, and develop priorities to further align with best practices identified by the Stepping Up Initiative. This workshop identified the following priorities aligned with the Stepping Up Initiative using the SIM model. The complete report can be found in Appendix A of this document.

Priorities identified in the Stepping up Initiative Workshop:

1. Develop 24-hour mobile crisis team response.
2. Developing Justice Court Diversion initiatives and resources.
3. Develop capacity for a Domestic Violence Counselor.
4. Explore options for in-home rehabilitation services.

The primary focus of the Lyon County Behavioral Health Task Force in 2016 and early 2017 was towards making progress on the priorities identified by the SAMHSA GAINS and Stepping Up Initiative workshops. In June 2017, Task Force stakeholders engaged in a broader strategic planning process that focused on

existing behavioral health resources and community needs. The task force incorporated existing priorities with newly identified priorities to develop the current strategic plan and elected to develop subcommittees to focus on specific action plans for each priority. Also, on September 12, 2017, Lyon County conducted the Lyon County Health Forum, focused on developing health services in the county. In response to outcomes from the health forum and Lyon County's goal of improving population health countywide, the task force elected to become the Lyon County Public and Behavioral Health Task Force with the mission of enhancing public and behavioral health services in Lyon County.

#### Lyon County Public and Behavioral Health Task Force Overview

**Vision:** To make Lyon County a place where people desire to live.

#### Participating Agencies:

- Lyon County
- Lyon County Sheriff's Office
- Lyon County District Attorney
- Lyon County Human Services
- Healthy Communities Coalition
- DPBH Rural Clinics
- Lyon County School Districts
- Lyon County Juvenile Probation
- Rural Nevada Counseling
- Life Change Center
- Veterans Administration
- Zephyr Wellness

#### Organized Subcommittees:

##### 1. Legislative Strategy

###### *Members:*

- Lyon County Manager
- Lyon County District Attorney
- Lyon County Sheriff
- Lyon County Juvenile Probation
- Lyon County Human Services
- Regional Behavioral Health Coordinator

**Goal:** Organize and advocate for behavioral health efforts in Lyon County through legislative planning and advocacy.

##### 2. Data, Documentation, Formalization of Collaborative Efforts

###### *Members:*

- Lyon County Human Services, Division Manager
- Regional Behavioral Health Coordinator
- Lyon County School District
- DPBH Rural Clinics
- Community Health Nurse
- Rural Nevada Counseling

*Objectives:*

1. Develop and formalize processes and procedures for behavioral health initiatives.
2. Develop and implement data systems for behavioral health programs and initiative.
3. Formalize relationships through community mapping and Memorandum of Understanding.

**3. Enhancing community capacity**

*Members:*

- DPBH Rural Clinics
- Rural Nevada Counseling
- Zephyr Counseling
- Community Chest
- Clinical Director of Community Chest
- Regional Behavioral Health Coordinator
- Lyon County Human Services
- Healthy Communities Coalition

**Goal:** Enhance capacity for behavioral health services in Lyon County.

*Objectives:*

1. Conduct community assessment and mapping to understand needs of the community.
2. Support existing providers, and increase capacity for needed programs, services, providers, and trainings in Lyon County.

**4. Restorative Justice/ Stepping up Initiative**

*Members:*

- Lyon County Human Services
- Lyon County Sheriff's Office
- Fernley Municipal Court Judge
- Regional Behavioral Health Coordinator

**Goal:** Support Restorative Justice and Stepping up Initiative Efforts in Lyon County.

*Objectives:*

1. To assist the Sheriff in final development of the LCSO Restorative Justice Policy sections for the Forensic Assessment Service Triage Team (FASTT) and Mobile Outreach Safety Team (MOST) prior to June 30, 2018.
2. To implement Anticipated Next Steps and Priorities identified in Lyon County's Stepping Up Initiative (SUI) Workshop for Intercept 2 (Initial Detention and Initial Court Hearings) and Intercept 3 (Jails and Courts) by June 30, 2018.

## Douglas Behavioral Health Task force

### Background:

Douglas County Behavioral Health Task force first met on January 13<sup>th</sup>, 2015 to address the issue of Legal 2000 holds for individuals in mental health crisis. The meeting was initiated in response to the need to clarify the community protocol for handling such cases in a manner agreed upon by all community service providers and aligned with the legal rights of individuals who experienced Legal 2000 holds due to mental health crisis. Prior to this initial meeting, there was inconsistency in community response to behavioral health crisis, which caused confusion between emergency service providers. The result of this lack of coordination resulted in the unnecessary incarceration of individuals with mental health conditions as they awaited availability of services at inpatient psychiatric programs such as Northern Nevada Adult Mental Health Services (NNAMHS).

Initial stakeholders met to discuss protocols for handling mental health crisis and to coordinate effective community services. These early meetings resulted in the group's first behavioral health strategic plan, which was developed with assistance from the University of Nevada, Reno Cooperative Extension's, Steve Lewis. Out of this first strategic plan came three areas of focus for the group: 1) Collaborative Action Planning; 2) Intervention and Prevention; and 3) Emergency Services. After the initial strategic planning process, the group met with the Director of then Nevada's Division of Mental Health and Developmental Services, Richard Whitley, and Dr. Joseph McEllistern, Director of Carson City Jail's Director of Forensic Health Services. Both Whitley and McEllistern had initiated similar discussion and collaboration in Carson City, and suggested that the Douglas County Task Force consider programs such as the Forensic Assessment Triage Team (FASTT). Whitley also offered the task force assistance with the position of a Regional Behavioral Health Coordinator, funded by the state of Nevada. This position would assist the group in enhancing and developing behavioral health issues and coordinating with other counties in the region.

### Douglas County Stepping Up Initiative Workshop

On March 28<sup>th</sup>, 2017, the group revisited its strategic planning process through a Stepping Up Initiative Workshop. During this strategic planning session, stakeholders used the evidence-based Sequential Intercept Model (SIM) to identify community behavioral health resources and gaps with the intention of creating action plan to strengthen the community behavioral health system and divert individuals from inappropriate arrest and institutionalizations. Stakeholders at the workshop advocated to expanded the SIM strategic planning process to include "Intercept 0" or community prevention, in which an individual experiencing behavioral health issues could obtain support from service providers, and consequently avoided inappropriate contact with institutions such as jail, EMS, and hospital entirely. The following priorities were identified in the Douglas County Stepping Up Initiative Workshop.

Priorities Identified in the Douglas County Stepping up Initiative Workshop:

1. Obtain funding to increase Mobile Outreach Safety Team staffed by DPBH Rural Clinics, Douglas County Sheriff's Office, and East Fork Fire.
2. Develop community behavioral health crisis triage protocol and procedures and implement community wide training.
3. Identify protocol aligned with HIPPA and state privacy laws to allow sharing of information for the purposes care coordination.
4. Develop increased access to behavioral health and peer support groups in jail.

In late 2017, the Douglas County Behavioral Health Task Force engaged in a broader strategic planning effort to identify behavioral health priorities and issues important to the community. This strategic process incorporated the Stepping Up Initiative Workshop's identified priorities into a broader strategic plan that included topics such as youth and senior populations.

Douglas County Behavioral Health Task Force Overview

Participating Agencies:

- Douglas County Sheriff's Office
- East Fork Fire
- Douglas County Social Services
- Partnership Douglas County
- Suicide Prevention Network
- DPBH Rural Clinics
- Douglas County Counseling and Supportive Services
- Carson Valley Medical Center
- Tahoe Youth and Family
- Family Support Council
- Washoe Tribe
- Western Nevada Chapter of National Alliance on Mental Illness (NAMI)
- Douglas County Juvenile Probation
- Douglas County School District
- WAVE- Welcome All Veterans Everywhere

Organized Subcommittees:

**1. Mobile Outreach Safety Team (MOST) Formalization**

*Members:*

- Douglas Counseling and Supportive Services
- East Fork Fire
- Douglas County Sheriff's Office

**Goal:** To formalize Mobile Outreach Safety Team practices, policies, and procedures, and identify sustainable source of funding.

*Objectives:*

1. Develop MOST practices, policies, and procedures.
2. Secure sustain MOST funding.

## **2. Community and First Responder Behavioral Health Training**

*Members:*

- Vitality for Life, Carson Valley Medical Center
- East Fork Fire
- Douglas County Sheriff's Office
- Regional Behavioral Health Coordinator

**Goal:** Develop and conduct law enforcement, Fire/EMS, and community behavioral health training according to community needs .

*Objectives:*

1. Develop Crisis Intervention Training protocols and best practices.
2. Provide CIT and other behavioral health training to local emergency responders including EMS and Law Enforcement, community providers.
3. Provide behavioral health training to staff at skilled nursing facilities.

## **3. Continuum of Care**

*Members:*

- Douglas County Social Services
- Partnership of Douglas County
- East Fork Fire
- NAMI Western Nevada
- DPBH Rural Clinics
- Carson Valley Medical Center

**Goal:** Increase Access to health care providers across continuum of care.

*Objectives:*

1. Create community flowchart for behavioral health crisis response.
2. Identify transportation resources for use in behavioral health crisis situations.

## **4. Information Sharing Strategies (CMIS)**

*Members:*

- Vitality For Life, Carson Valley Medical Center
- Partnership Douglas County
- Douglas County Public Information Officer
- Regional Behavioral Health Coordinator

**Goal:** Identify information sharing strategies, both internal and external.

*Objectives:*

1. Development of Electronic Resource Directory at PDC.
2. Coordinate with Tribal community to provide cultural training to emergency responders and service providers in community.
3. Develop video to promote Behavioral Health Task Force Activities.

## 5. Children, Youth and Families

*Members:*

- Partnership Douglas County
- Douglas County Social Services
- Suicide Prevention Network
- Tahoe Youth and Family
- Regional Behavioral Health Coordinator
- Family Support Council
- Washoe Tribe
- Douglas County School District
- Douglas County School Safe School Professionals
- Douglas County Juvenile Probations

**Goal:**

*Objectives:*

1. Continue Improving Referral Systems.
2. Training all DCSD schools in tiered behavioral support system.
3. Expanding on Mental Health First Aid capacity in our community (Youth, but should also for Adult).
4. Create a document that can serve as a list of resources and interventions for parents (example: include Parent Project, Empower Youth club).
5. Promote “In this community, we are Safe, Respectful, Responsible” campaign.
6. Provide education on SafeVoice, including finding ways to promote to families outside of schools.

## 6. Seniors



Members:

- Douglas County Social Services
- Vitality for Life, Carson Valley Medical Center
- WAVE Representative
- Suicide Prevention Network
- East Fork Fire

**Goal:** Coordinate all services available for seniors and vulnerable adults

*Subcommittee Objectives:*

1. Identify systems in place for seniors that may assist other vulnerable adults
2. Develop strong aftercare/discharge planning systems to maximize outcomes

## Churchill Behavioral Health Task Force

Background:

Churchill Board of Commissioners worked with Churchill Social Services and the County Board of Health to create a strategic plan for the county. Behavioral Health was one of the top three priorities that was identified in the county's strategic planning process. The county's focus on behavioral health resulted from Churchill County Board of Health meetings, which identified behavioral health as one of their top three priorities and created the original task force group. The Board of Health strategic plan strategies, including the BHTF, are included in Churchill County Social Services Strategic Plan to be released in June 2018. Included in this strategic plan is the county's plan for the strategic provision of behavioral health services throughout the community, including the formation and continued operation of the Churchill Behavioral Health Task Force. The Churchill Behavioral Health Task Force joined the Northern Nevada Regional Behavioral Health Coalition in 2016, and in 2017 the group was modified to include an approved list of members.

Churchill County Stepping up Initiative Workshop

On January 21, 2017, Churchill County stakeholders came together for a strategic planning workshop focused on the Stepping up Initiative. During this strategic planning session, stakeholders used the evidence-based Sequential Intercept Model to identify community behavioral health resources and gaps with the intention of creating action plan to strengthen the community behavioral health system and divert individuals from inappropriate arrest and institutionalizations. The workshop identified the following priorities:

Priorities Identified in the Churchill County Stepping up Initiative Workshop:

1. Implement mental health screening at jail booking.
2. Develop FASTT re-entry team.
3. Develop Mobile Crisis Unit that is available to law enforcement.
4. Develop case management services for high utilizers.
5. Case manager in the jail trained to match individuals to appropriate services.

These priorities were incorporated into the Churchill County Behavioral Health Strategic Plan which is described below.

Churchill County Behavioral Health Task Force Overview

Participating Agencies:

- Fallon Police Department
- Banner Churchill Community Hospital
- Churchill County Social Services
- The Life Center
- Regional Behavioral Health Coordinator
- Fallon Police Department
- Churchill County Sheriff's Office
- Churchill Community Coalition
- Public Health Officer
- Nevada DPBH Fallon Rural Clinic
- Churchill County Juvenile Probation
- New Frontier Treatment Agency
- Nevada DPBH Community Health Nurse
- Banner Churchill Community Hospital EMS
- Churchill County Sheriff's Office
- Fallon Police Department

Participating Agencies:

- Churchill County Sheriff's Office
- Fallon Police Department
- Churchill County Juvenile Probation
- Churchill County Social Services
- Churchill Community Coalitions
- Banner Churchill Community Hospital
- Banner Churchill Community Hospital EMS
- DPBH Rural Clinics
- DPBH Fallon Rural Clinic
- New Frontier Treatment Center
- The Life Center

Identified Goals & Objectives:

1. Consistent training for law enforcement/ emergency services with behavioral health issues:
  - a. Provide law enforcement, emergency services, and behavioral health care providers with Crisis Intervention Training.
  - b. Increase access to Mental Health 101 courses/ refreshers for service providers.

2. Provide assessment, intervention, and ongoing support to individuals with behavioral health issues:
  - a. Develop online access for brief mental health assessment for law enforcement and services providers.
  - b. Develop and implement universal data system for partners to access individual case plans, obtain case manager information, and create connections for ongoing services.
3. Develop comprehensive programs to access housing, insurance, and income and disability benefits:
  - a. Increase SOAR outreach.
  - b. Support individuals with decreased ability to function in connecting with needed behavioral health services.
  - c. Develop landlord education programs to support housing access.
4. Re-entry:
  - a. Develop MOU for Churchill FASTT Program.
  - b. Formalize warm hand off between FASTT and community service providers.
  - c. Provide case manager in jail Monday through Friday to complete assessment/ resource hand off and follow up.
  - d. Develop options for re-entry transportation based on risk.
  - e. Facilitate access to medication at discharge .
5. Youth:
  - a. Develop shared crisis triage and access policies for youth.

Organized Subcommittees:

**1. Behavioral Health Multidisciplinary Team (MDT)**

*Members:*

- Churchill County Sheriff's Office
- Fallon Police Department
- Churchill County Social Services
- Division of Public and Behavioral Health, Fallon Rural Clinics staff
- Banner Churchill County Hospital Social Worker

**Goal:** Implement and coordinate Multidisciplinary Team for adults 18-59 years of age.

*Objectives:*

1. Creation of MDT Confidentiality Policy and Protocol
2. Community BH stakeholders from diverse disciplines work together to review difficult cases and to make recommendations for case planning and coordination.

**2. Crisis Intervention Training**

*Members:*

- Fallon Rural Clinic
- Churchill County Sheriff's Office
- Churchill Social Services

**Goal:** Provide Crisis Intervention Training to community first responders and stakeholders with intent of becoming more skillful in de-escalation, effective language, and coordination of care to utilize when working with individuals in community who are experiencing behavioral health crises.

*Objectives:*

1. Hold community CIT training for all first responders and invite agencies across community for voluntary sign-ups.

### **3. Forensic Assessment Services Triage Team (FASTT)**

*Members:*

- Churchill County Sheriff's Office
- Churchill County Sheriff's Office
- Churchill County Sheriff's Office
- Churchill County Social Services
- New Frontier Treatment Center
- Churchill County Social Services
- Churchill Community Coalition

**Goal:** Develop and implement Forensic Assessment Services Triage Team.

*Objectives:*

1. Formalize Churchill's FASTT team through development of policies and procedures and collaborative agreements.

### **Storey County Multidisciplinary Team**

#### **Background**

Storey County is a small rural Nevada County, which according to the 2010 US Census, is home to 4,010 residents. Storey County has a unique demographic make-up as 37.1% of residents are over the age of sixty, compared with the national average of just 5.9%. Therefore, the needs of the community are to provide for the health and wellbeing of its vulnerable aging population. In response to the community's demographic composition, the Storey County Multidisciplinary Team was created in 2017 to address community needs, with a special focus on the needs of seniors (age 60+). The group meets regularly and has expanded its purpose from program creation to coordination of service/care for individuals who are receiving services from multiple agencies.

#### **Storey County Multidisciplinary Team Overview**

#### *Participating Organizations*

- Storey County Community Relations Coordinator
- Storey County Sheriff's Office
- Chief of Storey County Fire Department
- Storey County Senior Services
- Community Chest

Organized Subcommittees: Since Storey county is small in population and located in a rural region, the Storey County Multidisciplinary Team has decided not to organize their group into subcommittees.

#### Identified Goals & Objectives:

4. Develop a mission statement for the group
5. Develop a MDT memorandum of understanding
6. Conduct community trainings including:
  - a. Abuse in Later Life Training
  - b. Elder Abuse Training for Law Enforcement
7. Develop mobile outreach through partnership with Community Chest case manager and Storey County Sheriff's Office.

#### **Mineral County Stakeholder Group**

##### Background

The Mineral County Stakeholder Group is currently led by Tina Gerber- Winn, Agency Manager for Rural Clinics. The group was formed in early 2017 after the community lost a number of mental health service providers leaving a problematic gap which greatly impacted the continuity of care for some of the community's most vulnerable populations. Due to the rural nature of the community, there is a severe shortage in private mental health service providers, resulting in a great need for state supported services. The Mineral County Stakeholder group was able to work with the state of Nevada DPBH to provide stable behavioral health services through Mineral County Rural Clinic. Because of the group's successes, its members have decided to continue meeting to work on ongoing community needs throughout Mineral County. During Fall of 2017, Wanda Nixon, Mineral County's Community Health Nurse/ Health Officer implemented a mobile survey which was made available to Mineral County community members. The mobile board was displayed in a variety of locations around the community in efforts to recruit a diverse sampling of age groups from teens to seniors in the community. The goal of the survey was to determine what the community felt were the pressing concerns in the county This survey was used to help guide the work of the Mineral County Stakeholder Group in determining its priorities.

##### Mineral County Stakeholder Group Overview

#### *Participating Organizations:*

- Nevada DPBH Rural Clinics
- Hawthorne Rural Clinic

- Mineral County Community Health Clinic
- Mineral County Board of Commissioners
- Mineral County Fire Department
- Consolidated Agency of Human Services
- Community Chest
- Mount Grant General Hospital
- Mineral County Senior Center
- Nevada Rural Hospital Partners
- Mineral County Juvenile Probation
- Mineral County Public Guardian
- Healthy Communities Coalition
- Nevada Division of Child and Family Services (DCFS)
- Nevada Division of Healthcare Finance Policy (DHCFP)
- Nevada Division of Aging and Disability Services (ADSD)
- MTM

Community Identified Priority Areas:

7. Substance Abuse
8. General Health and Wellness
9. Safety and Security
10. Chronic Disease
11. Access to Healthcare
12. Mental Health

Organized Subcommittees:

**6. Paramedicine**

Members:

- Mount Grant General Hospital
- Mineral County Fire Department
- Nevada Medicaid/ Nevada EMS

**Goal:** Sustain paramedicine program and tailor program to meet community's behavioral health needs and to reduce the frequency of 911 behavioral health calls.

*Objectives:*

1. Send local staff to paramedicine training and to receive endorsement
2. Reduce frequency of BH calls to 911 in community
3. Successfully meet paramedicine grant goals- Sustain Grant Funding
4. Identify sustainable funding mechanism for program

**7. Community Health Workers:**

Members:

- Healthy Communities Coalition

- Regional Behavioral Health Coordinator
- Mineral County Community Health Nurse, DPBH Rural Clinics
- Mineral County Public Health Officer
- Mineral County Economic Development Authority

**Goal:** To increase community access to behavioral health services through the provision of community health workers.

*Objectives:*

1. Clarify roles for community health workers
2. Identify training for community health workers
3. Identifying funding resources to sustain Community Health Worker
4. Identify existing community health workers in community and need for additional workers

#### **8. Transportation:**

Members:

- Mount Grant General Hospital
- Mineral County Senior Center

**Goal:** To identify community's transportation needs, existing resources, secure additional transportation resources as needed, and to educate community of available transportation resources.

*Objectives:*

1. Identify existing transportation resources in community
2. Recruit more transportation volunteers for volunteer-based transportation services
3. Develop and maintain transportation resource list

#### **4. Housing**

Members:

- Mineral County Fire Chief
- Mineral County Commissioner
- Nevada Families First, Community Chest

**Goal:** To identify community affordable housing needs and create housing options which are affordable and meet safety/ health needs of residents.

*Objectives:*

1. Create standard of living county code based on NRS and identify who can enforce standards
2. Provide report on housing needs to provide to Nevada legislature
3. USDA Development Project

#### **5. Mental Health**

Members:

- Nevada Families First (Community Chest)
- Case Manager- contractor with state Rural Health Clinic
- Regional Behavioral Health Coordinator

**Goal:** Increase community awareness of mental health needs and develop community support systems that provide resources to meet the needs of individuals with behavioral health issues.

*Objectives:*

1. Host “Mental Health 101” event
2. Develop family/ peer support groups
3. Recruit a representative from LE to join Mental Health Subcommittee.
4. Secure mental health service provider for adolescents/ teen population to partner with the county for the provision of 2 days per week telehealth & 2 days a month in person

## Regional Strategies

1. Develop strategy to facilitate communication flow to and from local, regional, and state behavioral health entities for coordinated advocacy and action on shared priorities and initiatives.
2. Develop strategy for regular stakeholder updates about new and ongoing national, statewide, and regional behavioral health activities and initiatives of interest and potential benefit.
3. Identify mechanism to organize strategic planning, documentation, and formalization efforts throughout the region through open access web-based portal.
4. Formalizing communication processes between stakeholders for ongoing service provision such as case management of share clients, discharge planning, and stabilization of individuals in chronic crisis in the community
5. Maintain regional community resource guide

## Conclusion

The Northern Behavioral Health Region has made significant progress on multiple priorities including legislative advocacy, development and formalization of programs to address the needs of individuals in chronic crisis, and development of strategies to strengthen continuity of care. However, many opportunities to strengthen the behavioral health system still lie ahead. The recent development of the Northern Behavioral Health Policy Board has further formalized the region’s efforts, and the assignment of a legislative Bill Draft Request is allowing the region to take a step closer to legislative advocacy for behavioral health. Additionally, multiple funding opportunities are available to the region including development of First Episode Psychosis and Assertive Community Treatment program, and Community Certified Behavioral Health Clinics, allowing the region to advance its priority of diversifying behavioral



health services and expanding levels of care. A great portion of the progress that the northern region has experienced grew out of a strong partnership between Nevada DHHS, local, and regional stakeholders. These relationships continue to grow, allowing for greater efficacy as stakeholders at all levels align to develop a stronger behavioral health system in Northern Nevada.

DRAFT

Appendixes:

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## Appendix A- Carson City Stepping Up Initiative Workshop

Carson City Sheriff's Office  
911 East Musser Street, Carson City, Nevada  
March 27, 2017, 8:00 am-3:00 pm

### **Introduction:**

On May 19th, 2016 Carson City Board of Supervisors passed the Stepping up Initiative Resolution proposed by Mayor Bob Crowell and Sheriff Kenny Furlong that resolved to, "sign on to the call to action to reduce the number of people with mental illnesses in our county jail, commit to sharing lessons learned with other counties in our state and across the country, support a national initiative and encourage all county officials, employees and residents to participate in the initiative." The Stepping up Initiative is an ongoing national initiative supported through partnership between the National Association of Counties, the American Psychiatric Association, and the National Council on State Governments Justice Center. Through signing the resolution, Carson City joined several other counties in Nevada, and many counties throughout the country in working to decriminalize mental illness.

On February 28<sup>th</sup>, Carson City stakeholders representing the criminal justice system, county government, health and human services, hospitals, housing, and behavioral health treatment, came together for Stepping up Workshop at the Carson City Sheriff's Office in Carson City, Nevada that was facilitated by Steve Lewis of University of Nevada Reno, Cooperative Extension. The purpose of this workshop was to discuss current practices and develop a strategic plan to strengthen collaborative efforts focused on stabilizing those in chronic crisis and diverting individuals with behavioral health issues from the criminal justice system and other inappropriate institutions. The workshops focused on the following objectives aligned with the Stepping up Initiative using the Sequential Intercept Model (SIM):

- Examine treatment and service capacity in the county
- Identify state and local policy that could be changed to enhance efforts toward stabilization and diversion of individuals in chronic crisis.
- Identify funding barriers to minimize involvement with the criminal justice system
- Provide treatment and supports in the community

### **Partners in attendance:**

District Court Judge John Tatro; Municipal Court Judge Thomas Armstrong; Carson City Sheriff Ken Furlong; Carson City Jail Forensic Program Director, Dr. Joseph McEllistrem; District Attorney Jason Woodbury; Division of Public and Behavioral Health (DPBH) Rural Clinics Agency Manager, Tina Gerber Winn; DPBH Clinic Director Dee Raymond; DPBH Carson City Forensic Program Manager, Bekah Bock; Carson City Social Services Director, Mary Jane Ostrander, Carson City Social Services Community Health Worker, Faith Barber; Serenity Mental Health Director Genevieve Ramos; Community Counseling Center Director of Specialty Courts, Carol Basagoitia; Jim Peckham, Executive Director of FISH; National Alliance on Mental Illness (NAMI) Advocates, Linda Porzig, Dorothy Timian- Palmer; Sarah Adler; Nevada Department of Corrections Clinical Director, Dr. Nathaniel Woods; Northern Nevada Correctional Center

Social Worker Kathy Harris; Partnership Carson City Executive Director, Kathy Bartosz; Christina Sapien, Director of Carson Tahoe Behavioral Health Services; Jessica Flood, Regional Behavioral Health Coordinator; and Taylor Pettway, journalist for the Carson Advocate

### ***Sequential Intercept Model Framework and planning***

The workshop used the Sequential Intercept Model (SIM) as a guiding framework for the strategic planning process. The SIM is a nationally recommended conceptual framework that allows communities to understand the intersection of the behavioral health and criminal justice systems. The model identifies opportunities to intercept individuals as they progress further into the criminal justice system (Munetz, M.R. & Griffin, P.A (2006). Additionally, the workshop used evidence-based and best practices identified by the Stepping up Initiative to discuss community strengths and practices, and to identify opportunities for enhancing the criminal justice system. A comprehensive perspective of the model, best practices, and possible action steps can be found here: <https://www.prainc.com/wp-content/uploads/2015/10/SIMBrochure.pdf>

### **Intercept 0: Community Prevention**

#### ***Strengths:***

In discussing Intercept 0, Carson City stakeholders participating in the Stepping up Initiative Workshop highlighted the importance of supporting behavioral health needs in the community in order prevent unnecessary crisis and arrest. Carson City stakeholders discussed that true prevention begins with supporting youth. In the past year, Carson City School District (CCSD) received funding for school social workers who are able to provide early identification and support to struggling youth. Additionally, CCSD partners with the Carson City Sheriff's Office to place School Resource Officers in the schools who provide additional support and safety to school campuses. Partnership Carson City, Nevada Office of Suicide Prevention, and NAMI are working with Carson City School District to implement multiple early identification and intervention programs to support youth in schools as well. Signs of Suicide has been successfully implemented in several middle schools, and plans are being developed for further implementation in the school district. Stakeholders are also interested in implementing NAMI's "Parents and Teachers as Allies" in schools, in order to increase understanding and reduce stigma around mental health issues. Finally, Nevada Division of Public and Behavioral Health, in partnership with Division of Child and Family Services, has implemented a Youth Mobile Crisis Response Team, which provides response, intervention, and support services to youth experiencing crisis in the community.

The community also has multiple initiatives in place to support adults with mental health issues and their families. NAMI offers ongoing NAMI Basics, Family to Family, Peer to Peer, and Connection trainings and support groups. Additionally, Mental Health First Aid Trainings are widely available in Carson City to enhance community awareness and support of mental health. Ron Wood Resource

Center offers multiple youth support group, parenting groups, and skill building groups to the community as well.

***Anticipated Next Steps***

- *Implement Parents and Teachers as Allies program in schools*
- *Implement Parent Project Trainings*
- *Develop additional opportunities to integrate Trauma Informed Care in the community*
- *Provide additional training for Sheriff's free gun lock program*
- *Identify additional opportunity to increase community awareness of behavioral health services*

**Intercept 1: Law enforcement / Emergency services**

***Strengths***

Over the past decade, Carson City has developed multiple successful initiatives and programs that allow the community to effectively respond to individuals experiencing behavioral health crisis. The Carson City Sheriff's Office has policies in place that allow dispatchers to determine whether mental illness is a factor in calls, and documents those calls for services when mental illness is perceived to be a factor. Carson City Sheriff's Office policy also allows deputies to respond to situations appropriate to the behavior of the individual, nature of incident, and available resources. "Premise Alert" information is also input into the law enforcement database to inform response for calls for service, allowing deputies to obtain more information when responding to complex situations involving behavioral health issues. Carson City's emergency providers have a process for mental health evaluations and involuntary/voluntary hospitalization in place as well. In terms of programs, Carson City currently has a Mobile Outreach Safety Team (MOST) in which a clinicians and deputy respond to behavioral health calls and crises four days per week, eight hours per day. Carson City also has an annual Crisis Intervention Training, a 40- hour behavioral health and de-escalation training, in which all new officers are expected to attend. Furthermore, Carson City sends several of their CIT trainers to CIT International Conference annually to ensure their program's alignment with best practice. This strong support from Carson City Sheriff's Office for their CIT program has led to an estimated 80% of their deputies becoming CIT certified. Finally, Carson Tahoe Behavioral Health Services recently opened the Mallory Crisis Center, a behavioral health crisis triage center which provide law enforcement and the community with 24-hour access to mental and behavioral health crisis stabilization services. This 10- bed unit can accept voluntary and involuntary individuals who have been placed on legal holds, allows for fast drop-off for law enforcement, and accepts all patients excluding those who are medically unstable or violent.

***Areas of interest for development***

Carson City stakeholders voiced interest in expanding several successful initiatives. While Carson City has a MOST team in place, stakeholders cited the need for MOST to be available for crisis response, ideally 24 hours a day, seven days per week. Additionally, the stakeholders expressed the need to

develop case management teams that are focused on intervening with and supporting individuals who overly utilize community resources such as hospital ER's, the inpatient psychiatric hospital, EMS/ Fire agencies, and law enforcement. A similar case management team is active in the Forensic Assessment Services Triage (FASTT) jail re-entry team, and MOST follow-up case management is in development through partnership with the Mobile Outreach Safety Team and Carson City Health and Human Services. Law enforcement, at times, assists individuals associated with the call for services in connecting to community treatment, however this practice is not formalized. Currently, Carson City emergency services do not have a policy in place to allow dispatchers to determine whether mental illness is a factor for all calls. Some interest was expressed in developing a system that would allow dispatchers to determine if mental illness is a factor for all calls. Finally, stakeholders were interested in developing include developing a training for behavioral healthcare providers who accept referrals from law enforcement and emergency service providers.

#### ***Anticipated Next Steps***

- Identify strategies to expand MOST or access to clinician for community crisis intervention
- Possible development of training for behavioral healthcare providers accepting referrals from law enforcement
- Development of case management teams for super-utilizers in the community (in progress)
- Development of community training for providers accepting referrals from law enforcement and emergency service providers.

#### ***Identified Priorities***

- Expansion of the Mobile Outreach Safety Team was identified as a high priority. Specifically, stakeholders saw the need for access to a clinician 24/7 or at least until midnight.
- Development of case management teams for high utilizers
- MOST is in the process of developing this team in partnership with CCHHS.
- Community is also interested in developing a PACT team

#### **Intercept 2: Initial detention/ Initial court hearings**

#### ***Strengths***

Carson City Sheriff's Office has several processes in place to identify and support individuals with mental illness who have been arrested. Upon arrest, the defense counseling is quickly appointed and made aware of identified mental health needs. Additionally, pre-trial services and alternative services are trained on mental health issues. The defense counsel also screens for mental illness and advocates for diversion or referral when appropriate. Carson City also has several behavioral health diversion programs available, and a court based clinician is available for consultation and client engagement. The

stakeholders noted that defendants with serious mental illness are currently included in alternative to incarceration programs, but would like to develop more community alternative programs.

Stakeholders in Carson City are in the process of developing multiple initiatives that support Intercept 2. Carson City is part of a regional effort to increase coordination between criminal and behavioral health databases through the use of Community Management Information System (CMIS), in compliance with HIPPA and state privacy rules, to help identify individuals in the criminal justice system with behavioral health needs. There was also mention of discussion at the state level to implement a pre-trial assessment focused on behavioral health needs and risk of reoffending or failure to appear.

There were several policies and initiatives that Carson City does not have in place, that stakeholders would like to implement. While the Carson City Jail currently has mental health screening question, participants discussed implementing an evidence based mental health screen such as the Brief Jail Mental Health Screen and possible including a screen for Medicaid eligibility. Stepping Up participants also identified the need to examine and possible change the city's zoning policies to support development of transitional housing. Additionally, meeting participants mentioned that while municipal court judges are trained in recognizing mental health, they were unsure if District Court Judges received training. Finally, participants identified that the local bar association may not be receiving continuing education on mental illness, community resources, and alternatives to incarceration.

***Anticipated Next Steps***

- Identify and explore development of additional community programs as alternatives to incarceration for individuals with serious mental illness.
- Implement Brief Jail Mental Health Screen in Carson City Jail
- Reach out to local bar association to see if they are interested in education on mental illness etc.

***Identified Priorities***

- Identify opportunities for development of transitional housing (in progress through Carson City's transitional housing sub-committee)

**Intercept 3: Jails/Courts**

***Strengths***

During review of Carson City's policies, programs, and trainings, it was clear that Carson City has a strong system in place to support diversion of individuals with mental illness from within the criminal justice system. There are regular reviews of release alternative for people who are unable to make bail if requested, with judges screening individuals within the first 12-24 hours of arrest, and alternatives to incarceration are used when possible. There are also clear processes for modifications to conditions of release to take circumstances into consideration. In jail there are multiple points of screening and assessment in place to identify mental health needs. The Forensic Assessment Services Triage Team (FASTT) conducts brief screenings, and assessments by the jail psychologist and clinician informs

treatment needs and housing placement to mitigate risk and harm. The healthcare provider within the jail is experienced in working with individuals with mental illness as well. Family and caregivers also have the opportunity to communicate medication and treatment needs for individuals in custody through the jail psychologist or the FASTT. Problem solving courts use an application process to match individuals with appropriate programming, and non-problem-solving court diversion is available as well. In terms of training, Mental Health court staff regularly attend trainings, and jail staff receive Crisis Intervention Training to supervise individuals with mental illness.

#### ***Anticipated next Steps***

- Development of an information sharing agreement between the jail and local behavioral health and re-entry service providers to facilitate uninterrupted treatment and support. At this time, a Regional Release of Information is being utilized, however this process could be formalized.

#### **Intercept 4: Re-entry**

#### ***Strengths***

Carson City Jail was the first jail in the state to implement the Forensic Assessment Services Triage Team (FASTT), a multidisciplinary team that assesses, develops treatment and transition plans with inmates, in accordance with their needs. The FASTT team supports reentering inmates in connecting to treatment and resources in the community thereby reducing the chance of recidivism. This program, which meets with inmates once per week, provides a community in-reach mechanism to strengthen a warm-handoff to community providers, and assists in connecting inmates with supportive family members and networks. The FASTT team is trained in the Ohio Risk Assessment System (ORAS) CSST tool, which allows them to assess inmate risk and needs using a validated instrument. The team is currently in the process of using this screen to inform program and service matching. FASTT is also in the process of integrating a Community Health Worker that can assist case managers in ensuring a warm hand-off to community providers, and enhance transition case management for high-need individuals.

There are several challenges that the FASTT team faces. While the FASTT team works with the jail healthcare provider to continue medications for inmates who are currently connected to providers and taking medications in the community, medications are not provided upon release. At this time, FASTT facilitates needed prescriptions as well as connections to doctors and clinics for future prescriptions. However, connection to providers in a timely manner is often difficult, and is an identified gap in the community. Furthermore, there are a lack of step-down facilities, group homes, and housing for individuals reentering into the community. Also, due to the team coming to the jail once a week, transition plans are not consistently developed, as some inmates come and leave before seeing the FASTT team.

#### ***Anticipated Next Steps***

- Identify/ develop affordable and transitional housing as well as step down programs.
- Implement ORAS risk/ needs assessment and use information to match with appropriate services and programs in the community

- Schedule a meeting to formalize jail discharge coordination between courts, alternative services, parole and probation, and FASTT.

**Priorities:**

- Increase coordination between different programs in the criminal justice system to more effectively support individuals with mental illness and other behavioral health issues.

**Intercept 5: Community corrections/ Community support**

**Strengths:**

Stakeholders from Nevada Division of Corrections reported that conditions for supervision modifications are available as needed, and that supervision plans are based on assessed risk and needs. Community supervision requirements and response are appropriate for the mental health population, and are in place to encourage success. Stakeholders from the prisons also stated that collaborative case management is used by probation and mental health agencies on an informal basis. Locally, probation officers a given smaller caseloads to oversee individuals with mental illness. Training was an area that was identified as an opportunity for collaboration with communities. Specialized and cross training for community corrections officers and treatment providers is currently being carried out in an ad-hoc basis. Furthermore, there was interest for community based organizations to provide community corrections with training on available resources. Opportunities for cross training are starting to be realized regionally, as community corrections officers and prison guards have attended community Crisis Intervention Trainings, and are currently in the process of developing their own CIT training for the prisons.

**Anticipated Next steps:**

- *Formalize collaborative case management processes between community providers and probation and parole.*
- *Identify opportunities for training and cross training of probation and parole and community providers.*

**Top 5 Priorities**

**Priorities:**

1. Identify affordable housing opportunities, initiatives, and policies
2. Identify opportunities for transitional housing
3. Enhance Mobile Outreach Safety Team hours for law enforcement
4. Develop/ formalize case management teams for high utilizers:
5. Formalize jail discharge coordination between courts, alternative services, parole and probation, and FASTT:



## Appendix B- Lyon County Stepping Up Initiative Workshop

*Lyon County Senior and Community Center  
2945 Ft Churchill St, Silver Springs, NV 89429  
December 12<sup>th</sup>, 2016, 9:00 am- 3:00 pm*

### **Introduction**

The Lyon County Stepping Up Workshop was held on December 12, 2017 at the Silver Springs Senior and Community Center. The primary goal of this workshop was to develop a county plan to collaborate in building healthy communities through stabilizing individuals in chronic crisis and diverting individuals with behavioral health issues from the criminal justice system. This workshop focused on the following objectives aligned with the Stepping up Initiative using the Sequential Intercept Model:

- Examine treatment and service capacity in the county
- Identify state and local policy that could be changed to enhance efforts toward stabilization and diversion of individuals in chronic crisis.
- Identify funding barriers to minimize involvement with the criminal justice system
- Provide treatment and supports in the community

### **Partners in attendance**

Lyon County Sheriff, Jail Commander, Community Patrol Supervisor, District Attorney, County Manager, County Guardian, District Court Judge, Municipal Court Judge, Probation and Parole officers, Nevada DPBH Lyon County Mental Health Clinic Directors, DPBH Rural Clinics Director, DPBH Northwest Region Rural Clinics Director, Lyon County School Superintendent, Health Communities Coalition Director, Lyon County Social Services Director, Lyon County Health and Human Service Division Managers.

### **Intercept 1: Law Enforcement/ Emergency Services**

#### **Strengths:**

Lyon County Sheriff's Office has made significant progress in training law enforcement to be more effective in responding to behavioral health issues. LCSO has implemented policies in which law enforcement documents behavioral health issues in calls for service, assists individuals with behavioral

health issues in connecting with community services, and allows officers flexibility when responding to behavioral health calls. Lyon County Sheriff's Office also offers a 16-hour behavioral health training to all law enforcement officers to develop increased knowledge of behavioral health and community resources, and enhance skills when responding to behavioral health issues. This training includes community resource information which allows law enforcement to assist individuals in connecting to community services, and providing appropriate responses to behavioral health situations. Currently, 82 employees of the LCSO have been trained in this 16-hour behavioral health training.

**Anticipated next steps:**

- LCSO plans to develop a mental health training module to be provided to all officers
- LCSO is also initiating discussions regarding development of a 40-hour crisis intervention training to be held in late summer 2017.
- LCSO is also working to ensure that dispatchers are trained to recognize when mental illness is a factor in all calls. (complete? All dispatchers trained?)
- Lyon County is working to have all emergency services providers and law enforcement providers have a clear process for mental health evaluations and voluntary and involuntary behavioral health admissions.
- LCSO is currently using a Premise Alert system, but would like to increase its use for other behavioral health issues.
- Lyon County plans to develop a Mobile Crisis Unit, and a crisis receiving center that is available to law enforcement and EMS 24/7.
- Lyon County stakeholders are in the process of developing case management teams to be used for particularly high utilizers, and wants to develop more home rehabilitation services in the future.

**Identified Priorities**

- Mental health/police co-responder teams are available (received 8 votes)
- Development of in home rehabilitation in the county (received 6 votes)

**Intercept 2: Initial detention/ Initial Court hearings**

**Strengths:**

A primary focus of this intercept was on mental health training and opportunities to screen inmates in jail, for pre-trial services, and prior to court hearings. Lyon County Jail is in the process of implementing both mental health training and screenings for the facility and staff. In the courts, pre-trial service officers and Lyon County Judges all receive different levels of mental health training. District Court judges report receiving adequate mental health training, however Justice and Municipal Court judges might benefit from further training. Lyon County also has a Mental Health Court in which defendants with serious mental illness are able to participate as an alternative to incarceration. Lyon County stakeholders report that they would like to collaborate with the mental health court to enhance continuity of care with community resources.

**Anticipated next steps:**

Community/ Courts:

- Lyon County would like to develop more mental health diversion programs other than mental health court, for instance Municipal Court Judge Lori Matheus has an informal mental health diversion program in her court, and would like to explore options to formalize and enhance her current efforts.
- Lyon County identified that they do not have a court based clinician that is available for consults, referrals, and client engagement, but would like to have one. Lyon County stakeholders also want explore the possibility of the local bar association obtaining continuing education on mental illness, community resources, alternatives to incarceration, and related legal issues.

Lyon County Jail

- The Lyon County Jail is in the process of implementing the Brief Jail Mental Health Screen at booking so that all intake personnel will provide universal behavioral health screens at booking.
- Lyon County is also adding booking questions to screen for Medicaid eligibility (?)
- Lyon County is also part of a larger regional effort in which criminal justice and mental health information will be matched to identify and respond to behavioral health needs through FASTT and MOST in Community Management Information System (CMIS) in compliance with privacy mandates. It is anticipated that this system will be implemented by the end of the year.

Pre-trial

- The State of Nevada Supreme Court is looking at implementing a screen for pre-trial that would screen for risk to reoffend or not appear at court. It is unclear if a mental health screen would be provided as well. Lyon County stakeholders plan to follow up with pre-trial services to learn about their mental health training and screening process.

Public Defender's Office

- Lyon County stakeholders would like to meet with the public defender's office to obtain information on their mental health screening, diversion, and referral processes. Lyon County would also like to identify the process in which defense attorneys are quickly appointed and are made aware of mental health needs.

**Identified Priorities:**

- Increase mental health diversion program options in the county (3 votes)

**Intercept 3: Jail/ Courts**

**Strengths:**

Courts

Lyon County stakeholders report that District Courts in Lyon County currently utilize many of the recommended practices for Intercept 3. These strategies include regular reviews or release alternatives for people who are unable to make bail in district court, alternatives to incarceration used when possible, and having clear processes in place for modifications to condition of release to take circumstances into consideration. Also, Judge Schlegelmilch reports that Lyon County's district courts use an application process to match individuals with appropriate programming for Lyon County's problem solving courts as well. Judge Matheus reports that Lyon County's judicial courts are in the process of formalizing these strategies.

Lyon County Jail

Lyon County Sheriff's Office and county providers have made significant progress in developing supports in the jail. As noted below, substance abuse education and employment groups are currently being held in the Lyon County Jail. There are plans to have all jail staff trained in behavioral health in the next several months as well.

**Anticipated next steps:**

Courts:

- Stakeholders would like to meet with judges to identify policies formalizing diversion practices and alternatives to incarceration.
- Lyon County also does not have formalized non-problem solving court diversion, but would like to explore options to do so.
- During the workshop, Lyon County stakeholders identified that currently, reviews are not being discussed with legislators regarding charges that would qualify for diversion. Lyon County is interested in exploring next steps for this.

Lyon County Jail

- LCSO is in the process of writing a policy that allows family with opportunities to communicate about the medication and treatment needs of inmates.
- LCSO and Lyon County stakeholders are also in the process of implementing groups in jail. Currently, substance use treatment education groups, employment groups, and Alcoholics Anonymous are provided in the jail. Sheriff McNeil is supportive of providing more groups such as mental health, peer support, and dual recovery groups in the future.
- LCSO is also in the process of providing jail staff with specialized training on supervising inmates with mental illness.
- LCSO also identified that treatment needs are not being assessed to inform placement and in-custody care. LSCO would like to have a full-time clinician, part of whose role would be providing these services.
- Finally, while informal collaborative efforts have occurred between the jail and local behavioral health and community service providers, no formal information sharing agreement is in place at

this time. As community efforts develop, policies and MOU's will be developed to formalize these efforts.

#### **Intercept 4: Re-entry:**

##### ***Strengths:***

Enhancing continuity of care upon release into the community is a primary priority of Lyon County Jail and Nevada Prisons. Several mechanisms are already in place in the prison system: In prisons, risks/needs related to reoffending are assessed using the Nevada Risk Assessment System which informs community program and service matching for Parole and Probation. Transition plans are consistently made in prison, and connections are being developed with community providers to strengthen continuity of care. A release notice is currently provided to Probation and Parole from Nevada Prisons, however Yerington Rural Clinics Director Winona Holloway stated that she would like to be notified of release as well.

In the Lyon County Jail, in-reach is provided by the Forensic Assessment Services Triage Team (FASTT), composed of DPBH Rural Clinics, Lyon County Social Services, and Nevada Rural Counseling to ensure a "warm hand-off" to community based treatment providers for individuals with substance use, mental health, or social needs. The FASTT team and Sheriff's Office are in the process of formalizing these processes. Through the FASTT team, connections to supportive family members and other networks are actively encouraged for FASTT participants.

##### ***Anticipated next steps:***

###### **Lyon County Jail**

- Lyon County Sheriff's Office would like to develop formalized policy and process where transition plans are consistently developed.
- LSCO is not currently assessing risk/needs related to reoffending, but is planning to implement the Nevada Supreme Court's pre-trial screening recommendations when formalized. Additionally, the FASTT team has been trained, and is planning to implement the ORAS- CSST/ CST (which includes key supports such as housing) in Lyon County Jail for voluntary individuals who have mental health, substance use, and/or social needs upon re-entry.
- LCSO plans to develop a policy regarding notice of release being provided to community supervision from Lyon County Jail.
- Lyon County Jail would like to develop a mechanism to provide inmates with sufficient supplies of medications or with connections to doctor or clinics for future prescriptions, but would like to develop a system to do so. The FASTT team is currently providing case management for inmates with mental health, substance use, or other social needs to obtain appointments upon release.

###### **Community**

- Lyon County stakeholders support development of policy in which mental health (DPBH Rural Clinics) gets updates of release into the community from jails and prison.
- Lyon County stakeholders identified the need for timely access to substance use and mental health treatment providers. This will be discussed at the Lyon County Behavioral Health Task force and Restorative Justice Steering Committee

- While Health Homes do not exist in Nevada, Certified Community Behavioral Health Clinics are approved to begin in July, 2017. Lyon County is speaking to WestCare to explore possibility of developing a Crisis Triage that could potentially develop into a CCBHC in the future.

***Identified priorities:***

- Medications in sufficient supply are provided upon release, along with connection to doctor/clinic for future prescriptions. (Received 7 votes)
- Transition plans are consistently developed (5 votes)
- Medicaid/SSI/SSDI enrollment is facilitated for eligible individuals before release (4 votes)
- Re-entry plans are based on assessments and include key supports such as housing (3 votes)
- In-reach or other mechanism is used to ensure ‘warm hand off’ to community based treatment providers (3 votes)

**Intercept 5: Community Corrections/ Community Support**

***Strengths:***

Probation and Parole report that Nevada Department of Corrections is in the process of overhauling their system to align with national best practices. The prisons are currently implementing processes so that conditions of supervision modifications are available as needed. Supervision plans are based on risk/ needs assessed using the Nevada Risk Assessment System (NRAS), and probation officers are provided training with responding to individuals with mental health needs.

Lyon County Sheriff's Office and Lyon County stakeholders are in the process of developing community support processes that will include providing community response that is appropriate for mental health inmate needs and encourages success. Currently, Lyon County Human Services provides a 4-hour training to deputies on available resources. Through the development of Lyon County Crisis Intervention Training scheduled for the end of summer 2017, multiple community agencies will provide training on their resources as well.

***Anticipated next steps:***

- Lyon County Jail would like to develop a system in which supervision plans based on assessed risk/ needs are coordinated with local probation and parole.
- Lyon County stakeholders plan to develop policies in which collaborative case management is used by probation and behavioral health agencies.
- Lyon County stakeholders are also interested in developing specialized cross-training for community corrections officers and community providers.
- Lyon County stakeholders would also like to see probation officers given specialized caseloads and smaller caseloads for overseeing individuals with mental illness.

Conclusion:

***Top priorities identified by the community included:***

- 24-hour mobile crisis team response
- Developing Justice Court Diversion initiatives and resources
- Domestic Violence Counselor
- In-home rehabilitation services

Lyon County will arrange follow up meetings with stakeholders from each Intercept to discuss and develop plans for next steps.

DRAFT

## Appendix C- Churchill County Stepping Up Initiative Workshop

**810 South Maine St, Fallon, Nevada  
January 21<sup>st</sup>, 8:00 am-1:00 pm**

**Introduction:**

The Churchill County Stepping up Workshop was held on January 21<sup>st</sup>, 2017 at the Maine Street Café in Fallon, Nevada, and was facilitated by Steve Lewis of Douglas County University of Nevada Reno, Cooperative Extension. The primary goal of this workshop was to develop a county plan to collaborate in building healthy communities through stabilizing individuals in chronic crisis in the community and diverting individuals with behavioral health issues from the criminal justice system. This workshop focused on the following objectives aligned with the Stepping up Initiative using the Sequential Intercept Model:

- Examine treatment and service capacity in the county
- Identify state and local policy that could be changed to enhance efforts toward stabilization and diversion of individuals in chronic crisis.
- Identify funding barriers to minimize involvement with the criminal justice system
- Provide treatment and supports in the community

**Partners in attendance:**

Churchill County Sheriff, Fallon Police Chief, Fallon Police Deputy Chiefs, Churchill County Manager, Churchill County Commissioners, Municipal Court Judge, Probation and Parole officer, Nevada DPBH Fallon Rural Clinics Director, DPBH Rural Clinics Director, Churchill Community Coalition Resource Coordinator, Churchill County Social Service Director, Highland Manor Director and Community Marketing Director

**Intercept 1: Law enforcement / Emergency services**

**Strengths:**

Churchill County has made substantial progress in implementing stabilization and diversion interventions for individuals with behavioral health issues in the community. The county developed and implemented a community-owned Crisis Intervention Training (CIT) program, derived from principles of the evidence-based Memphis Model CIT program, and has made the training a top priority. In June 2016, the county held their first multidisciplinary CIT in which 28 individuals from various agencies, including the Churchill County Sheriff's Office, Fallon Police Department, Banner Churchill Hospital, Churchill Social Services, Fallon Rural Clinic, and SP Counseling, attended the 40-hour mental health training. Churchill County just held their second CIT in June 2017, and Churchill County stakeholders actively participate in other regional CIT's throughout the year as well.

In addition to CIT, Churchill law enforcement agencies have multiple Intercept 1 diversion measures in place. Law enforcement and emergency services document all calls for service where mental health is a factor, and department policy allows law enforcement flexibility to implement appropriate response based upon the nature of the incident and related factors. Churchill County law



enforcement also has a Premise alert system in place to notify law enforcement when behavioral health issues may be a factor in the call for service as well.

Churchill is in the process of implementing a system in which dispatchers and responding officers determine whether mental illness is a factor for all calls. Part of this implementation involves providing dispatchers and responders with CIT. Law enforcement assists individuals at the scene to connect to community services through a community resource card provided by Churchill Community Coalition, and the county also has a mobile crisis team (MOST) that is available in an on-call basis to law enforcement while the county determines its need and capacity for MOST.

***Anticipated Next Steps:***

Training

- Mental health module is provided to all new CCSO deputies
- Ensure that training is available for behavioral health care providers taking referrals from police and other emergency services providers

Policies

- Emergency services providers and law enforcement providers have a clear process for mental health evaluations and voluntary and involuntary behavioral health admissions.
- Strengthen mental health coordination between schools and law enforcement for parents and families
- Law enforcement is currently using a Premise Alert system, but would like to increase its use for a number of behavioral health issues.
- Dispatchers and officers determine whether mental illness is a factor for all calls

Programs:

- Have a Mobile Crisis Unit that is available 24/7
- Crisis receiving centers at local hospitals and other facilities is available to law enforcement and EMS 24/7.
- Developing case management teams to be used for particularly high utilizers.
- Establish CIT teams

***Identified Priorities:***

- · Mobile Crisis Units available to all law enforcement
- · Case management for high utilizers

**Intercept 2: Initial detention/ Initial court hearings**

***Strengths***

Churchill County has multiple interventions and programs in place at initial detention and court hearings to identify and divert individuals with behavioral health issues from the criminal justice system. In the juvenile justice system, jail intake personnel conduct behavioral health screens and can qualify adolescents for emergency Medicaid. Additionally, a commission is being formed to identify and develop a statewide mandated risk assessment tool for juveniles. In the adult criminal justice system, Churchill County's courts are prepared to identify and quickly respond to individuals with behavioral health issues who are arrested. Defense council informally screens for mental illness, and is quickly made aware of identified mental health needs. If mental health issues are present, defense council advocates for referral and diversion when appropriate. Judges are also trained on recognizing mental health needs, however it was unclear if all courts receive this training. In Churchill County, mental health diversion courts are available, and defendants with serious mental illnesses are able to participate in alternative to incarceration programs when appropriate. Finally, Churchill is currently participating in a region wide effort to match criminal justice and behavioral health information through the Case Management Information System (CMIS). CMIS will assist community partners in identifying behavioral health needs in compliance with privacy mandates.

***Anticipated Next Steps***

- Implement universal behavioral health screen and screen for Medicaid eligibility at booking to increase connection to treatment at release.
- Pre-trial assessments may be implemented to inform court of behavioral health needs and risk of reoffending or failure to appear.
- Identify defense council behavioral health screening in place, and mental health training judges and local bar association currently receive.
- Programs
- Develop elderly differential response to stabilize and prevent crises for older adults
- Secure a court based clinician that is available for client engagement, consults, and referrals.

***Identified Priorities:***

- Implement universal behavioral health screen in jail

**Intercept 3: Jails/Courts**

***Strengths***

Multiple initiatives are in place to identify and support individuals with behavioral health issues in the Churchill County jail and courts. In jail, the staff provides opportunity for family and caregivers to communicate medication and treatment needs for individuals who are in custody. In addition, jail staff receive special training to supervise individuals with mental illness, and jail staff assessment informs

inmate placement and care while in custody. In juvenile custody, health care providers within the jail are trained on responses to individuals with behavioral health issues as well.

In Churchill courts, release alternatives are regularly reviewed for individuals who are unable to make bail, and alternatives are used when possible. When behavioral health issues are identified, conditions of release are modified to take circumstances into consideration on a case by case basis. Finally, Churchill's Mental Health Court team regularly attends training and problem-solving court conferences, and problem-solving courts use an application process to match individuals to appropriate programming in the community.

#### ***Anticipated next steps***

- Identify clear process in which conditions of release are modified to take circumstances into consideration
- Implement assessment on treatment needs to inform placement and in- custody care
- Programs
- Develop and implement mental health support, peer support, and dual recovery support groups in jail
- Implement assessment on treatment needs to inform placement and in- custody care
- Explore non-problem-solving court diversion for mental health court (currently in place in drug court)
- Develop information sharing agreement with local behavioral health and re-entry services providers to strengthen coordination of care for treatment in jail and into the community.
- Training
- Provide health care providers within jail with training to respond to individuals with mental illness to advance recovery.

#### ***Identified Priorities***

- Develop access to mental health group in jail when new jail is completed

### **Intercept 4: Re-entry**

#### ***Strengths***

Many best practices noted in the Stepping up Initiative regarding re-entry, are currently being planned for implementation when Churchill's new jail opens. Churchill Sheriff's Office and Churchill Social Services are in the process of developing plans for a Forensic Assessment Services Triage Team or "FASTT ". This locally based program consists of a multidisciplinary team of community providers who engage in "in-reach" services to ensure a warm hand off to community providers. FASTT provides and encourages connections to supportive family members while inmates with behavioral health issues are

in jail. Additionally, FASTT allows for consistent development of transition plans, which take into account assessment of key supports such as housing and risk/ need assessments. This team also coordinated with jail staff to ensure that prescriptions are provided with sufficient supplies to last the inmate until they connect with community services. Finally, FASTT and social services case management will work to facilitate Medicaid and SSI/ SSDI enrollment for individuals in the jail once FASTT is implemented.

### ***Anticipated Next Steps***

#### Policies

- Develop Churchill FASTT policies and procedures
- Explore releasing inmates with prescriptions and/or medications in sufficient supply to last until connection with community providers

#### Programs

- Plan and implement FASTT team
- Ensure that transition case management that is available for high needs individuals

#### Training

- Ensure that case management and FASTT team in jail is trained on how to match individuals to appropriate services and supports available in the community for transitional and long term care, effective communication techniques for engaging clients, and information sharing protocols.

#### ***Priorities:***

- Jail case managers are trained to match individuals to appropriate services

### **Intercept 5: Community corrections/ Community support**

#### ***Strengths:***

Many of the initiatives noted for Community Corrections and Community Support in the Stepping up Initiative are reported to be in place by Probation and Parole. Probation and Parole officers are provided with training in responding to mental health needs, and the agencies allow for modifications on conditions of supervision to be implemented as needed. Supervision plans are based on risk/ needs assessments, and community supervision requirements and responses are appropriate for the mental

health population. Probation and Parole officers also collaborate with community mental health providers as needed. Specialized caseloads are provided to officers overseeing individuals with mental health issues, and evidence based treatment is available for individuals with co-occurring disorders in the community. Finally, cross training for community corrections officers and treatment providers is available through Churchill's annually occurring Crisis Intervention Training program where community providers learn about mental health and de-escalation, and community based organizations provide training on available resources.

#### **Churchill County's Top 5 Priorities**

1. Implement brief mental health screen at jail intake
2. Develop access to mental health support groups in jail which may include mental health, peer support, and co-occurring groups.
3. Mobile Crisis Units available to law enforcement:
  - Identify scope, expectations, and function of mobile crisis unit in response to community needs
  - Develop MOU's as needed
4. Develop case management for high utilizers:
  - Need to coordinate multiple case management services in the community for seamless care
  - Develop and define criteria for Multidisciplinary Teams
5. Jail Case managers, are trained to match individuals to appropriate services
  - Crisis Intervention Training
  - Forensic Assessment Services Triage Team (FASTT)

## **Appendix D- Douglas County Stepping Up Initiative Workshop**

***CVIC Hall  
1604 Esmeralda Ave, Minden, NV 89423  
March 28<sup>th</sup>, 2017, 8:00 am-12:00 pm***

**Introduction:**

The Douglas County Stepping up Workshop was held on March 28<sup>th</sup>, 2017 at the CVIC Hall in Minden, Nevada and facilitated by Steve Lewis of Douglas County University of Nevada Reno, Cooperative Extension. The primary goal of this workshop was to develop a county plan to collaborate in building healthy communities through stabilizing individuals in chronic crisis in the community and diverting individuals with behavioral health issues from the criminal justice system. This workshop focused on the following objectives aligned with the Stepping up Initiative using the Sequential Intercept Model:

- Examine treatment and service capacity in the county
- Identify state and local policy that could be changed to enhance efforts toward stabilization and diversion of individuals in chronic crisis.
- Identify funding barriers to minimize involvement with the criminal justice system
- Provide treatment and supports in the community

**Partners in attendance:**

Douglas County Sheriff Pierini, Captain Halsey, Sergeant Savage, Judge Perkins, East Fork Fire Deputy Chief Fogerson, Tahoe Fire Chief Scott Baker, Probation and Parole officers, Douglas County Counseling and Supportive Services Clinic Director Jenni Johnson, Douglas County Counseling and Supportive Services DPBH Rural Clinics Director Tina Gerber Winn, DPBH Program Developer Dana Walburn, Tahoe Youth and Family Director Christopher Croft, Suicide Prevention Network Executive Director Debbie Posnien, Partnership of Community Resources Director Cheryl Bricker, Douglas County Social Services Director Karen Beckerbauer, Regional Behavioral Health Coordinator, Jessica Flood, and NAMI representative Sandie Draper.

**Intercept 0: Community Prevention**

**Strengths:**

Douglas County's stakeholders at the Stepping up Initiative Workshop, identified Intercept 0 and initiatives established within it as the most important part of the Sequential Intercept Model. Community prevention and intervention efforts prior to crisis or risk of arrest, are viewed as most effective and least disruptive when working to stabilize and integrate individuals with mental health issues back into the community. Intercept 0 consists of the network of community providers, including Douglas County Social Services, National Alliance on Mental Illness, East Fork Fire, Tahoe Douglas Fire, Counseling and Supportive Services, Suicide Prevention Network, Partnership of Community Resources, Tahoe Youth and Family, Carson Valley Medical Center, and more.

Douglas County has made great strides in enhancing collaboration and reducing silos between agencies. This strong network allows agencies to assist individuals who are at risk of crisis to connect to

community treatment and services. Douglas County stakeholders are in the process of formalizing relationships and processes through development of policies procedures and interagency agreements.

**Anticipated Next Steps**

- Develop emergency responder friendly policies and procedures with training throughout the community
- Develop cross-training
- Develop community resource protocol and processes for youth and adults
- Develop county based policies and procedures for FASTT, MOST, CIT, and other initiatives
- Develop MOU's and interagency agreements as needed based upon collaborative initiatives
- Further explore and identify legal foundations of mental health-involved issues such as legal holds, Multidisciplinary Teams, HIPPA, and releases of information.

**Identified Priorities**

- Development of law enforcement and EMS/Fire friendly policies and procedures including community training and education was the second highest priority identified for the entire workshop.
- Development of community resource protocol was included in priority of developing policies and procedures friendly to emergency responders.
- Identify and formalize information sharing strategies was included as one of the top 5 priorities of the workshop as well.

**Intercept 1: Law enforcement / Emergency services**

**Strengths**

Douglas County has several important policies in place that support emergency responders in defusing and preventing crises in the community. Douglas County developed and implemented a multidisciplinary 40-hour Crisis Intervention Training, developed from guidelines of Memphis Model CIT, in the Spring of 2017 to provide first responders with training on effective responses to behavioral health issues and community resources. Additional policies are in place that support appropriate responses to individuals at risk of or currently experiencing behavioral health crisis. EMS/ Fire and law enforcement agencies all have policies in place that enable first responders to implement appropriate responses based upon the situation, behavior of the individual, and available resources. Emergency responders at the scene are also able to help individuals connect with needed community services. Douglas County emergency responders also use a Premise Alert system to obtain forewarning on potential situations that could involve individuals who have autism or mental health issues.

**Anticipated Next Steps**

- Develop protocols for community crisis triage system

- Development of behavioral health dispatch training to complement Crisis Intervention Training so dispatchers can determine whether mental illness is a factor for all calls.
- Develop system that allows data to be collected regarding calls for service where mental illness is a factor. This information is currently being collected, but is not able to be obtained for data purposes.
- Explore options and resources to develop system for increased availability of mental health/ EMS/Fire/ law enforcement first responder teams
- Formalize crisis management teams for high utilizers of emergency services and for follow up in the community post crisis or re-entry.
- Develop crisis receiving center at local hospital or other 24/7 facility for emergency responders and individuals in community to access.
- Identify/ develop mental health module that is provided for all new EMS/Fire and law enforcement officers
- Develop training for behavioral health providers accepting referrals from emergency responders and law enforcement

#### **Identified Priorities**

- Expansion of mental health/ EMS/Fire/ law enforcement co-respond teams was the identified as the highest priority of the workshop.

#### **Intercept 2: Initial detention/ Initial court hearings**

#### **Strengths**

Like community prevention efforts in Intercept 0, Douglas County's Jail was one of the strongest areas their system in the Sequential Intercept Model. The Douglas County Jail is certified by the National Commission on Correctional Healthcare, and has many processes in place that are aligned with national best practices. Jail intake personnel conduct behavioral health and Medicaid eligibility screens to increase connection to treatment upon release. The court system is also able to provide appropriate response to individuals with mental illness: Pre-trial decisions are informed by behavioral health needs and risk of reoffending, defense council is quickly appointed, screen for mental illness and advocate for referral/ diversion when appropriate, and a Medicaid outreach worker is available in detention to connect individuals with Medicaid upon release.

#### **Anticipated Next Steps**

- · Develop system in which criminal justice and mental health databases are matched to identify behavioral health needs in compliance with privacy mandates
- · Develop/ enhance mental health diversion programs in Intercept 2
- · Have court based clinician available for consultation, referrals, and client engagement
- · Discuss possibility of local bar association in engaging in continuing legal education in mental illness, community resources, alternatives to incarceration etc.



- Train pre-trial officers, judges, court personnel on mental health issues (when they may be a factor in arrest, offense, and options for diversion and/ or special supervision)

### **Intercept 3: Jails/Courts**

#### ***Strengths***

In the Douglas County Jail, all inmates are assessed for medical and mental health needs which inform placement in custody, and jail staff allow for family and caregivers to provide information regarding medication and treatment needs. Jail staff receive special training on supervising inmates with mental illness, and healthcare providers within the jail are trained in responses to mental illness as well as treatment and placement options. The jail is also supported by the FASTT program. The Forensic Assessment Services Triage Team (FASTT) is a multidisciplinary in-reach case management team provides weekly substance use and employment groups in the jail, and meets with inmates once per week to provide assessment and case management services.

In the court system, there are regular reviews of release alternatives for people who are unable to make bail, alternatives are used to incarceration when possible. Problem solving courts use an application process to match individuals with appropriate programming, and non-problem solving courts use diversion for first time drug offenders. Douglas County is supported by the Carson City Mental Health Court, whose team regularly attends problem solving court conferences and training.

#### ***Anticipated next Steps***

- Explore/develop information sharing agreement between jail and local behavioral health and service providers to facilitate uninterrupted treatment and supports at re-entry.

#### ***Identified Priorities***

- Access to mental health support groups and peer support programs in jail was one of the top 5 priorities identified in the workshop

### **Intercept 4: Re-entry**

#### ***Strengths***

Re-entry from the Douglas County Jail is supported by the Douglas County FASTT program. FASTT provides jail in-reach services through a multidisciplinary team of community providers to ensure that transition plans are consistently developed in jail and that there is a “warm hand off” to community based treatment. Members of the FASTT team are trained on how to match individuals to appropriate and/or available services and supports in the community to support a successful re-entry into the community. This program conducts an assessment that includes key supports such as food, transportation, housing, medication management, and treatment, and works to ensure that inmates have information to connect to a treatment provider in the community. FASTT also facilitates Medicaid enrollment for individuals upon release. The Jail releases inmates with the rest of the supply of

medications that were prescribed in jail, and FASTT works to get inmates connected to services as soon as possible. Douglas County Social Services works closely with the jail and community deputies to place individuals in temporary housing on a case by case basis.

It was reported that transition plans are consistently developed in prison as well. The prison is currently working with Nevada DPBH Rural Clinics to develop and in-reach process by community mental health professional to assist in the development of transition plans. The prison is also working to adopt a process in which key supports such as housing are considered when developing transition plans. The prison releases inmates with sufficient supplies of medication, and is in the process of increasing written prescriptions upon release to 60 days in response to long waits to connect with providers in the community.

**Next Steps**

- Develop processes that encourage connections from family members and other networks for inmates in jail.
- Douglas County FASTT will adopt and implementing the ORAS Community Supervision Tool Assessment and Screen to assess the risk and needs of the inmate to inform discharge plans.
- Identify high risk/ high needs individuals using ORAS in FASTT to assess the need for transition case management and develop resources accordingly.
- Develop increased support for inmates to obtain housing and employment after release from jail.
- Douglas County Social Services, through the FASTT team, is in the process of implementing employment groups in jail
- Douglas County Social Services will identify community providers who are willing to train inmates as well.
- The need for affordable and transitional housing at re-entry was discussed
- Address existing gap in community mental health and substance use treatment provider ability to provide timely access to treatment.

**Intercept 5: Community corrections/ Community support**

**Strengths:**

In Douglas County, collaborative case management is used by probation and mental health agencies in jail through the FASTT Team. Additionally, evidence based treatment for individuals with co-occurring substance use disorders is available in multiple agencies in the community.

**Next steps:**

- Parole and Probation is in the process of enhancing mental health programs and officer mental health response through multiple initiatives.

- Parole and probation is developing systems in which supervision plans as based on assessed risks/ needs where, those with high risk/ high needs are prioritized for intensive supervision and low risk/ needs receive a “light touch”.
- Parole and Probation is working to provide their officers with training to respond to individuals with mental illness, and to establish community supervision requirements and responses that appropriate for the mental health population.
- The prison is also incorporating collaborative case management with probation and mental health agencies.

#### Top 5 Priorities

1. Mental Health/ police/ EMS/ Fire Responder Teams available
2. Police EMS Fire friendly policies and procedure/ education & training
3. Develop community resource protocol/ triage flowchart
  - a. Develop flowchart on decision making process for resource during business hours, and after hours
  - b. Incorporate “no wrong door
  - c. Develop community map
  - d. Provide signage at community agencies in window that signifies if the agency can assist.
  - e. Establish protocols, pilot protocols and feedback, train and communicate protocols
4. Identify information sharing strategies:
  - a. Include parameters for ROI and information sharing in accordance with federal and state law
5. Access to mental health support groups, peer support programs in jail:
  - a. Develop peer groups in jail where there is no contractual obligation
  - b. Obtain peer group recommendations
  - c. Develop peer network

## Appendix E- Northern Behavioral Health Policy Board 2017 Member Appointments

Name	Title and Agency
Dr. Robin Titus	Assemblywoman, Nevada Assembly
Dr. Ali Banister	Chief, Carson City Juvenile Probation
Karen Beckerbauer	Manager, Douglas County Social Services
Edrie LaVoie	Director, Lyon County Human Services
Nicki Aaker	Director, Carson City Health and Human Services
Taylor Radtke	Executive Director, Douglas County Partnership
Adrienne Sutherland	Clinical Director, Community Chest
Sandie Draper	Board Member, NAMI Western Nevada
Dave Fogerson	Deputy Chief, East Fork Fire
Sheriff Furlong	Sheriff, Carson City
Wanda Nixon	Public Health Officer, Mineral County
Dr. Joseph McEllistrem	Director of Forensic Health Service, Carson City and Douglas County Jails
Kevin Morss	Insurer, Health Plan of Nevada

## Appendix F- Regional Behavioral Health Program Status Report

### **Forensic Assessment Services Triage Team (FASTT)**

#### **Carson City:**

*Partners:* Rural Clinics, Community Counseling, Ron Wood Family Resources, Carson City Health and Human Services

- FASTT meets with inmates one day per week on Tuesdays.
- Anticipated expansion:
  - FASTT planning for increased coordination with courts with a CC HHS Community Health Worker to meeting with court referred pre-trial inmates five days per week.
  - FASTT is in the process of using CC HHS Community Health Worker to provide support to individuals assessed to at moderate to high risk of being rearrested or have moderate to high needs transitioning back into the community.

#### **Douglas County:**

*Partners:* Rural Clinics, Tahoe Youth and Family, Douglas County Social Services

- FASTT meets with inmates one day per week on Mondays
- Douglas County Social Services is currently providing pre discharge planning for employment, and employment connections in the community for Warm Springs Prison.

#### **Churchill County:**

*Partners:* Churchill Social Services, New Frontier

- FASTT meet with inmates one day per week
- Churchill County Resource Liaison meets with inmates five days per week in the jail to develop re-entry plans those being released

#### **Lyon County:**

*Partners:* Lyon County Human Services, Rural Nevada Counseling

- FASTT meets with inmates one day per week
- FASTT case manager provides ORAS assessments one day per week in the jail, and provides follow up to individuals assessed to at moderate to high risk of being rearrested or have moderate to high needs transitioning back into the community.

### **Juvenile Justice Assessment Services Triage Team**

#### **Carson City**

*Partners:* DPBH Carson Rural Clinic and Carson Juvenile Probation

- Carson Juvenile Probation reviews all referrals to their organization for potential behavioral health issues, and refers to JJASTT program supervised by Carson Rural Clinic..

### **Mobile Outreach Safety Team (MOST)**

The Northern Region’s MOST programs have strong public and stakeholder support through the region. All MOST programs are currently pilot programs, utilizing existing DPBH Rural Clinics Clinician positions and mental health block grant funding to provide overtime for community partner participation. The region is motivated to obtain sustainable funding that would develop and increase MOST access in all participating counties.

#### **Carson City:**

*Partners:* DPBH Rural Clinics and Carson City Sheriff’s Office

- Clinician and deputy team in community four days per week focused on crisis response and follow up.

#### **Douglas County:**

*Partners:* DPBH Rural Clinics, Douglas County Sheriff’s Office, East Fork Fire

- Clinician, deputy, and paramedic team in community one day per week, referral-based follow up response
- Would like to expand to 2-3 days per week based upon current demand

#### **Lyon County:**

*Partners:* Lyon County Sheriff’s Office, Lyon County Social Services

- Clinician and deputy team in community one day per week focused on crisis response and follow up; case manager and deputy in community two days per week focused on community referral follow up.
- Planning to add on-call telehealth clinician assessment July 1, 2018.

### **Crisis Intervention Training (CIT)**

**Carson City:** Carson City was the first rural community in Nevada to develop a 40-hour CIT training in 2006. The Carson City CIT training is scheduled annually, taking place each November.

**Douglas County:** Douglas County developed a community based 40-hour CIT training in 2017. Their 40-hour CIT training is scheduled annually, taking place each March.

**Churchill County:** Churchill County developed their CIT in April of 2016. Their 40- hour CIT training scheduled annually, and is currently scheduled for May 2018.

**Lyon County:** Lyon County developed their CIT in August of 2017. Their 40- hour CIT training scheduled this year for August, 2018.

Overview of FASTT CIT, MOST, and MDT programs in the Region

	FASST	JJASTT	CIT	MOST	MDT
Carson	✓	✓	✓	✓	✓
Douglas	✓		✓	✓	✓
Churchill	✓		✓		✓
Lyon	✓		✓	✓	✓
Storey				In development	In development
Mineral					✓

Overview of Specialty Courts in the Region

	Mental Health Court	Drug Court	Misdemeanor Drug Court	Family Court
Carson	✓	✓	✓	✓
Douglas	✓	✓		✓
Churchill	✓*	✓*		✓*
Lyon	✓*	✓*		✓*
Storey				
Mineral	✓*	✓*		✓*

\*Provided by Western Regional Specialty Courts

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