

Growing Behavioral Health Programming: County Innovations in Health & Human Services

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2024 Rural Communities Summit
Fallon, Nevada

Roadmap

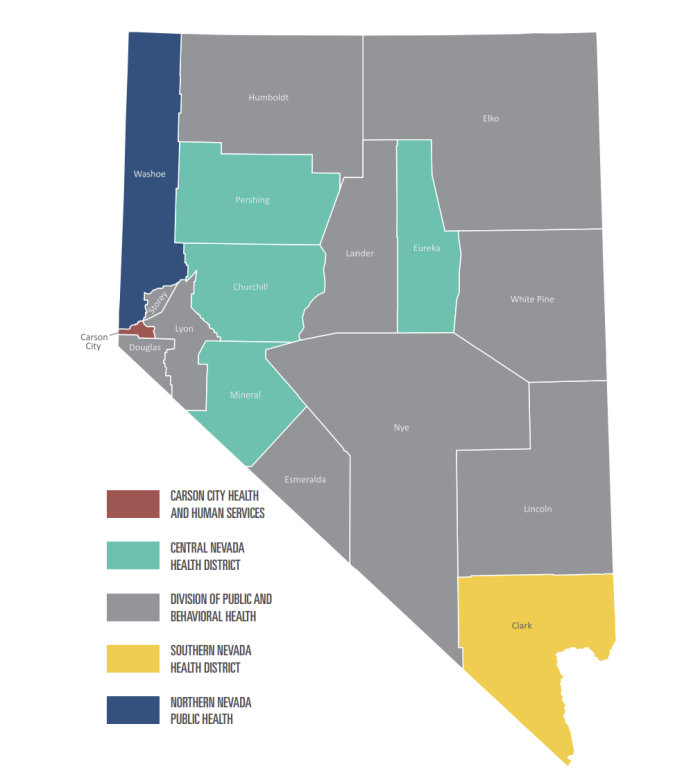
- Nevada's Health Infrastructure + Counties
- County Innovations / Initiatives to support Health Infrastructure
- Growing Behavioral Health Programming
 - Context
 - Lyon County Human Services in Action

Nevada's County Public Health Infrastructure within the National Context

- Hybrid “Largely Decentralized” Model (by population only, 10 counties served by Division of Public & Behavioral Health)
- Nevada is the 7th largest state in the nation by area and has just **17 counties** (U.S.: **3,244 counties**; Average per State: **63 counties**)
- Nye, Elko, and Lincoln County are among the U.S. **top ten largest counties**
- **As the social safety net for the nation**, it is common for county governments to offer behavioral health services. **County-based behavioral health systems exist in 23 states that represent 75% of the US population.** In Nevada, county-level behavioral health programs are housed primarily in Human/Social Services departments and Sheriff's Offices.

Why is this context relevant? Delivering public and behavioral health services at the county level in Nevada is particularly challenging due to:

- Vast geography (in rural AND urban counties) served by a single local government
- Lack of consensus on county role in public and behavioral health service delivery
- Communication barriers and lack of clarity on available resources
- No \$\$\$ - Nevada ranks 47th in the nation for State General Fund investment in Public Health



Innovation: Increasing County & State Government Coordination in the Health Space through DPBH + NACO

NEVADA ASSOCIATION OF COUNTIES

- *Statewide Association with County Membership (all 17)*
- *Formed in 1924*
- *Pursuant to NRS 244.120*

MISSION: *To encourage county government to adopt and maintain local, regional, state and national cooperation which will result in a positive influence on public policy and optimize the management of county resources; to provide valuable education and support services that will maximize efficiency and foster public trust in county government*

Nevada's Commissioners leverage NACO/NACo for Public and Behavioral Health Improvement



NACO Public Health Coordinator



- Support individual counties with navigation and coordination
- Survey existing public health programs (FPHS)
- Identify successes and gaps in public and behavioral health programs
- Analyze local, state, and national data
- Developing formal proposal(s) for improving, restructuring, or adding new public and behavioral health programs

National Association of Counties (NACo)



- National advocacy in public & behavioral health on behalf of county government
- Health Policy Steering Committee (County Commissioners lead this work!)
- Guides, toolkits, publications, webinars, and policy platform and briefs addressing county-specific health issues

SUPPORTING COUNTY HEALTH INNOVATION

*A Roadmap for NACO's Public
Health Coordinator*

2022 - 2025

**CURRENT PROJECTS
+ RESOURCES**



OPIOIDS NEEDS ASSESSMENTS + SPENDING PLANS

SB118 PUBLIC HEALTH FUNDING IMPLEMENTATION

FOUNDATIONAL PUBLIC HEALTH SERVICES ASSESSMENT

Innovation: Opioids Needs Assessments + Spending Plans

Distribution Overview

Attorney
General
Settlement
Funding

- Settlement Funding Received
- Costs and Fees Removed
- **Remainder goes to One Nevada Agreement**

One Nevada
Agreement

- Counties and Cities Funds Distributed to be used for abatement (opioid mitigation)
- Annual Reporting to AG's Office **REQUIRED (AB 374)**
- County/Regional needs assessments **RECOMMENDED**
- State's portion of funds distributed to DHHS (SB 390)

Fund for A
Resilient
Nevada
(SB390)

- Establish State Needs Assessment
- Determine Funding priorities in the State Plan
- **Funding distributed to community programs through competitive grant process**
- **County/regional needs assessments and funding plans REQUIRED**
- Legislative reporting **REQUIRED**

Opioids Needs Assessments + Spending Plans

13 # of counties with completed assessments

5 # of county governments that leveraged assessment to get state opioid funds directly

4 # of counties receiving state funding within their community through a community partner that leveraged a county assessment

What We are Learning:

- Local “point person” varies by role (Social/Human Services, County Health Nurse, Coalition, Juvenile Services, local Non-Profit)
- Some counties utilizing \$ internally, others granting \$ out to community
- Counties still sitting on the \$ want to do good work with it, but do not have the bandwidth/expertise to do the planning and implementation
- State Fund for Resilient Nevada team is building up Technical Assistance resources
- Rural Jail MDT/Continuation of Care project is a major opportunity for county governments/Sheriff’s offices

OPIOID SOLUTIONS: APPROVED STRATEGIES



Medication-Assisted Treatment ("MAT") For Opioid Use Disorder
A NACo Opioid Solutions Strategy Brief: CORE STRATEGY

What is medication-assisted treatment ("MAT") for opioid use disorder?

The Food and Drug Administration (FDA) has approved three medications that safely and effectively treat opioid use disorder (OUD) to improve the health and wellbeing of people living with OUD. MAT is defined by on-going, long-term treatment with one of these three medications.

"Medication-assisted treatment works. The evidence on this is voluminous and ever growing... [F]ailing to offer MAT is like trying to treat an infection without antibiotics."

— Alex Azar II, Secretary of the U.S. Department of Health and Human Services, 2018-2021

How does MAT with medications for opioid use disorder (MOUD) work?

OUD is characterized by continued opioid use—or feeling incapable of controlling one's opioid use—despite negative consequences such as injury, illness, fractured relationships, arrest or incarceration.

Opioid cravings can pose challenges to people who want to stop or reduce their opioid use. When they do stop, people with OUD may experience withdrawal symptoms, including vomiting, diarrhea, fever, muscle aches, tremors, insomnia, anxiety or depression. Fear and avoidance are normal responses to withdrawal experiences and can be an obstacle for people who want to use less or stop using entirely. The FDA has approved three medications for treating OUD: **methadone**, **buprenorphine** and **naltrexone**. Methadone and buprenorphine work by reducing cravings and preventing withdrawal. Naltrexone works by blocking the effects of opioids in the body.

MOUD can help people living with OUD prevent overdose, achieve abstinence and "feel normal" again. Scan the QR code to hear Chase's story.




Effective Treatment For Opioid Use Disorder For Incarcerated Populations
A NACo Opioid Solutions Strategy Brief: CORE STRATEGY

What is effective treatment for opioid use disorder for people who are incarcerated?

"Individuals who are incarcerated are a vulnerable population and withholding evidence-based opioid use disorder treatment increases risk of death during detention and upon release."

—American Society for Addiction Medicine¹

Medication-assisted treatment (MAT) is considered the "gold standard" of care for opioid use disorder (OUD).^{1,2} The FDA has approved three medications for treating OUD (MOUD): **methadone**, **buprenorphine** and **naltrexone**.

The American Society for Addiction Medicine (ASAM) and the National Commission on Correctional Health Care (NCCCHC) fully endorse treatment with MOUD in all criminal justice settings.¹⁴

- Evidence-based OUD treatment for persons who are incarcerated consists of:
- Offering MOUD treatment initiation for those with OUD who were not receiving it prior to incarceration;
 - Continuing treatment with MOUD for those who were receiving it prior to incarceration;
 - Continuing MOUD treatment for the duration of incarceration (unless the patient requests to stop); and
 - Working to prevent interruptions to MOUD treatment during intake, transfer or release.³

Treatment with MOUD can be combined with cognitive or behavioral therapy, psychiatric care or other forms of psychosocial support. Still, treatment with MOUD should be provided even in settings where these services are not available.⁴



"No justification exists for denying access to [MOUD] because psychosocial services are unavailable or individuals are unwilling to avail themselves of those services."

—U.S. Substance Abuse and Mental Health Services Administration⁵



Increasing Access To Evidence-Based Treatment
A NACo Opioid Solutions Strategy Brief

What can be done to increase access to evidence-based treatment?

"Medication for opioid use disorder is evidence-based care."

—U.S. Centers for Disease Control and Prevention¹

The Food and Drug Administration has approved three medications that safely and effectively treat opioid use disorder (OUD): **methadone**, **buprenorphine** and **naltrexone**. However, our healthcare system's capacity to provide medications for opioid use disorder (MOUD) falls far below the current demand for care.¹ Only 1 in 4 people who need MOUD are able to access them.²

A multi-pronged approach is needed to build up the treatment workforce, create effective pathways to care and save lives. Counties can reach these goals by:

Expanding treatment capacity: Even the very best referral and diversion systems cannot link people to treatment that doesn't exist.

- The substance use treatment workforce can be expanded by connecting more healthcare institutions and practitioners with the training, support and incentives to prescribe buprenorphine.¹¹
- Existing clinics can expand treatment capacity by expanding nursing staff,¹² encouraging group medical visits,¹³ building collaborative care networks with mental health and social services¹⁴ and hiring nurse care managers and behavioral health professionals at the county level to coordinate care across local clinics.⁸



Access NACo's Opioid Solutions Strategy Brief on MOUD




Naloxone To Reverse Opioid Overdose
A NACo Opioid Solutions Strategy Brief: CORE STRATEGY

What is naloxone?

Naloxone is a "rescue" drug that quickly and safely reverses opioid overdose. It is available as an injectable solution and as a nasal spray. Naloxone works by blocking the effects of opioids in the body.¹ Virtually all opioid overdose deaths are preventable if naloxone is administered in time.

A person who has overdosed cannot administer naloxone to themselves — it must be administered by someone else nearby. The most effective way to prevent fatal opioid overdose with naloxone is to prioritize naloxone distribution to people who use drugs¹⁴ (for example, through harm reduction and syringe services programs) as this group is the most likely to witness an overdose.¹⁴

Distributing naloxone to the public at pharmacies is also highly effective.¹⁷ All states but one (Neb.) allow pharmacists to prescribe or dispense naloxone to anyone.⁸

Other new and innovative methods for naloxone distribution include:

- Publicly accessible "Naloxone" vending machine distribution,¹⁸
- Naloxone distribution by mail¹⁹ and
- Naloxone leave-behind programs led by Emergency Medical Services (EMS) professionals.¹⁴

Scan the QR code to hear from individuals and families about the importance of naloxone.



SB118 Implementation in Rural Counties: Collaboration is KEY

Overview

NACO is the designated liaison supporting the Division of Public and Behavioral Health with SB118 coordination in the 11 counties for which DPBH is the public health authority

What We Are Learning:

- Health Needs prioritization and budget decision-making is a new conversation for most County Boards of Health
- **Local “point person” for public health varies by role; challenge for strategic planning and coordination**
- Purely Per Capita Formula is Not Equitable
- **Counties are spending based on locally-driven priorities, including mental health**
- (Currently) one-shot funding, so opportunities to build new infrastructure are limited
- **Proactive local coordination and planning played a role in counties’ ability to develop and execute timely interlocal agreements with DPBH**

SB118 was a bill passed in the 2023 legislature to allocate \$15M for public health improvement in Nevada

The Joint Interim Health & Human Services Committee has approved a Bill Draft Request (BDR) to renew and sustain these funds with an adjusted allocation (base + per capita)

SB118 Public Health Funding Distribution + Impact

SB 118 funding Breakdown				
By Jurisdiction	% Allocation	Dollar Allocation		
Central Nevada Health District	1.3%	\$	195,000.00	
Northern Nevada Public Health	16.0%	\$	2,400,000.00	
Southern Nevada Health District	73.0%	\$	10,950,000.00	
Division of Public and Behavioral Health	9.7%	\$	1,455,000.00	
		\$	15,000,000.00	
DPBH Breakdown by County				
County/City	Population*	% of State Population	% of DPBH allocation	Dollar Allocation
Carson City	58,314	1.8%	18.0%	\$ 262,101.18
Storey County	4,427	0.1%	1.4%	\$ 19,897.83
Douglas County	52,674	1.6%	16.3%	\$ 236,751.34
Lyon County	60,454	1.9%	18.7%	\$ 271,719.74
Lander County	6,158	0.2%	1.9%	\$ 27,678.07
Humboldt County	17,921	0.6%	5.5%	\$ 80,548.67
Elko County	56,396	1.8%	17.4%	\$ 253,480.44
White Pine County	10,001	0.3%	3.1%	\$ 44,951.02
Lincoln County	4,971	0.2%	1.5%	\$ 22,342.92
Nye County	51,334	1.6%	15.9%	\$ 230,728.50
Esmeralda County	1,068	0.0%	0.3%	\$ 4,800.29
Nevada Total	3,204,105	10.1%	100.0%	\$ 1,455,000.00

*Based on the Nevada State Demographer - 2022 Governor's Certified Series: Population of Nevada's Counties and Incorporated Cities

You are Invited
April 5th
10am-2pm

Join us at our Public Health Event and Represent your Douglas County Agency with a Informational Booth at the Douglas County Senior Center

Please Bring a Prize Basket and a Fun Activity to do with our Community Members

To RSVP and get more info contact Sarah Johnson
 Sjohnson@douglasnv.us
 Social Services 775 782 9825

DOUGLAS COUNTY
 GREAT PEOPLE • GREAT PLACES



Lesson Learned from SB118: County Boards of Health are an Underdeveloped/Underutilized Resource

Overview

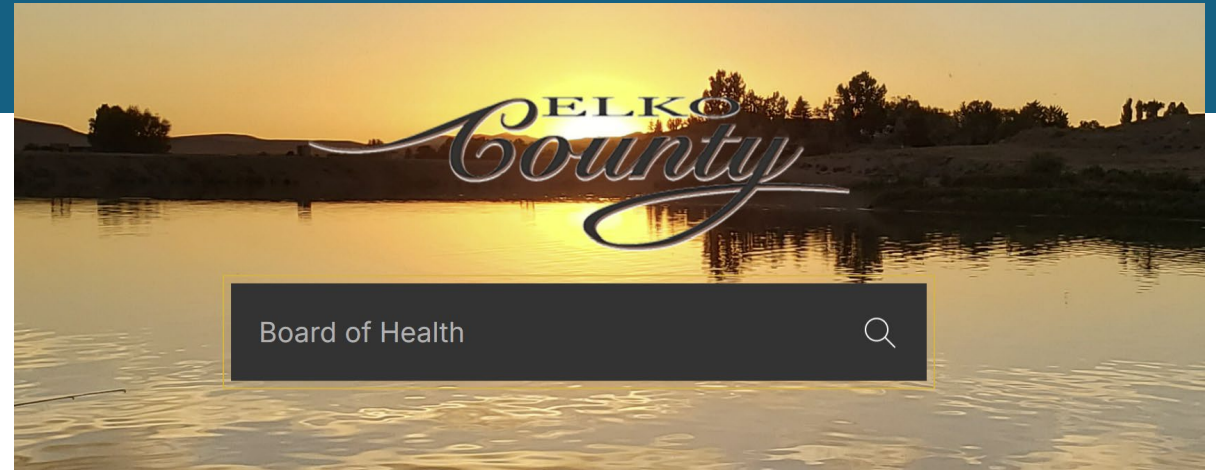
Many of Nevada's counties are revitalizing their efforts to develop robust, effective Boards of Health

Opportunity

Leverage Nevada's County Board of Health infrastructure to educate Local Elected Officials and the public on what you do! Tell stories of impact. Offer to support/participate in Strategic Planning. Offer technical assistance in your areas of expertise (Opioids? Substance Use Prevention? Public Health? CHWs? Grant writing?)

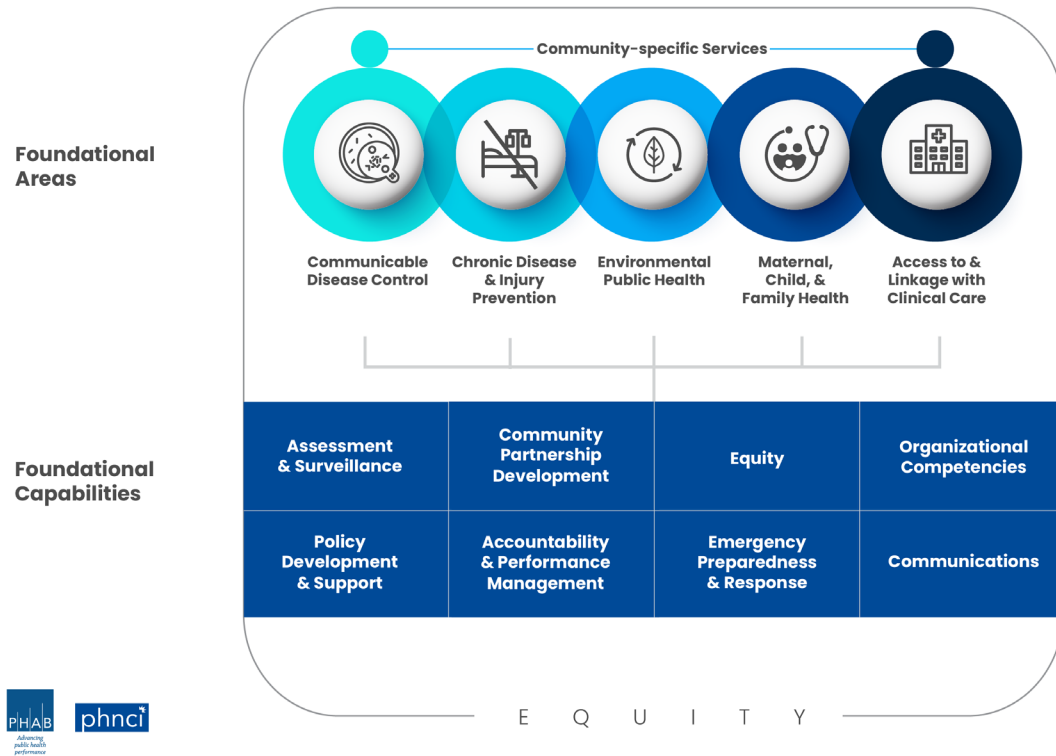
Considerations:

- **County Health Officer role looks different in each county, opportunity to standardize + fund**
- If your Board of Health doesn't meet regularly, you can encourage your County to provide this (statutorily-required) service on a regular basis
- **County Staff, including County Health Officers, welcome your input!**



Foundational Public Health Services County-Level Assessments

Foundational Public Health Services



Overview

FPHS were developed to represent a minimum package of public health services every community should have or have access to.

Benefits:

- Help set a foundation for what is needed everywhere for public health to function
- Aligns with Public Health Accreditation Board (PHAB) Standards & Measures
- Helps counties identify assets and challenges, as well as opportunities to collaborate regionally on shared areas of need

Foundational Public Health Services County-Level Assessments

Foundational Public Health Services Baseline Assessment 2023-2024

Developed by the Nevada Association of Counties and UNR Extension with support from State of Nevada Office of Analytics

The purpose of this dashboard is to provide Nevada's suburban, rural, and frontier county governments, community partners, and public health authorities with a baseline of public health services in their county and neighboring counties utilizing a nationally recognized framework: Foundational Public Health Services (LINK!) hosted at the Public Health Accreditation Board.

The goal is to provide infrastructure data that can be analyzed alongside local health indicators and health needs assessments to support strategic decision-making for community health improvement.

The data is based on a baseline assessment jointly conducted by NACO and UNR Extension from August 2023-July 2024 with support from the Nevada Division of Public and Behavioral Health and a CDC Public Health Infrastructure Grant. Access the full report here.



[Click here for county-specific profiles!](#)

Foundational Program Areas

Click on a button below to explore each Program Area!

Communicable Disease Control

Chronic Disease & Injury Prevention

Environmental Public Health

Maternal, Child, & Family Health

Access to & Linkage with Clinical Care

Foundational Capabilities

Click on a button below to explore each Capability!

Assessment & Surveillance

Community Partnership Development

Equity

Organizational Competencies

Policy Development & Support

Accountability & Performance Management

Emergency Preparedness & Response

Communications

As an assessment of **public health infrastructure**, the FPHS Assessment is different than a Community Health Needs Assessment.

It does not collect data on health outcomes or health drivers, rather it **assesses a community's ability to deliver essential public health services**.

Ratings of Expertise, Capacity, and Level of Implementation were collected across the 13 domains.

Foundational Public Health Services County-Level Assessments

Behavioral Health

While behavioral health is not recognized as a foundational area by the Public Health Accreditation Board, it is a critical area of the health infrastructure landscape. As such, we are collecting data on resources available at the county, state, and partner level surrounding behavioral health. Ratings by program area and capability will not be utilized. Instead, please list programs, services, expertise, and capacity available by providing entity: county, state, and non-profit/private community partner.

<p style="text-align: center;">State Programs</p> <p style="text-align: center;">Please list all programs/services currently offered and organization if different than state government (such as contractors)</p>	<p style="text-align: center;">County Programs</p> <p style="text-align: center;">Please list all programs/services currently offered and organization if different than county government (such as contractors)</p>	<p style="text-align: center;">Nonprofit/Private Partners/School-Based Services/Community Specific Services</p> <p style="text-align: center;">Please list all programs/services currently offered and list organization</p>
<p>Examples:</p> <ul style="list-style-type: none"> • Outpatient Services 	<p>Examples:</p> <ul style="list-style-type: none"> • Case Managers • Beh. Health Peace Officer • FASTT • MOST 	<p>Examples:</p> <ul style="list-style-type: none"> • ACT • CCBHC • Crisis Stabilization • Primary Prevention • Outpatient Treatment

Foundational Public Health Services County-Level Assessments

Lessons Learned regarding Mental Health Services and Opportunities:

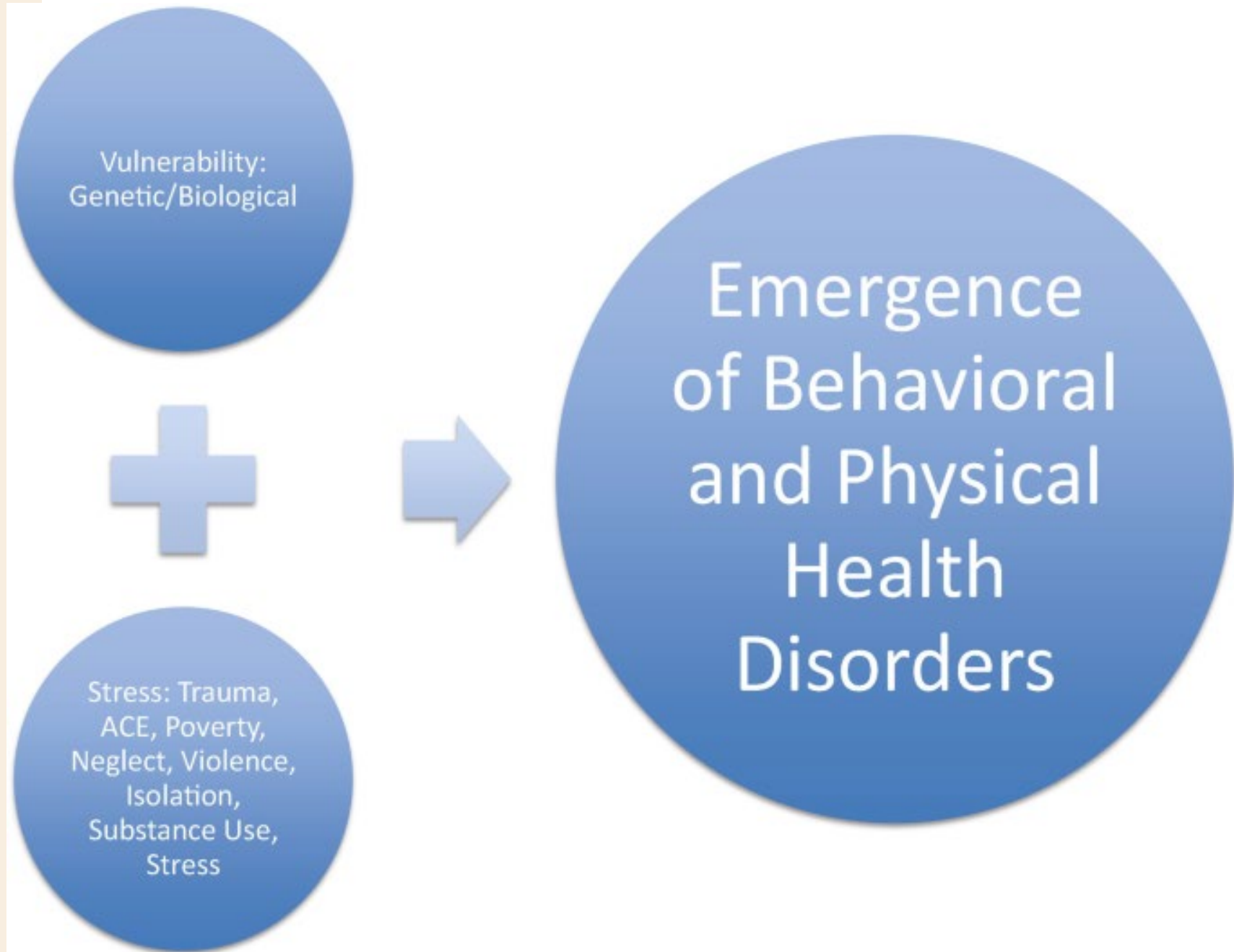
- **Counties with strong Human Services/Social Services infrastructure better able to leverage state and federal funding**
- County-level Behavioral Health Task Forces (or similar regular convenings through Coalitions) as critical support and coordination
- **County-level behavioral health services in Nevada most developed in the criminal justice / law enforcement / specialty courts space (MOST, FASTT, etc.)**
- Improved Communications is single greatest low-hanging fruit opportunity
- Mental health / behavioral health is a public health priority across the state, **counties poised to be impactful partners in this area!**



Growing Behavioral Health Programming

- **LYON COUNTY HUMAN SERVICES IN ACTION**
Dr. Shayla Holmes
- **IDENTIFYING THE PROBLEM**
- **THE BEGINNING OF A CRISIS**
- **BUILDING FOR SUSTAINABILITY**
- **DEVELOPING A BEHAVIORAL HEALTH DIVISION**
- **SET UP FOR SUCCESS**

Identifying the problem



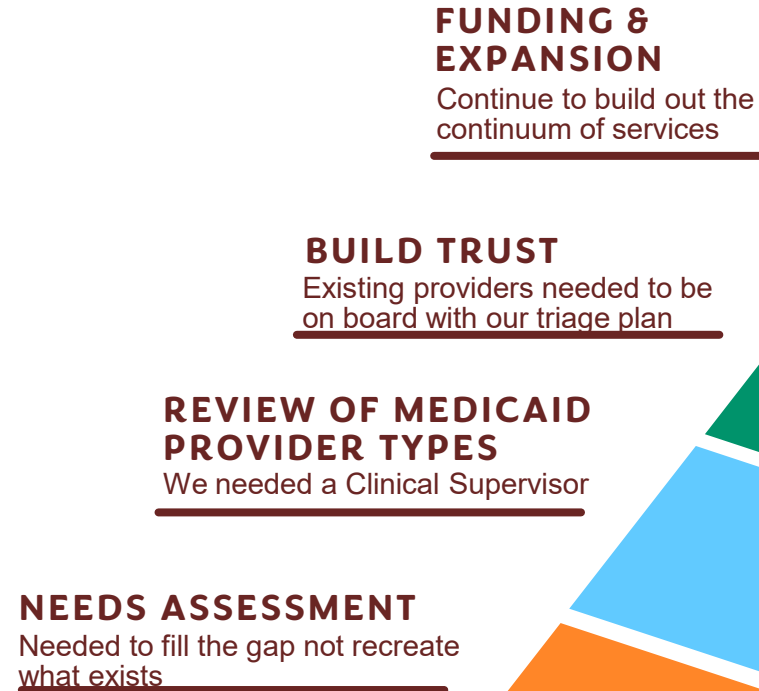
The Beginning of a Crisis

- **Workforce Shortage in Behavioral Health**
- **Long Waitlists and Community Impact**
- **Behavioral Health as a Root Cause of Social Instability**



Building for Sustainability

- Assessment of local behavioral health needs (mental health, substance use, crisis intervention)
- Engagement with community stakeholders
- Identifying potential funding sources (grants, state and federal programs)
- Creation of a client triage system to assess immediate and long-term behavioral health needs
- Use of standardized screening tools
- Priority-based service delivery (urgent vs. non-urgent cases)
- Collaborating with providers to establish referral agreements
- Leveraging telehealth services to increase access to specialists
- Creating relationships with state-level agencies for additional support





REFERRAL & INTAKE

Universal Screening:

GAD-7

PHQ-9

CAGE AID

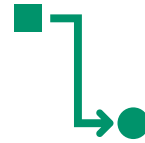
CSSR

Hunger Vital Sign



TRIAGE

Based on Universal Screening and on-going client relationships individuals referred in house for behavioral health assessment



LINKAGE TO CARE

External referrals made to behavioral health providers based on full assessment with level of care and recommendations to stream line the process and the ensuring access for those in critical need



STOP GAP SERVICES

When individuals are waitlisted we are able to provide intermittent services. Low level needs recommendations are made for service plans in house



BUILDING THE CONTINUUM OF SERVICES

Building Psy.APRN into programming as well as Peer Support Specialists and Community Health Workers

Developing a Behavioral Health Division



Set up for Success

We learned that flexibility and adaptability were key in a rural setting.

We also realized that the integration of behavioral health with social services wasn't just a short-term fix—it was the future of our agency.

Moving forward, we plan to expand these services, exploring additional Medicaid-reimbursable options and deepening our partnerships with state agencies.

We will continue to build and support our workforce, recognizing that peer support specialists and community health workers are critical to the future of rural behavioral health care.

DISCUSSION

THANK YOU!

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