Northern Nevada Deflection and Diversion Programs

# NNCN Northern Nevada's COSSUP News

## Welcome Back!

After a hiatus, NNCN is back! A lot has happened over the past several months! Many of us attended National COSSUP and PTACC. Cherylyn and I have been hard at work to develop the FASTT Handbook, which is coming right along. Cherylyn hosted a FASTT Handbook workshop where many of the FASTT coordinators

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joined us to review the Handbook one page at a time. This workshop was invaluable in helping us make sure the FASTT Handbook was as complete and accurate as could be! We developed new ideas for program growth, and had some very valuable conversations about ongoing trends, and about the resources that are most needed to help FASTT clients. Thank you to all those who attended!

Our next steps on the FASTT Handbook are to incorporate the revisions and submit the draft to the state for review. We have identified a set of willing reviewers at the state level, and once they have approved the handbook, the final level of approval will come from the BJA, who is funding this work.

We are ready to get started on the MOST Handbook next. We discussed this project at the Regional MOST Coordinators Meeting, and are off to a good start with this resource. Thank you to everyone participating in and supporting these efforts! We hope these resources will be useful for both new and existing programs!

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# FASTT

## **Forensic Assessment Services Triage Teams**

## **Coming Soon!**

In February, we gathered in Reno with team members and coordinators from FASTT in Carson City, Churchill, Douglas, and Lyon County.

### **Preview:**

#### **Chapter 1: Theoretical Foundations**

- Deflection and Diversion
- Behavioral Health
- Sequential Intercept Model
- Risk-Needs-Responsivity Model
- Harm Reduction

#### Chapter 2: The FASTT Model

- Goals of a FASTT Program
- Theory in Practice

#### Chapter 3: Program Administration

- Working with Jails
- Funding a FASTT Program
- Staffing a FASTT Program
- Onboarding Considerations

#### Chapter 4: The Frontline Work of FASTT

- Working with Clients
- Working with Community Partners

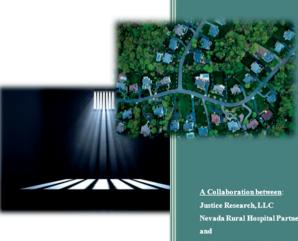
#### Chapter 5: Collecting & Reporting Data

- Measuring Program Deliverables
- Introduction to CMIS
- CMIS Training
- Reporting

#### **Chapter 6: Future Directions**

- Incorporating family and dependent care plans
- Addressing co-occurring dementia in treatment of mental illness and substance use disorder

#### Nevada Forensic Assessment Services Triage Team (FASTT) Jail Re-entry Diversion Program Handbook



Nevada Rural Hospital Partners Nevada's FASTT Coordinators

We have reviewed the general content in the first five chapters over the past year during our Regional FASTT meetings. Chapter 6 is the result of our discussions during the review workshop. If you were not able to attend the review workshop, and you have ideas for Future Directions for FASTT, we would love to hear them!

Please send comments about what's up and coming in your programs.

Send comments and feedback to: ksnider@justiceresearch.org

# MOST

### **Identifying Current Trends and Resources for MOST**



In our MOST Regional Meetings, we have begun discussing trends that teams are seeing in their regions. In the February meeting, Carson City noted a rise in suicide in their region. They have been actively seeking to understand what and who they are missing. Many of the suicide calls they've been to have been community members who have not had a lot of contact with MOST. Identifying resources that are available, and getting the word out about these resources to members of the community, is key to saving lives.

MOST coordinators and team also noted an increase in calls for people with dementia. One person on the call described the spike in dementia related calls as:

"A tsunami everyone sees coming, with no good program [to address it]."

Many of the coordinators who came to Reno to work on the FASTT handbook are also involved with MOST. At that meeting, we discussed the rise in dementia related calls across the counties, and specifically the lack of resources available for people who have dementia that is co-occurring with mental and behavioral health concerns.

Both Churchill and Nye have noted increased challenges working with people who have severe cognitive issues. Cognitive issues serve as an additional barrier because it is difficult for MOST to gather enough information from people with severe cognitive issues to be able to accurately identify their needs. Even when they are able to identify the person's needs, it is difficult to find appropriate and accessible resources to meet the needs of these particular clients.

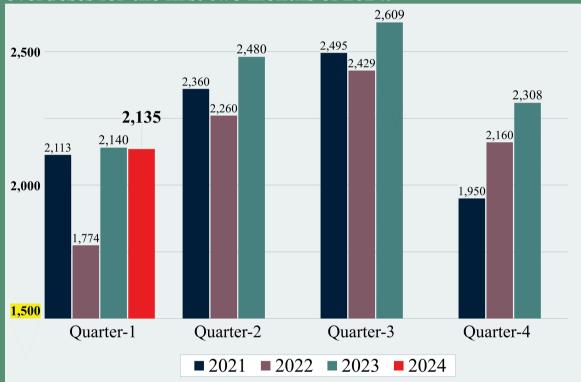
#### **Resources Identified**

- Nation's Finest Carson City helps military veterans and families with housing, health, employment, case management, behavioral health services, referral services, and more. M-F 8-5; 775-360-2155
- Veteran's Outreach Services, Nikki Wright
- Aging and Disability Services Rural Regional Centers <u>https://adsd.nv.gov/Contact/Contact DevServices/</u>

# ODMAP

For 2023, ODMAP includes 9,537 suspected overdoses in the State of Nevada, including 358 suspected fatal overdoses. Of these cases, 3,307 had reported Naloxone use.

By February 29, 2024, ODMAP already includes 2,134 suspected overdoses for Nevada, compared to just 1,370 overdoses reported in the same timeframe last year. If the trend in increases continues, Nevada could see close to 15,000 overdoses this year. While the majority of these have occurred around Nevada's urban areas, other counties have also experienced



# Nevada saw a concerning increase in the number of reported overdoses for the first two months of 2024.

The total overdoses reported through February 29th are almost as many as the entire first quarter of 2023.

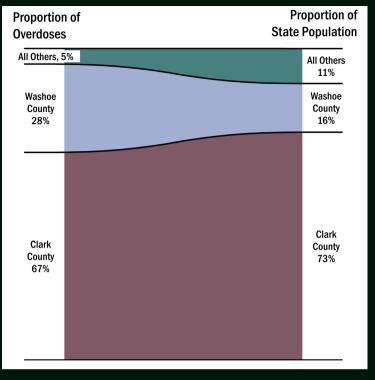
Both the number of total overdoses per year and the number of suspected fatal overdoses recorded in ODMAP increased significantly between 2021 and 2023.

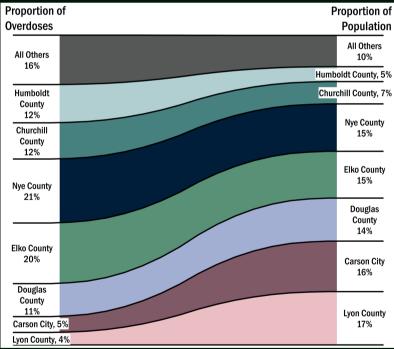
Year	Overdoses	Fatalities	Naloxone
2021	8,918	286 - 3.2%	3,126 - 35.1%
2022	8,623	305 - 3.5%	3,052 - 35.4%
2023	9,537	358 - 3.8%	3,307 - 34.7%
2024 YTD	2,135	77 - 3.6%	713 - 33.4%

## Washoe County had disproportionately high overdose rates

Clark County represented a lower proportion of statewide overdoses compared to their population as a percent of the statewide population. When combined, the 14 other counties in Nevada had a lower proportion of overdoses compared to their combined population. However, proportionality varied by county. The graph below breaks out the top 7 counties by population, and collapses the remaining 7 counties into another subgroup.

### <u>Nye, Humboldt</u>, and <u>Churchill</u> <u>County</u> had disproportionately high overdose rates





This chart excludes Washoe and Clark County from both the population count and the overdose count. This is because the population sizes for these counties erases the magnitude of rural overdoses when compared together. When these counties are excluded. we can see that Humboldt County's proportion of overdoses is particularly high. When compared to the state population as a whole, only Storey County and Humboldt County represented a higher proportion of total statewide overdoses compared to the proportion of their population for the entire state.

Throughout the entire state, there were 295.8 suspected overdoses per 100,000 residents in 2023. Counties varied between 30.9 and 536.3 overdoses per 100,000 residents. The top and bottom 3 counties were:

#### **Lowest Overdose Rate Counties**

Lyon County - 30.9 Overdoses/100k residents Carson City - 41.3 Overdoses/100k residents Lincoln County - 66.9 Overdoses/100k residents

#### **Highest Overdose Rate Counties**

Washoe County	- 536.3 Overdoses/100k residents
Humboldt County	- 335.8 Overdoses/100k residents
Storey County	- 335.7 Overdoses/100k residents

## **Upcoming** Conferences

WHO: PTACC - Police Treatment and Community Collaborative 2024
WHEN: October 29 - November 1, 2024
WHERE: Sheraton Grand Seattle, 1400 Sixth Ave., Seattle, WA 98101
WHY: Last year, Nevada was well represented in attendance at PTACC
HOW: Visit <u>https://ptaccollaborative.org/conference/</u> to register for the summit
COST: Early Bird rate (ends June 30) is \$425/person (\$400/ea. for teams of 4+)

David Kale - Douglas MOST	JD Powers - Carson FASTT
Lance Crowley - Douglas MOST	Cruz Bulmer - Carson FASTT
Jessica Waller - Douglas MOST	DJ Mills - Nye Communities Coalition
Katie Snider - Justice Research, LLC	Angelina Christian - Nye Communities Coalition
Cherylyn Rahr-Wood - NRHP	Bill Teal - Growler Consulting, LLC

PTACC sessions included information about pre-arrest deflection and diversion efforts across the U.S., and a keynote from BJA Director Karhlton F. Moore

WHO:	American Correctional Association Congress of Correction
WHEN:	August 15 - August 18, 2024
WHERE:	Nashville, TN (Hotel not announced)
WHY:	Previous programs have included Behavioral Health tracks, as well as Jail and community corrections tracks
WHO:	Rural Nevada Public Health Summit
WHEN:	April 2 - April 3, 2024
WHERE:	North Las Vegas, Nevada; UNR Extension Office
WHY:	Speakers from across rural communities, covering environmental health,
	telemedicine, health equity, and workforce development
HOW:	https://learn.makinghealthhappen.org

