Just Outreach Teams for Substance Use in Rural Nevada.wav

Introduction [00:00:01] RTI International's justice practice area presents Just Science. Welcome to Just Science, a podcast for justice professionals and anyone interested in learning more about public health, innovative technology, current research, and actionable strategies to improve the criminal justice system. In episode six of our community based solutions for Substance Use Challenges, Season Just Science sits down with Doctor Terry Kerns, substance abuse law enforcement coordinator of the Nevada Office of the Attorney General. Doctor Katie Snider, owner of Justice Research LLC, and DJ Mills, director of mental health and deflection programs at the Nye Communities Coalition to discuss their COSSUP funded, MOST and FASTT programs, which help bridge the gap between law enforcement and social services in rural Nevada to address the needs of justice involved individuals with a substance use disorder. There are several opportunities for intervention, including pre-arrest at the time of a behavioral health crisis and post arrest. Once an individual has already been incarcerated in rural Nevada, the office of the Attorney General has pioneered two types of outreach teams, which help support individuals at both points in their involvement with the criminal justice system. Listen along as Doctor Kerns, Doctor Snider, and DJ discuss how mobile outreach safety teams or MOST and Forensic Assessment Service triage teams, or FASTT operate the state and local impact of these programs and how grantees have overcome implementation barriers. This Just Science season is supported in part by RTI Award number 15PNIJ-21-GK-02192-MUMU, awarded by the National Institute of Justice and by award number 15PBJA-23-GK-02250-COAP awarded by the Bureau of Justice Assistance. Both are agencies within the Office of Justice Programs, U.S. Department of Justice. Here's your host, Doctor Lawrence Mullen.

Lawrence Mullen [00:01:57] Hello and welcome to Just Science. I'm your host, Doctor Lawrence Mullen, with the Forensic Technology Center of Excellence, a program of the National Institute of Justice in order to reduce overdose deaths, promote public safety, and support access to services. This season is in collaboration with the Comprehensive Opioid Stimulant and Substance Use Program, also known as COSSUP. The funding for this program is to respond to illicit substances, substance use, and misuse. COSSUP state based grantees are those that have applied on behalf of at least six localities or areas within the state, and provide collaboration and support for local sub recipients. The grantees coordination work ensures that its COSSUP projects are executed successfully throughout planning, implementation, and evaluation. We are here today to talk with our state based COSSUP grantee, the Nevada Office of Attorney General, who was awarded the COSSUP grant in 2021 to implement Mobile Outreach Safety Teams, also known as MOST and Forensic Assessment Service Triage Teams, also known as FASTT, which are both programs to address mental health and the drug crisis in rural regions of Nevada. Here to help us with the discussion from the state of Nevada is Doctor Terry Kerns. Doctor Katie Snider and D.J. Mills. Welcome, Terry, Katie and D.J..

Katie Snider [00:03:07] Thank you so much for having us. Lawrence.

Terry Kerns [00:03:09] Thank you for the opportunity to be here today.

DJ Mills [00:03:11] Thanks for the invite. Pleasure to be here.

Lawrence Mullen [00:03:13] Terry. Let's go ahead and start with you. Can you tell the listeners about your background in your role on the COSSUP Grant?

Terry Kerns [00:03:19] Certainly. I'd be happy to. My position, which is a substance abuse law enforcement coordinator for the Nevada Office of the Attorney General, is somewhat of a unique position. My position is funded from Nevada's Department of Public and Behavioral Health, DPBH out of the State Opioid Response grant, but my position is physically located in the Attorney General's office. The original concept behind my position was to bring law enforcement and public health together to address the opioid crisis. Each were doing their own things but weren't really collaborating. My background is I was a registered nurse for 11 years, and then I was a federal law enforcement officer. DPBH was looking for someone who knew each of these disciplines, and if you would speak the language of each of these disciplines. The position first started out to look at both law enforcement and public health, but the position has expanded to include first responders, public health treatment providers, and also health care. My role with the COSSUP grant is that I serve as an advisor to the Attorney General's Office, Grant Management Unit and Substance use related grant.

Lawrence Mullen [00:04:30] So, Katie, as the data integration and program support, how did you get involved with this program?

Katie Snider [00:04:36] So I began working with the FASTT and MOST programs in Nevada back in 2020, when I was a graduate research assistant, we were hired to conduct program evaluations under a different funding stream. One of the findings from those evaluations was that we really needed to tighten up the data collection. At the time, the programs weren't really in a state to do proper outcome evaluation. When the state of Nevada wrote this grant for COSSUP, they included funding for a position for someone who could be really involved in the data on a day to day basis. So I've been working with these programs, like I said, since 2020, for about four years. I had previously worked on different specialty court evaluations and other kind of deflection and diversion programs. So this was kind of a natural fit for me as the graduate research assistant to put me on this project. But I fell in love with the work. I love what our teams do in Nevada, and I really was excited to be able to join this grant as this support role. So now I work through the AG's office as a liaison with the evaluation team and the programs. I provide support for data collection. I help new programs or expanding programs figure out what data they need to collect. I keep an eye for any issues that are coming up. If they're not collecting data as they should be, if they're if they're missing important indicators, or if we're finding issues with the data, then I won't go into too much of what those issues might be because they can be pretty tedious and boring, actually, but important. And then I also work with the stakeholders to bring together the collaboration with another colleague of ours. And so we help all of the teams kind of keep in touch with each other and keep an eye on the trends that are going on in Nevada.

Lawrence Mullen [00:06:13] DJ you work for the Nye County COSSUP site. What is your role and how did you get involved?

DJ Mills [00:06:17] Okay, so the Nye Communities Coalition is the subrecipient for the COSSUP funding in Nye County. My role here at the coalition is the director of Mental Health and Deflection Programs is here, where I oversee the FASTT and MOST programs in Nye and Lincoln counties. So I began my journey into this role a bit over four years ago, when I was hired on as the FASTT coordinator. Before that, I had managed our Counties Family Resource Center and another local nonprofit. With this role, I've been able to focus on working with a smaller group of clients, facing more complex challenges, and we've been able to see considerable program growth over the years, which is been really rewarding and my time here so far.

Lawrence Mullen [00:07:00] You all have such fascinating journeys on how you got into this space. So let's kind of move into the main topic of discussion for today. Can anyone explain what Mobile Outreach Safety Team is? What is that?

DJ Mills [00:07:14] So a mobile outreach safety team, or MOST team is all about helping people who are like in crisis because of mental health or substance use issues. So the goal is to provide crisis intervention and connect people to the right mental health or substance use services or even just community resources. The aim is to reduce emergency room visits, hospitalizations or law enforcement calls, and to keep people from unnecessarily entering the criminal justice system. So this is often done with a co responder model of a law enforcement behavioral health peace officer and a social worker to bridge the gap between law enforcement and social services to provide the best services available.

Lawrence Mullen [00:07:56] Who's included on the safety team?

Katie Snider [00:07:59] In most of our counties, it's going to be, behavioral health peace officer. That's a law enforcement officer who's trained in crisis intervention, who partners with the MOST program wherever that funding stream comes from, to work with either a social worker. In some cases, it might be a community health worker, but usually it's a clinical person or a social worker who can go out and respond to a crisis in the moment. So those are the two main people. But of course, the team takes a lot of, backup support as well. So we've got coordinators working on the back end. You've got people who are identifying the resources available and keeping up to date on what that list looks like.

Lawrence Mullen [00:08:37] One other question to this. So does the team respond to all 911 crisis calls? Or how do dispatchers know when to send the MOST team?

Katie Snider [00:08:46] So I'll jump in with that one. Again, this operates a little bit differently in different counties. In some counties, the teams will review dispatch calls that are appropriate for them to respond to. So they may be, coming in first thing in the morning, looking at all the overnight calls and seeing who they need to conduct outreach with. They may also receive direct referrals from law enforcement or other, first responder teams. And then in some counties, like in Carson City, the MOST team is, full time. So they're out on patrol, and dispatch directs the calls directly to those teams so that they can be the ones who respond on scene. DJ, do you have any follow up for that?

DJ Mills [00:09:23] Yeah, I was just going to dig in a little bit deeper in what we're doing here in Nye and Lincoln County. So in Nye and Lincoln County, the MOST teams are actually called to respond by law enforcement partners. So the law enforcement partners receive ongoing training so that they can appropriately identify individuals who would be a good fit for that ongoing stabilization service that we can provide through our local MOST teams. So typically speaking, that's a nonviolent crisis situation where there's a behavioral health piece to it, and then we can provide de-escalation on site. We can provide connection to community resources and even transportation to the nearest available emergency services if need be. Therefore, reducing the strain on law enforcement partners, which has been particularly impactful for those more far away calls in Lincoln and frontier communities.

Lawrence Mullen [00:10:12] So next question. What is a forensic assessment service triage team.

DJ Mills [00:10:16] All right. So a forensic assessment services triage team is a bit of a mouthful. But basically it's a multidisciplinary program designed to address the complex behavioral health needs of individuals who are in or at risk of involvement in the criminal justice system. So when done to best practices, multiple individuals from multiple disciplines will meet with individuals to identify the needs and then to provide warm handoff to specific services that will benefit the individual. And then that is brought together through a FASTT coordinator who coordinates those efforts to ensure that proper continuum of care.

Lawrence Mullen [00:10:55] And so who does the triage team consist of normally.

Katie Snider [00:10:59] So I would start by saying that the forensic assessment service triage teams FASTT operates in jails. So their first point of contact with clients is when they're already in jail. And that's whether they have already been adjudicated or if they're just being held pretrial. So what they do is they go in and they conduct evidence based risk assessments, which helps them to identify the areas in a person's life that are most likely contributing to whatever pattern of behavior landed them in jail in the first place. I want to be very clear. This does not mean that that person is guilty. It means that they landed in jail for one reason or another. And so what FASTT tries to do is figure out what those areas of need that could be behavioral health needs, whether that's substance use or mental health. It could be that they, have just negative thinking patterns. They don't have the tools that they need in order to make good decisions and to respond more calmly or more appropriately to situations that come up. So whatever the cases, they've landed in jail and so FASTT will conduct these risk assessments and identify what that person's needs are, and then tailor a transition plan for that person to connect them to services in the community and potentially services that are available in the jail while they spend time in there. And then our FASTT programs can keep in contact with them for a period of time after their release to help facilitate those warm handoffs, get them in contact with services, and be a supportive person that they can reach out to if they do find themselves needing them after they're released.

Lawrence Mullen [00:12:29] So moving on to our next question. How did you identify the need for the MOST and FASTT programs in Nevada?

Terry Kerns [00:12:36] Thank you for that question. I wish that I could say that I originally saw the need for MOST and FASTT, but as you already heard, these teams were developed originally in 2012. So in, primarily in Carson City was where they started, but they had been around for a while. But the way that I came into was our MOST and FASTT teams were previously funded out of some other sources, and that funding was coming to an end. And I did want to see these very important programs that we're doing great work in our communities go away. So, due to a lack of funding. So in collaboration with our Northern Regional Behavioral Health Coordinator, we decided to apply for the COSSUP grant so that the teams could continue to do the work that they've been doing at the time. We did apply for the COSSUP grant. I would say it was 2021. So it was during Covid and I did reach out to some. We have these regional behavioral health coordinators. I talked to the northern one, and I reached out to some of the other ones to see if they had an interest in trying to implement these programs, but many of the people who would be doing this were already tasked with the Covid activities, so the timing wasn't right to expand it into some of the other rural areas at that time. But the sites that we looked at funding, continuing to fund or bringing on new programs with our northern regional behavioral health coordinator, and that include Carson City, which already had two programs,

Douglas Churchill, Lyon and Story counties. And then in addition to that, the Northern Regional Behavioral Health Coordinator, who often worked with DGA and the Nye Community Coalition, added in Nye and Lincoln counties. And the primary focus for the coast grant was for our to fund our most and best teams. But we also had funding for drug take back days and then also for naloxone distribution. It wasn't for the purchase of naloxone, but for time advertising other things that were distributed with the naloxone little kits they had. So as also as part of the COSSUP grant, we also wanted to include a more in-depth evaluation of the MOST and FASTT under the previous grant, as you heard, it was really the people who were doing the work that were supposed to be entering the data, for the evaluation. And that kind of became a situation of doing hash marks. So, for example, we got this many calls for service. We were only able to go out on this many. So it wasn't really that in-depth quality to see how well the teams were doing. But just for one we used a COSSUP grant. They needed either more days or more personnel to be able to cover the calls that they were getting. So that was really primarily how I came into that. But one of the other things we learned, as you've already heard from Katie, is that we needed a person dedicated to that data collection, the analysis, the standardization, all of those things. So Katie's position was born in the new grant, and I would say that the only urban area that we had included in that COSSUP grant was Carson City. All of the other areas were rural and frontier. And just to kind of give you a layout of Nevada, of our 17 counties, we have three urban counties, three rural counties and 11 frontier counties. So for the 2021 COSSUP grant, Douglas, Lyon and Story, our rural counties, Churchill, Nye and Lincoln, our frontier counties, some of the factors for classification to be a frontier community are factors such as population density, distance from a population center, or specific service, travel time to reach a population, service center or service. Functional association with other places, services or market areas. Availability of paved roads, travel that would be inhibited by weather and then seasonal access to services. So all of Nevada's frontier counties are in health care and behavioral health shortage areas. So this was the main factors for wanting to find MOST and FASTT is really to provide services to those Nevadans that lack access to those services. So that was the really the motivation for the Nevada Attorney General's office applying for the grant.

Lawrence Mullen [00:16:50] Yeah, that definitely makes sense. And so that would basically kind of outline the importance of implementing the programs in more rural or frontier counties because of those reasons. So can you talk about how you all are evaluating the impact of this program? What type of data are you all collecting?

Katie Snider [00:17:05] Thank you. So, as Terry mentioned several years ago, we identified data collection as an issue. And so we've done a lot of work to streamline that. I'll go program by program for the most programs. We came up collaboratively. We worked with the programs in different counties. We came up with a, set of standardized indicators. And those include things like what the reason was for the call in the first place, what took place on the call, and then what the next steps might be. So some of the most common reasons that we see for calls with most are going to be things like psychotic episodes, substance use concerns, behavior like that, people who are having trouble managing their medication and that's causing some sort of behavioral issue that's involving law enforcement. So you see a lot of those sorts of reasons for the calls. Most teams across Nevada also do considerable follow up with people that they've been in contact with. So that could also be another reason for engagement with somebody. So we collect indicators on all of those things while they're on the call. Most teams can collect information about any substance use, whether it's confirmed or suspected, any mental health diagnoses, and again, whether that is confirmed or suspected and then what steps they took. And this could include connecting people to resources. Or it could include de-escalating,

conducting motivational interviews and connecting people back with their family. The person who's responding to the call will make the best decision that they can in the moment to get that person into a situation that is safer and more conducive to their future stability. And so that's what most is collecting. They're generally collecting, again, that information on why the call happened, what happened on the call and what the next steps might be. FASTT is, collecting significantly more information. They do all of those risk assessments, so they collect data on the client's demographics, their background, their, arrest date, those sorts of bits of information, nothing really specific to their actual case just when they were arrested, and then whatever's in the risk profile. So currently they're using the Ohio Risk Assessment Systems or ORAS's community supervision screening tool and community supervision tool. These are validated instruments that have been around for many years at this point. Our FASTT teams have been using those for a while, but they collect data on all of those measures that are included in those assessments. They also collect information from their clients through a few other assessments that they run, including the brief jail mental health screening and the cage aid, which is a drug and alcohol risk screen. From there, they also record information about interactions that they have with their client, including case management notes and transition plans. So the transition plan form that they use in the data collection system also allows them to tie specific client goals to those risk factors that were identified through the assessments. So right now we're looking at what the typical risk profiles are for FASTT clients and how well the teams are matching the transition plans to the risk profiles for each client, as well as what success they're having in connecting clients to services. So the last bit of information that FASTT might collect is through a follow up form. So they may conduct outreach after that person is released from jail and enter information into the follow up about whether they were connected to services, which services they were connected to. With both of the programs, we can also look, it's a little bit harder with the MOST program because they don't always collect identifiers that we can tie to each other. But with the FASTT program, the database that they use has a unique identifier for each client. So we can actually look at how many times that client has come back in contact with FASTT, whether they've come into contact with FASTT across multiple counties and what their time between, engagements. Now, I want to be clear that this does not necessarily mean that every time they come in contact with FASTT represents every arrest and every incarceration that they've had, they may choose not to reach out to the FASTT team or engage with them in between. But we can see how often people are coming back to the program. And obviously, the ultimate goal there is that they don't because we want them to not be arrested again. So hopefully that's a good amount of information on the types of of data that we're collecting and what we can learn about these programs.

Lawrence Mullen [00:21:19] D.J., would you be able to share with us how many individuals have actually participated in the program in your local area by chance?

DJ Mills [00:21:26] I pulled a report going back a year and saw that we've had about 28 individuals receive services through our MOST team. And an additional 110, give or take, that have, participated in our FASTT team. And there's a variety of services in that. It can be we have a large focus on like employment readiness while they're in the jail. We help them get their resumes put together. We do mock interviews, we do intervention groups in the jail, and we connect people to medical and mental health services. We connect them to treatment upon their release. Community based intervention groups as well, and even social security benefits services for those individuals with serious mental illness if we feel that they might be unable to work upon their release.

Lawrence Mullen [00:22:11] Thank you for that. And Katie, in that same vein of questioning, would you happen to know how many individuals have participated statewide by chance?

Katie Snider [00:22:18] I don't know that the data that I have includes Nye County, so there are slightly newer program, I believe. I know that, over the entire time that I have data for. And just to clarify, FASTT has not always used the same system and there have been some changes to the system. But for the data that I have, which goes back to 2017, I'm showing 2812 total unique individuals who have been enrolled in FASTT, several who have been enrolled multiple times. I also show that there's been some overlap. So for example, I've got about 55 unique individuals who have overlapped between Carson City and Lyon County's FASTT program. So they've been enrolled at least once in each of those programs. So some of our counties, especially the rural counties that surround that urban one, there's going to be some crossover as people bounce back and forth. But yeah, overall, I would say close to 3000 people over the past seven years or so. Between all of the programs.

Lawrence Mullen [00:23:16] That's amazing. So it looks like the program has been extremely impactful. Would anyone be able to share any kind of specific success stories that may come to mind, or may stand out to you?

DJ Mills [00:23:26] Yeah, I have a fun one as working with this individual is incarcerated and he was already identified as a very high utilizar in our community, and it was the fourth time of connecting him through new arrests when he finally, eventually bit and started participating. So we were able to work on connecting him with substance counseling in the jail and with employment readiness services while he was in the jail. We followed through with him into the community and got him placed in intensive outpatient program and later step down to a transitional living. He was able to find employment about a month after his release. He's been participating in interventions surrounding his family situation, and he's set up some healthy boundaries in that. And so over the course of the year, I volunteer in different activities, and this individual has shown out now on two separate volunteers alongside of me to volunteer and give back to our community. So I just think that that really just shows how powerful this can be for an individual to go from super high, utilizar to a voluntary position to give back to the community in which he resides.

Lawrence Mullen [00:24:41] It is amazing. Can you potentially tell our listeners a little bit more about how partnerships and community buy in impacted your program?

DJ Mills [00:24:49] Absolutely. Obviously, that buy in and the partnership is what is necessary for this to even kind of take ground. So one of the areas that the coalition has always been really good at is seeing these needs as they arise and having the connections to the community to implement well. By working with the Nye County Sheriff's Office so that we can be allowed into the jail so that we can receive referrals from the community so that the basically all those moving parts so that we have access to the individuals has been essential working with Jail Medical to again receive referrals to coordinate in the jail and for successful reentry into the community so that there's no lapse in service and working with community partners so that services that we don't offer with our agency can be offered has all work together to see the success. Community buy in hasn't always been where it is now. So we actually communicate directly with community stakeholders in meetings and in county commissioner meetings so that we can speak to the impact so that when they are speaking to what we do and the population that we serve, that they have real valid information for that.

Lawrence Mullen [00:26:03] What barriers have you all encounter so far that have been most remarkable or most outstanding?

Terry Kerns [00:26:09] Yeah, as I already mentioned, one of the initial barriers was as much as we wanted to expand this program more statewide and throughout our frontier counties, it was really conflicting priorities during Covid. So many of the same people who would have been involved in these mass MOST and FASTT would have been the same. So we weren't able to engage them. But another big one, and I think one that we still deal with somewhat is getting buy in, whether that's buy in from the law enforcement partners, from prosecutors, from public defenders, and really getting to understand that, you know, what we're trying to do is divert these people who are undergoing mental health crisis or substance use issues out of the local emergency departments, and out of the criminal justice system. So I do think because the programs, especially MOST and FASTT in Carson City, has been around since about 2012. Many others throughout the state are seeing the successes that they've had and how this program really can work. And, you know, I'll give you one example that something that happened is we have a FASTT coordinator working in one of our areas that was one of these people who was in and out of jail numerous times. She can tell her story. And so when she now is a coordinator for the FASTT program, so when she goes in to speak to the individuals that are incarcerated, she has instant credibility because she knows what they're going through. And she has gone that path from being a user and having used FASTT program to now being involved. And it's given her, you know, not only employment but meaningful employment that really works for her. So we continue to work on and I guess when I say buy and it's also stigma kind of getting that stigma that, you know, we need to address this other than just from a criminal justice, perspective, but also from a medical model, behavioral health model, and looking at trying to get people the resources they need so they can get out of that cycle of being a continual user of our emergency departments or our criminal justice system. So those are things we continue to work on.

Lawrence Mullen [00:28:19] Katie, would you have any insight or any, barriers that you may have encountered from the overall perspective?

Katie Snider [00:28:25] Yeah, absolutely. I would add on to that, I think the barriers are kind of a never ending struggle, in that you knock one down and there's going to be another one. But I would like to say that the collaboration that we have in Nevada has been absolutely critical to overcoming barriers as they come up, and to identifying them early enough that they can be overcome without tremendous impact. One of the barriers that we have noticed, and this is a question that we ask in our monthly collaboration meetings to our team members, what barriers you experiencing this month and what are the trends? One of the things that's been coming up quite frequently lately is the co-occurrence of mental health and substance use with dementia and other age related cognitive issues. And that's a problem because right now, the resources that teams are finding available are not set up to address those as a co-occurrence. And so oftentimes what they'll find is when someone is diagnosed with dementia, Alzheimer's or something that's kind of viewed as the explanation for a lot of their symptoms. Without digging further into any potential other severe mental illness they may have or substance use that may be going on. And so one of the barriers that we're talking about right now is finding better resources for people who do have both mental illness and dementia, and people who have dementia and substance use, or people who have all three. Finding resources that are capable of supporting those clients is really critical at the moment. The other barrier that I would say that we routinely encounter is just the changing landscape of resources that are

available. Right now, we're seeing a lot more telehealth move into our frontier counties, which is very much a blessing because it does provide access to services where there wasn't any before. But it also presents a challenge because it's already difficult to hire behavioral health professionals out into these areas who can be there in person and work one on one. And so we have to find the balance between using telehealth to provide necessary services when there's limited access, while still encouraging more access for in-person services.

Lawrence Mullen [00:30:30] I see that one being a tough one. DJ, would you happen to have any barriers or have any examples of barriers rather, that you're seeing at the local level?

DJ Mills [00:30:38] Yeah, certainly. I echo what they both said on the stigma involved with mental health and substance use disorder. That's always a barrier. And the individuals that we interact with that have that cognitive impairment with the co-occurring disorders, in addition to that, in Nye County, one of the big things is just the sheer size of it when it comes to accessing certain services. Let's use something like detox, for instance, that doesn't exist anywhere in Nye County. So we are having to work on addressing the barriers of transportation. And from southern Nye County, it's about an hour's drive to the nearest detox, whereas from northern Nye County it's closer to four hours to get to the nearest detox. And that's not even taking into account that nearest service is in Clark County, which has a different Medicaid pay structure. So it's an ongoing barrier that we face trying to connect people with the appropriate resources and trying to solidify that connection prior to addressing the transportation barrier. Obviously, transportation in our rural communities is an ongoing issue. We run into that a lot in Lincoln County because they don't have a suitable public transport system. And so we've worked to overcome that by meeting them where they're at and having that transportation in our budgets to be able to meet them on site. In addition, the housing conversation. When we're talking about barriers, we always have to have that when it comes to that step down approach from accessing those necessary treatment services and then having a suitable place to live while you work on building up those protective factors like employment, is an ongoing gap in our communities.

Lawrence Mullen [00:32:12] What would you say has not worked about the program?

DJ Mills [00:32:15] So at a local level, what we found is with the original FASTT model, we tried to meet as a team of providers with each individual, and what we found is due to the staffing demands to facilitate that and the delays in being able to meet with clients, we found that it was more appropriate to have a coordinator go in individually and then connect with the individual providers within the community to provide that, collaborative case management. Additionally, in other communities, before we started, it seemed a lot of them were doing a longer referral form with use of paper. And in our jail here in Nye County, they don't use paper. So we had to trim that down to a smaller screen, and then we meet with them based off the results of that smaller screen.

Lawrence Mullen [00:33:04] Would anyone else have any other insights for the question about what has not worked for your programs?

Terry Kerns [00:33:08] Sure. This is Terry. What I would say I don't know if not worked, but has been a continual struggle is some degree of, standardization. And what I mean by that is in the monthly meetings that you've heard Katie talk about, we ask, what's the definition of recidivism? For example, we don't have a statewide definition of recidivism.

Our Department of Corrections does. It's looking at someone not being involved with the criminal justice system for a period of three years. But we have people that are in and out. And does that definition include lower level type of events, or is it just no contact with criminal justice system? So we've gone around and around and trying to come up with a definition of recidivism, which you wouldn't think is that hard. But, you know, it really is that hard when you're trying to get everyone to agree. So that's been a struggle. I don't know that it's not worked, but it's something we continue to talk about. I would say something else is often times, especially with our mental health behavioral health partners, many don't believe that law enforcement being at the table on response is always the best way, because sometimes the presence of law enforcement can escalate someone. But we found in our teams that do use law enforcement for their safety, for getting on scene and making sure the scene safe. It's been good and it's worked in the FASTT and MOST team members are known. I think they're viewed differently now. They've given law enforcement a different public face because of the successes some of the MOST have had. So that is something that we continue to deal with. Is involvement of law enforcement or not including enforcement in these teams.

Lawrence Mullen [00:34:47] Would anyone like to share any advice for other agencies wanting to implement this type of program?

Katie Snider [00:34:54] It's very important to build that buy-In. As DJmentioned, as Terry mentioned, having that community support is incredibly important. But I would say an excellent first step is going to be to do some sort of a landscape analysis, see what resources are already there, make sure that you're working with existing programs and not on top of or outside of existing programs. And then just from my perspective as a data person, I would say, get your data collection in order and bring on a data partner as early as you can to make sure that you're not in a position where you have to evaluate your program and you hand a pile of data to your evaluators, and it's not useful or it's inconsistent. So that would be my my first piece of advice is check out the landscape and plan your data collection. The other thing I would advise, and Terry mentioned this a little bit with one of our program staff who was a former FASTT client. We're looking across our teams at bringing in peers, and I think nationwide, that's become a much more integral part of these programs. I think it's really important to do an assessment of your existing policies that your program is going to be operating within, whether that's at the jail level, law enforcement level, state level, to make sure that that path is clear for peers and the types of workers that you need to bring in to make your program successful and try and remove any barriers as early as possible.

Lawrence Mullen [00:36:14] I think we're getting close here, Terry, really quickly. Going forward, what will be the most important aspect for your program to create sustainability?

Terry Kerns [00:36:23] So I previously mentioned the MOST and FASTT programs have been grant funded and continue to be grant funded right now, but we are looking at ways that these programs can be sustained. And some of the funding that we're looking at to sustain these programs is looking at the opioid litigation settlement funds. Those have been put in what we call here, the fund for Resilient Nevada, FRN, and for those teams to be able to get that funding. And then another funding source we're looking at is with the implementation of 988 programs 988 being the crisis hotlines, there's a telephone tax that goes along with that. So also using that as a way for these teams, because they are the MOST team and FASTT teams are considered part of the crisis response team. So being able to get funding from the telephone tax and the opioid litigation funding in the future.

Lawrence Mullen [00:37:17] Thank you all for your responses to these questions. I think we're nearing our time today. What is next for the program?

Terry Kerns [00:37:25] This is Terry. I would start first by saying next is to continue to get these programs funded, to take them out into our other frontier counties where they don't exist now. And that may look a little different. It may be more of a regional approach as opposed to just a county by county approach, depending on what their resources are that are available, and then also working with some of our other programs, such, for example, through our Department of Health and Public and Behavioral Health, we're trying to get medication assisted treatment or medication for opioid use disorder into our rural jails. So working with that program and also working our Medicaid state Medicaid is trying to get a 1115 waiver, which would allow for people who are incarcerated to get their Medicaid benefits up to 90 days before they leave. So that would look mostly at our FASTT teams to work with them. So there's no interruption in any, services or any medication for people. We put together a FASTT toolkit or handbook so that if there's other areas throughout our state, they'll have that toolkit they can use. That's kind of a layout and it's not a definitive. It's got to be this way. It does look at the flexibility of whether you're using community health workers or peers or behavioral health officers or who's in the mix on that. So one of the things we want to do is also develop one of those toolkits or handbooks for our MOST teams as well.

Lawrence Mullen [00:38:56] All right. So are there any final thoughts that anyone on the panel here would like to share with any of our listeners?

DJ Mills [00:39:03] My closing thought is that the population that we choose to serve with these programs already live and access services in our community, and we choose to live in the communities that we serve. We choose to raise our families in this community that we serve. And so by providing these services, we are giving these individuals the opportunity to improve their situation and live more productive lives within our community with higher quality of life. And at the end of the day, that's the part that really keeps mattering is that help people to do better in the community that we choose to live.

Katie Snider [00:39:42] I would echo that as well. You know, throughout my work with these programs, with other programs, I've always noticed a tendency to kind of other like the clients and then the staff or in jails and prisons, the inmates and then the staff. And I think it's really important to recognize, as D.J. was saying, that the people that are being served by these programs are community members, they're neighbors, they're family members, they're friends. They're people who are a part of our community. And so as we work to reduce stigma around some of these identities that put a person in position to receive services from these programs, it's really important to remember that these are our neighbors that we're serving.

Terry Kerns [00:40:21] And what I would add is going along with what DJ and Katie have already said is by providing these services from the community, we are providing cultural competence through the use of our community health workers and our peers. It never ceases to amaze me that innovation that people come up with to try to solve these problems. So, you know, Katie talked about telehealth. We're looking at some mobile outreach bands as well, and and various innovative. If it's an idea that you know, you think will never work, don't think that put it out there because it may be something that is really needed within a community.

Lawrence Mullen [00:40:59] Well, thank you all for those concluding remarks. I mean, it really seems like this particular work has been extremely impactful. And I really loved the aspect of like looking at it like globally and humanisticly. We were all one community, basically kind of functioning and got on working and living together is an excellent point to end on. Just as a conclusion, I'd like to again thank our guest today for sitting down with Just Science to discuss the Nevada office of the Attorney General's MOST and FASTT programs. Thank you so much, Terry, Katie and DJ.

Terry Kerns [00:41:27] Thank you. It was our pleasure.

Katie Snider [00:41:29] Thanks for having us today.

Lawrence Mullen [00:41:30] Thanks for the opportunity to speak.

Lawrence Mullen [00:41:31] If you've enjoyed today's conversation, be sure to like and follow Just Science on your podcast platform of choice. For more information on today's topic and resources in the forensic field, visit ForensicCOE.org to request training and technical assistance or learn about additional resources from the COSSUP TTA collaborative, you would visit COSSUP.org. I've been Doctor Lawrence Mullen and this has been another episode of Just Science. Thank you.

Introduction [00:42:02] Next week, Just Science sits down with the Kansas COSSUP site to discuss programs that support drug endangered youth. Opinions or points of views expressed in this podcast, represent a consensus of the authors, and do not necessarily represent the official position or policies of its funding.