

**NOTICE AND AGENDA OF PUBLIC MEETING
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

Rural Regional Behavioral Health Policy Board

April 23rd, 2019

1:00 p.m. to Adjournment

Board Members: David Byun, Lois Erquiaga, Fergus Laughridge, Brooke O'Byrne, Erika Ryst, Bryce Shields, Elaine Zimmerman.

Behavioral Health Coordinator: Valerie Cauhape

- 1. Call to Order – Roll Call – Done.**
Fergus Laughridge, Chair (Valerie Cauhape conducts) Mr. Laughridge confirms quorum.
Do not have a quorum
- 2. Public Comment – None.**
- 3. Approval of Minutes from Nov. 29, 2018 and February 26th, 2019 (For possible action)**
Just ask the board to review and be ready for the next meeting will bring those back up for approval (Fergus) A quorum was reached; motion to approve meeting minutes. Dr. Byun 2nd.
The minutes have been unanimously approved by the board.
- 4. Updates regarding behavioral health efforts in the region (Informational)**
Task Force → meet with Humboldt county task force; Elko county has created their own task force, open to working with the board.
AB47 – All 3 other boards bill are currently still alive
AB76 – Revising the language of how the regional boards function as well as the coordinator position itself. (Ms. Cauhape read actual language sect 1 part 7 in Nellus from amendment of AB76)
Ariana Saunders → Southern Regional Coordinator explains whether the Admin Assistant and Data Analyst would replace the Coordinator position. Ms. Saunders has clarified that she believes that the two (2) new positions would be in addition to the coordinator position and would serve in primarily a support role to the boards. Stepping stone in right direction to get support for each board. She is also trying to get clarification on if administrative staff would be ex-officio board members or not.
Mr. Laughridge → Inquires about appropriation and where the funds for the new staff would come from.
Ms. Saunders → Clarifies that DPBH would fund those positions and they would be funded by the state.
Ms. O'Byrne → She requested that Ms. Cauhape re-read the language out of Nellus (section 1 part 7); where is it identified that we will continue to have a coordinator? She feels that the language is confusing. Not sure what her question is or what her point is...would just like to

clarification that a coordinator will remain for the region. She also asked about the data analyst; is the data analyst shared by all regions or is it one (1) for all regions.

MS. Cauhape → She clarifies that based on the language and her personal interpretation that it would be one (1) of each position total. She then goes on to read Section 2; which states 5 regional boards are hereby created. Those boards are as follows: Northern Board consisting of: Carson City and the counties of Churchill, Douglas, Lyon, Mineral and Storey. The Washoe Regional Board consisting of the county of Washoe. The Rural behavioral health board consisting of: Elko, Eureka, Humboldt, Lander, and ~~Lincoln~~ is struck out, Pershing, and White pine. The Southern behavioral health region consisting of: ~~Clark~~ is struck out, Esmerelda, Lincoln, and Nye. Additional language reads the Clark County regional behavioral health board consisting of the county of Clark.

Mr. Fergus → Expressing concern of the breakout of the various regions at this point and fueled that. Not particularly pleased with how it is playing out. Will watch this bill very closely.

O'Byrne → where is it identified that we will continue to have a coordinator? Looking for written clarification that support staff is in addition to what is currently in operation. Does each region have a data analyst?

Cauhape → Section 2 move Lincoln county out of the current region and moving them into a new region with Esmeralda and Nye to create a 5th board.

Ms. Zimmerman → Expresses that Lincoln county did not want to be lumped together with Clark county because they wanted to maintain the rural voice.

Ms. Cauhape → Reads amended language to the board from Section 3; and clarifies amended language. Also gave update on the website. The colors will be the Nevada Blue and sunset colors.

Mr. Laughridge → address that on a later date that he was going to address the strategic planning; to gage moving forward.

Mr. Buyn → Does UNR compile a lot of data that is specific to a lot of counties and can we utilize that data.

Ms. Cauhape → The entire of section 5 has been struck out completely.

5. Update of Data Set Development Process (Informational)

Jennifer Johnson unable to attend today's meeting. Has more insight into what is available through DPBH and how to clean it up if necessary? Ms. Cauhape has developed a good relationship Joan at NV rural hospital partners; use her data sets as well. After hearing on March 5th, for their bill she spoke to Julia Peek at DPBH she sent out the SAPTA profile for the region; and they are building a new one every year. She posed a question what do you want to know more about these communities? No one had an answer but wanted to ponder and potentially revisit at the next meeting. Brook brought up the points that are people leaving the community to receive certain services? What has the longest wait lists? How long are people waiting? Elaine asked about is there a way to track individuals who are unable to receive services due to lack of transportation? Laura at PACE says that she does track a lot of that information just like FCC. Go to any coalition that has additional funding streams outside of SAPTA; and 2 have the NDOT funds that allows them to get to services outside of the community they live in. Dr. Ryst NV Medicaid publishes annual data on some of the indicators that this board is particularly interested in. Mr. Laughridge address that there is no solid follow-up care in the community for after release from hospital.

6. Update regarding CAST Assessment (Informational)

Crystal Duarte point person and Kelly Marschall head of Social Entrepreneurs. The purpose of this assessment is to identify what services are out in the region (apples to apples comparison). CAST = Calculating an Adequate System Tool. The goal is getting to a data driven system. They are based on the new 5 boards set-up with Clark being an independent. The CAST is primarily implemented at the county level. It is a risk assessment and as well as an assessment of local service needs. The CAST can be used to: 1) Assess the presence of chronic social and community conditions, 2) Observe the gaps and potential redundancies in the substance abuse care system, 3) Generate estimates of need that can help to inform community of organizational planning efforts. The CAST specifics can be reviewed more specifically in the 21 slides presented by the CAST team. Dr. Brandon Green is the lead author; the CAST team met with him and determined that Washoe and Clark county would be significantly different than the usage for the Rural NV counties. The CAST tool has shown that there is a greater need in prevention. The treatment category is broken out in the CAST tool by inpatient and outpatient. The CAST tool does allow you the flexibility and focus on what is most specific to your community and great your own jumping off point. The CAST is designed to be the baseline starting point; and the CAST tool and quantifiable; and that it reflects all parts of NV. Kelly posed to the group what are the areas that are bubbling up in your community? What are you worried about in your community? Mr. Laughridge states that his take is the tool is centered more around the substance abuse continuum of care. Is there a way to do this same tool for Behavior Health/Mental Health? Which is the focus of this board. However, he does feel this will be a great tool to work directly with the coalitions. Kelly did address that because this project was funded by SAPTA that is why there is a more substance abuse framework; but was not the direct reflection of this project. Dr. Ryst stated that is very difficult to disentangle Mental Health with substance abuse; and this tool does not really separate that out. (ex: psychiatrist/psychologist labeled as an addiction specialist only count and those are very rare in this field.) She also suggested creating a separate matrix looking more specifically at Mental Health and then crosswalk them to see where the real true priorities are for a community. Dr. Buyn stated that this is a nice tool can be applied to multiple disciplines and see mental health umbrella in a wholistic way as opposed to cherry picking one sub-over another. Ms. O'Byrne questioned the reliability of this data given the expedition of creating this tool presentation. Ms. Marschall did say that the data was pretty strong given that they pulled from national and state websites. The second part of this tool will be creating a geo-map to show exactly where these treatment centers are directly for example. Ms. Marschall asked are you surprised by any of the results? Mr. Laughridge did again explain that this board is focusing more on the behavioral health aspect. Response times have been determined to be returned in 1 weeks' time. Valerie will send the CAST tool out to the board members after the meeting.

7. Discussion regarding Assembly Bill 47 progress and next steps (Informational)

Mr. Laughridge skipped over this as it could cause some discussion.

Revisiting item 7 after the vote for the next meeting.

Ms. Cauhape is going to discuss the Bill. The amendment of the Bill passed the Assembly floor yesterday 04/22/19. The amendment sought to change the language regarding the Mental Health Professional. Then proceeded to read through the amendments to that Bill via Nellus.

Mr. Laughridge stated the scope is that is our start to get this going into our rural regions; and once the pilot works as we know it will we can really get it off the ground. The through the assembly of this amended Bill was unanimous. Senator Thomas had some issues regarding the appropriation, but he did have some ideas in the public forum of how to accommodate that concern. Because, this was not included in the Governors original budget, was deemed exempt. Will see most of the action on this bill late in the legislature; as it moves into the 2nd house (Senate).

8. Discussion regarding regional strategic plan (Informational)

Mr. Laughridge stated that this would be a 2-day event and the first day would start in the afternoon to allow to travel time. The 2nd day would be designed to create a strategic plan is the goal. Valerie send out proposed dates for this meeting. Potentially looking at October 10-11, 16-17, 17-18, 23-24 pick A, B, C, or D and think of a location to do this, a meeting room that could accommodate the full board and any visitors approx. 20 people. Ms. Cauhape asked the board to decide where they would or would not like to have the meeting and let her know. She did put in the budget for board members to reimbursed for travel since it overnight. Ms. O’Byrne asked if there was any way that Elko could participate since they are not represented on the board. Ben Reid from Elko said that they could use the room; and teleconferencing is available effective July 1. Max attendance is about 30-35. Mr. Laughridge is asking for any dates that will not work for people? Dr. Ryst asked for a Doodle Poll to be sent out for the dates of the Strategic Plan workgroup. Mr. Laughridge asked for the Doodle Poll to be done prior to the next agenda. The board did suggest and agree to have Valerie facilitate this Strategic Plan workgroup. Quick vote: June 25th at 1pm. Bryce motioned and Elaine 2nd the motion. The vote was unanimously passed in favor of June 25th at 1pm.

9. Public Comment

Mr. Laughridge opened the floor to public comment – but hearing none.
Board Member Comment – hearing none.

10. Adjournment – Meeting adjourned.

Bryce move to adjourn.