

NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
RURAL REGIONAL BEHAVIORAL HEALTH POLICY BOARD

July 17, 2018

10:00 a.m. to Adjournment

DRAFT MINUTES

Board Members in Attendance: Amy Adams, Jason Bleak, Dr. David Byun, Lois Erquiaga, Pete Goicocechea, Fergus Laughridge, Erika Ryst, Jeri Sanders, Bryce Shields, Matt Walker, Elaine Zimmerman

Absent: Brooke O'Byrne

1. Call to Order

Bryce Shields, Vice Chair

2. Public Comment:

Robin Reedy, Executive Director, National Alliance Mental Illness (NAMI) Nevada, stated she was concerned the four Regional Behavioral Health Policy Boards appear to be planning to not include budgetary requests along with their bill draft requests (BDR). Ms. Reedy stated ten million dollars were cut from the mental health budget during the last legislative session. Ms. Reedy stated she is concerned the Regional Behavioral boards plan to present bills to the legislature that do not require funding. Ms. Reedy opposed not requesting additional funding for mental health, because she believes it would justify additional cuts in the budgets to come. Ms. Reedy stated supportive housing and crisis centers could be funded by bonding and are achievable goals. Ms. Reedy stated if the Boards do not pursue necessary funding goals for behavioral health, their efforts would have been a waste.

3. Crisis Intervention Teams – Presented by Bekah Bock, LCSW

See presentation under Exhibit A.

Bekah Bock, Licensed Clinical Social Worker (LCSW), Division of Public and Behavioral Health (DPBH), stated she is part of the Carson City mobile outreach safety team (MOST) and accompanies Carson City Sheriff's Office (CCSO) deputies on behavioral health calls throughout the community. Throughout the week, MOST responds to calls involving individuals experiencing behavioral health crisis. These crisis episodes can range from individuals feeling suicidal to individuals experiencing Alzheimer disease issues. Bekah Bock stated she also assists the CCSO with crisis intervention training (CIT). She stated CIT has been proven to help deputies learn to de-escalate individuals experiencing mental health crisis. CIT has been proven to provide a

safer environment for law enforcement and the individuals in crisis. Bekah Bock stated Ken Furlong, Carson City Sheriff, has made CIT a priority following the Carson City IHOP shooting in 2011. Since 2012, CIT has been an annual priority for CCSO, who has also trained other communities on CIT. Since 2012, Bekah Bock and CCSO Sgt. Lowes, have trained CIT to other regions hoping they would make CIT a priority as well. The CIT program was shared with Churchill County in 2014, Douglas County in 2016, and Lyon County in 2017, who all have been successful in rolling out their own CIT the following year. In 2018, CIT has been shared with Elko County and is planned to be shared with the Winnemucca Police Department in December. Washoe County and Clark County also have their own MOST.

Bekah Bock stated the local CIT has evolved into a community activity, focused on the highest utilizers and how to get them the necessary services. First responders, hospital members, inpatient psychiatric hospital members, social services, chemical dependency organizations, and more community stakeholders, all take part and provide feedback to improve CIT needs.

Following the presentation, Erika Ryst questioned how the Rural CIT is currently funded. Bekah Bock stated a CCSO Sergeant has been able to train the Carson City community and assist other communities to promote regionalization. Joelle Gutman stated there is a cost for the travel and overtime used to have agencies train other agencies. Joelle Gutman stated the PACE and Frontier County Coalitions have been instrumental in paying for the travel and overtime cost to allow CIT trainings to occur in rural regions of Nevada. Joelle Gutman mentioned NAMI has assisted in paying for CIT training equipment used, and is also advocating for additional funding on a national and state level.

Erika Ryst questioned how the CIT program is planned to be sustained for the future. Joelle Gutman stated, currently, each first responder agency can afford to send one or two people to attend CIT training. Additional funding has allowed approximately four to five people to attend CIT training from each agency. Joelle Gutman stated the goal is to first train first responders and then train hospital and social work staff, but without additional funding, the process of having all community partners trained will be a slow process.

Jason Bleak stated CIT is beneficial for those experiencing crisis, but does not address the continuum of care and resources needed to support individuals following the crisis. Bekah Bock stated Carson City has many resources to assist with continuum of care for people that the rural counties often do not have. Bekah Bock stated crisis intervention is considered the first step in the Sequential Intercept Model. Bekah Bock stated the goal is to have first responders intervene in the most humane way, to prevent injury and incarceration for the individual in crisis. Bekah Bock stated many rural county deputies are arresting and housing mentally ill people in jail, which is not a treatment facility. Bekah Bock agreed the rural region requires much more resources, but CIT can be considered the first step in providing further infrastructure.

Jason Bleak respectfully disagreed with Bekah Bock and stated the first step should be a strong core of qualified providers available to the rural communities, and then the CIT program could be attached.

Jeri Sanders stated she has attended CIT and made connections with mobile outreach teams. Jeri Sanders stated shortly after attending CIT, a juvenile in Eureka County was in crisis and the training received helped her assist the juvenile tremendously. Jeri Sanders stated prior to having CIT, the juvenile would have been placed in a facility and then released to the community without resources. Following the CIT, the juvenile was able to be connected with the MOST, caseworkers, treatment individuals and additional resources, which allowed the juvenile to remain in his home. Jeri Sanders agreed with Jason Bleak and stated qualified providers are necessary for the rural communities, but the CIT training is also necessary and beneficial.

Senator Goicoechea stated every case is different, but the rural communities often struggle with finding placement for individuals in crisis to go and receive proper behavioral health services. Jeri Sanders agreed with Senator Goicoechea, and stated she has worked with Carson Tahoe Hospital, who has assisted in offering resources to rural community members. Senator Goicoechea stated he agrees efforts are being made to improve the lack of resources, but he wanted to share his concern that many mentally ill individuals are often placed in rural county jails because there is no alternative place to hold them.

Amy Adams stated she is a treatment provider in Ely, Nevada. She stated the CIT can be a very important opportunity to show law enforcement officers in the area how to deal with people experiencing behavioral health crisis. Ms. Adams and Senator Goicoechea mentioned the need for behavioral health transportation among the rural counties. Joelle Gutman stated the Northern Regional Behavioral Health Policy Board has discussed amending the NRS 433a, in order to allow reimbursement for behavioral health transportation services for individuals on a Legal 2000 hold (L2K). Joelle Gutman stated the statute currently only authorizes an ambulance, taxi, or law enforcement to transport individuals on L2Ks to a mental health facility, and does not offer reimbursement for the service. Joelle Gutman stated it has become a burden on law enforcement and other first responders to be responsible for transporting patients for hours across rural Nevada. Joelle Gutman added law enforcement transportation is very stigmatizing and not healthy for patients dealing with behavioral health issues, who are not criminals.

Joelle Gutman stated the Washoe Regional Behavioral Health Policy Board recently decided to pursue establishing a crisis stabilization unit through their bill draft request (BDR). Joelle Gutman stated the Washoe Region is attempting to have the BDR address statewide crisis stabilization needs, not just Washoe County needs.

Jeri Sanders stated CIT would allow for a foundation to be placed within the community, which other initiatives such as behavioral health transportation and crisis stabilization can

be built upon. Bryce Shields stated CIT is needed and would be a great starting point to assist those in behavioral health crisis.

4. Discuss and make recommendations on Bill Draft Request (BDR) topic and determine next steps prior to August 9th meeting. – Board Members

Erika Ryst stated it appears two other Regional Policy Boards are pursuing two important topics for the Rural Nevada Counties: behavioral health transportation, and crisis stabilization. Erika Ryst stated the Board has gone back and forth when discussing if they should pursue a BDR that is easily achievable and does not have funding attached, or a BDR that may be more difficult to achieve, but has more importance and meaning. Erika Ryst stated the Board had discussed improving Licensing Boards, but seems to have decided that is not the direction they would like to pursue. Erika Ryst stated all the Board members appear to be in support of CIT being offered throughout the Rural Region, but it may not be the overarching solution the Board is pursuing.

Jason Bleak stated the Rural Regional Board is responsible for representing more than 50% of Nevada's landmass. Mr. Bleak stated there is not one psychiatrist who resides in the Rural Region, and he believes the Board should pursue raising Medicaid reimbursement rates for behavioral health providers, in order to add additional workforce to the Rural Region. Jason Bleak stated the Board could examine reimbursement models from other states that have been successful. Erika Ryst stated she would be interested to see data regarding other state reimbursement rate models, but she feels providers also struggle with having the necessary volume in the Rural Region as well. Senator Goicoechea stated he believes the concept of improving reimbursement rates is important, but it may be difficult to pass through legislation due to the workforce shortage of many other types of healthcare providers.

Dr. Byun questioned if the Board's BDR could request further diversion from tobacco, alcohol and marijuana sales in order to fund their efforts. Senator Goicoechea stated it may be possible, but several other agencies will be in line to request diversion from marijuana sales. Dr. Byun stated he learned of the marijuana tax diversion concept from Dr. Iser with the Southern Nevada Regional Behavioral Health Policy Board, and if 1% could be diverted towards behavioral health it would make a huge impact for the needs of Nevadans.

Jason Bleak questioned if Certified Community Behavioral Health Clinics (CCBHC) receive enhanced reimbursement rates from Medicaid. Joelle Gutman stated they do receive enhanced rates but are required to meet nine points of service, in order to receive it. Joelle Gutman stated the enhanced rate is calculated by how much it costs to recruit and maintain staff, maintain their building and maintain their services. Joelle Gutman stated there are currently four CCBHCs in Nevada and the state is looking to expand such services. Joelle Gutman stated the rural region would receive higher enhanced reimbursement rates. Joelle Gutman stated Esther Quilici would be a great person to

inform the Board on current CCBHC efforts because she is the Director of Vitality Unlimited, the Elko, Nevada CCBHC. Joelle Gutman stated New Frontier is another CCBHC in Fallon, Nevada and would be a good resource the Board could request to present on the topic.

Bryce Shields, stated the Board needs a better idea of the CCBHC model if they decide to pursue it for their BDR proposal. Jason Bleak, Matt Walker, Dr. Byun and Joelle Gutman offered to research and provide further CCBHC information to the Board. Dr. Ryst stated she was interested in using excise tax funding as a pilot model, and agrees with Senator Goicoechea and Fergus Laughridge that presenting a pilot model to the Legislature might be more feasible.

The Board agreed they will need to confirm the BDR topic and the reason why the Board is pursuing the concept by September 1, 2018.

Joelle Gutman clarified the Northern Regional Behavioral Health Policy Board has not confirmed they will have behavioral health transportation as part of their BDR concept. Senator Goicoechea stated he believes the need for behavioral health transport is important and could be pursued as part of the Rural Regional Board's BDR. Amy Adams stated she agrees the behavioral health transportation is a great need for the rural areas. Fergus Laughridge stated the Board should combine the concept of behavioral health transport and enhanced reimbursement rates into one BDR.

Joelle Gutman stated CIT training has been proven successful in communities state-wide and could be achievable as the Board's BDR. Matt Walker questioned if there is CIT data which has shown a reduction in jail or hospital visits. Joelle Gutman stated she will have to confirm with Bekah Bock regarding the data, but she knows it has reduced emergency room and jail visits. She added CIT allows de-escalation efforts be made on scene, versus immediately arresting and transporting the patient experiencing crisis. Matt Walker stated he would like to see the data regarding how many lives CIT would improve versus how many lives behavioral health transportation would improve, in order to use the BDR to help the most people in rural areas. Fergus Laughridge stated he believes the Board should attempt to include as many topics within their BDR to cover the needs to assist law enforcement, hospital staff and the patients in crisis.

Jason Bleak, Matt Walker, Dr. Byun, Joelle Gutman and Jeri Sanders were asked to provide further CIT data for the Board by Bryce Shields, Vice Chair.

The Board discussed pursuing the following topics for their BDR:

- Behavioral health transportation pilot program
- Expanding Medicaid reimbursement for mental health providers.
- CIT training expansion

5. Public Comment

Joan Hall stated Jessica Flood and Joelle Gutman have presented on the crisis intervention training (CIT) model and recommended Joelle share the presentation with the Board. Joan Hall stated CIT would assist in providing the continuum of care the Board is pursuing. Joan Hall stated she would be willing to provide data in regards to L2K patients in rural emergency rooms.

Robin Reedy stated she appreciates the efforts of the Board and she will promote advocacy from NAMI for the Board.

6. Discuss and confirm date and location of future meeting to possibly occur in August 2018.

Senator Goicoechea motioned to confirm the meeting date to be August 9th, 2018 in Winnemucca, Nevada. Amy Adams seconded the motion. The motioned carried unanimously.

7. Public Comment

Laura, NAMI Western Nevada, stated NAMI recently did their first behavioral health community needs survey for the rural regions in Nevada. Laura stated the survey report should be available for the Board's review in August or September 2018.

8. Adjournment

Bryce Shields, Vice Chair