

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD

4150 Technology Way, Room 303

Carson City, NV 89706

JANUARY 31, 2018

12:00p.m. to Adjournment

MINUTES

Attendees:

Nicki Aacker, Ali Banister, Kyra Morgan, Jen Thompson, Coleen Lawrence, Dee Raymond, August Kram, Robin Reedy, Blayne Osborn, Lynn Conway, Sandra Draper, Lea Cartwright, Carin Hennessey, Sarah Adler, KT Greene, Elaine Brannon, Mike Enderson, Sue Welch, Kathy Harris, Misty Allen, Duane Young, Julia Peek

1. Introductions, Members of the Northern Regional Behavioral Health Policy Board

Jessica Flood Coordinator, Assemblywoman Robin Titus, Ali Banister, Karen Beckerbauer Manager of Douglas County Social Services and Community Health, Edrie LaVoie Director Lyon County Human Services, Nicki Aaker, Taylor Radtke, Adrienne Sutherland, Sandie Draper, Dave Fogerson East Court Fire Protection District, Carson City Sherriff Ken Furlong, Wanda Nixon, Dr. Joseph McEllistrem, Kevin Morss

2. Presentation on Term Limits and Additional Behavioral Health Policy Board.

3. Election for the Chair as Northern Regional Behavioral Health Policy Board.

Sherriff Furlong nominated Dave Fogerson, Dr. Joseph McEllistrem seconds that motion for nomination. Karen Beckerbauer was nominated, no second for motion. Dave Fogerson was voted and selected as Chair as Northern Regional Behavioral Health Policy Board.

4. Discussion Overview of AB 336 Authorizing Legislation

There are currently 13 Board Members, a move is set to create a more diverse group to discuss behavioral health. Board Members are to meet quarterly, to find and discuss possible solutions for issues involving behavioral health. Although members are from different portions of Nevada, they must represent the people within they communities serve under, and not on personal opinions or personal views.

5. Open Meeting Law

-Presented by Sarah Bradley, Senior Deputy Attorney General

An overview and explanation on Open Meeting Laws was presented with a reminder to follow the laws on how to present meetings to the public, and how the public can be more involved in the community. This is according to NRS Chapter 241 Meetings of State and Local Agencies. It is important to remember not to discuss matters involving state related work in a public setting, information could potentially be confidential.

Requirement for meetings include the date and time, location, and the themed topic so as the public is aware of the importance of the meeting. There must be room for public comment, so the

public can express their concerns, and the meeting must be posted appropriately to spread awareness of the event. Information regarding the meeting must be posted on appropriate website no later than 9:00 p.m. three working days before the meeting to give enough time for the public to be made aware of the meeting. Meetings must be recorded, and minutes must be posted no later than 30 working days after meeting was held, and must be able to be accessed, or be available for at least one year after the meeting date.

No secret ballots will be allowed, and to keep the agenda relevant and not off topic. Details must be explained clearly to the public, so no confusion is made towards the public, and they can understand what the meeting is involving. The names of the people involved in the agenda must be put into the agenda, as well as the contact information for supporting material and where it is available must also be given to the public.

Any changes in the meeting that involve the item being delayed, removed, or altered must be noted to alert the public of any changes and to limit the discussions that get too long. Copies of the agenda should be made available either by mail or by email, cancellation or other emergency related events must be noted. When requested, clients must be given agenda and supporting materials by hard copy.

The public can make comments and will not be prevented to do so, no matter how disruptive it is, they have the right to speak their three minutes. However, if they are violent or aggressive, then they may be halted and removed from the meeting. All complaints should be reported to the Attorney General's office. Material that is confidential should not be involved in personal social media accounts of members attending meetings.

6. Northern Region Behavioral Health Data Report
-Presented by Kyra Morgan and Jen Thompson of the Department of Health and Human Services

Established in November 2017, to allow data to be readily available to make better decision making involving behavioral health. The program provides analytical support for all health departments, covering all programs and agencies in Northern Nevada. The data is dependent on residency, not on the zip, code to help calculate results. Data is collected state wide.

Diagnosis and inpatient are increasing due to population size in the area. Substance abuse within the population has increased extensively since 2012, even more so than alcohol abuse. Opioid hospitalization has increased significantly in the past few years.

7. Review of Regional Opioid Overdose Reports and County Toxicology Reports

Reports not finalized, moved along to the next agenda meeting.

8. Presentation on Rural Nevada Suicide Data
-Presented by Misty Vaughn-Allen, Office of Suicide Prevention

In 2005, Nevada was ranked second in the nation for suicide. By 2015, however, Nevada was placed outside of the top ten list within the nation. The focus remained on involving behavioral health with suicide prevention within the community. In 2016 Nevada increased by 15% and is now ranked fifth in the nation.

Over half of suicide deaths involve fire arms, and the rate of suicide for women has risen more, over suicides involving men. Between the ages of 8 to 17, suicide is the leading cause of death. Involvement of mental health in the school district has helped moved Nevada to 25th in young age groups involving suicide.

Veteran rate of suicide is down in Nevada by 21%, whereas female Veteran rate of suicide is much higher in Nevada compared to male Veteran suicide. Majority of Veteran suicides are those who served in the Vietnam War conflict. Factors involving Veteran suicide statistically, isn't provided by this report.

9. Review of Regional Behavioral Health Coalition Priorities -Presented by Jessica Flood, Coordinator

Focus is on Behavioral Health and Priorities in the region and developing a strategic plan for coalition on two topics which were on legislature and discharge planning. Focus includes changing legal hold process, supporting workforce development, developing informational access, and creating transportation for non-emergency access.

Top three Legislative priorities:

1. Develop services for continuity of care
2. Identify strategies to support funding for assisting jail diversions
3. Develop legal information access

Top priority from the public was for most facts funding, for crisis mobilization. Regional discharge planning objectives were on transportation, collaboration, and client connections.

Top three discharge planning priorities:

1. Behavioral Health access for when in need
2. Housing for individuals needing care
3. Collaboration between providers

10. Discussion of Future Meeting Topics/Presentations -Presented by Dave Fogerson and Jessica Flood

Focus on top priorities and key issues, suggested as:

- Legal 2000 issue
- Mental health diversion programs
- Adult protective services
- Workforce Development

11. Public Discussion

Sarah Adler comments:

The living and housing situation for those struggling or suffering from mental illness is deplorable and requires immediate attention. If this situation would be addressed, healthcare costs would lower costs of those seeking care by not having to be admitted into facilities. There are no resources within the community to help stabilize them, which would help if there was more case management involved.

Robin Reedy, Executive Director of NAMI Nevada comments:

Requesting an Ombudsman to help advocate and support the mentally ill in the community and assist them with living needs. Suggests that the empty buildings throughout the state, due to the recession, be used to help support and help the homeless who are suffering from mental illness. Could be ran by county and/or city, providing affordable and convenient lodging.

Blayne Osbourne with Nevada Federal Hospital Partners comments:

For the past four years, this partnership has prevented up to 50% of transfers from being avoided to being admitted into behavioral health. Recommends that the interests in Chapter 343A, may not be in the best interest for patients or the public. Many of the programs it claims to support do not exist, and many of the services are not available at all. It conflicts with HIPPA and confuses many of the processes that have already been in place.

Duane Young, Deputy Administrator of Clinical Services for Behavioral Health comments:

Housing has been an issue that has been looked at, and a task-force is being put into place to find solutions to the housing situation for the mentally ill who are homeless. Deserves full attention, and the responsibility cannot be taken alone, the whole community should help support the situation.

Elaine Brannon, Social Worker for the Churchill Community Hospital in Fallon comments:

Recommends that the safety of adult patients be considered before they are discharged at the hospital. Wants to make sure there is more investigation involved, since she and others can't look to find out if the patients are okay and getting treatment after being discharged.

12. Adjournment

By Chair Dave Fogerson