

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

4150 Technology Way, Room 303

Carson City, NV 89706

MARCH 12, 2018

1:00 p.m. to Adjournment

**MINUTES**

**Attendees:** Kelly Marschall, SEI, Taylor Radtke, PDC, Joan Hall, NRAP, K. Harris, NDOC, A. Banister, CCJPC, Edrie Lavore, Blayne Osborn, NRHP, Davie Fogfam, East Fork Fire, Sandra Draper, NAMF, Joe McEllistrem, CCSO, Nich Aaker, CCHHS, Jennifer Rains, Washoe P.D., Hannah Davis, DPBH Rural Clinics, Sandy Wartgow, CCHHS, Carrie Embree, ADSD, Lea Cartwright, NPA, Wendy Madson, HCC, Natalia Powell, CASAT/NBHA, Coleen Lawrence, Moxy, Ken Furlong, CCSO, Linda Lang, NSCP, Bill Kirby, SAPTA, KT Greene, Jen Thompson, DHHS, Linda Porzig NAMI WNV, Meg Malta, SAPTA, Linda Lawlor, CCJPO

**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 Fork 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.**

Tabled.

**3. Behavioral Health data presentation and Board discussion.**

Data was not requested early enough. It was mentioned that Julia Peek had previously presented data on regional funding and recommended data discussion should take place at next Board meeting.

**4. Presentation: Division of Public and Behavioral Health Strategic Plan**

Kelly Marschall with Social Entrepreneurs presented the mental illness evolution within the State of Nevada. All four region boards and the Department of Health and Human Services (DHHS) have participated with the plan. Community integration focus and personal planning for adults with mental illness was presented. Overview of Community Behavioral Health System in Nevada was presented with a list of prioritized key categories such as: criminal justice diversion for both adults and children, supported housing assertive community treatment services, and access to providers for crisis and community-based treatment.

Additional strategies were presented for the State level which included coordinating efforts to build budgets, implement standardized definitions of behavioral health and mental illnesses with the Department of Health and Human Services to ensure each Division is determining serious mental illnesses in the same fashion.

Implementation priorities were mentioned including providing access to providers for crisis and community-based treatment and creating sustainability funding through a reimbursement model with the assistance of the Division of Health Care Financing and Policy. Also mentioned were criminal justice diversion utilizing crisis intervention teams (CIT), supported housing and assertive community treatment being implemented statewide.

Following the presentation, Sheriff Kenny Furlong stated that the lack of rural services available is overloading facilities such as Carson City jails. Ali Banister mentioned that the Carson City Juvenile Detention Center is at capacity and that most incarcerated do have a form of mental illness but are being denied by Medicaid to assist with any services. Lack of services and resources in communities are causing strains on the community. Kelly Marschall mentioned that the State strategic plan has included a funding focus to include behavioral health block grants to allow an investment in infrastructure.

Dr. Joseph McEllistrem mentioned that there is a mental ill population that refuses long-term treatment and are a part of the reoccurring individuals who are often in emergency rooms and jails to receive short term treatments.

**5. Presentation of Rural Children’s Mental Health Consortium 10-year strategic plan**  
Tabled.

**6. Presentation on legal hold process (NRS 433 A) and board discussion**

Washoe County Public Defender’s Office shared perspective on patients or clients and the “Legal 2000s” (72 hour hold). Sharp increase in number of petitions for patients seeking involuntary admission through court cases. A person with mental illness is defined within NRS 433 A.115 as: capacity to exercise self-control, judgment and discretion in the conduct of the person’s affairs and social relations or to care for personal needs is diminished so to be a clear and present danger of harm to self or others. Under NRS 433A mental illness does not include: epilepsy, intellectual disability, dementia, delirium, alcohol and drug addiction unless a separate mental illness contributes to the diminished capacity of the person. If a patient does not have a mental illness then no legal hold is possible.

Involuntary court-ordered admission if court finds clear and convincing evidence that the person with respect to whom the hearing was held has a mental illness and, because of that illness, is likely to harm himself or herself or others. Involuntary admission automatically expires at the end of 6 months if not terminated previously by the medical director of the public or private mental health facility.

Board discussed that rural communities need smoother legal hold processes such as the process in Washoe County. Data was discussed and also requested regarding patients who are discharged by the court vs. hospitals.

**7. Presentation on community collaboration opportunities with Elder Protective Services**

Elder Protective Services (EPS) provided an overview of their unit within the Aging and Disability Services Division (ADSD). EPS is mandated by law to receive and investigate elder abuse along with law enforcement. Examples of elder abuse are abandonment, isolation, abuse, exploitation, neglect of elders. EPS uses a triage system, with licensed social workers. An

emergency fund is available to elders in need. Contracts with forensic medical and accounting specialists to assist with EPS open cases.

EPS reports suspected criminal cases to law enforcement for further criminal investigation. Community collaboration is often used to assist EPS. Elders have the right to refuse assistance or information to be disclosed to family members which does generate challenges. The law allows EPS to pull community partners together to assist in preventing elder abuse. Training is being offered to assist law enforcement, prosecutors, and judges to address elder abuse. Elders and other people often do not know how or what to report as elder abuse, but it is critical to always report suspected elder abuse. Most abusers are often the adult children of the elder.

Many elders are not receiving mental health treatments or have never been diagnosed properly. Nevada has been rated as having the highest elder suicide rate.

#### **8. Presentation of Aging and Disability Services regarding plans to develop Adult Protective Services for vulnerable adults 18-59 years of age.**

The Aging and Disability Services Division (ADSD) has begun to look at an Adult Protective Services Program (APS) for vulnerable adults ages 18-59. Elder Protective Services is only able to assist adults aged 60 years or older. The Division has only begun discussions to transition to having an adult protective services program.

#### **9. Presentation of existing community diversity/stabilization programs including Forensic Assessment Services Triage Team (FASTT), Mobile Outreach Safety Team (MOST), Crisis Intervention Training (CIT), Mallory Crisis Center, Vitality Unlimited and Life Change Center supporting continuity of care funding, and the youth diversion program Juvenile Services Triage Team (JJASTT)**

Programs are available to assist individuals before they are in a place of crisis or taking away an individual's rights. Certified community behavioral health clinics (CCBHC) are available in the community as well as centers like the Mallory Crisis Center to offer mental health/ substance use services, medical model detox, and voluntary and legal hold services. Assertive community treatment teams are needed to assist with longer term treatment to follow up crisis care already being provided. Crisis Intervention Training is offered for free to local law enforcement. The Mobile Outreach Safety Teams (MOST) are only responding to 30% of the referrals being received due to lack staffing such as case managers and social services. MOST is often not able to follow up or see enough people which causes less stabilization of those being assisted. Forensic Assessment Services Triage Team (FASTT) are focusing on intercepting individuals in jails to assist with case management plans and assist with reentry. Community health workers would be a benefit for FASTT to assist with connecting individuals with services. Youth diversion programs are being utilized by Juvenile Justice Services Triage Teams (JJASTT) to assist with the mental health concerns being found in the Carson City Juvenile Detention Center and schools among juveniles. The current JJASTT programs include mental health screening of referrals, an initial meeting with the juvenile, supervision to assist to with monitoring mental health concerns.

#### **10. Discussion to identify and determine the behavioral health priorities of region.**

Behavioral health priorities mentioned are as follows:

- Support three state plan goals from community integration plan
- Support behavioral health coordinator existence

- Increase reimbursement payment to behavioral health beds incurred due to growth of industry.
- Provider access in rural areas (workforce development).
- Support MOST, FASTT, JASTT programs.
- Work to have Legal 2000s be the same process in each county.
- Promote ACT in rural areas
- Provide support to keep people in communities and deter the influx of urban communities to be known as a dumping ground for people in need of services.
- Medicaid denials for juveniles with mental health service needs.
- Mobilize communities by writing letters and holding work sessions during next meeting stating priorities of the Board.

#### **11. Public Discussion**

No Public Comment

#### **12. Adjournment**

By Chair Dave Fogerson