

DIVISION OF PUBLIC AND BEHAVIORIAL HEALTH  
SOUTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD

500 S. Grand Central Parkway

Las Vegas, NV 89155

February 9, 2018 – Meeting Minutes

**1. Call to Order**

**By Ariana Saunders**

**2. Public Comment:**

No public comments were made.

**In Attendance:**

Angel Buttel, Jamie Ross, Dan Musgrove, Sondra Cosgrove, Lisa Ruiz-Lee, Jen Thompson, Sara Hunt, Nita Schmidt, Mike Pawlak, Kim Johnson, Roman Reid, Misty Brimmer, Sara Chohagian, Lesley Dickson, Shari Brown, Debbie Rinaldi, Larry Clarke, Trey Delar, Ann Smith, Angela Punn, Robert Durette, Nicole McGee, George Gaski, Julia Peek, Duane Favni

**3. Introductions, Members of the Southern Regional Behavioral Health Policy Board**

Ariana Saunders, Regional Behavioral Coordinator, Jaqueline Harris, Licensed Marriage and Family Therapist and Licensed Drug and Alcohol Therapist, Charlene Frost, State-wide Family Network Director for Nevada Path, Steve Yeager representing Assembly District 9 and a Practicing Attorney, Jamie Ross, Executive Director of the PACT Coalition, Dr. Joe Iser, Chief Health Officer of Southern Nevada, Dr. Ken McKay, Licensed Psychologist and a member of Healthy Minds, Dr. Lesley Dickson, Psychiatrist, Larry Clark, Your Choice Behavioral Services, Dr. Jim Jobin, Licensed Clinical Professional Counselor and Licensed Clinical Drug and Alcohol Counselor, and host of a professional podcast called Pad Therapy, Angelo Aragon represents the Professional Firefighters of Nevada, Nita Schmidt, Captain of the Metropolitan Police Department

**4. Election for Board Chair for the Southern Regional Behavioral Health Policy Board**

Joe Iser wants to nominate Dr. Ken McKay, and Charlene Ross would like to nominate Steve Yeager. Dr. Jim Jobin also would like to second for Steve Yeager. Motion on the table for McKay and for Yeager as Board Chair. Assemblyman Steve Yeager is selected and voted unanimously, as Dr. Ken McKay stands down from selection.

**5. Overview of AB 336 Authorizing Legislation**

This legislation divides the state into regions in four separate behavioral boards; Southern, Northern, Rural, and Washoe County. It also creates regional behavioral health policies within each of Nevada's four regions. Each policy board contains 13 policy board members, each with different experiences and expertise. There are three appointing authorities for board members; the Governor of the State of Nevada, the Speaker of the Assembly, and Senate Majority Leader. Each member of the Policy Board has their own

responsibilities, and because of the diversity allows for informed decisions. The primary role of the board is to advise the Department of Health and Human Services, Department of Public Behavioral Health, and the Behavioral Health Commission on regional specific issues and challenges that are in the board. Board will work to identify the needs of the region, and update the division, department, and the commission on progress, problems, and proposed plans; and designated authorities on how money can be allocated to address these issues. The meetings for the board must meet quarterly; each appointment term is at least two years and may be reappointed again with no term limit.

**6. Training on Open Meeting Law**  
**-Presented by Rosalie Bordelove, Deputy Attorney General**

The Open Meeting Law applies to Meetings of Public Bodies, defined by any administrative and legislative body involving two or more people. It favors open government, meaning that it is open to the public where they can be more involved. A categorized meeting is to have majority of the public body to make a deliberation or an action based on a decision. There must be two separate public comment sections, one on an action at the beginning of a meeting, and one at the end for discussion. There must be a list of agendas on where the information is located, and these postings must be put up no later than three working days at 9pm before the meeting is scheduled to take place. The public body must have written documentation of the meeting and must be posted to designated locations. This makes it easier for the public to be interested in the meeting, to know the time and place, and how to participate in the meeting.

Supporting material for the meeting must have a physical location where the public can locate it and must be distributed during the meeting. Each member of the meeting must have at least one copy free of charge, and more copies must be made available in cases where there are many members of the public present. Immediate action must be taken in case of emergencies where the meeting may be suspended or cancelled, and the notice must be put out 24 hours before the meeting is scheduled to take place. The meeting must be recorded and transcribed and must also be available to the public on request. Minutes must be kept at all meetings and must be made available at least within 30 working days after the meeting, for the public to view. Disruptive members of the meeting may be asked to leave or removed. Telephone and video technology may be used in place of a meeting if there is not a physical location for the public to attend.

**7. Southern Nevada Regional Behavioral Health Data Report**  
**-Presented by Kyra Morgan and Jennifer Thompson of the Department of Health and Human Services**

Kyra Morgan was not able to attend this presentation; responsibility for the presentation will be carried on by Jen Thompson. The Department of Health and Human Services established a new Office of Analytics in November 2017. The goal was to switch from an analytic culture on required reporting and more on analytics based on better decision making. The Office of Analytics offers lots of different kind of data to help assist the state on decision making. The program provides analytical support for all Health Departments, covering all programs and agencies in Nevada. The data is dependent on residency, not on the zip code, to help calculate results. Based on three counties within

Southern Nevada Region, opioid abuse has been the biggest emphasis in the past year and a half.

Dr. Jim Jobin asks a question on whether heroin has its own classification; Jen answers that it does, but it is not included with prescription meds.

Charlene Ross asks a question on where the data is provided from; Jen answers that an outside contractor, by law, reports the data and the health care agencies inpatient care. Julia Peek also provides information on data sets, which helps explain how the data is provided.

Jamie Ross asks about state deaths caused by abuse, within the state; Jen answers that there are several reports that cover this data. Data can also be compared between opioid abuse and prescription medications.

## **8. Southern Nevada Behavioral Health Services Study -Presented by Ariana Saunders**

The purpose of this study was to identify the specific mental health needs of Clark County. Report overlaps with data that is available from the Office of Analytics, conducted a review and database from information made by surveys from the public. It came up that of about 1,700 health providers, and about 7,432 surveys made over the phone, and was able to get about 174 providers with a 10% call rate and was not able to make an exact data set to determine statistics.

Nevada is lower statistically against the rest of the nation, in terms of mental illness. Data was provided back in 2014, which is the most current information available, and the data may be different as of this time. Six take aways were made from the survey data: there was a lack of quality from providers to meet demand, inadequate insurance coverage, lack of funding and resources, limited inpatient care, temporary housing for people suffering from mental illness, need for focus on short-term care, lack of education and awareness, and getting care for children early.

Dr. Lesley Dickson asks for a breakdown on what the survey providers occupations were; Ariana Saunders says that the information is provided and available from the previous e-mail.

Charlene Ross asks how many Psychiatrists who are involved with children was provided. Ariana was unable to provide that information.

Dr. Lesley Dickson explains that the data is old and may not be very accurate or current; Joe Iser explains the rural partners and providers are extremely inadequate; Jackie Harris advises on the child health side there are less providers for help.

Dr. Lesley Dickson explains there isn't a fellowship between providers involving helping children with mental illness. Most providers do not get support or financial help outside of charging client fees.

## **9. For Possible Action Discussion of Future Meeting Topics/Presentations**

Dr. Jim Jobin proposed to invite the leadership of the Nevada Medicaid to discuss the reforms at the provider level to see what they would like to say. Ken McKay proposed three suggestions; a discussion on data sources, a discussion on data accuracy on limitation, and a timeline and milestones for the future. Dr. Lesley Dickson suggests that the county governments are not involved enough to help support mental illness within their own communities and would like to see more of their support and their involvement in the issue. Jackie Harris is concerned for children's mental health and would like to request that all three regions create a plan on how to deal with that issue.

Unanimously, the board is looking to find new ways to obtain more significant, accurate, and updated data sources to make better decisions for the next board meeting. Two forms of data they would like to see more of is advocacy, and Medicaid data, to see if the programs in place are working. The second set of data is to find if there is an integrated care model in a family care setting. Dr. Joe Iser explains that this data may not be available, especially in the realm of behavioral health. Steve Yeager says that it is too difficult currently to determine the different groups that are involved in these issues, and to find out which of these groups are still effectively working on these issues to work with them more to understand these issues on a community level.

Dr. Joe Iser suggests having the board meet monthly, to be more proactive on some of these matters. Dr. Jim Jobin would like to hear more from providers, since there is currently a deficit of providers in Nevada. Many counselors and providers were sent out to aid those who were affected by the Active Shooter event in Las Vegas on October 1<sup>st</sup>, 2017, and many members would like to see how the providers responded, and how this event can help assist in these issues that are happening to those effected by mental illness in the community.

## **10. Public Comments and Discussion**

**-Dr. Sara Hunt, Assistant Dean of Behavioral Health Sciences at the UNLV School of Medicine**

Dr. Hunt directs the UNLV Mental and Behavioral Health Training Coalition and focuses on work force development issues in Nevada related to mental health. She looks to find barriers for students looking to join the program, and students who are looking to be licensed in Nevada after they are finished with their education. She wants the board to use this coalition as a resource and provide training and treatment in Clark County and Las Vegas. The University provides counseling, research, and training for the next generation of practitioners. She will be included in these meetings and wants to help the Board in the future.

## **11. Adjournment**

**-By Assemblyman Steve Yeager**