DIVISION OF PUBLIC AND BEHAVORIAL HEALTH

WASHOE REGIONAL BEHAVIORAL HEALTH POLICY `BOARD

1001 East 9th Street

Reno, NV, 89512

February 5, 2018 - Meeting Minutes

1. **Call to Order**
   By Sheila Leslie, Coordinator

2. **Public Comment:**

   No public comments were made.

   In Attendance:

   Lisa Lee, Sherman Boxx, Jerry Motush, Jen Thompson, Kyra Morgan, Joan Hall, Denise Everett, Jessica Flood, Huong Ngo, Kitty Jung, Hullie Roth, Lea Cartwright, Misty Allen, Annie Zucker, Marissa Brown, Blayne Osborn, Natalie Powell

3. **Introductions, Members of the Washoe Regional Behavioral Health Policy `Board in Attendance:**

   Henry Sotelo, Sharon Chamberlain, Jennifer Delett-Snyder, Dr. Jeremy Matuszak, Charmaane Buehrle, Charles Duarte, Kevin Dick, Dr. Saide Altinsan, Monique Harris, J.W. Hodges, Sgt. Wade Clark, Senator Julia Ratti

4. **Election for the `Board Chair as the Washoe Regional Behavioral Health Policy `Board.**

   Charles Duarte was nominated to be the `Board Chair and was elected by acclamation.

5. **Discussion Overview of AB 336 Authorizing Legislation**
   -Presented by Sheila Leslie

   This legislation divides the state into regions into 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 four appointing authorities for `Board members; the Governor of the State of Nevada, the Speaker of the Assembly, the Senate Majority Leader, and the Legislative Commission who appoint the legislative representative. Each member of the Policy `Board has their own responsibilities, and this 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. The `Board will work to identify the needs of the region, and update the division, department, and the commission on progress, problems, on proposed plans, and designated authorities about how money can be allocated to address these issues. If the `Board meetings prove to be successful, then the state may allocate money to help assist behavioral health in the region.

6. **Training on Open Meeting Law**
   -Presented by Sarah A. Bradley, 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 is an essential part of modern democracy involving citizens. 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 action at the beginning of a meeting, and one at the end for discussion. There must be a list of agenda items posted, and a listing on where the information is publicly located; these postings must be put up no later than three working days, by 9pm, before the meeting is scheduled to take place. 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 public member attending the meeting must have at least one copy of all information, 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 the minutes must also be available to the public on request. Secret ballots are not authorized within the state of Nevada.

   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. `Board members were cautioned to avoid discussing `Board business in public, or in social media settings. Public comments can be limited to three minutes, if necessary, due to time constraints. A question was asked by a `Board member if a request needs to be made for written testimony for the minutes; Sarah Bradley explained that it is one of their options.

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

   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 to more structured analytics to produce better date for improved 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 Divisions of Health and Human Services, covering all programs and agencies in Nevada. Data is usually provided only once a bill is submitted, so data provided is based on the bills that needed the said data. The data is dependent on residency, not on the zip code, to help calculate results. A question was asked by a `Board member if ambulatory care data was available statewide; the answer was that it wasn’t available at this time.

8. **Nevada and Washoe County 2016 Suicide Data**
   -Presented by Misty Vaughn-Allen of the Office of Suicide Prevention

   This office started in 2005, and since has tried to put efforts in place to get Nevada out of the top spot in the nation for suicide. Between 1999 to 2014, the national suicide rate increased by about 24%, the same time a national strategy was put into place to prevent suicide in the nation. Between 2014 and 2015 Nevada was one of the only states to not have the suicide rate increase within those years. In 2016, Nevada's suicide rate went up by 15%, pushing the state into the fifth highest rate in nation. Firearms are responsible for over 50% of the suicides in the nation, and Nevada is at about average compared to the nation. Suicide is the second leading cause of death between ages 18-44, and the first leading cause of death between ages 8-17. Youth rates have been down compared to the national average and strides have been made by youth programs and the education system.

   The elder suicide rate in Nevada is three times larger than the national average and will stay that way for ages 65 and above. A local intern practitioner found that when she inspected 130 suicides in the Washoe County Coroner's office, 30 to 40% of those who died had previously attempted to commit suicide.

   Education and programs are put into place to prepare health care providers with the skills to identify suicidal tendencies and suicide symptoms, and how to handle them. The Governor has put in initiatives to lower Nevada's suicide rates, and to lower the rates for military veteran suicides. Zero Suicide Initiative is making great strives at improving suicide prevention and has worked with behavioral health to help with this initiative.

   A question was asked by a `Board member if the data for 2016 was put on the website; Misty responded that it was. A `Board member asked the question if the data was compared against western states; Misty explained that it was. A question was asked what was driving the suicide rate, and if the methods of suicide have changed; Misty explained that opioid use and abuse of prescription medications have been a huge contributor to suicide deaths.

9. **Discussion of Future Meeting Topics/Presentations**

   A `Board member suggested that Assembly Bill 474, the Governor's legislation to reduce opiate abuse, should be included in future agendas to discuss implementation concerns. Another `Board member suggested looking at Medicaid data on outpatient utilization rates within Washoe County. A suggestion was made by another `Board member for a presentation on an overview on how behavioral health and substance abuse services are provided in Washoe County and the State. Another suggestion was on the 72 hours hold that is made by hospitals, and that there should be residence in place for those who are released after being held. Housing for those after they are held by hospitals suffering from mental health should be another topic discussed, and a brief update of current services offered to see if they are currently effective.

10. **Public Comments and Discussion**
    No public comments were made at this time.

11. **Adjournment**
    -By Charles Duarte