

Behavioral Health Planning & Advisory Council
Quarterly Meeting

MINUTES

DATE: July 20, 2017

TIME: 9:00 a.m.

Meeting

Videoconference

LOCATION: Division of Public & Behavioral Health

**Rawson-Neal Psychiatric
Hospital**

4126 Technology Way, Second Floor Conference Room
Carson City, Nevada 89706

1650 Community College Dr.
Las Vegas, Nevada 89146

Teleconference Access

Phone Number: (775) 887-5619; Conference Number: 2003#; Conference PIN: 0720#

BOARD MEMBERS PRESENT

Ali Jai Faison, Vice Chair
Rene Norris, Chair
Barbara Jackson

Anis Abi-Karam
Katherine Mayhew
Dawn Walker

William Kirby
Susan Orton
Elizabeth Burcio

**BOARD MEMBERS
ABSENT**

Alyce Thomas
Robert Volk
Sharon Wilson

Mechelle Merrill
Debra Parra
LaJune Primous

Denise Everett
Susan Maunder

OTHERS PRESENT

Barry Lovgren, Private Citizen
Lea Cartwright, Nevada Psychiatric Association
Michelle Berry, CASAT
Ramona Derby-Brinson, UNLV

STAFF & GUESTS

Dennis Humphrey, SAPTA
Kyle Devine, BHWP
Joan Waldock, SAPTA
Susanne Sliwa, Senior Deputy Attorney General

James Kuzhippala, DPBH
Raul Martinez, SAPTA
Jordan Baez, Intern

Marco Erickson, SAPTA
Stephen Wood, SAPTA

1. **Call to Order, Roll Call, and Introductions.**

The meeting was called to order by Vice Chair Mr. Faison at 9:10.

2. **Public Comment.**

There was no public comment.

3. **Review and Approve Minutes of June 5, 2017**

Ms. Norris moved to approve the minutes. Mr. Abi-Karam seconded the motion. The motion carried.

4. **Presentation of Strategic Plan**

Mr. Devine thanked members of the committee for their contributions to the strategic plan. He mentioned that Mr. Faison, Mr. Lovgren, Ms. Mayhew, and others served as members of the steering committee. He stated that multiple town hall meetings were held before the creation of the plan, as the State had not had a strategic plan since 2009. The team used focused strategic thinking operating under the premise that, if you bring the right people to the table at the right time, you have 90 percent of the information needed to create a strategic plan. He continued that they contracted with Social Entrepreneurs, Inc. (SEI) to create the plan. He stated the strategic plan was made independent of grants, so that they could see what the needs of the state are; however, the plan was focused on substance use disorder and the SAPTA agency, the integration of all behavioral health services as there was a lot of crossover between substance use and mental health. The summary can be viewed [here](#). The entire strategic plan can be found [here](#).

He stated these were the high-level plans they hope to accomplish over the next two to three years as his staff builds operational plans in each goal area, pointing out that they were asking BHPAC to be their watchdog to make sure they achieve this plan and ask for input. He added they would bring forth the operational plan addressing goals at the next quarterly meeting. He asked if there were any questions, comments, or concerns about their plan.

Ms. Burcio wondered what kind of information they could contribute. Mr. Devine stated that they wanted to make sure the state was moving this plan forward, that it was meeting the needs of the people and the consumers of the state. The State asked the Council to act as a watchdog, looking at the objectives and their due dates and, if members saw that the State was not moving forward on objectives, they wanted to be called out on it. There were no more questions or comments.

Mr. Lovgren agreed that members can make comments and recommendations as individuals, but the Council itself cannot make recommendations.

5. **Review of Block Grant Application and Recommendations on Priorities**

Mr. Lovgren pointed out that this is not an action item on the agenda, so it is not possible for the Council to make any recommendations.

Mr. Devine stated that Mr. Erickson can receive feedback from the Council and obtain individuals' thoughts on the priorities, but no motion can be made, and no vote can be taken.

Mr. Lovgren agreed that members can make comments and recommendations as individuals, but the Council itself cannot make recommendations.

Mr. Erickson presented the Joint Block Grant Application Overview Draft Priorities 2018/2019. It can be viewed [here](#).

Dr. Abi-Karan asked what the process was following first episode psychosis (FEP)—to whom are patients referred, what kind of help was available to them, and what kinds of services were provided. Mr. Erickson replied that the funds were made available to The Children’s Cabinet, which has a vast number of case managers and providers who implement evidence-based practice on the ground in Clark and Washoe Counties. The next step would be to enhance that, expanding services to other communities. He added they want to provide early intervention, providing all the proper care and treatment needed. He also asked what services were available for those experiencing serious emotional disturbance (SED) and serious mental illness (SMI) or both. Mr. Erickson answered that was what they were talking about when they said they wanted to increase community capacity across the state. He pointed out there was a shortage of professionals, so they have developed strategies to encourage interested people living in rural areas to get the education needed and then stay there to provide services. They also would enhance peer support specialists, so those who have gone through treatment, understand the process, are in recovery and doing well could mentor others. He added they would build residential services for those who need residential treatment.

Dr. Abi-Karam pointed out that he worked primarily with managed care and the private sector and that they provide services for FEP and SEDs in that population. He stated they have had difficulty integrating that, so it had become a stand-alone system provided only for their members. He pointed out that it was a highly successful system, with a great outcome, but it had not been offered to the State. He added that he knew of other agencies that offered such services, but the services were not integrated.

Dr. Abi-Karam asked if peer support was basically related to drug and alcohol abuse, or whether it also related to mental health. Mr. Erickson replied that there were three peer supports operating—mental health through NAMI [National Alliance of Mental Illness], Aids/HIV prevention, and substance abuse through CASAT. He added that they would like to work smarter, not harder, so they would map out commonalities, looking for a way to share the trainings in order to have more trained people, allowing specialization in a specific area. Dr. Abi-Karam asked if there were an agency where peers could be educated and trained for mental health—wondering if there were an agency providing peer certification in Nevada. Mr. Erickson replied that NAMI would provide peer certification, CASAT would provide online training, and Foundations for Recovery in Las Vegas would provide certification. Mr. Erickson stated there was a need for SAPTA to map out what was available. Dr. Abi-Karam stated he has spent the last two years mapping out peer support systems in Clark County and did not find any significant programs available, so he developed his own peer certification program through his agency for those who have been clean and sober from drugs and alcohol, without having been in the emergency room (ER) for at least one year. He reported there are nine peers giving support.

6. **Update on New Member Orientation Planning and Technical Assistance for Planning Councils**

Ms. Norris reported they have heard nothing on technical assistance. Mr. Devine interjected that he had a conversation with the consultant they were working with. That consultant accepted a job with the Agency to provide the technical assistance. He said it had been approved to have that person continue to provide technical assistance and that they were drafting a plan that he should have available for members shortly. Mr. Faison suggested that, with the expiration of some members' terms coming up, it might be good to wait to do training for those new members, rather than training those who are leaving the Council. Ms. Norris pointed out that, according to bylaws, members must go through training every two years. She also stated that training needed to incorporate co-occurring disorders and substance abuse. Ms. Burcio mentioned that she has received no training. Ms. Norris replied that they have not offered training in a couple of years. The technical assistance was supposed to help with that. Ms. Burcio added action was needed, especially in the rural areas. Mr. Faison replied that the Council was a public body, so establishing a quorum for training was important. He stated that if they could consistently have a quorum present for their meetings, they would have the ability to move more projects forward. He added that they should set a date that members can commit to being present for training.

7. **Discuss BHPAC Membership Reappointment and Vacant Positions**

Mr. Martinez reported that there were four vacant positions and that he has sent out requests for mental health, housing, and Medicaid representatives. Sharon Wilson, the criminal justice representative, retired and put forth the name of her supervisor, Dr. Jennifer Sexton. He mentioned that he provided her name to Nikki Haag, the Boards and Commissions Officer at the Office of the Governor and that Ms. Haag was working on having her appointed. For the chronically mentally ill individuals who are receiving or have received mental health services representative, he stated there were three vacant positions. According to Ms. Haag, currently there were no applications on file, so Mr. Martinez requested that the Nominating Committee set up a meeting soon to provide contacts to send to the Governor's Office. Ms. Primous, who was voted out at the last meeting, held one of the families of such individuals positions, creating a second vacant position in this category. Under public and private entities, Dr. Abi-Karam's membership expires September 1, but he could be reappointed if he would like. Ms. Hines-Coates, the representative for education, did not want to be reappointed, so her term ends August 5. She put forward the name of the director of the Office for a Safe and Respectful Learning Environment, Christina McGill, for consideration. Mr. Martinez reported that Ms. Everett's term was set to expire September 1 and that Ms. Burcio's was set to expire December 31. Ms. Burcio suggested that recruitment flyers be made available at the mental health clinics. Ms. Norris stated that flyers would be out in rural and urban clinics, as well as in the Reno and Las Vegas children's clinics.

Ms. Mayhew announced she has delayed her retirement, so she would not be leaving the Council in September. Ms. Norris asked if Ms. Mayhew knew of anyone in Las Vegas who would be interested in serving on the Council as they need a member who is a family member of a child receiving treatment. Mr. Martinez said he had a point of contact to give to the Governor's Office for a representative from housing—Amber Neff, the grants and projects analyst. He concluded that there would be three new members pending appointment for nine vacant spots out of the 23 seats on the Council.

8. **Update on Certified Community Behavioral Health Clinics (CCBHC)**

Mr. Humphrey reported that two clinics in the rurals and two in the urban areas have been certified by the Bureau of Health Care Quality and Compliance (HCQC) and were operational as of July 1. He stated they included Vitality Unlimited in Elko, the New Frontier Treatment Center in Fallon, WestCare in Las Vegas and its satellite clinic in Reno, and Bridge Counseling in Las Vegas. He reminded the Council that Nevada was one of a few states that started out with the original CCBHCs and finished out with all of them, experiencing no dropouts. He stated they have met with the two Las Vegas clinics, regarding contracts with managed care organizations (MCOs). He pointed out that the demonstration grant for this model program was for a two-year period, commencing July 1. Mr. Faison asked if there were a method by which CCBHCs promoted or advertised their existence to the general public. Mr. Humphrey replied that the webpage was being reconstructed to include office hours and the all-encompassing services the respective clinics offer. He added that the clinics were marketing themselves to their communities. He offered Dr. Woodard and himself as points of contacts for questions anyone might have.

9. **Update on the Nevada Commission on Behavioral Health**

As Viki Kinnikin was absent, this update was not given.

10. **Update on the Statewide Peer Leadership Advisory Council**

Ms. Berry reported that there was a bill at the past legislative session that would have made peer support services certification mandatory, but the bill did not pass. A voluntary certification process through the Nevada Behavioral Health Association remained. The Peer Leadership Advisory Council created the guidelines for how the certification process would work. The group decided to not open registration for accepting applications in June, but held it off until July 1. She stated that those desiring certification would be allowed to take the examination once their applications were approved. She said that pockets of the advisory council met to develop a strategic plan based on the needs in their communities and that the council has begun to crosswalk the plans. The first priority area was workforce development—to make known the voluntary statewide peer certification process, to create a statewide job board of open peer support services positions, and to place peers after they have met internship hours requirements. They also discussed developing a newsletter or other communication strategy to promote peer recovery services and where folks can find them, as well as to further educate employers as to how to utilize peers. She stated the group wanted to do a statewide inventory of the various trainings that were available and to create a clearinghouse for the training curriculums and supplemental materials available for training coaches.

Ms. Berry reported that priority area 2 was defined as enhancing treatment and support programs to incorporate peer support services throughout the entire system of care. She stated that the group wondered how an Office of Consumer Affairs could be created for peer recovery services. They also wanted to develop a “Peer 101” basic training for policymakers and the public on what peers are, how they could be utilized in the workplace, and the benefits of peer support services. She added they would further look into partnership opportunities, identifying key contacts within state government to coordinate peer services with in an effort to increase representation and advocacy on state boards, committees, or anything related to peer support services. She stated that priority area 3 related to peer leadership development and needed to be fleshed out better in how to promote sustainability for the group’s future thinking—how NPLAC (Nevada Peer Leadership

Advisory Council) could be grown as a peer-led organization and what funding would sustain it—how it could move toward using membership fees rather than state funds. She mentioned they also wanted to look at Medicaid eligibility for recovery organizations not operating under a clinical model. She concluded by stating that the final priority area was further expansion of the Peer Leadership Advisory Council throughout the state.

Mr. Erickson asked which areas would use peer support services. She replied they would be used in recovery, prevention, treatment, and, perhaps, outreach recovery teams. Mr. Faison asked if Ms. Berry's team was coordinating the peer program from SAMHSA [Substance Abuse and Mental Health Service Administration] and if they are collaborating with what Dr. Abi-Karam talked about. Ms. Berry pointed out that the group had not meet, but that it would collaborate with what exists in the state. Mr. Faison asked if NPLAC was trying to adopt any of the points of the bill that failed at the Legislature. Ms. Berry replied that NPLAC already encompasses the points that were in the bill. The bill had made it mandatory that individuals providing any type of peer support service be certified, registered, and under the Board of Examiners for Drug and Alcohol Counselors. She mentioned the bill was prescriptive on what individuals could do, and that providing peer support without certification would be illegal. She added there was a certification process and there were additional trainings developed, one of which is owned by the Division. Because a program did not technically exist, the Nevada Behavioral Health Association was endorsed by IC&RC [International Certification and Reciprocity Consortium] to provide these certification services. Mr. Faison asked if the program Dr. Abi-Karam produced would have to go through the certification process. Ms. Berry replied that a peer could go through that training, submit the application for certification, and could have the number of continuing education hours plus the number of application hours needed working in an organization. Once the peer filled out the application to become certified and completed the national exam, he would be recognized in the state of Nevada as a certified peer. She reiterated that certification was a voluntary, not mandatory process. Mr. Faison asked how peers were paid. Ms. Berry replied that would be determined by the organizations themselves, but under Provider Type 17 organizations were eligible for reimbursement from Medicaid for peer support services provided. She added that private insurances also might reimburse for services.

11. **Committee Reviews**

Ms. Norris reported that none of the committees met since the last meeting, so there were no reports to give. Mr. Martinez offered to send out doodles to the committees, reminding them they needed to meet. Ms. Burcio asked if she could be of any help on the rural monitoring committee, as she was a consumer of rural mental health services. Ms. Norris asked her to get her information to Mr. Martinez. Mr. Martinez pointed out that she already was a member of that committee. Mr. Faison stated that the committees usually met via conference calls. He requested a copy of the committee membership lists so that it could be determined if the committees had enough members to meet.

- **Executive Committee**
- **Nominating Committee**
- **Behavioral Health Promotion Committee**
- **Bylaws Ad Hoc Committee—Postpone Committee Until Further Notice**
- **Rural Monitoring Committee**

12. **Discuss Date and Proposed Agenda Items for the Council's Next Quarterly Meeting**

Mr. Martinez suggested setting up a yearly calendar of meetings. Mr. Faison suggested getting input from members regarding availability. Mr. Devine stated that he wanted to have the block grant he was working on done by August 15 so that the entire grant could be submitted by September 1. He wanted to send it out to all the members when it is complete, then have a conference call meeting in August in order to get the committee's final review and endorsement. He suggested it be an open meeting with a single-item agenda so that members could give recommendations and/or approval of the application prior to submitting it. He added that, per SAMHSA guidelines, once the application was submitted there was a timeline for public input, so they would be taking input until SAMHSA approved the application.

13. **Public Comment**

Mr. Lovgren commented on the planning goals, specifically the four goals for the substance abuse grant. He pointed out that one of the goals established in the strategic plan was to comply with the federal block grant application requirements this year. In the past, that has not been done. The state had to deal with state goals, but there were also federal goals that needed to be addressed in the state plan. The needs assessment was not put in the state plan at the last block grant application, which was why the Division was still trying to figure out how to do a block grant that met state needs without an assessment to know what those needs were. The joint application block grant plan and report specified that they did not have the needs assessment as required by federal regulation and gave a laundry list of the things that were missing. It showed they did not have a resource list that let them know what was available, so good luck knowing what needed to be provided when there was no knowledge of what was available. He added that the state block grant application needed to have the needs assessment requirements in the state plan. He pointed out that the current application and the planning document did not address the federal requirement that the state plan have provisions for outreach to injection drug users. Because it was not in the state plan, it did not happen. He mentioned that the state was in the middle of a heroin epidemic with no outreach to injection drug users which made no sense but also could make the state ineligible for \$16 million in block grant funds. He suggested that, when the Division looked at the state plan in the next meeting, there were some critical federal goals that needed to be met and at this point they were not identified in the planning documents. He mentioned that leading the council through this used to be Mike McMann's job. Mike had been working on how the council could meet its mandate to monitor, review, and evaluate the adequacy and allocation of substance abuse and mental health services in the state. He asked if anyone had that responsibility now that Mike is gone. Mr. Erickson said the POD teams, Kyle, and himself do that. Mr. Faison asked if Mr. Lovgren got follow-up from the Council. Mr. Lovgren said he did. He gave the example that, at one point, the state plan did not address the federal goal to publicize the availability of substance abuse services for pregnant women. That now was being taken care of and that he hoped these other things would be taken care of as well. [There was no further public comment.]

14. **Adjournment**

Mr. Kirby made the motion to adjourn. Ms. Mayhew seconded the motion. The motion carried. The meeting was adjourned at 11:10 a.m.