DPBH COMMISSION ON BEHAVIORAL HEALTH
MEETING MINUTES
March 25th, 2021
9:00 AM
MEETING LOCATIONS:

In accordance with Governor Sisolak's Declaration of Emergency Directive 006; Subsection 1; The requirement contained in NRS 241.023 (1)(b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

Meeting link: https://nvhealth.webex.com/nvhealth/j.php?MTID=m9a088b20fd4a2d112995b53658719683
Meeting number: 146 107 5434
Password: Jpu3GRPvX35
Join by phone: +1-415-655-0001 US Toll
Access code: 146 107 5434

1. **Call To Order/Roll Call:**

COMMISSIONERS PRESENT:
Lisa Durette, M.D. (Chair), Tabitha Johnson MFT, (Phone), Gregory Giron Ph.D., Braden Schrag, Natasha Mosby, Jasmine Troop, Lisa Ruiz-Lee (Vice Chair)

COMMISSIONERS EXCUSED:
Barbara Jackson

Division of Public and Behavioral Health (DPBH) Staff:
Joseph Filippi, DPBH; Rex Gifford, DPBH; Dawn Yohey, BBHWP; Megan Wickland, ADSD; Denietra Edwards, ADSD; Ellen Richardson-Adams, SNAMHS; Marina Valerio, DRC; Theresa Wickham, LCC; Julian Montoya, SRC; Susan Lynch, SNAMHS; Joanne Malay, DPBH; Jessica Camp, SNAMHS; Christina Brooks, NNAMHS; Misty Vaughn-Allan, DPBH; Stanley Cornell, SNAMHS; Stephanie Woodard, DPBH; Victoria Erickson, SRC; Micky Lasco, RRC; Richard Egan, DPBH; Kendall Holcomb BBHWP; Jessica Flood, DPBH

Others/Public Present:
Susanne Sliwa, DAG; Julie Slabaugh, DAG; Valerie Balen; Lisa Scurry, Psychological Examiners Board; Sidney Banks, JK Bells & Associates on behalf of the Nevada Psychiatric Association; Jessica Flood, Regional Public Health Coordinator for the Northern Region; Dorothy Edwards, Washoe Regional Health Coordinator; Teresa Etcheberry, Clark Regional Health Coordinator; Lea Tauchen, Trey Abney, Valerie Haskin, Rural Regional Behavioral Health Policy Board

Chair Durette called the meeting to order at 9:03 a.m. Roll call is reflected above. It was determined that a quorum was present.

Public Comment:

There was no public comment.

1. **FOR POSSIBLE ACTION: Previous Meeting Minutes**: Approval of meeting minutes from November 20th, 2020 and February 11th, 2021 Annual Governor's Letter Meeting.

   Chair Durette asked the Commission if they had any edits for the November 20th, 2020 Commission on Behavioral Health meeting minutes. Commissioner Troop advised the Commission that on page 2 her first name, Jasmine, was spelled incorrectly without the "e" and requested that her name be corrected.

   Commissioner Troop made a motion to approve the meeting minutes with edits. Commissioner Schrag seconded the motion. The motion passed unanimously.

   Chair Durette asked the Commission if they had any edits or corrections for the February 11th, 2021 Commissioner's Annual Governor's Letter meeting. No comments, corrections or edits were requested by the Commission.

   Commissioner Schrag made a motion to approve the meeting minutes. Commissioner Johnson seconded the motion. The motion passed unanimously.

2. **FOR POSSIBLE ACTION: Consent Agenda, Consideration and Possible Approval of Agency Director Reports**:

   Lake's Crossing Agency Director's Report presented by Theresa Wickham, Agency Manager. Lake's Crossing Agency Director's Report is Exhibit "A".

   Ms. Wickham spoke about Lakes Crossing's COVID-19 response. Ms. Wickham highlighted the difference between the COVID-19 situation now and in the first quarter of the year. In the first quarter there were less inoculations and stricter COVID-19 responses. Now there are more inoculations and COVID-19 restrictions are lessoning. During the last Commission meeting Ms. Wickham's stated that her staff reported a staff member, who has COVID-19, made the rounds in the hospital. Ms. Wickham expressed to the Commissioners that Lake's Crossing took the matter seriously, such as a live drill, and because of the rapid response 12 rooms were sanitized in an hour. 6 possibly non-infected clients quarantined in the wing next to the nurse's office. Ms. Wickham complemented her staff and noted that everyone helped including Administrative Assistants. Ms. Wickham explained that she used her military experience to "drill" and practice for emergency events, such as a rapid COVID-19 response, similar to the way the military practices for emergencies. Ms. Wickham stated that the emergency practice prepared Lake's Crossing to help another facility that had an emergency. All Division of Public and Behavioral Health (DPBH) facilities both in northern Nevada and southern Nevada assisted each other. Lake's Crossing helped ferry supplies to this facility. Many of the staff members volunteered to help with the COVID-19 positive unit to help that unit's staff. There was some overtime accumulated, but Ms. Wickham stated that they did what they had to do to keep the mission of both facilities continuing.

   During this hectic time there was an aircraft arriving with 8 clients from Clark County Detention Center (CCDC) as well as taking admissions and discharges. The staff were making sure that Lakes Crossing was still fully operational, while still helping their "sister" facility. Ms. Wickham highlighted this as the essence of the DPBH staff because they all band together. Ms. Wickham described how Joanne Malay, Deputy Administrator, would have a huddle meeting with epidemiology staff, reporting on the situation and discussing solutions to help the facilities as well as prevent cross contamination. The facility was isolated and provisions such as gloves would be delivered from a facility and placed in a bin, these provisions would be picked up from the isolated facility when the delivery was completed. Another example given was an emergency Catholic communion in the COVID-19 facility for one of the clients. Ms. Wickham again complemented the DPBH staff, facilities, and clinics for their dedication and selflessness during the difficult period.

Chair Durette thanked Ms. Wickham for her positive report highlighting Ms. Wickham's Air Force experience and drilling for such a prepared response. Chair Durette stated it was amazing to see such a response in the civilian world. Ms. Wickham stated that this could not have been done without support from DPBH leadership.

Stein Forensic Hospital, SNAMHS Agency Director's Report presented by Stanley Cornell, Clinical Program Manager 3. Stein Forensic Hospital, SNAMHS Agency Director's Report is Exhibit "B".

Mr. Cornell highlighted that the consent decrees for both facilities expired at the end of December 2020, however all cased adjudicated under Nevada Revised Statues (NRS) 178.425 continue to be offered beds within the 72 hour mandate, and Stein Forensic Hospital is continuing to operate as if this is still in place.

Referrals from the two surrounding counties, Nye and Lincoln continue to have about 2 patients a month for pre-trial competency evaluations which is more than in previous years. Stein is not contracted with the counties, but they continue to do business with them as a courtesy because they do not have the resources.

Barriers to out-patient competency restoration continue to be securing reliable language interpretation, language interpreters and transportation to get patients to the appointments on time. As well as coordinating effective medication management to clients that are outside the program. Many clients do not go to Stein's program but are from outside community providers. Additionally, the COVID-19 restrictions regarding classes, grouping and the out-patient client classes which is the best way of disseminating educational components. Since restrictions are easing Stein has more ability to perform the classes. The out-patient program is a robust program and receive referrals from Clark County. The Clark County referrals are about 2 a month consistently totaling a case load between 13 and 15 for the out-patient program.

Mr. Cornell then asked the Commission if they had any questions. Chair Durette thanked Mr. Cornell for his briefing. None of the Commissioners or members of the public asked any questions.

Northern Nevada Adult Mental Health Services (NNAMHS) Agency Directors Report was submitted for Commission review and presented by Christina Brooks, Outpatient Manager, DPBH. NNAMHS Agency Director's Report is Exhibit "C".

Ms. Brooks stated that the program has had an average of 15 people waiting in the Emergency Room (ER) for a psychiatric bed and that the program has continued to have challenges hiring nurses, psychologists, social workers, and psychologists. It still is a challenge to find appropriate placement in the community. Ms. Brooks asked if the Commission had any questions.

Chair Durette asked if the Commissioners had any questions, and the Commissioners did not.

Southern Nevada Adult Mental Health Services (SNAMHS) Agency Director's Report presented by Susan Lynch, Hospital Administrator SNAMHS. SNAMHS Agency Director's Report is Exhibit "D".

Ms. Lynch expressed that she would be happy to answer any questions about the agency's report and wanted to highlight the agencies vaccine distribution, which was not on the report. The vaccine distribution started in December. Ms. Lynch is happy to report that there were over 720 vaccines were given to staff members in southern Nevada. It was given to Rawson-Neal Hospital, out-patient services, clinical services, forensic services, and Health Care Quality and Compliance (HCQC) health inspectors that go into facilities.
At SNAMHS just under 400 employees have been vaccinated. Ms. Lynch is proud of the vaccine distribution. Ms. Lynch asked the Commission if they had any questions.

Chair Durette stated that was something to be proud of and asked if the Commission had any questions. No questions were asked.

Rural Clinics (RC) Agency Director's Report presented by Ellen Richardson-Adams, Clinical Program Manager III, Interim Agency Manager. The Rural Clinics Agency Director's Report is Exhibit "E".

Ms. Richardson-Adams stated that caseloads continue to be stable and consistent. Additionally, continuing services are where they need to be. Nothing further to report. Ms. Richardson-Adams asked the Commission if they had any questions. The Commission did not have any questions.

Sierra Regional Center (SRC) and Rural Regional Center (RRC) Agency Director's Reports presented by Julian Montoya, Agency Manager of Sierra Regional Center (SRC). The SRC Agency Director's Report is Exhibit "F".

Mr. Montoya reported that caseload growth for both RRC and SRC is stagnant due to COVID-19. Even though nothing is official both centers are preparing for a May opening. Both centers have the proper personal protective equipment (PPE) and both centers have been successful telecommuting and continuing services for both areas. Since the justification to fill process has been eliminated by the State, which has slowed down hiring, the centers are expecting quick turnover in some of the center's vacant positions.

Mr. Montoya wanted to thank the community providers for doing a remarkable job with limited staffing. The staff has been working overtime and different shifts to keep the clientele safe.

Mr. Montoya asked if the Commission had any questions. Chair Durette stated that it is amazing when the staff come together to help in the best interest of the clientele we are serving. The Commission did not have any questions.

Desert Regional Center (DRC) Agency Director's Report presented by Marina Valerio, Agency Manager. DRC Agency Director's Report is Exhibit "G".

Ms. Valerio stated that the staff continue to telecommute and serve their clients. The staff are starting to do in-home visits. They have not had a chance to go to provider homes as much as they would like, but they are starting to do that now. The staff is expected to physically serve, by physically seeing them as well as virtually. Since the center's clients are eligible for the COVID-19 vaccine the center's staff have been helping clients receive the vaccine as well as staff. ICF, which was not in the report has had their CMS visit this week. Two surveyors visited and the exit interviews said they had no deficiencies. It was different because of COVID-19 restrictions the staff were not fully there all the time, but the staff pulled together and gave the surveyors what they needed at the time. The surveyors complemented the staff by saying that the staff was professional, courteous, and very much in tune with the persons served.

Chair Durette asked if the Commissioners had any questions, no questions were asked.

Rural Regional Center (RRC) Agency Director's Report was combined with the Sierra Regional Center (SRC) Report and is Exhibit "H".

Commissioner Troop made a motion to approve the Agency Director's Reports as written. Commissioner Schrag seconded the motion. The motion passed unanimously.

3. INFORMATIONAL ITEM: Presentation on regional behavioral health needs, initiatives and summary of bill draft requests submitted by Regional Behavioral Health Policy Boards for the 81st Nevada Legislative Session:

Chair Durette stated that the Commission has reviewed and incorporated the Regional Behavioral Health Policy Boards reports and requested that they talk about the Bill Draft Requests (BDR) that they have put forth to the Legislature as well as any updates to the BDRs.

Northern Nevada Region: Presented by Jessica Flood, Northern Regional Behavioral Health Coordinator, Nevada Rural Hospital Partners. The Nevada Rural Hospital Partners presentation is Exhibit "I".

Ms. Flood went through the presentation slide by slide which is Exhibit "I". Ms. Flood highlighted their work with the BDR requests identifying the need for modernization of the mental health crisis hold process in 2018 because they identified that the laws were confusing and outdated. Receiving statewide bipartisan support for Assembly Bill (AB) 85 to modernize the mental health crisis hold AB 85 passed in 2019.

Having went through the legislative process for AB85 the Northern RBHPB had a clearer understanding of how complex NRS 433A is and the process to bring this legislation from its original passing in 1975 to 2021. Therefore, the Northern RBHPB continued to work on the Statewide Mental Health Crisis Hold Workgroup to develop Senate Bill (SB) 70 for 2021 legislation. After the passing of AB85 it was realized that there was not any educational material or education about AB85. Since there was not any educational material or education about AB85 the Northern RBHPB developed a Mental Health Crisis Hold Regulation & Education Development brochure. They made 10,000 copies of the brochure and distributed it out to all the hospitals last year. With the help of the State, the Northern RBHPB helped develop regulations in AB85. The Northern RBHPB is interested in the legislation mandate that collects mental health hold data. The boards are supposed to collect that data and put it on a dashboard. As of now it is difficult to develop a process in which the hospitals do that.

Ms. Flood highlighted the differences with the regulation that SB70 hopes to correct across the whole mental health crisis hold process. When the regulation was first passed in 1975 the system was a one-step system in which an emergency mental health crisis hold had to be applied for by a law enforcement officer. Since this law has not been updated it causes confusion. Because currently the law enforcement officer may direct the person to a hospital or crisis care center and that person may never go to NNAMHS. The terms and definitions were updated for clarity.

Northern RBHPB worked with both Dr. Ravin and Dr. Durette to update the chemical and restraint definition to align with current federal standards of patient care. Northern RBHPB also worked on a court petition process for law enforcement pick up and evaluation. Some legislators indicated that they do not like the mandatory court ordered law enforcement pick up. Ms. Flood noted that voting against this bill is really voting against clarification of the law. Additionally, the petition portion was deleted for straight family admissions. Emergency and non-emergency admission was clarified separating detention from the mental health crisis hold admission into a psychiatric facility. They also worked with the National Technical Assistance to develop an assisted out-patient treatment process that can be expanded from and easily utilized by counties outside of Washoe and Clark.

Ms. Flood wanted to thank Ellen Richardson-Adams and Joanne Malay for working with the Northern RBHPB to figure out how to pass SB70 without an enormous fiscal note. Conditional release and some reporting timelines for unconditional release. SB70 passed through the Senate Committee on Health and Human Services with an amendment that was 30 pages as opposed to the bill which was 70 pages. Ms. Flood stated that they were grateful to the Committee for passing SB70 without seeing the amendment added in. Right now they are waiting for LCB to bring out the updated version of the bill with the amendment. More less invasive amendments are expected later for wording and format corrections to avoid unintended consequences and errors. After, this the bill will proceed to the Senate and then hopefully the Assembly.

The Northern RBHPB has just approved a Behavioral Health Emergency Operations Plan for the region which they will be integrating. They received funding for a Northern Regional website per NRS 433 and the Northern RBHPB will be working diligently to align their services with the State so the services will be in sync. The board wishes to formulize regional boards into Regional Behavioral Health Authorities.

Chair Durette thanked Ms. Flood for her presentation and complemented Ms. Flood for her ability to organize and coordinate this effort which will benefit Nevadans statewide. Ms. Flood complemented Chair Durette for her help in SB70 especially with youth. She also stated that there is more work to be done with NRS 433A and NRS 432B.

Washoe County Region: Presented by Dorothy Edwards, Washoe Regional Health Coordinator, Washoe County Nevada. The Washoe County presentation is Exhibit "J".

Ms. Edwards went through the presentation slide by slide which is Exhibit "J". Ms. Edwards highlighted the Washoe County Board and their activities. Ms. Edward highlighted the 13 Board Member panel and stated that the board members are very active and participate in decision making. Despite COVID-19 restrictions the board was still able to meet virtually with the goal of working on priorities and input for the BDR. Media presentations focused on the priorities and strategies that the board has identified for success. There are five main priorities that are being focused on to provide support, analysis, and collaboration they are: Crisis Stabilization, Substance Abuse, Behavioral Health Response (before, during and after a crisis), Community Health Improvement Plan (CHIP: Behavioral Health Focus), and Regional Behavioral Health Data.

Crisis Stabilization is support analysis of where Washoe County's readiness for a crisis, such as a Crisis Stabilization Center which has been encouraged by the State for several years. Washoe County has focused on that and the board has moved forward with assets and gaps analysis going so far as to visit Arizona, the state where this concept started, as well as increasing the collaboration with partners including city, state, and county leadership. Washoe County is positioned well for a center, but there is more to do. The board started an implementation plan that will be worked on into next year.

Substance Misuse also includes mental health but there were some issues with partners who viewed substance abuse and mental health policies as inequitable. This lead to further discussion and resulted as a subject for the boards BDR, SB69.

Behavioral Health Response was tested because of COVID-19 and proved that the county needs a more robust plan and trained staff that can respond to behavioral health needs in a crisis. The strategy for success was to draft a behavioral health annex to the Washoe County Regional Emergency Plan.

Community Health Improvement Plan was adopted, planned, and implemented by the Health District; however, the board has focused on behavioral health which has been identified as a concern by the community along with homelessness because of their symbiotic relationship between mental health and homelessness.

Data was put out in a Regional Behavioral Health profile that was 70 pages that includes data from a variety of sources that was placed into one document for Washoe County. If you do not have the Regional Behavioral Health Profile report, and you would like a copy, you can contact Ms. Edwards for a copy. The data trends behavioral health profile is broken up into two groups Mental and Emotional which includes suicide and Substance Misuse. Ms. Edwards thanked the State since much of the data came from the State's overall report.

Senate Bill 69 (SB69) This bill is inclusive and has many different pieces. The largest piece of the bill is legislative intent to require certification for Peer Recovery Support Specialists and Peer Recovery Support Specialist Supervisors because currently the State of Nevada does not require certification. Because the State of Nevada does not have a certification program anyone can practice or state that they are Peer Recovery Support Specialists without training or the education to be a Peer Recovery Support Specialist or Specialist Supervisor. The purpose of the bill is to make certification mandatory and maintain consistency. The certification would be optional however, you would not be ablet to perform the duties of a Peer Recovery Support Specialist or Supervisor without it. The next part of the bill addresses the low survey response rate in schools that use an active opt-in consent specific to the Youth Risk Behavior Survey (YRBS). The YRBS Survey is funded by the Centers for Disease Control and Prevention (CDC) and requires a minimum response rate for funding. It is the only common data use source related to behaviors related to all of the counties and it is the only youth related survey used nationwide. This survey is used in many reports, so the boards goal is to establish a uniform passive consent process. It is noted that this does not take parental rights to not consent also it requires parent notification based on how the survey is disseminated and how it is administered, how the results are used and who will have access. This has been supported by the Department of Education.

The Substance Misuse K-12 Prevention Education Program is designed to support a move to an evidence based substance abuse K-12 prevention program. Currently programs may or may not be evidence based. There is science to now support the instruction of substance abuse in a school setting and this legislation supports teachers with the tools to do this, however this would not be a mandate. The curriculums are compiled, and the teachers will be provided resources to specific nationally funded evidence based programs. This will allow more funding because funding is based off of having an evidence based program.

The final section addresses the legitimization of Substance Misuse Prevention Coalitions in Nevada. The Substance Misuse Prevention Coalitions are in statute which briefly defines the coalition. They have been around for 20 years. Because of a lack of clarity as to their role within the substance abuse structure within the State, the goal is to establish a more formal role in the State statutes. The bill is in the same spot as the previous bill. There were a few amendments. They are still waiting on the bill to come through with final amendments.

SB156 supports crisis response. This bill broadens the scope in which hospitals can set up a crisis stabilization center, SB154 talks about Medicaid, and AB181 is a parity bill. These bills are slowly moving through the process, but these bills would impact, specifically, behavioral health in our community. Ms. Edwards finished her presentation and stated that if anyone has any questions, they can contact her. She asked if the Commission had any questions.

Chair Durette asked Ms. Edwards if all of these subjects would be under one bill and Ms. Edwards confirmed that they would be. Ms. Edwards stated that Senator Ratti, who is the chair of the board, suggested that all of these proposals be under one bill.

Rural Regional Health Policy Board: Presented by Valerie Haskin, Rural Regional Behavioral Health Policy Board Coordinator. The Rural Regional Health Policy Board presentation is Exhibit "K".

Ms. Haskin went through the presentation slide by slide which is Exhibit "K". Ms. Haskin highlighted the Rural Regional Health Policy Board and their activities. The Rural Regional Health Policy Board met to approve the presentation on 3/24/2021 so the presentation is an accurate representation of the board. Ms. Haskin began the presentation highlighting the fact that rural Nevada has a small population but large land mass. For example, the rural counties population as of 2019 is 98,020 residence which inhabit a total area of 51,410 square miles which is the size of the State of Mississippi. This makes the drive time difficult for services. This has been one major chronic issue the State has had in the rural region.

There are 9 board members, and they still have the 7 mandated seats. The board member's name and positions are in the presentation. There are 5 local rural hospitals in the region out of those 4 hospitals are local non-profit critical access hospitals and one, Northeastern Nevada Regional Hospital in Elko, is a private hospital. This influences the dynamics in region wide approaches to integrating health care and behavioral health.

There is one Certified Community Behavioral Health Clinic (CCBHC) which is Vitality in Elko. Inpatient Emergency Behavioral Health Centers are non-existent in the rural region. The drive times for anyone to see inpatient specialized behavioral health care outside of the region is 1.5 hours to 6 hours depending on what county the resident is in. They may travel to Reno, Carson City, Las Vegas, Twin Falls (Idaho), or Salt Lake City (Utah). Pershing, Humboldt, and Lander counties seem to travel out of state. White Pine county residents go to Las Vegas or Salt Lake City. Elko county residents usually go to Twin Falls, ID or Salt Lake City, UT, and Eureka county residents try to get in wherever they can get in because the county is remote and far from everywhere.

Data highlights include the Overdose Data Acton (OD2A) Dose Reports with an appendix "a" as well as the Nevada Rural and Frontier Health Data Book, 10th Edition (2021). Office of Statewide Initiatives, University of Nevada (UNR) School of Medicine and the 2020 Rural Behavioral Health Profile (2021). Nevada Substance Abuse Prevention and Treatment Agency (SAPTA) with feedback from local stakeholders. This information is presented in the report to the Commission and the report information was not highlighted by Ms. Haskins.

Ms. Haskins highlighted local stakeholder behavioral health concerns related to COVID-19 that is backed up by data in the report. Before COVID-19 there was a rising mental health crisis across the region. The boards partners at the local level have seen a further influx of mental health crisis across the region since COVID-19 within the hospital Emergency Departments (ED's). There was a second wave of substance and alcohol misuse across the emergency departments and inpatient visits that was noticed later. This is backed by the dose reports which are in appendix "a" of the report. Prior to COVID-19 there was a reported increase in depression and risk taking among youth which increased during the COVID-19 pandemic. This is a concern for the board because they want to make sure they are taking care of rural youth.

There are also more intentional overdoses in rural communities within the region. This is also backed up by data in the dose reports and the Rural and Frontier Health Data Book. There is also an increased concern over stress and burn-out of frontline workers, especially in health care as well as increased isolation of the elderly and geographically isolated populations. The highest risk age group for suicide were the elderly, those aged 65 and older, followed by young people aged 15 to 19 and 19 to 24. When looking at racial and ethnic groups the minority populations at the greatest risk of increased use of substances, intentional overdose, and suicide were Hispanic and Native American/Alaska Native populations. The board is looking into what it can do to help the minorities in the region and help support them in a culturally competent way.

Ms. Haskins explained the Rural Regional Health Policy Board's activities specifically SB44 which is the board's bill. There is a chronic shortage of behavioral health providers across the State of Nevada has been an ongoing issue. The main cause of the problem is the difficulty of people who move to the State of Nevada who are experienced providers gaining licensure and endorsements to practice in Nevada. The second issue is interns trying to complete their clinical hours in smaller communities to get supervision to complete their internships in a reasonable amount of time. The purpose of SB44 is to alter language in the Nevada Revised Statutes to streamline a path to Nevada licensure for the purpose of increasing the number of qualified behavioral health providers in the State. There are 4 different licensing boards that will be affected by SB44. This is not a "social work" bill there is only one piece of the bill that effects social work. The boards affected are the Board of Psychological Examiners, Board of Examiners for Marriage and Family Therapists & Clinical Professional Counselors, Board of Examiners for Social Workers, and the Board of Examiners for Alcohol, Drug, and Gambling Counselors.

Ms. Haskins explained the process of the bill. At the end of 2019 and beginning of 2020 Ms. Haskins reached out to stakeholders to prepare for the proposed bill in the 2021 legislative session to see what input they have. After this Ms. Haskins took this information to the Board and gave the board some options in which the board chose behavioral health licensing as the issue they wanted to address. Ms. Haskins took the lead in developing SB44 since the board members were all busy dealing with the COVID-19 pandemic since they are members of other boards and have other impacting vocations which was amplified by the impact of provider shortages due to COVID-19 in rural communities across the State. Ms. Haskins put together a statewide work group develop some of the concepts in which Ms. Haskins, with help from Ms. Laughridge the board chair, wrote and submitted the BDR language which became SB44 was taken back to stakeholders to find out what could be done to make it more efficient in which some contextual agreements were amended and approved by the board in their February meeting.

The way the bill is posted and the way the bill looks is very different. The way that SB44 is posted there are currently 3 pieces. One is an interim study of all 4 licensing boards looking at their challenges, efficiency, and necessities. This would be completed by 2023. There is an option for provincial licensure, pending transcript submission. The issue is that COVID-19 and pre-COVID-19 there is an issue of schools not getting the official transcripts to the licensing boards on time to make a decision regarding licensing. That is one issue that was holding up the process; however, this was not a sustained issue. The third posting is the addition of the Licensed Master Social Worker (LMSW) licensure type offering to the Board of Social Work Examiners. The reason for the addition is that Nevada is one of 5 states in the nation that does not offer the LMSW and because of this it makes it difficult for the Board of Social Work to enter into interstate compacts for licensure reciprocity with other states. The language within the bill would help those who are current LMSW' S, who have master's degrees, be seamlessly shifted over to the LMSW licensure type, so if you are currently a Licensed Social Worker (LSW) in the State of Nevada, and you hold a master's degree, you are automatically transferred to the LMSW

license to highlight the designation of your higher education. You do not have to apply or request this service it happens automatically. The scope of practices is still the same, which creates a middle step between the LSW and the clinical practices of the LCSW or LISW to highlight professionally they do different things. With the amendment instead of wanting the interim study the feedback was that it was too little too late, and that people wanted immediate change. In that effect we want to change NRS to revise legislature endorsement requirements. This is already in statute the board is just changing this around. For example, there is language in every single board's statues that say "may offer or give a license by endorsement" we are changing the language to "they shall" if they meet these requirements as well as changing official transcript submission to be "pending background check" results. Upon further investigation it was not the transcripts that were delaying endorsements, but the background checks were taking weeks to months to complete. The proposed solution is that if the initial 45 days for the background lapses they will automatically be given a provincial license to practice, when the background check results come in then the board can decide permanent licensing. This will bring background checks to NRS for the MFT and CBC boards, which are not currently in the boards and we want them to have the option of a background check as well as if they encounter any gray areas, they will be able to refer to NRS and not NAC for clarity.

The third thing the board added to the bill is they would like to codify in NRS that the boards must provide some sort of remote supervision option for remote interns. The reasons are that there are not enough supervisors in the region, this provides the interns who want to work with specialty populations to find supervisors with that experience. For example, if an intern is working with or has access to tribal populations, they will have better access to supervisors with experience working with the tribal population, this would be the same with youth, elderly, and other minority groups. Lastly, we are keeping the elements of the licensure type just cleaning up the language that has been worked on with the Board of Social Workers. This is the amendment concept. The bill was originally heard March 8th, 2021. We are not currently scheduled right now for a work session the hope is that it happens next week.

Because of COVID-19 the board was not able to meet frequently the Rural Regional Behavioral Health Coordinator was able to assist with the Zero Suicides rollout, the Governor's Challenge Team to end suicide among veterans, service members and their families, Expansion Teams which is a joint effort with SAMSHA the Veteran's Administration (VA) that was placed in the rural region. One is going to be in Winnemucca and the other in Elko.

The board priorities are similar to the priorities last year. They are Transportation, Medicaid/CMS Reimbursement for Behavioral Health Services, Behavioral Health Workforce Development, Data Quality, Interagency Communication and Partnership, Youth, Elder and Minority Services, and Veteran's Services.

Transportation is still a major issue. Not just emergency medical transportation for people in crisis, which is still an issue, but also non-emergency transportation and helping get people to their appointments on time. An example was given from a provider that contracted with a company from Salt Lake City, UT for transportation services when the transportation was booked from Jackpot, Nevada to Elko, Nevada it was $85.00 and not the same day additionally transportation back to Jackpot, Nevada was not the same day mandating an overnight stay. This means that factoring in these additional costs is necessary. Because of COVID-19 the State budget has been slashed which is why Medicaid/CMS Reimbursement was looked at. Prior to COVID-19 Medicaid reimbursement was not enough to cover costs and the majority of those who seek services are in the rural region particularly emergency vehicle services tend to be covered by Medicaid, or eligible for Medicaid. This is critical to keeping providers open and keeping the providers services. Behavioral Health Workforce Development is still a major issue. The State has made great efforts to improve data quality and collection, but we need to look at what local level effort can be made to improve the quality of collection and reporting. There still seems to be barriers between organizations and these organizations share their information in provider meetings the problem is that if a meeting is canceled or delayed that might be the only opportunity for the information to be shared. Looking over the data minority services were something the board needed to focus on as well as veteran's services.

Draft Recommendations to the Commission on Behavioral Health. The board would like to see increased investments in Nevada Medicaid. The board believes increased investment will help prevent issues later, it is

hoped that the Commission will communicate this to higher levels. Increased resources and program choices to address the needs of high-risk populations including youth, the elderly, and ethnic or racial minority groups that is culturally competent and utilizes technology for different age groups. The board would also like to see more support, implementation and leverage of school based mental health services because this is something the board has had success with. Pershing County is a fantastic example of this success, even after funding ended, they saw the value in this program and adopted the program and intertwined it with their emotional social learning programs. Other school programs have not been able to keep those programs going after grant funding ended for the rural counties. The Product Aware Grant was previously funding that, and the State has received it again, but it is focusing on Clark, Washoe, and Carson County, if anything can be done with this grant to help the rural communities it would greatly help those in the rural community that are suffering. The board would like to see more support programs that assist and support service members, veterans, and their families (SMVF) in a way that in competent to military culture. Military culture is different and since Nevada is a very veteran friendly state looking at and to help programs be culturally competent. Support programs and funding that would increase the number of behavioral health providers across the State of Nevada also there are solutions outside of legislation that can be explored. Lastly, support novel behavioral health transportation solutions and pilot programs because Nevada is unique in the fact that our states rural residents are farther apart than in most states. We should encourage the development and piloting of these programs to provide program planning and evaluation and support to figure out what is working and what is not in a meaningful way. Ms. Haskin asked if there were any questions.

Commissioner Troop thanked Ms. Haskin for the presentation and for educating the Commission about how rural the rural areas are because those in metro areas rarely think about how vast the rural areas in Nevada are. Commissioner Troop also expressed her hope that the bill passes because of the rural community's needs. Chair Durette agreed and stated that licensure reciprocity is needed in the mental health profession.

Clark Regional Behavioral Health Policy Board: Presented by Teresa Etcheberry, Clark Regional Health Coordinator. The Clark Regional Behavioral Health Policy Board presentation is Exhibit "L".

Ms. Etcheberry went through the presentation slide by slide which is Exhibit "L". Ms. Etcheberry stated that Clark County is unique because they have such a large urban area as well as a large rural area. Clark County holds 73.6% of the State's population. Not only this but Clark County's population has been the most impacted by COVID-19 as well as the mass shooting in Las Vegas October 1st, 2017. While working with the Vegas Strong Resiliency Center it was realized that, similarly to the previous presentations, that we have assets gaps regarding crisis response centers, mobile crisis teams for adults and children. We need to work on this with the board this year for crisis stabilization abilities. One of the things that was paramount with the crisis service in both 2017 and now is that there was an over demand of services for mental health, behavioral health call services and not enough providers to be able to work with everyone. The board has worked with the state this past year to get the Nevada Resiliency Project and the board has many Resiliency Ambassadors working throughout Clark County with our Southern Nevada Health District, the Boys and Girls Club, Clark County Social Services and some non-profit agencies to work with those who have been affected by COVID-19.

The board decided to keep its priorities from 2019 and carry over the priorities to 2020 and 2021 with an emphasis on recovery because Clark County is still doing recovery work with the survivors of Route 91 and working with people affected by COVID-19. Also, those who have lost loved ones and that are quarantining and that are still being affected financially by COVID-19. The board is working with the region to get crisis stabilization services as well as the State. The board is working with dedicated funding for the crisis stabilization services The board wants to increase their outpatient services so that we can lessen the amount of people in the emergency rooms that are waiting for hospitalization or discharge. Clark County also has a large homeless population that is affected by COVID-19. The board is working with providers to provide stable housing to lessen COVID-19 impact. The board is setting up housing services for non-congregate shelters with behavioral health services to work with Clark Counties homeless population.

The board also wants to focus on residential treatment to lessen the number of children going into residential treatment and to lessen the amount of stay. To that end, the board is working on a more robust community services and working with their providers to make sure that children do not have to go out of state for those residential services. The board is working with substance misuse and its relationship to mental health. There is an abundance of licensed medical marijuana dispensaries and licensed liquor stores that are in low-income neighborhoods. Ms. Etcheberry quoted the vice chair of the board stating that "it is easier to get marijuana than it is to go to the grocery store and buy a banana". It is very telling that the board needs to focus on behavioral health and target certain areas to have combined resources and education for those areas as well.

The legislative activity of the board is to ask for compensation for telehealth services. There are very rural areas in Clark County that have people who do not have access to broadband services, and they would greatly benefit from telehealth services if they could use their phone. Ms. Etecheberry shared with the Commission that there were families that traveled 3 hours for behavioral health services from rural parts of the county and that with COVID-19 these behavioral health services are even more vital especially if they do not have broadband services, they are more isolated and needing the board's help to get these services. Ms. Etecheberry thanked the Commission and asked if they had any questions.

Chair Durette stated that after hearing all the region's groups were doing an amazing job and that it feels like there is a disconnection from the statistics from Mental Health America that states Nevada is 51st in mental health, but yet the regional boards are doing such an amazing job. Hopefully, we will see some improvement and be able to see where Nevada ranks to other states in the future.

4. INFORMATIONAL ITEM: Presentation on the Adult Suicide Rates in Nevada presented by Misty Vaughn-Allen, Statewide Suicide Prevention Coordinator:

Ms. Vaughn-Allen started her presentation by letting the Commission know that some of this information might be redundant about adult suicides. Ms. Vaughn-Allen started by letting the Commission know a little bit about the history of the Office of Suicide Prevention (OSP) stating that it started in 2005 and currently has five employees. One full time employee with general funds, three state full time employees funded by the Fund for Health Nevada and one contract position for Zero Suicide funded by STR. The funding has always been a challenge and it has not shifted since 2005. Some things are expanding because the OSP received $100,000 from Crisis Support Services to respond to suicides since 2001 and recently they have had a lifeline expansion grant to build and prepare for the new 988 federal mandated system. The system will be implemented in April of 2022. Currently the OSP is planning to meet with stakeholders to roll 988 out and if anyone has any questions on 988 Ms. Vaughn-Allen would answer them.

The 2019 statistics came out this year. Ms. Vaughn-Allen stated that the United States suicide deaths in 2019 were 47,511 which is down by 2%. Nationally suicide rates were climbing since 1999, so this is the 1st time since then that the rate went down. Ms. Vaughn-Allan advised caution in this decrease because there was an increase in opioid deaths, which may have been not accurately counted as suicide or accidental deaths. Suicide is the 10th leading cause of death nationwide and every 11 minutes someone takes their life. In 2019, Nevada dropped from the highest ranking in the nation because the states rate decreased, so Nevada was part of the overall 2% decrease. Currently Nevada's rank is 7th and suicide is Nevada's 2nd leading cause of death for individuals between age 20 to 49 and suicide is the 1st leading cause of death for youth between 11 and 19 years of age (2018). Veterans have some of the highest percentages nationwide, including in Nevada where veteran suicides are 22% of suicide deaths. There is a high number of veterans that are older than 65, but there is a higher suicide rate between veterans ages 18 to 24. They are two very different groups and communities when it comes to veterans' deaths that OSP needs to pay attention to. Nevada's elderly, over 65 has had on of the highest rates in the nation. Nevada has improved, but still has the highest rate in the nation. OSP has examined the data between 2019 and 2020 and there was a decrease of about 4.5% overall. The numbers for the elderly went up slightly. The population of concern is those 18 to 24 because they were the only age group that increased from 2019 to 2020, overall suicide deaths are down.

There is current northern Nevada data from January and February 2020 to current January and February 2021 and it appears that suicide deaths have decreased with those 18 and over, but it could be that the data is too early to determine. COVID-19 impacted the rates and there was a dramatic drop beginning in 2020 and anincrease in the fall of 2020. Ms. Vaughn-Allan stated that the most dramatic increase was in the black community and that is something that OSP has to pay attention to as they move forward. OSP held a bi-population townhall about suicide prevention in Clark County. The townhall was a great start to the conversation of mental health and it was very informative to the barriers to mental health care and suicide prevention. Ms. Vaughn-Allan hopes that the townhalls will continue.

OSP has just submitted their 2021 to 2025 initiative strategy. It was due last year but it was delayed because of the COVID-19 pandemic. The initiative strategy is being reviewed and OSP is happy to announce that they are increasing the number of initiatives and they are looking forward to sharing them with the policy boards to help them vet their goals and objectives. OSP continues to look at early identification, intervention, and prevention of suicide. This can be done through screenings. Zero Suicide issued initiatives promoting screening at every contact in our health care system. Especially service members, veterans, and their families asking if they have ever served in a branch of the armed forces because this can make a significant difference in recognizing what is happening to that individual and helping them connect to the appropriate resources. Suicide Prevention, Awareness, and Education flourished because COVID-19 changed what OSP was able to do. OSPwas able to reach thousands virtually. SafeTALK did 46 trainings that they could not do virtually, this hampered OSP intervention with the day to day training, but the virtual training has expanded OSP' s reach to expand populations and communities.

OSP is returning to Winnemucca to do 3 face to face trainings with the community then work with Lowry High School to provide suicide screening.

OSP Continues to support the Suicide Prevention Crisis Intervention Services of Nevada Hotline and TextToday. They usually have over 83,000 contacts per year currently that number has expanded because of COVID-19. They are doing a good job expanding their reach. Their goal is to respond to 90% of Nevada crisis as of right now they are in the range of 80% but improving. The average is 30 seconds, and their goal is to reduce that time.

OSP is working on suicide prevention initiatives such as increasing in the number of local or regional groups that collaborate with the OSP to implement localized strategic plans by paying attention to what the communities want such as strategies working with the continuity of care group. Continuity of Care for Suicidality, currently there are 16 teams that have met all needs asked for they are long-term education, and communities. The Committee to Review Suicide Fatalities is focusing on opioid overdose deaths in depth. There is some opioid funding that will be able to help as well as looking into suicides in the rural community.

Strategic Plan for Service Members, Veterans, and their Families (SMVF). OSP is looking into the Mayors' and Governors' Challenge teams promoting connectiveness and care transition. The two transitions are when the veteran comes home and their transition back to the to the family, the community, and the work force. OSP wants to make sure the community is prepared with culturally competent awareness, so they have better access to everything available in the community, but also the connections with the crisis intervention map. OSP is focusing on law enforcement and training law enforcement to recognize how to best connect the veteran or service member to the appropriate support be it mental health or financial support. There will be a lot of training about cultural support and competence. There is a link to Psych Armor that has training that OSP would like to share with the whole state.

OSP outreach worked with the Warmline and The Resilience Project to prepare Resilience Ambassadors to support before and after COVID-19 diagnosis and other challenges help with mental health crisis and thoughts of suicide. OSP spent lots of time training the ambassadors in crisis intervention, suicide prevention and postvention. If someone has lost a loved one, how to support that grief. This was an incredible tool across the state during 2020.

Finally, some of the things OSP is looking for in future Coronavirus Aid, Relief, and Economic Security (CARES) funding. OSP got another round of CARES funding and Ms. Vaughn-Allan will be working on a new

program that will hopefully be approved through June to November and have more time to spend that funding in that time. They did a lot in the 6 weeks of time that was funded by CARES funding. There was a lot of safety training, social media, and public service announcements. OSP purchased materials to assist online mental health, youth mental health, gunlocks, medication services, and medication dividing bags. This is the same project with more time to get it out with more thought and to more communities. This is also helping with 988 it is important that the whole state understands that it is not to take away from 911, but is meant to really focus on mental health crisis and suicide prevention. As states are looking at this it is mandated by law, but the funding is not mandated. OSP is supporting implementation and the important expansion of this crisis component. OSP is working closely with the Department of Education with a sub-grant for 5 years and on the training of staff, parents, and youth within the schools. To support Zero Suicides, OSP has worked a lot with the school of medicine and best practices of prevention, not only for patients but also physicians and health care providers. Ms. Vaughn-Allan encourages everyone to look at the last slide in the presentation that links everything together for suicide awareness and prevention. The goals not only help postvention but also post suicide attempt to highlight awareness because post attempts have the greatest impact on suicide prevention. OSP is supporting bill AB81 to get more suicide attempt data because the only data they receive now is death data that does not show the intervention trend. Ms. Vaughn-Allan asked if the Commission had any questions.

Chair Durette stated that she knows that SAMSHA has a lot of grant funding for health awareness training where you can apply for things such as suicide prevention curriculum and training and asked Ms. Vaughn-Allan if that is something that OSP has looked into and is that an opportunity for us as a state.

Ms. Vaughn-Allan answered that they have teamed up with community based entities. The training center at the University of Nevada Reno (UNR) and other partners in Clark County supporting their funding efforts. OSP currently has a lot of the CARES funding materials and projects that have mandates for training. OSP is project aware and is trying to train trainers out in the rural communities because it is very important. OSP would like health care and health systems to foster this care and trainers to sustain this program. This is a great training opportunity that OSP works with the community members on.

Commissioner Schrag was concerned with the black community having a higher rate of suicide in Clark County and that being something to look after. Do we see those incidents or activities clustering in a particular area of town and is there a consistent method that is being used to commit suicide?

Ms. Vaughn-Allan referred to Richard Egan because he can advise to those questions by zip code. Ms. Vaughn-Allan stated that she can get the information. She said that the information can be deceiving if the person died in a facility. The two methods with the highest rates are guns and hanging. The highest attempted suicide method is medication. That is why OSP is looking into gunlocks because it can be an impulsive act. 70% of those who have attempted suicide did it in less than an hour so that is why the safety program is crucial in giving time and space. It is important to help families and colleagues recognize when someone is in crisis.

5. **<u>FOR POSSIBLE ACTION:</u> Consideration and Possible Approval of DPBH Policies presented by Susan Lynch, Hospital Administrator, SNAMHS:**

Policies:
SP 3.1 Involuntary Administration of Medication in Civil Clients
SP 3.4 Informed Consent for Treatment and Protocol for Involuntary Treatment
SP 4.31 Treatment Plan and Treatment Team
SP 7.1 DPBH Clinical Services Branch Seasonal Influenza Vaccination Program

Ms. Lynch informed the Commission that she will be going over only 3 of the policies. Because Policy SP 7.1 DPBH Clinical Services Branch Seasonal influenza Vaccination Program has not been fully reviewed in the program so they would like additional time to review it.

The first Policy, SP 3.1 Involuntary Administration of Medication in Civil Clients. There have only been some minor changes. The first change is in the first paragraph clarifying the language describing the absence of an

emergency and some additional wording in the policy. On page 8 there is a relevant change. Under 5.8 the continuation of medication. Previously it stated that only medication can continue for 14 days after the first hearing, this has been changed to 30 days and the second hearing is not after that 30 day period.

SP 3.4 Informed Consent for Treatment and Protocol for Involuntary Treatment. The only change to this is on page 2 under 6.4, this explains the conditions of getting an informed consent such as an emergency, a therapeutic waver, or a therapeutic purpose.

SP 4.31 Treatment Plan and Treatment Team. There has not been any changes or updates to this policy. It remains the same.

Ms. Lynch asked the Commission if they had any questions. The Commission did not ask any questions. Chair Durette asked the Commission if a Commissioner would like to make a motion on policies SP 3.1, 3.4 and 4.31.

Commissioner Schrag made a motion to approve the Policies. Commissioner Johnson seconded the motion. The motion passed unanimously.

6. **INFORMATIONAL ITEMS: Updates on Seclusion and Restraint/Denial of Rights:**

Update on Seclusion and Restraint/Denial of Rights, DPBH presented by Susan Lynch, Hospital Administrator, SNAMHS:

Ms. Lynch highlighted a few things of note on the report given to the Commission. The restraint and seclusion data for SNAMHS we are seeing a slight increase from October to November time frame. It is important to note that the uptick was a small number of patients with multiple episodes, so it was not high acuity across the board, or multiple issues, it was multiple episodes with a few challenging clients. Additionally, the length of stay in both SNAMHS and NNAMHS during the quarter, especially the period between October and November, increased a little during the period of the pandemic. There were challenging times to find community placement for some of the patients and some of the lengths of stay were longer while we tried to find placement. At one point in time patients were not accepted in the Skilled Nursing Facilities (SNFs) due to COVID-19. There were some COVID-19 tests conducted at SNAMHS to show proof of negative COVID-19 tests to facilitate discharges. As different entities are opening up the length of stay is getting better for both the north and the south and the flow is getting back to normal. Ms. Lynch asked the Commission if they had any questions. No questions were asked.

Update on Seclusion and Restraint/Denial of Rights, ADSD presented by Marina Valerio, Agency Manager of Desert Regional Center.

Ms. Valerio stated that she would be reporting on DRC's ICF and the reporting period is September 2020 to February 2021. 8 out of the 39 patients supported required some type of restraint in this 6 month period. 6 of the 8 only had one incident. 2 of the 8 had 2 separate incidents 2 months apart, so the numbers are low. There were zero types of long restraints. The restraints used were stability and hold either seated or standing with the average time being 3 to 5 minutes the longest was 8.5 minutes in a seated stability hold where they were waiting for the person to calm down. Ms. Valerio asked the Commission if they had any questions. No questions were asked.

5. **INFORMATIONAL ITEM: Local Governing Board Reports:**

Northern Nevada Adult Mental Health Services (NNAMHS) Local Governing Board (LGB) Report presented by Christina Brooks, Agency Manager, NNAMHS.

Mr. Filippi informed the Commission that Ms. Brooks had to leave the meeting but reported that there were no updates since last time.

Southern Nevada Adult Mental Health Services (SNAMHS) Local Governing Board (LGB) Report presented by Susan Lynch, Hospital Administrator.

Ms. Lynch stated that the SNAMHS Local Governing Board (LGB) met on January 15th, 2021 and the primary topic of the meeting was that in the previous November and December the LGB had the isolation unit open during COVID-19. Both presumptive and positive patients were in the unit, which resulted in a high number of staff that became infected. By the time of the meeting in January they had already closed that isolation and since that time they have not had to reopen the isolation unit or have had any positive or presumptive positive patients or staff.

In January 2021, the facility had a CMS survey and an HCQC survey and the points of correction were accepted. Ms. Lynch then asked the Commission if they had any questions. No questions were asked.

Lake's Crossing Center (LCC) Local Governing Board (LGB) Report presented by Theresa Wickham, Agency Manager.

Ms. Wickham stated that the data from the report is standard from the LGB report. What was noticed at Lake's Crossing was missing the 13 beds relegated to quarantine, so the most impactful change was working around not having the 13 beds available. The gym was opened for 8 beds that were spaced apart and had the proper guidelines for CDC distancing, which has worked out well because they have 12 roommate beds which are not usable because most of Lake's Crossings clients cannot have roommates. Since the patients were getting along with each other in the gym they may get along together as roommates as well.

The all-male patients were put together in the gym to see how well they would get along to see if they would act out. If the patient did well then, they would be able to have a roommate. Now out of the 12 roommate beds 3 are being used. Ms. Wickham stated that to have the patients have roommates is a huge positive leap. The idea of the gym was a huge leap of faith and it was successful because now 3 of the patients have roommates. The 6 roommates are in the annex which is a lower acuity area. When Ms. Wickham inspects the annex, the patients will be playing non-betting games which is fantastic, and they help each other which is a milestone for the Lake's Crossing population. As of this report there were 19 long-term 461 clients and now Lake's Crossing is up to 20 with 2 more in the que. Every time Lake's Crossing loses a bed to a long term client that is one less bed for evaluations and restoration. They started putting a second floor on Lake's Crossing. Ms. Wickham asked the Commission if they had any questions. No questions were asked.

6. **INFORMATIONAL ITEM: Update on the Bureau of Behavioral Health, Wellness and Prevention:**

The Bureau of Behavioral Health, Wellness and Prevention (BBHWP) presented by Kendall Holcomb, Public Information Officer, Clinical Program Planner for DPBH.

Ms. Holcomb started by talking about the mental health grant known as COVID-1 which is triage crises care management for both inpatient and outpatient care as well as youth and adolescent care in Washoe and Clark Counties. This grant also funds the University of Nevada Las Vegas (UNLV) Warmline, and the expanded mobile crisis teams with UNR to help support our health professionals. COVID-2 continues to fund all of the activities that are already providing the additional support and the increased call volume into the crisis call line. Something of note we will be working with all providers that received funds from DPBH to ensure that they have registered with 211 and OpenBooks, because that is where they plan to direct all the referral services. With additional MHBG and SABG funding is part of the COVID Relief package. This funding will be available until March of 2023, and at the moment the details of the funds are to focus on the impact of COVID-19 on the individuals with 7 MH. We are required to abide by the previously established set bed sides for primary services, women's services, and crisis services. We will be releasing a competitive bid through quest for application. Additionally, the NRP, which is referred to as the Nevada Resiliency Project has been given authorization to project an extension of time to go through June of 2021. As part of that we directly applied with the Governor's Office, specifically CARES Act funding to continue the project into fall this year. We also requested CARES Act funding for suicide prevention. CARES Act requests are still pending information by the Governor's Finance Office (GFO).

DPBH has applied for several recent public health grants that focus on public health literacy especially for the disadvantaged communities or ethnic populations. The grants are relatively competitive, so we are in the beginning of that process.

It is requested that if there are any existing facilities that have residential or transitional bed capacities to send Brook Adie or Sheila Lambert what you might be able to expand upon. Bed capacity is considered a priority. We are looking for a provider that is able to expand or enhance. There is a funding announcement to link at least 7 adult mental health crisis teams in Washoe County, Clark County and at least one in the rural communities. CCHHS do not have mobile crisis teams are eligible to apply as this will be a part of crisis care. All of the funds are to enhance or expand beyond the structure or scope of work, not supplant, because there are limitations due to funding that can be applied for. Ms. Holcomb asked if there were any questions.

7. **INFORMATIONAL ITEM: Update on Aging and Disability Services Division:**

presented s by Megan Wickland, Quality Assurance Manager, Developmental Services, ADSD

Ms. Wickland briefed the Commission on the home age fees base services waver the Appendix "K" Amendment that extends flexibility for service delivery has been extended until 6 months from the end of the state of public health emergency. Right now, that will go until the end of October unless the public health emergency is extended in which the Appendix "K" Amendment will be extended. Flexibility in-house service coordination is provided, and Howard Johnson day training services are provided for our individuals. There is also a plan for service coordinators to go back out into homes and worksites. The provider rate study is underway, and it is being conducted by Burns and Associates. We should have the results by the end of May or sometime in June. Ms. Wickland asked the Commission if they had any questions.

8. **FOR POSSIBLE ACTION: Review and approve the Annual Letter to the Nevada Legislature, Per NRS 433.314 (4):**

Chair Durette thanked all the Commissioners who have written their section of the letter and thanked Commissioner Ruiz-Lee for combining all of the sections into one letter. At this time there is just one section missing and as you read through the narrative everything is covered. Chair Durette asked Mr. Filippi what other edits or additions are needed to the letter. Chair Durette briefed the Commissioners that they would have the options of approving the letter with edits or as is. Mr. Filippi shared his screen with the Commission to share his edits. His recommendations were to add more detail to the rural section and the veteran's section as well. The Commission could add to these sections what the Commission has learned in this meeting too, so the Commission has the option of voting on approving the letter with these additions. That way the letter can be finalized and sent to the Governor and the Legislature for their information. Mr. Filippi then opened the meeting to the Commissioners to discuss what they would like to do.

Chair Durette supported approving and adding the other pieces such as the information presented by the regional boards like the BDR's so the Legislature has this information forthright because this is crucial information to help make some of their decisions. Commissioner Giron agreed and stated that it made sense to add the information to the letter to make sure it is as complete as the Commission can.

Commissioner Schrag suggested that a moderately drafted letter could be better than a completely drafted letter that is late. Commissioner Schrag supported adding the information to the letter if it could be done in the next 5 days or so because the deadline will come quicker than we think, so the sooner the better.

Chair Durette asked the Commission if they would like to make a motion.

Commissioner Troop expressed that she had trouble uploading her section of the letter to Microsoft Teams and apologized that her section was not in the current draft of the letter, and she expressed that the content of her section was already in the letter. Reading through the letter she would make a motion to approve the letter. Chair

Durette suggested to Commissioner Troop that she could forward her section of the letter to Mr. Filippi and it could be added. Commissioner Troop agreed that she could send her section to Mr. Filippi to be added.

Commissioner Ruiz-Lee stated that the piece that was missing was related to the rural areas and they have a program to support systems that support veterans and their families that is competent to military culture and an explanation might be needed to explain what that priority is. Commissioner Ruiz-Lee thought that Commissioner Mosby sent that to her, but she did not have anymore time this week to do anymore work on the letter. Commissioner Ruiz-Lee asked Mr. Filippi if he had that piece.

Commissioner Mosby told Mr. Filippi that she would like to add more in the section if she can. Mr. Filippi stated that he did not believe that he received that from Commissioner Mosby and asked her to send it to him for their 3rd priority and he could add that to the draft letter. Commissioner Mosby agreed to send it to Mr. Filippi.

Chair Durette clarified that the motion is to accept the draft of the letter with the pending additions of Commissioner Mosby's section and any additional edits that are left.

Commissioner Troop made a motion to approve the Commission on Behavioral Health's Annual Governor's Letter with Commissioner Mosby's section added and any additional edits. Commissioner Giron seconded the motion. The motion passed unanimously.

Mr. Filippi asked Chair Durette if she wanted all the Commissioner's names near her name on the letter in CC format with just Chair Durette's signature. Chair Durette confirmed that is what she wanted and thanked the Commission for all of their effort in the letter.

9. **DISCUSS AND APPROVE: recommendations for the Governor to remove Barbara Jackson from the Commission**:

   Chair Durette explained that Commissioner Jackson has been missing the meetings and asked the Commission if they wanted to discuss removing Commissioner Jackson from the Commission. Or if the Commission would like to make a motion to approve the recommendation. Chair Troop agreed to move forward with the recommendation because of the limited interactions of the Commission with Commissioner Jackson.

   Commissioner Troop made a motion to approve the Commission on Behavioral Health's removal of Commissioner Jackson from the Commission on Behavioral Health. Commissioner Mosby seconded the motion. The motion passed unanimously.

10. **PUBLIC COMMENT:**

    Commissioner Troop highlighted that Commissioner Giron and Commissioner Schrag's names were not on the agenda. Mr. Filippi informed Commissioner Troop that was an oversight and it was corrected after the Commissioner's packets had been sent out.

11. **ADJOURNMENT OF REGULAR SESSION:**

The DPBH Commission on Behavioral Health Public Meeting was adjourned at 11:23 a.m.