DRAFT DPBH COMMISSION ON BEHAVIORAL HEALTH
MEETING MINUTES
March 24th, 2022
9:00 AM

MEETING LOCATIONS:
This meeting was held online and by phone.

Join Online
Zoom Meeting link: https://zoom.us/j/97896926904?pwd=Z084RUFZVDQ5Y1dMcVE4NmxRdHpOQT09
Meeting ID: 978 9692 6904
Passcode: 770949

Join by Phone
Phone Number: +1 669 900 9128 US (San Jose)
Meeting ID: 978 9692 6904
Passcode: 770949

1. **CALL TO ORDER/ROLL CALL:**

COMMISSIONERS PRESENT:
Braden Schrag (Chair), Lisa Ruiz-Lee (Vice Chair), Lisa Durette, M.D., Jasmine Cooper, LCADC, Billie J. Miller, Gregory Giron Psy.D., Dan Ficalora CPC, Arvin Operario, RN

COMMISSIONERS EXCUSED:
Natasha Mosby LCSW

Department of Health and Human Services (DHHS) Staff:
Joseph Filippi, Executive Assistant, DPBH; Rex Gifford, Administrative Assistant III, Joanne Malay, Deputy Administrator, DPBH; Julian Montoya, Clinical Program Manager II, ADSD; Gujuan Caver, Clinical Program Manager II, ADSD; Marina Valerio, Agency Manager, ADSD; Suzanne Sliwa, DAG; Roswell Allen, Recovery Manager, ADSD; Valarie Haskin, Rural Regional Behavioral Health Coordinator, RRC; Susan Lynch, Hospital Administrator, SNAMHS; Jenny Casino, Licensed Clinical Social Worker, SNAMHS; Dr. Leon Ravin, Statewide Psychiatric Medical Doctor; Julie Slabaugh, DAG; Amir Bringard, ,DPBH; Helen Byrd, Clinical Program Manager I, NNAMHS; Drew Cross, Psychiatric Nurse IV, LCS; Shannon Bennett, Health Program Manager II, DPBH; Amy Whalen, DCFS; Vicky Erickson, Clinical Program Manager I, ADSD; Katy Martin Waldman, Clinical Program Manager II, DCFS; Megan Wickland, Health Program Manager III, ADSD; Brian Burriss, Clinical Program Manager I, DHHS; Kary Wilder, Administrative Assistant III, DCFS

Others/Public Present:
Michelle Bennett, Clark County Regional Health Coordinator; Kim Donohue, Southern Regional Behavioral Health Coordinator; Valerie Balen; Dorothy Edwards, Washoe County Health Coordinator; Jessica Flood Abrass, Northern Regional Behavioral Health Coordinator; Alex Tanchek; Liz Skidmore; Michelle Kirkland; Karen Oppenlander

Chair Schrag called the meeting to order at 9:00 a.m. Roll call is reflected above. It was determined that a quorum was present.

2. **PUBLIC COMMENT:**

   Chair Schrag asked if there was any public comment. Commissioner Durette thanked and congratulated Chair Schrag in his new role as Chair. Chair Schrag thanked Commissioner Durette and stated that he looked forward to doing well.

3. **FOR POSSIBLE ACTION: Approval of meeting minutes from November 18th, 2021 – *Braden Schrag, Chair***:

   Chair Schrag asked the Commission if they had any comments or wanted to make a motion for approval.

   Commissioner Durette made a motion to approve the meeting minutes as written. Commissioner Operario seconded the motion. The motion was unanimously approved by the Commission.

4. **FOR POSSIBLE ACTION: Consideration and possible approval of Agency Director Reports – *Commission*:**

   Chair Schrag asked for a motion to approve the Agency Director Reports. Mr. Filippi asked Chair Schrag if he would like to hear from the Agency Directors or if the written reports were good enough. Chair Schrag then requested an overview of the Agency Directors Reports.

   Northern Nevada Adult Mental Health Services (NNAMHS) Agency Directors Report was submitted for Commission review and presented by Joanne Malay, Deputy Administrator. NNAMHS Agency Director's Report is Exhibit "4.1".

   Ms. Malay introduced NNAMHS Interim Manager Helen Byrd. Ms. Byrd started Wednesday which is why Ms. Malay is speaking on behalf of NNAMHS. Ms. Malay asked if the Commissioners had any questions. The Commissioners did not have any questions.

   Southern Nevada Adult Mental Health Services (SNAMHS) Agency Director's Report was submitted for Commission review and presented by Susan Lynch, Hospital Administrator SNAMHS. SNAMHS Agency Director's Report is Exhibit "4.2".

   Ms. Lynch introduced herself and announced that going forward the Agency Directors Report will cover all three aspects of SNAMHS. Those services are the inpatient services, outpatient services and the forensic report. That means that there will not be a separate report for forensic services. Ms. Lynch also introduced Mr. Amir Bringard as the new Agency Manager for Forensic Services. Ms. Lynch asked the Commission if they had any questions about the report for SNAMHS.

   Commissioner Cooper noticed that there were no agency concerns or issues on the Agency Directors Report, and she was curious about this because staffing has been mentioned as an issue in all of the Commission on Behavioral Health meetings so far.

   Ms. Lynch did acknowledge that staffing is an issue that all the agencies are dealing with. Ms. Lynch pointed out that on the report 59 positions were filled during the quarter, however SNAMHS maintains a consistent 16% vacancy rate. SNAMHS is consistently recruiting, hiring, and filling positions but the vacancy rate stays consistent and high. This is definitely a concern from their perspective.

Commissioner Miller had the same concerns and also inquired about the service needs and recommendations. Specifically, the section where it says difficulty filling 75 FTE's (full time employees) are those same FTE counts the same that NNAMHS reported regarding psychiatry and psychology roles?
Ms. Lynch stated that those numbers are a part of the larger number and are labeled as difficult to fill because they have been vacant over 90 days.

Lake's Crossing Center (LCC) Agency Director's Report was submitted for Commission review and presented by Drew Cross, Interim Agency Manager. Lake's Crossing Agency Director's Report is Exhibit "4.3".

Mr. Cross stated that LCC is having the same staffing issues as other agencies. There is still difficulty recruiting Forensic Specialists, specifically the background checks and the P.O.S.T. (Police Officer Standards and Training) physical fitness exam. The Psychologist positions staffing issue is the salary disparity and the Forensic Psychologist specialized training is difficult for recruitment. The salary disparity is not unique to LCC, but it is statewide. The state recruitment for licensed psychologists is a more unique issue in the Reno area because of its proximity to California and the higher salary paid in California. Additionally, the higher rents and housing costs have been the feedback received from the applicants.

Regarding current agency concerns, or changes, LCC will be phasing out client evaluations under NRS 178.415. A large portion of the long-term Clark County 461 commitments have been transferred to Stein Forensic Hospital to allow additional admissions and bed space in LLC. They are also in the process of bringing their outpatient evaluators inpatient to assist with LCC's pending admissions. LLC is now in the process of utilizing statewide staff and evaluators from Clark County to complete the 3rd evaluations when necessary. All these measures are taking place to address a list of pending admissions into LLC. Mr. Cross asked if there were any questions about the report?

Stein Forensic Hospital, SNAMHS Agency Director's Report submitted for Commission review and presented by Joanne Malay, Deputy Administrator, DPBH, SNAMHS Agency Director's Report is Exhibit "4.2".

Mr. Filippi informed the Commission that the Stein Forensic Facility Agency Directors report would now be a part of the SNAMHS Agency Directors Report. Ms. Malay let the Commission know that she is going to present the Stein Forensic Facility Agency Directors Report and introduced Amir Bringard, Agency Manager, SNAMHS, and Helen Byrd, Clinical Program Manager I, NNAMHS. Both Mr. Bringard and Ms. Byrd stated they were glad to be a part of the team. Chair Schrag welcomed them both.

Ms. Malay continued the report adding to what Mr. Cross mentioned which is that forensic commitments continue to increase so there were adjustments to get those commitments into the facility more quickly. In southern Nevada they received approval from the GFO (Governor's Finance Office) to hire more Forensic Specialists and nurses to open up another unit to assist with the forensic commitments that are coming into the state from both county and municipalities. There are 6 new Forensic Specialists that are coming on. It does take a while for them to be onboarded because of the physical fitness test, background investigation and other steps to become category 3 police officers to work as Forensic Specialists to work in forensic facilities. These hires have been successful which has helped reduce the numbers of bed waits in the forensic facilities. The teams have been working hard in both the north and the south which Ms. Malay is thankful for and she offered to answer any of the Commission's questions.

Chair Schrag asked what the time frame is for the approval process to hire a Forensic Specialist with a category 3 police officer standing?

Ms. Malay stated that Mr. Cross may be able to answer this question better, but there is a 30 minute waiting period when the physical test is done, and then the background check can take a couple of months. Ms. Malay then asked Mr. Cross if he had any more information about this?

Mr. Cross added that after the background check the police academy is 9 weeks total in addition to the fitness test and the background check.

Chair Schrag thanked them and asked the Commission if they had any questions. No additional 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 "4.4".

Sierra Regional Center (SRC) Agency Director's Reports submitted for Commission review and presented by Julian Montoya, Agency Manager of Sierra Regional Center (SRC). The SRC Agency Director's Report is Exhibit "4.5".

Mr. Montoya confirmed that they are in the same staffing situation as the other facilities. Mr. Montoya stated that this is a position that he has never been in. SRC is down a quarter of their staff. These are Developmental Specialists. These specialists run the facility, and they are a funding source. SRC is in a difficult situation right now because SRC is increasing the case workload by 6 to 10 more cases. Personnel is also suffering turnovers too which adds to applicant wait times applicants both entering and exiting SRC. One issue SRC is seeing now is that they choose someone to hire, and this potential new hire asks for a step increase because of the increased living cost in the area and by the time a step increase is approved the applicant has moved on to other employment. Additionally, some of the Service Coordinators are finding opportunities at other places. The issue is not that they don't enjoy what they do, because to work with developmentally challenged individuals you have to have the heart for it, it is that they can find better pay elsewhere such as the County and other agencies that have less requirements. Mr. Montoya is also hearing from other counties, such as Carson City, Douglas, and Washoe, that they are pushing to have in increase in pay to keep up retention of employees. Mr. Montoya highlighted that many employees are leaving because they can earn $10,000 to $20,000 more with the counties. Mr. Montoya appreciates the letter that the Commission sent to the governor addressing those needs and stated that this is kind of a perfect storm. He then asked the Commission if they had any questions.

Chair Schrag said that we continue to struggle with that issue and hopes that there can be some traction for consistency.

Desert Regional Center (DRC) Agency Director's Report submitted to the Commission for review and presented by Gujuan Caver, Clinical Program Manager II. DRC Agency Director's Report is Exhibit "4.6(a)".

Mr. Caver stated that this will be a two part report. Mr. Caver is going over the community services part, and the Agency Manager Marina Valerio will be going over the ICF (Independent Care Facility) Report. Mr. Caver said that the hiring difficulties are the same as with RRC and SRC specifically for community services. Right now, DRC is having trouble hiring Developmental Specialists, or Service Coordinators. The Psychology Department is fully staffed. Unfortunately, SRC over the last 3 months has had trouble hiring the amount of Administrative Assistants that they were budgeted for, but now it is getting better. Mr. Caver believes that the reason DRC is struggling to hire Service Coordinators is consistent with the same reasons Mr. Allan and Mr. Montoya stated in their Agency Directors Reports to the Commission. DRC's wait list is affected by their providers inability to consistently hire enough staff to support the services. Talking to some of the providers, there is an increase in applications and number of people they are able to hire in the first quarter of this year. Mr. Caver is hoping that the providers will have more staff to give the patients more placement options in terms of working and places to live. Mr. Caver highlighted that DRC, SRC, and RRC have been doing more collaborative work with state and county family services for children. Some of this collaboration has been cross training and communication among the agencies. This includes ACAP (Autistic Community Activity Program) for the children with Autism Disorder. Mr. Caver asked if the Commissioners had any questions. None were asked.

Desert Regional Center (DRC) Independent Care Facility (ICF) Agency Director's Report submitted to the Commission for review and presented by Marina Valerio, Agency Manager. DRC Agency Director's Report is Exhibit "4.6(b)".

Ms. Valerio updated the Commission on the ICF. The ICF is really struggling with hiring staff. Ms. Valerio thought that ICF was at an all-time high at the beginning of COVID-19 when ICF had 9 vacancies, but now they are currently up to 30. Ms. Valerio stated that that is a third of their total staff. To address this, the ICF has been doing a lot of overtime, in fact, an unhealthy amount of over time. ICF has to staff the homes, the staff have to be there to provide care and the administrative staff including Ms. Valerio are picking up shifts in the homes to make sure that the person is served. Ms. Valerio stated that it is a hard time. She is receiving texts asking who is working at night and she is afraid that she will receive a text stating "we don't have staff for a home."

ICF is doing recruitment and every Tuesday they are doing interviews. This last Tuesday there were 5 interviews scheduled in the morning and only 1 person showed up for an interview. Out of a full day of interviews ICF is lucky to get a single job offer for a Tech position. It is a struggle.

Ms. Valerio informed the Commission that they have recently lost a Director, did a recruitment, and the job offer was denied because of the amount of money. She highlighted that it is tough to fill every position. ICF has recently filled two nursing positions which are not mentioned in the report. They started in March. The vacancies fulfilled were vacant for a very long time. To get those positions filled they had to request an accelerated rate. It has been difficult to recruit.

ICF individuals served continues to be a census of 40. There is one home that is under construction for an ADA (Americans With Disabilities) remodel in which ICF is waiting for it to be approved to have people move in. There will have to be some remodeling in some other homes. They are licensed for 48, but ICF will stay at 40 until the remodel happens and staffing improves. The demand is such that if one person is able to move out into the community ICF receives 3 or 4 calls for that vacancy. Ms. Valerio asked the Commission if they had any questions. No questions were asked.

Rural Regional Center (RRC) Agency Director's Report submitted to the Commission for review and presented by Roswell Allen, Recovery Manager, ADSD. DRC Agency Director's Report is Exhibit "4.7".

Mr. Allan stated that RRC is not in quite the same crisis as SRC, but there are staffing issues with RRC. Mr. Allan has observed that staff retention does not last as it used to. 10 years ago, if you got a job with the state you wanted to stay for 15 years, however now there are more going to private industry and the county.

Currently for RRC one of the issues is provider staffing. One of the providers in Carson City is closing two homes. One of those homes has some of RRC's most disabled individuals in it, so RRC is trying to find a spot in the State of Nevada for those individuals to go to. Some of them have been in that home for 15 years. This is a crisis for RRC and for the staff that have been working for those individuals. RRC is working on finding somewhere for them to go because the provider can't sustain staffing across their homes at this time and this is consistent with what has been going on for the last year or so.

On a brighter note, there is a new day program that opened in Pahrump. The good thing is that staffing is not as hard as in the north. Mr. Allan mention that the economy is making it much more difficult to hire staff in the north than in the south. There is also a thrift store in the program which is helping employ 20 individuals from the local community. Mr. Allan also informed the Commission that there was also another home opened in Mesquite for three young ladies that wanted to live more independently. They are excited to be in this new home in Mesquite.

Mr. Allan is also dealing with staff concerned about who will, and will not, be getting a pay increase July 1st. Mr. Allan pointed out that it is bizarre that the staff are working in the same office, and some are receiving the pay increase, and some are not. This is not very helpful for moral or comradery in the office.

Chair Schrag asked for a motion to approve. Commissioner Cooper made a motion to accept the Agency Director's Reports as written. Commissioner Miller seconded the motion. The motion was unanimously approved by the Commission.

5. **<u>INFORMATIONAL ITEM:</u> Presentation on regional behavioral health needs, initiatives, and data pursuant to NRS 433.4295. –** ***Rural Behavioral Health Policy Board Coordinators***

<u>Northern Nevada Regional Behavioral Health Policy Board:</u> Presented by Jessica Flood Abrass, Northern Regional Behavioral Health Coordinator. The Northern Nevada Regional Behavioral Health Policy Board Report and presentation is Exhibit "5.1(b)(c)".

Ms. Flood Abrass presented the Northern Nevada Regional Behavioral Health Policy Board Report and a presentation of the Northern Nevada Regional Behavioral Health Policy Board Report to the Commission. Ms. Flood Abrass read the presentation to the Commission. Highlights of the presentation presented to the Commission are noted here in the meeting minutes. The Northern Nevada Regional Behavioral Health Policy Board Report is more in depth and attached to the DPBH website along with a copy of the presentation as Exhibit "5.1(b)(c)"

Ms. Flood Abrass informed the Commission that in 1975 most states created local mental health authorities or regional mental health authorities. 47 states out of 50 now have those and Nevada is one of the last 3 states that does not. There was a full time Data Analyst position funded through the federal community opioid response grant (COSSAP) that will be anticipated to start in May 2022 to help improve the data. There is data collected now, but it rarely aligns with the trends we are seeing by stakeholders and priorities. There are 5 CCBHCs (Certified Community Behavioral Health Centers) in the region that the Northern Nevada Region is exploring opportunities to partner with. There is a Regional Health Policy Board website: nvbh.org that was mandated by law and developed. The Northern Nevada Regional Health Policy Board held a Mental Health Crisis Hold summit March 7th and 8th. During this summit 500 people showed up for the first day and 400 showed up for the second day. The summit was 9 hours and there was great participation. The summit was held via Zoom and the public's participation surprised the Board. Ms. Flood Abrass let the Commission know that Commissioner Durette participated and helped greatly with the event.

Ms. Flood Abrass asked the Commission if they had any questions. Chair Schrag thanked Ms. Flood Abrass for the excellent presentation expressed interest in having some questions answered offline about some of the jail programming.

<u>Washoe County Regional Behavioral Health Policy Board:</u> Presented by Dorothy Edwards, Washoe Regional Health Coordinator, Washoe County Nevada. The Washoe County Regional Behavioral Health Policy Board Report and presentation is Exhibit "5.2(b)(c)".

Ms. Edwards presented the Washoe County Regional Behavioral Health Policy Board Report and a presentation of the Washoe County Regional Behavioral Health Policy Board Report to the Commission. Ms. Edwards read the presentation to the Commission. Highlights of the presentation presented to the Commission are noted here in the meeting minutes. The Washoe County Regional Behavioral Health Policy Board Report is more in depth and attached to the DPBH website along with a copy of the presentation as Exhibit "5.2(b)(c)".

Ms. Edwards stated that the annual report is a policy board requirement outlined in NRS with specific conclusions then each coordinator regionalizes the report as you just heard from the Northern Nevada Regional Behavioral Health Policy Board. Although there are many differences within our regions many of the priorities are shared, so in an effort not to duplicate these similarities Ms. Edwards would like to concentrate on Washoe County's differences. There is 1 vacancy on the Washoe Regional Behavioral Health Policy Board in which they will be filling in the next couple of months. There were 7 annual meetings that were held virtually, and because of COVID-19 there was a lot of attendance from the public. The Board would like to continue a hybrid meeting model using a physical location and online, or a quarterly physical meeting in the future to encourage more participation from the community. There has been a great collaboration and support between the cities and county for the implementation plan. Washoe County has a big gap in services. The staff are great, but there are barriers to education, professional recruitment, and long term retention. The retention of data, such as substance abuse, or mental health/suicide, analysis just reflects correlation and not causation. Therefore, can see patterns or trends but

not explanations, so the Board wants to take the next step which is exploring causation and moving towards solutions.

Ms. Edwards shared a statement from the Washoe County Regional Behavioral Health Policy Board. The Washoe County Behavioral Health Policy Board appreciates the opportunity to discuss current and future activities and values, with the participation of legislators as well as state and county leadership in our joint pursuit of improving behavioral health for all Nevadans. In the accomplishment of those goals the Washoe Regional Behavioral Health Policy Board strives to serve with compassion, empathy, and perseverance for those who are dealing with behavioral health issues. We encourage and participate in open communication and research as well as sound fiscal management with resources. Communities should be empowered to respond to behavioral heath crisis' in the same way they respond to other emergencies. Residents of Washoe County experiencing suicidality or behavioral health emergencies deserve the same high quality care as delivered to individuals with physical medical emergencies. The Board recognizes that many of the recommendations and strategies proposed in the report may present fiscal problems or provide logistical challenges upon implementation. When we recognize these challenges we remember that Nevada is always at the bottom of many national indexes for behavioral health issues and how they are addressed. For many health issues, resources are allocated for their eradication. It is unacceptable for Washoe County or the State of Nevada to fail to move forward as a leader in our commitment to provide services to those in our communities that suffer from behavioral health. It is with a hope of a positive productive future for all Nevada citizens that the Washoe County Regional Behavioral Health Policy Board Report is respectfully submitted to the Commission. Thank you.

Chair Schrag thanked Ms. Edwards and asked if the Commission had any questions. None were asked.

Rural Regional Behavioral Health Policy Board: Presented by Valerie Haskin, Rural Regional Behavioral Health Policy Board Coordinator. The Rural Regional Behavioral Health Policy Board Report and presentation is Exhibit "5.3(b)(c)".

Ms. Haskin presented the Rural Regional Behavioral Health Policy Board Report and a presentation of the Rural Regional Behavioral Health Policy Board Report to the Commission. Ms. Haskin read the presentation to the Commission. Highlights of the presentation presented to the Commission are noted here in the meeting minutes. The Rural Regional Behavioral Health Policy Board Report is attached to the DPBH website along with a copy of the presentation as Exhibit "5.3(b)(c)"

Ms. Haskin highlighted that the Chair of theRural Regional Behavioral Health Policy Board is Fergus Laughridge and that the 2021 Annual Report was approved by their board yesterday afternoon. There was only one revision needed for the draft to be approved and was in recommendations to the Commission on Behavioral Health. This will be included in the report.

For reference the rural region includes Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties. The total population of these 6 counties is just under 100,000, and the square miles are just under the size of the State of Mississippi. We all know that the State of Nevada is large with a smaller population, so this should be kept in mind for national issues.

Ms. Haskin pointed out that data from SafeVoice and NNRH (Nevada Northeastern Regional Hospital) indicates a higher incidence of suicidal ideation among youth in Elko County than other counties in the Rural Region, but that information may not be accurate since there is not any data from any of the other hospitals. It is also noted that anecdotal data from stakeholders is also backed up by state data.

There is an inability to find placement for patients needing crisis stabilization or inpatient care in a timely manner. Many of the emergency departments and hospital Social Workers report having people psychologically boarded in their entrance date is sometimes weeks depending on the situation. There is a big problem with the lack of staffing especially in the small emergency departments. When someone is psych boarded, even if there is a small room, because of safety measures someone needs to watch the patient so that person needs to be able to see everything that happens in the room.

Transportation continues to be a challenge especially for those who are accessing services from the VA (Veterans Administration). Many people in Elko, White Pine and Eureka County specifically, have to go to Utah to access VA services. Reno is about 400 miles away which takes 3 to 4 hours to cover for access to services which is not realistic.

Increased concerns for the mental health of youth and young adults, including concerns over increased suicidality and international overdoses among youth as young as those who are junior high/middle school-aged. For example, in Elko County, since they are monitoring this data, there can be seen 2 or 3 attempts a month. This number may be perceived to be low for the state, but in the rural communities 2 or 3 attempts a month is quite a few, so far none of those attempts have been deadly this year. There was a high schooler who died of suicide within the last month or so.

Law enforcement has reported concerns regarding methamphetamine use, and misuse and trafficking of suboxone among high-risk populations. There are people who, because of their substance abuse history, cannot get jobs in these communities since most of the employers are mines and drug use is not tolerated. Because of this some people get desperate and may sell their suboxone on the street and sometimes traded in jail for those who may be able to access it in jail.

There was a roundtable meeting in Winnemucca, unfortunately the roundtable meeting in Elko had to be canceled. During the Winnemucca meeting the Rural Regional Behavioral Health Policy Board took the strategic planning process from the Humboldt County Behavioral Health Taskforce and moved the county and the taskforce through additional planning processes.

Overdose Data to Action (OD2A) Program collaborated with SMS (Substance Misuse Specialists) to implement the SMART (Self-Management and Recovery Training) Recovery Program which is a more academic alternative to conventional 12 step processes. It is evidence based and it is a little more friendly for those who are not comfortable with a religious based intervention program.

The Rural Regional Behavioral Health Policy Board decided to prioritize in tiers. Tier 1 is High Priority, Tier 2 is Affected by Tier 1, and Tier 3 is Highly Affected by Tiers 1 and 2. The list of Tiers and priorities in in the Rural Regional Behavioral Health Policy Board Report to the Commission is on page 15 of the report. It was noted that as hard as it is to recruit and retain staffing in urban areas it is even harder in rural areas. The cost of living in rural Nevada has also increased.

The addition that the Rural Regional Behavioral Health Policy Board decided to add to the draft of the report is under the recommendations to the Nevada Governor's Commission on Behavioral Health. This recommendation is "Support policy changes that expand the ability of interns to access completely remote supervision, expansion of the number of internship sites available, and to expedite licensure processes." It has been very difficult for persons who live in rural Nevada, who have completed their education online, to find sites within a reasonable commutable distance to do their internships and to find a supervisor. The licensing boards do require that if you have an offsite supervisor you must have an onsite supervisor as well and that is considered remote supervision. That is not remote, there is still someone there onsite. Ms. Haskin concluded her presentation and asked the Commission if they had any questions.

Chair Schrag noted that the use of para-professionals has become more prevalent, as seen in the rural region, because access to some of those professionals doesn't exist, and Chair Schrag thinks it is good that they are looking at a more para-professional approach.

Clark Regional Behavioral Health Policy Board: Presented by Michelle Bennett, Clark Regional Behavioral Health Coordinator. The Clark Regional Behavioral Health Policy Board Report and presentation is Exhibit "5.4(b)(c)".

Ms. Bennett presented the Clark Regional Behavioral Health Policy Board Report and a presentation of the Clark Regional Behavioral Health Policy Board Report to the Commission. Ms. Bennett read the presentation to the

Commission. Highlights of the presentation presented to the Commission are noted here in the meeting minutes. The Clark Regional Behavioral Health Policy Board Report is more in depth and attached to the DPBH website along with a copy of the presentation as Exhibit "5.4(b)(c)"

Ms. Bennett thanked her counterparts for helping her and giving good examples of what a policy board should be, as she is new to this position. Ms. Bennett started in August of 2021. She also thanked her Supervisor Ms. Teresa Etcheberry and Ms. Alicia Barrett for their guidance.

There has been some issues trying to schedule the Clark Regional Behavioral Health Policy Board to meet. They are going to work on that this coming year because boards who meet often accomplish more. Ms. Bennett's activities for the Board have been to work with the Prevention Coalition, starting projects, tracking funding opportunities because funding has been an issue, and disseminating information. Since Ms. Bennett is new to her position she welcomes any feedback that anyone is willing to give.

Ms. Bennett informed the Commission that the Clark Regional Behavioral Health Policy Board also covers southern Nye County which includes Pahrump. The Board decided to keep the priorities the same because they have not changed. Although they focus on recovery and recovery support they did add, last January, a new priority which is to identify wrap-around services for individuals experiencing homelessness and mental health crisis. The Board believes that this will not only help the community, but also law enforcement.

According to the data Nevada is number two in workforce loss. With the areas hardest hit being education and health services. This affects children twice as much. Many people are quitting their jobs. This is also putting strain on the emergency rooms, so this is affecting the health field because those who don't have access to crisis health intervention are going to the emergency rooms. Now not only are there shortages in nurses and doctors, but they are having to adjust behavioral health issues which often times results in law enforcement intervention. On average the Las Vegas Metropolitan Police Department (LVMPD) is processing 21,000 people a year that are in some type of mental health crisis. This is a result of workforce and crisis services.

Between the spring of 2021 and fall of 2021 the Department of Child and Family Services experienced the inability to service children because of staff shortages. The number of those helped in acute services dropped by more than half. These children needed to be in residential treatment because of safety issues. Although ideally it would be better to keep children with their families the Clark County region needs to recognize the need to be safe, and children need to have services so they can get to a level of function in their communities.

The lack of available beds for those going through substance abuse or mental health issues affects law enforcement because they have to pick up the slack of helping people in crisis.

Ms. Bennett addressed equity since the region is majority minority now. The social determinates of health, food, transportation, and social support are recognized as all very important. In order to be effective disparities, have to be reduced and the racial and culture identities have to be identified for every person in our community, and how this impacts behaviors.

Chair Schrag thanked everyone for their assessments. There are some commonalities among everyone, and some unique challenges based on the various environments. Chair Schrag asked if any of the Commissioner had any questions on the reports.

Commissioner Ruiz-Lee stated that from her professional experience the difficulty that the state is having is with interns navigating the licensing boards. One of the presentations highlighted the fact that some of the licensing boards are requiring onsite supervision as opposed to just allowing for supervision to occur as it normally might. From Commissioner Ruiz-Lee's experience it is not required by regulation, so what is happening in some instances is that the Licensing Boards are adding their own rules to the processes which then create barriers to licensing and getting people in the field to train to do the work. One of the questions to the board is: they bring this issue forward to the Commission presented as a request for help, but the Commission does not have the same statutory authority as they do regarding bill drafts and other legislative mechanisms, so what do you plan to do to

address this? What avenues are you going to pursue? How can we support you in that? Because to some degree you have more latitude for action than the Commission does.

Ms. Bennet stated that Ms. Haskins, because her board went in depth with this issue, they have current relative information.

Ms. Haskin answered that the Rural Regional Behavioral Health Policy Board continues to work with the licensing boards asking for reports and updates from them. Her understanding is that Board members may wish to have continued conversations and may also want to attend the licensing board meetings just as they are revising their regulations in the next several months. This is what it sounds like from yesterday's meeting. Particularly the Board of Social Work, the Rural Regional Behavioral Health Policy Board Report has worked closely with them on SB 44 (Senate Bill). As was pointed out by Commissioner Ruiz-Lee they are meeting the letter of the law, but maybe not the spirit of SB 44. The Rural Regional Behavioral Health Policy Board Report is working with them to see how to get that fixed. Beyond that the Rural Regional Behavioral Health Policy Board Report doesn't have any regulatory ability over them to enact anything further than, at the time, SB 44.

Ms. Flood Abrass stated that both her and Ms. Edwards mentioned that their Boards do a lot of advocacy letters and although nothing could be done here this is just planting seeds. Coordination of advocacy letters from all the boards to the licensing boards and the Commission, but it is unknown what the Commission wants to do, but a statewide effort to present this as a real issue maybe as a sort of social pressure.

Commissioner Ruiz-Lee expanded the idea to Commissioners, especially Commissioners who are licensed that may have suggestions about how to support their efforts. Because Commissioner Ruiz-Lee is not a licensed professional, but she works in the arena in a high degree, and it is a barrier to providing services especially in rural and frontier communities. Very little flexibility has been offered, and again it is not regulatory, it is not in the regulations, it is just rules that are made up ad-hawk. If the Commission, especially those who are licensed have thoughts it would be worth the Commission time to entertain them.

Commissioner Durette stated that we have the drafting of the Governor's Letter coming up and this is a great opportunity to put forth some strong advocacy that the licensing boards all adhere to standards of practice. For example, Commissioner Durette runs a graduate education program and remote supervision is integrated into how goals are achieved, and in the world of telehealth there is no detriment to the quality of supervision that is received through telehealth versus in person. Commissioner Durette would entertain a motion from the Commission to specifically include either as a strong paragraph in the upcoming Governor's Letter and/or a separate advocacy letter to both the Governor's Office and the board that a simple fix to elevate some of the health care workforce problems in the state would be to open the door to tele-supervision.

Mr. Filippi thanked Commissioner Durette for her comments and remined the Commission that this is not an action item, unfortunately, so the Commission cannot make a motion. However, this is a good topic to discuss and keep in mind for future discussions regarding the drafting of the Annual Governor's Letter coming up.

Commissioner Durette thanked Mr. Filippi for the strong suggestion. Commissioner Durette shared with Ms. Bennett that over the 2022 we have lost two of the Child and Adolescent Psychologists who have passed away, so sadly your reports numbers are off by two. This is not to pick on your numbers it is to express that the problem mounts.

Commissioner Giron commented that the Regional Health Board Coordinators did an outstanding job presenting the dire straits that we are seeing and the stress. About supervision, it is important that we have both on the ground and remotely, but some of those boards have written those rules long ago. They are old rules, and when those rules were made there was no such thing as telecommunication and facetime etc. Commissioner Giron believes that the boards need to look at this and modernize our ability to supervise interns and anyone in our field that is out there helping children, families, and communities. We can update our ability to supervise our trainees using the devices and the mechanisms that we have here in the 21st century because once we can facetime with a supervisor not only is this better, but it gives our communities more access to the quality of good, supervised

training. Commissioner Giron is hopeful that we can write our letters and encourage our examining boards to revisit their rules on supervision. Commissioner Giron suggested another way to use the Commission's resources. One is the universities. We have to home grow our support. We could talk to the universities as to what we could give our public health students, social, and psychiatry students to put their ideas at the college level. For example, here is the problem, what kind of mechanisms, approaches, systems, and funding can you come up with that can utilize our current resources as well as future resources. Thinking out of the box, we need fresh ideas and Commissioner Giron thinks that can be found in our schools.

Commissioner Ficalora stated that he is passionate about this topic on a couple of different levels. Commissioner Ficalora agrees with everyone on supervision being a barrier. In his practice, even though he is employed by the same institution, but at a different location of the same entity is about 7 miles from the other building and he is not allowed to supervise people in that other building because he is not there physically with them. This is a significant barrier when trying to onboard new staff and allocate staff to where they are needed. The supervisors can only supervise 5 people each and trying to coordinate is difficult. There is a lot of room for tele-supervision and supervision for those professionals who want to work in the field working in a behavioral health setting. With the limited number of supervisors that the State of Nevada has in the first place. On a different topic the Regional Behavioral Health Boards reports were very informative. Commissioner Ficalora expressed his concern being in this workforce crisis in behavioral health while at the same time trying to increase the availability of crisis services in a mobile format, or crisis drop-in center. If we are having trouble staffing one, those people seeking outpatient services voluntarily not to mention regular patient services there is going to be difficulty staffing mobile crisis teams, crisis response centers, and 24 hour levels of care even if we don't have care during normal business hours. Commissioner Ficalora admires the push behind the 24 hour crisis services available and staffing being endorsed and funded, but where are we going to find the staffing in Nevada? Who will be able to meet those needs? Commissioner Ficalora endorses what Commissioner Giron suggested about utilizing the universities. Having home grown clinicians and people who are interested in this line of work is the way to go. It seems, from the experience of hiring new clinicians, many people coming out of school right now are being guided towards the private practice field where it is potentially more lucrative. This is coming from the instruction that they are getting from the universities, perhaps from the professors who are in private practice. There is not really an emphasis on beginning your career or learning your skills in a community behavioral health or state facility. Any of those things would be fair to address in the Commission's upcoming Governor's Letter.

Commissioner Giron said another idea he came up with while looking at the reports is how the data is gathered. Having done survey work in his undergraduate work. Using modern technology, we should be able to get better data from the clinicians in our state. They are so stressed. They are overworked, and especially those who are working with the children. 51st is unacceptable, we have got to do something. Commissioner Giron suggests helping or encouraging the clinicians to regularly complete surveys to help inform the boards as to what is happening in the region. Maybe utilizing technology, or Survey Monkey, or some other way to get that data to the boards and Commission in real time.

Ms. Flood Abrass commented that with the crisis facilities that it is not all that stark because nationally they use a lot of peers. Peers are also used with crisis response as well. As far as workforce there was an incredible presentation by Sarah Hunt from UNLV (University of Nevada Las Vegas) explaining about what Nebraska did that had outcomes on effectively increasing clinical workforce there. It was specifically behavioral health workforce. Of course, the board would be happy to partner with the Commission on any survey to send out to the communities.

Commissioner Ruiz-Lee commented that she liked all of the ideas and that the Annual Governor's Letter that the Commission is working on has a good modality to address some of them. Commissioner Ruiz-Lee feels like the Commission should be very forceful and strong in some of the board recommendations. Because you can have all of the institutions of higher education turning out professionals who are eligible for licensure, but if you can't clear the licensing hurdles none of that effort is going to matter. They are going to take themselves elsewhere. They are going to go places where licensure is easier, and they can become part of the community quickly. It has been a good 10 or 25 years hearing about licensing boards, and we continue to talk about it, but nobody ever

really address it. The question is how do you finally mobilize so that these issues will be addressed so we can create the professional pool that we need to deal with he mental health crisis?

Chair Schrag stated that is a good comment. He knows that the Commission will have to set aside time for a meeting to discuss the Annual Governor's Letter in a future meeting. Chair Schrag will work with Mr. Filippi to get some dates out, so the Commissioners have appropriate due notice. These are all great suggestions and if anybody has any comments, to keep with the open meeting laws, if you have recommendations please send them to Mr. Filippi so he can collect the comments to move them forward. That is one of the great things about the Commission and the various boards is that we can bring these topics together and have a united front to use as a galvanized opportunity to make some of that change. Chair Schrag mentioned that Commissioner Giron highlighted that in the past there wasn't all of the technological opportunities that we have now, and it just might be bringing that to some licensing boards attention to make that change. We need to modernize, otherwise we get bogged down in past policies. This is a good opportunity, so thank you. Chair Schrag then asked if there was any further discussion. The Commission did not have any further discussion.

6. **INFORMATIONAL ITEM: Update on the development of the Southern Regional Behavioral Health Policy Board – *Kim Donohue, Southern Regional Coordinator***

Southern Regional Behavioral Health Policy Board: Presented by Kim Donohue, Southern Regional Behavioral Health Policy Board Coordinator. The Southern Regional Behavioral Health Policy Board Development Update Presentation is Exhibit "6".

Ms. Donohue presented the Southern Regional Behavioral Health Policy Board Update Presentation to the Commission. Ms. Donohue read the presentation to the Commission. Highlights of the presentation presented to the Commission are noted here in the meeting minutes. The Southern Regional Behavioral Health Policy Board Update Presentation is attached to the DPBH website as Exhibit "6"

Ms. Donohue introduced herself and thanked the Commission for the opportunity to update them about the Southern Regional Behavioral Health Policy Board. Ms. Donohue has been in this position for 80 days so far. As the Southern Regional Health Policy Board Coordinator her region is Mineral, Esmeralda, Lincoln, and northern Nye County from the 38th parallel, basically Tonopah north. In the 80 days Ms. Donohue has been the Coordinator she has tried to visit these areas and went to county meetings to find out what the gaps are. The meetings she has been to in the counties has helped her understand the current programs being disseminated across the state. It is also giving her an opportunity to really learn her communities and the surrounding region. Although she may have a specific region it may overlap into some of the other regions. That is why the collaboration among the coordinators is vital and important to the work they are doing.

Some of the gaps observed are crisis intervention training. There is a strong need for crisis intervention training in the region. This has recently been done in Lincoln County, but there is work to be done. Ms. Donohue noted that with the COVID-19 outbreak some of the stakeholders have been surges hitting the counties after COVID-19 has struck some of the more urban city centers. That has affected for Ms. Donohue to hold meetings and really learn her region, so she state she has more work to do there. In the meetings that Ms. Donohue has been able to hold and attend she likes to hold SWOT (Strengths, Weakness, Opportunities, and Threats) analysis within the region. There has been some commonality and themes to take way that Ms. Donohue would like to share. The biggest comment in the region from the stakeholders is that there has been a general lack of knowledge of services for both youth and the elderly populations. Specifically, it is the awareness and the knowledge of what the programs can offer in the region.

Also there has been a severe lack of coordination with behavioral health response when someone is in crisis. Ms. Donohue is seeing a great need for implementing CIT across the region. And providing training for those who would be involved in a mental health crisis or any other behavioral health crisis that maybe affecting. As well as some substance abuse disorders. We are seeing a large trend of that and seeing an increase in the region with not only prevention, but educational programs and evidence placed programs being implemented, and treatment. Providing the education and having those services available to the community.

Ms. Donohue explained that her position was vacant for the last 2 years. She has seen the impact of being the liaison between the state programs and the rural communities' programs. She has observed the rural and frontier communities' grassroots programs that were created because of the isolation and inner dependance of being a frontier or rural community. She has observed a lack of mental and behavioral health programs for the youth and student population. These mental health programs are needed from elementary school to high school. Ms. Donohue expressed the same problem as her counterparts observing the lack of behavioral health workforce across the region.

In Ms. Donohue's 80 days as a Regional Behavioral Health Policy Board Coordinator, she has seen two complex cases involving co-occurring severe mental illness and substance abuse disorder which highlighted the lack of wraparound services and knowledge in the region. Ms. Donohue has seen the need for a supportive housing element for the severely mentally ill and co-occurring substance abuse disorders in the region. The substance abuse issue and mental health has affected both the younger and older populations. With the lack of knowledge about mental health programs and ageing and disability services for the older population in the region being seen.

Ms. Donohue wanted to acknowledge some of her state partners that have been able to disseminate some of the evidence based programs by working with NAMI (National Alliance on Mental Illness) which has just been introduced to the region. Working with the Nevada County Contacts and the Warmline as well as training community stakeholders about the Nevada CARE Team and the Children's Mobile Crisis Response Team. These programs have had good traction in the region and Ms. Donohue expressed her gratitude for these programs.

Development update of the Southern Regional Behavioral Health Policy Board. Ms. Donohue received the letter from the Legislative Commission about Assemblyman Greg Hafen being appointed to the board. Ms. Donohue and Mr. Hafen had an in-depth meeting about identifying the gaps and barriers across the region as well as a SWOT analysis across the region to identify some of the community stakeholders in the region who would be an excellent consideration for board appointed positions. They have been actively seeking these stakeholders to serve the region in those appointed positions.

Lastly, Ms. Donohue wanted to thank the other Rural Regional Behavioral Health Policy Board Coordinators for their help and assistance. The support and collaboration has been incredible. Ms. Donohue looks forward to developing this policy board and continuing to make incredible change across the region. Ms. Donohue thanked the Commission and asked if there were any questions.

Chair Schrag asked the Commission if there were any questions. None were asked.

7. <u>FOR POSSIBLE ACTION:</u> Consideration and Possible Approval of DPBH Policies – *Joanne Malay, Deputy Administrator, DPBH*

Policies:
Collection and Reporting of Veteran Health Information

Ms. Malay stated that this is on the collection of veteran information this was based on a bill in a past legislative session, so this is a new policy that outlines how DPBH will collect the information on veterans such as where they work, and what skills they have. This is a division wide policy. Ms. Malay offered to answer any questions the Commission may have.

Chair Schrag asked the Commissioners if they had any questions. No questions were asked.

Commissioner Durette made a motion to approve the policies as submitted. Commissioner Giron seconded the motion. The motion was unanimously approved by the Commission.

8. <u>INFORMATIONAL ITEM:</u> Update on Seclusion and Restraint/Denial of Rights, DPBH – *Joanne Malay, Deputy Administrator, DPBH* Update on Seclusion and Restraint/Denial of Rights, ADSD – *Marina Valerio, Agency Manager, Desert Regional Center, ADSD:*

<u>Update on Seclusion and Restraint/Denial of Rights, DPBH</u> presented by Joanne Malay, Deputy Director, DPBH:

Ms. Malay explained that in the seclusion and restraint report there is a slight decrease in civil population clients in the north region which is secondary to an increase in the forensic population growth. There are slight spikes in seclusion and restraint hours, but upon further analysis they were related to individual incidents specifically one patient having difficulty during the early days of admission.

Ms. Malay also explained that in the northern region where the civil population decreasing and forensic is increasing there are a couple of programs being initiated. One program is the assisted outpatient treatment. The numbers are really low, so the division is pushing for those numbers to increase. This is an outpatient program that provides really strong wraparound treatment services for recidivism clients throughout the division hospitals. As mentioned before, SB70 allowed for an enhanced AOT (Assertive Outpatent Treatment) programs in other communities. Hopefully this will help those clients who cycle in and out of the division facilities and this will keep them more stabilized in their communities. The division is looking forward to adding their ACT (Assertive Community Treatment) programs which is another level of wraparound treatment with the hope of diversion from the criminal system to health care. Ms. Malay offered to answer the Commissioners questions. No questions were asked.

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

Ms. Valerio explained that the report is typical of what they have been seeing. About 6 persons of the 40 the division is responsible for have needed restraints over the last 6 months. Most of the restraints were in October. They involved one person who had multiple restraints during that time. A spike in restraints was expected during the holidays, but the restraint numbers were surprisingly low. The report is in seconds, so it is a relatively low amount of time that people are in any type of restraint. Usually once the clients realize that staff is going to have to put hands on them they calm down and comply. Typically, the client needing restraints is being aggressive towards another person, or they are going to hurt themselves. Ms. Valerio asked the Commission if they had any questions. None were asked.

Chair Schrag thanked Ms. Malay and Ms. Valerio for their reports.

9. **<u>INFORMATIONAL ITEM:</u> Update on the Bureau of Behavioral Health, Wellness and Prevention. –** ***Shannon Bennett, Bureau Chief, BBHWP***

Ms. Bennett introduced herself to the Commission and remarked that she is looking forward to working with the Commission. She has been with the division for almost 10 years primarily on the public health side before coming over to the behavioral health side. Ms. Bennett expressed that they have had the same staffing challenges as the rest of the division. There has been a lot of staff turnover in the last 6 months. Since she started in February she has been trying to get staff so programs can be supported and to grow the bureau as it needs to grow. For the last 7 weeks Ms. Bennett has been getting acquainted with what is going on such as listening to meetings like this to better understand the needs of the community, and to find out what some of the needs are in behavioral health programs. Ms. Bennett let the Commission know that they can reach her at any point in the future and offered to answer any questions that the Commission may have. No questions were asked.

Chair Schrag welcomed Ms. Bennett and let her know that the Commission is looking forward to working with her as well collaborating and seeing what can be done moving forward.

Mr. Filippi congratulated Ms. Bennett on her new role and let the Commission know that she was instrumental in the COVID-19 pandemic response. Ms. Bennett was the previous Immunization Manager, so she lead the vaccine distribution for the whole state. She is a really amazing person both personally and professionally. We are glad to have her.

Ms. Bennett thanked the Commission and stated that she looks forward to working with everyone.

10. <u>INFORMATIONAL ITEM:</u> Update on Aging and Disability Services Division – *Megan Wickland, Developmental Services Quality Assurance Manager, ADSD*

Ms. Wickland introduced herself and reported that the flexibility in the divisions Amendment K, or ID (Identification) waiver remain in effect. They will end 6 months after the conclusion of the Public Health Emergency. There were 4 waiver feedback sessions with stakeholders to get their input of current services including the flexibilities that are in the waver now that can be considered if the division wants to continue with them adding them in permanently into the waver. Along with any other new service options. The providers are facing pretty significant staffing shortages, so as part of the ARPA (American Rescue Plan Act) funding that has come to Nevada Division of Health Care Financing and Policy have the ability to fund two $500.00 supplemental payments to each current home community home based services care worker and providing services to waiver individuals. The first payment went out this month with a second payment will go out in 6 months. Additionally, the developmental services providers will receive a supplemental payment of 26.9% for waiver claims that were billed back to April 2021, which will go through March of 2022 and be paid out quarterly. The Governor has a provider summit scheduled in Clark County next month and there will be representatives from all of the regional centers present which hopefully will add more people to the provider recruitments. Ms. Wickland then asked the Commission if they had any questions. No questions were asked.

11. <u>PUBLIC COMMENT</u>

Chair Schrag asked if there was any public comment and paused for comments.

Commissioner Cooper thanked all of the agency managers who were open and candid. You shared your struggles, we hear you. Commissioner Cooper appreciates you coming out, being open and honest. Hopefully we can work together to move us forward out of 51st.

Chair Schrag pointed out that we all like to move forward especially as we are coming out of the pandemic, the financial issues, and problems that we face. The more honest we are the more, hopefully, effective we can be at addressing these issues and getting to the root cause. Chair Schrag thanked everyone.

12. <u>ADJOURNMENT:</u>

The DPBH Commission on Behavioral Health Public Meeting was adjourned at 11:06 a.m.