DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Helping people. It's who we are and what we do.

DPBH COMMISSION ON BEHAVIORAL HEALTH
MEETING MINUTES
September 22nd, 2022
9:00 AM

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

Join Online
https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F_%23%2Fl%2Fmeetup-join%2F19%3Ameeting_MDVhYjBkMTgtZWMzOS00MmE4LTk3YzItNDQzNWViNmU4NjFh%40thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%2522e4a340e6-b89e-4e68-8eaa-1544d2703980%2522%252c%2522Oid%2522%253a%2522455656b7-d121-4709-ba81-3f70d51b1100%2522%257d%26CT%3D1661987860186%26OR%3DOutlook-Body%26CID%3DA71D3703-848D-4595-A878-CDC25D08623A%26anon%3Dtrue&type=meetup-join&deeplinkId=8da746c4-bb4b-4c49-91de-d2de24faaeaa&directDl=true&msLaunch=true&enableMobilePage=false&suppressPrompt=true

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

Commissioners Present:
Braden Schrag (Chair); Lisa Durette, M.D.; Jasmine Cooper, LCADC; Natasha Mosby LCSW; Gregory Giron, Psy.D.; Arvin Operario, RN; Dan Ficalora, CPC

Department of Health and Human Services (DHHS) Staff:
Autumn Blattman, Executive Assistant, DPBH; Lisa Sherych, Administrator, DPBH; Joanne Malay, Deputy Administrator, DPBH; Gujuan Caver, Clinical Program Manager, ADSD; Marina Valerio, Desert Regional; Ellen Richardson-Adams, Agency Manager, SNAMHS; Jessica Adams, Deputy Administrator, ADSD; Susanne Sliwa, Deputy Attorney General; Susan Lynch, Hospital Administrator, SNAMHS; Jenny Casino, LCSW, SNAMHS; Drew Cross, Interim Agency Director, Lake's Crossing; Dr. Leon Ravin, Statewide Psychiatric Medical Doctor; Shannon Bennett, Health Program Manager, BBHWP, DPBH; Katie Martin Waldman, Clinical Program Manager, DCFS; Vikki Erickson, Clinical Program Manager, ADSD; Kendall Holcomb, Public Information Officer, BBHWP, DPBH; Kayla Samuels, Management Analyst, DPBH; Roswell Allen, Julie Lindesmith, DPBH

Others/Public Present:
Michelle Bennett, Clark County Regional Health Coordinator; Venessa Dunn, Tyler Shaw; Taylor Allison; Valerie Cauhape; Teresa Etcheberry; Vanessa Dunn

Chair Schrag called the meeting to order at 9:03 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. No comments were received.

3. FOR POSSIBLE ACTION: Approval of meeting minutes from May 19th, 2022. – *Braden Schrag, Chair*:

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

CHAIR SCHRAG REQUESTED A MOTION TO APPROVE THE MAY 19TH, 2022 MEETING MINUTES. A MOTION OF APPROVAL OF THE MEETING MINUTES FROM MAY 19TH, 2022 WAS MADE BY DR. DURRETT AND SECONDED BY COMMISSIONER COOPER. THE MOTION TO APPROVE THE MEETING MINUTES FROM MAY 19TH, 2022 WAS APPROVED UNANIMOUSLY.

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

a. Northern Nevada Adult Mental Health Services (NNAMHS) Agency Directors Report- *Joanne Malay, Deputy Administrator for Clinical Services, DPBH. NNAMHS Agency Director's Report is Exhibit "4.1":*

Joanne Malay stated that Julie Lindesmith is the new Agency Manager and wanted to introduce her to the Commission that Ms. Lindesmith was at the Joint Commission today and the Tri Annual Survey for Accreditation, which is going well. Ms. Malay asked Chair Schrag to introduce Ms. Lindesmith when she joined the meeting.

Ms. Malay stated that Dini Townsend Psychiatric Hospital and provides outpatient services on the NNAMHS campus. The numbers in the hospital and outpatient setting had been decreasing since the pandemic, secondary to the loss of staff, inability to provide some services. That has since turned around in the last few months. Inpatient hospital numbers and outpatient services are going up, particularly those in outpatient treatment in intensive services.

Ms. Malay added that NNAMHS is continuing to work with State partners and have monthly meetings with Washoe County Courts which have been very proactive and there is much appreciation on this work.

Ms. Malay expressed her appreciation to the staff for their participation and hard work and opened the conversation for any questions.

Chair Schrag asked Ms. Malay what has contributed to staffing numbers increasing so that others may be able to replicate this.

Ms. Malay responded that proactive recruitment, new staff bringing new ideas who have been going into the community to recruit, and new staff connections to the private sector for recruitment has increased staffing levels. There are challenges but this has improved quite a bit but networking and getting the word out has helped.

Chair Schrag expressed excitement for the outcome and opened the floor to further questions, to which there were no further questions.

b.* Southern Nevada Adult Mental Health Services (SNAMHS) Agency Director's Report *- Ellen Richardson-Adams, Agency Manager. SNAMHS Agency Director's Report is Exhibit "4.2":

Ellen Richardson-Adams introduced herself and added that Susan Lynch and Joanne Malay were also on the call representing SNAMHS.

Ms. Richardson-Adams stated that they have filled some new positions but have also had positions vacated due to retirements and individuals who were looking for other positions.

Ms. Richarson-Adams let the commission know that the caseloads were all documented in the submitted report. They have seen an increase in ALT program and anticipate a continued increase in assisted outpatient treatment.

Ms. Richardson-Adams informed the commission of building renovations at the West Charleston Outpatient Clinic, that will begin next week. This has caused a temporary move for the time being, resulting in all Med Clinic services happening at the East Las Vegas site. Additionally, Ms. Richarson -Adamas stated that clients and the community partners have been notified of the relocation and hope for a smooth.

c. Lake's Crossing Center (LCC) Agency Director's Report- ***Drew Cross, Interim Agency Manager. Lake's Crossing Agency Director's Report is Exhibit "4.3".***

Drew Cross informed the commission that they have been able to fill several positions since the last meeting, including a clinical social worker, five forensic specialists, and a senior correctional officer. Added that they continue to have difficulty filling forensic specialist positions due to issues with successfully completing background checks, the POST certification physical exam. There is continued pushback for salary disparities with certain positions such as clinical psychologists but have been successful in recruiting two contracted forensic psychologists.

Mr. Cross stated inpatient census for the last recorded quarter was 90. The average length of stay for a restoration client was 129 days. Additionally, LCC continued to have a list of pending admissions from the various counties that they are attempting to get in as soon as possible. Regarding programs within the forensic hospital, several therapeutic groups are offered for the clients to attend, select clients participate in our legal process group where they familiarize themselves with core processes.

Mr. Cross added that under the service needs and recommendations several upcoming facility management projects are in the works, including an anti-ligature fixture project, door keypads, ADA work, meal slots on the doors, door replacements including the jams, and new cameras and hard drives.

Chair Schrag asked Mr. Cross, what is driving the larger renovation. Is it due to updates to outdated facilities, or due to finding new technologies for providing better service?

Mr. Cross responded it is a mix of both. There is the general wear and tear of daily use, that must be taken care of to maintain required security levels. Additionally, there are new resources available that call for upgrades and updates to camera systems, servers, and hard drives.

Chair Schrag then asked, what has allowed you to get staff positions filled.

Mr. Cross stated that they're able to bypass a lot of limitations for physical fitness and background checks by utilizing a pool of applicants already in the system. Specifically with Corrections, as they are mostly ready as far as security knowledge goes, physical fitness, and their background checks.

d. Rural Clinics (RC) Agency Director's Report- ***Ellen Richardson-Adams, Clinical Program Manager III, Interim Agency Manager. The Rural Clinics Agency Director's Report is Exhibit "4.4".***

Ms. Richardson-Adams informed the commission that they have been able to hire some new staff but have had individuals retire as well. Rural/frontier areas can be a difficult hiring location but have been able to

transfer staff if they desire to move from one part of the state to another. Telehealth has allowed for continued client care, as well as allowing individuals to keep their current provider.

Chair Schrag asked if there are any recruitment possibilities for recent college graduates that attend rurally located colleges, as they could be predisposed to working in a more rural location.

Ms. Richardson-Adams responded that SNAMHS and Rural Clinics have had may out-of-state individuals trying to get their clinical hours, practicums, and internships but there are no programs available in their home state, so they are reaching out to get support from SNAMHS and RC. This has resulted in a positive hiring potential for these individuals if they are interested.

Dr. Giron asked what the wait list for youths and the wait list for adults in the outpatient program looked like, and how it was moving.

Ms. Richardson-Adams responded that two new prescribers were just hired that should be able to address the wait list. One specializes in youth and adolescents, and one focuses on both youth, adolescents, and adults. There has been an increase in need for access to care post COVID, and their outreach to the community has increased, face-to-face meetings occurring more, and relationship building.

Mr. Giron questioned regarding outpatient counseling

Ms. Richardson-Adams responded that outpatient counseling is a component that has been impacted by retiring individuals. They are working to replace those individuals. There are two different levels of caseloads: those for interns, and those for fully licensed. This impacts the total number of cases that can be actively served. In general, hiring practice starts with prescribers in an underfill position or intern level so their caseloads are smaller, and once they have enough clinical supervision, they are progressed to a higher salary and class specification level. The have reviewed and are working on ways to rectify it.

e. **Sierra Regional Center (SRC) Agency Director's Report*- Victoria Erickson, Clinical Program Manager I, ADSD. The SRC Agency Director's Report is Exhibit "4.5".***

Victoria Erickson stated that she was presenting on behalf of Julian Montoya, as Mr. Montoya was not able to attend.

Ms. Erickson stated that they are currently serving about 1,500 individuals and continue to do several intakes a month. This continued uptick in intake is believed to be largely due to the continued community outreach of the program and educating community partners and families on services provided.

Ms. Erickson added that there are still quite a few individuals on the wait list for job and day training, and supportive living arrangements, which is due to provider staff shortages. There are several providers who still are not able to sufficiently staff home and provide intermittent services. Staff are using a lot of overtime, and still trying to do significant recruitment efforts to bring on new staff. Division administrators are aware of the staffing issues and efforts to resolve them. State pay levels are causing applicants to take other jobs that pay higher wages.

f. **Desert Regional Center (DRC) Agency Director's Report- *Gujuan Caver, Clinical Program Manager II, DRC Agency Director's Report is Exhibits "4.6"***

Gujuan Caver stated that he would be presenting on DRC Community Services and Marina Valerio would present on the ICF Department.

Mr. Caver stated that their wait list continues to be more than desired, as is reflected in the report submitted. Providers do not have the capacity to take on new cases. Though there is funding to take on the new cases, staff shortages do not allow it currently.

Mr. Caver added that during this report period, DRC had 140 applications and opened 121. At the previous Commission Meeting, DRC had 129 applications with 115 cases that opened. These two trends regarding intake applications and the number of cases that DRC has opened over the last six months is a continued trend. Applications are up 60%-70% compared to last year. As COVID has kind of died down a little bit, DRC has seen more people apply for services.

Mr. Caver stated that for this period, there were 16 offers made to potential candidates for developmental specialists or service coordinators, 15 of the 16 declined. Only 1 stated that this was due to compensation.

Chair Schrag asked if there were clusters as to reasons why or just spread throughout the graph and Mr. Caver stated that he was interested to ask HR that but did not have the chance but would be interested to know why they did not choose to work at DRC.

Ms. Valerio stated that interviews are being done with sister agencies, and many candidates are choosing to go with those programs and work with children. DRC is working with HR and have made offered all the DS PCN numbers to candidates, of which 7 would be starting on October 3rd, more starting October 17th, and more that they are waiting for a response on.

Mr. Operario asked if there is still an issue with the lag time between offering new hires the position and the actual start date and wanted to see if there was anything the Commission could do to support this.

Ms. Valerio responded that most positions have quick timelines, and as soon as the applicant is ready, they can onboard them. Some delays have been caused by individuals having to relocate from other states or from other jobs where they are having to give current employers notice of leaving. Ms. Valerio added that the nursing, techs, and psychologist positions have additional screenings or are being brought on at an accelerated pay rate, which does cause a slow down to the processing, but HR is working with them to get these individuals onboarded as quickly as possible.

Ms. Valerio informed the commission on the staffing for the IFC, stating that they have filled some positions that have been vacant for a while. Ms. Valerio added that the Residential position that has been vacant since last September has been offered and accepted, as well as a mental health counselor for swing shifts and weekends. The direct support technician positions have been the biggest struggle to fill. They can fill positions but seem to lose about the same number of individuals they bring on. Currently at around 29 vacancies for the tech positions. They continue to interview and offer the positions to individuals, but they are regularly declined due to the rate of pay, which is just above $15.00 an hour.

Ms. Valerio added that there is a low number of referrals on the report but stated that those numbers will start to be tracked better. At this point DRC is not able to accept many people because they have a home under ADA construction and must be vacant, and another home must be kept vacant for COVID quarantine. When DRC has referrals, if there is a vacancy, they fill it as soon as possible with those referrals. It does tend to be that referrals are not appropriate for the ICF. These are individuals who have more of a mental health diagnosis and deal with a psychiatric crisis, which causes them to have to go to the hospital and then return for treatment. Recent intakes have started as initially psychiatric reasons, but then the family will take them to the hospital and say they are not able to take them back home. DRC is accepting these individuals and seem to do quite well with them. They might be hospitalized due to behavioral issues rather than psychiatric. DRC has not had a visit with CMS in this last quarter.

g. Rural Regional Center (RRC) Agency Director's Report - ***Roswell Allen, Developmental Specialist, Rural Regional Center. The Rural Regional Center Agency Director's Report is Exhibit "4.7".***

Roswell Allen informed the commission that they continue to fill staff vacancies, hiring new service coordinators. RRC just hired a new service coordinator in Carson City and Fernley. RRC has been underfilling the DS3 positions they are hiring, as they are more competitive with the DS1 level than the DS3

level. This has the benefit of hiring younger applicant that are more willing to learn new things, though, this is causing an issue of new hires only staying for 6 months or so and leaving for the school districts which offer better pay rates.

Mr. Allen added that SRC is moving a service coordinator position down to the Pahrump/Mesquite region, as this region has shown the most growth due to people there realizing they have an option other than Las Vegas for services and are moving back.

Mr. Allen stated There is a lot of outreach to schools as in-person attendance grows and sharing tables and events with partners such as ATAP and NEIS so families can see the array of services offered and build community partners.

Mr. Allen added that the biggest concern is staffing supportive living providers for intermittent and 24-hour home support. In Elko and Winnemucca, there is competition with the mines which the provider wages do not compete with. Administration is aware of this and is having discussions on how to resolve these issues. DRC is at capacity in most of their homes, and they are looking for opportunities to open more homes to take people off wait lists. They are trying to focus on individuals with challenging behaviors or that are medically fragile, as they are the most difficult to find placements for given staffing capacity. In the future, DRC may look at providers from out of state that may have different skill sets to come in and take over these programs.

Chair Schrag stated that he wanted to commend the collaborative approach that has been taken by Mr. Allen, as it results in greater trust and confidence in the system.

CHAIR SCHRAG REQUESTED A MOTION ON ALL CONSENT AGENDA ITEMS. A MOTION OF APPROVAL OF ALL CONSENT AGENDA ITEMS WAS MADE BY DR. DURRETT AND SECONDED BY COMMISSIONER COOPER. THE MOTION TO APPROVE THE CONSENT AGENDA ITEMS WAS APPROVED UNANIMOUSLY.

5. **FOR POSSIBLE ACTION: Consideration and Possible Approval of DPBH Policies –** ***Joanne Malay, Deputy Administrator, DPBH***

Ms. Malay let the commission know that there was one policy for approval, which was last reviewed by the commission in 2018, and would require no changes other than the date if approved. The policy is for travel safety for motor pool and both the private and agency owned vehicles. It applies to safety precautions to keep employees safe on the roads; including measures to take if there are any sort of vehicle troubles. This policy does state "Motor Pool" which is often used interchangeably with "Fleet Services", but Fleet Services is the official name.

Ms. Malay opened the floor for questions, of which there were none.

CHAIR SCHRAG REQUESTED A MOTION ON AGENDA ITEM 5. A MOTION OF APPROVAL OF AGENDA ITEM 5 WAS MADE BY COMMISSIONER FICALORA AND SECONDED BY COMMISSIONER MOSBY. THE MOTION TO APPROVE THE AGENDA ITEM 5 WAS APPROVED UNANIMOUSLY.

6. **INFORMATIONAL ITEM: Update on Seclusion and Restraint/Denial of Rights, DPBH –** ***Joanne Malay, Deputy Administrator, DPBH***

Ms. Malay began her presentation and stated that for physical restraints, really nothing to mention in that area for any of our facilities. As you can see, SNAMHS has more just by sharing numbers of census that there would be more seclusion and restraint than our smaller facility in the North.

Ms. Malay stated that the Deannie Townsend Hospital has had a decrease in census during COVID, but that is starting to improve due to the previously mentioned reasons. Staffing has improved and leadership is actively working on recruitment and retention.

Ms. Malay informed the commission that in looking at the Rawson-Neil Hospital, there has been a decrease in the number of civil beds in the North and South, with some increases in length of stay, but for the most part stays average. This is directly related to the forensic facilities. Small increase in the length of stay, but this is usually related to an individual at discharge, if they have been there a long period of time, that will reflect on the length of stay that month.

Ms. Malay stated that the Division of Public and Behavioral Health forensic facilities have the responsibility to admit court ordered criminal defendants for restoration and competency to stand trial. They also have custody of individuals who are found incompetent to stand trial, have serious charges against them, and are a danger to themselves or others. These individuals will remain in custody for up to 10 years. The number of evaluation clients has decreased at both the Lakes and Stein. Evaluation clients are those in custody at detention centers (jails) who get precommitment evaluations to see if they are competent to stand trial. If they are found to be incompetent, then they would be court ordered to forensic facilities for restoration. These precommitment evaluations, particularly in the North, are under a different statute and are not statutorily required that the division provide these evaluations for precommitment. In the North, they have been providing those evaluations, but because of the increasing demand for bed capacity for our forensic clients that are found incompetent, this increased greatly in the last couple of years, which exceeded our bed capacity. DPBH had to terminate the Washoe County contract, which is believed to have been mentioned by July last quarter. But now that is reflecting in numbers: evaluation numbers have gone down as the issue has been addressed with those that have been found incompetent are now admitted to our facilities.

Ms. Malay added that with restoration clients, which are those clients statutorily required to be accepted by the division in a timely manner for restoration to stand trial. The number of commitments to facilities has surpassed bed capacity. Due to constraints in staffing in forensic facilities and budgetary constraints, changes were made including a request, and approval by the Governor's Finance Office to increase bed capacity in the South for these restoration clients. To do this without additional budgetary funding DPBH decreased the civil bed capacity in the South at the Rawson Neil Hospital so that will reflect changes in bed capacity at Rawson Neil and increase the bed capacity in the South.

Ms. Malay stated there has been a 300% increase in the number of long-term commitments to the facility. These are the individuals who are found incompetent to stand trial and are not restorable to competency. Based on certain charges, if they are not safe for discharge to the community, they will stay in the forensic facilities for up to 10 years (they can be committed for an additional 5 years, but usually it is 10 years). When someone is committed to a limited number of beds, this takes up a bed for a very long period of time. If a length of stay is about 3 months for restoration, an individual in long-term commitment takes up approximately 4 beds and affects bed capacity.

Chair Schrag thanked Ms. Malay for the presentation and expressed the need for finding a balance and making sacrifices to meet the needs with the current constraints. The floor was then opened for questions, of which there were none.

7. Update on Seclusion and Restraint/Denial of Rights, ADSD – ***Marina Valerio, Agency Manager, Desert Regional Center, ADSD***

Ms. Valerio informed the commission that the data she is presenting is just for the ICF Facility. Ms. Valerio stated that there have been a number of restraints since last March, but there were no restraints in August. Adding that only 8 of the 40 individuals served have had a restraint in the last 6 months, but averaging about 1-3 people per month, and that the time they were restrained was very short. Typically, there is an attempt to use the least restrictive methods possible, but when individual become a danger to themselves or others, a more hands-on

approach is required. The time period for these encounters is usually very short, as individuals must understand that they need to stop the harmful behavioral practices. Behavioral plans are continuously put in place to reduce the number of hands-on incidents.

Chair Schrag thanked Ms. Valerio and opened the floor for questions, of which there were none.

8. **INFORMATIONAL ITEM: Update and information regarding the DPBH Technical Bulletin on Seclusions and Restraints/Denial of Rights –** ***Dr. Leon Ravin, Statewide Psychiatric Medical Director, DPBH***

Dr. Leon Ravin stated the DPBH Technical Bulletin on seclusions and restraints/denial of rights was distributed to hospitals, clinics, and healthcare facilities operating in NV. The technical bulletin was a reminder about reporting requirements when patients are physically, mechanically, or chemically restrained in the healthcare facilities. This technical bulletin generated a lot of questions, so Dr. Ravin created a document for Frequently Asked Questions and provides clarification. This will be available to anybody who is interested in learning how make reports. There were questions about specific forms. DPBH provided the DPBH form, however referred to the Commission when asked to approve/deny a form or for specific questions on development of a form. The Commission may receive inquiries from healthcare facilities or other organizations asking to review or approve their forms, but this out of the DPBH jurisdiction.

Chair Schrag opened the floor for questions.

Dr. Giron asked if many of the forms require signatures.

Dr. Ravin stated the signatures on the DPBH form are part of internal documentation. There is now a generic email that facilities can submit the forms electronically. Dr. Ravin said it has been suggested by the community to have a form built entirely electronically that can be clicked and submitted.

Chair Schrag asked for any further questions. There were none.

9. **INFORMATIONAL ITEM: Update on the implementation of the 988 National Behavioral Health and Suicide Crisis Line –** ***Shannon Bennett, Health Bureau Chief, Bureau of Behavioral Health Wellness and Prevention, DPBH***

Shannon Bennett thanked the Commission and presented on Nevada's Crisis Response System.

Ms. Bennett stated that last time she shared with the Commission, 988 was discussed, and a brief update was given on the crisis response system and the rollout and at that point. This presentation is a deeper dive into that topic. The vision is that "the Crisis Response System and 988 will serve as the foundation of Nevada's behavioral health safety net. We will reduce behavioral health crises, strive to attain zero suicides in our state, and provide a pathway to recovery and well-being. The mission is that "everyone in Nevada will have immediate access to effective and culturally informed behavioral health services, crisis services and suicide prevention through 988 and the Crisis Response System. These are things that BBHWP holds dear to them and refer back to as they work to set the system up in the way that it needs to be to serve all Nevadans.

Ms. Bennett stated that the guiding principles and setting up the crisis response system include universal and convenient access and believe that over time and will be a paradigm shift for Nevada's communities. 988 will become synonymous with immediate behavioral health help, no matter what the crisis is. There needs to be a large communication campaign and a large focus on the public to explain what this is over time as this grows and BBHWP has more opportunities available as the system grows that will offer universal and convenient access. Once this is built out, there will not be a wrong door- if someone calls 911, they will be able to be referred or if someone shows up somewhere, that system will be able to absorb them and get them to the right place with a high quality and personalized experience, making sure the response that they would receive is appropriate for them in their community, culturally appropriate, and that there is follow up as that is given to them as necessary.

Ms. Bennett added that connection to resources and follow up is tailored support based on the age, culture, language, and other characteristics of each person. This is really important to BBHWP and it's part of their strategy to ensure that they are engaging with the local communities within Nevada to ensure that they have a voice in the way this is being set up, have buy-in, and that this is culturally informed.

Ms. Bennett stated that BBHWP is working to set up a coordinated crisis continuum. BBHWP wants, of course, the crisis call center, someone to talk to (988). Then, there will be a crisis mobile team response, so someone to respond to those callers that can't be just helped with a phone call, and the crisis receiving and stabilization services, a safe place for help. BBHWP is looking to make sure that they are in the parameters of the best practices as this is implemented in the state.

Ms. Bennett added for example, if an individual calls 911 in a crisis, 911 will know how to refer to 988. They are imagining that 80% of those calls will be able to be resolved on the phone, which is the goal. The data shows that most of these things can be handled if they are handled by a trained person if we can deescalate the individual. 70% of anyone who would have a mobile crisis team sent out to them could be resolved with a mobile crisis team. So again, trying to deescalate as quickly as possible with this tiered approach. Some individuals will need to go to a crisis facility and 65% would then be able to be discharged to the community. There have been many discussions about ensuring that our communities are built up and identify gaps in communities for our wrap around care so that they can work with community to fill these gaps and have a plan for full support for these individuals in this system. The goal is to keep individuals out of emergency departments and jail systems because that's not where they're best served, and it costs less if to catch them early.

Ms. Bennett stated that approximately 10 to 15% of 911 calls nationally are estimated to be crisis or mental health related. 988 is not intended to serve as a public health or public safety resource, but rather divert non-medical fire police emergency calls that are suicide or mental health related out of the 911 system and to behavioral health professionals.

Ms. Bennett reviewed SAMSHA's five-year vision for 988 and a fully resourced crisis care system. The 10-digit call number switched to 988, so by SAMSHA says that by 2023, 90% of all the 988 contacts should be answered in state. By 2025, 80% of individuals have access to rapid crisis response and by 2027, 80% of individuals have access to community-based crisis care. On July 16th, 2022, it did switch over from the 10-digit number to 988. Calls have come in to 988 and seeing that increase as 988 has kind of been in the news quite a bit. The news and other media seem to do stories on 988 each month and BBHWP is seeing more calls come in as more public is aware.

Ms. Bennett discussed the rationale for 988. Since 1999, rates of suicide has increased by 30% nationwide, though Nevada is one of the few states that has seen a decrease or held steady. But we know that one in five people over the age of 12 have a mental health condition, both nationwide and in Nevada. Therefore, these systems need to be set up to serve. Suicide is the 2nd leading cause of death among young people and the 9th leading cause of death in the silver state, and suicide is most often preventable. We would like to see a paradigm shift long term: you call 911 when you need fire, rescue, ambulance, police, but when you have a mental health need, you'll call 988.

Ms. Bennett added that SB390 passed the Nevada Legislature on May 31st, 2021 and was signed by the Governor on June 4th, 2021. It included a funding mechanism to support 988/the Crisis Response System through a surcharge on phone lines That regulation is planned to be seen at the December Board of Health. BBHWP worked closely with the telecom industry to write the regulation to make sure there is a feasible way to collect the fee and there has been a lot of conversations with them over the last few months.

Ms. Bennett stated that BBHWP has been working with Social Entrepreneurs Inc (SEI) to help stand up the crisis response system and are in the process right now of bringing all the work that SEI has done into the Bureau and establishing a crisis response team within the Bureau to take all these different pieces on work on crisis stabilization centers, mobile crisis teams, the 988 call center itself and all of the different pieces that go into that quality assurance and other things. SEI has been sharing updates and resources and other information about the crisis response system.

Dr. Giron asked how the data would be tracked when this is rolled out.

Ms. Bennett replied that they were in the process of developing the quality assurance plan to establish key performance indicators to actively report back to the Commission and so that the Bureau can know how to write the request for proposal for the call center. They are aware a quality assurance plan is needed as all the other parts are being implemented.

Chair Schrag stated that the advertisements for 988 are really geared towards the end-user, or someone who is in crisis and asked if there were any plans for communication to share with other professionals, as there are some places that need to be familiar with this service.

Ms. Kendall Holcomb, Public Information Officer respond to Chair Schrag's questions. Ms. Holcomb said that there are currently fact sheets, in English and Spanish about what the program is and how it works that she can share. She stated that she was open to developing content specifically for providers and welcomed ideas. In the new year, looking at more information will be released on TV and radio or billboards and that it has been a slow roll out to make sure the call center can handle to calls.

Chair Schrag said he didn't have any specific ideas, but professionals would like more information as well that is personalized to Nevada and helps get the word out that this is an access point for individuals that these professionals are engaged with. Take this very large message and make it for Nevadans.

Commissioner Ficalora asked about the call volume spikes when it gets media attention and what the numbers looked like now versus pre 988 launch.

Ms. Shannon Scott, Quality Assurance Specialist with BBHWP, responded that the lifeline has spike to 45% in call volume and has since leveled out to about 30%.

Commissioner Ficalora followed up by asking if there was any indication of how much of call volume is Nevada residents versus people that might be visiting Nevada.

Ms. Scott said they stated they are not able to tell but are able by self-report, the county they get a lot of "other" in response, but more were from Clark and Washoe counties.

Dr. Giron supported Chair Schrag's comments and suggestions about working with the providers. We should make sure 988 and providers are working together so that if a client can't get ahold of a provider, they can use 988.

Ms. Bennett replied, stating that she was pleased with the commission discussions and like to continue updating the commission as the process goes on.

Commissioner Ficalora stated that he understood that right now the focus is on answering calls, tracking data, and what they need. The next step that would be interesting to see as a provider would be to see what happens after that- are these individuals being connected to providers and the success rate for ongoing services. There are concerns too that if the individual does contact 988, if they are connected to existing behavioral health services, or if they are connected to new providers, etc.

Ms. Bennett stated she would like to have more targeted conversations in the future about what is needed for providers, as some of this may take software to roll out.

Chair Schrag encouraged open communication and doing a better job of collaborative engagement between each other and service providers.

10. **INFORMATIONAL ITEM:** **Update on the Bureau of Behavioral Health Wellness and Prevention –** ***Shannon Bennett, Health Bureau Chief, Bureau of Behavioral Health Wellness and Prevention, DPBH***

Ms. Bennett reported on the Bureau of Behavioral Health Wellness and Prevention (BBHWP), stating that much of their focus is on the Crisis Response System, getting staff onboard to do some of the tasks. She said they are working through the Crisis Response System at a Bureau level as to how it weaves though all the different programs in the bureaus, such as substance abuse prevention and treatment, core mental health programs, suicide prevention, problem gambling.

Chair Schrag asked for questions. There were no questions.

11. **INFORMATIONAL ITEM:** **Update on Aging and Disability Services Division –** ***Jessica Adams, Deputy Administrator, ADSD***

Jessica Adams stated that supported-living providers and job and day training providers continue to find staff. These are direct-support professionals and are difficult to find. After COVID, lots of salaries jumped quickly in other professions, and the state cannot adjust rates fast enough to compete. There will be an attempt to correct this during the upcoming session. Last fiscal year, there was a small rate increase based on budgets ADSD already had. Have been using ARPA funding, as they received a 10% FMAP for waiver funds to strengthen home and community-based services. The developmental services providers have received 2 rounds of a 26.9% supplemental payment of all waiver services billed, which has helped with retention and incentives for hiring. They will receive 2 more of these to the end of this year.

Ms. Adams added that other updates include the addition of dental services (also from FMAP) for the home and community-based waiver clients which would allow up to $2000 a year for care starting on January 1st, 2023, which is greatly needed for individuals on Medicaid and those with developmental disabilities.

Ms. Adams stated that ADSD has been working with DCFS and county child welfare programs on joint services to better service children with dual-diagnosis of intellectual developmental disability and behavioral health issues and adding back in some level of 24-hour services for children who made need some stabilization outside of the home with the goal of putting them back into the community.

Ms. Adams concluded that in October, there should be an ARPA request for adults with intellectual or developmental disabilities and behavioral health conditions to develop a whole new service that our state has not seen, along the lines of an intensive behavioral support homes. This can be for both children and adults with more skilled staff and higher paid staff with OT and PT to support these individuals and keep them out of psychiatric hospitals, jails, or other institutions.

Chair Schrag opened the floor for questions. There were no questions.

12. **FOR POSSIBLE ACTION:** **Discussion and approval of future agenda items –** ***Commission***

No items were presented.

13. **PUBLIC COMMENT**

Chair Schrag asked if there was any public comment. There were no public comments.

Chari Schrag encouraged the Commission to take a look at their own policies to increase recruitment and retainment efforts for staff members, as this is an issue throughout the state. This includes looking at hybrid (telecommuting and in the office) work

14. ADJOURNMENT:

The meeting was adjourned at 10:49 a.m.