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**NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD  
MINUTES**

**DATE: February 26, 2020 TIME: 9:00 a.m.**

Meeting Location:

Division of Public and Behavioral Health  
4150 Technology Way, 3rd Floor Hearing Room  
Carson City, NV 89706

Teleconference: 888-636-3807 Access Code: 7728116

1. Public Comment

Ms. Pike spoke about educating those involved in working with children in the education and justice systems about adverse childhood experiences (ACEs) in order to build resilience. She recommended the documentary "Paper Tigers."

2. Call to Order/Roll Call

**Members Present:** Dr. Robin Titus, Dave Fogerson, Amy Hynes-Sutherland, Taylor Allison, Sandie Draper, Dr. Joseph McEllistrem, Nicki Aaker, Dr. Ali Banister, Adrienne Renwick, Matt Law, Lana Robards, Shayla Holmes

**Members Absent:** Sheriff Furlong

**Staff and Guests Present:** Julie Slabaugh, Deputy Attorney General; Stephen Wood, Dr. Darcy Davis, Joan Waldo, Jen Thompson, Division of Public and Behavioral Health; Alicia Pike, Family Resource Center; Jessica Flood, Northern Regional Behavioral Health Policy Board coordinator

3. Board Nomination and Vote for the New Chair and Vice Chair of the Northern Regional Behavioral Health Policy Board

Dr. Titus moved to nominate Taylor Allison as chair. Dr. Bannister seconded the motion. The motion passed without opposition or abstention.

Dr. Titus moved to nominate Dr. Bannister as vice-chair. Dr. McEllistrem seconded the motion. The motion passed without opposition or abstention.

4. Approval of Minutes from the January 16, 2019; March 13, 2019; May 29, 2019; September 18, 2019; October 31, 2019; November 6, 2019; and December 24, 2019 Meetings

Ms. Sutherland moved to approve the minutes from the 2019 meetings. Ms. Bannister seconded the motion. The motion passed without abstention or opposition.

5. Presentation on Open Meeting Law

Ms. Slabaugh gave a PowerPoint presentation of Nevada Open Meeting Law. She emphasized that "reply all" on a group email is a group discussion by all members and is considered a meeting. Anything arising from that would be a violation of Open Meeting Law. She also explained changes made by Assembly Bill 70.

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6. Board Member Updates on Behavioral Health Concerns, Initiatives, and Successes in Their Areas of Specialty

Ms. Hynes-Sutherland reported Carson-Tahoe Health has a community mental health outreach education program that includes SafeTALK and Mental Health First Aid.

Ms. Allison will report on the Douglas County Behavioral Health Task Force mobile outreach safety team (MOST) and forensics assistance services triage team (FASTT) program sustainability and alignment with the Crisis Now model in the regional coordinator update. Douglas County is doing behavioral health and Columbia suicide training with emergency medical services (EMS) professionals and others.

Ms. Holmes reported the Lyon County Behavioral Health Task Force completed Crisis Now mapping, identifying where Lyon County is and formulating steps to move the county to level 5. The county needs a trauma-informed care approach among providers. They identified gaps in their youth responses.

Ms. Robards reported the Churchill County Behavioral Health Task Force is working with the Churchill Community Coalition's resource liaison to go into the community to meet people where they are, do an assessment, then refer them to services. New Frontier goes into schools to meet with students, rather than at their center. The approach is not as disruptive, and students get the services they need. Two local crisis teams are working. She needs more staff for mobile response. Ms. Flood added Churchill County identified its priorities for behavioral health—youth and homelessness subcommittees and training for law enforcement.

Dr. Bannister said Carson City would partner with Partnership Carson City (PCC) to provide crisis intervention training people working with youth in the criminal justice system so they can start their own crisis intervention team (CIT) training. They plan to hold a two- or three-day training quarterly. Ms. Flood reported a Crisis Now workshop was scheduled for the March Carson City Behavioral Health Task Force meeting. Dr. McEllistrem added the FASTT is getting everyone aligned with best practices and standardizing data collection.

Ms. Allison said Douglas County has a CIT for the region scheduled the week of March 9. There are a few spots reserved for law enforcement open. Contact Sergeant Amy Savage at the Douglas County Sheriff's Office for information.

Ms. Draper said the National Alliance on Mental Illness Initiative (NAMI) is working to bring NAMI programs into the prisons. They have other programs in the community.

7. Regional Behavioral Health Coordinator Update on Current Local, Regional, and Statewide Efforts and Initiatives

Ms. Flood reported on priorities and projects close to being accomplished:

- Mental Health Crisis Holds—The Statewide Mental Health Crisis Hold Workgroup developed Assembly Bill (AB) 85 standardizing that the 72 hours starts at the writing of the hold. The statewide workgroup and the Division of Public and Behavioral Health (DPBH) have developed education for patients and families that will be given to hospitals. A youth stakeholder group will be established to produce a youth packet. The Board provided feedback and discussion.

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Nevada Rural Hospital Partners is working on a pre-holds packet listing resources such as DPBH's rural clinics and the children's mobile crisis response team. State and rural clinics are developing independent evaluation teams for rural counties. The weekly Statewide Mental Health Crisis Hold Legislative Development Committee alternates weeks to discuss youths and adults.

- Overhaul of *Nevada Revised States* (NRS) Chapter 433A  
The Treatment Advocacy Center is a national advocacy center focused on the mental health crisis hold process. They are creating psychiatric deterioration criteria that cause psychiatric injury. The mobile outreach safety teams support it. They suggested language Arizona uses, ". . . suffering severe and abnormal psychiatric harm that significantly impairs judgement, reason, behavior, or capacity to recognize reality."
- Involuntary administration of medication  
Assembly Bill 85 mandated regulations for involuntary administration of medication, but did not establish criteria.
- Defining capacity versus competence
- Legislative intent in NRS 433A  
Language for three types of admission—voluntary, involuntary, and court-ordered or emergency—needs to be clarified. Telecourt regulations for the rurals have been discussed. Washoe and Clark Counties want to adjust the assisted outpatient treatment process law to national recommendations. This could be rewrite of NRS 433A. Assembly Bill 387 created a youth mental health crisis hold process with many gaps.
- FASTT and MOST  
Ms. Flood said the region has been focused on aligning FASTT and MOST to evidence-based practices to ensure standard data collection. There is a concern about finding a sustainable funding source.
- CIT  
The CIT website is nearly percent complete. It provides patient and family education for crisis intervention training and what it is. The dashboard will show the percentage of trained law enforcement for each county and has a crisis resource list page.

The Northern Regional Behavioral Health Board will meet every other month until the legislature is in session. The five board chairs, the vice-chair of the Behavioral Health Commission, and DPBH will include the executive director of the Patient Protection Commission in meetings to coordinate. Mineral is now part of the southern region.

Crisis Now is a national initiative to develop an alternative behavioral health crisis response system to reduce the impact on hospital ERs, law enforcement, and emergency services. Dr. Woodard will hold a Crisis Now mapping workshop for each county. The Mallory Crisis Center has been used as a model. Crisis Now would have sustainable funding for Mallory Crisis Center and determine what rural crisis response centers can look like. Carson Valley Hospital is interested in developing a crisis center.

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8. Strategic Planning – Board members will review current initiatives, projects, and priorities identified in the 2019 Northern Regional Behavioral Health Policy Board Report, consider other initiatives and projects, and vote on priorities for the Board to act on in 2020.

Ms. Flood said when they reviewed the behavioral health report approved December 24, 2019, they realized that the priorities have been the same for a long time.

1. Implement Crisis Now. The current efforts for that would be mapping and planning and the Colorado trip—trying to develop a regional plan.
2. Further revise NRS 433A. A family member should be able to read the law and understand what is happening.
3. Sustainable funding for MOST, CIT, and FASTT, jail reentry team, and supporting county juvenile parole officers (JPOs). Early contacts with the criminal justice system in youth increase involvement in the criminal justice system for a lifetime. Sustainable funding for the Mallory Crisis Center, which supports the rural counties, not just this region.
4. Sustainable funding for the regional behavioral health coordinator position  
There is a need to collaborate with the state for funding the regional behavioral health coordinator positions, MOST/FASTT, and Crisis Now. The other need is to develop regional hubs and a funding mechanism to cover regional projects such as Mallory Crisis Center. One suggestion was a Public and Behavioral Health District that would allow funding on behalf of region.

Ms. Flood reminded members of their purpose as a regional behavioral health policy board. They reviewed whether their priorities aligned with their purpose. For Crisis Now, they determined that the Board could help by asking questions advocating for having a clear system. Ms. Allison pointed out this could be a legislative priority. Ms. Flood suggested the best way the Board could support revision of NRS 433A is by being a sounding board. Sustainable funding for MOST, CIT, FASTT, reentry, and the juvenile probation initiatives could be lumped together into larger priorities. Ms. Flood pointed out that crisis intervention training would be part of Crisis Now. The Stepping Up Initiative to divert individuals with mental illness from the criminal justice system could be a regional thing this Board could support the counties with. Dr. Bannister said juvenile probation departments do their own mental health program, but not necessarily following the same model as Crisis Now. Sustainable funding for crisis stabilization unit fits with the CN model. The DPBH may put in a budget request for the regional behavioral health coordinator positions. Ms. Allison suggested a letter of support for regionalization of the Health District. Ms. Allison concluded the legislative priorities should be Crisis Now, what falls outside of state budget requests, gaps and needs in the region, and the NRS 433A rewrite. The other priority areas requiring letters of support approved at future meetings are the state budget request, with an emphasis on Crisis Now; sustainable funding for MOST, crisis stabilization centers as part of Crisis Now portion, FASTT, and juvenile justice programs.

Ms. Flood pointed out their report included the framework:

- Revise NRS 433A
- Obtain sustainable funding
- Assertive Community Treatment programs in the multidisciplinary teams for those between ages of 18 and 59  
Aging and Disability Services Division is working with counties to provide services to vulnerable adults
- Obtain sustainable funding for Mallory
- Retain regional behavioral health coordinator position

Topics that might not require legislative action include: 24/7 youth behavioral health crisis response that could be part of the Crisis Now discussion, how to support the children's mobile crisis response team, sustainable funding for the expansion of youth mental health diversion programs, identification of funding for evidence-based youth treatment; developing behavioral health professionals capable of treating youth, and developing a variety of levels of care.

Dr. Titus moved to accept the priorities for 2020. Ms. Hynes-Sutherland seconded the motion. The motion passed without abstention or opposition.

#### 9. Public Comment

Dr. Davis spoke about AB 206. Section 11 of that bill requires a behavioral health emergency disaster plan. She asked to give an overview of the plan to the Board at a later meeting. Adjournment

#### 10. Adjournment

Dr. Titus moved to adjourn. Ms. Hynes-Sutherland seconded the motion. The motion passed without abstention or opposition. The meeting adjourned at 11:05 a.m.