

## NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD

### Minutes

June 30th, 2020

3:00 pm to Adjournment

Meeting Locations: Teleconference only

Teleconference: 1 (669) 900-6833, Meeting ID: 6665788969

Password: 488389

Teleconference Weblink:

<https://us02web.zoom.us/j/6665788969?pwd=MUNJRStSdTY5UDExSCt3ZnJSSFA1UT09>

1. Call to Order/Roll Call  
(Dr. Ali Banister, *Vice-Chair*)

**Members Present:** Dr. Ali Banister (Vice- Chair), Dr. Robin Titus, Dave Fogerson, Amy Hynes-Sutherland, Sandie Draper, Dr. Ali Banister, Matt Law, Lana Robards, Sheriff Ken Furlong, Shayla Holmes, Dr. Daniel Gunnarson, Erik Schoen

**Members Absent:** Taylor Allison, Nicki Aaker

2. Public Comment  
There was no public comment.
3. Review and Approval of Minutes from Meetings on February 26, 2020, April 3<sup>rd</sup>, 2020, and May 14, 2020.  
Ms. Draper found that the acronyms for National Alliance on Mental Health (NAMI) was incorrect on page 2 of February's Minutes.  
Sheriff Furlong moved to approve all three of the Minutes. Ms. Draper seconded the motion. The motion passed with one abstention from one who was not present in the previous meetings.
4. Board Member Updates on Behavioral Health Concerns, Initiatives, and Successes in their Area of Specialty (*Board members*)  
Ms. Cook provided background information to the new members. This board has been working to establish a connection between behavioral health task forces and the Northern Board. Any county or board delegates may provide updates.  
Ms. Hynes-Sutherland reported a couple updates from Carson Tahoe Health. They have been working on a Federal Grant to partner with the State on an Assertive Community Treatment (ACT) for early child divergent. A team is being developed. She also reports still having stalling with Mallory billings and expansion and is working with the State and Senators Office to resolve issues. When time is right, we would like to include Mallory as a funding priority as a legislative priority for the Board.

Mr. Law's reports that insurance companies are being more flexible during COVID-19 and Renown is making things easier by waiving referral requirements and fulling covering COVID-19 treatments and hospitalization. Ms. Draper asked about people who do not have insurance or homeless. Mr. Law stated that Governor Sisolak made a second open enrollment period into the Nevada Exchange program available for uninsured or low-income during COVID-19 with no special circumstances.

Ms. Holmes update from Lyon County Behavioral Health Task Force reports that in June they received Columbian Suicide training and begun the discussion on what that would look like throughout the county and targeted different levels of care. At the next meeting/workshop is to build out that protocol. Also looking at emergency communications protocol throughout the county will be continuing that conversation at the next meeting.

Mr. Schoen has four updates from different areas. He is part of Northern Nevada Supervisors Group that comes together once a month to provide peer supervision for one another.

- 1) Colleagues shared that insurances are planning to stop doing telehealth and this is a concern. Co-pays were not getting paid. A lot of folks are benefiting from telehealth and needs to continue. Ms. Flood stated that Southern Regional Behavioral Health Policy Board is using their Bill to make telehealth permanent. Mr. Law commented that telehealth is more cost effective and some services outsource to providers with telehealth. Contracts may not be established yet and it could take on added exposure(s). It is a complex issue. Hospital may end up losing money. Ms. Flood offered to have someone come and speak to the Board on that. Robust conversation continued regarding numbers and exposures and who bears cost and how to also cover mental health and addictions. Further conversation needs to happen later.
- 2) Northern Nevada Supervisors Group hosted a Zoom workshop for all supervisees throughout Northern Nevada and the topic was about how to recognize racism and how to use counselors effectively and be a part of that conversation.
- 3) Mr. Schoen as Executive Director for Community Chest reported that there approximately 8-10 counselors available if anyone is looking a counselor and wants to do telehealth. Most are grant funded. The service has been expanded to anyone who wants that service.
- 4) Lastly, the entire staff is being trained on Naloxone distribution and will be opening a distribution center at Community Chest offices in late July or August.

Ms. Flood requested an update on Storey County Behavioral Health Taskforce. Mr. Schoen reported that they received a grant to continue with their integrated response to opioid overdoses and develop a system or calibrated response to identify folks early on who are at risk. However, the number one service being requested is the senior lunch program. It has gone from 200-300 lunches a

day to 600. Pantries are being opened all over and are not just for seniors. There is a huge increase in people needing food assistance.

Mr. Fogerson provided an update on Douglas County. He reported that prior to COVID they got through behavioral health 101 and Columbia Suicide training for their employees as well as people who work in health care coalition and social services. The State Emergency Management continues to send notices that they can provide funding to hire more employees for the behavioral health needs in our community. The problem is that the State does not have behavioral health facilities. They continue to go through rural clinics which creates a problem in hiring due to no state supervision. We need to make the State understand that the County cannot do an add-on to services funded by State. They are the state authority on mental health.

We continue pushing COVID relief to our first responders. We do regular check-ins to make sure they are doing well. We met with Regional Emergency Medical Service Authority (REMSA) for their accreditation. They are having trouble getting paramedic students into behavioral health centers in Reno because of various issues. Mallory may be one way to get more education for the students. Ms. Flood will look into that option.

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

Ms. Flood reported that Crisis Intervention Team (CIT) received information that firefighters need more peer support. A banner has been created about COVID relief that is geared toward first responders, their families, and community wellness. There is a lot of movement in the first responder network. A one-pager resource list has been created as well as a brochure that is downloadable. Over 10,000 of each have been produced to distribute to hospitals, law enforcement and other various first responders throughout the state. We tried to help people understand what is available and important to know the resources that are available. To view webpage, click [here](#)

Crisis Now has been having webinars that has been providing excellent information. They have included Colorado and Arizona too. Colorado crisis system is working through data collection, regionally contract providers, and financial questions. The videos are full of opportunity to expand crisis support regionally. Arizona brought up Parity laws and how to create behavioral health parity. Arizona is trying to make sure providers will be reimburse for crisis stabilization. We are looking to regionalize a health authority. We can research how other states are working to managing it. It needs to be looked at for behavioral health and social services as well.

Ms. Flood will send out the Crisis Now link to the Board per request.

Crisis Now webinars are every Tuesday 9:00 a.m. – 10:30 a.m.

#### 6. Updates on Northern Regional Behavioral Health Emergency Operations Planning

#### and Regional Behavioral Health Communications Meetings

Ms. Flood spoke on the two levels of resources the State can provide. The State can provide therapist and Psychological First Aid. The list of therapists is very short and not all have the training to respond to crisis like Psychological First Aid counselors are. We need to create robust population of crisis counselors in our region. The State can help to get volunteers. They will need to go through a couple of trainings. At what capacity can we integrate behavioral health crisis operations and build up crisis support. Ms. Flood asked Mr. Fogerson if he would arrange meeting with Emergency Management and see how we can build in that area of need and who can supervise that process. The State need to create he behavioral health authority and not use counties to add on to their services without State supervision. We need to get them involved with the rural clinics and provide the supervision and management. Ms. Flood stated that the meeting for communications has not yet happened and she will be scheduling it as soon as possible.

#### 7. Update on COVID's Effect on Behavioral Health at Local, State, and National Levels

Ms. Flood had initial conversation at the State level to have someone speak at this meeting which is still pending. In one conversation with Dr. Woodard about a presentation she gave, she stated that in Nevada anxiety and depression has had a dramatic increased. It has almost tripled and most likely will continue to increase and believes it is due to COVID. Ms. Holmes spoke on the need to prepare for a huge spike down the road, especially in behavioral health when people begin to re-enter schools and jobs. A strong focus on providing kids resources as well as identify potential suicidal individuals and how it correlates to COVID as we deal with the pandemic now and unknown what is coming down the road. How do we set ourselves up for that?

Mr. Law's suggestion to help resolve short term physician shortages, major health conditions and loss of life. One solution would be promoting capital grants for behavioral health therapist and pitch to local hospital groups and provider facilities is to help them prevent major medical claims. Primary physicians and behavioral health therapist will be able to code in the office and get federal funding for doing that. Not saying that Federal should pay for it however, Nevada is on a tight budget and this system already exist. We just need to promote offices that have multiple provider types that can do this. Ms. Flood asked if Mr. Law would do a presentation with visuals. Mr. Law added that this is essentially diving into Medicare Part C. Most people do not realize that Nevadan do not have to be 65, but if they have a disability and claim Social Security for over 24 months.

#### 8. Presentation and Review of Nevada Crisis Now Statewide Report

Ms. Flood shared her computer screen informally for information only presentation. In Modular 7 of Crisis Now she will be there and needs to be on same page with this Board and what they are asking. She will send this out to everyone. Crisis Response system calculated all of what Crisis Now would look like in Nevada and how much it would cost. It shows what the model is, what the progress is, how

many open beds are needed. When they get to the financing portion, they have a Crisis Now system calculator for Nevada, Washoe County then Northern Board. Basically, what they say is needed (without crisis care) is 61 beds, Crisis Now 18 beds, total cost of acute inpatient beds, total cost of crisis facility beds. Currently we have no need for any beds because Mallory fulfilled our need. Number served per regional mobile team and how much cost in total. This is a 43% savings if we have Crisis Now vs. what we have now. There is still a lot of negotiation to be had in terms of MOST Team vs. Crisis Response Team. Nationally there still needs to be a conversation there. This is just an overview of Crisis Now. She will send it out to the Board as well as the Access Gas Mapping to review and give feedback. Dr. Banister stated that Mallory is expanding, and that part of the stall is on funding of the expansion, so part of those calculation is being taken care of in that model. We must be careful in the event we don't figure out how to make it more sustainable.

**9. Presentation of ideas for potential legislation focused on behavioral health and prevention**

Ms. DeLett-Snyder provided an informal PowerPoint presentation and shared her screen as well. To view the PowerPoint click [HERE](#). It will not have their Board name on it. There was robust discussion and questions posed during this presentation. She will research more information to answer the questions that were posed.

**10. Presentation, Discussion, and Prioritization of Ideas for Potential Legislation for the Northern Regional Behavioral Health Policy Board's Bill Draft Request for Nevada's 2021 Legislative Session**

Ms. Flood provide update 10 changes being made on 433A. Mr. Schoen stated that since the Southern Board is taking it up it seems we do not need to. We really need to keep recognizing the need to keep telehealth so that any expansions do not get walked back. It is important that we don't duplicate work but work hand in hand with other boards. Ms Flood suggested having a running list of actions for this Board, like letters of support. Mr. Schoen spoke on the need to build momentum in the workforce and community health workers training. Telehealth can complement that and continue to build robust pre-clinical aspect as a team. One legislative idea he knows another board is working on is to get community health workers reimbursed through Medicaid and is one way to increase capacity. Ms. Flood will reach out to get someone from Medicaid to come and speak on this matter and Mr. Schoen will reach out to find what information they have questions or concerns that Medicaid can answer. Ms. Flood suggest these items can potentially be plugged into Crisis Now model and still keep telehealth after this crisis is over. Mr. Schoen stated that a lot of the time clinicians were not tied to the community and often moved away after a year or two, whereas Community Health workers we always the ones present and wanted to make a real difference in the communities they tied into. Ms. Powell, Director of National Certification of Community Health Workers offered to help in anyway needed. She is currently working on gathering stakeholders on subject matters and looking for endorsements and asked Mr. Schoen if her would be willing to help her.



He agreed. Ms. Flood asked what would need to be changed in the law to support it? Mr. Schoen stated that the way we fund those positions as well as the certifications requirement both need to get over the hurdles from previous legislation.

Another idea posed for a legislative idea, and was previous discussed, was creating a State Department as the authority over mental health issues and recognize their role that has currently been regionalized to counties or “Quad-County”. Mr. Forgerson agreed that it is worth looking at again. It was last looked through legislation about 10 years ago and was shot down because of it creating a potential tax to the people. At that time, it was attached to Social Services. This time maybe attach it to health services. This could be something that this Board can support and take on. He will be meeting with the State Commissioner next week about regionalization ideas.

A request to provide Board members a running list of ideas prioritized so ideas are not forgotten or pushed aside. Ms. Flood will collaborate collective ongoing ideas for the Board. She will look at previous action lists to see if anything has been in limbo that can be brought forward.

Ms. Flood provided an update from Medicaid on Assembly Bill 66. They are moving forward with it.

Ms. Flood asked if the Board is interested in looking at Parity issues that can tie into crisis stabilization? It will be added to the next meeting Agenda.

Ms. Flood listed ideas she compiled for the Board to talk through with them. One being that mental health crisis language in the laws is outdated and not easy for general public to understand. Particularly the language related to 72-hour crisis holds need better definition and clearer meaning. Secondly, to clarify Psychiatric deterioration. This is when a person is in continuous crisis behavior but can still care for themselves, so they do not get treated. Research shows it is damaging the brain when active psychosis happens for long periods of time. It is considered self-injury and they should be placed on a hold. There were no comments from the Board.

Next idea is on court issues. Such as, “conditional release” is in the statutes but not workable the way it is. This is when after 72 hours a hospital feels you are at risk after you leave. They don’t have to release you unless you agree to take prescribed medications or counseling. The agreement goes to the courts. If the person does not follow up with treatment, then courts can order that person be picked up and back into custody.

Next is clarifying the family petition process. Whereas a family member can’t get person to go the Emergency Department and they act normal in front of law enforcement. A person can write the courts asking for evaluation. This is also a recommendation of the Treatment and Advocacy Center. This law is already in the Statutes however, there is also another one where you can petition the courts to send a person straight into a psychological treatment facility. This language should probably be deleted from the Statutes as it is scary and probably not best option to skip the evaluation process.

Another idea is to consider tele-court. There is no due process using tele-court for a Crisis Hold. The court of residence is responsible authority. However, when patient

is treated in another county, tele-court is in the county of treatment and judges are not as comfortable handling out of jurisdiction. This is a good idea to create regulation for. Additionally, those records are not required to be sealed and that also needs changed in the law.

Another idea related to counties transferring patients back and forth. Due process is not being followed through with using tele-court. Judges often do not follow best practices when in another jurisdiction they're unfamiliar with. More regulation can be very helpful if supported by this Board. It is important to establish better due process for mental health crisis holds using tele-health and the courts.

Another idea, the Psychiatric Director of National Alliance on Mental (NAM) wants to do an update on chemical restraint definition.

Another idea is flexibility for medical clearance.

Another idea is about how to make the adjustment to Assembly Bill 378 for youths. Changes needed to clarify funding for youths on Mental Hold and clarify who is responsible for the transportation and treatment. When parents are financially strapped and can't pay, hospitals can establish that as medical neglect then the Foster Systems is the next option. This really needs better regulation practices. Assembly Bill 432 B and Assembly Bill 433 A basically overlap and there is a double standard. They are specifying to very different levels of care. As for welfare neglect and mental health crisis are being put together. There needs to be two clean criteria for two very different levels of care. Clarification of the mandates are also needed.

Ms. Flood was asked to send the Board these listed items. She agreed to do so along with the other items she will be sending.

Mr. Schoen added comment to the importance of these mental health crisis issues that need improved upon and what an impact there can be to making changes to some of the issues Ms. Flood presented in her list of ideas. People need to be treated and see that it was helpful and not retraumatizing them to not go back. If they do not come back, then they are not helped, and resources are wasted. This needs to be cleaned up so that the treatment received is beneficial and continues to be beneficial.

Ms. Flood agrees that there needs to be a better responsibility for the 72-hour hold. Boards may need to review the number of holds coming through and create a system of oversight. She feels that is why Assembly Bill 76 addresses oversight of mental health holds.

#### **11. Board Member Recommendations for Future Presentation and Topics for Board Consideration**

1. Mr. Law to do presentation on Medicare Advantage
2. Request Mr. Young to do presentation on Medicaid and crisis stabilization
3. Mr. Schoen to speak about community health workers getting paid
4. Presentation from organization that advocates for people on a 72-hour hold.

#### **12. Public Comment**

Bonnie from Nevada Psychiatric Association read a short statement from Behavioral Health Policy Board.

Dr. Titus added comment that a lot was learned last time around about the 72-hour hold and that clarification or modification is needed. One key component is that there is no financial note on this. We are looking at budget cuts. Getting Community Health Workers paid is going to be difficult although possible if we show the benefits in savings in the long run to communities overall.

Ms. Flood announced that Assembly Bill 85 legislation passed. Hospitals are now mandated to provide data to the State. We now have that mechanism.

**13. Adjournment**  
5:20 p.m.

APPROVED