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## WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD APPROVED MINUTES

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

**Date:** September 14, 2020

**Time:** 3:00 p.m. to Adjournment

**Location:** Zoom Meeting:

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### 1. Roll Call, Introductions, Announcements

Chair Ratti determined a quorum was present. The meeting began at 3:05 p.m.

**Members Present:** Senator Julia Ratti (Chair), Assemblywoman Sarah Peters, Jennifer DeLett-Snyder, Sandy Stamates, Cindy Green, Dani Tillman, Wade Clark, Steve Shell, Frankie Lemus, Henry Sotelo, and Tom Zumtobel

**Members Absent:** Char Buehrle and Dr. Kristen Davis-Coelho

**Staff and Guests Present:** Dorothy Edwards, Washoe Regional Behavioral Health Policy Board coordinator; Allison Genco; Helen Troupe; Kelly Dickman; Mark Van Hudson; Sydney Banks; Valerie Padovani; Amy Roukie; Trey Delap; Diane Anderson, Lea Tauchen; Tray Abney; Tracy Palmer, Dawn Yohey, and Joan Waldock, Division of Public and Behavioral Health (DPBH)

2. Public Comment

There was no public comment.

3. Approval of Minutes for August 20, 2020 Policy Board Meeting

Ms. Green moved to approve the minutes from the August meeting. Ms. Tillman seconded the motion. The motion passed unanimously.

4. Nomination and Selection of Vice Chair

Steve Shell was nominated for the position. Mr. Sotelo moved to approve him as vice-chair. Ms. DeLett-Snyder seconded the motion. The motion passed unanimously.

5. Presentation and Discussion of Policy Board's [2021 Bill Draft Request](#) (BDR)

Senator Ratti reported she and Ms. Edwards met with and Ms. DeLett-Snyder regarding the coalitions portion of the bill and with representatives from Foundation for Recovery regarding the peer recovery support specialist certification portion of the bill. In addition, Legislative Counsel Bureau legal staff reviewed the concepts approved previously by the Board. Ms. DeLett-Snyder said the Board looked at how the behavioral health boards were set up, aligning coalition and behavioral health work to ensure substance abuse prevention information is shared with the behavioral health policy boards.

Concepts covered in the BDR include

- Establishing Substance Abuse Prevention Coalitions in *Nevada Revised Statutes* (NRS)  
The Board's BDR seeks to clarify the role of the substance abuse prevention coalitions in statute.
- Peer Recovery Support Specialist Certification  
The Board seeks to require state certification by placing straightforward, flexible requirements into statute. The Nevada Certification Board will determine regulations and rules for certification.
- Nevada Youth Risk Behavioral Survey Passive Consent  
The Board seeks to mandate participation by all school districts in the Youth Risk Behavior Surveillance System and mandate passive parental consent. It will include information on how parents and students can opt out.
- Substance Abuse Prevention K-12 Education Curriculum  
The BDR would add language to NRS stating that substance abuse prevention curriculum in established K-12 curriculum standards should be evidence-based. It would direct the Department of Education to develop, post, and maintain on its website a list of evidence-based substance abuse prevention curriculum and/or programs that meet the current standards and direct the board of trustees of each school district and the governing body of each charter school to compile a report by October 31, 2022, describing the substance abuse

prevention curriculum used in the prior school year and to provide it to the Interim Committee on Education.

6. Presentation and Update on Crisis Now

Senator Ratti said the Board should now focus on two things. One is Crisis Now crisis stabilization. The Mayor's Task Force for the City of Reno is looking at the crisis stabilization center, but no one is looking at the model broadly to see what is needed for behavioral health crisis stabilization. The second proposal is having the Board steer the Community Health Improvement Plan (CHIP). The Washoe County Health District develops its CHIP every three years. The Board could make sure the correct behavioral health goals are in the plan. She proposed shifting the focus to Washoe County crisis stabilization and updating the CHIP regarding community health. There was general support for her proposal.

Ms. Edwards described the [Crisis Now scoring tool](#) as the result of the assets and gaps document. It scored regional progress toward the crisis stabilization center. Senator Ratti explained the current 9-1-1 system is not designed to serve people in crisis as it dispatches emergency medical services (EMS), law enforcement, and fire crews instead of behavioral health personnel. Crisis call center systems are designed to these crises. Crisis Services of Nevada is close to what the model calls for. In the model, 70 to 80 percent of callers are de-escalated by behavioral health specialists and peers working in the call center. Washoe County currently meets the Crisis Now criteria for level 1 and most criteria for level 2; level 5 is fully functioning behavioral health crisis intervention. Washoe County needs to know where beds are available, where mobile outreach teams are, and where outpatient services are located. In the fully functioning model, the crisis call center can dispatch mobile teams, make appointments for outpatient services, or connect callers with inpatient facilities.

The second part of the model is mobile outreach teams. Washoe County has the Mobile Outreach Safety Team (MOST) which partners with law enforcement. Northern Nevada HOPES and Quest Counseling, Certified Community Behavioral Health Clinics (CCBHCs), also have outreach teams that do not operate as an integrated part of the model.

The Mayor's Task Force has focused on the stabilization center where law enforcement can drop off a person in crisis who is guaranteed a vacancy and less than a two-minute turnaround. When the model is actualized, the center will accept all of those dropped off by law enforcement or EMS. The center will provide subacute stabilization. Mr. Shell said the City of Reno is considering leasing the Dini Townsend Hospital on the Northern Nevada Adult Mental Health Services (NNAMHS) campus. Senator Ratti said financial challenge is to determine how to ensure financial stability so community providers can provide call center services, mobile outreach team services, and the stabilization center to meet patients where they are with the correct

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level of service at the right time. She proposed having Crisis Services of Nevada come to the next meeting to about where they are, what adjustments need to be made in order for them to meet the model design, and what the cost would be for the county to do a better job of crisis stabilization across the community and the continuum of care. She suggested inviting MOST and the CCBHCs to come to another meeting to identify where or how they meet the Crisis Now model. At a third meeting, the Board could discuss the crisis stabilization center.

Dr. Green commented on the Crisis Call Center's inability to integrate into the system. She noted there is a dispatching system for EMS, fire, police, county, city, and Regional Emergency Medical Services Authority (REMSA). Senator Ratti said a representative from REMSA was on the field trip to see Crisis Now. He was able to collect some of the information.

At the October meeting, the Board will learn more about what existing agencies are doing, what they know about the Crisis Now model, how it would work, and what steps are needed for it to work here. After the first of the year, data will be available about the assets and gaps that exist, what is missing, what the cost would be to implement the program, and what the cost savings would be. Phoenix said it took them 13 years to implement the program from start to finish. If there is anything to do legislatively, changes could be made in the next legislative session.

7. Presentation on the [Community Health Improvement Plan](#)

As a requirement of the Washoe County Health District's accreditation, the CHIP is a collaborative, community-wide plan that looks at what to do as a community to move forward the health of the region from a population health model. Every three years, a community health needs assessment is done to identify areas of focus. The last plan covered 2018 through 2020. That assessment identified three areas: nutrition and fitness, behavioral health, and housing. Due to COVID-19, the Health District will extend the plan for one more year, staying focused on the same three areas. The intended outcome of CHIP 3.0 is to establish objectives the community can rally around. The Board can identify the key community initiatives in behavioral health section and make sure the initiatives making the most progress, having the most momentum, or needing the most support end up in the CHIP objectives.

Senator Ratti suggested adding Crisis Now or crisis stabilization as a smart objective in the CHIP. Board members suggested the following topics: Medicaid managed care organizations; suicide prevention; a community overdose response plan; workforce challenges; and speed of access to care. Senator Ratti said the CHIP is of the community, by the community, for the community.

Ms. Edwards reported the State received a Federal Emergency Management Agency (FEMA) grant for a crisis counselor project. Ambassadors are paraprofessionals who will provide crisis counseling through Psychological First Aid. People will be referred to professionals for help if they need it. There are about eight

months left for the project. Senator Ratti noted the behavioral health emergency response plan could be a smart objective in the CHIP. She asked members to email Ms. Edwards or her with other initiatives that could become part of the plan.

8. Future Agenda Items for Approval

Senator Ratti said the next agenda would focus on the call center hub piece of the crisis stabilization model. Organizations currently working in that area will report on how they see or do not see themselves working in that model. She will also have some draft objectives for CHIP. Ms. Edwards suggested having a standing agenda item to provide updates on their bill, BDR 431.

Senator Ratti asked members to prepare for the next meeting by familiarizing themselves with [Guidelines for Behavioral Health Crisis Care](#).

9. Public Comment

There was no public comment.

10. Next Meeting: October 12, 2020 at 3 p.m.

11. Adjourn

The meeting adjourned at 4:40 p.m.