

**CLARK REGIONAL BEHAVIORAL HEALTH POLICY BOARD
MEETING MINUTES
7/28/2021
2:00 p.m. to Adjournment**

The meeting will be held using remote technology in compliance with *Nevada Revised Statutes 241.023*.

1. Call to order/roll call

Members Present: Char Frost, Chair; Jamie Ross, Vice Chair; Dr. Lesley Dickson, Center for Behavioral Health and Nevada Psychiatric Association; Michelle Guerra, Health Plan of Nevada; Jacqueline Harris, Marriage and Family Therapist; Justine Perez, Compassion Community Care Clinic; Ariana Saunders, Corporation for Supportive Housing Southwest; Nita Schmidt, Las Vegas Metropolitan Police Department

Members Absent: Assemblywoman Rochelle Nguyen, Assembly District 10; Dr. Ken McKay, Healthy Minds; Dan Musgrove, Nevada Strategies 360; Cory Whitlock, Las Vegas Fire and Rescue

Staff/Guests Present: Teresa Etcheberry, Clark Regional Behavioral Health Policy Board Coordinator; Jessica Flood Abrass, Northern Regional Behavioral Health Policy Board Coordinator; Jimmy Lau, representing Dignity Health-St. Rose Dominican; Linda Anderson, Nevada Public Health Foundation; Terry Kerns, Substance Abuse/Law Enforcement Coordinator, Office of the Attorney General; Ro Vanda Crockett, Health Plan of Nevada; Sara Hunt, University of Nevada, Las Vegas (UNLV); Wendy Whitsett, Health Plan of Nevada; Stephen Wood and Joan Waldock, Division of Public and Behavioral Health; Elizabeth Moore, PACT Coalition; Katie Ryan, Dignity Health-St. Rose Dominican; Valerie Balen, Belz and Case; Tray Abney, Abney-Tauchen Group; Trey Delap, Group Six Partners; Vera Svedlovsky, Clark County Social Services

2. Public Comment

Dr. Dickson stated the medical community is starting to see signs of opioid addiction in people using kratom. The American Medical Association and the American Psychiatric Association seem to be in support of having it listed as a Schedule I drug. This board could provide support for that at public meetings. She expects the pharmaceutical industry to push back on it.

3. Approval of minutes May 12, 2021 Meeting

Dr. Dickson moved to approve the minutes. Ms. Ross seconded the motion. The motion passed without opposition.

4. Presentation on Legal 2000 data collection and outcomes

Ms. Flood Abrass cleared up some confusion on data collection for mental health crisis or legal holds. OpenBeds was designed to passively collect the data the regional behavioral health policy board coordinators are charged with receiving and reviewing for the statewide behavioral health boards website they are creating. There have been problems with its implementation. State psychiatric facilities do not accept the electronic referrals from which it collects data. There will be glaring gaps in the data because of this issue, many inpatient psych facilities not updating their data regularly, and holds that are discontinued at the hospital.

Several providers offered input. Dr. Dickson noted people continue to fill out Legal 2000 forms by hand. Ms. Flood Abrass explained the OpenBeds behavioral health referral system supports the confidential information, but it takes longer to scan and send the form than it does to fax it. Ms. Guerra has not been involved since early 2020, but reported they stalled when additional fees were being requested. She believes they wanted to charge the vendor who does their assessments. Ms. Frost commented the fees could be a barrier since all the data is needed. She suggested inviting Elyse Monroy to an upcoming meeting to talk about the assurances of confidentiality and Health Insurance Portability and Accountability Act (HIPAA). Ms. Flood Abrass said OpenBeds shows where beds are open across the state. If a psych hospital declines a patient, they have to state a reason. Hospitals could use OpenBeds to refer people to outpatient providers, providing a way to see gaps in levels of care. It could demonstrate the need for more inpatient beds and provide rationale for more funding or funding different levels of care. Ms. Frost noted it provides a way for providers to find services for their clients and for the boards to collect data to see what is happening in their communities or to identify trends as people try to access care. Ms. Kerns understands they are trying to include jails for people being released or coming into jail who need mental or behavioral health treatment or substance use treatment. Ms. Flood Abrass said they also want to add the mental health courts. Psych hospitals in the north are using OpenBeds to varying degrees. Both of the psych hospitals work on waitlists, but she does not know if a waitlist can be reflected in OpenBeds.

This item was taken out of order.

5. Presentation on American Rescue Plan Act of 2021 (ARPA) funding for Nevada

Ms. Saunders shared a [presentation](#) about funding for Nevada. There were three sources—the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the omnibus bill passed in 2020 to extend the deadline for CARES Act funds, and ARPA funds to help address and respond to COVID-19. She focused on Medicaid, the Health Resources and Services Administration (HRSA), and the Substance

Abuse and Mental Health Services Administration (SAMHSA) funds because they directly impact board priorities.

The HRSA funds were allocated to Federally Qualified Health Centers (FQHCs) and the Primary Care Association. The Health and Human Services (HHS) Administration through SAMHSA provided additional funds to address services. Many of those funds can be used for supportive housing and behavioral health services. Changes in home- and community-based services through Medicaid were made. In general, there are federal funds that can be used for technical assistance, collaboration, coordination, and improving the workforce. Most board priorities can be funded, seeded, or supported in implementation through ARPA dollars. More money can be put toward crisis services. Nevada could look at residential services for youth. Funding for building capacity and technical assistance could provide the oversight and workforce development the board wants to see.

The board could advocate for the state to prioritize annual funding for services people with substance use disorders and mental illness need, such a support to get them into housing, help to pay rent, and provide wraparound services that will keep them housed and help them thrive. The Nevada Housing Coalition is asking to create 4,458 supportive housing units over three phases, focusing on capital and operating costs through ARPA or CARES Act funds that can be used to turn rehabbed hotels into permanent supportive housing. The biggest need is for individuals transitioning out of institutional care, foster care, leaving the justice sector, and for the chronically homeless with disabling conditions. She reported the waitlist for supportive housing averages about one year and that several thousand people are waiting for available units. They are on the street, in shelters, or doubled up in housing. Ms. Etcheberry stated that as of June, 2,889 folks in Clark County were waiting for housing. The county is figuring out how to get dollars from HUD [U.S. Department of Housing and Urban Development] to build capacity and rehab buildings, but it will take time. Ms. Saunders said the Housing Coalition is advocating for site-based services. Some of the FQHCs are using funds to build apartment units upstairs with a clinic downstairs.

Mr. Delap asked if ARPA funds for supportive housing went to the state, counties, or cities. Ms. Saunders replied cities and counties received ARPA dollars directly from HUD, including emergency housing vouchers that can be used for rental assistance. Other ARPA funds for homeless services and supportive services programs went to the state and local jurisdictions. Treasury funds went to both state and local jurisdictions. Health and Human Services funds went directly to the state in the Mental Health Block Grant and the Substance Abuse Block Grant. Medicaid home- and community-based services provisions allow spending 10

percent of their funds on other responses to COVID-19. That money went to both the state and local jurisdictions. They can work together. Most funds can be used through 2025, but the block grant funds must be appropriated, allocated, and spent in the next year. Tenancy support through the 1015i Medicaid waiver will be huge. All of these funds include data collection and evaluation. Funds from ARPA could help the state become more competitive for federal funds.

Ms. Ross asked if the HUD and Treasury funds allow the wraparound services that create long-term success. Ms. Saunders replied they do. The HOME Investment Partnerships ARP has some funding and some of the funding from Treasury that went straight to the state and fiscal agencies can be used for support services. They are pushing folks to use Health and Human Services funds to get some of the intensive services and support needed. Permanent supportive housing is part of the homeless continuum of care. Ms. Etcheberry stated if Clark County knows HUD does not pay for certain things, they use programs funded in their general fund to pay for them. Nonprofits may have grants that cover things HUD does not cover for clients while they earn income and become stable. Ms. Saunders said folks should think strategically because some waivers released by HUD for CARES and ARPA allow jurisdictions or providers to advocate to pay for things they traditionally would not. Ms. Harris thought they should remain mindful of sustainability. Dr. Svedlovsky noted a goal of supportive services is to reconnect these clients with the health care system or to work in collaboration with medical professions to provide services.

Ms. Saunders stated for the CARES and ARPA funds there has to be a direct relationship to a response to the pandemic or mitigating the spread, which is why supportive housing works. Behavioral health works because the pandemic has increased the need for all services, such as medical and behavioral health and housing. Funding has to be spent, allocated or committed by certain deadlines. She said funds could be used for training or technical assistance for providers on how to think about equipment they could buy now to save on future costs.

Ms. Moore shared a [presentation](#) on PACT Coalition's rural and urban environmental scans that explored current capacity and identified gaps in communities to build bridges and internal infrastructure to create sustainability. They want to build bridges with and among those in rural communities, connect individuals to resources, and use the results to guide future initiatives and inform PACT Coalition's comprehensive community prevention plan. The first main finding relates to barriers. The second area is access to substance misuse or addiction treatment. The next category is structure—support systems for those in recovery. She provided her [email address](#). She can send out the full report to those interested.

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- 6.** Discuss and Approve Board Recommendations to be sent to the State regarding allocation of ARPA funding

Ms. Frost reminded members that the board covers rural and urban Clark County and part of Nye County, which is rural. Some ARPA funds were earmarked by the federal government for very specific uses, crisis services being one. The Office of the Treasurer is taking community recommendations on how to allocate funds. The board suggested they send in their priorities and find which earmarked funds dovetail with them. They are concerned about telehealth and wondered if funding could be used to expand it. They will reiterate the reasoning behind Senate Bill 56 since telehealth is good for clients and providers, but its status remains unknown. They want to advocate for transparency about where these funds go. Ms. Ross suggested Ms. Frost's letter include as close to a demand for transparency as possible.

Ms. Ross moved that the board empower Ms. Frost to write and send a letter to the Treasurer's Office on behalf of the board using the suggestions mentioned to ensure the Clark Regional Behavioral Health Policy Board's views on spending the additional federal dollars are known. Ms. Frost asked if it should also be sent to the county and municipalities involved. Ms. Ross clarified her motion to include them. Ms. Harris seconded the motion. The motion passed without opposition.
 - 7.** Presentation on Regional Coordinators work with a regional website

Ms. Etcheberry said Ms. Flood Abrass requested funding to work on a regional website. This is the first step in having a one-stop shop for the regional behavioral health boards' information. It will show what is going in the regions and the state regarding legislative updates, statewide initiatives, and resources, and it will have a crisis button for people in crisis who come to the website. They can easily identify it, click on the button, and get phone numbers or information. The website will have timely data. Coordinators are discussing common data among the regions for comparison and contrast to inform the regions about what is going on. There will be a calendar of events and an area for feedback from the public to help identify gaps. Dr. Dickson suggesting hiring one or two people to identify what resources exist and to keep those up to date. Ms. Etcheberry agreed that if the information is on the website, it has to be accurate and timely.
 - 8.** Public Comment

There was no public comment.
 - 9.** Adjournment

The meeting adjourned at 4:02 p.m.