



**CLARK REGIONAL BEHAVIORAL HEALTH POLICY BOARD
DRAFT MEETING MINUTES
04/06/2022
2:00 p.m. to Adjournment**

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

Members: Char Frost, Jamie Ross, Dr. Lesley Dickson, Michelle Guerra, Jacqueline Harris, Dan Musgrove, Justine Perez, Ariana Saunders, Captain Nita Schmidt, Senator Fabian Donate, Cory Whitlock, Michelle Bennett

Members Absent: Cory Whitlock

Staff/Guests Present: Dr. Laura Plowman, Linda Anderson, Theresa Etcheberry, Ms. Fuller-Hallauer, Clark Co. Social Service, Jose Melendrez, Jennifer Graztke, Brandon Delise

1. Call to order/roll call – Char Frost, Chair
2. **Public comment:** No public comment
Chair Frost mentions that Senator Donate has replaced Assemblywoman Michelle Winn
3. **For possible action:** Review and approval of minutes from January 28, 2022 (Char Frost, Chair, and board members) Mr. Musgrove motions, Ms. Guerra seconds. Motion Passes unanimously.
4. **Informational:** Discussion and vote of Board membership Jose Melendrez under vacant NRS 433.429.8(c) position: one member who is a health officer of a county or who holds a position with similar duties or, if no such person is available, an employee of a city, county, or Indian tribe who has experience in the field of public health. (Board members) Mr. Melendrez Executive Director in the office of Community Partnerships for the UNLV Public School of Health states he has been involved in public health since 2003 when he received his Graduate Degree in Social Work from University of MI. Worked with project in Detroit and Nevada, also a founding members and Chair for the Nevada Minority and Health Coalition which a partnership of Public Health doing a lot of collaboration with the Department of Health and Human Services. Currently a board member of the Nevada Health Exchange and also a board member of the Southern Nevada Health District Center. Ms. Guerra is in favor of Mr. Melendrez. Motion is voted unanimously.

5. Informational: Presentation by Foundation for Recover, recovery support for individuals experiencing substance misuse through community-based recovery supports, harm reduction, treatment, and recovery housing programs (Dr. Laura Plowman) Dr. Plowman shares screen and begins presentation. Please see recording.

- Peer Recovery Support Specialists have lived experience
- Use their experience with specialized training
- Similar role as life coach
- Must complete 46 hr PRSS training
- 475 hr of paid or volunteer work
- 25 hours of supervision
- 2 years of lived recovery prior
- Pass IC&RC exam
- Must live or work in Nevada 50% of time

Ms. Guerra inquires about billing Medicaid? Dr. Plowman answers that they do Not bill Medicaid, but Peer Services are a Medicaid billable service. Ms. Harris Asks what does the process look like supporting the peer support staff? Dr. Plowman answers that there are check ins and weekly support group for Peer Support Specialist. Encouraging people to take time off for self-care. Some of these people to get triggered and we will ask them to step out for awhile. Ms. Ross is curious as what is being said about reimbursements from Medicaid? Dr. Plowman states that its some where between the \$7. Range per 15 minutes and the consensus that it is not enough. Ms. Guerra confirms its \$7.80 per 15 minutes and \$1.58 for group setting. Chair Frost asks if Peer Recovery Support is solely for substance use or does it include mental health recovery? Dr. Plowman confirms that a qualification is that a person has to have lived experience with recovery and that can be substance use, mental health, gambling, or any co-occurring issues. Dr. Plowman states that they hold meetings regularly to let the Peer Recovery Support person is doing ok and having them talk to a supervisor to make sure that they are staying inside their scope of work. Supervisors will have to take the training.

6 Informational: Presentation by Southern Nevada Health District on fentanyl overdose in Clark Co.; update on L2A and ODTA grant. (Brandon Delise, Jennifer Gratzke) See Recording.

- 36% increase in drug overdose deaths 2015-2021
- Fentanyl deaths 870% increase 2015-2021
- 2021 highest among White, Hispanic, and Black
- 2021 63.01 % male

- Opioid overdose is a public health issue
- Fentanyl is increasing local state and national level

Mr. Mendez begins presentation on local syringe service program. See recording.

- Trac-B Impact Exchange SSP opened 2007
- Store front Vending Machine
- Surveillance plan
- Data collection; participant survey, drug testing results, data collection tool
- Substance identified in testing, cocaine, methamphetamine, ketamine, inconclusive

Ms. Gratz begins presentation on OD2A Grant

- L2A full deployed on 9/2020
- Primarily in Clark Co. Detention Center
- Collect information on client's drug use/misuse
- Trac B linkage Team
- Operates a storefront harm reduction program
- Collects clients' information
- Conducts out reaches
- Link up
- Links clients from LGBTQ+ community
- Public health vending machine
- Collects client information

Ms. Guerra asks how long does the Fentanyl test strip training take. Ms. Gratz answers 15 minutes. It is a 10-minute video of how and why. Capt. Schmidt thanks, them for their partnership working with inmates transitioning back out into community. Dr. Dickson asks if the test strip is to test the supply not that the person has used? Ms. Gratz states the purpose is to prevent possible overdose. Dr. Dickson asks if these services are located at the Health Department on Decatur? Ms. Gratz states that We link those needing services, we work with a multitude of treatment service providers.

7. Informational: Overview of models and best practices for housing individuals with behavioral health issues (Ariana Saunders, Corporation for Supportive Housing)

Ms. Saunders begins presentation. Please see recording.

- CSH is a collaborative community partner
- Barrier for housing is affordability
- Someone must make \$21. An hour to afford a 2-bedroom apartment
- Affordable housing would be 30% of income
- Point in Time 5,083. number of persons homeless
- Supportive housing is the foundation for all of needs people have
- An intervention or practice that targets a population that needs services

- People facing complex challenges to have stability, autonomy, and dignity
- Getting those who have barriers into affordable housing
- Making people feel connected to community
- Have one site dedicated to supportive housing
- Want to give people independence
- Using Medicaid to fund supportive housing, SAMHSA and ARPA
- There are other states and communities with success

Ms. Ross asks what the best practices when it comes to treatment of those who are experiencing homelessness and have a substance use disorder? What is funding and what is currently missing, and what are best practices? Ms.

Saunders answers that the best practice is getting them into that housing and making sure that those who are providing treatment for the substance misuse understand what housing looks like in our communities and how to access that for the people they are servicing. One of the best practices we've seen is where people get together and have a cross sector planning board working to develop a plan on how to address both of those issues, homelessness, and substance misuse. By doing data sharing and matching you'll be able to identify who needs both services. Targeting the person's needs without having to go through duplicate lengthy interviews. The biggest gap in funding is that we need more funding going to capital. We need funding that will go toward units that are dedicated and regulated to be affordable. Making sure we have dedicated resources. Chair Frost asks how we address "not homeless enough?" and Chair continues to ask if this is a State or a Federal issue? Ms. Saunders states that this is a federal issue. HUD defines chronic homelessness as that you need to be homeless for at least 12 months, or you need to be homeless 4 different times over the past three years. Chair Frost asks is there supportive housing available to homeless families? How do we address the negative stigma when a person comes out of homelessness? Ms. Saunders confirms that supportive housing is done for families.

6. Informational: Update Clark Co. Children's Mental Health Consortium (Dan Musgrove) Mr. Musgrove updates.

- On March 24, Joint Interim Standing Committee on Health and Human Services had a full day focused on children's mental health
- Have had great cooperation with all.
- We have been meeting monthly with a large group
- Putting together list of ARPA requests which will go in front of Interim Finance in May
- Millions of dollars that focuses on children, youth, families, and adults
- The Clark County Mental Health Consortium is having their annual Children's Mental Health Summit on May 2nd and 3rd. \$15 Fee CEUs. Second day is free.

7. **For possible action:** Update on Prevention Coalition and future updates to the Board. Ms. Ross gives a quick update that there is some funding, there are billions of dollars coming in from opioid settlements. The ACRN and the SURG are doing needs assessments to determine counties and cities that get some of this funding as early as this summer. Dr. Dickson states that the Treatment subcommittee will meet April 25. I have been asking how the money can help their agencies efforts. Please let me know being the only provider in the group.
8. **For possible action:** Discussion, and vote on task force to explore how Clark Region can overcome challenges, foster best practices, share ideas and resource to address the complex issue of individual experiencing homelessness. Ms. Bennett states that they sat down and talked about forming a task force. Chair agrees that behavioral health care needs be addressed as well as underlying needs that cause homelessness. Whether its mental health, substance abuse, or mixture of both. Chair Frost motions to form a task force to address the issues of homelessness. The motion was seconded and voted unanimously. Chair Frost states that they will work on the structure with Clark County and put out a call to all to see who would like to participate.
9. **Public Comment:** Action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for a later meeting. Ms. Fuller-Hallauer from Clark Co. Social Service and representing the Southern Nevada Homeless COC, thanks the board for the last agenda item approving the task force. I appreciate the fact we meet as the collaborative applicant and representative for the lead agency for the COC and exited at the work we will do together. Ms. Harris wonders if we should look at Tele Health and whether the ability to get reimbursed as a provider will end. Chair Frost states that Tele Health has been approved for at least Medicaid reimbursement. I understand this to be a permanent. Chair frost continues to say the Board will be meeting monthly
10. **Adjournment** Chair Frost calls for adjournment at 5:02

On the Internet – Agenda and Supporting Materials

- **Department of Health and Human Services Website**
www.dpbh.nv.gov/Boards/RBHPB/Board Meetings/2018/Clark Regional/
- **Nevada Public Notices:** www.notice.nv.gov
- **Physical Location – Agenda and Supporting Materials**
- **4126 Technology Way, Second Floor, Carson City, NV 89706**

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. In the event of videoconference technical difficulties, the meeting may be conducted by teleconference from the same location. If special arrangements are necessary, please notify Ben Trevino, at 4126 Technology Way, 2nd floor, Carson City, Nevada 89706 or by calling (775) 684-5987 up to three days before the meeting date. Anyone who wants to be on the advisory council mailing list can sign up on the listserv at www.listserv.state.nv.us/cgi-bin/wa?HOME. If you need supporting documents for this meeting, please notify Jerrie Manning, Bureau of Behavioral Health Wellness and Prevention, at 775-684-4081 or by email at jmanning@health.nv.gov.