

**CLARK REGIONAL BEHAVIORAL HEALTH POLICY BOARD
MEETING MINUTES**

11/01/2021

1:00 p.m. to Adjournment

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

1. Call to order/roll call

The meeting was called to order at 1:02 p.m. A quorum was present.

Members Present: Char Frost, Chair; Jamie Ross, Vice-Chair; Assemblywoman Rochele Nguyen; Dr. Lesley Dickson; Jacqueline Harris; Dr. Ken McKay (resigned during meeting); Dan Musgrove; Justine Perez; Ariana Saunders; Captain Nita Schmidt

Members Absent: Michelle Guerra (excused), Cory Whitlock

Staff and Guests Present: Michelle Bennett, Marissa Brown, Vera Sverdlovsky, Linda Anderson, Dawn Yohey, Stephen Wood, Elyse Monroy, Teresa Etcheberry, Valerie Balen, Alisha Barrett, Alex Tanchek, Elizabeth Moore, Jessica Flood Abrass, Lea Tauchen, Cody Phinney, Trey Delap, Tray Abney, Joan Waldock

2. Public comment

There was no public comment.

3. Review and approval of minutes from July 23, 2021

Ms. Harris moved to approve the minutes. The motion was seconded by Assemblywoman Nguyen. The motion passed without opposition. Mr. Musgrove abstained.

4. Presentation by University of Nevada, Reno on Open Beds, an electronic behavioral health and social service treatment referral system and collection of Legal 2000 (L2K) data

Ms. Monroy said Overdose Data to Action (OD2A) is the state's main source of Centers for Disease Control and Prevention funding for nonfatal and fatal overdose surveillance. The surveillance report can be found at nvopioidresponse.org/od2a/. They are implementing OpenBeds, an electronic behavioral health and social service referral tool and bed registry. She went through the [Nevada Health Connection Supported by OpenBeds](#) presentation. In addition to allowing residential treatment referrals, OpenBeds captures outpatient service availability. It has a mobile platform so the system can be used by mobile crisis teams in the field to identify treatment

availability. Bringing Crisis Support Services of Nevada onto the network as the control hub supports the state in implementing the Crisis Now model it is building. It allows Crisis Support Services of Nevada to de-escalate callers and make referrals to services with a warm handoff. She demonstrated how a referring entity would use the system. OpenBeds worked with the Rural Hospital Association and hospitals to ensure that it could meet a range of needs in the state as the regulations for Assembly Bill (AB) 85 were being implemented and hospitals are reporting Legal 2000 (L2K) data. Hospitals can comply with the reporting requirements by sending a referral through the system. She demonstrated how a member of the public could use [TreatmentConnection.com](https://www.treatmentconnection.com) to access referral data.

Mr. Musgrove emphasized the importance of this platform for first responders or mobile crisis teams trying to find a placement other than a hospital emergency room (ER) for a person in a mental health crisis. Child Haven is overloaded, but there is nowhere else for children in crisis to go because referrers do not know what is available. He asked if the system could identify what service types are missing. He suggested Medicaid or managed care organizations (MCOs) might know where services have been available. Ms. Monroy said when they onboard a new provider, they ask who their high-volume referrers are so they can onboard those to the network. The state must establish guidelines for bringing providers into the network to ensure quality of referrals and quality of care. A system like OpenBeds will transform and innovate how Nevadans access health care.

Ms. Harris noted "OpenBeds" does not indicate it can be used to locate outpatient services. She asked if this is available for mental health only clients. Ms. Monroy said it was. They brought the National Alliance on Mental Illness's (NAMI's) warmline and the peer line to OpenBeds; they also have Foundation for Recovery's peer support line. While the system is called OpenBeds, the name of the software used to send the information, the network being creating is called "Nevada Health Connection." The name reflects there is more to mental health and substance abuse treatment and support than just a bed; it includes a host of services.

Dr. Dickson asked if all the psychiatric facilities are on the network. Ms. Monroy replied they have all been onboarded, but are not all participating in the same way. Receiving entities have access to the system and respond within it. When a referral is sent, an alert is sent to the point of contact for that agency. Dr. Dickson asked if ERs are using it. Ms. Monroy said there have not been many referrals from ERs. Captain Schmidt asked if this could provide for a warm handoff for people being released from jail. Ms. Monroy said they are working to onboard Washoe County Jail, and they are working with the specialty courts.

Ms. Monroy said OpenBeds is supported through OD2A or mental health funding, they will find a more stable funding source later. She would like everybody to buy into

the system. It provides transparency and accountability for hospitals and treatment providers. The public can access to OpenBeds through Treatment Connection. Ms. Frost did not think the general public knows about it. She suggested information be made available on each of the regional board's web pages.

Assemblywoman Nguyen asked if they work with the specialty courts. Ms. Monroy replied they are onboarding the rural specialty courts. Assemblywoman Nguyen suggested they contact the Clark County Public Defender's Office as its social workers make referrals for inpatient treatment and look for open beds.

Ms. Ross said her organization uses the SAMHSA Treatment Locator for referrals and asked if they should be referring to Treatment Connection instead. Ms. Monroy noted BehaviorHealthNV.org gives levels of care and contact information for a certified provider, but referrals cannot be made through that site. She informed them Northern and Southern Nevada Adult Mental Health Services are on the network.

Dr. Dickson asked about denials. Ms. Monroy said a referring provider can send a referral to three separate providers. Only 1 percent of their referrals are responded to within the required 30 minutes; most referrals are responded to in an hour to three hours. Ms. Monroy concluded by saying this is a big system change, bringing transparency and accountability to a system that has not had it. In her opinion, some treatment providers are struggling with the changes. This is opening up treatment and bringing a treatment infrastructure into the state.

5. Update Clark County Children's Mental Health Consortium

Mr. Musgrove said OpenBeds is an important platform for folks in crisis. Kids should not be put into beds; they should get wraparound treatment, outpatient treatment, or crisis intervention treatment long before that. Child Haven and University Medical Center (UMC) of Southern Nevada are overwhelmed with kids who have special needs. Many have developmental, disability, and mental health issues. Child Haven was designed to be a shelter for children taken out of unsafe environments. It was not designed for children with mental health needs and developmentally disabled children, but there are not enough facilities willing to take kids 24/7. The issue of lack of qualified staff is plaguing children's mental health.

The Consortium is being proactive on is what is happening in schools, especially for kids with independent education plans (IEPs). Pre-COVID-19, when schools were operating normally, there was trouble with schools making sure IEPs were followed. It worsened during virtual school; it is still the case as schools have gone back to in-person learning.

On the Child Haven issue, Health and Human Services' Director Richard Whitley put together a group from Aging and Disability Services, Division of Child and Family Services, Clark County Department of Family Services, the Governor's Office, and

legislators to work on this. Parents have taken their kids to Child Haven and given them up because they have nowhere to turn for services and cannot do this themselves. The county is stepping up, even though mental health is a state responsibility since the county can be nimbler with funding than the state.

Ms. Frost added the Clark County Consortium has three subgroups: infrastructure, public awareness, and early intervention and crisis services. Meetings are open to the public. Dr. Dickson asked about the Department of Justice (DOJ) investigation. Mr. Musgrove said the DOJ is investigating the state regarding kids in residential treatment—they think too many kids are in long-term residential care—in and out of state. Nevada has many kids out of state for residential treatment because Nevada lacks facilities and other services to wrap around long-term residential care. It ties into the issue at Child Haven—there are not facilities where parents and foster parents can take their kids to receive the right levels of care, a bed, a place to stay multiple days, or services to keep them out of long-term treatment. Dr. Dickson said it is an Americans with Disabilities Act problem that kids are not getting the treatment they need. Ms. Frost said children's mental health issues will be a standing agenda item.

6. Update Prevention Coalition future updates to board (Senate Bill 69 regarding peer recovery support services)

Senate Bill (SB) 69 institutionalized peer recovery support specialists, changed from passive to active consent for the youth risk behavioral survey, and institutionalized prevention coalitions. Coalitions in counties where the regional behavioral health policy boards reside are required to make an annual presentation to the boards to inform them about what prevention is doing, what the best evidence suggests, what the data show, and what is happening in substance use in general. There are three coalitions serving the area of this Board. She asked members what kind of information they would like to have presented Ms. Anderson said the Division of Public and Behavioral Health (DPBH) is working on revamping regulations to provide greater connection between the behavioral health boards and the coalitions. Requests from Board members include:

- Trends in substance use so they can try to stay ahead of them in capacity
- Information regarding fentanyl
- Ways the Board can better support their common goals, especially policy
- Information on kratom

7. Discussion and vote on the 2021 Annual Report and Primary Priorities for the Board 2021-2022

Ms. Frost reported Ms. Bennett will work on the annual report that is due in January.

The Board needs to decide whether to tweak its priorities for the report. Ms. Bennett hopes to have the epidemiological report by the end of the month and to have the annual report ready to be vote on at the January 17 meeting. She needs the Board priorities to align them with what is actually going on, including COVID-related issues or outcomes. Ms. Frost suggested appointing a subcommittee to tackle this and bring it to the Board in January. Ms. Saunders suggested they focus on COVID-19 or pandemic responses. Ms. Frost stated the annual report is based on the priorities they set for this year. Ms. Harris moved to create a subcommittee to work on the annual report. Ms. Ross seconded the motion. The motion passed unanimously among members present. Mr. Musgrove stated Clark County has money for housing but does not have the wraparound services for those who are homeless and experiencing mental health crises. He moved to create a subcommittee to work with Clark County on homelessness, housing, and mental health. Ms. Saunders seconded the motion. The motion passed unanimously among members present. Ms. Frost noted subcommittee meetings would be open to the public.

8. Discussion and vote of Board membership of Appointments and Reappointments of Board Positions

Ms. Bennett reviewed open Board positions for members appointed by the Board.

- Representative from a community-based organization providing behavioral health services – currently held by Jamie Ross, term expired in October, and by Jackie Harris
- Representative of residential treatment facility, transitional housing, or other housing program serving persons with mental illness or who abuse alcohol or drugs – held by Ariana Saunders, term expires September 2022
- County health officer or their representative; or similar public health position from city, county, or tribe – vacant
- Licensed clinical psychiatrist or psychologist (with PhD); if not available, health care provider who has experience working with persons with mental illness or who abuse alcohol or drugs – Ken McKay and Lesley Dickson
- Private or public insurer representative; if not available, "another person who has experience in the field of insurance or working with insurers" – Michelle Guerra, term expired October 2021
- Patient who has received behavioral health (including substance abuse) services in the region or their family member; if those people are not available, an advocate for behavioral health patients and their families – Char Frost, term expired October 2021

Ms. Frost informed the board of Michelle Guerra's willingness to continue serving in that position. Captain Schmidt continues to serve, but has not yet been reappointed by the Senate Majority Leader's office. There an opening for a representative of the criminal justice system, appointed by the Speaker of the Assembly. Ms. Frost suggested they consider recommending a public defender for this seat. Ms. Frost

indicated she would contact members to find out if they wished to continue as members of the Board. Dr. McKay gave his resignation. Ms. Harris, Ms. Ross, Ms. Frost, Dr. Dickson, and Captain Schmidt indicated their willingness to continue. Mr. Wood suggested they take nominations for the open seat, then have this as an agenda item at the next meeting. Ms. Saunders emphasized the county health position has been open for a while and is really important. Captain Schmidt stated the county manager over the Southern Nevada Health District is Randy Tarr. Kevin Schiller has family services, the public defender's office, and social services. Ms. Ross will reach out to the Southern Nevada Health District regarding this board-appointed seat. Ms. Frost shared her email address for nominations: charfrostnv@gmail.com. Ms. Bennett noted there is a vacancy for a seat that is appointed by the administrator of the Division of Public and Behavioral Health for a member who represents interest of administrators or counselors at facilities for the treatment of alcohol or drug abuse. Mr. Wood suggested they send him the name and biography of an individual for the Administrator of DPBH to appoint.

9. Update discussion and vote on updated Bylaws for the Board

Ms. Ross asked why the bylaws were being updated. Ms. Etcheberry explained the regional board coordinators were to send their bylaws to the State last year. She found there were changes that would make the bylaws better conform to state statute. Mr. Wood suggested they roll this item to the next meeting.

10. Public Comment

There was no public comment.

11. Adjournment

The meeting adjourned at 3:20 p.m.