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**RURAL REGIONAL BEHAVIORAL HEALTH POLICY BOARD  
DRAFT MINUTES**

**DATE: February 25, 2020 TIME: 1 p.m.**

Meeting Location:

Division of Public and Behavioral Health  
4126 Technology Way, Conference Room 201  
Carson City, NV 89706

Zoom Meeting: 669-900-6833 Meeting ID: 596 537 9333

1. Call to Order/Roll Call

**Members Present:** Fergus Laughridge, Chair; Sergeant Jeri Sanders; Matt Walker; Amanda Osborne; Dr. Erika Ryst; Bryce Shields; Jason Bleak; Brooke O'Bryne

**Members Absent:** Amy Adams, Senator Pete Goicoechea

A quorum was present.

**Staff and Guest Present:** Valerie Cauhape, Coordinator; Stephen Wood, Joan Waldock, Division of Public and Behavioral Health (DPBH); Lea Cartwright, Nevada Psychiatric Association

2. Public Comment

Jaymee Osterrow, a social worker with Division of Welfare and Supportive Services and a board member with the Rural Children's Mental Health Consortium, introduced herself. There was no other public comment

3. Approval of Minutes from the June 25, 2019 Meeting

Mr. Laughridge asked those who were present at the meeting to comment on the minutes. Mr. Shields moved to approve the minutes. Mr. Walker seconded the motion. The motion passed without opposition; those who were not Board members at the time of the meeting abstained.

4. Reappointment of Board Members

Community-based organizations who provide behavioral health services: Jason Bleak, MBA (CEO, Battle Mountain General)

Health Officer: Dr. David Byun (Health Officer, White Pine County)

Psychiatrist or psychologist: Dr. Erika Ryst (Psychiatrist)

Family member or peer: Brooke O'Bryne

Mr. Shields moved to appoint the members. Sergeant Sanders seconded the motion. The motion passed without abstention or opposition.

5. Approval of the Rural Regional Behavioral Health Policy Board Report 2019

The draft was sent to Board members and to the Commission on Behavioral Health. The Commission is aware it will be retroactively approved at this meeting. A copy of the draft report will be sent to DPBH. Board members requested no edits.

As currently proposed, the priority areas are:

- Transportation

- Medicaid reimbursement
- Behavioral health workforce development
- Board visibility
- 2021 legislative session budget draft request (BDR) development
- Children, youth, and family services

The Board provided input as they discussed these topics. Following the discussion, Ms. Cauhape concluded:

- Transportation: Medicaid reimbursement for alternative means of transportation to time-critical behavioral health services;
- Medicaid: identify areas of duplication and areas of innovative, collaborative, evidence based, or best practices for the purpose of proposing reimbursement adjustments. It is felt this will drive an increase in the number of providers that will serve the region.
- Behavioral health workforce development: identify ways to collaborate and pool workforce resources across the region; work to address challenges to Nevada licensure for persons looking to enter the behavioral health workforce in Nevada; identify ways to either bring students on clinical rotations to the region, or support local students in their completion of education and licensure.
- Board visibility: increase communication regarding the rural regional behavioral health policy boards across counties among stakeholders and Board members as allowed by open meeting law. This includes communicating how communities may engage with the Board to ensure pertinent local activities and information are being communicated across all levels of behavioral health oversight.
- Data quality and communication: work collaboratively with governmental agencies and nongovernmental organizations to identify means of sharing aggregate deidentified data for the purpose of targeting resources towards local behavioral health issues in a timely manner that does not violate HIPAA or patient confidentiality.
- Youth, elder, and family services: improve the continuum of care available to these populations and improve communication among schools and behavioral health providers; identify and promote age-appropriate services, service access, and delivery mechanisms. Areas on which to focus may include, but are not limited to, access to services without stigma, access to sharing context, addressing substance abuse, availability of in-person behavioral health services and other protective access.
- Veterans services: support current efforts by veterans' organizations to improve service quality and availability for rural and frontier service members, veterans, and their families. This includes improving the data regarding the number of persons of the service members and their families' population in our region and other initiatives.

Mr. Bleak moved to accept the annual report as presented with the addition of the final priority items. Ms. O'Bryne seconded the motion. The motion passed with none opposed or abstaining.

#### 6. Regional Behavioral Health Updates and Activities

Ms. Cauhape reported on regional task forces, multidisciplinary teams (MDTs), the Governor's Challenge Team, Crisis Now, crisis intervention team training, substance misuse specialists (SMSs), Medicaid meetings, and community health workers.

Humboldt County is finishing strategic planning. There will be a planning meeting in March. Corrine, one of the two substance misuse specialists (SMS) for the region, is going to assist in that meeting.

The Pershing County Behavioral Health Task Force held its first meeting, at which we learned the Frontier Community Coalition meetings already meet the purpose. Instead of duplicating that effort, those meetings will be the Behavioral Health Task Force for Pershing County and, probably, for Lander County as well.

The Elko County suicide meetings and behavioral health meetings cover a lot of this. The behavioral health team is starting to rebuild its momentum.

Eureka and White Pine—when the SMS is hired for that region, that person will help build up the task forces

Multidisciplinary teams—the Pershing County Behavioral Health Task Force noted an active youth multidisciplinary team, but not an adult one to look at adults. They will try to pair those. Churchill County has a waiver for adult hyper-utilizers which gives permission for their information to be shared with the hospital and specific agencies for case management. It can include public guardians for people with dementia and/or substance use disorder.

Humboldt County—They have an appetite for MDTs and want to finish planning with the task force and form an MDT.

Elko County—the Police Department was a big driver for the MDT; however, new leadership is busy reorganizing and figure out what direction they want to take it next. It is not off the table.

Eureka and White Pine—the SMS can assist Lander at the same time.

Governors Challenge Team—rural communities are represented by two people—Ms. Cauhape and Coleen Pincacelli, a dispatcher with Elko County dispatch. The Southern Regional Behavioral Health Policy Board coordinator Stacy Burns is also representing southern counties. An action plan for the team is due in two weeks.

Elko has not rescheduled for intervention team training. Winnemucca's plan is under the Humboldt County Task Force. Anyone interested in attending a coordinator training should read the email Ms. Cauhape sent.

Crisis Now—They are scheduling a site visit to rural Colorado to see what crisis stabilization centers might look like in the rural region, how it is funded, and whether it needs to be associated with a hospital. Ms. Cauhape and the other regional behavioral health coalitions will complete the rural county resource mapping and gap analysis in April.

The substance misuse specialist program is funded through the Overdose Data to Action (OD2A) program. One position has been hired, Corrine McFarren from Frontier Community Coalition. For White Pine, Eureka, and Elko, the SMS position is still open. Information can be found on the PACE Coalition website ([pacecoalition.org](http://pacecoalition.org)). The three priority areas in the work plan are:

- Data collection—using the data that Colleen is collection from Elko Dispatch as a model and trying to connect with locally get similar data from every law enforcement agency to tie in with hospital data;
- Substance Abuse and Co-Occurring Collaboration—setting up trainings coordinating that is something the SMS positions will work on. They will assist in identifying outside services that are available and making sure stakeholders are aware they can connect with agencies if they are looking for training
- Task Forces with Multidisciplinary Teams—assisting or coordinating with the development of these task forces because they have local knowledge. They will help build a tool kit for task force and MDT development so other communities can use it. They will also provide technical assistance.

Ms. Cauhape has two videos up on the You Tube channel—a presentation on services available from Foundation for Recovery and an overview of the 2019 SAPTA Epidemiological Profile for the region. She is lining up videos regarding the Governors Challenge, Zero Suicides, and other initiatives. Several podcasts have been recorded and more are planned. She will interview all Board members and members from the other rural and frontier counties. Jessica Flood with the Northern Board, and Stacy Burns with the Southern Board are working with her to ensure they are showcasing what is happening in rural and frontier Nevada.

The Medicaid meetings—January's focus was on Medicaid reimbursement for peers and community health workers (CHWs). Currently, certified peer support specialists' services are reimbursable by Medicaid, but community health workers' services are not. Medicaid pointed out there is confusion as some try to use CHWs as peer support specialists when they are not certified peer support specialists. The February focus was a discussion on AB 66 and funding for crisis triage centers.

Medicaid would like the policy boards to come together to affect leverage. Writing a letter to Medicaid with specific Board requests can affect change outside of the legislature. Mr. Young will put together a list of the top 20 spends in behavioral health to see where money is going right now. It was suggested they work on the licensure boards and figure that out. The other issue is increasing reimbursements through Medicaid.

Bill Draft Request (BDR) Workgroup—the February workgroup meeting was brainstorming regarding stakeholders, priorities, ideas, and identifying overall priority areas. March and April workgroup meetings will be held biweekly to identify policy areas in topic areas that must be affected through legislative action. At the April Board meeting, they will try to select and approve a specific topic area. In May and June, the workgroup meetings will keep looking into language and building evidence for the BDR and hone it down. At the June Board meeting, the

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Board can craft the BDR for submission to the Legislative Counsel Bureau. If further work is needed before approval, a special meeting of the Board can be held in July. The BDR is due in August. Topics being discussed are:

- Mobile Outreach Safety Teams,
- Multidisciplinary Teams—adding more school social workers and youth MDTs and sharing information for case management and care coordination
- Transportation support,
- Emergency department visits for general depression,
- Work force development—working with the licensing boards,
- Community health workers Medicaid reimbursement,
- Crisis Now crisis stabilization centers—setting up the funding or reimbursement mechanism.

Between the BDR work group and Medicaid, things that came up were: youth, opt-in/opt-out releases for school programs that include screening and school services, community health worker reimbursement, transportation, exploring a mechanism for the creation of youth and adult MDTs with improved information sharing for case management. The Board should strongly consider writing letters of support for other BDRs that align with this Board's priorities.

7. Board Member Roundtable: Regional Behavioral Health Updates and Activities  
There were no reports.
  8. Public Comment  
There was no public comment.
  9. Additional Announcements  
There were no additional announcements.
  10. Adjournment  
The meeting was adjourned.
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