



Division of Public and Behavioral Health
Washoe Regional Behavioral Health Policy Board

DRAFT MINUTES

Date: May 11, 2020
Time: 3:00 p.m. to Adjournment
Location: Teleconference: 866-390-1828
9132744

1. Roll Call, Introductions, Announcements
Members Present: Senator Julia Ratti, Chair; Kevin Dick, Vice Chair; Char Buehrle, Jennifer DeLett-Snyder, Wade Clark, Frankie Lemus, Kristen Davis Coelho, Sandy Stamates, Dani Tillman, Steve Shell
Members Absent: Cindy Green, Henry Sotelo, Tom Zumtobel
A quorum was present.
Staff and Guests Present: Dorothy Edwards, Regional Behavioral Health Policy Board (RBHPB) Coordinator; Mark Disselkoen and Wendy Woods, Center for the Application of Substance Abuse Technology (CASAT); Dani Tillman, The Ridge House
2. Public Comment
Chair Ratti asked for public comment. There were no comments
3. Approval of meeting minutes for meetings in January and February 2020
Mr. Dick moved to approve January and February 2020 meeting minutes.
Ms. Tillman seconded the motion. The motion passed with none opposed or abstaining.
4. SBIRT/SAPTA presentation
Ms. Woods provided an update of Screening Brief Intervention and Referral to Treatment (SBIRT). The focus was on enhancing and expanding SBIRT training in Washoe County. The action items presented were:
 - to create a community assessment model;
 - to collect data on current practices and readiness to adopt SBIRT, from both traditional and non-traditional partners;
 - to identify and target agencies/organizations that can provide SBIRT awareness and training;
 - to show how the program can be applied in numerous clinical settings; and
 - to show how screening can be utilized with brief intervention or referral to treatment.



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The expert workgroup members that participated are Nicole Alberti, Washoe County Health District; Nicole Altamirano, The Children’s Cabinet; John Arrascada, Washoe County Public Defender; Kristen Davis-Coelho, Renown (currently Northern Nevada Hopes); Sunhwa Lee, Washoe County Health District; Lisa Lottritz, Washoe County Health District; Danica Pierce, Northern Nevada HOPES; Justin Roper, Department of Alternative Sentencing

The workgroup developed an “Expert Practices” survey.

Chair Ratti asked if committee members had any questions or comments. There were no comments.

Franklin Asbell asked about the background of the sources providing the data.

Ms. Woods stated that a contact list from each expert was used to contact hospital clinics, mental health clinics, Department of Justice, community centers and educational sources. There were no further questions asked.

Mr. Disselkoen provided an overview of Certified Community Behavioral Health Centers (CCBHC) and Substance Abuse Prevention and Treatment Agency (SAPTA) programs. The first overview was on CCBHC activities and how CASAT and Nevada is involved in contracts that have been implemented to help these programs. Dr. Woodard oversaw technical assistance, training, certification, health care and quality compliance.

There are nine CCBHC statewide that provide Substance Abuse and Mental Health Services Administration (SAMHSA) initiatives. Initially, there were 21 CCBHC states. Eight went on to next stage. Nevada was one of them. Dr. Woodard deserves most the credit for making that happen.

The nine core services of a CCBHC are:

1. To provide behavioral health services with 24-hour emergency mobile crisis stabilization;
2. To provide screening tools, assessment tools and diagnostic tools;
3. To be person centered. One treatment plan to cover all the client needs with targeted case management;
4. To have medication management;
5. To have clinical outpatient service available;
6. To provide case management related to population services. For example: transportation;
7. To ensure psychiatric rehabilitation services are available and that basic skills training is provided directly or contracted.



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8. That there is peer support specialist of staff or through contract; and
9. Intensive community memberships.

Each is working toward a community-based model with emphasis on mental health and on keeping people out of institutions.

5. Update by Regional Behavioral Health Coordinator

Ms. Edwards stated that due to COVID-19 priorities have shifted. Washoe County is at a Level 3 crisis model still in progress. The Board will be updated as progress continues. Crisis Now is still up and running. The State is exploring a short-term COVID-19 grant for crisis counselors.

6. Impact of COVID-19

Ms. Davis-Coelho commented that transitioning to virtual mode went smoothly for all programs. Assessing needs is on-going. Medical clinics are using as much video and telephone service as possible.

Ms. DeLett-Snyder commented that an online base was established. Yoga videos were created help people deal with anxiety and stress while at home. Every couple of weeks they meet to assess and update needs.

Mr. Dick commented that a command center working with travelers from China and other countries was established back in January. We've begun to track people and the virus. By March 6th, staff set up drive-through testing. A call center has been established and has the capacity of processing 150 tests per hour. They can manage up to 900 tests in a 6-hour shift and are working to increase the numbers. Some cutbacks in other areas were needed, but staff has been reassigned to help with call center and tracking. Nevada National Guard has been integrated into the programs.

Mr. Lemus commented they have adjusted all programs and continue to work to become more effective. On April 1, housing placements began to be designed for people needing to self-isolate. Other agencies have been assisting individuals as well.

Mr. Shell commented that their facilities are holding steady in remaining COVID-19 free. More people are coming into the facility as they feel more comfortable doing so.

Mr. Clark commented different levels of responses have been initiated. Most staff are working from home. Patrol is doing well with community safety. The biggest impacts have been the need to decontaminate vehicles, and they have found people speeding faster than before. There has been a significant increase in suicide threats, domestic violence, and commercial burglaries.

Ms. Buehlre commented that mid-March was spent putting testing in place. Anybody and everybody can be screened. People are beginning to feel more comfortable about coming to be screened.



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Ms. Tillman commented that they shifted to telehealth when COVID-19 first began. By April 1st they were 100 percent telehealth with 7 offsite locations. Most of their clients come from the criminal justice system. The administrative office opened today with social distancing and all staff wearing masks.

Ms. Stamates commented that in mid-March programs transferred online through Zoom. Family support groups and two other courses per week are now available through Zoom. Online support will continue after face-to-face meetings are allowed.

Chair Ratti commented that interim committees came to a grinding halt when COVID-19 hit. They are meeting virtually. Next meeting involvement is on May 20th is with Legislative Healthcare Committee and will start ramping up and collaboration with the Governor on emergency matters.

Mr. Dick mentioned Chair Ratti accepted another job working with homeless individuals.

7. Discussion of Future Agenda Items

Ms. DeLett-Snyder asked for a presentation of the prevention-based Bill Draft Request.

8. Public Comment

There were no comments made.

9. Next Meeting: June 8th, 2020

10. Adjourn

The meeting adjourned at 4:26 p.m.