

WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD

DRAFT MINUTES

November 16, 2020
3:00 p. m. to Adjournment

In accordance with Governor Sisolak's Declaration of Emergency Directive 006; Subsection 1; The requirement contained in NRS 241. 023 (1) (b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

Location: Zoom Meeting:

1. Roll Call, Introductions, Announcements
Chair Ratti determined a quorum was present.

Members: Julia Ratti (Chair), Assemblywoman Sarah Peters, Char Buehrle, Jennifer DeLett-Snyder, Sandy Stamates, Dr. Kristen Davis-Coelho, Cindy Green, Dani Tillman, Lieutenant Wade Clark, Steve Shell, Frankie Lemus, Henry Sotelo and Tom Zumtobel

Staff and Guests Present: Savannah Branson, Rachelle Pellisier, Brandon Cassinilli, Christy Butler, Teresa Alvarez, Justin Roper, Sydney Banks, Whitney, Stephanie Brown, Ana Maria Hernandez, Kim Donahue, Michelle, Amy Roukie, Ken, Helen Troupe, Rhonda Lawrence, Lea Tauchen, Sal Trev, Shannon Kossick, Shaun Thomas, Teresa Alvarado Aetna, Tray Abney, Lisa Lee, John Patton, Elyse Monroy, Dawn Yohey, Jade Sliger, Tracy Palmer, Stephen Wood, Kim Garcia, Joan Waldock

2. Public Comment
There was no public comment.
3. Approval of Minutes for October 2020 Policy Board Meeting
Ms. Stamates made a motion to approve the minutes from the October 2020 meeting. Ms. Delett-Snyder seconded the motion. The motion passed unanimously.
4. Presentation of Mobile Outreach Safety Team (MOST)
Senator Ratti introduced a presentation regarding MOST. She reminded attendees of the Washoe Regional Behavioral Health Policy Board's commitment to move to the Crisis Now model of behavioral health crisis response. The model requires high-touch, high-technology centralized location phone support for people who are in crisis, dispatch resources, and connecting people with services. Mobile outreach teams go out to meet individuals who cannot be appropriately served through the crisis call line. A crisis stabilization center for individuals experiencing behavioral health crises who

cannot be stabilized by the crisis call line or the mobile outreach team is required. The final element required is a set of policies and protocols throughout. The Board is investigating each component. In the October meeting, Crisis Support Services of Nevada reported on the crisis line. OpenBeds could become the high-tech part of the crisis line. The MOST is similar to what is needed in the Crisis Now model. It is possible representatives from the mayor's task force will present what is being done regarding a crisis stabilization center at the December meeting.

Ms. Butler, the supervisor of MOST, shared a [Mobile Outreach Safety Team \(MOST\) presentation](#). Mr. Cassinilli shared MOST's history. Ms. Butler stated MOST can be called to any part of Washoe County to assess mental health status and needs to try to keep people with mental health and substance use issues out of the criminal justice system, directing and transporting people in crisis to the appropriate resources to immediately address their needs. She said they see many of the same people again and again. Members of MOST have been integrated into peer support programs and have become part of negotiation teams. It has been effective to have a mental health clinician ride with law enforcement or fire department, providing a different viewpoint on how mental health affects people.

Mr. Cassinilli stated his department created a full-time mental health position for first responders and the community. They train outside agencies and local organizations how to manage de-escalation. Ms. Butler stated MOST is comprised of one licensed mental health counselor supervisor, four licensed mental health counselors and one case manager. One of MOST's goals is to provide early and voluntary intervention to avoid costly emergency room visits and hospitalizations. They attempt to connect individuals to local resources to provide a long-term support network. They also provide community and family education about mental health. They are part of the Critical Incident Negotiation Team (CINT) that responds when someone is imminently suicidal, is barricaded and might be armed, is in a hostage situation, or is in an emergent situation that requires more in-depth conversation. With the support of the Reno Police Department and the Washoe County Sheriff's Office, some MOST members have gone through negotiator training for CINT.

They received a call from Tesla on how to talk with individuals in crisis and how to engage those individuals with local resources. They are engaged with community court. They work with the homeless population.

Ms. Butler said many family members and local agencies were not sure how to contact MOST as there is no central number. In an emergency, they can call 911; otherwise, they can call nonemergency dispatch. They can request MOST for welfare checks. Their email address is most@washoecounty.us. Emails are prioritized for dispatch. There is only one MOST worker available at a time for the county.

Ms. Butler stated they collect data. In 2019, there were 2,370 contacts with law enforcement; in 2020, there have been 1,838. They track cases and ages. They do not diagnose, but if an individual mentions a diagnosis and is exhibiting symptoms, the information is collected. Mr. Cassinilli stated interactions have increased with the legalization of THC and marijuana use. Ms. Butler stated many young individuals do not realize THC can increase psychosis.

Assemblywoman Peters asked if training was mandatory for law enforcement, or if the training is for those who have requested it. Mr. Cassinilli stated they have trained those who requested it; however, mental wellness, peer support, and aspects of MOST will be taught to all incoming officers as a result of a bill passed by the legislature mandating all officers in Nevada to be trained in mental wellness, intellectual disabilities, and autism spectrum disorders. They will provide in-service training for existing personnel.

Assemblywoman Peters asked if they collect data on the effectiveness of their trainings. Mr. Cassinilli replied they have not. Assemblywoman Peters stated she has a bill draft request (BDR) for the upcoming legislative session on mental health parity. She would like to include a component on mental health data collection. Data from MOST would be helpful.

Lieutenant Clark mentioned that when a MOST therapist rides with an officer for 10 hours, on-the-job training is being provided. Mr. Sotelo stated a member of MOST was present for the community courts, which has been helpful.

Ms. Edwards said the regional behavior health coordinators' goal is to have a version of MOST in every region. Washoe County's team is the largest and rides mostly with law enforcement. Carson has a team of two.

Mr. Sotelo stated members of MOST dress like law enforcement. He asked if that could change. Ms. Butler stated their uniforms have jackets and shirts with "MOST" in reflective lettering on the back. She informs individuals she is not law enforcement. Mr. Cassinilli stated their full-time MOST officer is trying to get an unmarked vehicle and a uniform change for a softer approach.

Mr. Zumtobel asked how MOST would engage the community during the current "pause" the state is under due to COVID. Ms. Butler stated they will send an email to dispatch for Reno and Sparks, letting them know their shift has started and when it will end. Calls will be handled by phone. For a critical crisis call, they will meet officers to assist. They will continue doing homeless outreach, but will use their own vehicle rather than ride with law enforcement.

Senator Ratti opened the meeting to public comment. She was asked if MOST captured veteran data. Ms. Butler replied they did. Senator Ratti relayed a question regarding MOST shifts. Ms. Butler stated they have day shift and swing shift, seven days a week.

Senator Ratti said a member of the public asked if MOST carried life-saving medications like Narcan when responding to crisis calls. Ms. Butler said they do not. Mr. Cassinilli pointed out that many law enforcement officers carry Narcan.

Senator Ratti asked how MOST was funded. Ms. Edwards stated it was state-funded by a grant that ends this year. Senator Ratti clarified the Department of Health and Human Services funded MOST with Cares Act dollars which expire December 31. After that, MOST will be funded by the Nevada General Fund for the rest of the fiscal year. Ms. Garcia stated Washoe County MOST has been funded through the liquor tax for case management.

Lt. Clark asked if only fire, the Regional Emergency Medical Services Authority (REMSA), and mental health counselors could respond to all of the mental health calls

that have traditionally gone to law enforcement. Ms. Butler stated she did not believe law enforcement could be taken out of the picture. She has learned many de-escalation skills from law enforcement because they engage with people for a ten-hour shift. There is a safety concern regarding sending only mental health counselors to engage with someone who is psychotic or high.

Mr. Cassinilli stated it was possible to educate law enforcement in how to handle crises. Crisis Now in Maricopa County, Arizona, dispatches a mental health clinician and a peer or a case manager without sending law enforcement. Senator Ratti noted there are calls from Crisis Call Services of Northern Nevada, 911, and nonemergency dispatch. She asked if triage took an agency-by-agency approach or whether they looked at the entire system. She suggested that something could be done at the dispatch level to determine when to send law enforcement, when to send medical response, and when to send a mobile outreach team with a behavioral health person and a peer.

5. Presentation on Open Beds

Ms. Monroy gave [a presentation on OpenBeds](#) and how it supports the Crisis Now model. The electronic behavioral health services registry and referral system connects clinicians and community-based providers. It establishes the state's behavioral health referral network, the Nevada Health Connection. OpenBeds allows a user to filter available services by zip code, acuity, substance, payer source, or insurance type. It offers increased access to clinical decision support tools so community-based providers can make referrals to the appropriate level of care. It will provide policymakers data about service availability and wait times. The system supports controlled substance prescribers through the electronic health record and the prescription drug monitoring program. Referrals for social services can be generated from the treatment referral request. A referral goes to the treatment provider, and the wraparound service referral goes to 211. 211 will follow up with the client.

OpenBeds will support the state's ability to use technology for real-time coordination of care and accountability and will be used to deploy mobile crisis on a 24-hour basis. While it can be used by clinicians, it can also be used by mobile response teams, peer support organizations, specialty courts or jail, and police departments. The public-facing portal is treatmentconnection.com.

The system launched on August 13. Through September 30, 250 people logged into the system; 11 referrals were sent. Five were completed, two were declined, four were left open. The average response time for a referral for inpatient psychiatric services and withdraw management was 5.5 minutes.

Ms. Buehrle asked if facilities update bed availability. Ms. Monroy said there are network standards and guidelines for participants regarding how frequently levels of service will be updated. Ms. Buehrle noted the report shows there are zero beds available for inpatient psychiatric care, but she knows of two facilities that have beds available. Ms. Monroy pointed out the data shows the average number of beds available by date. Senator Ratti stated if this were operating with a Crisis Now

response model, there would be back-and-forth communication between Crisis Call Centers Services of Nevada and providers.

Mr. Lemus asked if they would on-board supportive housing providers. Ms. Monroy said they would. They launched with 75 percent of Substance Abuse Prevention and Treatment Agency (SAPTA)-funded treatment providers, inpatient psychiatric facilities, and 19 individual service types. They will add non-funded SAPTA-certified treatment providers.

Senator Ratti mentioned a concern a member of the Board had that the portal required that someone seeking services check which substance they were using. Ms. Monroy stated they are working to reconfigure the screen so user can see they can choose between substance abuse and mental health treatment.

Senator Ratti asked how OpenBeds planned to collaborate with hospital-based recovery teams. Ms. Monroy stated we are working with one group already.

Senator Ratti asked if OpenBeds could do everything needed for the Crisis Now model—real-time monitoring of available beds, real-time monitoring of outpatient services, the ability to dispatch, to book appointments, to have the case manager follow that visit. Ms. Monroy stated OpenBeds can be the infrastructure piece, but it may be missing some of the warm handoff pieces. She stated there was technology to facilitate that.

6. Update on Washoe Policy Board's Bill Draft Request (BDR) status

Senator Ratti stated she received the language from the Legislative Counsel Bureau (LCB) for the Board's bill draft request. Senator Ratti, Ms. Edwards, Ms. DeLett-Snyder, Ms. Lee, and Mr. O'Donnell reviewed it. Senator Ratti and Ms. Edwards made their best choices with the information available. It can be amended at the legislature once the language comes out. Hopefully, the final draft bill will be available for review at the December meeting.

7. Review of progress on the Community Health Improvement Plan (CHIP) Behavioral Health Section

Senator Ratti thanked the Board for serving as the steering committee for the Community Health Improvement Plan. The final draft will be presented at the District Board of Health for approval. The housing section continued the regional approach to affordable housing. It advocates an extension of the Low-Income Housing Tax Credit and an upcoming bill that would warn about impending loss of subsidized affordable housing in the community. The CHIP includes at least three Medicaid 1915(i) support waivers and recommends case management ratios for shelter population meeting best practice standards. It also supports the Built for Zero initiative to end homelessness in the community, including some goals from that project.

The behavioral health section has a continued focus on collecting data to inform where to invest in behavioral health systems in the future. It refocuses efforts on addressing isolation and suicide. Crisis stabilization work is in the plan, as is improving crisis response. It recommends expanding multidisciplinary teams and assertive community treatment (ACT) teams. It speaks to expanding care and prevention to target

adolescents. It also addressing improving behavioral health response during emergencies based on lessons learned from COVID.

8. Approval of Future Agenda Items

Potential agenda items for December meeting:

- Updates on the Crisis Stabilization Center
- Reno Police Department and Washoe County Sheriff Office dispatch
- Washoe County Health District Emergency Medical Services (EMS) Oversight working with REMSA to collect data around emergency response (if available)
- Updates on Board's BDR

Potential agenda items for January meeting:

- Washoe County Health District Emergency Medical Services (EMS) Oversight working with REMSA to collect data around emergency response
- Crisis Call Line
- Crisis Stabilization Center
- Updates on Board's BDR

9. Public Comment

Ms. Lawrence introduced herself as the Clinical Program Manager II with Northern Nevada Child and Adolescent Services. She oversees a psychiatric program at the University of Nevada, Reno School of Medicine. It is a free program for uninsured youth ages 12- to 17- years old, providing psychiatric care, ongoing medication management, and evaluation for uninsured or underinsured youth 12 -to-17-years old.

10. Reminder of Next Meeting Date

The next meeting is scheduled for December 14 at 3 p.m.

11. Adjourn

Dr. Davis-Coelho moved to adjourn. Assemblywoman Peters seconded the motion. The meeting was adjourned.