
NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD

MINUTES

August 20th, 2020

3:00 pm 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.

Meeting Locations: Teleconference only

Teleconference: Call in number: 16699006833, meeting ID: 6665788969

Password: 488389

Teleconference weblink:

<https://us02web.zoom.us/j/6665788969?pwd=MUNJRStSdTY5UDExSCt3ZnJSSFA1UT09>

Password: Northern

1. Call to order/roll call

Ms. Allison determined a quorum was present.

Members Present: Taylor Allison, Chair, Dr. Ali Banister, Vice-Chair; Dave Fogerson; Nicki Aaker; Lana Robards; Sheriff Ken Furlong; Shayla Holmes; Dr. Daniel Gunnarson; Erik Schoen; Amy Hynes-Sutherland

Staff and Guests Present: Jessica Flood, Coordinator; Heather Kerwin; Jeanette Belz and Lea Cartwright, Nevada Psychiatric Association; Trey Delap, Southern Nevada National Association on Mental Illness (NAMI); Jim Peckham, Friends in Service Helping (FISH); Tenea Smith, Rural Nevada Counseling; Diane Ortiz, Carson City Community Counseling Center; Judith Stookey, Vitality Unlimited; Dawn Yohey, Stephen Wood, and Joan Waldock, Division of Public and Behavioral Health (DPBH)

2. Public Comment

Mr. Peckham commended the community's use of the resources in place—mobile outreach safety teams (MOST), forensic assessment services triage teams (FASTT), Carson-Tahoe Hospital, and NAMI training. He noted some people use services and burn bridges; the hospital and others do not want to see them again. The region needs a long-term lockdown facility where medication is managed and

where clients can develop skills. Some people may eventually be able to reenter society. Northern Nevada Adult Mental Health Services (NNAMHS) used to provide. Now there is no place to refer them. Some people need to see if they do not take care of themselves, they could lose some of their freedoms. Ms. Robards agreed. Ms. Flood reminded the Board the Olmstead Act requires keeping people at the least restrictive level of care. Ms. Taylor suggested this topic as an agenda item for a future meeting.

3. Review and approval of minutes from July 31, 2020 meeting
Ms. Aaker moved to accept the minutes with one change. Sheriff Furlong seconded the motion. The motion passed without abstention or opposition.
4. Board member updates on behavioral health concerns, initiatives, and successes in their area of specialty
Sheriff Furlong said his department is developing a record of who lands in the jail system and comparing it to the MOST program records. Ms. Aaker reported the Carson City Behavioral Health Taskforce is developing a strategic plan for its Crisis Now initiative. Crisis counselors are currently working from home. The counties will send them referrals. Ms. Flood added that their leadership is working on a communications plan and behavioral health emergency planning.
Mr. Schoen reported the Storey County Multidisciplinary Team is ensuring there is a comprehensive food delivery system for residents through the Senior Center and Community Chest. The team is discussing the OD Maps project and focusing on their opioid response plan. They need to communicate effectively, have a quick strike team for at-risk individuals, and have personnel going into the community. Comprehensive mental health counseling and substance use disorder outpatient counseling is available through telehealth. The resource is open for referrals to the northern Nevada region at 775-297-1267. If there are too many requests, they may prioritize Storey County and Lyon County residents.
Ms. Flood said Carson and Lyon Counties have provided Columbia Suicide training and are developing their protocols. She reported Ms. Holmes and providers in Lyon County meet weekly to report capacity and their Resilience Project experiences. Ms. Flood suggested making that a regional meeting.
Ms. Taylor reported Douglas County was awarded a grant for OD Maps to implement response plans the community develops. She suggested having Terry Kerns and Elyse Monroy do a presentation on the project. Mr. Fogerson stated their suicide rate has doubled for people over age 50 since January.
5. Update on Northern Region's Certified Community Behavioral Health Clinics (CCBHCs)
Three providers remain under the original federal demonstration project: Vitality in Elko, Bridge in Las Vegas, and New Frontier in Fallon. The state expanded, adding

Vitality in Carson City and Dayton, Community Counseling Center in Carson City, Rural Nevada Counseling in Silver Springs, Quest in Reno, Bridge's second site in Las Vegas, and FirstMed in Las Vegas. All CCBHCs must provide, directly or through a contract with a designated collaborating organization (DCO), nine core services:

- a. crisis mental health
- b. screening, assessment, and diagnosis
- c. person-centered treatment planning
- d. evidence-based outpatient mental health and substance use services
- e. outpatient primary care screening and monitoring of health indicators and health risks
- f. targeted case management
- g. psychiatric rehabilitation services including assertive community treatment (ACT) teams
- h. peer support, psychosocial rehabilitation, basic skills training, and family support services
- i. services for members of the armed forces and veterans

New Frontier provides all nine services, mostly by telehealth. They have an adult and a youth mobile crisis team. Phones are manned by a therapist 24/7. Having therapists go into the field to meet clients and families works much better for the majority of their callers. They have gotten into the schools. They have expanded medication-assisted treatment (MAT) services and screen for chronic health issues. Their lead registered nurse (RN) supervises the ACT team. They do not serve many veterans or active military as the Veterans Administration clinic and a Naval Air Station offering fleet and family services are in Fallon. The recovery support department has a peer recovery support specialist, targeted case managers, basic skills trainers, and psychosocial rehabilitation staff. Clients are assisted with housing, employment, basic skills training, and general support services. Ms. Robards said the ACT team is not at capacity. The therapist determines level of acuity and whether to send a client to Mallory Behavioral Health Crisis Center. Ms. Flood pointed out New Frontier has a space for crisis stabilization in their residential unit.

Ms. Smith said their therapists determine whether to de-escalate or to place a Legal 2000 hold. If possible, the client will self-admit before they transport the client to Mallory. The mobile crisis team can be reached at 775-431-0211. The ACT team takes referrals from MOST; some of the clients are homeless. She will have a DCO with Healthy Communities Coalition to pay for basic skills training, peer support skills, and case management provided through the food bank. Her staff is trained to provide services to veterans. They offer transitional housing for people with substance abuse issues and are developing ambulatory detox. A doctor and a

psychiatric nurse practitioner are onsite once a week. Clients needing medication stabilization are taken to Mallory if it is urgent; otherwise clients are taken to appointments with a doctor. They offer Health Resources and Services Administration (HRSA) three-year student loan forgiveness program. They need part-time counseling staff, a nurse to help with medical services, a peer support specialist, and bachelor's degree-level targeted case management workers.

Ms. Ortiz said their services are similar. They have two peer recovery support specialists for substance use and mental health and two advanced practice registered nurses (APRNs) who prescribe psychiatric medication. They offer MAT services. They received a State Opioid Response (SOR) grant to provide opioid services and case management. They do not have an ACT team, but she will lead the team they hope to get started in September. They work with the MOST team. Two counselors are bilingual. They attempt to de-escalate and provide warm handoffs to Mallory. They have a 24/7 crisis line. They provide services in person following Centers for Disease Control (CDC) guidelines.

Ms. Stookey said they offer services similar to New Frontier's. They have a crisis line, contract with Support Services of Nevada, and have someone on-call who will call in a team if needed. They work with MOST. The ACT team includes a nurse, social worker, case worker, and whoever the client needs. They have a psychiatric APRN for psychiatric medication and would like to hire another RN and a licensed clinical social worker. They have a memorandum of understanding with the Carson City schools and with juvenile probation. They are operating out of Carson City.

6. Division of Public and Behavioral Health (DPBH) and Division of Child and Family Services (DCFS) update on coronavirus effects and response

Ms. Yohey said funding begins October 1 for the Mental Health Block Grant, the Substance Block Grant, and the SOR; subawards are being compiled. Programs included are jail diversion, first episode psychosis (FEP) and early serious mental illness (SMI) expansion and continuation; outpatient services for individuals with SMI and FEP; and youth.

They received a two-year contract with Lifeline funding. Crisis Support Services of Nevada exceeded its in-state answer rate. Crisis Support Services of Nevada will be the hub of Nevada's Crisis Now model. Regional assets and gaps will be brought to the Regional Behavioral Health Policy Boards for discussion and action. The COVID Emergency Response Grant started May 1. Funding was awarded to Reno Behavioral Health Hospital and Desert Parkway to assist with uncompensated crisis care for stabilization and emergency room diversion.

The Division of Child and Family Services (DCFS) was awarded funds to expand Children's Mobile Crisis Services. Funding was awarded to University of Nevada, Las Vegas to develop the Nevada HealthCARES Warmline for healthcare providers that went live on May 26, 2020.

The Resilience Project funding was approved by the Interim Finance Committee on August 20. It will continue to fund Resilience Ambassadors, the crisis counselors. The immediate services program is wrapping up, and the regular services program will begin August 29. Through it, DPBH hired, trained, and deployed 38 individuals. Eight more positions will be added, mostly in Clark County. The state will partner with the health districts, Boys and Girls Clubs, the Family Resource Center, and the coalitions. Ms. Flood asked if staff for the northern region had been hired. Mr. Wood said the youth specialist for the Boys and Girls Club is working out of Lyon County but is serving the region. He added the ambassadors should be active within weeks. Goals of the project are to strengthen and promote access to public health, healthcare, and social services; to promote health and wellness and disaster preparedness; to expand communication and collaboration; to engage at-risk individuals in programs that serve them; and to build social connectedness. Vulnerable populations being targeted are individuals and families who are bereaved or who may have complicated bereavement due to COVID-19; individuals awaiting test results or are quarantined or hospitalized due to illness; individuals and families with economic concerns; ethnic and racial minorities; first responders; tribal populations; aging or disabled populations; diverse populations including LGBTQ; children, youth, adolescents; and individuals with preexisting behavioral health issues.

Ms. Yohey reports of abuse and neglect are down, but the risk of abuse and neglect has increased during isolation and quarantine due to increased stress on families. Hospital admissions for severe child abuse have increased; domestic violence cases have increased at least 20 percent. Ms. Flood suggested having a presentation on the rural Children's Mobile Crisis Response Team and the Rural Clinic's CARE team. Ms. Yohey pointed out the Resiliency Project will provide education and media outreach to make available services known.

The [Crisis Standards of Care report](#) can be found on the nvhealthresponse.nv.gov website. It covers the general public, healthcare professionals, and continuation of care for persons with serious mental illness and substance dependency including pediatric populations. It identifies signs and symptoms in children regarding psychological distress or persistent traumatic stress, behavioral health impact on responders and medical providers, the impact on the seriously mental ill population, behavioral health public education, and psychological first aid. Suicide continues to be a concern throughout the country. Our state medical examiners recorded numbers are down 25 percent, but elder suicide makes up 30-44 percent of deaths ages 60 and up. Healthcare systems should note social and economic factors can drive a sense of helplessness and hopelessness that can contribute to suicidality. Additional factors include isolation, feeling like a burden on others, and not knowing how to use media. In addition, support for loved ones and family

members who are struggling connecting with patients in hospitals should be offered resources including Crisis Support Services of Nevada.

There has been a significant increase in symptoms of anxiety and depression. The Centers for Disease Control website is publishing its [Household Pulse Survey](#). At this point, 43.7 percent of Nevadans report symptoms of anxiety, which ranks Nevada third; 38.3 percent reported symptoms of depression, which ranked Nevada first; 46.8 percent reported both, which ranked Nevada as first. There has been an increase in substance use and there has been a surge in overdoses with opioids and an increase in fentanyl use.

Mr. Wood said that between Senator Julia Ratti's help and the large amount of federal funding the Bureau of Behavioral Health Wellness and Prevention receives, the Bureau did not receive cuts that will affect programs. Ms. Allison said there were questions about cutbacks in Medicaid funding. She said unspent vaping funds were swept, as well as the reserve funds for Healthy Nevada.

7. Presentation of Washoe County's Crossroads project focused on tiered housing for individuals with complex behavioral health needs
This item was tabled.

8. Discussion of behavioral health and other effects of COVID on various sectors of the Northern Region, including community agencies, school, hospitals, and community members

Mr. Fogerson said his office has seen an increase in domestic violence and a doubling of the number of suicides of people over age 50. The Suicide Prevention Network of Douglas County said more people than ever are attending their support group. The COVID situation is affecting different people differently. There is stress regarding school openings and civil unrest. His county's food closet has received plenty of donations. While the number of people accessing the food closet has gone up, the increase is not as great as anticipated. Mr. Peckham pointed out people are receiving more money in their monthly SNAP benefits, so many are buying their own groceries. They have not seen significantly more people using their foodbank. Ms. Robards said they have had an increase of about a third. Mr. Schoen said Storey County has seen the demand for food assistance skyrocket. He said this is not a short-term crisis; the amount of loss for some people—jobs, way of life, relationships, health—echoes more what survivors of devastation and disaster go through and is ongoing. He is training staff to have that perspective. Many are experiencing Zoom and virtual fatigue. Initially, it provided access when there was none, but not everyone has equal access to telehealth. Some do not have the resources to have telephones; others do not have the cognitive or emotional ability to participate in a virtual session. From an Americans with Disabilities Act (ADA) compliance perspective, if agencies only provide telehealth,

there may be barriers to treatment. Face-to-face contact can motivate people to stay in treatment. Ms. Allison asked for discussion on how the Board can help create solutions and help message the services that are available.

Ms. Flood said the communications plan and regional behavioral health emergency operations plan are important. She suggested letting the community know what the available resources are and how to access them. Mr. Schoen said prior to COVID, telehealth was good for a person with mobility or transportation issues. Now it is important to ask how to get people who need services to come back into the office. Telehealth can either be on Zoom or telephone. Some people have a hard time accessing telehealth services. Ms. Flood asked how they could engage those people in innovative ways. Mr. Schoen said when his counselors are proactive in following up, the clients are more likely to stay in and benefit from treatment. Ms. Allison asked the Board to think about the prevention programs that are running virtually now. The efficacy of evidence-based prevention programs provided virtually is unknown and may impact treatment down the road.

9. Regional Behavioral Health Coordinator update on current local, regional, and statewide efforts and initiatives including the Northern Regional Behavioral Health Emergency Operations Planning Committee and Northern Regional Behavioral Health Communications meetings
This item was tabled.
10. Discussion and update of Nevada Crisis Care Response Initiative (Nevada's Crisis Now Initiative)
This item was tabled.
11. Update on Northern Regional Behavioral Health Policy Board Bill Draft Request Focused on updating and clarifying the mental health crisis hold process in Nevada Revised Statutes (NRS) Chapter 433
Ms. Flood shared her [legislative update](#). She said they can refine the BDR that will modernize the crisis hold process.
12. Board member recommendations for future presentation and topics for Board consideration
This item was tabled.
13. Public Comment
There was no public comment.
The meeting adjourned at 4:56