Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD
DRAFT MINUTES
JANUARY 16, 2019 9:40 a.m. to Adjournment

Meeting Location:

4150 Technology Way, Room 303
Carson City, NV

TELECONFERENCE: 1-415-655-0002

1. Call to order/roll call

Board Members Present: Dave Fogerson, Chair; Adrienne Sutherland; Taylor Allison, Partnership Douglas County; Sandie Draper; Nicki Aaker; Wanda Nixon, Mineral County; Jessica Flood; Edrie LaVoie
Board Members Absent: Assemblywoman Robin Titus, Kevin Morss, Dr. Joseph McEllistrem, Ali Banister, Sheriff Ken Furlong
Staff and Guests Present: Stephanie Woodard and Darcy Davis, Division of Public and Behavioral Health (DPBH); Shayla Holmes; Valerie Padnovani and Lea Cartwright, Nevada Psychiatric Association; Jake Wiskerchen; Cimeon Lupo, Carson Tahoe Behavioral Health Services; Karen Torry Greene; Mary
Mr. Fogerson determined a quorum was present.

2. Public Comment

Mr. Fogerson announced Edrie LaVoie's retirement and congratulated her on being recognized as the Human Services Administrator of the Year in the state of Nevada. He thanked her for serving on the Board.
There was no other public comment.

3. Review and Approval of Draft Minutes for Northern Regional Health Policy Board Meetings from June, July, and August 2018 Meetings

This item was table until the next meeting. Draft minutes are posted on the website.

4. Presentation of Level of Care Utilization System (LOCUS)

Dr. Woodard explained that the Level of Care Utilization System (LOCUS) is part of a comprehensive evaluation to determine the level of care individuals need based on their presentation and to determine clinical or medical necessity for the services requested. The LOCUS is made of six dimension that help identify risk of harm

- Medical or other substance use disorder comorbidities
- Psychiatric comorbidities
- A history of engagement in treatment services
- Quality of engagement

- Type of recovery history
- Periods of recovery

The LOCUS levels of care are:

I. Recovery Maintenance and Health Maintenance
II. Low-Intensity Community-Based Service
III. High-Intensity Community-Based Services
IV. Medically Monitored Nonresidential Services
V. Medically Monitored Residential Treatment Services
VI. Medically Managed Residential Treatment Services

The LOCUS is predicated on the idea that access to crisis services and brief interventions are essential to a healthy behavioral health system of care.

Ms. Flood explained that Dr. Woodard made her presentation because continuum of care was identified as being a Board priority. This allows a framework for mapping out the community to see where gaps are. The LOCUS was created because people were in levels of care that were too high. The American Association of Community Psychiatrists Association developed levels of care for communities to identify where they need to focus their efforts.

Dr. Woodard has been working with the Lyon County Juvenile Probation chief on the child and adolescent LOCUS, which has all six levels of care. Using this could help communities map out their resources and determine long-terms goals. Nevada communities are not unique in having shallow-end services (low-intensity community-based services), and high-intensity services (inpatient psychiatric services), with little in between. A suggested strategy is assertive community treatment that connects to services and support in middle levels of care. The CCBHCs provide level II (low-intensity community-based services) and level III (high-intensity community-based services), and are required to have an assertive community treatment team so they will provide a level of care equal to medically monitored nonresidential treatment services. Ms. Flood added LOCUS ties in with legislation on legal holds. Once there is access to these other levels of care, a legal hold should be deemed an extreme option.

Mr. Fogerson asked how this would fit the behavioral health model. Dr. Woodard said the state is determining whether statute or regulations would establish the authority to develop certifications for levels of care. Authority for the Division of Public and Behavioral Health to develop Division Criteria for substance abuse treatment programs is in *Nevada Administrative Code* (NAC) Chapter 458. Broad language may imply ability to do this. Dr. Woodard noted there was a pending BDR regarding community-based living arrangements (CBLAs). The language in the CBLA bill allows for broad use of the regulations to follow. It could encompass certification, but is not a good fit. The authority is clear in NAC Chapter 458. Certification delineates the minimum services and supports for a level of care, and the process includes a clinical review of the quality of clinical documentation to ensure that screening and assessments, level of care determination, treatment plan, support plan, and discharge plan make sense. It establishes a quality of

care that has been missing in the mental health treatment delivery system. To move forward with the 1115 Demonstration Waiver for community-based and residential services for individuals with serious mental illness or severe emotional disturbance, the state must demonstrate it is building a comprehensive system of care. The state will look at the comprehensive system to evaluate whether to move forward with a 1115 Demonstration Waiver for mental health that requires certification, accreditation, or quality compliance to ensure that services provided under it are evidence-based and high-quality, resulting in good patient outcomes.

Dr. Woodard replied that, for substance abuse treatment, the Division Criteria help identify the potential training or technical assistance needed to be certified. The Division contracts with the University of Nevada, Reno (UNR) and the Center for Applied Substance Abuse Technologies (CASAT) to certify CCBHCs and to expand the assertive community treatment teams. They helped develop the Division Criteria and the policies and procedures needed to put them place. CASAT provides onsite and offsite technical assistance to programs seeking certification. Dr. Woodard asked that members contact her with further questions.

5. Carson Tahoe Behavioral Health Services launch of First-episode Psychosis in Northern Region, February 2019

Mr. Lupo, the program director of the NAVIGATE program, a new level of care in the community. The Recovery After Initial Schizophrenic Episode (RAISE) was integrated into the Division of Child and Family Services. Carson Tahoe Behavioral Health's program is similar to RAISE. It will improve the trajectory and prognosis of psychosis for schizophrenic disorders. Carson Tahoe's program is specific for first-episode psychosis. They will expand the Mallory Behavioral Health Crisis Center to include an IOP and partial hospitalization.

The goal of NAVIGATE is early intervention for persons experiencing first-episode psychosis, promoting recovery. The program will aggressively find the target population. Studies show a poor prognosis for this population without early intervention. NAVIGATE will provide a team approach; Carson Tahoe will provid the medication piece. The goal of medication is "slow and low." A low-dose antipsychotic will be used to begin with, which is not the typical approach with this population. The goal is to reduce the health and side-effects from medications.

Ms. Flood pointed out that Carson Tahoe would be providing services to the entire region—Carson City, Douglas, Storey, Lyon, Mineral, and Churchill Counties. The target population is persons ages 14-44 who have had symptoms for up to two years, but have had fewer than 6 months of lifetime treatment with an antipsychotic. The program is scheduled to roll out February 4, 2019. Their main base of operation will be 775 Fleishmann Way in Carson City, but they will likely spend time with families and clients out in the community. Specialized disciplines will be interacting in treatment, with prescribers willing with clients. Much research has shown that providing counseling and

support with the families improves outcomes for those experiencing first-episode psychosis, bridging the gap between the family and the person being treated. That is the family component of the program. There will be individualized cognitive-behavioral therapy program with 14 modules, one per week. The goal is to follow participants for six months to two years. Grant funding is for two years.

A Board member asked if there would be a discharge working group. She asked how they plan to get youth, ages 14-18, connecting back into schools. Mr. Lupo replied there would be a supported employment person working with individuals based on their goals. If the goal is to get them back into school or work, that will be the primary focus. A Board member asked if a community receiving those individuals back could provide guidance on connecting with the school administration, counselor, or resource officer for youth or connecting to the youth's other long-term supports that could help wrap them and their families. Mr. Lupo replied they had a full team. He will provide points of contact.

Ms. Flood pointed out that Douglas County Social Services, Carson City, Lyon County, and Churchill County would be part of the team. They built in a continuum of care so that when participants go back into their communities, the experts for housing and supportive services already know.

Mr. Lupo reiterated the team would have a prescriber, a family counselor and therapist, an individual resilience trainer—two master's-level social workers will take that on—supported employment and education services, and case management. They will begin the connections with National Alliance on Mental Illness for peer support. Participants will meet monthly or bimonthly with physicians and prescribers. As greater stabilization occurs, the length between visits may be reduced.

Ms. Sutherland wondered what types of educational efforts the teams will make to shift the framework from first-episode psychosis being a behavioral conduct issue. Mr. Lupo replied the program is in its infancy, but they plan on coordinating with the juvenile system—churches, schools, anywhere people may see these symptoms emerge—so juveniles do not fall through the cracks. Mr. Lupo said the partnership with counties funds a case manager for the counties. He will educate them so they can educate their communities. If a referral is not feasible for a client to come to Carson City, the team will go out to them.

6. Introduction of Nevada Division of Public and Behavioral Health point of contact for jail diversion initiatives

Dr. Darcy Davis is the point of contact for jail diversion for the Division. She is the person to go to for technical assistance, coordination, and guidance throughout the state. Dr. Davis shared her educational background and experience.

Ms. Flood said she and Dr. Davis want to see if the Forensic Assessment Services Triage Team (FASTT) is effective and how well it aligned with evidence-based practice. They

plan to use this checklist formula for program evaluations—outsourcing them—to prove FASTT and to develop a strategy for how to improve it.
Ms. Flood said they are applying for a Substance Abuse and Mental Health Services Administration (SAMHSA) Gather, Assess, Integrate, Network, and Stimulate (GAINS) Center Criminal Justice Learning Collaborative grant for the region, due January 22, 2019, to improve risk/needs/responsivity policies and practice in adult drug courts and reentry programs. She asked all members to be on the lookout for grants that could provide for the checklist.
Ms. Flood reminded the Board that one of Dr. Davis' priorities was sustainable funding of FASTT, Mobile Outreach Services Team (MOST), and Crisis Intervention Team (CIT). There is pending legislation for MOST. The state will not fund FASTT because it is a county function to support health care and reentry services. Ms. LaVoie offered to do research to keep these programs going.

7. Presentation of University of Nevada Reno prison reentry program evaluation and application of lessons learned towards region's FASTT programs

This item was tabled.

8. Regional Behavioral Health Updates including county behavioral health task forces

Ms. Flood gave the general updates.

- SAMHSA GAINS grant
  This is a technical assistance grant for SAMHSA to assist a region to understand how to apply risk/needs/responsivity. Grant applications are due January 22, 2019.
- Pew Institute – Justice Reinvestment
  States that are justice-reinvested focus on moving resources from the prisons to divert more individuals from the system. Through FASTT, MOST, and CIT, Nevada is trying to address this as they seek to:
  - Establish CIT training requirements for law enforcement officers;
  - Establish pre-prosecution diversion for first-time nonviolent felony offenders;
  - Remove existing barriers to presumptive probation;
  - Establish a presumption of sentence deferral for certain nonviolent offenders admitted to the specialty courts;
  - Ensure drug and mental health court programs align with best practices;
  - Focus prison resources on serious and violent offenders;
  - Reclassify simple possession of a controlled substance;
  - Increase judicial discretion for sentencing commercial drug offenses;
  - Remove sentencing recommendation from presentence investigation report;
  - Limit the period of incarceration resulting from a revocation of technical violations;
  - Expand and systematize reentry;

- Require a certain percentage of funds be dedicated to expanding the options available to law enforcement when responding to individuals with behavioral health needs.

The report noted Nevada's increased success in jurisdictions investing in tools to manage individuals with behavioral health issues, including the use of FASTT, MOST, triage centers, and creating positions for psychologists and social workings within police depts. Mr. Fogerson pointed out this does not apply only to law enforcement; it pertains to law enforcement plus fire/emergency medical services (EMS). Law enforcement does not take care of the patient; anything involving patient care and bridging that gap needs to include fire/EMS.

Ms. Flood reported on a meeting with Carson City regarding the regional crisis triage flowchart. Now there are CCBHCs and the Mallory Crisis Center in Carson City using the LOCUS, ASAM, and Columbia Suicide Severity Rating Scale as guidelines for levels of crisis.

Ms. Flood said they want to develop legislation asking for a pilot program for a mobile crisis triage center option in the rural counties. Lyon County and Carson City's CCBHCs are doing this. Mr. Fogerson said they already do tele-triage using psychiatric nurses. Ms. Flood envisions being able to connect with a rural hospital that could provide medical stabilization and 24/7 support for those in the mobile crisis vehicle. Ms. Nixon and Mary volunteered to be part of a stakeholder group. Ms. Flood said the Human Service Network could help write a white paper to move this forward and to find a sponsor for it.

Ms. Sutherland said workforce development is looking at how our state limits practice, which could affect attracting and retaining of qualified people. The Marriage and Family Therapy (MFT) and Clinical Professional Counselors (CPC) Board will present Senate Bill 37. She provided overview and background. Ms. Sutherland would like the Board to write a letter of support for S.B. 37 if it determines the bill is worthwhile to support.

Ms. Flood pointed out that Ms. LaVoie retired and has been replaced by Shayla Holmes as the director of Lyon County Human Services.

Ms. Aaker reported the Carson City task force meets monthly at the sheriff's office. The public awareness subcommittee developed a brochure listing community resources and what those resources do. They are looking for funding to print the brochures. The criminal justice collaboration has a new behavioral health peace officer on board. The youth subcommittee is addressing chronic absenteeism in schools and facilitating a two-hour discussion group once a month between parents and youth. They are helping parents learn to motivate students and are preparing a newsletter with tips. Performance measures for case management discharge planning have been identified and are being added to an eLogic database. The costs have been determined, but the funding source needs to be identified. For triage, they identified the Columbia assessment, working among all agencies to use the same terminology so that it means the same thing to everybody. The housing subcommittee asked the Carson City Planning Commission to consider an ordinance change allowing the rental of accessory units in Carson City.

Storey County's task force did not meet in December, but the memorandum of understanding (MOU) spoken about in the last meeting was forwarded to the County Commissioners.
Ms. Nixon said Mineral County scheduled a harm reduction summit April 10. She reported providers in the rurals are struggling to keep staff. A group through Community Chest is working on jail diversion. If the sheriff's office loses one more staff member due to salaries, it will lose the graveyard shift and will have to go to on-call status. The rural clinic seems to be doing well with staff changes.
The behavioral health task force for Douglas County elected new chairs—Debbie Posnien from the Suicide Prevention Network office and Ms. Allison. Priorities include formalizing MOST and FASTT policies and procedures. Douglas County has a high suicide rate and needs to address root causes and get information out to the community. This will be a long-term agenda item. Case managers in the first-episode psychosis program, trained as community health workers, have been added to MOST to support the lower-level resource needs. The hospital is doing some integrative behavioral health projects. Douglas County is piloting programs for evidence-based screens and standardization based on what other counties have done
Ms. Flood noted Lyon County's new director, Ms. Holmes, will lead the behavioral health task force. Their next meeting will be in early February. They will be making sure the subcommittees are aligned with the priorities for the county. They are formalizing programs and being innovative.

9. Update on Northern Regional Behavioral Health Policy Board Bill Draft Request

Ms. Flood, Dawnmarie Yohey, DPBH; Sean, from Washoe County are part of a subcommittee that created a frequently asked questions (FAQ) document about proposed Assembly Bill (AB) 85, which is focused on updating and clarifying Nevada's involuntary mental health process to remove inconsistencies in the involuntary mental health process across the state. Patients and providers are often unaware of their rights and responsibilities, including when the hold starts, how to challenge the hold, and due process. They also removed the exceptions; The Nevada Psychiatric Association without the exceptions, they will oppose the bill.
Ms. Flood has been talking with judges in the counties about aligning with Nevada law that says the court where the client resides is the court that should be hearing the legal hold. A hospital can send a referral to the court where the patient resides. The court can hear it via teleconference. Lyon County judges asked to add that hearings can be held in the county of residence or where the client is being treated, without taking away the exemption that the counties of residence would still pay the counties where the patients are being treated. Mr. Fogerson clarified that funding come from the county of origin. Ms. Flood will send out the FAQs.

10. Update on Assemblyman Kramer's Mobile Outreach Safety Team Bill Draft Request

Ms. Flood worked with the state to align this BDR with the Crisis Now model. The funding request was increased from $1.6 million to $2 million. The Paiute tribal chief of police in Churchill County is interested in running MOST out there; it could be just a case manager doing follow-up. Tribes were included in the BDR. Ms. Allison and Ms. Flood are putting together educational materials on how MOST benefits individual communities. They will provide talking points in layman's terms so policymakers can understand them. They would like to do a qualitative study on the bill's impact.

11. Public Comment

Dr. Karen Torry Greene suggested that Ms. Flood talk with Sheila Leslie, a MOST for more information. A member of the public in the process of taking on a role in a CCBHC noted the presentation on levels of care implied CCBHCs would be the miraculous cure-all. That is not how it will work. CCBHCs are mandated to provide four services directly; they are required to develop MOUs and designate collaborating organizations (DCOs) for the other five. They will locate those services, then share relevant protected health information with the DCOs in order to coordinate care. Her organization has an MOU with Carson Tahoe Health and meets with the state weekly. The state educates them one week, then meets with them the next week to follow up. She offered to make an integrated health presentation to the Board on CCBHCs. The CCBHCs and ACT teams will overlap on some services.

Valerie Padovani offered feedback on AB 85. to update and clarify Nevada's involuntary medical hold process. The Nevada Psychiatric Association is concerned about section 7 that removes the exclusions from the definition of mental illness—dementia, drug or alcohol intoxication, epilepsy, etc., conditions that are not well treated in a psychiatric facility on a 72-hour crisis hold. The exclusions are in place so that diagnoses which may appear similar, symptomatically, to medical illness are treated in the most appropriate environment. The definitions in NRS 433.005 refer to NRS Chapter 433A unless otherwise defined in the definition of mental illness in NRS 433.164. AB 85 does not directly reference either NRS. Section 6 of the bill states the definitions of the terms in section 7 have the meaning ascribed to them in those sections, referring to NRS 433A. For simplicity and clarity, she asked that section 7, subsection 1, read: "who has been diagnosed with mental illness as defined in NRS 433.164." Ms. Flood said that originally was in the bill, but the Legislative Counsel Bureau took it out.

Jake Wiskerchen commented on the prison study. He said Pennsylvania Department of Corrections implemented a program to train correction officers and administration how to interact with the inmate population. It resulted a decrease of violence in their system. He said the Nevada Psychological Association was concerned that about lifting restrictions on without those treating folks struggling with psychotic disorders. S.B. 37 also covers fee additions and increases, which have not been increased since 1989. They want to move to a two-year license, aligning with most other licenses. He pointed out that the expanded

practice scope would result in an expanded applicant pool for community agencies; the Divisions of Public and Behavioral Health, Aging and Disability, and Child and Family Services.

12. Development and Approval of Strategic Plan Aligned with Regional Gaps Identified in Annual Northern Regional Behavioral Health Policy Board Report

Mr. Fogerson said he and Ms. Flood discussed how to keep to the mission of the Board. The regional gaps formed the strategic plan. The Board determine should if they align the strategic plan along the identified gaps so the Board can keep the main thing the main thing. He suggested sending the gaps with the agenda for each meeting so people each approved agenda item relates to one of the gaps. There was no public comment on the gaps.

Mr. Fogerson moved to match the strategic plan with the regional gaps that have been identified and keep discussion items at Board meetings in line with those gaps. Ms. Draper seconded the motion. Ms. Aaker asked that it be a fluid document so that the strategic plan could be changed as gaps were filled or are found to have no solutions. Mr. Fogerson concurred. The motion passed without opposition.

13. Discussion of succession planning

Mr. Fogerson pointed out they should be identifying who can replace them when their terms expire. Ms. LaVoie said her term expires in June and she has suggested that Shayla Holmes apply for the position. Ms. Flood will check on sending information about when terms expire. Mr. Fogerson her to also get the information for the behavioral health task forces at the county level so members can be bringing up the next generation. Some members are reappointed when their terms expire. Ms. Flood said members could reapply; she did not think there were term limits. Mr. Fogerson asked if there was any public comment. [There was none.]

14. Adjournment

Ms. Aaker moved the meeting be adjourned. Ms. Draper seconded the motion. The motion passed without opposition.