

---

**NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD  
DRAFT MINUTES  
July 31, 2020  
1:00 pm to Adjournment**

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

Dr. Banister called the meeting to order at 1:04 p.m. She determined a quorum was present.

**Members:** Dr. Ali Banister (Vice-Chair), Sandie Draper, Nicki Aaker, Matt Law, Lana Robards, Sheriff Ken Furlong, Shayla Holmes, Erik Schoen, Amy Hynes-Sutherland

**Members Absent:** Taylor Allison (Chair), Dr. Robin Titus, Dave Fogerson, Dr. Daniel Gunnarson

**Staff and Guests Present:** Jessica Flood, Northern Regional Behavioral Health Policy Board (RBHPB) Coordinator; Greg Kitchinman; Jen Thompson; Bailey Wilson; Mary Jane Ostra; Allison Genco, Helen Troup, Tammy Saling

2. Public Comment

There was no public comment.

3. Review and approval of minutes from May 14, 2020 and June 30, 2020

Sheriff Furlong moved to approve the minutes with a minor change. Ms. Hynes-Sutherland seconded the motion. The motion passed without opposition or abstention.

4. Board member updates on behavioral health concerns, initiatives, and successes in their area of specialty

Mr. Schoen stated his organization will offer virtual case management training for community action agencies across the state. The six-session weekly topic-driven series will begin in early August.

Ms. Holmes reported the Lyon County Public and Behavioral Health Task Force is working on Zero Suicide training and will build a suicide protocol that will be simple enough for staff to feel confident doing the Columbia Suicide Screening because they

will know what to do if someone screen's high. At their last meeting, they talked with the state's crisis counselor program public information officer and program supervisor. Lyon County will hold a biweekly behavioral health providers capacity call for providers to share their capacity and needs. Lyon County will notify the state of the need for additional resources or access to crisis counselors.

Mr. Schoen said Centers for Medicare and Medicaid Services (CMS) and Internal Revenue Service (IRS) guidelines regulating health savings account (HSA) plans has been changed through the end of 2021. People with HSA plans must meet high deductibles before the insurance pays. The CMS change says consumers do not need to meet their high deductibles to receive telehealth services.

Ms. Aaker reported Carson City Health and Human Services will house crisis counselors for Carson City and other counties. Some of the things Carson City put in place due to COVID-19 may be barriers for individuals. Ms. Flood added Carson is working on Zero Suicide and the Columbia Suicide training protocol.

Ms. Draper mentioned the National Alliance on Mental Illness (NAMI) warmline. Many calls have come in due to COVID. The warmline has hired more people and received some grant funding.

Ms. Robards said her agency's certified community behavioral health clinic (CCBHC) and residential services were deemed essential, so she has been working to keep staff and clients safe. When COVID first hit, there was a decline in crisis calls and people reaching out for help. They have now seen an uptick in services requiring their adult and youth mobile crisis teams. People do not know whether Churchill County is going to stay open. There has been an increase in the number of clients, particularly on the crisis side. She is grateful they have the two mobile crisis teams, but is concerned that going out into the community while COVID numbers are increasing makes it difficult to keep her team safe. Sheriff Furlong said Carson City saw the opposite effect. Ms. Robards said law enforcement regularly uses her mobile crisis teams' numbers and those calls have not increased. Calls from family members and individuals in crisis have increased.

5. Regional Behavioral Health Coordinator update on current local, regional, and statewide efforts and initiatives

Ms. Flood said this would be covered in the next agenda item.

6. Update on Northern Regional Behavioral Health Emergency Operations Planning Committee

This committee was set up to determine how to request state services to support communities. The state has a small number of clinicians to provide acute response to disasters. They have also developed [Serv-NV](#) providing psychological first aid-trained non-clinicians for acute situations. The state is working on a crisis counseling program (CCP) to determine how those counselors can work in a chronic disaster.

Mr. Schoen said the COVID situation requires disaster counseling. Ms. Flood said

the CCP was funded through the Federal Emergency Management Agency (FEMA). Carson City Behavioral Health Services is the lead agency because Carson City has no regional health disaster response in place. The CCP counselors are paraprofessionals—community health workers who have had disaster training. After the October 1 shooting in Las Vegas, there was a need for people who could handle a certain type of post-traumatic stress disorder (PTSD) counseling. The state was unprepared for that. Members of the public may be interested in being trained.

Ms. Flood said this group will develop a mechanism to determine when counties reach provider capacity so they can reach out to the State.

#### 7. Update on Northern Regional Behavioral Health Communications meetings

Ms. Flood said Sean O'Donnell from Foundation for Recovery is donating his expertise for this initiative. Mr. Schoen said he thinks the boards could communicate effectively and get the community to connect with the right resources by following Mr. O'Donnell's lead.

#### 8. Update on Nevada Crisis Care Response Initiative (Nevada's Crisis Now Initiative)

The seven-part webinar provided rural and urban perspectives using Arizona's and Colorado's models. Ms. Flood noted embedding workers with law enforcement may be needed to provide 24/7 mobile crisis services. Dr. Stephanie Woodard wants regions to determine how to grow these. Ms. Flood mentioned that Nevada has crisis support lines with Crisis Support Services of Nevada's crisis teams, and crisis response lines with the CCBHCs. Protocols for which lines to call and how to get people to the right places will be developed. The CCBHCs can be part of the crisis response system. The state does not want law enforcement and clinician teams to be the only response, but communities understand how important they are. If mobile outreach safety teams (MOST) could focus on complex cases with dangerous individuals, the mobile crisis response teams of clinicians and peers could relieve the pressure on them and help those who do not need law enforcement involvement. Over a five-year plan, funding could be brought down to the county level so the state could fund the regional crisis response teams.

Ms. Holmes added the gaps and strengths analysis was accurate. She said it would be good helpful to view the behavioral health crisis as being important as the pandemic and to get that level of marketing, communication, and education.

Ms. Draper expressed concern about referring to everything as behavioral health because it removes the mental illness component. Ms. Flood agreed. She said they will discuss next steps. Mr. Schoen said that should be discussed by the Board. Ms. Flood said she would also keep this on the task forces' agendas.

9. Presentation on "Current Drivers of Health Workforce Supply and Demand in Nevada"

This agenda item was moved to the next meeting's agenda.

10. Review of current gaps and needs analysis and discussion and update of identified gaps and needs in the Northern Behavioral Health Region in 2020

Ms. Flood identified gaps in the communities by reminding members of what the Board prioritized and what they are doing to address the priorities. *Nevada Revised Statutes* (NRS) Chapter 433A was revised by the passage of Assembly Bill (AB) 85 regarding involuntary holds. She noted NRS 433A needs to be rewritten to update it and to integrate youth mental crisis holds. The current hold process is outdated.

- MOST is at work at the county level.
- Funding for the forensic assessment services triage team (FASTT) was found.
- Juvenile Justice Assessment Services Triage Team (JJASTT). Each juvenile probation department does something different to address mental health issues with juveniles in corrections. Ms. Flood said they have tried having juvenile probation officers (JPOs) use the sequential intercept model as pilot programs demonstrating different parts of the system. Sheriff Furlong pointed out if there were a unified platform, the message would be stronger, resulting in the priority becoming higher.
- Assertive Community Treatment (ACT) for individuals with serious mental illness need community outreach—Carson-Tahoe received funding from the state to develop an ACT program. More funding came through a federal grant to expand the program to the criminal justice population.
- Regional behavioral health coordinator position—Ms. Flood's position is still being funded.
- 24/7 youth behavioral health crisis response—The team launched and became available 24/7 in July. Counties are looking at how to use it more and to see if there are reasons it is not being used. Ms. Robards said her CCBHC has developed relationships with the schools to provide services there.
- Sustainable funding expansion for youth mental health diversion programs such as JJAST—funding from the Centers for Disease Control was pushed to JPOs. They are doing demonstration programs across the sequential intercept model.
- Behavioral health professionals capable of treating youth—The CCBHCs could be landing pads for youth in crisis.
- Levels of care and identifying the right levels of care—Open Beds, an electronic referral system, should launch in August.
- Sustainable funding for ACT—Carson-Tahoe's ACT funding is not sustainable.
- Peer support services—Integrating peer services is part of Crisis Now.
- Group homes for varying levels of care
- Affordable and supportive housing—This may be removed.

- Clarification of the legal hold process
- Options for emergency behavioral health transport—The regulations for secure behavioral health transport passed in June. Medicaid will have payment reimbursement available by October.
- Development of legal information sharing
- Development of services in support of continuity of care
- Funding options for inmate healthcare—This item may be removed.
- The need for 24/7 behavioral health crisis needs response—There is not a physical crisis needs response, but there are hotlines.
- Need for sustainable funding for Mallory
- Need for crisis triage centers in strategic locations—This need could be met by peer mobile crisis trailers in the rurals. Ms. Robards's CCBHC provides residential services, although she noted it is less traumatic for the individual if the therapist goes to the client.

Sheriff Furlong said signing people up for Medicaid while in corrections facilities has fallen by the wayside. Ms. Robards noted the Division of Welfare and Supportive Services is providing those services via telephone or videoconference.

Sheriff Furlong said housing is a problem for chronically inebriated people. He wondered if his department has built obstacles into its responses that leave people out on the streets. Ms. Robards said her agency refuses to discharge anyone to homelessness if they can avoid it. They have hotel/motel money in some of their state grants. They can house clients while case managers work to find other options. Ms. Aaker said through the court her agency is renting a house for males that will be overseen by Spirit of Hope. Ms. Flood said Crisis Now offers crisis residential services.

11. Discussion, identification, and voting of specific priorities for Northern Regional Behavioral Health Policy Board chair to include in letter to legislature and DPBH to advocate for continued funding for behavioral health initiatives and services in the region

Mr. Schoen explained that community health workers can be trained to go into any situation. They work as patient care coordinators and can function as peer support specialists. No action was taken on this item.

12. Presentation, discussion, and decisions regarding ideas for potential legislation for the Northern Regional Behavioral Health Policy Board's bill draft request for Nevada's 2021 Legislative Session

Ms. Flood pointed out the bill draft must be submitted in September. Mr. Schoen moved to continue working on updating NRS Chapter 433A as the Northern Board's BDR. Ms. Holmes seconded the motion. The motion passed with none opposed and none abstaining.

13. Board member recommendations for future presentation and topics for Board consideration

- Cross Roads housing
- Healthcare overview
- Programs lost due to budget changes
- Implications for programs based on whether schools are meeting
- COVID updates

14. Public Comment

There was no public comment

DRAFT