

NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD
DRAFT MEETING MINUTES
May 20th, 2021
1:00 pm to Adjournment

Meeting Locations:

Division of Public and Behavioral Health
Bureau of Behavioral Health Wellness and Prevention
4150 Technology Way
Conference Room 303
Carson City, NV

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

Password: 488389Teleconference weblink:

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

Password: Northern

Note: Agenda items may be taken out of order, combined for consideration, and/or removed from the agenda at the chairperson's discretion.

1. Call to order/roll call – Taylor Allison, Chair or Dr. Ali Banister, Vice-chair

Members Present: Taylor Allison (Chair), Dr. Ali Banister (Vice-Chair), Sandie Draper, Nicki Aaker, Matt Law, Sheriff Ken Furlong, Shayla Holmes, Dr. Daniel Gunnarson, Erik Schoen, Dr. Amy Hyne-Sutherland, Lana Robards

Member Absent: Dr. Robin Titus

A quorum was present.

Guests Present: Terry Kerns, Stacy McCool, Jessica Flood Abrass

2. Public Comment

There was no public comment.

3. Review and approval of minutes from May 6th, 2021.

This item was tabled to the next meeting.

4. Discussion and vote to approve the Northern Regional Behavioral Health Policy Board (RBHPB) chair or designee to send a letter to staff at Division of Health and Human Services (DHHS), advocating for DHHS to allocate additional Division of Welfare and Supportive Services (DWSS) outreach workers to rural counties to assist community agencies, including hospitals, health centers and jails, in connecting individuals with insurance and other benefits as appropriate

Nevada communities have benefitted from DWSS outreach workers who help people

enroll in Medicaid. At the Legislature Richard Whitley, Director of DHHS, funding for 50 additional workers, but DWSS said those workers will be prioritized to go to Clark County. Eligibility workers can get people insurance within 24 hours. The DWSS intake workers can assist with replacing cards, identify eligibility, request additional documents, and reinstatement. As DWSS workers, they can make the decisions immediately and get backup documentation and the allowable exceptions. On a limited basis, they can process Temporary Assistance for Need Families (TANF) eligibility.

Dr. Hyne-Sutherland made a motion to direct the board to write the letter. Ms. Aaker seconded the motion. The motion passed without abstention or opposition.

5. Develop and approve strategic plan for the Northern Regional Behavioral Health Policy Board.

Ms. Allison went through the priorities for [strategic planning](#) so they could discuss what "good" looks like if they had all the resources they needed. They can work backwards to what their resources are now. Ms. Abrass went over their priorities for the next year.

- Obtain sustainable funding for current crisis stabilization and jail diversion programs
Ms. Holmes suggested these programs would have both fluidity and sustainability. They discussed ways reimbursement rates and the use of mobile outreach safety teams (MOST) and forensic assessment services triage teams (FASTT). One problem is that FASTT and MOST are funded by the liquor tax, which is for treatment and the programs do not provide treatment in the classic sense. Ms. Abrass said the state is moving toward having money subgranted to the regional behavioral health policy boards; the boards would make funding decisions within state guidelines. Ms. Kerns said Senate Bill 390 would use some of the opioid litigation settlement to provide sustainability for some existing programs. Mr. Schoen stated that Assembly Bill 191 might provide a way to fund community health workers for FASTT and MOST teams. Ms. Holmes pointed out if they offered lower levels of care earlier, it would be cheaper for everyone. Mr. Schoen added it would be less stigmatizing.
- Increase behavioral health workforce with the capability to treat adults and youth
The board suggested adding seniors and those with intellectual or developmental disabilities as categories.
- Increase access to treatment in all levels of care
They discussed several innovative approaches.

- Increase access to affordable and supported housing
Dr. Gunnarson asked if this would be better managed by entities that manage housing. Ms. Allison pointed out that prevention strategies can relieve some of the pressure.
- Develop services to support continuity of care
Dr. Gunnarson suggested using service coordinators that walk people through the system to help them find the resources they need. Mr. Law noted the accountable care organization (ACO) model provides care coordinators.

6. Public Comment

There was no public comment.

7. Adjournment

The meeting adjourned at 3:11 p.m.