
Northern Regional Behavioral Health Policy Board
DRAFT MEETING MINUTES
May 6, 2021
2:00 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>

1. Call to order/roll call

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

Members Absent: Robin Titus, Dave Fogerson

Ms. Allison determined a quorum was present.

Guests Present: Heather DeAngeli, LCSW, Vitality VIP Certified Community Behavioral Health Center (CCBHC) Clinical Supervisor; Brian Burriss, Division of Public and Behavioral Health (DPBH) Rural Clinics; Heather Benson, Lyon County Mobile Outreach Safety Team (MOST); Winona Holloway, LCSW, Lyon County MOST; Wendy Whitsett, Health Plan of Nevada Behavioral Health Department; Christina Sapien, LCSW, Carson Tahoe Health; Lucrecia Salguero, Lyon County MOST; Deputy Tim Shaffer, Lyon County MOST; Michelle Sandoval, DPBH Rural Clinics; Valerie Cauhape Haskin, Rural Regional Behavioral Health Policy Board coordinator; Frank Palmer MA, CCBHC Lyon County Rural Nevada Counseling; Richard Wiersma, ACT/ CADC Rural Nevada Counseling; Kylie Vizzusi, LCSW, ACT early diversion; Brittney Baumann, CSWI, First Episode Psychosis Program; Don Gibson, Carson City MOST Behavioral Health Peace Officer; Bekah Bok, LCSW, Carson City MOST; Linda Lang; Stacy McCool, DPBH; Morgan Green, Center for the Application of Substance Abuse Technologies (CASAT); and Jessica Flood Abrass, Northern Regional Behavioral Health Policy Board coordinator

2. Public Comment

There was no public comment.

3. Update on collaboration between Northern Region's Mobile Outreach Safety Teams (MOST) and Assertive Community Treatment (ACT) Teams (*taken out of order*)
Carson Tahoe ACT team

The team gave a presentation on their program. Their ACT team services Carson City, Douglas, Storey, Lyon, and Churchill counties. Their first episode psychosis (FEP) program covers Carson City, Douglas, Storey, Lyon, Churchill, and Mineral counties. To give a little overview of our community outreach program at Carson Tahoe, just to give everybody an idea of what it is we do. An ACT uses a team approach; does not limit its time; is voluntary, individualized, and client driven; and involves a small shared caseload. The delivery system is flexible and will do whatever is needed to assist the client. Spanish-speaking staff addresses that population.

To be eligible for the FEP (First Episode Psychosis) program, clients must

- Be ages 15-44 having their initial episode of psychosis;
- Have emerging or existing symptoms;
- Have an IQ of 70 or above, without a developmental disability; and
- Have no more than one year total lifetime use of an anti-psychotic medication.

To be eligible for ACT team services:

- Clients must be 18 years old or older.
- Clients must have serious mental illness.
- Clients may have a co-occurring substance use disorder.
- Clients cannot have been successful with outpatient treatment.
- Clients must have had multiple psychiatric hospitalizations.

To be considered for early diversion, clients must have a potential risk of interaction or have interacted with the criminal justice system, but have no current charges. Referrals can be made by calling BHS Community Outreach at 775-445-7401. They will determine which program would be appropriate.

Dr. Gunnarson stated his wish they would do case-by-case assessments instead of categorically excluding individual with disabilities. Ms. Baumann explained they were bound by grant funding and state requirements. She expressed willingness to look into the matter. Ms. Vizzusi said the ACT program was written with that exclusion.

Mr. Gibson stated the dual role between clinician and law enforcement has been extremely beneficial. In the second year of the program, they had 998 consumer contacts and 1,051 phone calls to their duty phones—1,051 calls that deputies did not have to respond to. They had over 1,000 referrals. Sheriff Furlong plans another team for Carson City.

Ms. Bok reported community collaboration with the ACT program has seen success with people recovering, finishing school, and finding a job. Their jail diversion team works with Mallory as a drop off center. Ms. DeAngeli reported Vitality CCBHC is a diversion site, so they take crisis clients in and provide wraparound services. People can be dropped off for the day, have access to food and water, and the ability to charge their phones.

Lyon County MOST/ FAST

Ms. Holloway reported they started MOST 6 years ago. She provided data for fiscal year (FY) 2020. There were 326 referrals, 87 percent successful contacts, an additional 229 follow up visits and a total of 555 in-person contacts. They were successful in 79 percent of diversions/de-escalations and 6 percent of completed legal holds. There were 323 provider referrals made.

4. Overview of Division of Child and Family Services (DCFS) Rural System of Care grant priorities and funding and discussion of opportunities for collaboration

This item was tabled for next meeting

5. Overview of substance use treatment and recovery model of care and associated initiatives in Nevada and discussion of opportunities for collaboration

Ms. Green reported they are seeing a lot of counterfeit pills and that 78% of

substances they tested has fentanyl in it. Overdoses statewide are up 40 percent from 2019 to 2020; methamphetamines and alcohol seem to be the drugs of choice in Nevada. The CCBHCs are expanding services for a broader ability to provide services; MOST, peer recovery, and warm lines are available statewide. We are continuing to expand overdose education. Naloxone distribution information is available at: <https://www.nvopioidresponse.org/naloxone-finder/>. They are working to offer tool kits to help screen women of childbearing age for potential fetal risk. They are expanding Zero Suicide to primary care facilities. She can be reached at mgreen@casat.org.

6. Update on Northern Regional Behavioral Health Policy Board Bill, Senate Bill 70, on modernizing and clarifying the mental health crisis hold process in *Nevada Revised Statutes* Chapter 433a and a proposed amendment.

Ms. Flood Abrass reported the bill was currently languishing in Senate Finance.

7. Hear presentations on the following bills and vote to approve the Northern RBHPB chair or designee to send letters of support for the following legislation:
 - S.B. 44—heard yesterday, hopefully scheduled for a work session with an updated amendment.

Dr. Hyne-Sutherland moved the board write a letter of support for S.B. 44. Mr. Schoen seconded the motion. The motion passed without opposition or abstention.

- S.B. 116—died in the Senate.
- S.B. 146—verbiage is being worked on.
- Assembly Bill 180—Ms. Flood Abrass is not familiar with this bill.
- A.B. 181—would create mental health parity.
- A.B. 154—would enable Nevada to receive funding and increase access to treatment.
- S.B. 156—concerns the Mallory crisis center.
- A.B. 346—died in the Senate.
- A. B. 374—is scheduled to be heard today.
- S.B. 390—regarding 988 health crisis hotline is being heard today.

Dr. Hyne-Sutherland moved to have the board write a letter of support for SB 390 and A B 154. Dr. Gunnarson seconded the motion; the motion passed without opposition.

8. Review and possible approval of draft bylaws for Northern Regional Behavioral Health Policy Board
This item was tabled to the next meeting.
9. Regional Behavioral Health coordinator update on current local, regional, and statewide efforts and initiatives including the Northern Regional Behavioral Health Communications Committee and website and Nevada Crisis Now Initiative Hearings

Ms. Flood Abrass reported she and Ms. Haskins had a meeting with the Division of Welfare and Supportive Services regarding additional personnel for getting people enrolled with Medicaid. Mr. Law suggesting looping in Nevada Healthlink.

Ms. Flood Abrass asked for feedback on a [draft behavioral health survey](#). Ms. Aaker reminded her that counties would receive some of this funding, so they should look at ways to collaborate to make the funding go further.

10. Board member updates on behavioral health concerns, initiatives, successes in their area of specialty or county

Ms. Aaker reported she was unable to be on the last task force meeting, but noted Carson City had to shut down a weekly motel, bringing to light the current housing crisis, displacing about 75 individuals. Carson City needs to have a more coordinated strategy.

Ms. Flood Abrass reported the Carson City Behavioral Health task force is moving on strategic planning. Ms. Aaker added they are looking at objectives and tactics that have been completed or need to be revised or amended, which is part of Carson City's Community Health Improvement Plan.

Ms. Allison stated the Douglas County task force is working to update their goals and health needs assessment. They are getting juvenile probation providers signed up on OpenBeds; working with nontraditional providers; increasing providers in the trauma recovery grant, and monitoring and addressing trends and self-harm notifications.

11. Mr. Schoen said Storey County does not have anything new going on; affordable housing is at the top of their list. He also noted employers cannot find employees; he would like to find out why. There are not enough mental health counselors or services. Ms. Allison added that she and Ms. Flood Abrass have talked about having a collaborative working meeting to review all the resources for older adults and dementia in order to figure out strategies in their communities.

12. Board member recommendations for future presentations and topics for Board consideration

Mr. Law would like to talk about SB 420 at the next meeting. Mr. Schoen noted they were undercapitated in all services areas. He asked how the Board could have a conversation about that. Ms. Flood Abrass said they need to be targeted in their strategies.

13. Public Comment

There was no public comment.

14. Adjournment

The meeting adjourned at 4:11 p.m.