



NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD MINUTES

January 5, 2021
3:00 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

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: Taylor Allison (Chair), Dr. Ali Banister (Vice- Chair), Nicki Aaker, Matt Law, Shayla Holmes, Erik Schoen, Amy Hynes-Sutherland

Members Absent: Dr. Robin Titus, Dave Fogerson, Sandie Draper, Lana Robards, Sheriff Ken Furlong, Dr. Daniel Gunnarson,

Staff and Guests Present: Ellen Jackson, Spirit of Hope, Regan Comis, R and R Partners, Jessica Flood, Tom Durante, Tammy Saling

2. Public Comment:

Ellen Jackson-Spirit of Hope: Last year during the pandemic was one of our largest years, we received a couple of grants which helped us to grow. We now help about 50 people; we have 10 houses with 2 more coming on board. We partnered with Health and Human Services and a grant allowed us to open a men's home in July specifically for mental drug health court. We are developing new programs all the time. We are working with aged out of foster youth and boys to men, so now we have a little group were working with and so far, they are doing well.

3. Review and approval of minutes from November 19, 2020.

Discussion on missing minutes from November 19 meeting, tabled for next meeting while recording is reviewed

4. 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) 433A.

Jessica: Regarding SB70; There is a State Fiscal note on there, I reached out to LCB to see what the note was, and they responded that they "thought" there was a fiscal note. we have had two coordination meetings, were going section by section to get feedback from the stakeholders on things we will probably want to amend. The DPBH

would like us to have a set schedule for Board Meetings. We have two core processes that we see happening, we have outpatient treatment and court ordered inpatient treatment. The new process will allow a court to trigger involuntary outpatient court orders which could last up to six months and are a national best practice. There is a potential for more court hearings we believe there will be a substantial increase in community savings. I am going to put together a summary, we want the rural court opinions because we really don't want a fiscal note. Another fiscal concern is surrounding our Condition Release of patients. The court orders a six month stay and it says in here that the public defender will represent them throughout that stay,

5. Review and adopt Northern Regional Behavioral Health Emergency Operations Plan (Taylor Allison, Northern Board chair, and Jessica Flood, Northern Regional Behavioral Health Coordinator) – See handout

Taylor Allison: There have been a lot of stakeholders involved in our meetings and we have noticed the impact from this pandemic on behavioral health. We need parity for behavioral health in our emergency infrastructure. The key facilitator of this plan is the local Emergency Management Agencies with support from Jessica as the regional liaison and the County Behavioral Health Task Force. This is a revisional document, we know there are gaps and that's why we want the board to look at it.

Jessica: This is going to be more of a walkthrough, get feedback and then next meeting adopt any changes suggested. I think there is one kind of event that we need to contemplate, it would be for first responders, families and passerby's who witness a traumatic event, we are thinking about some sort of hand out material.

Taylor: We have talked about this plan with the policy board but then the emergency managers would adopt it individually in each community. This is a living document, so we will not really know how accurate this is until we test it. Potential revision will need to come to the board at least every two years. County emergencies are something we are wanting the task forces to handle on their level since most counties have their own response.

Unknown speaker: How does this get activated?

Jessica: The Board has the authority, but we really want it to be at County level, so if you hear of an emergency you can email the coordinator and request a task force meeting. We would like to see the task force to have a list of local providers to reach out to.

Erik: Assuming this goes forward I would love to present this to Storey County Commissioner meeting.

Nikki: It was brought up that the local Behavioral Health Task Force could put this into

motion, but I also see our emergency management putting it into motion. I think that having both of those options to set into motion will be important.

Jessica: Were trying to take care of local issues with local resources. If the crises is a little bigger like the Emergency Operation Manager is activating then we can look into Regional resources.

Taylor: We have been talking about adopting a triage system like PsySTART. We have reached out to the developer regarding adopting this as part of the plan. This triage model focuses on the level of exposure. This will help prevent PTSD and other mental impacts, we have already written this in, but we need the support of the Board on whether we move forward. At this point we really want the Board to look over this and give us feedback.

Unknown speaker: Have you calculated the actual number of number clinicians we need for this role?

Jessica: I think the preparation we can do is at the county level, to find out who is interested. We need to engage the community to see who wants to be a part of the response team.

Unknown speaker: did you have any thoughts on how to pay for this?

Jessica: We can implement the paper form for no money, Taylor has a handout, its way too long but maybe we can reduce it to one page so that we will have handouts to give to people.

Unknown speaker: What is the deadline you would like to have our comments back by?

Jessica: How about January 26th, that will give Taylor and I time to incorporate any last comments.

6. Review Northern Region December survey results to identify mental health and substance use gaps, needs, and priorities in the region (Jessica Flood)

Jessica: The results came in pretty strong:

- The top priority is funding for jail diversion, Mallory Crisis, FAST (inaudible)
- the second is Increase retention behavioral health clinicians with capabilities to treat youth treat youth
- the third is access to treatment, particularly inpatient residential

Erik: I was looking at all the responses, all of those over 30% would be the top 5 on

the list, and you would add to that, housing and support continuity in care (recording inaudible)

Jessica: I just want to make sure we have actionable items under these priorities, I think as a board we have gotten close but then got lost in the wind. I would really like to do a more in-depth survey including providers.

Erik: (inaudible recording) I would add affordable housing, Storey County has a lot seniors on fixed incomes but also families with kids struggling to make ends meet. I think this is relevant across the state.

Jessica: Does everyone on agree on side priorities?

Unknown speaker: I want to echo Erik on housing, housing is linked to mental health problems itself, its such a basic need that effects people's wellbeing.

Unknown speaker: One of the issues we have is Safe Discharge, one of the problems we have is that we do not have a place to discharge these people to. Its not just the cost of housing but all the other problems that come along with it.

Nikki: The Carson City Behavioral Health Task Force has a subcommittee for affordable and transitional housing that as been working on this issue for quite a while, we had to ask for education on some of the bills out there, its important to know what is in these bills.

Erik: I will reach out to see if I can make contact with someone that could help us with this issue of language in the Legislature Bills

7. Identify priorities, recommendations, and other issues to be included in the 2021 Northern Regional Behavioral Health Policy Board annual report based upon the region's survey results. (Jessica Flood, Northern Regional Behavioral Health Coordinator) and board members)

Erik: I move that we formally adopt the top five priorities as indicated by the survey

Amy: I second
(motion passed)

Jessica: The recommendations I heard were:

- We need more access to multiple levels of care
- We need to support our workforce/ more workforce
- And there a piece on internet
- Improving Behavioral Health treatment support, transportation, not enough inpatient

I am going to pull up the recommendations, so what we have is

- DHHS to collaborate
- Continue to decrease silos by improving collaboration
- Developing sustainable funding
- Crisis Now
- Implement evidence-based practices
- (inaudible)
- Develop cross organization health care committee

So, it looks like were not ready to develop recommendations, so if you guys can send more feedback, maybe we can vote on them the next meeting. Ill come up with a list to send to you.

Dr. Titus: We don't know even as today what the session is going to look like, we are still trying to figure out what the Governor and leadership is going to do. I think we should make priorities sooner rather than later and having a plan in place on how we are going to present and giving a heads up to people on what our priorities are going to be.

Erik: We used to do like a one page with the five priorities, supported by sixty members and it basically was a platform to start speaking about it.

Jessica: I can make a one page, that should be easy. Ill send out a survey to revisit our priorities and recommendations and we will go from there next meeting.

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

Erik: Due to COVID disruption the Storey County food program served over 200 people and the Angel Tree had 150 recipients.

Taylor: Douglas County is seeing monetary impacts which is being seen in the emergency housing crisis and youth suicides, hopefully in the future we will have a system to get more resources allocated.

Sheila: I would like to share from NACHSA (Nevada Association of County Human Services Administrators) we have decided to move forward with developing a social work- peer support network that will help with support and resources.

9. Regional Behavioral Health Coordinator update on current local, regional, and statewide efforts and initiatives including the Northern Regional Behavioral Health Communications committee and Nevada Crisis Now Initiative meetings. (Jessica Flood, Regional Behavioral Health Coordinator)

Jessica: We got funded to do the Northern Board website, we have a packed year ahead of us with lots of planning to get the most out of the year.

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

Taylor: I have on the list, working through the community health worker update and getting more information on the affordable housing. (Erik will work on this)

11. Public Comment (no comment)

12. Meeting adjourned

On the internet – agenda and supporting materials

- **Department of Health and Human Services Website**
http://dpbh.nv.gov/Boards/RBHPB/Board_Meetings/2018/Northern_Regional/
Nevada Public Notices: www.notice.nv.gov

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If you need supporting documents for this meeting, please notify Stacy McCool, Bureau of Behavioral Health Wellness and Prevention, at 775-684-4295 or by email at S.mccool@health.nv.gov