



NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD DRAFT MINUTES

DATE: March 13, 2019 TIME: 1:07 p.m.

Meeting Locations:

Division of Public and Behavioral Health
4150 Technology Way, Room 303

TELECONFERENCE: 415-655-0002

1. Call to Order

Members Present: Jessica Flood, Edrie LaVoie, Ali Banister, Taylor Allison, Dr. Joseph McEllistrem, Sandie Draper

Members Absent: Dave Fogerson, Chair; Karen Beckenbauer, Co-Chair, Nicki Aaker; Assemblywoman Robin Titus; Adrienne Sutherland; Sheriff Ken Furlong; Wanda Nixon; Kevin Morss.

Staff and Guests Present: Elaine Brannon, Banner Churchill Community Hospital
The meeting was called to order at 1:07 p.m. by Acting Chair Edrie La Voie.

2. Introductions

It was determined a quorum was not present; therefore, all agenda items are for information only.

3. Review and Approval of Draft Minutes for Northern Regional Behavioral Health Policy Board Meetings from June, July, August, September, November, and December 2019

Due to staff changes at the Division of Public and Behavioral Health (DPBH), the minutes are still being processed.

4. Presentation and Overview of Calculating an Adequate System Tool (CAST)—Including Timeline and Next Steps

The Northern Regional Behavioral Health Policy Board other policy boards want to collect good data regarding the regions' capacity and behavioral health needs, gaps, and resources. Regional health coordinators created a behavioral health needs assessment survey. Since it was not standardized, it would not allow DPBH to compare Nevada with other states. The CAST was originally used for substance use, but has been expanded to mental health. It looks for the entire scope of services, measuring:

- Promotion—information about the number and frequency of public service announcements, prevention-related ads, posts, and advocacy events;
- Prevention—information about the number and types of evidence-based programs being implemented in the community;
- Referrals—focusing on the number of primary care and health care providers with substance use/mental health training in the community;

As part of referrals, the survey focuses on the number of law enforcement officers trained to identify persons with signs of substance use or mental health issues, and make referrals. It would be helpful to have law enforcement involved in the survey.

- Recovery—faith-based recovery, 12-step programs, and other recovery programs and assistance related to transportation, education, etc.

The survey will help boards understand and document what is available in the region. It would be helpful to have the data before the legislative session ends so legislators can understand the needs of each region. The links for the survey will close Friday. There will be an opportunity to review the data for accuracy, then Social Entrepreneurs, Inc. (SEI) will make any adjustments needed and provide a report about a month later. Dr. McEllistrem asked if he should complete each link that seems relevant. Ms. Flood replied that redundancy was okay because SEI will de-duplicate by program names. Washoe County was surprised by the level of participation and the amount of feedback they received. If the level of participation is not high, they can fill in gaps at the next meeting. Ms. Flood will update Board members by email and will bring this item to the next meeting.

Ms. LaVoie asked if the survey was targeted toward agencies and organizations that provide services. Ms. Flood said that anyone who can participate and share their knowledge would be helping. Ms. LaVoie asked how the surveys got out to faith-based and 12-step programs. Ms. Flood replied that a few in the faith-based mental health community are on the ListServ. Ms. Draper suggested speaking with Linda Porzig at FaithNet for National Alliance on Mental Illness (NAMI) Western Nevada.

The CAST survey is an initial step in understanding capacity in the region. The state is open to the Board doing this and the community survey that was planned that surveys peers, providers, and law enforcement on what the gaps are, how long it takes a region to get treatment, how long it takes someone to get into treatment, etc. She did not think the CAST survey would cover those topics. Once the CAST information is available, a more in-depth survey could be done.

5. Regional Behavioral Health Updates—Including County Behavioral Health Meeting and Task Force Updates

- "Crisis in Our Community" is a statewide event being put on by NAMI Nevada in Sparks on May 7. Dr. Stephanie Woodard will make a presentation on Crisis Now. This would be an important conference to attend for anyone interested in crisis, crisis stabilization units, or anything related.
 - Mineral County Rural Opioid Harm Reduction Summit will involve people from the state, treatment providers, peers, and family. This event will be held in Hawthorne on April 10.
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- The First-Episode Psychosis Program at Carson Tahoe is open and accepting referrals from the rural counties and Washoe County.

Dr. McEllistrem asked how "first-episode psychosis" is defined. Ms. Flood said the program wants to find individuals within six months to a year of their first psychotic break who have not been taking medication for more than one year. The program director will come back to the Board to describe where the line is drawn. Dr. McEllistrem said there was a window of time in which an individual who had been functioning poorly could still be referred. Ms. Flood pointed out the efficacy rate for the first year is high; individuals can come out of a psychotic episode and be functional in life. The efficacy rate drops significantly after one year.

- Mineral County commissioners plan to pass the Stepping Up Initiative at the next Board of Health meeting. Five out of six counties will have passed the initiative.
- Lyon County's behavioral health task force is going strong. They will dissolve their subcommittees but agree they should focus on the priorities identified.
- Eight rural counties have participated in the Health Resources and Services Administration (HRSA) opioid grant. Churchill County and Lyon County recently held their strategic planning meetings.
- Douglas County is having its regional crisis intervention team (CIT) training. Last month's task force meeting was canceled, providing them time to bring bills to their commissioners for support.

6. Update on Northern Regional Behavioral Health Policy Board Legislation, Assembly Bill (AB) 85

AB 85 was presented to the Assembly Committee on Health and Human Services on March 4. Ms. Flood sent out the proposed changes to Nevada Revised Statutes (NRS) Chapter 433A. She is optimistic it will move forward. Ms. LaVoie received an email from Board member Adrienne Sutherland suggesting an amendment to add language regarding marriage and family therapists (MFTs) and clinical professional counselors (CPCs) to the bill. She is concerned that if Senate Bill (SB) 37 did not pass, AB 85 could be in jeopardy if it included that language. She offered a compromise that would achieve the intended purpose of expanding the available workforce able to carry out the responsibilities with language from Colorado statutes. If this were included and SB 37 did not pass, the framework would be set up for if the expanded scope ever became law.

SB 37 passed unanimously in the Senate Committee on Commerce and Labor. Ms. Flood said the amendment would affect NRS 433A.145 regarding who can certify a legal hold. Currently, a psychiatrist, psychologist, physician, physician assistant, clinical social worker, or an advanced practice registered nurse can certify. The amendment would add a licensed clinical health professional with the scope of practice to diagnose and treat mental health disorders, including the diagnosis and

treatment of psychotic disorders, and who, by reason of postgraduate education and additional preparation, has gained knowledge, judgment, and skill in psychiatric or clinical mental health therapy, forensic therapy, or evaluation of mental health disorders. The language would be a placeholder until mental health providers get the ability to diagnose and treat psychotic disorders. NRS 433A.170 would allow them to do legal holds certifications, but not to decertify legal holds. Ms. Flood stated that licensed clinical social workers (LCSWs) recently have been allowed to decertify. Ms. Sutherland may have thought that if LCSWs could certify and decertify, MFTs and CPCs should be able to if their scope of work was expanded to include diagnosing and treating psychotic disorders. Dr. McEllistrem asked if the State of Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors was comfortable with the training and licensure to take on this task. Ms. Flood said SB 37 passed in committee, allowing MFTs and CPCs to diagnose and treat psychotic disorders. Ms. LaVoie was concerned because collaboration with the statewide legal hold workgroup carried a lot of weight in the hearing. She encouraged the Board to take this back to the workgroup for their support before moving it forward as an amendment. Dr. McEllistrem agreed as this would have a ripple effect on practices beyond the scope of Legal 2000. The workgroup will meet again on March 25. Ms. Flood will ask Ms. Sutherland to present it to them. Ms. Flood and Sean McCoy gave a flowchart about legal holds to Assemblyman Sprinkle who had questions about how to hold patients until court met if the 72 hours had ended. She said 15 of Nevada's 17 counties do not have legal hold processes aligned with law; this flowchart could be used to develop a toolkit for hospitals and courts in each county. Ms. LaVoie said a piece is needed in between the medical certification and when the clock starts. Ms. Flood said the next step is for the Assembly Committee on Health and Human Services to have a work session on the bill in a public meeting.

7. Legislative Update Regarding the Following Bills:

There was little to report since the last update given at the February 27 meeting.

- Southern Regional Behavioral Health Board Bill
AB.76—an act relating to mental health; requiring the Commission on Behavioral Health to employ a coordinator for each regional behavioral health policy board; revising the duties of a regional health board; making an appropriation; and providing other matters properly relating thereto. Ms. Flood said this bill would create a new region—Lincoln, Esmeralda, and Nye Counties. The bill would also fund administrative staff to support the boards and would potentially legislatively fund the position.
- Rural Regional Behavioral Health Board Bill
AB 47—an act relating to mental health; establishing a pilot program to respond to persons suffering from mental health crises in certain counties; making an appropriation; and providing other matters properly relating

thereto. Ms. Flood said this bill was presented on the same day as AB 85. There was great testimony from the rural region, including Elko.

- Washoe Behavioral Health Policy Board Bill
AB 66—an act relating to mental health; providing for the establishment of centers to provide crisis stabilization services in certain highly populated counties; and providing other matters properly relating thereto. The hearing is scheduled for March 22.
- Rural Mobile Outreach Safety Team Bill
AB 191—an act making an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services to award grants of money to certain counties, federally recognized Indian tribes or other persons or entities for the purpose of providing Mobile Outreach Safety Team (MOST) services; and providing other matters properly relating thereto. There is an issue with "mental health case managers" being a part of MOST. Counties were concerned that would disinclude their efforts on MOST. She is creating an amendment for Assemblyman Kramer that would remove the mental health part of care managers and add the definition for case manager—a person who provides services to help beneficiaries gain access to medical, social, educational, and other services. The definition is not in NRS; it seems reasonable to add it.
- MFT and CPC Bill
SB 37—an act relating to professions; revising the scope of the practice of clinical professional counseling and the practice of marriage and family therapy; revising the composition of the Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors; revising the expiration date of certain licenses issued by the Board; revising provisions relating to the issuance of a license by endorsement; revising provisions governing the fees the Board is authorized to charge; and providing other matters properly relating thereto. This bill passed the Senate committee.

8. Determination of Whether to Allow Chair and/or Designee to Meet with Legislators and State Staff to Advocate for AB 191

A.B. 191 is the MOST bill. This agenda item was asking the Board's permission for Mr. Fogerson to advocate on behalf of this bill. One of the top priorities of this Board has been sustainable funding for MOST. This bill would allow someone from this Board to meet with legislators and staff to talk about this region's priorities in AB 191 because this region would benefit the most from this bill. Ms. LaVoie asked if they could this item on the agenda for the next meeting for a formal vote. The consensus of those in attendance was to support the chair and/or his designee's effort to advocate for AB 191.

9. Discussion of Updates on Priorities Identified in Annual Northern Regional Behavioral Health Policy Board Report

This item was not addressed.

10. Public Comment

The next meeting is tentatively scheduled for Wednesday, April 17. Ms. LaVoie suggested the meetings be held in the morning because the legislative Committees on Health and Human Services meet in the afternoons. The next meeting will be held at 9 a.m.

11. Adjournment

The meeting was adjourned.

DRAFT