

NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD

Meeting Minutes

DATE: September 15, 2022

TIME: 12:00 p.m. to Adjournment

Meeting Locations

This meeting will be held in person and via teleconference at:

Nevada Division of Public and Behavioral Health Office -
4150 Technology Way, Carson City, Nevada Room 303

And

Join Zoom Meeting

<https://us06web.zoom.us/j/83625007893?pwd=T0thbG1wQWN6SUF6RWJwdkFJVlVFQT09>

Notes to all members:

Note: Per Open Meeting Law, before speaking, please state your full name for the record whether appearing by phone, video, or in person. All voting members should leave their cameras on for the duration of the meeting according to Nevada Open Meeting Law. Do not enter any information into the chat function of video platform.

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 – 12:08 PM
Roll Call (Chair Taylor Allison) –

Members:

Taylor Allison (Chair)
Dr. Ali Banister (Vice-Chair)
Dr. Robin Titus
Laura Yanez
Sheriff Ken Furlong
Shayla Holmes
Erik Schoen
Dr. Amy Hyne-Sutherland

Sandy Wartgow
Dr. Amy Kegel

Not Present:

Nicki Aaker
Sandy Wartgow
Lana Robards

Guest:

Marcelle Anderson
Daria Winslow
Mary Jane Ostrander

2.) PUBLIC COMMENT

Public testimony under this agenda item may be presented by a computer, phone, or written comment. Due to time considerations, each individual offering public comment will be limited to not more than **three (3)** minutes.

Chair checked each venue for public comment:

Carson City
Zoom
Hearing No Public Comment
Chair closed floor

3.) For Possible Action - Meeting minutes from July 7, 2022, and August 4, 2022, meetings were approved. (Chair Taylor Allison and Board members)

July 7th and August 4th meeting minutes approved together unanimously with no edits or corrections.

First: Dr. Amy Hyne-Sutherland

Second: Dr. Ali Banister

No discussion; all in favor; no opposed; no abstentions

4.) For Possible Action – Discussion and decision regarding the Northern Regional Behavioral Health Policy Board (NRBHPB) Bylaws – (Chair Taylor Allison and Board members)

Chair: Stated that most of the board was together when this first iteration of the bylaws was written. The draft was approved but not voted on. With so many issues and concerns with the OML and understanding the needs and wants of the state to be in compliance with OML, some of the sections were removed or rewritten. So, since we had changes to our bylaws, we will do a quick overview and look at the sections we have changed or removed.

The coordinator stated that there is now a cover page showing the title of the NRBHPB Bylaws with an updated date. The first actual change in the bylaws is in Article 2-section 2.2; it is in reference to the local in-person location within the board's region where the in-person meetings can take place for the public. The Carson City Technology Way address is the location listed on the agenda for the moment, but it may change in the future. More to follow as the news develops on the AA situation and the state's assistance with board matters. Most of Article 3 stayed the same for the appointee's section. Those were taken directly out of statute as is and were added to this section 3- pursuant to NRS 433.429 subsection 10 – making board appointments, preference must be given to persons who reside in the behavioral health region served by the policy board.

There was a bit of language removed from section 3.4 concerning first meetings – this referenced how the very first meeting of the board would run as you navigate new board members and vote on the remaining positions for the board's original 13 appointed board members. The section spoke more about how the meetings during the legislative period would be navigated and that the legislative-appointed position being excused from meetings during the legislative session. As well as the section on how a meeting should be conducted. These sections were moved to Article VI: Meetings, this was done for document flow, understanding, and comprehension. The terms of office, vacancies, and attendance sections - stayed the same speaking and touching lightly on the legislative piece we will have absences during these times every biennium when there is a session. Entitlement of vote, COI, and compensation has not changed in any manner. In section 3.11 staff has been removed altogether and know the coordinators are your support to do the behind the scenes, work with constituents, connect with our partners and stakeholders, write documents needing to prepare, keep the nvbh.org website up and current, inform the board of gaps and barriers from each of the 5 counties to the table and more.

As stated, in our last meeting we will be losing the AA for the board at the end of October. So, this section was removed because the duties referenced in this NRS are my duties and nothing geared towards the AA piece. That being said language may need to be added to support the duties and responsibilities of your AA. Taylor and Coordinator constructed a letter that we will be bringing forward in another agenda item addressing this issue with the state leadership. There could be a possibility to take verbiage from that letter and put it in the staff section. Yet to be determined.

As you all know the amount of work that goes into a meeting following OML (agenda approval, posting, minutes, ADA all docs and presentation, being at meetings help assist with OML and staying true to that piece, and more.) Our current AA supports all five of the Regional Behavioral Health Coordinators as well as other meetings for that I am sure of. So, this section may look different when the bylaws are voted on and excepted. All the rest looks good.

Now looking at section 6.1 this section speaks about regular meetings this is where that part from the first meeting landed. It is as written just relocated to the section on meetings. It also, speaks to the board not meeting during the legislative session. But as you all know with the board putting together a strong BDR we have to meet during the legislative session.

This section also talks about OML and Robert's Rules of Order and that the board shall comply with those rules and laws during all board meetings. If we need to do some more work concerning the board or BDR and need more time we will look at establishing a workgroup or subcommittee to help fulfill some of the board's duties and requests. The rest of that section stayed pretty much the same as when you all first wrote the bylaws.

Going through the other sections Officers, Selection, Absence or Inability, and Removal of Office have stayed the same with no changes. I do want to mention again that we need to fill the position of the insurance professional (One member who represents private or public insurers who offer coverage for behavioral health services or, if no such person is available, another person who has experience in the field of insurance or working with insurers). If you know of anyone fitting this description, please reach out to me so we can work on filling that position asap. We could also look to change the board member for this position

Getting back to the bylaws: Filling of Vacancies, Appointments, Chair duties, Vice Chair duties, Compensation of Officers. The rest of the bylaws stayed as written. No further changes are to be noted.

Chair Taylor: Asked if there were any other concerns or questions on the bylaws changes so far.

Dr. Titus: asked about a liability clause in the bylaws and wanted to know if there was one.

Chair: stated this has come up recently and it is in the statute that boards are covered when doing board business – so we can include those in the bylaws if needed.

Dr. Titus: said not necessarily do they need to be in the bylaws but should be addressed. This is important, especially in the world we are living in today. When doing duties of the board we should be covered. Some of us may be covered by individual work entities and so this subject may be covered for these folks that way. But we should be in compliance with this item.

Chair: We can look at this item again and convene with the board after Dr. Titus speaks to the legislative counsel to discuss if this is something that needs to be stated in our bylaws. So that we are compliant with our bylaws moving forward.

Dr. Titus: I will get legislative confirmation from legislative counsel. We need clarification for sure on this matter. Some may need this coverage some may already have liability coverage due to their work or employer.

Coordinator: asked Chair if we should table this item until the language has been determined suitable for the bylaws.

Chair: Perfect thank you all for the input and to all the people who helped out with the editing of the draft. Thanks to all for adding the new language it has been a living document for a while now and I think we can all agree that we want to get this finished and enacted. We will table until the appropriate language is inserted, and since the bylaws are approved already it will be just changing the language and then voting to establish these. Might look closer to November as we have a lot of BDR tasks to start putting into place. Moving on to Item #5.

5.) For Possible Action: Discussion and approval of recommendations from the Northern Regional Behavioral Health Authority subcommittee on NRS433C language (Co-Chairs Shayla Holmes and Nicki Aaker, and board members)

Chair: Who from the subcommittee meeting is on that would like to give an update on the meeting? I will turn it over to the Co-Chair of the subcommittee Shayla Holmes to report on the update.

Shayla: Stated this will be a quick update. As there were no changes to the NRS 433 language. We focused on what stakeholders should or could be involved in this BDR Process (the coordinator put a document list up on the whiteboard) and we added names and information of those who can impact the BDR process. (Advocacy, support, letters, etc.). Brainstorming on who and what is needed to be able to inform our regions and communities about what it is we are working on legislatively We also wanted to bring it back to the board to see if creating a new workgroup is something everyone wanted to do. Maybe vote for two members to support the group. We weren't sure how to move forward with a new workgroup. Being cognizant that we don't want to have to follow OML so possibly looking at a few board members attending different meetings and then reporting back to the board.

Chair: Thank you Shayla for filling us in on updates on the subcommittee objectives. The coordinator and I have been looking into how we can make the process of all of you being engaged without having to follow OML for each workgroup or subcommittee created. Chair stated to look at the next agenda item, as this may help us with this process, so we don't have to have to hold a whole bunch of OML subcommittees or workgroups. Would you all like to look over the plan that Cherylyn and I put together? The coordinator put the list on the screen and then followed up with putting the BDR plan for whole community involvement onto the screen.

Shayla: stated that she wanted to let the board know that at the last subcommittee meeting that was held there was no editing or adjusting of any language on the NRS433. We just focused on who should come to the table. That was the last place we left off.

Sheriff Furlong: stated that we will want to look at the sheriffs' contact information on the list as that may be changing in November with the elections happening. The chair agreed as well as the board.

6.) For Possible Action: Discussion, development, and possible approval regarding the Northern Region Behavioral Health Policy Board's action plan for the 2023 Nevada Legislative Session – Regional Behavioral Health Authority NRS433C (Board Members and Cherylyn Rahr-Wood, Regional Behavioral Health Coordinator)

This committee or board was created and already moved to a whole community approach when we are thinking about programs or projects for our region. So this plan follows that same mode of steps in the sense that it will help us identify whom we need to be meeting with and how those. We needed to move away from our own subcommittees and workgroups to stay away from the OML that we are subject to follow. This plan keeps our focus on the whole community focus, as you can see everyone has a role (sector) and some of these meetings are OML so the minutes and report would be done in the minutes, so we have that information at our fingertips. For some, it will be doing the ppt and then reporting back to the whole board on what transpired. So, bringing back questions or answers that were provided and giving the board feedback as to what each meeting or group is saying.

Chair: if you are not comfortable with your sector or meeting you are slated to attend let the Cherylyn know and we will do some work rewriting your piece and possibly put you into another lane perse.

Dr. Hyne-Sutherland: reiterated the steps of how we move forward with the board and formalized the steps a bit clearer. Using the action plan to prepare for meetings and things of this nature as we move toward sharing the information of our BDR.

Chair stated yes that is correct you will take the PowerPoint we created for you to explain the BDR and then you can bring back the information from the meetings and what has been verbalized so we know where we stand and how to move forward.

Erik Schoen: Appreciated the format of the document easy to read and understandable of the task needed from the board as we move forward with the BDR. It is a clear argument and strategy to help us prevail with this.

Chair: Thank you Erik for that comment, it is a group effort for sure.

Shayla: How and what do you see how our meetings will look like once we have engaged in the meetings and then bring back the information? What will that look like?
Chair: stated that is a good idea, but I think that we still have time to look at how that will roll out in the future as you all bring back information from the meetings and stakeholders. Idea, have a couple of agenda items on the agenda so we can have comments reported out. We know that there will be more feedback as we move closer to the final BDR.

Laura: I like the approach as well, especially the peer and family voice on there and gave them a voice. I feel like the community may need to have its own space as we don't want to leave the community-based voice out either.

Chair: that is an excellent idea to broaden the peer and family and make it more inclusive by adding community for a far better reach in our counties. Cherylyn I am not sure if this is the latest updated version.

Dr. Titus: one of the key components of this is the objective is to have the county commissioners on board and not to be of opposition to the BDR language.

Shayla: I have a question about the timeline that Dr. Titus has spoken to. We will be able to meet the issues Dr. Titus was speaking to.

Chair: yes, this should be doable. Once we give you your PowerPoint you can start making those meetings and committees. We have a few months before the session so there is time for this.

Erik as we are looking to attend some of the meetings that run quarterly will this presentation be ready for those meetings.

Chair: Yes, the coordinator has already drafted the presentation and it will be ready sept October at the latest. Chair asked for the document again, so we are moving in the right direction. Anytime that the action comes up we will keep this on the agenda so if questions arise and how we move forward.

Dr. Hyne-Sutherland: ask about from a provider side how we answer questions that might come up if it gets too weedy on the payment structure. With MCOs coming in 2026 we need to be prepared for that.

Erik: inaudible (bad internet connection).

Chair: Yes, this is where I do believe we need a motion. If we are okay with this let's act on it. Furlong makes the first motion and Shayla seconds the motion no one opposed and no abstentions.

Dr. Kegel: wanted to know if we are going to do introductions of the sectors so we have an idea of who is who and whom each person may need to speak with.

Chair: Yes, as we move forward, we can connect but don't want there to be any meetings needing to follow OML, so keep Cherylyn included only on any correspondence of language changes or concerns as well as any other thing that may need to follow OML.

7.) For Possible Action: Review and approve letter to the Department Division and Commission regarding prioritizing funding for Regional Behavioral Health Coordinator and administrative support position - (Chair Taylor Allison and Board members)

As you all know we have always had administrative support from the state recently they have pulled the support and have asked the coordinators to do this piece. As you, all know the state has always let us use the beautiful room at Technology Way and provided our guests ADA compliance with their presentation's, posting agendas, minutes, prep room for in-person location. Things an AA would tend to.

Right now, the state is providing staff for one meeting. Which is why we can't have more than one meeting a month that requires OML. There is just not enough bandwidth to support more than one meeting a month. After first of the year this position will phase out.

So as Chair I drafted this letter stating to Richard Whitley and DHHS stating that we still wanted to have a relationship with them and asking for sustainable flexible funding to support this vital part of the board as translators if you will, between the communities needs and the states priorities. Chair asked board members to read it.

Dr. Hyne-Sutherland: asked about the data analyst that at one time we should or would get one. Is that still an option or is that up in the air? The reason I ask if in this letter we add an additional piece asking about that analyst. Would this be where we would add information such as that. So, in addition we add this AA in addition to the coordinator role and the data person. I don't know I thought someone from UNR was poised to perform those duties. I don't know I could be wrong, but I do remember something being said about this.

Chair: that is a good question we did write in a data analysis in the COSSAP grant can you see if that is still a viable option? Coordinator can you check on that? I think that is important to add as we move down the letter our proposed solution.

Dr. Titus: to clarify we approved a data analyst at the IFC a couple of years ago and I thought that person would be available to us as a board. That is a question I will ask not only to DHHS but to our legal counsel. So, to whomever brought that up is correct we are supposed to have a data analyst in fact they presented to us. So, let's explore I am not happy with this the agency should be able to support the admin staff especially because we are a legislative board. Coordinators roll should not be taking notes and minutes that should be done by the agency I am frustrated that the state is not supporting us more than they are.

Coordinator read a question from the chat to put on the record from Erik Schoen: How are coordinators currently paid? Coordinator stated by braided funding in the past moving forward it will be by three different grants requiring three different reports and the processes of how that looks moving forward.

Chair: stated that we are writing this to support all five positions as I see other coordinators on here, so this is in support of all. We will send out to the other coordinators so you can have copy. (See documentation in meeting website)

Dr. Hyne-Sutherland: Thank us for writing it so comprehensive.

Chair: due to time frame I would like to entertain a vote to accept this letter as is with the modifications we spoke about?

Dr. Hyne-Sutherland: looking at the letter may be we don't ask about a data analyst we just address that there is to be one provided to the board through DHHS. In addition I make a motion to move to approve this letter with those edits made.

Shayla: spoke up agreeing with Dr. Hyne-Sutherland wordsmithing it to not ask for a new analyst but requiring more about it, and I will second that motion to approve with edits stated.

Chair: all in favor? Ayes have it - No discussion; all in favor; no opposed; no abstentions. Okay so moved we will finish up the letter and send it out to leadership at DHHS and hopefully we will continue this conversation and move forward

8.) Informational: Regional Behavioral Health Coordinator and board member or taskforce appointee updates on behavioral health concerns, initiatives, and successes in their area of specialty or county on behalf of the local behavioral health taskforces (Cherylyn Rahr-Wood, Regional Behavioral Health Coordinator, Board members or appointees)

Coordinator provided 988 updates and then provided report out on the different updates of programs and projects happening in Nevada.
Explained the BDR-385

Conversation had about bringing back the BDR information from the other boards as session is going on. Working together creating a meeting for the chairs and coordinators to collaborate on the current bills report outs
Coordinator will send out the document from the oversight committee on finances out for all to read on own time

Shayla: Lyon County Task force - not too much to report out on Lyon County is working on a one pager to provide to CCSNV so we don't have to necessarily have to work with Openbeds. Coordinator will set up a presentation from the Openbeds coordinator so the county can be in the know. We know that sometimes are crisis are needing a connection such as possibly the lights on so if provide CSSNV a list of those services they can be the conduit to provide the resource and hopefully negate any further crisis. We know 988 is a five if not more lift but we want to get ahead of the state by being prepared by providing CSSNV our resources they are armed and ready.

Finally rolling out our suicide protocol and do interagency trainings bringing anyone who is interested in to have conversation about suicide.

Daria Winslow: not a lot of updates other than we are currently going through the goals and objectives for the upcoming year so not a lot there. One update our MOST team is going to run M-H 7:00-5:00 a lot more busier than usual with calls on cognitive issues. Such as wandering, cognitive issues, dementia things of this manner. We are trying to address this with local providers so we can get ahead of the issues that seem to be popping up. Lyon county had a huge presence at CIT this year, it was an amazing training, and we are excited to get this under our belt. Openbeds will be doing a presentation at the next task force meeting. Providers had requested this as we move forward with the Crisis Response Program. FASTT teams are running pretty much full time so that is exciting. Specially the partnership with Community Counseling Center and that is working well. With the COSSAP funding we were awarded we will move the MOST team to five days a week so that is exciting (Friday shift or Saturday swing shift) also we are working to go fulltime with on call providers so if needed at night they can call on call clinician and do services around the clock providing better service. As well as the FASTT team will get more support with this funding. Douglas is starting a first responder support group right there at Partnership of Douglas with the two officer involved shootings as well as other issues happening in our county we know we need to offer our first responders some kind of support.

Erik: report out Update — Affordable Housing concerns continue to be top priority for many in Storey County -- especially for seniors living on fixed incomes. Looking to open an "Infant Care Center" for up to 8 infants from birth to two years of age in Virginia City in October, as ECE has been another top need. Looking to increase size of our clinical team by 40% in the next few months due to success in securing multiple-year Federal funding. Now have a fully-staffed Safe Schools Professional program within Storey County School District that helps to work at primary and secondary prevention

levels to address/mitigate harm from ACES. All of that being said, still nowhere near

No updates for the Carson City Task force,

Laura: update on the warmline is fulltime 24 hours seven days a week 365 - NAMI WNV, and we are getting calls at that time.. We are keeping up with the capacity uptick.

Chair: spoke up about the opioid needs assessment that will be presented at the NACO conference in two weeks

9.) For Possible Action: Discussion/Approval of Future Agenda Items:

October – Charles Duarte’s Presentation on the support of a dementia care specialist program in Nevada

November -Amy Hyne-Sutherland Ph.D. - present on the Quad County needs assessment

10.) Informational: Next meeting is October 6, 2022, at 2:00 PM until adjourned.

11.) PUBLIC COMMENT

Action may not be taken on any matter brought up under this agenda item until scheduled on an agenda for a later meeting. Public testimony under this agenda item may be online, by phone or written comment. Due to time considerations, each individual offering public comment will be limited to not more than **three (3)** minutes.

12.) Adjournment Dr. Hyne-Sutherland made motion to adjourn

AGENDA POSTED AT THE FOLLOWING LOCATIONS:

4600 Kietzke Lane Suite I-209

4150 Technology Way, Carson City, Nevada

On the Internet at dphh.nv.gov/Boards/RBHPB/Board Meetings/2018/northern-regional/

and the Department of Health and Human Services Website www.listserv.state.nv.us.

and at Nevada Public Notices: <https://notice.nv.gov/>

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to call into the meeting. In the event of Microsoft Teams application has technical difficulties, the meeting may be conducted by teleconference from the same location. If special arrangements are necessary, please notify Marcelle Anderson at 4126 Technology Way, 2nd Floor, Carson City, Nevada 89706 or by calling (775)-684-4095 up to three days before the meeting date. Anyone who wants to be on the advisory council mailing list can sign up on the listserv at www.listserv.state.nv.us/ctgi-bin/wa?HOME.

If you need supporting documents for this meeting, please notify Marcelle Anderson, Bureau of Behavioral Health Wellness and Prevention, at (775)-684-4095 or by email at m.anderson@health.nv.gov

CHAT:

01:13:09 Erik Schoen: Very impressive. :-)

01:28:34 Erik Schoen: So sorry about the internet. Do we need to formally approve this plan because we are in effect "Deputizing" individual board members to represent the board in these public settings?

01:35:48 Erik Schoen: How are coordinators currently paid for? Through discretionary funds?

01:36:18 Dorothy Edwards: Hi Taylor and Cherylyn. Can you share that letter with the other Regional Coordinators (I might have missed it!). We can potentially support that...we are all affected and thanks for taking that step

01:38:29 Cherylyn Rahr-Wood: yes we can

01:40:50 Erik Schoen: Yes. Thank you.

01:41:55 Dorothy Edwards: Thanks! Great proactive step

01:42:05 Kim Donohue: Yes please

01:42:07 Michelle Bennett:yes please

01:42:25 Michelle Bennett:Clark has already taken over admin duties

01:42:43 Dorothy Edwards: Washoe has as well

02:09:55 Erik Schoen: Update — Affordable Housing concerns continue to be top priority for many in Storey County -- especially for seniors living on fixed incomes. Looking to open an "Infant Care Center" for up to 8 infants from birth to two years of age in Virginia City in October, as ECE has been another top need. Looking to increase size of our clinical team by 40% in the next few months due to success in securing multiple-year Federal funding. Now have a fully-staffed Safe Schools Professional program within Storey County School District that helps to work at primary and secondary prevention levels to address/mitigate harm from ACES. All of that being said, still nowhere near enough capacity to meet the overwhelming need.

02:11:01 Erik Schoen: Sure