NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD
DRAFT MINUTES
November 4th, 2021
2:00 pm to Adjournment

The meeting was held using remote technology in compliance with *Nevada Revised Statutes* 241.023.

1. Call to order/roll call
   Members: Dr. Robin Titus, Laura Yanez, Nicki Aaker, Lana Robards, Sheriff Ken Furlong, Shayla Holmes, Dr. Daniel Gunnarson, Dr. Amy Hyne-Sutherland, Sandy Wartgow
   Members Absent: Taylor Allison (excused), Dr. Ali Banister (excused), Heather Korbulic (excused), Erik Schoen (excused)
   Staff and Guests Present: Stephen Wood, Trey Delap, Lea Case, Dana Walburn, Ruby Kelly, Mark Disselkoen, Lori Follett, Brian Burris, Cody Phinney, April Sears, Crystal Jaquette, Erin Allison, Evette Cullen, Gina Zink, Jackie Stewart, Jen Lords, Jennifer Matus, John-Michael Mendoza, Dr. Karen Taylor Greene, Kim Riggs, LaShaundra Lewis, Lea Tauchen, Linda Anderson, Linda Lang, Marianne McKosey, Marissa Brown, Michelle Bennett, Miranda Branson, Morgan, Sarah Dearborn, Teresa Etcheberry, Tiffany Tyler-Garner, Tray Abney, Valerie Balen, Wendy Madson, Joan Waldock

2. Public Comment
   There was no public comment.

3. Review and approval of minutes from October 7, 2021
   There were technical difficulties that made who seconded the motion unintelligible. The minutes will be approved at the next meeting.

4. Hear and review presentations for application to the Northern Regional Behavioral Health Policy Board and vote to select applicants for the following vacant positions on the Northern Regional Behavioral Health Policy Board
   - Member who represents providers of emergency medical services (EMS) or fire services and has experience providing emergency care to behavioral health patients; may be a physician or a paramedic.

   Ms. Flood Abrass introduced Sandy Wartgow, Division Chief, Carson City Fire Department for EMS. Ms. Robards moved to accept her application to the Board. Ms. Aaker seconded the motion. The motion passed without abstention or opposition.

5. Presentation by Dana Walburn and Ruby Kelly on efforts to expand youth behavioral health workforce and school capacity to bill for Medicaid
   Ms. Walburn spoke about the Nevada Department of Education's Project AWARE, which examines wellness and resilience in the Carson City and Washoe County

School Districts and the State Public Charter School Authority. The five-year grant builds a school-based mental health care system and allows schools to bill Medicaid for health services. Billing Medicaid is their plan for continuing to employ mental health professionals. Schools that cannot employ a clinician could have a memorandum of understanding (MOU) with a community provider. Ms. Kelly reported the School-Based Mental Health Professionals Project pays school psychologists, social workers, and counselors' salaries and benefits. It is a five-year federal grant to recruit, retain, and respecialize school-based mental health professionals. The University of Nevada, Reno and University of Nevada, Las Vegas are offering dual-credit courses and building a school-based mental health endorsement and emphasis into their school social work programs.

Ms. Flood Abrass asked about challenges schools in this region are having. Ms. Kelly replied that Douglas, Humboldt, Lander, Lyon, and Washoe County School Districts' biggest barriers are finding, recruiting, and respecializing people in these professions. Ms. Walburn added services are offered with the consent of the family to every child in school who needs that extra help. Project AWARE is creating an evidence-based, school-based behavioral health model. If they can, they will bill to Medicaid so they can get matching funds. Ms. Holmes noted getting to therapy is a barrier for all of the state's youth in school, not just for those who qualify for Medicaid. Ms. Flood Abrass asked if their Medicaid billing process would cross over for community providers. Ms. Walburn said they are a different Medicaid provider type that mimics provider type 14 for outpatient behavioral health clinics.

6. Presentation by Center for the Application of Substance Abuse Technology (CASAT) Certified Community Behavioral Health Center (CCBHC) Certification Team on status and role of CCBHCs in the crisis response system

Ms. Disselkoen's CCBHC team is made up of people from Health Care Quality and Compliance (HCQC), Medicaid, and the Division of Public and Behavioral Health (DPBH). It conducts annual reviews of all the CCBHCs. If a CCBHC has services or delivery issues, it is put on a corrective action plan, and another site visit is completed within three months under the HCQC model.

There are nine CCBHCs that fall under Medicaid provider type 17-188—New Frontier in Fallon; Vitality Unlimited in Elko; Vitality in Carson City; Bridge Counseling's two locations in Las Vegas; Quest Counseling in Reno; Carson City Community Counseling; Rural Nevada Counseling in Silver Springs; and FirstMed in Las Vegas, which is a Federally Qualified Health Center (FQHC). Four CCBHCs are funded directly by the Substance Abuse and Mental Health Services Administration (SAMHSA) and are applying for Substance Abuse Prevention and Treatment Agency certification—Community Outreach Medical Center in Las Vegas, which is seeking to be an FQHC; Silver State Health in Las Vegas, which is an FQHC; and Chicanos por La Casa in Gardnerville and Hawthorne will enroll as provider type 17-215s and provide most CCBHC services. First Person Care in Las Vegas and Vitality Unlimited in Reno are direct-funded and in the process of being certified. Required services for CCBHCs include: 24/7/365 crisis service, including mobile crisis; screening,

assessment, and diagnosis for standard biopsychosocial; person-centered treatment planning; outpatient behavioral health services including medication management; outpatient primary care screening and monitoring; targeted care management; psychiatric rehabilitation; peer and family support; community-based outpatient behavioral health care for members of the armed services and veterans; and assertive community treatment teams. Mr. Disselkoen said agencies have a catchment area based on ZIP code. Crises from outside the ZIP code must be triaged and clients given a warm handoff to services within their local community. He explained a CCBHC cannot deny anybody crisis services regardless of where they live. Dr. Hyne-Sutherland asked if an agency could have an agreement with a CCBHC for prescription management for the homeless population. Mr. Disselkoen said CCBHCs can so that with homeless services within the communities they serve. Dr. Titus asked how many clients they interact with and how folks are referred to CCBHCs. Mr. Disselkoen said Medicaid and SAMHSA collect such data. CCBHCs are on the top of the 211 list for 24/7 crisis management and will be on 988. Dr. Titus asked about waiting lists. Mr. Disselkoen explained if somebody comes in and is not in a significant crisis, the CCBHC has 10 days to get them an initial assessment; if an individual is in immediate need, there is no waiting. The initial crisis service can be done via phone if it is safe, but the second visit must be in person and should be within the next day of the initial call. Since these are SAMHSA requirements for CCBHCs, there has not been a waiting list problem. Ms. Flood Abrass noted that CCBHCs take people with no insurance. They are used for outpatient services. Mr. Disselkoen added some CCBHCs provide other services such as residential treatment and transitional housing. Those could have a waiting list, but a CCBHC is outpatient only. Ms. Flood Abrass said at the last behavioral health task force, law enforcement and juvenile probation shared how they were actively using New Frontier. It takes a while for the CCBHCs to grow up and for the community to pivot to a new resource.

7. Review of county taskforce input on Crisis Response planning and vote to approve Chair or designee to develop and send letter to Division of Public and Behavioral Health on Northern Board position
   Ms. Flood Abrass shared the Draft Northern Region Crisis Response Planning Statement document in which she identified the perspectives, gaps, needs, and priorities on certain topics throughout the region for the state. She explained the Board wanted the state to know their priorities and needs for the crisis response system so the system did not end up being built from the top down, without local participation. Dr. Titus gave Ms. Flood Abrass authority to write the letter, pending agreement from the chair and vice chair.

8. Review of Northern Region communication gaps, needs, and priorities, with consideration of website, and development of next steps
   In light of this agenda item, Ms. Flood Abrass suggested the following subcommittees:
   - Communication or the role of the Board

- Behavioral Health Authority
- Legislation for 2023

Mr. Wood said the chair can create subcommittees and appoint members at any given time; it does not require a Board vote. Subcommittees have to abide by Open Meeting Law when they meet.

9. Update on progress and possible approval of Northern Regional Behavioral Health Policy Board Next Steps document

   Ms. Flood Abrass asked how the Board would like to move forward on this document. She asked if they are interested in authority. Dr. Titus said they had the Legislative Counsel Bureau give an update on the Board's role so they can do things they are authorized to do to make a difference. Dr. Titus said the boards were created to identify mental health needs throughout the regions of the state. Then, they were enabled to solve those needs through legislation by creating bill draft requests (BDRs). Dr. Hyne-Sutherland noted the state clarified the Board cannot be both an authority and an advocacy group; it is a policy board. Ms. Flood Abrass asked if the Board would like to clarify that with the Deputy Attorney General (DAG). Dr. Titus asked if Ms. Flood Abrass would get a DAG opinion on this topic and share it prior to the next meeting. Ms. Aaker said she would not want to give up being able to present a BDR. The next steps document is a strategic plan, but may need to have more objectives. It identifies what has been accomplished. Dr. Gunnarson noted the Board is clearly authorized to submit one BDR per legislative session. He would prefer to home in what the Board is explicitly authorized to do. Dr. Titus said both of the Board's BDRs have had an effect statewide, but the BDRs are not required to affect statewide legislation; they can identify needs for the region. Ms. Flood Abrass noted the have one year to get the BDR together. Ms. Holmes suggested the Board narrow down topics for the BDR at the December meeting. Ms. Flood Abrass asked the Board to consider subcommittees at the next meeting. Dr. Titus pointed out the Board is small enough that it does not need subcommittees unless a topic requires a lot of input from other stakeholders. She suggested having a subcommittee after the Board identifies a problem to solve.

10. Discussion of next steps on Northern Regional Behavioral Health Policy Board annual report for 2021

    Dr. Titus asked if members would submit comments on what is important for the annual report. Ms. Flood Abrass said she will start writing it as the report is due at the beginning of January.

11. Regional Behavioral Health Coordinator update on current local, regional, and statewide efforts, initiatives, and legislation including Senate Bill 70 regarding mental health crisis holds; the Northern Regional Behavioral Health Emergency Operations Plan; Northern Regional Behavioral Health Communications committee; Statewide Regional Behavioral Health website; and Statewide Crisis Response planning

Ms. Flood Abrass said there were no updates. Dr. Titus said the bill was signed, but she does not know if it is in effect yet.

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

Ms. Holmes reported Lyon County created and is using a strategic plan prioritizing youth as their biggest opportunity. She and Chief Juvenile Probation Officer Eric Smith went on a tour educating youth partners on crisis services available in the county. They provided resource cards to anyone who comes in contact with youth in crisis to try to divert them from the justice system. They are planning their Youth Stepping Up Initiative for January. They will use the Sequential Intercept Model Mapping for youth justice diversion, similar to what they used for adults. They are making progress on their seniors and older adults initiatives, working with the coalition to use community health workers to aid older adults with their advanced directives.

Ms. Aaker said Carson's task force is still working on its strategic plan. The county's affordable housing project first draft went to the Board of Supervisors to work with a developer for a first phase of about 80 units. It is broken down to different levels of affordability. City officials and Ms. Aaker met with Grant Denton and Pat Cashell for their insight on homeless shelters. They will meet with stakeholders to find a small area where there is a lot of contact with the homeless and see what can be done.

Ms. Robards reported New Frontier is providing treatment and education in the high school, middle school, and charter school. They are making progress with their outpatient programming.

Dr. Gunnarson shared that private sector providers are having a hard time keeping people on payroll—to the point where they are closing down supportive living arrangement homes and groups homes because they do not have the staff. Medicaid reimbursement is not high enough to keep folks in these difficult jobs when less difficult jobs pay better. It is a crisis for people with developmental disabilities.

13. Board member recommendations for future presentation and topics for board consideration

Dr. Titus recommended identifying potential BDRs within their scope. Dr. Hyne-Sutherland asked if there was resource for BDR ideas already being worked on since legislative committees will be working through the interim. Dr. Titus said a bill was passed that extended existing committees. The Joint Interim Standing Committee on Health and Human Services will hear health care issues throughout the interim. When the Board settles on a topic, it is critical to engage authorities on that topic as they work on the BDR. There may be a mental health law in another state that Nevada could duplicate. Ms. Flood Abrass said the Washoe Board a standing agenda item for people to present ideas to them and suggested doing the same.

Ms. Flood Abrass reviewed topics for future meetings: ideas for BDR, presentation from DAG on the authority, billing Medicaid, system of care, a presentation by a housing coalition, and a presentation by Dr. Jennifer Carson on Dementia Friendly

Nevada initiative. Ms. Holmes noted some of these items could be on the January agenda.

14. Public Comment

Dr. Greene noted an unintended consequence of providing therapy remotely is recruiting efforts for remote psychotherapy have increased. She can provide psychotherapy from the comfort of her home in Carson City and make more money working for other states.

15. Adjournment

The meeting adjourned at 3:44 p.m.