

**NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD  
MEETING MINUTES  
June 3, 2021  
2:00 pm to Adjournment**

THIS MEETING WILL BE HELD AT THE  
DIVISION OF PUBLIC AND BEHAVIORAL  
HEALTH ADMINISTRATION BUILDING, 4150  
Technology Way, Room 303, Carson City,  
Nevada 89706

Teleconference: Call in number:  
16699006833, meeting ID: 6665788969  
Password: 488389

1. Call to order/roll call – Taylor Allison, Chair  
**Members Present:** Taylor Allison (Chair), Dr. Ali Banister (Vice Chair), Dr. Daniel Gunnarson, Erik Schoen, Matt Law, Dr. Amy Hyne-Sutherland, Lana Robards, Nicki Aaker, Sheriff Ken Furlong, Shayla Holmes, Sandie Draper  
**Members Absent:** Dr. Robin Titus, Dave Fogerson,  
**Guests:** Kathy Wellington-Cavakis, Michelle Sandoval, Greg Kitchingman, Jessica Flood Abrass, Stacy McCool  
A quorum was present.
2. Public Comment  
There was no public comment
3. Review and approval of minutes from April 1, 2021  
Dr. Banister moved to approve the minutes. Ms. Aaker seconded the motion. The motion passed without opposition. Mr. Schoen and Ms. Draper abstained.
4. Overview of Division of Child and Family Services (DCFS) Rural System of Care grant priorities and funding and discussion of opportunities for collaboration  
Ms. Wellington-Cavakis shared a [PowerPoint presentation](#). The expansion grant focuses on building a system that provides support and services and access to those services for children, youth, and families across Nevada's rural, frontier, and tribal communities. In the first of four years of the grant, they will address critical or priority needs in rural Nevada by expanding or building capacity with psychiatric services. They are funding University of Nevada, Las Vegas (UNLV) psychiatric fellows to provide additional time to serve the waitlist at rural clinics. They are also funding a pediatric psychiatric consultation program wherein the fellows provide consultation to pediatric and primary care providers. They will work closely with certified community behavioral health clinics to serve children aged zero to six. They allocated \$50,000 for services through Rural Clinics' mobile outreach safety teams (MOST) to families. The system of care is a coordinated network, bringing child-serving systems together to build a system that gives families access to whatever services they need in their own communities.

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System of care core values are youth-driven and community-based, offering a broad array of services and support in the least restrictive setting. Families are involved at every level of planning and implementation throughout the system to help promote healthier communities, and healthier function and lives for youth and children experiencing mental and behavioral health challenges, allowing them to stay in their homes, schools, and communities. It includes mental and behavioral health, juvenile justice, child welfare, and youth who are struggling in school. They partner with Nevada Parents Encouraging Parents (PEP) and Youth Motivation Others through Voices of Experience (M.O.V.E). Grant priorities include moving DCFS into the children's mental health authority role with Dr. Megan Freeman in that position, increasing access to services and support through a single point of entry, increasing access to a tiered care coordination model that matches youth and family needs, building capacity of evidence-based mental/behavioral health interventions by expanding services throughout rural and frontier communities, and building collaboration across systems to support special populations.

Ms. Allison asked for a funding breakdown and how this board can help align with their priorities for their communities. Ms. Wellington-Cavakis replied the counties can share their needs and the types of funding, support, and collaboration needed. They have an evaluation contract with the University of Nevada, Reno (UNR), the UNLV psychiatric fellow contract, and a positive behavioral support contract to provide interventions to high-need youth with dual diagnosis intellectual and developmental disabilities. They are doing behavioral assessments and training with staff and/or families to help better manage a child's behavior. They are working with juvenile justice. They have contracted with Nevada PEP as their peer-support partner and with Center for the Application of Substance Abuse Technologies for a training platform. Funds are disbursed according to need and are not directed at communities. Ms. Wellington-Cavakis said members can get ahold of her regarding funding requests. She is willing to be creative, program by program. They are also trying to build sustainability and can use funding as seed money to help build capacity. The board suggested it would be helpful for agencies to have funding for a Medicaid biller or for training regarding Medicaid billing. Ms. Wellington-Cavakis stated they could look into federal technical assistance (TA) for this. The national TA folks have built systems and sustainability specialized with the financing piece. Ms. Allison suggested members funnel their ideas through Ms. Flood Abrass.

5. Update on Division of Public and Behavioral Health (DPBH) Rural Clinics programming, capacity and staffing

Ms. Sandoval reported that all 16 of clinics are staffed and open. The 12 positions that were frozen due to COVID-19 have been unfrozen and will be filled in a staggered manner with priority given to positions providing direct services. The med clinic will continue to be virtual. Starting June 1, consumers may come back for outpatient services. They continue to offer same-day mental health screenings and scheduled screenings to help decide which services would best meet clients' needs—community providers or rural clinics, depending on insurance, what is best for the client, and what the client wants. They have crisis stabilization and assessment teams and the immediate mental health care team for adults and the children's mobile crisis response team for youth.

6. Discussion of concept of Regional Behavioral Health Authorities

Ms. Flood Abrass suggested they keep this as a standing agenda item. She reported that DPBH is preparing a timeline. They will go to the Nevada Association of County Human Services Administrators (NACHSA) to ensure state-level messaging is uniform. She will keep the board updated. Ms. Holmes said her county supports this, looking forward to targeting services to their region and population. She encouraged others with good relationships with their county social services administrators to participate in the NACHSA meetings. Ms. Allison suggested looking at states with similar regional behavioral health authorities models to see what that could look like for this region. Ms. Flood Abrass said this board needs to understand the role it can play in this.

7. Continued development and approval of Northern Regional Behavioral Health Policy Board strategic plan

Ms. Allison reminded them they discussed what "good" looks like in the region at the last meeting, laying out how they could address actual needs. They will map activities addressing the gaps and needs. They struggle to define what impact looks like in such a complex topic such as behavioral health because there are so many nuances. Ms. Flood Abrass said they must address the entire system of basic needs, workforce, stabilizing behavioral health crises, access to behavioral health treatment in all levels of care, and continuity of care. The [strategic plan](#) is organized into action, impact, and theme. Ms. Draper asked where it addresses parity. Ms. Flood Abrass replied parity is an outcome that hits most of what is in the plan. Ms. Allison said it is almost a theme that addresses all of them. Ms. Draper's concern was to call it out because parity is in law and it is not always happening. Dr. Hyne-Sutherland suggested adding it to page 1 of the overview. Ms. Allison said the board will eventually dive into the acts and assign the top two or three they can achieve this year having with one or two members taking the lead in each section. Dr. Hyne-Sutherland liked the idea of assigning accountability even though some topics are big. She suggested they prioritize the ones for behavioral health to make the best use of their expertise. Ms. Flood Abrass agreed. She suggested they choose quarterly goals and provide updates. They discussed several different ways to do this, finally deciding to send Ms. Flood Abrass their top three choices in each of the five categories, then to look at the tally at the next meeting.

8. Review and approve concept and submission to Governor for "Ideas to Utilize American Rescue Dollars"

Ms. Allison has not received additional guidance since the initial framework and solicitation for ideas. Ms. Flood Abrass suggested they put forward their strategic plan priorities. Ms. Aaker asked DPBH was putting support staff for the regional behavioral health policy boards into their American Rescue Plan (ARP) money request. Ms. Allison said a letter from the board to DPBH should be specific about what their wants are, starting with a data analyst. Ms. Flood Abrass suggested bringing the letter to the July meeting before submitting it. The letter could state this board's willingness to be the pilot program for developing the regional authorities.

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9. 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 proposed amendment  
Senate Bill 70 passed, but has not yet been signed by Governor Sisolak. It passed unanimously in the Assembly; only one person voted against it in the Senate. Ms. Allison thanked Ms. Flood Abrass for leading the statewide working group and getting the bill across the finish line. The board should start thinking about a bill for next session while doing strategic planning.
10. Review and adopt draft bylaws for Northern Regional Behavioral Health Policy Board  
Ms. Flood Abrass went through draft bylaws adapted from Clark County's bylaws and the comments Ms. Holmes shared with her. The Board recommended changes. They will review the updated document at the next meeting.
11. Regional Behavioral Health Coordinator update on current local, regional, and statewide efforts, initiatives, and legislation including the Northern Regional Behavioral Communications committee and website and Nevada Crisis Now Initiative meetings  
Ms. Flood Abrass reported that Senate Bill 70 passed. The statewide work group will develop a youth mental health crisis hold brochure and will update the one for adult mental health crisis holds. The state is moving forward on a mental health crisis hold website. Dr. Gunnarson asked if the forms for the 72-hour hold would be updated to make them consistent with the new law. Ms. Flood Abrass said instead of "Application for Emergency Admission," it will be called "Mental Health Crisis Hold." She commended Dr. Gunnarson for representing the board on the work group. The state can start putting together an assisted outpatient treatment level of care for court-ordered outpatient treatment at the family court level. She will give updates and provide the packets and brochures as they are developed.  
The request for proposal (RFP) for the statewide website was released; proposals are due June 7. The CEO of the company that did the Nevada Crisis Intervention Team (CIT) website is interesting in creating a central for information for behavioral health.  
The 988 hotline for behavioral health emergency is moving forward. The Division expects that work to trickle down to the regional behavioral health authorities. They plan to have Crisis Support Services of Nevada use 211 as the resource directory for people in crisis to get help in their communities. The state wants to update the 211 system and have people use it more. Ms. Flood Abrass stated they should think about what to do with system of care opportunities. The Office of the Attorney General is applying for a grant to expand the MOST and FASTT teams in the region. Carson City's second MOST team will be oriented toward youth. Lyon County sheriff wants another team. Ms. Draper and others expressed concern about using 211. Ms. Flood Abrass said she would put 211 on another agenda if the board wants to talk to them about what this would look like. Mr. Schoen said 211 is neither user-friendly nor up to date. Part of Ms. Allison's Substance Abuse Prevention and Treatment Agency (SAPTA) certification requires them to update it, but she does not think consumers use it. Its biggest pitfall is in not providing a warm handoff back to communities. Mr. Schoen said they do not generally refer people

to 211. Their case managers use it to find other available resources for their clients. Ms. Flood Abrass noted they were interested in innovative solutions. She mentioned community health workers—could 211 hire them in the counties? Mr. Schoen suggested assigning a fully funded one to each prevention coalition. Ms. Flood Abrass thought it would worthwhile to have that conversation. Mr. Schoen pointed out it would help provide sustainability for prevention coalitions. Ms. Allison asked if they could get an update from 988 at the next meeting.

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

Mr. Schoen reported that Assembly Bill 191 passed, which making community health workers' services reimbursable through Medicaid. There will be discussions with Medicaid about the reimbursement rate. It means some community health workers will have a path to sustainability in the organizations that use them. There have been talks with Terry Kerns from the Attorney General's Office about how to expand the use of community health workers using the Resilient 8 model to expand FASTT and MOST capacity in rural Nevada counties, especially those further from population centers. If they are funded through Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) funding, it would mean a significant investment in helping all the rural counties take a step forward and have FASTT/MOST capacity in their regions.

Ms. Flood Abrass said Senate Bill 390 for the mobile crisis line funding passed. Phone companies will be taxed per line, generating millions of dollars. Ms. Allison added that most of the bills the board supported passed, except for Clark County's. Senate Bill 69 is huge for prevention and for peers.

Ms. Aaker said they did a strengths, weaknesses, opportunities, and threats analysis at their last behavioral health task force meeting. It will be used to develop their strategic plan which seeds into Carson City's community health and improvement plan. Ms. Flood Abrass said Carson, Lyon, and Douglas have been doing strategic planning and prioritizing at the community level. Churchill County just completed their CIT program training. Lyon County is going to get ready to develop theirs for September.

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

This item was tabled.

14. Public Comment

There was no public comment.

15. Adjournment

The meeting was adjourned at 4:05.