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

The meeting was held via teleconference.

1. Call to order/roll call

**Members:** Taylor Allison (Chair), Dr. Ali Banister (Vice-Chair), Laura Yanez, Nicki Aaker, Heather Korbolic, Lana Robards, Shayla Holmes, Dr. Daniel Gunnarson, Erik Schoen, Dr. Amy Hyne-Sutherland, Sandy Wartgow

**Members Absent:** Assemblywoman Robin Titus, Sheriff Ken Furlong,

**Staff and Guests Present:** Jessica Flood Abrass, Rae Scott, Christine Hess, Alex Tanchek, Andree Kinney, Andy Herod, Cherylyn Rahr-Wood, Dana, Dawn Yohey, Jimmy Lau, John-Michael Mendoza, KT Greene, Lea Tauchen, Linda Anderson, Linda Lang, Marianne McKown, SS Supervisor at Churchill County, Jackee Steward, Diana Gutierrez-Soto, Cody Phinney, Kim Riggs, Elyse Monroy, Michelle Bennett, Robin Reedy, Peter Ott, Trey Delap, Valerie Balen, Stephen Wood, Joan Waldock

2. Public Comment

Ms. McKown noted her name was misspelled in the previous set of minutes.

3. Review and approval of minutes from October 7 and November 4, 2021

Dr. Banister moved to approve the minutes with a correction. Ms. Yanez seconded the motion. The motion passed without abstention or opposition.

4. \*\*\*This item was taken out of order.

Presentation from Nevada Housing Coalition discussing status of housing regarding behavioral health including policy and legislative recommendations for Board consideration

Ms. Hess shared her [PowerPoint presentation](#) on affordable housing in Nevada. She noted Nevada is one of the worst states and the worst for residents below 30% of area median income (AMI). A taskforce from the private and public sectors, local government, nonprofit advocates, and developers recommended Nevada invest \$500 million of its fiscal recovery funds in affordable housing.

Mr. Schoen asked what innovative solutions for affordable housing other western states are using that Nevada is not. Ms. Hess replied California uses community land trusts—land given by local government or private donation held in renewable 99-year leases for affordable housing for single- or multi-family homes. Cities can use inclusionary zoning to allow a percentage of what is built to be affordable. Oregon has preservation strategies in place.

Dr. Gunnarson asked if the \$500 million has been appropriated. Ms. Hess said it has not. He asked how many housing units could be provided and how many people could be housed. He also asked if it included housing for people with disabilities.

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Ms. Hess said estimates could be found at [NVHousingCoalition.org](http://NVHousingCoalition.org). They prioritized supporting individuals with disabling conditions, particularly for those on fixed incomes. She estimates the number at 4,000-5,000 new and preserved units, depending on how the dollars are leveraged. Ms. Holmes recently learned of Housing and Urban Development's Section 811 supportive housing for people with disabilities. Ms. Hess said the state does not maximize Section 811 because it is difficult to deploy. Ms. Flood Abrass suggested they advocate for money for permanent supportive housing. She asked if there is adequate funding for the 1915(i) waiver to cover the population that needs it. Ms. Hess noted advocacy is needed to get the project rolling. Ms. Aaker understood the waiver provides reimbursement for home services. Ms. Flood Abrass explained that some people need permanent habilitative support, rather than rehabilitative support. Ms. Hess said 1915(l) provides permanent supportive housing with funded intensive services. Ms. Flood Abrass pointed out supportive housing for people with serious mental illness is a gap. Ms. Hess said her Coalition is studying whether if a renter could have a guarantor to mitigate risk for landlords as is being done in Oregon . Most affordable housing is built with low-income housing tax credits. The tax credits help make projects pencil for mission-driven developers to build these units. Most tax credits expire in 30 years, but a loophole allows for early termination at 15 years. Mr. Schoen asked how they can retain the stock that exists. Ms. Hess said rehabilitation can be done using tax credits. Mr. Schoen summarized that once a project is built, there are no tools or incentives to encourage the developer to continue offering those units as affordable. Ms. Hess pointed out most mission-driven developers will rehab units and keep them affordable. SB 12 from last session requires affordable housing owners to give 12-months' notification of units' expiring or early terminating to local governments, the housing division that notifies affordable housing developers, and the tenants. The State Infrastructure Bank could help with bridge financing.

5. Discussion of regional board and behavioral health taskforce roles: Review board mandates in *Nevada Revised Statutes* (NRS) 443, identify opportunities, and develop and approve processes, subcommittees, and board schedule

Ms. Flood Abrass said they need to agree on how to use the Board most effectively. There is tension between providing information on topics on their priority list and remaining focused on policy and legislation. Dr. Gunnarson stressed they should focus on what they can do, not what they would like to do. Ms. Allison pointed out it would be more efficient to have a single member work through a topic with Ms. Flood Abrass, then bring it be reviewed by the Board, rather than having subcommittees that must comply with open meeting law.

Ms. Flood Abrass reviewed Board duties per *Nevada Revised Statutes* 433.425. She suggested they consider how best to advise the Department, Division, and Commission. They could do this by providing reports on specific topics. They are tasked to exchange information with other boards to provide unified and coordinated recommendations. She noted the board coordinators and chairs meet annually and

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during the legislative session. Reviewing the collection and reporting standards of behavioral health data could be fleshed out as the authority for data. The boards' website fulfills the electronic repository of data and information accessible to the public requirement. They are to track and compile data on legal holds and court-ordered admissions for inpatient and outpatient treatment. There have been barriers to AB 85's mandate that hospitals report that information. This also provides data authority. They are required to submit an annual report to the Commission. All of Board's data comes from the Office of Analytics' epidemiological report, but it shows the need for a data analyst. A report may be submitted more often than annually.

Dr. Gunnarson asked if the Board could coordinate with university social sciences graduate programs with overlapping interests to provide thesis and dissertation topics. Students have the time, energy, and statistical know-how to do this research. A university psychology, epidemiology, or social work department could develop a programmatic line of research in coordination with the boards. Ms. Flood Abrass mentioned she has three social work interns—one will be shared by the coordinators for organizing data to ensure standardization; the other two will maintain the website. Ms. Holmes said they do not have data on the cost of sending youth with developmental disabilities out of state, the number of youths involved, their demographics, or the number turned down. State legislators need to see the data to know why change is needed. Ms. Riggs said Medicaid information can be found at [dhcfp.nv.gov/](http://dhcfp.nv.gov/). She also shared the link to a report on [CCBHCs](#). Ms. Flood Abrass suggested data requests be made when they identify topics for policy or legislative requests. She added they could dedicate a meeting to data and include state partners. Dr. Hyne-Sutherland suggested they share available data in a data library and accept suggestions for data to collect, which would point out gaps. Ms. Holmes suggested tracking outcomes based on the strategic plan and tie them to Board goals. Ms. Flood Abrass asked what they want to do in advocacy. Ms. Allison mentioned there would be region-specific data in the epi profile. Ms. Riggs provided a link to the [Nevada Opioid Surveillance Dashboard](#) and asked for feedback to improve it. Ms. Flood Abrass suggested asking the behavioral health taskforces to present ideas. Ms. Holmes asked if discussion from taskforces about legislation or policy could be shared under the reporting agenda item. Ms. Allison stated the Board can support and empower communities by formalizing the taskforce infrastructure. Ms. Holmes asked how the taskforce infrastructure could be formalized. Ms. Flood suggested the role of the taskforces and the boards be explained at the next meeting. Ms. Allison there will be an update from the taskforces on the agenda even for the data meeting so any crisis can be addressed. Ms. Flood Abrass said review of the website could be done quarterly and a touch-base meeting could be done annually. The only other standing item is review of the strategic plan. Other links to sites shared during this portion of were information on opioids at [nvopioidresponse.org](http://nvopioidresponse.org), background on Section 811 at [ps.psychiatryonline.org](http://ps.psychiatryonline.org), and information about Section 811 housing at [hud.gov](http://hud.gov).

6. Update on progress of Northern Regional Behavioral Health Policy Board Next Steps document

Ms. Flood Abrass updated the next steps document to include education on the 1915(i)

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waiver, maximizing Section 811, and permanent supportive housing at the next meeting to determine where to send a letter of support. Mr. Schoen suggested they support the Coalition's list of ways to use American Rescue Plan Act (ARPA) funds. Ms. Holmes asked when the Governor would allocate funds. Without doing additional research, a general letter could be sent. Ms. Aaker said data is a topic that could take the entire meeting. Ms. Flood Abrass asked if they wanted data for January, then the housing letter and the behavioral health emergency operations plan for February. Ms. Allison said lessons learned should probably come back to the Board in the next few months.

7. 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 or on behalf of the local behavioral health taskforces. This includes requests and feedback from the taskforces on Policy Board progress.

Ms. Allison reported Douglas County has concerns about West Hills' closing. There are anecdotal reports about youth taking up emergency room (ER) beds because there is no inpatient placement for them. A mechanism is needed to declare this a crisis, and additional resources are needed. Dr. Bannister noted a consequence of West Hills' closing is youth who we would be sent from the detention center to West Hills will be retained at the detention center. Ms. Flood Abrass added youth are being held in all of the rural hospitals. She said there will be a meeting with the System of Care, which has funding and can provide technical assistance to develop a youth system of care. The Pediatric Access Line is available to provide primary care or family physician access to a child psychiatrist Monday through Friday, 8-5; it is not meant for hospitals. The state is working to provide something similar for hospitals. Nevada increased Medicaid rates for inpatient psych hospitals to increase community care by bringing in Reno Behavioral Health. Dr. Gunnarson asked if clinicians could go into the jails to augment staff. Ms. Flood Abrass replied that some therapists can go into hospitals, but the acuity of youth is so high therapists are not stabilizing them for discharge. Intensive in-home service is a wraparound similar to Assertive Community Treatment, but for youth. Mr. Schoen received funding to provide intensive in-home treatment in Lyon County; Carson-Tahoe is applying for and trying to develop that. The plan is to create a higher level of care that is lower than inpatient services. Ms. Flood Abrass said there is not a packaged billing rate for ACT or for this service. There is an opportunity to advocate that Medicaid prioritize developing an adequate billing rate. Mr. Schoen noted it is hard to squeeze any more efficiencies out of a severely underfunded system. Medicaid rates must increase because that is where providers are being pushed for sustainability. A system cannot grow without having enough funding coming into it—juvenile, adult, youth, or senior services can be done with proper funding. Those are the hard conversations at the legislative level because revenue increases are needed to fund them. Ms. Holmes pointed out they have not decided on legislation for the next session. If the Board can show the cost effectiveness and return on investment with in-state infrastructure versus out-of-state expenditures, it could be worthwhile. Dr. Gunnarson reported he struggled getting Medicaid approval for people go out of state when there are no services in the state

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for them. Ms. Flood Abrass said that could be a topic for February or March. Mr. Schoen said Storey and Lyon Counties cannot do more with what they have.

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

This item was covered above.

9. **Public Comment**

Dr. Reedy said the National Alliance on Mental Illness (NAMI) Nevada's advocates on housing and supportive housing for those with the lowest income. They recommended using ARPA money to buy a building or land. If there was the money for infrastructure, they could partner with nonprofits for supportive services. She provided a link to their recommendations at [naminevada.org](http://naminevada.org). She noted Nevada is in a state of emergency—kids can be locked in a room in an ER for two weeks because there is no place to send them. An adult would not be able to withstand that, let alone someone under 18. As an emergency measure, a letter to the Governor could request we raise money to pay people. She reminded the Board Nevada ranks at the bottom. If the Board thinks Nevada can get off 51 without spending money, it must be a happy land to live in because that is the only way it can be done. The state made progress in the last legislative session by establishing a revenue stream for 988. The state will assign this money whether a letter is written today or tomorrow. Come January or February, it will not matter. Housing and a stable food source will get people paying attention to their medications and behaviors. This group of people will never be able to pay their own rent. Everyone needs to advocate for that. It will be what makes a difference in this state. Ms. Flood Abrass added that the administrative agencies are building their budgets right now. Dr. Hynes-Sutherland offered to draft a letter to advocate for housing for people with severe mental illness. Ms. Aaker suggested they also send letters individually. Mr. Schoen noted the Legislature deviated from the Governor's proposed budget by only 2 percent, so the chance to make a difference is in the next few months. Ms. McKown agreed to the need of stable housing for people and funding for it.

10. **Adjournment**

Dr. Gunnarson made motion to adjourn; it was seconded by Mr. Schoen.