



---

**NORTHERN REGIONAL BEHAVIORAL HEALTH POLICY BOARD  
DRAFT MINUTES  
November 19, 2020  
2:00 pm to Adjournment**

Meeting Locations: Teleconference only

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

Password: 488389

Teleconference weblink:

<https://us02web.zoom.us/j/6665788969?pwd=MUNJRStSdTY5UDExSct3ZnJSSFA1UT09>

Password: Northern

**1. Call to order/roll call**

Chair Allison called the meeting to order. She determined a quorum was present.

**Members Present:** Taylor Allison (Chair), Dr. Ali Banister (Vice-Chair), Dr. Robin Titus, Sandie Draper, Nicki Aaker, Lana Robards, Sheriff Ken Furlong, Shayla Holmes, Dr. Daniel Gunnarson, Erik Schoen, Amy Hynes-Sutherland

**Members Absent:** Dave Fogerson, Matt Law

**Staff and Guests:** Jessica Flood, Northern Regional Behavioral Health Policy Board Coordinator; Tom Durante; Teresa Etcheberry; Elyse Monroy; Ana Maria Hernandez; Allison Greco; Helen Troupe; Lea Tauchen; Tray Abney; Valerie Balen; Mary Jane Ostrander; Abigail Bailey; Serene Pack; Lori Follet; Linda Lang; Kim Garcia, Stephen Wood, Dawn Yohey, Ben Trevino, Joan Waldock, Division of Public and Behavioral Health

**2. Public Comment**

Mr. Durante, president of the Nevada Chapter of National Association of Social Workers, stated members could partner with him in the upcoming legislative session. A survey of rural and frontier social workers showed concern about the lack of high-speed internet connectivity for telehealth and teletherapy. Programs through the Federal Communications Commission and the US Department of Agriculture are available. His group is planning for a day of advocacy by social workers at the legislature.

**3. Review and approval of minutes from September 29, 2020**

Mr. Schoen moved to approve the minutes. Ms. Hynes-Sutherland seconded the motion. The motion passed.

**4. Update on Northern Regional Behavioral Health Policy Board Bill Draft Request (BDR) focused on updating and clarifying the mental health crisis hold process in *Nevada Revised Statutes* (NRS) 433A.**

Ms. Flood stated the BDR has become Senate Bill 70. It revises provisions governing

the use of chemical restraints on persons with disabilities, establishes procedures for placing a person on and releasing a person from a mental health crisis hold, revises provisions governing the emergency admission of a person to a mental health facility or hospital, and revises provisions governing involuntary court-ordered admission to a mental health facility and involuntary assisted outpatient treatment. Dr. Titus said she would introduce the bill to the legislative committees, then Ms. Flood would provide the details.

**5. Update on Northern Regional Behavioral Health Emergency Operations Planning Committee**

Ms. Flood explained that the regional behavioral health coordinators and the policy boards were tasked with developing plans to be integrated into existing emergency operations planning. Ms. Allison suggested the region focus on implementing a screening tool to identify what the behavioral health needs are in order to allocate resources. The plan could be adopted formally by the Board and implemented by the emergency management offices at the county level.

**6. Presentation on Nevada Resilience Project (Kendall Holcomb, Andréé Kinney, Leah Farkas, Division of Public and Behavioral Health)**  
Kendall not in meeting (see item 11)

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

Ms. Holmes stated there were no updates for the Lyon County Behavioral Health Task Force. Ms. Aaker had no updates. Storey County did not meet. Carson City had a meeting but had to cancel it. Douglas County met and went over some of the items from the behavioral health emergency operations plan, many providers are going back to virtual service, there is a tabletop exercise scheduled in February, when more information comes out we will be happy to share.

Mr. Schoen stated Storey County is trying not to make too many plans yet, we are waiting to see if we are going to have more of a shut down. I do not have the same confidence that at the Federal level, that a package will be passed in time to help the non-profits. I think there will be some real pain felt by the folks providing the services, were either going to have to cut back hours, cut back programs or let people go. The portion of my budget supported by state and federal grants should be ok because they are flexible. My fee-based services that I collect from parents are the ones I worry about. I lose the revenue that I need to continue supporting those employees. Back when this happened in March, we gave everybody immediately two weeks of additional time off just to help them get through this and then we were mandated April 1 to actually do two weeks so a lot of my staff got an additional four weeks. We're not in the position where we can do that this time around so it will have real impacts.

Female speaker stated my two grandchildren that are both teenagers, wo are in high school now and the effects of living with this for all this time and home-schooling and

---

all the things that are going on there, we actually need to be having more money going to mental health because they are struggling.

8. Regional Behavioral Health Coordinator update on current local, regional, and statewide efforts and initiatives including the Northern Regional Behavioral Health Communications committee and Nevada Crisis Now Initiative meetings.

Ms. Flood stated they are trying to expand the Forensic Assessment Services Triage Team (FASTT) and Mobile Outreach Safety Team programs (MOST). To expand FASTT programs, jails could screen for stimulants and opioids in the jail and expand substance use counseling and discharge planning programs. The MOST programs are trying to gather data. Going after funding that is more focused on substance use could really help our programs. We would like to expand FASTT to do screenings and then potentially expand substance use counseling role in jail as well a discharge planning. The MOST program is trying to find data. With Washoe County MOST, 24 percent of the population they see combined opioids, stimulants, heroin, and cocaine. In the 2023 legislative session I really think that we'll have the momentum to be able to at least sustainably fund MOST and hopefully convince county officials that FASTT is something that's worth investing in. I have one more update. This board is mandated to have a dashboard that has data on it about the region and facilitates some information, that's open to the public. We asked for that in Regional Behavioral Health Coordinator grant, for funding to develop that website. Many of these grants are delayed right now but when I get information on that, that will be probably be another board-related task.

9. Review Northern Regional Behavioral Health Policy Board priorities and discuss updating priorities for 2020-2021. Current priorities in 2019 Northern RBHPB include:
  - Implementing Crisis Now.
  - Further revising NRS 433A to modernize and standardize Nevada's mental health crisis law.
  - Identifying funding for Mobile Outreach Safety Teams, Forensic Assessment Services Triage Teams, and Crisis Intervention Training.
  - Supporting region's juvenile parole officers (JPOs) in developing and sustaining behavioral health initiatives.
  - Sustainable funding source for Mallory Crisis Center.
  - Sustainable funding source for Regional Behavioral Health Coordinator position.

Ms. Flood stated she got 56 responses to her survey. Another survey will be sent prior to the December meeting. The top four funding priorities were to support crisis intervention training (CIT), MOST, FASTT, and the Mallory Crisis Center. Another priority was to obtain technical assistance for program evaluation. Improving the data infrastructure to facilitate better communication ranked fairly high. Female Speaker stated she wanted to give some feedback on the Crisis Now and Mallory. It was hard to rate those. Mallory is what we have now and it's close to what Crisis Now is supposed to be developed into so I made it I think my number one but it

was kind of difficult to put those in a priority order. It's the closest thing we have now to Crisis Now so it's got to be a high priority.

Ms. Flood stated: just be really transparent about how we came about these priorities is we looked in the last Northern Regional Policy Board report to the state and these are the exclusive priorities that were listed in there. We took these questions directly from Heather Kerwin's strategic planning last year. We thought to keep some of her questions to use as a running indicator.

Chair Allison: we need to start thinking about this as an informational presentation on what the priorities are, at the next meeting we can make some decisions on what our priorities are going to be in 2021.

Ms. Flood said previously identified priorities are increase retention and recruitment of psychiatric behavioral health clinicians, substance use treatment professionals and/or behavioral health professionals with the capability to treat youth; supporting group homes and/or housing with varying levels of care; increasing the percentage of CIT-trained behavioral health trained first responders; and developing services to support continuity of care and continuation of medication, etc.

Ms. Hynes-Sutherland asked how they will tackle the housing issue. Ms. Aaker stated the Carson City courts contracted with Spirit of Hope to rent a house for individuals coming out of the specialty courts. Community Counseling Center has a similar program. Ms. Hynes-Sutherland asked if there was a sustainable funding model for group homes. Ms. Flood suggested they have someone from the state explain existing models of reimbursement. She added they could look at standardizing summary arrest, regional centers such as Mallory, sustainable funding for MOST and FASTT, transportation, trauma-informed care, community health workers, patient access, increased school-based mental health, a greater focus on substance indices, post-traumatic stress disorder services for youth, public health districts, mental illness education, and clarification on insurance. Other topics to discuss are early mental health programming to divert from criminal justice, broadband internet, and reaching out to vulnerable adults.

Chair Allison: For somebody that took the survey, we would like to get feedback on some of the comments, that would be helpful for the next couple of meetings.

Dr. Gunnarson: when talking about access to providers, there's a lot of providers out there but they can't get on the insurance panels. And you also talk about Medicaid wanting to cut rates again to the point where providers just won't take Medicaid

Ms. Flood: So, really in our region there's still a real focus on like making sure that people have access to crisis supports, continuing treatment and housing and then there's this higher need that we've talked about, about that residential housing inpatient care for people with severe mental illness I think, is what I'm reading from this from other conversations we've had. Chair Allison stated having some of these discussions about housing, It's important. I know such a broad umbrella of things that we could tackle underneath housing but keeping an eye on what's going on

and the potential evictions that we would see and availability in housing in the next couple of months as the eviction moratorium is either continued or is Sunset.

Ms. Hynes-Sutherland: In regards to community health workers, I do think that there's something to spending a little bit more time on what was a new to me concept, which is community health workers, if you have the providers but you don't have the support networks to really have those providers make the difference that they want to make, and then people that are afraid to ask for help or don't know where to get it, might know a community health worker.

Mr. Schoen: I asked the question if there was any appetite for supporting community health workers being reimbursed through Medicaid and the response, we got was that there is a-to look for a BDR. It sounds like the Department of Health and Human Services is very interesting in doing that. the deputy director or staffer that he had respond to that wasn't quite sure if he might take on a BDR but she did confirm that there were either the existence of a BDR or that they were looking to, to actually put into a BDR somewhere.

Female speaker: that's an actionable move for this board. So, give me that feedback because we could put that on the next agenda and get ahead of that if you want.

Ms. Flood stated we should probably look into that sooner.

**10. Board member recommendations for future presentation and topics for board consideration.**

A presentation by Director Richard Whitley's office was suggested.

**11. \*\*Presentation on Nevada Resilience Project\*\* (This item was taken out of order.)**

Ms. Yohey reported the project is a crisis counselor program through the Federal Emergency Management Agency. It started as an immediate services program and is now a regular services program. The staff is made up of 39 crisis counselors, or resilience ambassadors, and five supervisors. They provide early triage intervention and referral to services in response to the impacts of COVID-19 on Nevada's population. The Nevada Resilience Project works with providers in the community in order to meet the needs of the state and the communities. The program is intended to enhance Nevada's healthcare workforce. They provide individual crisis counseling, short-term supportive and educational group crisis counseling, public education, community networking and support, assessment referral and resource linkage and distribute educational materials. The crisis counselors are like community health workers with behavioral health training.

**12. Public Comment**

Ms. Flood added the Rural Regional Behavioral Health Policy Board bill focuses on licensure for social workers. There was no further public comment.

Ms. Draper moved to adjourn. Dr. Bannister seconded the motion. The meeting was adjourned.