

**RURAL REGIONAL BEHAVIORAL HEALTH POLICY BOARD**

**Meeting Minutes**

**DATE: December 21, 2022**

**TIME: 12:00 pm to adjourn**

**Meeting Location: Online Only**

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

**1.) Call to Order and Roll Call (Fergus Laughridge, Chair)**

Chair Laughridge: will table Agenda Item 4 from the agenda. Will visit Agenda Item 9 in its place, after Agenda Item 3 (public comment).

Roll Call (Valerie Haskin)

Members Present:

Chair Fergus Laughridge  
Brooke O'Byrne  
Dr. Erika Ryst  
Matt Walker  
Amy Adams  
Amanda Osborne  
Chris McHan  
Patrick Rogers  
Sarah Dearborn  
Bryce Shields  
Jeri Sanders

Members Absent:

Senator Pete Goicoechea

**2.) Public Comment:**

- Valerie Haskin, Rural Regional Behavioral Health Coordinator: the August 12, 2022 subcommittee meeting minutes must remain in draft form, even though approved during the Board's November meeting. This is because the make-up of the subcommittee wasn't solidified. This highlights the need to have a formal membership list of all Board subcommittees.

No other public comment.

**3.) For Possible Action: Review and possible approval of meeting minutes from November 16, 2022** (Fergus Laughridge, Chair)

Motion to approve minutes from November 16, 2022 made by Matt Walker; seconded by Amanda Osborne. Motion passed unanimously.

**4.) Tabled - For Possible Action: Discussion and Approval of the Rural Regional Behavioral Health Policy Board's 2022 Annual Report** (Fergus Laughridge, Chair; Valerie Haskin, Rural RBHC)

This item was tabled for a future meeting.

**5.) Informational: Updates regarding the activities, resources, and challenges identified by the Rural Regional Behavioral Health Coordinator** (Valerie Haskin, Rural RBHC)

Verbal narrative was given that aligned with the "RBHC Updates At-A-Glance" document, and reflect the time period between today's meeting and the past meeting on November 16, 2022.

Behavioral Health Task Forces: Humboldt County has nearly completed referral process mapping; Elko County has completed an initial categorization and gap analysis of the local behavioral health service array and will be focusing on solution development and prioritization.

Serving as OD2A Team Lead: the group is moving focus of OD2A program to expanding SMART Recovery across region/all rurals. SMART Recovery is an evidence-based recovery program that is not religious-based; it's not to be used to replace current 12-step programs, but can augment those groups. This program is also suitable for persons who may have apprehensive feelings surrounding religion and spiritually-focused therapy. Currently exploring how much funding is available (around \$20k) and what costs might be associated with increasing the number of trained facilitators for SMART Recovery across rural counties. For the sake of sustainability, the focus will be made on offering training seats to organizations who already offer other types of peer support groups, as well as those who are poised to launch support groups in the immediate future.

Stakeholder updates:

- New NAMI affiliate: NAMI Northeastern Nevada. ED: Haley Ragland (Elko)
- Rural RBHC had the opportunity to represent rural communities and behavioral health needs during Nevada Public Health Institute (NPHI) Board's meeting with Rep. Titus' staff. Highlighted federal loan-repayment programs to fill provider shortages, and lengthening grant timelines for rural communities so they have time to build infrastructure and sustainability.
- Receiving requests for presentations and discussions regarding AB 37 on an ongoing basis from a variety of groups.
- Have been in attendance of stakeholder meetings (Coalitions, Zero Suicides, Humboldt Connections, etc.) as able.

Research:

- Primary focus on life and social skills to build resiliency (peer reviewed articles when available, books and publications from trusted sources and authors acknowledged as leaders in the field). This will culminate in the development of a curriculum for persons engaging in high-risk/high-stress professions, as well as for persons with a history of substance misuse or SUD. May be seeking review of this program from providers to ensure that the program curriculum doesn't overstep into the realm of therapeutic service provision.
- Additional literature review in progress to identify what other states and communities have done to support schools in crisis in order to learn more about how we can support school districts, staff, teachers, and families.

Collaborative Projects:

- Working on a Mental Health Crisis Hold training for hospitals (lead: Cherylyn Rarh-Wood, Northern RBHC). Built and launched a brief training for Humboldt County Behavioral Health Task Force, but didn't go into the "nitty-gritty". The training developed with Cherylyn will be more in-depth and more intensive.
- Exploring school trauma response teams using TIP model (from Washoe and Clark) and other strategies with DOE

Other efforts:

Working on completing the scopes of work (SOW) and budgets for the three funding sources allocated to the Rural RBHC program. These include the Mental Health Block Grant, Substance Abuse Block Grant, and the State Opioid Response Grant, all sub-granted from DPBH.

SOR grant is the most clinical, but room for some co-occurring conditions. MHBG is less clinical, but also some room for co-occurring conditions. SABG funding is not eligible to target co-occurring conditions.

Scope of work projects as presented:

Substance Abuse Block Grant	Mental Health Block Grant	State Opioid Response Grant
Building, testing, and evaluating "life/social skills" curricula for: (1) persons with a history of SUD; (2) persons in high-risk professions, including law enforcement, first responders, mining, and health care	Asses and report need among community members/patients for short-term residential and step-down treatment in 2 communities	Assist counties/cities with Opioid Settlement assessments, as able
"Education" on best practices for the Board	Referral process mapping, TA, and quality improvement	Lead Rural RBHPB through strategic planning process
TA for "decisionmakers"	Comprehensive BH planning processes in at least two communities/or orgs	Assist at least two groups, coalitions, task forces, or organizations through strategic planning processes.
		Training for first responders regarding patients who use opioids,

Substance Abuse Block Grant Continued	Mental Health Block Grant Continued	State Opioid Response Grant Continued
<p>Attendance of Special Courts Conference (June)</p> <p>Social Media Campaigns: SUD in general, youth substance use, and family/community impacts of SUD, life and social skills, prenatal substance use</p> <p>Website work</p>	<p>Implement SafeTALK and Youth Mental Health First Aid (YMHFA) training</p> <p>Assist with CIT training coordination and implementation; Assist with general BH training for all LE</p> <p>Perform quality monitoring and TA for providers (complaint/concern log, communication regarding issues, follow-up)</p> <p>Employer outreach re: safe work environments for BH</p> <p>“Education” on best practices for the Board</p> <p>Attendance of CIT Curriculum T4T (Feb/March)</p> <p>Website work</p>	<p>stimulants, or who have co-occurring conditions</p> <p>Training for general community members or other specific groups regarding patients/community members who use opioids, stimulants, or who have co-occurring conditions</p> <p>Assist with coordination of Naloxone training, as able</p> <p>Assist with or provide TA for resource listings</p> <p>Maintain leadership role in at least two behavioral health task forces</p> <p>Social Media Campaign: clinical services that are available for opioid and/or stimulant use</p> <p>Legislative activities</p> <p>“Education” on best practices for the Board</p> <p>Attendance of Rx Summit (April)</p> <p>Website work</p>

Question from Chair Laughridge: Regarding employer outreach, how are employers selected.  
V.Haskin: That is wide open at this time.

Question from Chair Laughridge: What counties will NAMI Northeastern Nevada be serving?  
V.Haskin: Likely just Elko, Eureka, and White Pine for now.

Laura Oslund (NAMI Northeastern Board Member): Correct, for now just those three, but may look into expanding to the six counties served by the Rural RBHPB at a later time.

Chair Laughridge: just want to be sure that Board members are aware of these services and programs.

V. Haskin: NAMI Western Nevada has launched several successful programs, so this is a great opportunity to build this new NAMI affiliate in a way that meets community needs.

(Presentation continues)

Behavioral Health Community Integration Plan: update to be published by December 30, 2022. The purpose of the plan is to be a work template that coordinates the work of all Nevada Department of Health and Human Services Divisions regarding behavioral health. Ms. Haskin 19<sup>th</sup> in Las Vegas. The plan is very robust and also speaks in support of legislative strategies that mirror AB 37.

It also appears that there have been the inclusion of reputable behavioral health professionals on groups that advise Governor-Elect Lombardo's transition teams. When asked to provide any insight on some immediate needs the transition team could include in the Governor-Elect's immediate plans, Ms. Haskin mentioned the need for expanded capacity for forensic mental health treatment, as there are several reports of persons needing forensic psychiatric care on waiting lists for inpatient care and are not able to access the level of care needed from a detention facility.

Ms. Haskin will be co-facilitating a SafeTALK training in Elko on January 13, 2023.

Current Gaps:

- Access to inpatient care, particularly for persons who may have co-existing physical conditions. One case is illustrated by an individual in a county detention facility in the region who was psychologically deteriorating while awaiting admission to forensic inpatient treatment, and was not able to safely access tele-behavioral health treatment at the detention facility due to the severity of the individual's illness. Another example stems from an individual in hospital care who had been threatening and battering staff, but was not eligible for inpatient due to medical concerns. This would be the most critical need at this time.
- Access to step-down care upon stabilization, so that persons are able to gain access to appropriate care immediately after release from inpatient care. This requires extended collaboration and communication for patient care coordination as well.
- Policies and services regarding suicide prevention, response and postvention are inconsistent across the state. While the school districts within the Rural Region seem to be working to fix inadequate policy and procedures, the same cannot be said for all school districts across the state, particularly other rural counties, where there is often crossover with those in the Rural Region.

Rural RBHC Recommendations to Rural Regional Behavioral Health Policy Board for 2023 Priorities

- Focus on what can really be affected for this calendar year
- Many of the previous "Tier 2" activities are some of the biggest bottlenecks at the moment.
- Now is the time to encourage/support school districts formally to utilize resources and build-out more robust prevention and postvention programming, as needed.

- Strategies to improve care coordination and communication across providers. May include: MDTs/Case Coordination through formal business agreements; expansion of Assertive Community Treatment (ACT) and/or Assertive Outpatient Treatment (AOT); ACT is voluntary; Vitality has an ACT program. AOT is involuntary. All CCBHC services are voluntary, so Vitality would not be able to take on AOT at this time. Explore creation of Medicaid MCO for complex cases, which could open care options as many inpatient facilities do not accept Medicaid Fee For Service (FFS).
- Strategies to improve quality monitoring of care and patient experience. May include: working with other organizations (NAMI, Medicaid, etc.) to build patient experience surveys and/or “secret shopper” programs; others as applicable.

**6.) For Possible Action: Review of Rural Regional Behavioral Health Policy Board’s 2022 Priorities and Identification of 2023 Priorities.** (Fergus Laughridge, Chair; Valerie Haskin, Rural RBHC)

The Rural RBHC (Ms. Haskin) presented the purpose of formal Board priorities to the Board. Priorities are based upon regional gaps and then used to advise the Governor’s Commission on Behavioral Health, who in turn uses them to advise the Governor as to the most pressing needs statewide. The Priorities also guide communications and recommendations to other decision-makers and guide the Rural RBHC’s work.

The 2022 priorities and their past structure were reviewed. Polls reviewing the priorities for wording, content, and priority were opened in Zoom, and were available to all attendees. Priorities seen as fine in terms of language included workforce development and transportation; those needing the most changes or edits included workforce development, access to mid-level care, and care transitions; those indicated as having the greatest urgency for 2023 included workforce development, transportation, safeguards to care, and access to mid-level care; those indicated as having the least urgency for 2023 included access to services for SMVF populations, access to culturally-appropriate program, and stigma reduction. It was noted that having a “parking lot” was amenable to participants, and that the priorities should again be tiered. Suggestions for issues that the Rural RBHPB should take into consideration when developing the 2023 priorities included expansion of behavioral health task forces, increased access to behavioral health services, and improved behavioral health services in primary care settings. Poll results will be used to advise the development of the 2023 Priorities.

Many inter-related strategies and areas were mentioned through the discussion process. It was decided that Ms. Haskin would take the information from the discussion and use that to build a draft priority document that would tie the more broad and inter-related priority areas together for Board approval at the next Board meeting. Motion to do so made by Matt Walker, second by Jeri Sanders, vote to approve passed unanimously.

**7.) For Possible Action: Scheduling and Membership of the Rural Regional Behavioral Health Policy Board’s Legislative Subcommittee** (Fergus Laughridge, Chair; Valerie Haskin, Rural RBHC)

Members of the Rural RBHPB were asked to volunteer for participation on the subcommittee. Board Member Dr. Erika Ryst asked if Board members who were not official members of the subcommittee could still participate. Ms. Haskin indicated she would reach out the Attorney General's Office staff for insight and clarification.

Board Members who volunteered for service on the Legislative Subcommittee:  
Chair, Fergus Laughridge  
Jeri Sanders  
Chris McHan

#### Clarification of Subcommittee Powers

- Identify possible amendments to AB 37 (approved at November meeting)
- Assisting with the development of any amendment language for AB 37 (approved at November meeting)
- Approving amendment language for AB 37 (approved at November meeting)
- Approve letters of support for legislation that benefits behavioral health systems in the Rural Region
- Testify on behalf of the Rural Regional Behavioral Health Policy Board

The Board voted to allow the subcommittee to meet bi-weekly on Fridays, starting at 12:00pm. The first meeting of the Legislative Subcommittee was scheduled for January 27, 2023.

Motion to approve Legislative Subcommittee membership, powers, and meeting schedule made by Patrick Rogers, seconded by Chris McHan, vote to approve passed unanimously.

#### **8.) For Possible Action: Determination and approval of future Rural RBHPB meetings through June 30, 2023 (Fergus Laughridge, Chair; Valerie Haskin, Rural RBHC)**

The Board voted for a monthly meeting schedule through the legislative session. Board meetings would be scheduled for the first Friday of the month at 1:00pm, with the exception of the January meeting, which was scheduled for January 10, 2023 at 12:00pm.

Motion made by Matt Walker, seconded by Bryce Shields, vote to approve passed unanimously.

#### **9.) Informational: Brief update of progress of efforts related to the Rural Regional Behavioral Health Policy Board's bill for the 2023 session of the Nevada Legislature (Fergus Laughridge, Chair; Valerie Haskin, Rural RBHC; and Dr. Sara Hunt)**

Dr. Sara Hunt from University of Las Vegas, provided a verbal report regarding presentations completed by her and Ms. Haskin since the last Board Meeting. These meetings and presentations include those to NAMI Nevada, Clark Children's Mental Health Consortia, the Nevada System of Higher Education Chancellor and his staff, and several other informal discussions regarding the bill with stakeholders. Chancellor Erquiaga may look to present AB 37 with other proposed legislation to the NSHE Board of Regents.

Ms. Haskin reports no known opposition to the bill at this time, but some apprehension regarding the fiscal note that may be attached. Chair Laughridge echoed those sentiments.

**10.) Public Comment**

No public comment made.

**11.) Adjournment** (Fergus Laughridge, Chair)

AGENDA POSTED AT THE FOLLOWING LOCATIONS:

On the Internet at the Department of Health and Human Services Website

[https://dpbh.nv.gov/Boards/RBHPB/Board\\_Meetings/2018/Rural\\_Regional/](https://dpbh.nv.gov/Boards/RBHPB/Board_Meetings/2018/Rural_Regional/)

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

The agenda will also be posted at the following physical location: The Family Support Center, 1200 E. Winnemucca Blvd, Winnemucca, Nevada 89445

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If you need supporting documents for this meeting, please notify Valerie Haskin, Rural Regional Behavioral Health Coordinator by email at [vcauhape@thefamilysupportcenter.org](mailto:vcauhape@thefamilysupportcenter.org), or by phone at (775) 300-3245.