Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD
DRAFT MINUTES
DATE: January 13, 2020 TIME: 3:00 p.m.

Meeting Location:

Washoe County Complex
1001 East 9th Street
Reno, NV 89512

1. Introductions, Announcements, and Roll Call

   Members Present: Senator Julia Ratti, Henry Sotelo, Kevin Dick, Sandy Stamates, Wade Clark, Kristen Davis Coelho, Frankie Lemus, Cindy Green, Tom Zumtobel, Jennifer DeLett-Snyder
   Members Absent: Sharon Chamberlain, Char Buehrle
   Staff and Guests Present: Dorothy Edwards, Regional Behavioral Health Policy Board (RBHPB) Coordinator; Catrina Peters, Washoe County Health District (WCHD); Dawn Yohey, Division of Public and Behavioral Health (DPBH); Joelle Gutman, WCHD; Jacquelyn Kleinedler, Washoe County Children's Mental Health Consortium; Jeanette Belz, Nevada Psychiatric Association; Dani Tillman, The Ridge House; Helen Troupe, Aging and Disability Services Division; Rikki Hensley-Ricker, Bristlecone Family Resources; Katherine Louden and Eric Ohlson, Washoe County School District (WCSD), Amy Roukie and Max Casal, WellCare Services; Jolene Dalluhn, Quest Counseling
   Quorum was met.

2. Public Comment
   There was no public comment.

3. Approval of Minutes
   Ms. Stamates moved to approve the minutes of the November 18, 2019 meeting with the noted corrections. Ms. Green seconded the motion. The motion passed with none opposed or abstaining.

4. Update on Safe School Professionals and Social Workers
   Ms. Louden gave an overview of legislation that led to social workers in schools with an emphasis on student wellness and behavioral health, and addressing student and family concerns relating to schools. Senate Bill (SB) 319 defined the roles of school social worker, school psychologist, and school counselor and the differences in those positions and enabled the associations for school counseling, school social work, and school psychology to discuss together what they do. The Office for a Safe and Respectful Learning Environment in the Department of Education has oversight over how schools investigate bullying and cyberbullying with a strength-based approach,

uniqueness of learning, referrals for students, and meaningful conversations. Over 50 percent of their schools are served through this funding. She has seen students and families follow up with outside agencies, which had been more difficult in the past.
The district is building capacity for trauma-sensitive schools. They can now focus more support on strength-based, trauma-sensitive, and the supportive environment that should be available at all schools all the time.
Retaining current levels in service and funding is important. The grant money was not designed to supplant or replace things in place in schools—family resource centers, children-in-transition staff, school counselors, school nurses, or psychologists. This money is to support current services. Principals, counselors, school psychologists, teachers, families, and students are benefiting.
The State funding determined how much each person could earn. The salaries are not commensurate with what the community can provide for these positions. Years of experience are not considered.
Next steps include braiding of funding, strength and sustainability, and relationship-building in the community and internally. They are working on legislation about suicide and the stigma associated with substance use.
Ms. DeLett-Snyder asked if schools employed professionals who provide substance abuse counseling, or if students were referred to outside agencies. Ms. Louden said some of their professionals have specialized licenses in addiction. Marriage and family therapists and licensed clinical social workers can also provide support. The district can do more training in this area. Ms. Louden said professionals who are district employees are evaluated by their administrators. School social workers and school counselor are at the district level; Ms. Louden, as a licensed administrator, evaluates them. They have a mental health coordinator, Betsy Sexton; and Brandy Olson, who works in school psychology. They do not yet have a school social work person.
Ms. Louden answered questions from members and the public.

5. Update on Crisis Triage Center
   Ms. Roukie shared what they are doing at the Community Crisis Triage Center. The center opened August 6; as of August 19, they accepted all referrals from law enforcement, the Regional Emergency Medical Services Authority (REMSA), and civil protective custody (CTC) detainees. Total admissions through December 31 were 760; the average daily census was more than 20. Seventy-seven percent of those treated are males. The average stay is 2.62 days. The Community Crisis Triage Center is open 24 hours. Their goal is to keep people out of jail and hospitals. They have a good relationship with law enforcement and REMSA. Most people admitted need to stay at the center for a few hours. The age of those served ranges from as young as 18 to as old as 80, but is mostly 32-50. Hospitals account for more than 17 percent of their total referrals.

They have been successful in helping uninsured clients apply for Medicaid; 87 clients have been enrolled. They offer crisis stabilization program housing for seven days after people leave CTC, providing food, transportation, and any services clients need. They provide case managers for 30 days post discharge to get people connected to better programs for them. The most significant barrier they face is payor source. Mr. Clark asked if WellCare works with temporary assistance for displaced seniors (TADS). Ms. Roukie explained they accept TADS clients and provide program linkage. WellCare has 300 housing beds in the community at 5 properties. Some sites offer community-based living arrangements (CBLAs), working with Northern Nevada Adult Mental Health Services (NAMHS) to get clients who are long-term institutionalized behavioral health clients into the community in the least restrictive way. WellCare is licensed by the state as a CBLA provider. Most of their housing is behavioral health housing.

Clients with the Anthem managed care organization (MCO) are generally those in their housing program, working on their treatment goals by participating in intensive outpatient treatment, individual therapy, or a work program to develop skills to get them back into independent living. After clients have jobs and a few paychecks, they are moved to independent living and continue targeted case management. They also help individuals get on the Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) program if they need help with the process. The housing program has had people in the program longer than a year, but some were there for only a month or two. The end game is to move clients from being completely dependent, homeless, unable to care for themselves, unemployed, and dependent on the community to being independent, working, and living independently. Not all clients agree to their targeted case management. Mr. Casal said they have 16 case managers on staff, with an average caseload of 30 clients each. Mr. Casal discussed aftercare not covered by the state funding stream. He and Ms. Roukie answered questions.

Access to medication has been an issue. Nursing staff administers medication—medication-assisted treatment (MAT) for medical detoxification, psychotropic medications for clients' mental health conditions, or comfort medications. On discharge, clients are provided with them with a scrip for drugs to bridge the gap between when they leave WellCare and their follow-up appointment. Patients at the CTC are discharged with medications to maintain sobriety or stability if medications were ordered. Most medications are paid for by the CTC because many of these clients are uninsured.

The outpatient clinic provides psychiatric medication management. They accept fee-for-service Medicaid, Medicare, and the Anthem MCO. The extended uninsured pilot program was a result of finding the seven-day crisis stabilization housing program was not long enough. If it looks as if a client is eligible for Medicaid they are at the CTC, they are placed in the extended uninsured pilot program. This offers them access to

outpatient services during that time—including housing for 30 days while they await eligibility determination. So far, all but one client has ended up with insurance providing primary care, psychiatric medication management, outpatient services, individual/group therapy, transportation services, and supportive housing.

There is an injection clinic for clients on long-acting injectable psychotropic medications. They provide crisis stabilization, not just detoxification, at the Community Triage Center. Ninety percent of those admitted are under the influence of something; but ten percent come in just for crisis.

Ms. DeLett-Snyder asked about the MAT program for a client not there very long. Ms. Roukie said they provide suboxone while clients are at the CTC and plan follow-up for ongoing outpatient suboxone. For others, they provide do not use the same dosage and frequency as they would for someone they know will be a maintained on suboxone. They also provide vivitrol through their outpatient clinic and use Subutex for pregnant women. For alcohol withdrawal, they use other medication to prevent seizures.

The levels of care they offer for substance abuse treatment are 3.2 withdrawal management, 3.7 withdrawal management, and CTC. They also offer intensive outpatient services (level 2.1) and outpatient services (level 1.0).

6. Proposed Board Bylaws.
   Mr. Dick moved to approve the bylaws presented by Ms. Edwards. Mr. Clark seconded the motion. The motion passed with none opposed or abstaining.

7. Update by Regional Behavioral Health Coordinator
   Ms. Edwards provided a list of coordinator activities for the last quarter. Senator Ratti reported she, Ms. Edwards, and Mr. Clark attended a meeting for chairs, regional behavioral health coordinators, and the chair and staff of the Behavioral Health Commission. Mr. Clark said Senator Ratti suggested the state use webinars to brief the policy boards on policies or grants arising from legislation from the last session.

8. Approve Future Agenda Items
   Ms. Chamberlain resigned from the Board, opening a position focused on substance abuse. There is an open position for a community provider which Mr. Shell would like to fill. The Board will consider both appointments at the next meeting. Ms. DeLett-Snyder will make a presentation on substance abuse prevention strategies in March. The draft annual report will be approved at the February meeting. There will be a presentation on Zero Suicide. Mr. Lemus asked if someone from the Center for the Application of Substance Abuse Technologies could speak about addiction treatment, co-occurring disorder treatment, what the challenges and barriers are, and offer recommendations. Senator Ratti suggested it be presented at a later meeting. Mr. Dick asked if results from the survey on screening, brief intervention, and

referral to treatment (SBIRT) could be presented at a future meeting. Someone suggested having someone from the Primary Care Association speak about integrating behavioral health into primary care. Ms. Louden will make another presentation in March.

9. Date of Next Meeting – February 10, 2020

10. Public Comment
    There was no public comment

11. Additional Announcements
    There were no additional announcements.

12. Adjournment
    The meeting was adjourned at 4:47 p.m.