
WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD DRAFT MINUTES

In accordance with Governor Sisolak's Declaration of Emergency Directive 006; Subsection 1; The requirement contained in NRS 241.023 (1) (b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

Date: January 11, 2021

Time: 3:00 p.m. to Adjournment

Location: Zoom Meeting:

Join Zoom Meeting

<https://zoom.us/j/91374894853>

Meeting ID: 913 7489 4853

One tap mobile

+16699006833 / 91374894853# US (San Jose)

+12532158782 / 91374894853# US (Tacoma)

Dial by your location

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 929 436 2866 US (New York)

+1 301 715 8592 US (Germantown)

+1 312 626 6799 US (Chicago)

Meeting ID: 913 7489 4853

Find your local number: <https://zoom.us/u/acNPheWklc>

1. Roll Call, Introductions, Announcements

Chair Ratti determined a quorum was present. The meeting began at 3:04 p.m.

Members Present: Senator Julia Ratti (Chair), Assemblywoman Sarah Peters, Jennifer DeLett-Snyder, Sandy Stamates, Cindy, Dani Tillman, Wade Clark, Steve Shell, Frankie Lemus, Henry Sotelo, Char Buehrle, Cindy Green, Tom Zumtobel, Dr. Kristen Davis-Coelho, Dorothy Edwards,

Members Absent:

Staff and Guests Present: Allison Genco; Helen Troupe; Kelly Dickman; Mark Van Hudson; Sydney Banks; Valerie Padovani; Amy Roukie; Trey Delap; Diane Anderson, Lea Tauchen; Tray Abney; Tracy Palmer, Dawn Yohey, and Joan Waldock, Division of Public and Behavioral Health (DPBH)

2. Public Comment, there was no public comment
3. Approval of Minutes for November and December Policy Board Meeting
-We have not received December minutes yet so we will just vote on November.
Motion made by Frankie Lemus and seconded by Sandy Stamates to approve November minutes

November Minutes have been approved
4. Crisis Support Services Dispatch Project Update (**Rachelle Pellissier, Executive Director, Crisis Support Services of Nevada**)
A pilot project was started on December 1, 2021 with law enforcement. Calls relating to mental health or suicide were routed from 911 to the Crisis Call Center to be deescalated if possible, if not, then have law enforcement do a well check. Currently working with Reno Police Department and Washoe County Sheriff. Pilot will continue another month as we are still working with law enforcement to become more coordinated and able to provide more streamlined services.
5. Regional Emergency Medical Services Authority (REMSA) and Washoe County Health District (WCHD) Data Presentation (**Dean Dow, REMSA (handout)**)
Dean Dow: For many years, a 911 call would dispatch Fire Department, Paramedic Services, and law enforcement. We are finding that transporting patients with mental needs or homelessness needs to the emergency room is not always the best answer. We are looking for ways to connect patients with the right provider and the right entry point into health care system. Paramedics are highly trained in clinical needs; strokes, heart attacks and physical trauma, but not many hours surrounding psychiatric needs.

Aaron Abbott, Executive Director REMSA:

REMSA uses a Medical Priority Dispatch System, Protocol 25 (MPDS P-25)
This system looks for priority symptoms and allows us to categorize and prioritize the call. A vast majority of 911 calls are not experiencing a life-threatening emergency. REMSA processes about 80K 911 calls a year for mental health, about 8,010 are Protocol 25 calls (psychiatric, behavioral and suicide) related, 8% end up in a lights and sirens response. A significant amount of resources is expended handling these calls. Many of these transports could be better treated outside of the Emergency Room but patients are not accustomed to other services.
EMS and police are not able to handle these types of emergencies (mental health)
These customers need services that may not be emergent in nature, but they need to be treated with the same types of processes and ethics that we treat medical patients. There should be a process in my opinion, that is as robust as we treat our

medical emergencies for mental health issues. Responding to these natures of calls with an ambulance using lights and sirens along with a fire engine and a police car can often agitate these patients and transports to expensive emergency department visits can be detrimental to the finances of these patients and doesn't necessarily provide them with good care.

Chair Ratti: I would like to note for the record that Kristen Davis-Coelho has joined the meeting so she is in attendance. I would like to now open this up to the board for questions.

Sandy Stamates: I have a question about funding, I am told that if REMSA transports there is a bill, what about if REMSA comes and there isn't a transport, is there a bill?

Aaron Abbott: We only bill when we transport patients to the hospital, not for when we just show up.

Henry Sotelo: I do not know if this may be too large of a question, but do you have a solution? Do you have an ideas we can think about, because you are right there.

Aaron Abbott: We have had discussion with Reno Police, this is not a new problem. This is something that has been prolific and certainly continues to be more and more prolific. I think a specialty resource in our community that can from the field side respond with appropriately qualified personal to the scene when they need to respond to the scene would be ideal. We need to look at what model is currently working for us and why and I think the crisis call center combined with some type of procedure on when to activate the appropriate service. We send a lot of equipment to a lot of calls and were not really caring for most of these people in an appropriate way. I would look at expanding the crisis call center model and some type of specialty response to evaluate these people in the field.

Chair Ratti: I think as a committee that is why we are focusing on the Crisis Now model out of Phoenix, in that model 90% of calls can be stabilized with an organization similar to what we have Crisis Center of Nevada but there is almost another 10% that could be stabilized with a mobile outreach team. That last 1-2% might need to go to a stabilization center where they're not ending up in jail or an emergency room, but are ending up in a place with behavioral health professionals and peers that can further stabilize and all of that coming with significant case management with after care.

Chair Ratti: Other board members questions or comments? There were none

6. Hopeful Minds Initiative Presentation **(Kathyn Goetzke, Hopeful Minds)(presentation)**

Ms. Goetzke: Thank you so much for having me. We created a program about 8 years ago based on research that Hope is a skill and that it is measurable and there is a pretty solid foundation of research as it relates to Hope. So, we created a curriculum that meets social and emotional learning guidelines, and it addresses bullying, suicide, and mental health issues. Hopelessness is a key predictor in suicide, bullying, fighting, weapon carrying, anxiety and depression. We teach kids how to go from despair to positive feelings.

The impact of hope on students is better grades, more focused and more creative. We have recently been working with the Mayor of Reno to create a city of kindness. We are creating a new Hopeful Cities movement. HopefulCities.Org is the website right now. Our aim is to inform people where to go for help if they are in crisis. Our website has a Reno specific page which will help guide you to the services you need.

Chair Ratti: Thank you Kathryn, thank you for the presentation. I will open it up to the board for any questions or comments.

Michelle: We give our staff and volunteers before they get on the phone, 80 hours of training, I would love if you could put your name and contact information to get ahold of you to give a 2 hour training to our staff and volunteers. On your brochure the number 988 won't be effective until July 2022, make sure to post Lifeline phone number for people to reach out to.

Ms. Goetke: We are currently working with Washoe County School district, and the Boys and Girls Club to implement the youth curriculum and working with UNR to get the 30-day challenge.

7. Update on Washoe Policy Board's Bill Draft Request status **(Chair Ratti)**

This is no longer a bill draft request, it is now a bill, that would be Senate Bill 69.

I encourage everybody on this call to go read the bill, it will be heard relatively early in the legislative session. As a reminder SB69 covers:

- Certification of peers
 - Substance use prevention in the form of an update to the language on the prevention coalition in statutes
 - Automatically opt in on the survey to get data on what is going on with our youth
 - Request to the Department of Education to publish a list of evidence-based prevention curriculum
-

8. Review of Progress on the Community Health Improvement Plan- Behavioral Health Section **(Chair Ratti)**

Gratitude to this board and so many of you on this call who helped create the 2021 extension of the Washoe County Health District facilitated community health improvement plan that belongs to the whole community. The big request is the kickoff for the health extension will be January 28, 2021 from 8:30am to 10:00 am, I would hope you would register and attend the event. We would love to have your participation.

9. Approval of future Agenda items **(Chair Ratti)**

I would like to have conversation with the board about the calendar. We are considering cancelling the February and possibly the April Board Meeting. Understanding, that many of us pick up extra workload while Legislature is in session to monitor the legislative activity linked to behavioral health. Would folks be comfortable taking off February and April and met in March and May? Could I get some feed back from the board? Does anyone have any objections taking a few months off?

(no objections)

The meeting dates would be March 8th and May 10th

In terms of agenda items, we would do a legislature update with whatever information is available at that time, not knowing the times of hearings. **(Agenda Item)**

I don't anticipate being able to do significant work on moving forward with Crisis Now while we are in Legislative Session because of work load capacity, but there will still be many people working on this project but Dorothy probably wont have the capacity to do significant more facilitation during Legislative Session.

The meetings may just be focused on legislative Agenda unless Steve or Dorothy come up with other Agenda ideas that are pressing.

We Also have our annual report that we are required to submit, Dorothy will be bringing any information and will be working on a presentation that will need to be approved. Other than that, if you have other Agenda ideas that you would like to see happen at our meetings please let us know.

10. Public Comment (no public comment was made)

11. Next Meeting: March 8, 2021 at 3 p.m.

12. Adjourn