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**WASHOE REGIONAL BEHAVIORAL HEALTH POLICY BOARD  
DRAFT MINUTES**

**DATE: February 10, 2020 TIME: 3:00 p.m.**

Meeting Location:

1001 E Ninth St, Building C  
Main Conference Room  
Reno, NV 89512

1. Roll Call, Introductions, Announcements

**Members Present:** Senator Julia Ratti, Chair; Kevin Dick, Vice Chair; Char Buehrle, Jennifer DeLett-Snyder, Wade Clark, Sandy Stamates, Tom Zumtobel, Kristen Davis Coelho

**Members Absent:** Cindy Green, Henry Sotelo, Frankie Lemus

A quorum was present.

**Staff and Guests Present:** Dorothy Edwards, Coordinator; Dawn Yohey, Division of Public and Behavioral Health (DPBH); Brandon; Cherylyn C. Rahr-Wood, Project Coordinator, Zero Suicide; Misty Allen, Suicide Prevention Coordinator; Jeannette Belz, Nevada Psychiatric Association; Randy

2. Public Comment

The Director of Programs and Projects position at the Health District is vacant.

3. Selection of New Board Members for the Following Area of Representation

Assembly Bill (AB) 76 Section 3.8(a): the members appointed to a policy board pursuant to Subsections 2 to 7 inclusive, may appoint to the policy board (a) One member who represents the interests of community-based organizations which provide behavioral health services.

Candidate: Steve Shell, Chief Executive Officer, Reno Behavioral Healthcare Hospital. Term: February 10, 2020, to February 10, 2022. May be reappointed.

Ms. Stamates moved to appoint Steve Shell to the Board. Mr. Zumtobel seconded the motion. The motion passed without abstention or opposition.

4. Selection of New Board Member to Fill Vacancy in the Following Area of Representation:

AB 76 Section 3.7(b): The Administrator shall appoint to each policy board: One Member who represents the interests of administrators or counselors who are employed at facilities for the treatment of abuse of alcohol or drugs.

Candidate: Dani Tillman, Chief Operating Officer, Ridge House, Inc., Reno

Note: If a vacancy occurs during the term of (b) a member who was appointed pursuant to subsection 3.7 or 3.8, the policy board shall, by majority vote, appoint

a member to fill the vacancy for the remainder of the unexpired term. Term: February 10, 2020, to September 11, 2021. May be reappointed.

Mr. Dick moved to appoint Dani Tillman to the Board. Ms. Coelho seconded the motion. The motion passed without opposition or abstention.

5. Approval of Meeting Minutes from October 2019

Mr. Zumtobel moved to approve the minutes. Ms. DeLett-Snyder seconded the motion. The motion passed without opposition or abstention.

6. Approval of Washoe Regional Behavioral Health Policy Board (WRBHPB) Annual Report

Ms. Stamates moved to approve the report. Mr. Clark seconded the motion. The motion passed without opposition or abstention.

7. Update by Regional Behavioral Health Coordinator

Ms. Edwards will do an interview about behavioral health with KRNV Channel 4, reporting on what she does, what the Board does, and providing data from the annual report. She will make a similar presentation to the Women of Washoe. At the February Substance Abuse Prevention and Treatment Agency (SAPTA) Advisory Board meeting, she will present the results of the calculated assessment tool survey.

The Board requested an update on AB 66. Senator Ratti stated Crisis Now is a multitiered model focused on crisis stabilization. The Crisis Now model she and others toured in Phoenix has three parts: care traffic control tailored to behavioral health stabilization consisting of a technology-driven hotline working in conjunction with the suicide hotline and crisis line, stabilizing 60-70 percent of the crises through the Crisis Call Center; mobile crisis teams that include a behavioral health professional and a peer being dispatched by the crisis care line, stabilizing another 15-20 percent; and the crisis stabilization center. The Phoenix team found all three parts necessary.

Nevada's next step is to map assets that exist in the community using a tool developed by Recovery Innovations. The regional coordinators have been assigned to spearhead the mapping. Mr. Shell appreciated the way partnerships were put in place to get everyone working together. He said Reno is already doing that.

For crisis stabilization in the Phoenix plan, everyone "belongs" to the managed care organization (MCO) that manages the crisis center. The center receives an enhanced Medicaid rate because they take everyone. Reno's mobile outreach safety team (MOST) model might not make sense if Nevada follows the Crisis Now model. Senator Ratti pointed out the MCO contracts will need to be updated in two years; during the contracting process Nevada needs to know what is needed from the MCOs and Medicaid to make this work. Arizona does not allow reimbursement from Medicaid if providers do not participate in the OpenBeds system. Someone pointed out the difficulty behavioral health professionals have with licensing in Nevada and asked

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what types of licensure are required in the different types of care. Senator Ratti will research licensure, detoxification, financing model, and the courts.

#### 8. Zero Suicide Presentation

Ms. Rahr-Wood recommended members watch a YouTube video called, "Zero Suicide, a Call to Action." It explains the history of Zero Suicide as co-responsibility of health. Zero Suicides creates a full-range system to make behavioral health organizations suicide-safe. They train in prevention, and in using evidence-based screenings, assessments, and warm handoffs. They treat with suicide-specific evidence-based treatments and work on the transition to the next care provider.

Ms. Rahr-Wood went through used to collect data. The first Zero Suicide Academy will be held on April 1-2. Teams from organizations that participated in the survey will work on their policies and procedures, learning how to write policies and procedures regarding suicide prevention. They will also work on their strategic plans. Another academy will be held the end of the year.

Zero Suicide is supported by the Drug Commission, the Action Alliance for Suicide Prevention, and the Suicide Prevention Resource Center and supports the Crisis Now model. They are working with the Division of Public and Behavioral Health (DPBH) on a grant. The Governor's Challenge and the BUILD Health Challenge grants complement the grant they are working on. Ms. Allen pointed out that senior citizens have been overlooked in suicide prevention. The healthcare mandate for training all behavioral health care providers and providers rose out of the need for connections with seniors and veterans.

Ms. Rahr-Wood stated that policies explain what kind of treatments and assessments and screenings were used so that anyone new would know exactly what suicide prevention looked like in a facility. There are examples on the ListServ from people who are further down the road in the process and the challenges they faced.

Ms. Rahr-Wood said they are training first responders in the Sheriff's Department and Corrections in Reno and Metro on the Columbia Screening Tool used by Zero Suicide. They will develop Nevada training videos on the Columbia so first responders can use common language in emergency rooms and hospitals have. Many people can be deescalated without a Legal 2000 hold, but screeners need to be confident and competent at it. Trainings will give professionals that confidence and competence. The Crisis Now model's goal is to have people would end up in a stabilization center rather than an emergency room.

Knowing which therapies work for suicide is important. Suicide ideation is, by itself, a crisis. Chronic suicidality is different; suicidal ideation is not a crisis in that case. Organizations are required refer to services in the community those who assessed who do not meet the criteria for inpatient services. Organizations need to have policy for this. Such policies may already be in place. Not everyone meets criteria when they come in; those require a referral. Mr. Shell said he would use the survey to assess

where training was needed in his organization. Each hospital will have its own link to the survey so information can be kept anonymous for each agency.

Ms. Allen said Senate Bill (SB) 483 was the only legislation pertaining to the Office of Suicide Prevention, changing their mandate to have free training on suicide prevention for family members and loved ones. It came without funding. Her office does not have a training budget, so this has been a challenge as the demand increases and more people want it. The Department of Veterans Services has committed to help them. They offer a one-hour online training, but it has a different result. Assembly Bill 114 requires school districts report to the Department of Education on training, education, and peer youth education. Each district is doing something different. Senate Bill 204 mandated training for teachers, staff, and students, but did not provide funding to the districts. She works with the Department of Education Safe and Respectful Learning to support the districts. Districts could bring everyone in and do a training; give the Office of Suicide Prevention their evidence-based practices and that office could do the training; or they can use homegrown trainings. Her office met with the Board of Education to approve model policy for suicide prevention intervention and model policy for postvention. They will support the districts in meeting their needs. Clark County has used tools that include a threat assessment team and reentry plans for youth. They offered to share with other districts. Some counties have tailored it to their needs. Churchill County trained their entire school district staff on trauma-informed care, suicide prevention, and two other subjects to inform and support their staff. The University of Nevada, Reno School of Medicine recently held a training for 250 physicians and healthcare providers. It covered ethics, prescribing controlled substances, suicide prevention, and burnout prevention in a one-day training. It helped healthcare providers in patient care, but also is protecting them from burnout. Ms. Allen's website has portals to the Nevada intervention connection website; online training for case management, screening, safety planning, and the Columbia screening through Zero Suicide; and Center for the Application of Substance Abuse Technologies (CASAT) webinars for continuing medical education and continuing education unit mandates. She reported that Crisis Now will make a big difference and the education mandates have already made a difference.

#### 9. Future Agenda Items

Senator Ratti said Ms. DeLett-Snyder asked to bring forward some proposed bill draft requests about prevention at the March meeting. Someone requested a presentation by Wendy at CASAT on the Screening, Brief Intervention, and Referral to Treatment (SBIRT) survey. Ms. Edwards will check with Mr. Disselkoen's availability for a CASAT presentation on substance use programs and barriers. There was a request to include housing and supportive housing as agenda items at a future meeting. A presentation by the MCOs explaining their approach in behavioral health would capture this. In northern Nevada, the MCOs are SilverSummit, Health Plan of Nevada (HPN),

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Anthem. Nevada Behavioral Health is providing services for SilverSummit and HPN. A request was made to include a discussion on reimbursement and billable Medicaid services based on provider types and programs or services. It was suggested that they look at a way to combine Medicaid Provider Types 14 and 17 as they are both behavioral health. Senator Ratti said she find out if Medicaid is working on any of this. She said the most successful way to get Medicaid enhancements is to demonstrate savings that result from the enhancements. She commented on the study the state is participating in regarding state licensing of professionals.

#### 10. Public Comment

Ms. Belz stated current MCO contracts expire June 30, 2021. The Department of Health and Human Services intends to extend that by six months at the request of the Centers for Medicare and Medicaid Services (CMS) to move it from the fiscal year cycle into the calendar year cycle. The next MCO contract period will be from January 1, 2022 to December 31, 2025. She noted that Dr. Stephanie Woodard from the Division of Public and Behavioral Health was recently appointed to the Board of Psychological Examiners. She also commented depression screening.

Randy said Nevada has been behind for a long time. He asked at what point Nevada will merely foot the bill in order to catch up. Senator Ratti agreed. Medicaid expansion has allowed change in Nevada's ability to do things in behavioral health.

Ms. Yohey mentioned the Medicaid 1915(i) for supportive housing. Medicaid and DPBH are working closely on a state plan amendment for billable services for tenancy support and case management. They are also working on a Medicaid academy for Cooperative Agreements to Benefit Homeless Individuals (CABHI) providers. Senator Ratti said the last legislature did a lot of work addressing the challenges with community-based living arrangements.

#### 11. Next Meeting: March 9, 2020

There will be a presentation on substance abuse prevention. The April meeting will include a substance use and SBIRT presentation. Representatives from MCOs will be invited to do presentations at the May meeting.

#### 12. Adjourn

The meeting was adjourned.